

## Continuity of Operations Plan (COOP) Checklist

**Planners:** This checklist is a tool to help guide the development of your COOP and can be used when your COOP is activated. **Recommendation:** Have a 3 ring binder to collect the documents for your COOP.

Introduction & Purpose		
Insert the following paragraph in the introduction of your program's COOP		
<p>Continuity ensures that (insert program name) has planned for ways to provide essential child care services when normal operations are disrupted. A COOP is required by the NH Child Care Licensing Rules <a href="#">He-C 4002.19(v)</a>, for all licensed child care programs. It is also required for all license exempt child care programs that participate in the NH Child Care Scholarship Program as set forth in rules (He-C 6916 and He-C 6917).</p>		
Section I- Pre-planning: Familiarize Yourself with COOP		
Readiness and Preparedness	Yes	No
<p>1. Has the program provided staff with tools and resources for personal emergency preparedness planning? Refer to Child Care Aware of NH's website for emergency preparedness materials: <a href="http://nh.childcareaware.org/emergency-planning/">http://nh.childcareaware.org/emergency-planning/</a></p>		
<p>2. Has the program provided enrolled families with tools and resources for personal emergency preparedness planning? Refer to Child Care Aware of NH's website for emergency preparedness materials: <a href="http://nh.childcareaware.org/emergency-planning/">http://nh.childcareaware.org/emergency-planning/</a></p>		
<p>3. Has the program signed up for local and state electronic notification/alert system? (Visit Child Care Aware of NH's website above)</p>		
<p>4. Has the program reviewed insurance coverage? (Visit Child Care Aware of NH's website above for <i>Insurance Considerations</i> document)</p>		
<p>5. Has the program considered the following actions steps/items to include in your COOP:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Identifying Roles for COOP</li> <li><input type="checkbox"/> Essential Functions (Day to Day Operations)</li> <li><input type="checkbox"/> Orders of Succession/Delegations of Authority</li> <li><input type="checkbox"/> Alternate Facility(s) (You may identify more than one)</li> <li><input type="checkbox"/> Alternate Facility Communications</li> <li><input type="checkbox"/> Essential Records and Database Management</li> <li><input type="checkbox"/> Activation of COOP</li> <li><input type="checkbox"/> Relocation Process and Procedures</li> <li><input type="checkbox"/> Recovery Process and Procedures</li> <li><input type="checkbox"/> Training and Practice (recommended)</li> </ul>		

## Continuity of Operations Plan (COOP) Checklist

Section II- Components of COOP		
Identifying Roles for COOP	Yes	No
1. Has someone in the program been assigned to write the COOP?		
2. Has someone been assigned to activate the COOP?		
<ul style="list-style-type: none"> <li>• Has a formal Chain of Command been identified (who contacts whom)?</li> </ul>		
<ul style="list-style-type: none"> <li>• Has someone been assigned to notify staff of COOP activation?</li> </ul>		
<ul style="list-style-type: none"> <li>• Is there a staff list with current contact information? <i>(Visit Child Care Aware of NH's website above for sample Contact List)</i></li> </ul>		
<ul style="list-style-type: none"> <li>• Has someone in the program been assigned to notify families of COOP activation?</li> </ul>		
<ul style="list-style-type: none"> <li>• Is there a family list with current contact information, including emergency contacts?</li> </ul>		
<ul style="list-style-type: none"> <li>• Has someone been assigned to notify external partners of the COOP activation, such as:                             <ul style="list-style-type: none"> <li><input type="checkbox"/> Child Care Licensing Unit (CCLU),</li> <li><input type="checkbox"/> Bureau of Child Development &amp; Head Start Collaboration (if enrolled in the NH Child Care Scholarship Program),</li> <li><input type="checkbox"/> Child Care Aware of NH (recommended),</li> <li><input type="checkbox"/> ACROSS NH (recommended),</li> <li><input type="checkbox"/> Alternate Facility owner,</li> <li><input type="checkbox"/> Vendors,</li> <li><input type="checkbox"/> Post Office,</li> <li><input type="checkbox"/> <b>Other, specify:</b> _____</li> </ul> </li> </ul>		
<ul style="list-style-type: none"> <li>• Is there an updated list with external partners' contact information? <i>(Visit Child Care Aware of NH's website above for sample Contact List)</i></li> </ul>		
3. Has a staff member or members been assigned the role of coordinating physical relocation activities, such as: <ul style="list-style-type: none"> <li><input type="checkbox"/> Moving files</li> <li><input type="checkbox"/> Moving records</li> <li><input type="checkbox"/> Moving equipment and supplies</li> <li><input type="checkbox"/> <b>Other, specify:</b> _____</li> </ul>		

## Continuity of Operations Plan (COOP) Checklist

### Section II- Components of COOP (continued)

Essential Functions (Day to Day Operations)	Yes	No
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Essential Functions (EFs) are your day to day operations. Do you provide care to the following age groups and/or perform other functions (i.e., transportation, food service, office support, etc.)?

