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|  | **Your Department Here**  **University of Wisconsin-Oshkosh** |

**CONTINUITY OF OPERATIONS PLAN**

Version: (Date of Completion)

**CONFIDENTIAL**

|  |  |  |
| --- | --- | --- |
| **COOP Updating Contact** |  | *Signature* |
| **Name Title Phone Number Email Address** |  | Approved by Name, Title, Date |

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# Department Overview

**Department Mission:**

* Insert text

**Scope:**

* Description of geographic, departmental, and administrative limitations of this plan

**Essential Functions:**

* Services that must continue with minimal to no disruption

**Staff Composition/Organizational Structure:**

* Insert text

**Department History:**

* Insert text

**Location(s) [can include map]:**

* Insert text

# Executive Management Team

The Executive Management Team is made up of the department’s leaders and managers. Its role is to advise and assist the COOP Incident Commander (CIC) by making emergency-related policy decisions. A principal responsibility for the EMT is to keep the COOP teams focused on the right set of priorities in a crisis situation.

Accordingly, the responsibilities of this body include:

* Gather information and analyze conditions related to the department and throughout the University.
* Allocate and direct distribution of resources to accomplish the purposes of the department’s COOP Plan.
* Request needed resources from available outside sources if those resources are not available internally.
* Approve final plan and final policy decisions.

|  |  |  |  |
| --- | --- | --- | --- |
| **Title** | **Name** | **Work Email**  **Personal Email** | **Work Phone Number**  **24 Hour Phone Number** |
| **Example Title** | **John Smith** | [**jsmith@wisc.edu**](mailto:jsmith@wisc.edu)  [**jsmith@gmail.com**](mailto:jsmith@gmail.com) | **608-123-4567**  **608-987-6543** |
|  |  |  |  |
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# COOP Incident Commander

The COOP Incident Commander (CIC):

* Is in charge of the COOP incident – has overall responsibility for all activity that relates to COOP activation, relocation and reconstitution
* Supervises the resumption of critical functions and ensures that the services are sustained throughout the entire COOP activation
* May delegate authority

**\*Insert position title of the Primary Incident Commander here\***

**\*Insert position title of back-up Incident Commander here\***

# Order of Succession for Department Chief Executive

Succession to office is essential in the event that Department leadership is unavailable, debilitated, or incapable of performing their legally authorized duties, roles and responsibilities. Orders of succession provide for the orderly and predefined assumption of offices during such an emergency.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Title** | **Name** | **Work Email**  **Personal Email** | **Work Phone Number**  **24 Hour Phone Number** |
| **Current**  **Chief**  **Executive** | **Example Title** | **John Smith** | [**jsmith@wisc.edu**](mailto:jsmith@wisc.edu)  [**jsmith@gmail.com**](mailto:jsmith@gmail.com) | **608-123-4567**  **608-987-6543** |
| **First** |  |  |  |  |
| **Second** |  |  |  |  |
| **Third** |  |  |  |  |

**List of Power Limitations for Successors:**

* List limitation
* List limitation
* List limitation

# Department Contact List

|  |  |  |  |
| --- | --- | --- | --- |
| **Title** | **Name** | **Work Email**  **Personal Email** | **Work Phone Number**  **24 Hour Phone Number** |
| **Example Title** | **John Smith** | [**jsmith@wisc.edu**](mailto:jsmith@wisc.edu)  [**jsmith@gmail.com**](mailto:jsmith@gmail.com) | **608-123-4567**  **608-987-6543** |
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# External Contact List

* Other departments and agencies the department relies upon for services
* Off campus businesses and agencies the department partners with and relies upon for services

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Department/Organization** | **Name** | **Phone Number** | **Email Address** | **Note** |
|  | **John Smith** | **608-123-4567** | [**jsmith@wisc.edu**](mailto:jsmith@wisc.edu) | **Add note** |
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# Vendor List

* + Current listing of vendors that provide needed supplies for continued operations
  + Listing of vendors to replace destroyed equipment and supplies

|  |  |  |  |
| --- | --- | --- | --- |
| **Name/Organization** | **Phone Number** | **Email Address** | **Note** |
| **John Smith** | **608-123-4567** | [**jsmith@wisc.edu**](mailto:jsmith@wisc.edu) | **Add note** |
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# Alternate Sites

|  |  |
| --- | --- |
| **Alternate Site #1** | **Needed Resources and Space** |
| Name  Name  Address  Address  Contact Individual  Phone Number  Email Address | List item  List item |
| **Alternate Site #2** | **Needed Resources and Space** |
| Name  Name  Address  Address  Contact Individual  Phone Number  Email Address | List item  List item |

