

Mass Care Group Supervisor (C3)

State of Alaska

All-Hazards

Position Task Book

Assessment and Guide

Operations Section

Type 3

The Mass Care Group Supervisor (C3) will be used as assigned by the Operations Section Chief or designee.

May 2018



For more information or to suggest changes, corrections, or improvements, [please contact:](#)

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State of Alaska (SOA)

Type 3 Position Task Book (PTB)

State of Alaska (SOA) Type 3 Position Task Books (PTBs) have been created for designated National Incident Management System (NIMS) positions. Each PTB lists the competencies, tasks, and behaviors required to be successful in a specific position. Trainees must complete all competencies, tasks, and behaviors and demonstrate acceptable performance during the completion of this PTB.

Evaluator(s) will complete an Evaluation Record documenting the trainee's progress after each evaluation opportunity. Trainees will be observed and evaluated by qualified evaluators during a qualifying event and their performance will be documented in the PTB for each task by entering the Evaluation Record number, date of completion, and the evaluator's initials. Evaluation and confirmation of the trainee's performance on all tasks may require more than one qualifying event and may involve more than one evaluator during each opportunity.

After the trainee has met all the requirements in the State of Alaska (SOA) Type 3 Position Task Book (PTB), the home Agency will complete the final agency certification verifying the trainee is qualified in the position and will submit the Agency-certified PTB to the Alaska Interstate Mutual Aid Committee/Credentialing Subcommittee for approval and issuance of an SOA Type 3 All Hazards Credential.

Position Task Book Timeline

1. Emergency management experience must include a minimum of three (3) events.
 - Emergency management events may include one (1) tabletop exercise and at least two (2) emergency management events.
 - Additional events may be required to complete the qualification process.
2. The three (3) emergency management events must occur within a five (5) year period.
3. All qualifying events must be completed within a five (5) year period with no more than three (3) years between each event.

Training Specialist/Certifying Official Responsibilities

1. Be authorized by the AHJ.
2. Maintain PTBs and training records for agency staff.
3. Initiate or issue PTBs and blank Evaluation Records to trainees when they are deployed on a Type 3 assignment.
4. Meet with the Evaluator and Trainee to discuss training and experience needs.
5. As the Trainee completes required training, enter the information into the Required Training section on page 2 of the PTB.

6. Once a Trainee completes all the requirements of a Position Task Book (PTB) and is approved by the AHJ, submit a Nomination Package to the DHS&EM for processing, which includes fully completed:
 - PTB and associated Evaluation Records
 - “Agency Certification” (last page of PTB)
 - State of Alaska Type 3 Nomination Application
7. Provide a report to the DHS&EM Training Section once a year showing how individuals maintained their currency for All-Hazards credentialing (see page 16 of the All Hazard Qualification Guide).

Trainee Responsibilities

1. Review and understand the assigned PTB.
2. Share training and experience with the Evaluator and Training Specialist.
3. After each assignment, meet with the evaluator to review and discuss overall performance and the continued expectations to successfully perform all competencies, tasks, and behaviors for the assigned position.
4. Return the PTB and Evaluation Record to your home agency.
5. Understand that PTBs do NOT replace the standard performance appraisal process by your home agency.
6. Coordinate with the AHJ to find opportunities to maintain currency once Type 3 All-Hazards credentialing has been obtained.

Evaluator Responsibilities

1. Be qualified in the position for which they are evaluating a trainee.
2. Review the competencies, tasks, and behaviors listed in the PTB, so you know what to observe while the trainee performs his/her duties.
3. Fully complete an Evaluation Record form for each qualifying event the trainee has participated.
 - The evaluation records should be numbered sequentially.
 - The evaluator must sign and date the Evaluation Record form, which validates the trainee’s experience.
4. For the current Type 3 qualifying event:
 - Enter the evaluation record number, date, and initials into the PTB, if the trainee performed the task **OR**
 - Enter N/A, date and initials, if the task was not performed by the trainee.
5. Conduct the PTB review meeting in a private setting.
 - Begin by asking the individual to comment on his or her performance, including strengths, areas needing improvement, and any thoughts for training.
 - Provide a summary of the trainee’s overall performance demonstrated during the assigned event.
 - Review the completed assessment with the trainee.
 - Return the PTB and Evaluation Record to the trainee, so they can return it his/her home agency.
6. Once a trainee completes all the requirements of the PTB, review the evaluation records and PTB entries to ensure they are completed correctly.
 - On the trainee’s final assignment, complete the Final Evaluator’s Verification section and submit the completed PTB to the AHJ Training Specialist recommending Type 3 All-Hazards Credentialing.



