

Continuity of Operations (COOP)/ Continuity of Government (COG)

OPERATIONS PLAN TEMPLATE For

Department of:
Division of:

DATE

FOREWORD

Upon the completion of the Continuity of Operations (COOP)/Continuity of Government (COG) Plan Template for *Department*, each County Department will have a plan of action that can be implemented during emergencies, so as to assure that essential government operations can be sustained for up to 30 days from a different location if the situation warrants. This template covers not only initial implementation procedures, i.e. activation and relocation (0-12 hours) and Alternate Facility Operations (12 hours-termination), but will include detailed information on five key planning elements:

- Essential Functions
- Line of Succession
- Alternate Facilities
- Interoperable Communications
- Vital Records/Databases

Upon completion of this template, County Departments will know what resources they have and what they need to do if they must relocate to an alternate facility.

TABLE OF CONTENTS

Item	Page No.
1. Purpose.....	4
2. Authorities.....	4
3. Objectives of the COOP/COG Plan 4	
4. COOP/COG Implementation	5
a. Phase I – Activation and Relocation	5
b. Phase II – Alternate Facility Operations	5
c. Phase III – Reconstitution	6
5. Planning Elements	7
a. Essential Functions	7
b. Line of Succession	8
c. Alternate Facilities	10
d. Interoperable Communications	13
e. Vital Records/Databases	14
f. Tests, Training & Exercises	15
g. Plans & Procedures	

1. PURPOSE

This plan outlines the *City / Department of* ___ plans for Continuity of Operations (COOP) (i.e., providing essential functions to customers from a different location, due to the primary facility becoming unusable, for long or short periods of time) and Continuity of Government (COG) (i.e., the continued performance of essential agency functions and support of County and State government during emergency or disaster situations.) This COOP/COG plan ensures that each agency will:

- Maintain a high level of readiness
- Implement the plan both with and without warning
- Become operational no later than 12 hours after activation
- Maintain sustained operations for up to 30 days
- Take maximum advantage of existing agency field infrastructures.

2. AUTHORITIES

- A. WI State Statutes Chapter 166.05 – (1) During a state of emergency, the governor may designate emergency temporary location(s) for the seat of government and may take necessary actions to transition the affairs of state government. (2) Actions taken at a temporary location are valid and binding.
- B. (County Ordinance addressing local/county authority being written).

2. OBJECTIVES OF THE COOP/COG PLAN

- A. Ensuring the continuous performance of an agency's essential functions and operations during an emergency
- B. Protecting essential facilities, equipment, records and other assets.
- C. Reducing or mitigating disruptions to operations.
- D. Reducing loss of life and minimizing damage and losses.
- E. Achieving a timely and orderly recovery from an emergency and resumption of full service to customers.

2. COOP/COG IMPLEMENTATION

A. Phase I – Activation and relocation (0-12 hours)

Notify alternate facility manager(s) of impending activation and actual relocation requirements

- Notify the *Agency and contact information* and other appropriate agencies of the decision to relocate and the time of execution or activation of call-down procedures.
- Activate plans, procedures and schedules to transfer activities, personnel, records and equipment to alternate operating facility (ies)
- Notify initial COOP/COG contingency staff to relocate.
- Instruct all other emergency and non-emergency personnel on what they are to do.
- Assemble necessary documents and equipment required to continue performance of essential operations at alternate operating facility(ies)
- Order equipment and supplies if not already in place.
- Transport documents and designated communications, automated data processing and other equipment to the alternate operating facility(s) if applicable.
- Secure the normal operating facility physical plant and non-moveable equipment and records to the extent possible
- Continue essential operations at the normal operating facility if available until alternate facility(s) is/are operational
- Advise alternate operating facility manager(s) on the status of follow-on personnel.

A. Phase II – Alternate Facility Operations (12 hours – termination)

- Provide amplifying guidance to other key staff and non-emergency employees
- Identify replacements for missing personnel and request augmentation as necessary

- Commence full execution of essential operations at alternate operating facility(s)
- Notify Agency Executive's Office and *contact information* and all other appropriate agencies immediately of the agency's alternate location, operational and communications status and anticipated duration of relocation if known
- Develop plans and schedules to phase down alternate facility(s) operations and return activities, personnel, records and equipment to the primary facility when appropriate.

B. Phase III – Reconstitution (termination and return to normal operations)

- Inform all personnel that the threat of or actual emergency no longer exists and provide instructions for resumption of normal operations
- Supervise an orderly return to the normal operating facility or movement to other temporary or permanent facility(ies)
- Report status of relocation to Sauk County Executive's Office (355-3273) and Sauk County Emergency Management (355-3200) and other agencies if applicable
- Conduct an after-action review of COOP/COG operations and effectiveness of plans and procedures as soon as possible, identify areas for correction and develop a remedial action plan.

5. PLANNING ELEMENTS

Essential Functions:

1. List each essential function of your Agency (Department/Division) and prioritize them from highest to lowest.

Function

Priority

2. Identify staffing requirements for each essential function identified above, each person should only be counted once.

Function

of Staff

3. List any/all resources required for each essential function identified above.

Function

Resources

4. Identify critical data, data systems, software, etc., for each essential function identified above.

Function

Critical Data/Data Systems

2. Identify any/all support activities that are needed for each essential function identified above.

Function

Support Activities

2. Attach or list below your agency's plan for attaining operational capability of essential functions at a different location within 12 hours.