# Devolution Agency

|  |  |
| --- | --- |
| **Devolution Agency** | **Agreements and Expectations\*** |
| Name  Name  Address  Address  Contact Individual  Phone Number  Email Address | List agreement  List expectation |

\*See the attached Devolution MOU

# Activation Worksheet

|  |  |  |
| --- | --- | --- |
| **Task/Decision** | **Assigned To:** | **Time Completed** |
| Assess the situation and activate the COOP plan if any of the following events occurs and is expected to continue for a period of time estimated to exceed 12 hours:   * Loss or absence of leadership at the Supervisor level or above * Loss or inaccessibility of buildings, annexes, or dorms * Loss of at least 40% of staff * Significant loss of IT systems * Significant loss of other critical operating systems * Significant loss of department vehicles |  |  |
| Appoint Department COOP Incident Commander (CIC) (this could be the person who activated the COOP plan) |  |  |
| Decide if the COOP plan should be partially or fully activated |  |  |
| Decide whether to:   * Stay in current facility * Initiate devolution * Relocate to an alternate site |  |  |
| If relocating:   * Select alternate facility * Decide which (if not all) essential functions to relocate * Appoint a relocation manager and team |  |  |
| Initiate notification process |  |  |
| Determine if someone should stay at the primary site. If so, instruct him/her to provide status reports on a regular basis (e.g. every two hours for the first 48 hours and every four hours after that). |  |  |
| Appoint staff who should work at the alternate site (may be same as relocation team) |  |  |
| Inform personnel who are not assigned to the alternate location what their assignments are, if they should go home, etc. |  |  |
| Determine if you should appoint a department spokesperson |  |  |
| Appoint a Reconstitution Manager |  |  |

# Alert and Notification Worksheet

|  |  |  |
| --- | --- | --- |
| **Task/Decision** | **Assigned To:** | **Time Completed** |
| Compose a notification message. If necessary, get approval before you start disseminating it. |  |  |
| Decide on notification method(s) (phone calls, 800 line, website, email, social media, etc.) |  |  |
| If necessary, contact (IT Department) to establish a 1-800 information line. This line can be called by unassigned staff and/or the public to receive updated information regarding your department’s situation. |  |  |
| Contact department personnel:   * Brief description of the emergency situation * Contact information for COOP IC * Alternate site info if relocating * Expectations (be available by phone, check website daily, etc.) * How additional information will be made available |  |  |
| Contact Vice Chancellor and if needed, University Police Department   * Vice Chancellor: Phone Number * UW-Oshkosh Police: Phone Number |  |  |
| If relocating, contact the alternate facility manager |  |  |
| If necessary, assign a Public Information Officer (PIO)   * PIO works with the COOP IC and the Communications Dept to ensure that only approved information is passed on |  |  |

# Essential Service Recovery Plan #1: Name

|  |  |
| --- | --- |
| **\*Lead Personnel:** |  |
| **\*Date:** |  |
| **\*Time:** |  |
| **\*Name of Event:** |  |

*\*Complete when the recovery plan is used during COOP activation*

**Overview:**

Use this section to explain the essential service. Provide an amount of detail that will allow an individual unfamiliar with the essential service to understand the essential service. Write to the level of an individual knowledgeable in the field of the department.

**Major Tasks:**

* Use this section to outline the major tasks that will be taken to recover the essential service. What constitute a major task is at the discretion of the department.

**Resources:**

* Use this section to provide a list of resources that will be needed to recover the essential service. A resource can be personnel types, items, vendors, etc.