State of Alaska Position Task Book

Evaluation Record #: _____

Trainee Information

Printed Name: _____

Position: **Mass Care Group Supervisor Type 3 (C3)**

Agency Name: _____

Agency Address: _____

Home Unit Phone Number: (____) _____

Evaluator Information

Printed Name: _____

Evaluator position: _____

Agency Name: _____

Agency Address: _____

Home Unit Phone Number: (____) _____

Incident/Event Information

Incident/Event Name: _____

Incident # and/or Code: _____ Duration: _____

Training Start Date: _____ End Date: _____

Incident Kind: Flood Fire Ground Failure/Avalanche/Landslide Planned Event

Other All Hazard (specify): _____

Location (include governmental/geographic area): _____

Management Type (check one): Type 5 Type 4 Type 3 Type 2 Type 1 Area Command

Evaluator's Recommendation (initial only one line as appropriate):

- _____ 1) Tasks initialed and dated by me on the Qualification Record have been performed under my supervision in a satisfactory manner. The trainee has successfully performed all tasks in the PTB for the position. I have completed the Final Evaluator's Verification section and recommend the trainee be considered for agency certification.
- _____ 2) Tasks initialed and dated by me on the Qualification Record have been performed under my supervision in a satisfactory manner; however, opportunities were not available for all tasks (or all uncompleted tasks) to be performed and evaluated on this assignment. An additional assignment is needed to complete the evaluation.
- _____ 3) Trainee did not complete certain tasks in the PTB in a satisfactory manner and additional training, guidance, or experience is recommended.
- _____ 4) Trainee is severely deficient in the performance of tasks in the PTB for the position and additional training, guidance, or experience is recommended prior to another training assignment.

Record additional remarks/recommendations on an Individual Performance Evaluation or attach an additional page to this evaluation record.

Evaluator's Signature: _____ Date: _____

Evaluator's Relevant Qualification (or agency certification): _____

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State of Alaska Position Task Book

Mass Care Group Supervisor Type 3 (C3)

Task book assigned to:

Trainee's Name: _____

Trainee's Email Address: _____

Home Unit/Agency: _____

Home Unit Address: _____

Home Unit Phone Number: (_____) _____ Date: _____

Task book initiated by:

Official's Name: _____

Home Unit Title: _____

Home Unit/Agency: _____

Home Unit Address: _____

Home Unit Phone Number: (_____) _____ Date: _____

Home Unit/Agency is the agency that provides opportunities for individuals to complete the requirements of the State of Alaska Type 3 Position Task Books.

The material contained in this book accurately defines the performance expected of the position for which it was developed. This PTB is approved for use as a position qualification document in accordance with the instructions contained herein.

Competency: Complete required training documented by the AHJ Training Specialist.

Description: Obtain the required training that will provide an understanding of the duties, responsibilities, and capabilities of an effective **Mass Care Group Supervisor (C3)** on an All-Hazards Incident Management Team (IMT). Other training may be assigned based upon AHJ guidance.

Behavior: Complete required training for position qualification.	Date Completed	Training Specialist Initials
IS-100.B: Introduction to Incident Command System, ICS-100		
IS-200.B: ICS for Single Resources and Initial Action Incidents		
IS-700.A: National Incident Management System (NIMS) An Introduction		
IS-800.B: National Response Framework, An Introduction		
IS-368 Including People With Disabilities & Others With Access & Functional Needs in Disaster Operations		
IS-701.A NIMS Multiagency Coordination System (MACS) Course		
IS-806 Emergency Support Function (ESF) #6 – Mass Care, Emergency Assistance, Housing, and Human Services		
IS-10.a Animals in Disasters: Awareness and Preparedness		
G108 Community Mass Care and Emergency Assistance		
G288 Local Volunteer and Donations Management		
Red Cross National Shelter System (NSS) Training		
Emergency Operations Center (EOC) procedures as specified by the Authority Having Jurisdiction (AHJ)		

Competency: Assume position responsibilities.

Description: Successfully assume role of Mass Care Group Supervisor (C3) and initiate position activities at the appropriate time according to the following behaviors.

