Critical Contact Sheet (CCS)

Definition

The CCS Form is used to maintain accurate, up-to-date information for essential personnel. Contact information for every position is required. However, it is acceptable for a single contact to routinely cover multiple positions. Enter the same contact information for each relevant position. Vacant positions must include contact information for the person providing temporary coverage for that function.

Element	Data Entry Guidance	Significance
CCS1.a-f Primary CDC PHEP project officer	Provide the name of the current primary CDC PHEP project officer and related contact information	
CCS2.a-f Backup CDC PHEP project officer or team lead	Provide the name of the current and backup CDC PHEP project officer or team lead assigned and related contact information	
CCS3.a-f U.S. marshal	Provide the name of the current U.S. marshal and related contact information	U.S. marshal often serves to verify receipt, stage, store (RSS) security
CCS4.a-f Backup U.S. marshal	Provide the name of the backup U.S. marshal and related contact information	
CCS5.a-j Health department emergency operations center (EOC)	Provide the general contact number and address for the health department or emergency management EOC. If there is not a health department EOC number this can be skipped, but the emergency management agency (EMA) EOC number and address must be entered.	
CCS6.a-j Continuity of operations (COOP) EOC	Provide the name and address of the current COOP primary contact; if this is dependent on type of incident or event, provide the position title that will be responsible.	
CCS7.a-j EMA EOC	Provide the name and address of the current primary emergency management agency contact. If this is dependent on type of incident or event, provide the position title that will be responsible.	
CCS8.a-k Health commissioner, secretary of health, state health officer (SHO), minister of health	Provide the name of the lead health officer or health commissioner for the jurisdiction and related contact information.	
CCS9.a-k PHEP director	Provide the name and related contact information of the PHEP director	
CCS10.a-l Medical countermeasure (MCM) coordinator	Provide the name of the MCM coordinator and related contact information	
CCS11.a-l Medical countermeasure (MCM) backup coordinator	Provide the name of the MCM backup coordinator and related contact information	

Element	Data Entry Guidance	Significance
CCS12.a-l CHEMPACK coordinator	Select "Yes" if the CHEMPACK coordinator is the same as the MCM coordinator. If CHEMPACK coordinator is someone different, provide related contact information.	
CCS13.a-k Law enforcement agencies responsible for MCM security	Provide the name of the current law enforcement agency primary contact and related contact information. If this is dependent on type of incident or event, provide the position title that will be responsible. The agency phone number or non-emergency dispatch number must be entered if a position title (rather than person) is listed as the security contact.	
CCS14.a-k Backup law enforcement agency responsible for MCM security	Provide the name and related contact information for the current backup law enforcement agency or department contact.	
CCS15.a-f Distribution (RSS) lead, supervisor, or chief: name	Provide the name of the current public health department personnel that serves as the distribution planning lead. A contractor is not an acceptable entry.	
CCS16.a-f Backup distribution lead	Provide the name of the current public health department personnel that serves as the distribution planning lead backup. A contractor is not an acceptable entry.	
CCS17.a-k Department of health, public information officer (PIO)	Provide the name of the PIO and related contact information	
CCS18.a-k Department of health, Deputy PIO	Provide the name of the deputy PIO and related contact information.	
CCS19.a-g Influenza program coordinator	Provide the name and related contact information of the current public health department point of contact for the influenza program/coordinator.	
CCS20.a-k Immunization program coordinator	Provide the name and related contact information of the current public health department point of contact for the immunization program/coordinator.	
CCS21.a-g Laboratorian	Provide the name and related contact information of the current public health department laboratory point of contact.	
CCS22.a-g Epidemiologist	Provide the name and related contact information of the current public health department epidemiology point of contact.	
CCS10.a-k Disabilities/Access and Functional Needs (D/AFN) coordinator or equivalent	Provide the name and related contact information of the current D/AFN point of contact.	

Reviewer Guidance	Documentation	Submission Frequency
Review information for accuracy and completeness regarding staff names, titles, and contact information. Confirm email and phone numbers work and are actively monitored and test the 24/7 number. If a position is vacant, contact information for the staff providing temporary coverage is required; coverage of multiple positions by the same person is acceptable. For instance the MCM coordinator might also cover CHEMPACK coordination.	• CCS variables must be complete.	CCS must be reviewed and updated as necessary every six months at a minimum. Update immediately if there is a change to any contact information or staff vacancy.