--

2. Attach or list below processes and procedures to acquire all necessary resources (staff, equipment, supplies, etc.) that are needed to continue and sustain essential functions at a different location for up to 30 days.

--

Line of Succession:

1. List line of succession three deep (person's name, title, phone number) for Agency's highest position of authority.

Position: _____

Person's Name

Title

Phone

2. List line of succession three deep (person's name, title, phone number) for other key Agency leadership positions (use additional paper if need).

Position: _____

Person's Name

Title

Phone

Position: _____

Person's Name

Title

Phone

3. List any limitations on delegate/authority (i.e. only certain functions can be performed by certain people/positions, etc.

--

4. List roster of trained personnel (person's name, title, phone number, knowledge) with authority/knowledge to perform and maintain essential functions/activities (use additional paper if needed).

Essential Function/Activity: _____

Person's Name

Title / Knowledge

Phone

Essential Function/Activity: _____

Person's Name

Title / Knowledge

Phone

Essential Function/Activity: _____

Person's Name

Title / Knowledge

Phone

4. Attach or list below rules and procedures for implementing order of succession.

--

4. Attach or list below rules and procedures for order of succession initiating conditions, notification methods and terminating conditions.

--

Alternate Facilities:

1. Agency has immediate capability to operate under any potential threat conditions including Weapons of Mass Destruction.

Yes No Unsure Non-Applicable

2. Attach or list below information on sufficient space and equipment that would be needed to sustain the relocation of the Agency for up to 30 days.

Facility Name	Facility Address	Telephone Number
---------------	------------------	------------------

Facility Manager

Name and contact info.

Facility Specifications

Communications

Office Equipment at Facility

Utilities

Relocation

Support/Assistance

Name and contact info.

Primary:

Secondary:

Space (sq. ft required)

Private Offices: #

Cubicles: #

Parking Stalls: #

Conference Rooms: #/size

Loading dock: Yes / No

Handicapped Accessible: Yes / No

Commercial telephone lines available: #

Secure telephone lines available: #

Two-way radio support infrastructure: Yes / No

Desks: #

Chairs: #

Telephones: #

Computers: #

Internet access: #

Agency e-mail access: #

Copiers: #

Fax Machines: #

Office Supplies: Yes / No

TV/VCRs: Yes / No

Water: Yes / No

Electrical Power: Yes / No Air: Yes / No

Natural Gas: Heat Yes / No Other

Telephone: Yes / No

Cable TV: Yes / No

Security: Yes / No

Maintenance: Yes / No

Housekeeping: Yes / No

Local Post Office: Yes / No

Primary:

Secondary:

3. Attach or list below where equipment (see above) can be obtained from in a hurry.

4. Who has authority (list person's Name, Title, phone number) to access needed equipment and set it up/make it useable?

5. Attach or list below any pre-positioned resources or contingency contracts that are already established and the appropriate resource provider:

- A. Resource/Contingency Contact for:

Provider (Name, phone number):

- B. Resource/Contingency Contact for:

Provider (Name, phone number):

- C. Resource/Contingency Contact for:

Provider (Name, phone number):

6. Attach or list below provisions for establishing communications methods/systems with all identified internal and external organizations, customers, public, etc.

1

7. Attach or list below how you will sustain essential operations at an Alternate Facility for up to 30 days?

8. Attach or list below how you will address health and safety concerns of relocated employees.

9. Attach or list below how you will address physical security and access controls at the Alternate Facility.

Interoperable Communications:

1. Attach or list below procedures/plans for communications with contingency staff, management, emergency personnel and other organizational components.

--

2. Attach or list below procedures/plans for access to data and data/software systems necessary to conduct essential activities/functions.

--

Vital Records/Databases:

1. Attach or list below any essential emergency operations plans (other than the COOP/COG Plan), that your Agency utilizes including line of succession; delegations of authority; staffing assignments; policy or procedural records.

--

1. Attach or list below any vital records (public, County), legal/financial records, databases/software, etc., that are needed for your Agency and/or to perform essential functions of your Agency:

--

1. Attach or list below provisions for any classified or sensitive data:

--

1. Attach or list below procedures for data back-up and restoration (paper and electronic files) of vital records (public, County), legal/financial records, databases/software etc.

--

1. Attach or list below the location of your Agency's vital records, legal/financial records, databases, etc., and the process as to how they will be accessed if you're operating at an alternate facility.

--

Tests, Training & Exercises:

1. Attach or list below how your Agency will test/train and exercise on a yearly basis COOP/COG emergency personnel (including refresher orientation for COOP/COG staff) and your Agency's, COOP/COG plans and procedures. List the Agency Point-of-Contact who will coordinate this.

--

2. Attach or list below plans as to how your Agency will test/exercise emergency alert and notification procedures of key personnel and how your Agency will train/exercise its COOP/COG Plan with other County Agencies (if applicable and feasible).

--

Plans and Procedures

1. Attach or list below Procedures as to how the COOP/COG Plan is activated and how employees are notified.

--

2. Attach or list below Provisions for personnel accountability throughout the duration of the emergency.

--

3. Attach or list below Procedures to assure that an Annual Review/Update of your Agency's COOP/COG Plan will take place and the process that will be used to assure that needed revisions take place. List the Agency Point-of-Contact who will coordinate this.

--