Behavior: Ensure readiness of assignment.	Evaluation Record #, Evaluator Initials, and Date
1. Obtain valid Resource Order from Dispatching Agency. <ul style="list-style-type: none"> • Incident information (name, order number, request number, phone numbers, etc.). • Expected reporting time and location • Contact procedures during travel (telephone/radio) • Transportation arrangements/travel routes • Lodging/meal/per diem arrangements • IAP and/or Situation Reports 	

<p>2. Obtain pre-assembled kit, which includes, but is not limited to:</p> <ul style="list-style-type: none"> • Agency-specific and ICS forms. • References appropriate to the incident. • Agency policies & procedures. • Office supplies appropriate to the function. • Home agency PTB. 	
<p>3. Obtain the appropriate equipment for the assignment, for example, laptop, printer, cell or satellite phone, weather gear, PPE, etc.</p>	
<p>4. Arrive at assignment, check-in and receive an operational briefing.</p>	
<p>Behavior: Ensure availability, qualifications, and capabilities of resources to complete assignment.</p>	<p>Evaluation Record #, Evaluator Initials, and Date</p>
<p>5. Determine the staffing levels needed to establish the Mass Care Services taking into consideration the size of the incident and whether the response will cover multiple operational periods.</p> <ul style="list-style-type: none"> • Mass Care services may include evacuation, security, transportation, sheltering, family reunification, feeding, health services, donations and/or volunteer management, bulk distribution, animal care, and/or recovery. 	
<p>Behavior: Establish effective relationships with relevant personnel.</p>	<p>Evaluation Record #, Evaluator Initials, and Date</p>
<p>6. Establish and maintain positive interpersonal and interagency working relationships with:</p> <ul style="list-style-type: none"> • First responders, leadership, staff, volunteers, and impacted population. • Emergency Operations Center (EOC) staff. • Voluntary and private agencies. • State and federal agencies. 	
<p>Behavior: Establish organization structure, reporting procedures, and chain of command.</p>	<p>Evaluation Record #, Evaluator Initials, and Date</p>
<p>7. Ensure each Mass Care Manager activates the appropriate level of Mass Care service, which includes, but is not limited to:</p> <ul style="list-style-type: none"> • Securing a location where each Mass Care Service will be activated. • Conducting and executing all required inspections and agreements. • Requesting resources to support each facility through Operations. 	

<p>8. Ensure that Mass Care Services will be provided without regard to race, color, religion, sex, gender, sexual orientation, pregnancy, national origin, age, disability, or genetic information.</p> <ul style="list-style-type: none"> • Ensure that disability, access, and functional needs inclusive practices are integrated into all levels of Mass Care Services. • Ensure that pet shelter staff will comply with confidentiality laws regarding information shared by the impacted population. 	
<p>9. Oversee provision of the appropriate level of Pet Shelter operations including:</p> <ul style="list-style-type: none"> • Registration and release procedures • Supplies and personnel • Veterinary services • Appropriate record keeping, invoicing, and cost documentation 	
<p>Behavior: Understand and comply with ICS concepts and principles.</p>	<p>Evaluation Record #, Evaluator Initials, and Date</p>
<p>10. Coordinate with functional areas within the ICS structure.</p> <ul style="list-style-type: none"> • Maintain appropriate span of control. • Demonstrate knowledge of ICS structure, principles and positions. • Understand scope, roles, responsibilities, jurisdiction, and authority of responder agencies. • Assure execution of appropriate administrative requirements. 	

Competency: Lead assigned personnel.

Description: Influence, guide, and direct assigned personnel to accomplish objectives and desired outcomes in a rapidly changing, high-risk environment.

<p>Behavior: Model leadership values and principles.</p>	<p>Evaluation Record #, Evaluator Initials, and Date</p>
<p>11. Exhibit principles of duty.</p> <ul style="list-style-type: none"> • Be proficient in your job, both technically and as a leader. • Make sound and timely decisions. • Ensure tasks are understood, supervised and accomplished. • Develop your subordinates for the future. 	
<p>12. Exhibit principles of respect.</p> <ul style="list-style-type: none"> • Know your subordinates and look out for their well-being. • Keep your subordinates informed. • Build the team. • Employ your subordinates in accordance with their capabilities. 	

