

**AGENCYNAME:** \_\_\_\_\_

**DEPARTMENT NAME:** \_\_\_\_\_

I hereby certify that:

1. A Continuity Planning Program exists (which includes all the department's continuity planning documents, processes, and procedures) and that this program contains the key elements as listed in the checklist above;
2. A program is in place to ensure the confidentiality of the sensitive material in the documents and only persons authorized because of their operational functions will have access to sensitive portions of the document; and,
3. A maintenance cycle and protocol has been established to address any gaps identified on the checklist above and, per Executive Order S-04-06, to ensure the regular update of the Continuity Plan and related documents.

**Date of Continuity Assessment CPAT Submission:** \_\_\_\_\_

\_\_\_\_\_  
**AGENCY/DEPARTMENT DIRECTOR: Name**

\_\_\_\_\_  
**AGENCY/DEPARTMENT DIRECTOR: Signature**

Date: \_\_\_\_\_ Phone Number: \_\_\_\_\_

\_\_\_\_\_  
**CONTINUITY COORDINATOR: Name**

\_\_\_\_\_  
**CONTINUITY COORDINATOR: Signature**

Date: \_\_\_\_\_ Phone Number: \_\_\_\_\_

\_\_\_\_\_  
**CONTINUITY PROGRAM MANAGER: Name**

\_\_\_\_\_  
**CONTINUITY PROGRAM MANAGER: Signature**

Date: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Upload completed and signed checklist to CPAT submission:**

Questions? Email: [Continuity@caloes.ca.gov](mailto:Continuity@caloes.ca.gov)