# *Emergency Management*

# Michael Johnson Emergency Management Director

107West Main Street Phone (507) 444-2454

Owatonna, Minnesota 55060-2913 mike.johnson@ci.owatonna.mn.us

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Please take a moment and fill out this form regarding your department Continuity of Operations Plan. Please return the form to me at: mike.johnson@ci.owatonna.mn.us

DEPARTMENT: Administration

SERVICE PRIORITIES

Please designate what services your department provides and the priority.

Priority Definition

1. Services that remain uninterrupted (services that are not closed on a weekend or holiday).
2. Services that need to be reestablished within a few days.
3. Activities that can be disrupted temporarily (a few days or weeks)
4. Activities that can be suspended during an emergency (6-8 weeks).

|  |  |  |  |
| --- | --- | --- | --- |
| Priority | Service | Minimum Staff | Telecommuter  Option? |
| **1** | Communications to staff, media, public, commissioners and other entities | 1 | yes |
| **1** | Operations and personnel decisions | 1 | Yes |
| **2** | Website Communication | 1 | Yes |
| **2** | Answer telephone calls – Main switchboard | 1 | No |
| **2** | Prepare policies and action items for County Board meetings | 1 | yes |
| **3** | Assist with Annual Organizational meeting | 1 | yes |
| **3** | Assist in the preparation of the annual budget | 1 | Yes |
| **3** | Develop and advance policy, program and project initiatives | 1 | yes |
| **4** | Strategic planning/implementation | 1 | No |
| **4** | Complete Warrant Requests: landfill | 1 | No |
| 4 | Authorize and process bills for payment | 1 | Yes |
| 4 | Process Mail | 1 | No |
| 4 | Control visitor badges and board room remotes | 1 | No |
| 4 | Order Supplies for Administrators office | 1 | yes |
| 4 | Research projects for Board Action | 1 | yes |
| 4 | Review Data on Website and Facebook | 1 | yes |
| 4 | Maintain Calendar and Room Reservations | 1 | yes |
| 4 | Update Fee Schedule | 1 | yes |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

SUCCESSION

This section should identify orders of succession to key positions within your department. Orders should be of sufficient depth (at least three) to ensure the organizations ability to manage and direct its essential functions and operations

|  |  |  |  |
| --- | --- | --- | --- |
| Successor | Name/Title | Contact- Cell Phone | Contact- Desk Phone |
| 1 | Scott Golberg/Administrator | 507-456-8954 | 507-444-7431 |
| 2 | County Board Chair | Varies | Varies |
| 3 | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| 4 | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| 5 | Click here to enter text. | Click here to enter text. | Click here to enter text. |

CRITICAL SYSTEMS

This section should identify the departments’ critical systems necessary to perform essential functions and activities.

|  |  |  |
| --- | --- | --- |
| System | Current Location | Other Location |
| Phone | mobile | mobile |
| Computer | office | Mobile, home |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |

Communications

Does your department have a quick way to communicate with employees?

Yes, email and text

Other Comments or Considerations?

Need to designate a deputy Administration for backup

Completed by: Date:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you have any questions, please contact the Steele County Emergency Management at 444-2454

Sincerely,

Mike Johnson

Michael Johnson,

Emergency Management Director, Steele County