<p>13. Exhibit principles of integrity.</p> <ul style="list-style-type: none"> • Know yourself and seek improvement. • Seek responsibility and accept responsibility for your actions. • Set the example. 	
<p>Behavior: Ensure the safety, welfare, and accountability of assigned personnel.</p>	<p>Evaluation Record #, Evaluator Initials, and Date</p>
<p>14. Ensure assigned resources are following safety guidelines appropriately.</p> <ul style="list-style-type: none"> • Recognize potentially hazardous situations. • Inform subordinates of hazards. • Control positions and functions of resources. • Ensure that special precautions are taken when extraordinary hazards exist. • Ensure adequate rest is provided to all unit personnel. • Provide and supports a hostile-free work environment. • Comply with agency safety requirements. 	
<p>Behavior: Establish work assignments and performance expectations, monitor performance, and provide feedback.</p>	<p>Evaluation Record #, Evaluator Initials, and Date</p>
<p>15. Direct and coordinate Mass Care personnel.</p> <ul style="list-style-type: none"> • Brief personnel. • Evaluate personnel performance. • Adjust organization based upon incident complexity and span of control. 	
<p>Behavior: Emphasize teamwork.</p>	<p>Evaluation Record #, Evaluator Initials, and Date</p>
<p>16. Establish cohesiveness among assigned resources.</p> <ul style="list-style-type: none"> • Provide for open communication. • Seek commitment. • Set expectations for accountability. • Focus on the team result. 	
<p>Behavior: Coordinate interdependent activities.</p>	<p>Evaluation Record #, Evaluator Initials, and Date</p>
<p>17. Coordinate with cooperating Mass Care partners including volunteers, involved agencies, private organizations, and impacted population for equipment, food, transportation, security, and medical services.</p>	

Competency: Communicate effectively.

Description: Use suitable communication techniques to share relevant information with appropriate personnel on a timely basis to accomplish objectives in a rapidly changing, high-risk environment.

Behavior: Ensure relevant information is exchanged during briefings and debriefings.	Evaluation Record #, Evaluator Initials, and Date
18. Provide briefing to assigned and relief staff, which includes, but is not limited to: <ul style="list-style-type: none"> • A summary of incident, current activity, and anticipated unit activity. • Review the current IAP and Situation Report to determine Mass Care priorities, goals, and objectives. • Receive and implement special instructions. 	
19. Provide Mass Care managers tactical briefings. <ul style="list-style-type: none"> • Discuss alternate plan based on strategies, control objectives, and the type of resources available. • Obtain periodic reports from managers and adjacent resources on progress. 	
20. Lead the daily Mass Care teleconference call to share the Mass Care needs with the local jurisdiction and various supporting agencies. <ul style="list-style-type: none"> • Mass care goals, objectives, and tasks. • Current personnel assignments and future staffing. • Times for conference calls, meetings, and briefings. 	
21. Conduct briefing to Operations on the Mass Care activities during: <ul style="list-style-type: none"> • Operations Briefing • Tactics/Strategy Meeting • Planning Meeting • Mass Care Teleconference 	
22. Inform Branch Director, Operations Section Chief, and Safety Officer as appropriate. <ul style="list-style-type: none"> • Conditions affecting Mass Care operations. • Hazardous conditions. • Situation status in assigned work area. • Unresolved issues and conflicts. • Resource status. 	

Behavior: Ensure documentation is complete and disposition is appropriate.	Evaluation Record #, Evaluator Initials, and Date
23. Ensure that appropriate documentation is completed according to incident requirements including: <ul style="list-style-type: none"> • Status updates on missions assigned to each agency • Mass Care Situation Reports • Personnel time records documenting agency participation • Disaster purchases. 	
Behavior: Develop and implement plans and gain concurrence of affected agencies and/or the public.	Evaluation Record #, Evaluator Initials, and Date
24. Collect and share information for the Incident Action Plan (IAP) including: <ul style="list-style-type: none"> • Current status of Mass Care operations • Potential hazards • Disability, access, and functional needs • Staffing needs • Resource needs 	

Competency: Ensure completion of assigned actions to meet identified objectives.

Description: Identify, analyze, and apply relevant situational information and evaluate actions to complete assignments safely and meet identified objectives. Complete actions within established timeframe.

Behavior: Administer agency policy, contracts, and agreements.	Evaluation Record #, Evaluator Initials, and Date
25. Ensure all applicable agencies' policies, contracts, and agreements are followed.	
Behavior: Gather, analyze, and validate pertinent information and recommend priorities.	Evaluation Record #, Evaluator Initials, and Date
26. Gather necessary information to assess the incident and determine immediate needs and actions. <ul style="list-style-type: none"> • Determine whether the level of Mass Care Services are meeting the needs. • Determine whether the involved voluntary agencies are meeting the needs of the Mass Care Services. 	