**Recovery Time Objective (RTO):**

Initiate Recovery Process: Immediate

Estimated Completion Time: 3 Hours

|  |  |  |
| --- | --- | --- |
| **Decision or Task**  **Recovery Time Objective (RTO)** | **Date and Time Assigned\*** | **Assigned Individual\*** |
| This section is designed to provide a detailed recovery plan for the essential service. List individual decisions that need to be made or tasks that need to be completed. This section should be detailed enough that someone unfamiliar with the department, but knowledgeable in the field, can accomplish the recovery plan without great difficultly. |  |  |
|  |  |  |

*\*Complete when the recovery plan is used during COOP activation*

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Department** | **24 Hour Phone #** | **Email** |
| Name Name | Department Department | 123-456-7890 | email@email.email |
|  |  |  |  |

# Essential Service Recovery Plan #2: Name

|  |  |
| --- | --- |
| **\*Lead Personnel:** |  |
| **\*Date:** |  |
| **\*Time:** |  |
| **\*Name of Event:** |  |

*\*Complete when the recovery plan is used during COOP activation*

**Overview:**

Use this section to explain the essential service. Provide an amount of detail that will allow an individual unfamiliar with the essential service to understand the essential service. Write to the level of an individual knowledgeable in the field of the department.

**Major Tasks:**

* Use this section to outline the major tasks that will be taken to recover the essential service. What constitute a major task is at the discretion of the department.

**Resources:**

* Use this section to provide a list of resources that will be needed to recover the essential service. A resource can be personnel types, items, vendors, etc.

**Recovery Time Objective (RTO):**

Initiate Recovery Process: Immediate

Estimated Completion Time: 3 Hours

|  |  |  |
| --- | --- | --- |
| **Decision or Task**  **Recovery Time Objective (RTO)** | **Date and Time Assigned\*** | **Assigned Individual\*** |
| This section is designed to provide a detailed recovery plan for the essential service. List individual decisions that need to be made or tasks that need to be completed. This section should be detailed enough that someone unfamiliar with the department, but knowledgeable in the field, can accomplish the recovery plan without great difficultly. |  |  |
|  |  |  |

*\*Complete when the recovery plan is used during COOP activation*

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Department** | **24 Hour Phone #** | **Email** |
| Name Name | Department Department | 123-456-7890 | email@email.email |
|  |  |  |  |

# Essential Service Recovery Plan #3: Name

|  |  |
| --- | --- |
| **\*Lead Personnel:** |  |
| **\*Date:** |  |
| **\*Time:** |  |
| **\*Name of Event:** |  |

*\*Complete when the recovery plan is used during COOP activation*

**Overview:**

Use this section to explain the essential service. Provide an amount of detail that will allow an individual unfamiliar with the essential service to understand the essential service. Write to the level of an individual knowledgeable in the field of the department.

**Major Tasks:**

* Use this section to outline the major tasks that will be taken to recover the essential service. What constitute a major task is at the discretion of the department.

**Resources:**

* Use this section to provide a list of resources that will be needed to recover the essential service. A resource can be personnel types, items, vendors, etc.

**Recovery Time Objective (RTO):**

Initiate Recovery Process: Immediate

Estimated Completion Time: 3 Hours

|  |  |  |
| --- | --- | --- |
| **Decision or Task**  **Recovery Time Objective (RTO)** | **Date and Time Assigned\*** | **Assigned Individual\*** |
| This section is designed to provide a detailed recovery plan for the essential service. List individual decisions that need to be made or tasks that need to be completed. This section should be detailed enough that someone unfamiliar with the department, but knowledgeable in the field, can accomplish the recovery plan without great difficultly. |  |  |
|  |  |  |

*\*Complete when the recovery plan is used during COOP activation*

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Department** | **24 Hour Phone #** | **Email** |
| Name Name | Department Department | 123-456-7890 | email@email.email |
|  |  |  |  |

# Memorandum of Understanding with Devolution Agency

**CONTINUITY OF OPERATIONS PLAN  
Memorandum of Understanding**between  
THEIR AGENCY NAME  
and  
University of Wisconsin-Oshkosh: Your Department

This Memorandum of Understanding (MOU) is hereby made and entered into by and between Their Agency Name hereinafter referred to as THEM, and University of Wisconsin-Oshkosh Your Department hereinafter referred to as YOU.

1. PURPOSE:

The purpose of this MOU is to develop and expand a framework of cooperation between THEM and YOU in order to provide continuity of operations to the University of Wisconsin-Oshkosh in the event of a significant loss of YOU staff and/or building(s).

1. STATEMENT OF MUTUAL BENEFIT AND INTERESTS:

THEM and YOU have a mutual interest in assuring that essential (type of service – police, animal care, medical, etc.) services are provided to the UW-Oshkosh campus in an effective manner that provides the best possible service to students, staff and visitors.