• Infants		
• Toddlers		
• Preschoolers		
• Kindergarteners		
• School-agers		
• Administrative office (human resources, payroll, accounting, etc.)		
• Other, specify: _____		

If you can only continue to offer care to some of the age groups and/or perform other functions due to space, staffing, or other limitations, determine the order of priority (i.e. Priority # 1: Infant Care, Priority # 2: Payroll, Priority # 3...etc.)

Priority	Essential Functions
[priority #]	[list function]
[priority #]	[list function]
[priority #]	[list function]
[priority #]	[list function]
[priority #]	[list function]

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Section II- Components of COOP (continued)		
Orders of Succession/Delegations of Authority	Yes	No
1. Have you identified who will assume the program leader's role in the event that they are no longer able to continue in that role (i.e. Executive Director, Director/Owner, Assistant Director, etc.)? <i>(If possible, identify two alternatives.)</i>		
2. Have you identified who will assume other key roles (i.e. lead teachers, cooks, administrative duties, etc.)?		
3. Delegations of Authority have been approved by the program's legal counsel, if applicable or required, for the person(s) who perform legal duties such as payroll, check-signing, hiring, termination, etc. <i>(Visit Child Care Aware of NH's website above for sample Delegations of Authority Letter)</i>		
Alternate Facility(s) (You may identify more than one)	Yes	No
1. Have you identified an alternate facility(s) that is NOT located in the same geographic area as your primary facility? (For example, if you are in a flood zone, locate a facility that is outside the flood zone). <i>(Visit Child Care Aware of NH's website above for sample Risk Assessment)</i>		
2. Do you have an agreement with the alternate facility(s) that is current, signed, and filed with your important documents?		
3. Do you have a detailed route to the alternate facility(s) included with the COOP Plan?		
Alternate Facility Communications	Yes	No
1. Do you have procedures / plans for communication with:		
• Leadership (Executive directors, Board of Directors, etc.)		
• Staff		
• Families/Legal guardians		
• Alternate Facility(s) owners		
• <b>Other, specify:</b> _____		

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<b>Section II- Components of COOP (continued)</b>		
<b>Alternate Facility Communications (continued)</b>	<b>Yes</b>	<b>No</b>
2. Have you identified how you will communicate plan/procedures with those listed on Page 4-Question #1? (Email, social media, text, etc.)		
3. Have you identified secure and sufficient communication systems (radios, phones, etc.) at the alternate facility(s)?		
4. Have staff been trained on how to use the communication systems?		
5. Have you identified critical computer systems that can be used or accessed at the alternate facility(s)?		
<b>Essential Records and Database Management</b>	<b>Yes</b>	<b>No or N/A</b>
1. Essential Records are electronic, physical data and information that is essential for day to day operations. Do you have a way to securely protect the following records in your program? <i>(Note: Modify this list to reflect your program's essential records and databases.)</i>		
• COOP and other emergency plans		
• Accounts Receivable / Payable		
• Contracts, Memorandums, and Vendor Agreements		
• Personnel and Payroll records		
• Social Security / Tax documents		
• Child and Adult Care Food Program (CACFP) records		
• Child Care Scholarship records		
• Child Attendance records		
• Children and Staff's records (including emergency information)		
• Information systems and applications		
• Insurance / Property Management records		
• Inventory / Equipment and Supply records		
• Legal documents (including Delegation of Authority letter(s))		
• Orders of Succession document(s)		

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Section II- Components of COOP (continued)		
Essential Records and Database Management (continued)	Yes	No or N/A
2. Have you addressed protecting confidential information at the alternate facility(s)?		
3. Have you determined where you will store the essential records listed above on Page 5-Question # 1?		
4. Are your Go-Files and Go-Kits stocked and ready for transport?		
Annual Review of COOP	Yes	No or N/A
Plans have been made for annual review of the COOP.		
Plans have been made to include COOP training for your program: (See recommendations below) <ul style="list-style-type: none"> <li><input type="checkbox"/> Staff Orientation (Example: <i>New Hires</i>)</li> <li><input type="checkbox"/> Mid-year Refresher (Example: <i>Staff Professional Development Days</i>)</li> <li><input type="checkbox"/> Annually practicing COOP Processes and Procedures</li> <li><input type="checkbox"/> Annually practicing COOP with Alternative Facility(s) (<i>when applicable/feasible</i>)</li> </ul>		