Behavior: Prepare information products.	Evaluation Record #, Evaluator Initials, and Date
27. Ensure Mass Care Services data is current and reported using incident coordination protocols and procedures, including: <ul style="list-style-type: none"> • Incident Action Plan (IAP) • Situation Reports • Various Mass Care reports reflecting current numbers • Mass Care Situation Analyses 	
Behavior: Modify approach based on evaluation of incident situation.	Evaluation Record #, Evaluator Initials, and Date
28. On an ongoing basis, coordinate with local, state, tribal, private sector, and non-governmental organizations to determine whether the Volunteer resources are meeting the goals and objectives the incident. <ul style="list-style-type: none"> • This is a primary function of the daily mass care conference call. 	
29. Maintain situational awareness. <ul style="list-style-type: none"> • Read local jurisdiction and voluntary agency situation reports. • Seek out verbal updates from voluntary agency liaisons. • Monitor assistance requests for Mass Care Volunteer support. • Coordinate updates as needed. 	
Behavior: Transfer position duties while ensuring continuity of authority, knowledge, and the incident complexity.	Evaluation Record #, Evaluator Initials, and Date
30. Coordinate an efficient transfer of position duties when mobilizing/demobilizing (e.g., incoming Incident Management Team (IMT), host agency). <ul style="list-style-type: none"> • Inform incoming/outgoing IC, Section Chief, and/or staff. • Ensure there is no adverse impact on safety or productivity. • Document follow-up action needed by relief staff. • If necessary, coordinate with agencies about transfer of command. 	
Behavior: Plan and implement demobilization procedures.	Evaluation Record #, Evaluator Initials, and Date
31. Anticipate demobilization of resources. <ul style="list-style-type: none"> • Identify excess resources. • Prepare schedule for demobilization. 	

<p>32. Ensure incident and agency demobilization procedures are followed.</p> <ul style="list-style-type: none"> • Brief subordinate staff on demobilization procedures and responsibilities. • Ensure demobilization of voluntary agency resources is coordinated in a timely manner with affected local jurisdictions. • Demobilize incident resources by predetermined priorities or as work progress dictates. 	
<p>33. Ensure each facility is returned to its former state, which includes:</p> <ul style="list-style-type: none"> • Packing up supplies, returning borrowed equipment, and cleaning the premises. • Discontinue phone, electricity, water, or garbage collection, if a voluntary agency arranged for these services. • Schedule a post-occupancy walk-through of the shelter with the facility owner. • Note any problems or damages and ensure the release is signed and dated by the facility Owner. • Ensure assigned managers resolve any documented issues with the facility owner(s). 	
<p>34. Ensure PTBs are completed.</p> <ul style="list-style-type: none"> • Completes a PTB for each direct report that gained experience on the assigned Type 3 event. • Ensures your PTB is completed by your designated supervisor. 	
<p>35. Demobilize and check out.</p> <ul style="list-style-type: none"> • Receives demobilization instructions from incident supervisor. • If required, complete ICS 221, Demobilization Checkout and submit completed form to the appropriate person. 	
<p>36. Participate in the After-Action Report (AAR) and make recommendations for process improvements which include, but are not limited to:</p> <ul style="list-style-type: none"> • Identify strengths that should be maintained and built upon. • Identify potential areas for improvement and solutions to resolve the identified gaps. • The jurisdiction or agency should update their Mass Care Annex with recommendations made by participating agencies. 	



State of Alaska Position Task Book
Verification/Certification of Completed Task Book

Mass Care Group Supervisor Type 3 (C3)

Final Evaluator’s Verification

To be completed ONLY when the trainee has fully completed all required assignments and is recommended for credentialing.

I verify that (trainee name) _____ has successfully performed as a trainee by demonstrating all tasks for the position listed above, has completed all required training assignments, and should be considered for credentialing in this position. All tasks are documented with appropriate initials.

Final Evaluator’s Signature: _____

Final Evaluator’s Printed Name: _____

Home Unit Title: _____

Home Unit/Agency: _____

Home Unit Phone Number: (_____) _____ Date: _____

Agency Certification

I certify that (trainee name) _____ has met all requirements for qualification in the above position.

Certifying Official’s Signature: _____

Certifying Official’s Printed Name: _____

Title: _____

Certifying Official’s Email Address: _____

Home Unit/Agency: _____

Home Unit Phone Number: (_____) _____ Date: _____

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