The benefit for THEM through this cooperative agreement is facilitated contact with UW-Oshkosh regarding information that will aid THEM in providing type of service services to campus.

The benefit for YOU through this cooperative agreement is that THEM will provide adequate services to the UW-Oshkosh in a timely manner, especially in regard to type of service services to the university.

1. THEM SHALL:
2. Contact YOU COOP Incident Commander (CIC) as soon as practicable upon receiving a request to respond to provide type of service services to the UW-Oshkosh, by telephoning the CIC at xxx-xxx-xxxx.
3. Inform YOU of staffing availability and scheduling of personnel to cover campus type of service.
4. Periodically consult with the YOU CIC regarding the current status of the department and when it is expected to begin providing essential services again.
5. YOU SHALL:

Provide THEM with available documents (plans, policies and procedures, etc).

Provide expertise and assistance with department services.

1. IT IS MUTUALLY UNDERSTOOD AND AGREED BY AND BETWEEN THE PARTIES THAT:

Modification. Modifications within the scope of the instrument shall be made by mutual consent of the parties by issuance of a written modification signed and dated by all parties prior to any changes being promulgated.

Termination. Any of the parties, in writing, may terminate the instrument in whole, or in part, at any time.

Term of this MOU. This MOU shall remain in effect, unless terminated as specified above, for an indefinite period. If either party should, for any reason, become unable to fulfill the terms of this MOU, the party that is unable to fulfill the terms shall inform the other party in writing immediately.

Non-fund Obligating Document. This instrument is neither a fiscal nor a funds obligation document. Any endeavor or transfer of anything of value involving reimbursement or contribution of funds between the parties to this instrument will be handled in accordance with applicable laws, regulations, and procedures including those for State and UW-Oshkosh procurement. Such endeavors will be outlined in separate agreements that shall be made in writing by representatives of the parties and shall be independently authorized by such appropriate authority. This instrument shall not provide such authority. Specifically, this instrument does not establish authority for noncompetitive award to the cooperator of any contract or other agreement. Any contract or agreement for services must fully comply with all applicable requirements for competition.

PRINCIPAL CONTACTS:

|  |  |
| --- | --- |
| **THEIR AGENCY NAME** | **UW-Oshkosh: YOUR DEPARTMENT** |
| Name  Title  Address  Address  Office Phone  Mobile Phone  Fax  Email Address | Name  Title  Address  Address  Office Phone  Mobile Phone  Fax  Email Address |

IN WITNESS WHEREOF, the parties hereto have executed this agreement as of the last date written below.

|  |
| --- |
| **THEIR AGENCY NAME**  Name and Title |
|  |
| Signature and Date |
| **UW-Oshkosh: YOUR DEPARTMENT**  Name and Title |
|  |
| Signature and Date |

# Terms and Definitions

**COOP Incident Commander (CIC):** The Incident Commander is in charge of the COOP incident and has overall responsibility for all activities that relate to COOP activation, relocation, and reconstitution. The CIC also supervises the resumption of critical functions and ensures that the services are sustained throughout the entire COOP activation.

**Delegation of Authority:** Identification, by position, of the authorities for making policy determinations and decisions. Pre-determined delegations of authority will take effect when normal channels of direction have been disrupted and will lapse when these channels have been reestablished.

**Devolution:** Devolution requires the transition of roles and responsibilities for performance of essential functions through pre-authorized delegations of authority and responsibility. The authorities are delegated from an organization’s primary operating staff to other employees internal or external to the organization in order to sustain essential functions for an extended period. Devolution is a continuity option instead of or in conjunction with relocation in order to ensure the continued performance of essential functions.

**Essential Functions:** Department services that must continue with minimal to no disruption.

**Memorandum of Agreement/Memorandum of Understanding (MOA/MOU):** Written agreements between organizations that require specific goods or services to be furnished or tasks to be accomplished by one organization in support of the other.

**Orders of Succession:** Orders of succession are a formal, sequential listing of organization positions that identify who is authorized to assume a particular leadership or management role under specific circumstances.

**Reconstitution:** The process by which surviving and/or replacement organization personnel resume normal organization operations from the original or replacement primary operating facility.

**Recovery Time Objective (RTO):** Maximum allowable downtime. RTO is a period of time within which systems, applications, or functions must be recovered after an outage (e.g. one business day).