**Planners:** *This concludes the readiness and preparedness activities for your COOP. The following Section III, Activation of COOP (page 7) and Section IV, Recovery of Operations (page 8) will help to ensure that your program can perform its essential functions before, during, and after all-hazards emergencies or disasters.*

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<b>Section III-Activation of COOP</b>	
<b>Decision to Activate COOP</b>	
Authorized person has activated the COOP.	Complete <input type="checkbox"/>
<b>Activation of Orders of Succession and Delegations of Authority</b>	
Orders of Succession and Delegations of Authority have been activated, if needed.	Complete <input type="checkbox"/>
<b>Alternate Facility Relocation</b>	
If more than one Alternate Facility, a decision has been made as to which facility will be used.	Complete <input type="checkbox"/>
<b>Internal Notification and Activation</b>	
Activate Chain of Command for staff notification.	Complete <input type="checkbox"/>
<b>External Notification</b>	
External contacts have been notified: <ul style="list-style-type: none"> <li><input type="checkbox"/> Child Care Licensing Unit (CCLU), <b>(required)</b></li> <li><input type="checkbox"/> Bureau of Child Development and Head Start Collaboration <b>(required if enrolled in NH Child Care Scholarship Program)</b></li> <li><input type="checkbox"/> Child Care Aware of NH <i>(recommended)</i></li> <li><input type="checkbox"/> ACROSS NH <i>(recommended)</i></li> <li><input type="checkbox"/> <b>Other, specify:</b> _____</li> </ul>	Complete <input type="checkbox"/>
<b>Relocation Process and Procedures</b>	
1. The designated staff person(s) are prepared to transport Go-Files and Go-Kits to the alternate facility(s).	Complete <input type="checkbox"/>
<b>2. If desired, add your specific procedures here. (For examples, please refer to the NH CCC/FCC/SAP Emergency Operations Plan Template, pages 97 &amp; 105).</b>	Complete <input type="checkbox"/>
<b>Performing Essential Functions at Alternate Facility</b>	
<b>If desired, list your specific procedures here. (See Section II for your identified Essential Functions.)</b>	Complete <input type="checkbox"/>

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Section IV- Recovery of Operations	
<b>Recovery of Operations</b> <i>(Visit Child Care Aware of NH's website for sample Recovery Resources document)</i>	
Designated staff will conduct the following actions to prepare for recovery operations. <b>Planners:</b> <i>Specify actions here.</i>	Complete <input type="checkbox"/>
<b>Recovery Process and Procedures</b>	
1. <b>[insert position name]</b> has determined that the primary facility can be reoccupied or that a different facility will be secured.	<input type="checkbox"/> Yes <span style="margin-left: 100px;"><input type="checkbox"/> No or N/A</span>
2. <b>[insert position name]</b> will oversee the orderly transition of all functions, personnel, equipment, and records from the alternate relocation facility to a restored primary facility or a new facility.	Complete <input type="checkbox"/>
3. Prior to relocating back to the primary facility or another building, <b>[insert position name]</b> will ensure appropriate security, safety, and staff availability to return to work.	Complete <input type="checkbox"/>
4. The staff remaining at the alternate relocation facility will transfer essential functions and resume normal operations when all systems, communications, equipment, essential records, supplies, etc., are in place and fully operational at the restored primary facility or the new facility.	Complete <input type="checkbox"/>
5. Notifications will be sent to appropriate partners to indicate that the program has resumed normal operations at the restored primary facility or the new facility.	Complete <input type="checkbox"/>
Section V- Reviewing, Training and Practicing COOP	
<b>Annual Review of COOP</b>	
Plans have been made for annual review of the COOP.	Complete <input type="checkbox"/>
<b>Training and Practice</b> <i>(recommended)</i>	
Plans have been made to include COOP training for your program: (See recommendations below)	Complete <input type="checkbox"/>
<ul style="list-style-type: none"> <li><input type="checkbox"/> Staff Orientation (Example: <i>New Hires</i>)</li> <li><input type="checkbox"/> Mid-year Refresher (Example: <i>Staff Professional Development Days</i>)</li> <li><input type="checkbox"/> Annually practicing COOP Processes and Procedures</li> <li><input type="checkbox"/> Annually practicing COOP with Alternative Facility(s) <i>(when applicable/feasible)</i></li> </ul>	