

## Guidelines for completion of Shelter Data Forms:

### **Purpose:**

To provide accurate SpNS information from the impacted areas to the State to facilitate response, recovery, mitigation and planning.

### **Policy:**

The local SpNS will communicate pertinent information to the local ESF 8 which in turn will communicate with the state ESF 8.

### **Scope:**

Special Needs Shelters throughout Florida

### **Reference:**

Florida Statutes Chapter 381

### **Acronyms/Definitions:**

- A. SpNS: Special Needs Shelter
- B. ESF 8: Emergency Support Function 8; Health and Medical
- C. State ESF 8: State Emergency Support Function 8, Health and Medical
- D. RSpNSC: Regional Special Needs Shelter Consultant
- E. EOC: Emergency Operations Center
- F. Shelter Capacity: Number of shelter spaces based on 60 sq. ft. per client and caregiver combined
- G. Peak Census: Highest total number people in the shelter, excluding staff, per 24-hour period.
- H. Total number of all Shelterees: Total number of people that utilized shelter including staff.
- I. Pre-Registered Clients: Individuals who have registered with County EOC prior to an event.
- J. Generator-supported air-conditioning: The ability to run the air-conditioner during power outages.

## **Procedures:**

- A. During times of Special Needs Shelter activation, the Local ESF 8 will be required to provide pertinent information concerning their activated SpNS to the State ESF 8.
- B. **Special Needs Shelter (SpNS) Daily Census Report:** This information will be required to be submitted upon the opening of the SpNS and twice daily (TBD) by the Local ESF8 to their **Regional Special Needs Consultant (RSpNC)** until the shelter is closed. This can be submitted by email or phone to your RSpNC. The subject line of the email should read "SpNS Census Report".
- C. **Special Needs Shelter (SpNS) Individual Line List:** This form is recommended for use during the operation of the shelter. This form along with the Daily Census Report will have all the information needed to fill out the Comprehensive Report at the closing of the shelter.
- D. **Comprehensive Special Needs Shelter (SpNS) Reporting Form:** Once the shelter has been closed this form will be utilized and completed with the pertinent information to assist future planning. This information is required within 72 hours after closure of shelter(s). This form should be sent electronically to your **RSpNC**. The subject line of the email should read "SpNS Comprehensive Report".