



Interstate Telcom Consulting, Inc.

Independent Telecommunications Consultants

Received & Inspected

JUN 29 2015

FCC Mail Room

June 26, 2015

Ms. Marlene H. Dortch
Office of the Secretary
Federal Communications Commission
445 12th Street SW
Washington, DC 20554

PROJECT FILE COPY ORIGINAL

Re: WC Docket No. 10-90 and 11-42: Form 481 - Annual Reporting Requirements for High-Cost and Low Income Recipients

Pursuant to Section 54.313 and 54.422 of the Federal Communications Commission's rules, enclosed is a redacted version of Form 481 Annual Reporting Requirements and Certifications for Minford Telephone Company, Study Area Code 300634. Minford Telephone Company is a state-designated ETC, and as such, is submitting to the Commission information from FCC Form 481. A confidential "Trade Secret" filing of this information was also made under Docket 10-90, 11-42 and 14-58.

Should you have any questions, please contact me via e-mail at roxih@interstatetelcom.com or by phone at 320/848-6641.

Sincerely,

Roxi Hacker
Regulatory Consultant

Enclosures:

Cc: Paula McGraw

No. of Copies rec'd 0+1
List ABCDE

<010> Study Area Code	300634	
<015> Study Area Name	MINFORD TEL CO	
<020> Program Year	2016	
<030> Contact Name: Person USAC should contact with questions about this data	Roxi Hacker	Received & Inspected
<035> Contact Telephone Number: Number of the person identified in data line <030>	3208486641 ext.	JUN 29 2015
<039> Contact Email Address: Email of the person identified in data line <030>	roxih@interstatetel.com	FCC Mail Room

ANNUAL REPORTING FOR ALL CARRIERS	54.313	54.422
	Completion Required	Completion Required

(check box when complete)

<100>	Service Quality Improvement Reporting	(complete attached worksheet)	<input checked="" type="checkbox"/>	
<200>	Outage Reporting (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<210>	<input checked="" type="checkbox"/> <-- check box if no outages to report		<input checked="" type="checkbox"/>	
<300>	Unfulfilled Service Requests (voice)	0	<input checked="" type="checkbox"/>	
<310>	Detail on Attempts (voice)	[Redacted Box]	<input type="checkbox"/>	
		(attach descriptive document)		
<320>	Unfulfilled Service Requests (broadband)	0	<input checked="" type="checkbox"/>	
<330>	Detail on Attempts (broadband)	[Redacted Box]	<input type="checkbox"/>	
		(attach descriptive document)		
<400>	Number of Complaints per 1,000 customers (voice)			
<410>	Fixed	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<420>	Mobile	0.0	<input type="checkbox"/>	<input type="checkbox"/>
<430>	Number of Complaints per 1,000 customers (broadband)		<input checked="" type="checkbox"/>	
<440>	Fixed	0.0	<input type="checkbox"/>	<input type="checkbox"/>
<450>	Mobile	0.0	<input type="checkbox"/>	<input type="checkbox"/>
<500>	Service Quality Standards & Consumer Protection Rules Compliance		(check to indicate certification)	
<510>	3006340H510Minford.pdf		(attached descriptive document)	
			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<600>	Functionality in Emergency Situations		(check to indicate certification)	
<610>	3006340H610Minford.pdf		(attached descriptive document)	
			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<700>	Company Price Offerings (voice)		(complete attached worksheet)	
			<input checked="" type="checkbox"/>	
<710>	Company Price Offerings (broadband)		(complete attached worksheet)	
			<input checked="" type="checkbox"/>	
<800>	Operating Companies and Affiliates		(complete attached worksheet)	
			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<900>	Tribal Land Offerings (Y/N)?		(if yes, complete attached worksheet)	
			<input checked="" type="checkbox"/>	
<1000>	Voice Services Rate Comparability Certification			
		Yes	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1010>	3006340H1010Minford.pdf		(attach descriptive document)	
			<input checked="" type="checkbox"/>	
<1100>	Certify whether terrestrial backhaul options exist (Yes or No)		(if not, check to indicate certification)	
		<input checked="" type="radio"/> <input type="radio"/>	<input checked="" type="checkbox"/>	
<1110>			(complete attached worksheet)	
			<input type="checkbox"/>	
<1200>	Terms and Condition for Lifeline Customers		(complete attached worksheet)	
				<input checked="" type="checkbox"/>

Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

<2000>	(check to indicate certification)	<input type="checkbox"/>		
<2005>	(complete attached worksheet)	<input type="checkbox"/>		

Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet

<3000>	(check to indicate certification)	<input checked="" type="checkbox"/>		
<3005>	(complete attached worksheet)	<input checked="" type="checkbox"/>		

**(100) Service Quality Improvement Reporting
Data Collection Form**

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	300634
<015>	Study Area Name	MINFORD TEL CO
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Roxi Hacker
<035>	Contact Telephone Number - Number of person identified in data line <030>	3208486641 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	roxih@interstatetel.com
<110>	Has your company received its ETC certification from the FCC?	(yes / no) <input type="radio"/> <input checked="" type="radio"/>
<111>	If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC?	(yes / no) <input type="radio"/> <input type="radio"/>

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.



Name of Attached Document

Please select the appropriate responses below (Yes, No, Not Applicable) to confirm that the attached document(s), on line 112, contains a progress report on its five-year service quality improvement plan pursuant to §54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

- <113> Maps detailing progress towards meeting plan targets
- <114> Report how much universal service (USF) support was received
- <115> How much (USF) was used to improve service quality and how support was used to improve service quality
- <116> How much (USF) was used to improve service coverage and how support was used to improve service coverage
- <117> How much (USF) was used to improve service capacity and how support was used to improve service capacity
- <118> Provide an explanation of network improvement targets not met in the prior calendar year.

Yes

REDACTED - FOR PUBLIC INSPECTION

**(900) Tribal Lands Reporting
Data Collection Form**

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	300634
<015>	Study Area Name	MINFORD TEL CO
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Roxi Hacker
<035>	Contact Telephone Number - Number of person identified in data line <030>	3208486641 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	roxih@interstatetelecom.com

<910> Tribal Land(s) on which ETC Serves

<920> Tribal Government Engagement Obligation

Name of Attached Document

If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached document(s), on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions.
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

Select Yes or No or Not Applicable

REDACTED - FOR PUBLIC INSPECTION

**(1100) No Terrestrial Backhaul Reporting
Data Collection Form**

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010> Study Area Code	300634
<015> Study Area Name	MINFORD TEL CO
<020> Program Year	2016
<030> Contact Name - Person USAC should contact regarding this data	Roxi Hacker
<035> Contact Telephone Number - Number of person identified in data line <030>	3208486641 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	roxih@interstatetel.com

<1120> Please confirm whether terrestrial backhaul options exist within the supported area pursuant to § 54.313(g) (Yes, No).

<1130> Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(g).

REDACTED - FOR PUBLIC INSPECTION

(1200) Terms and Condition for Lifeline Customers Lifeline Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
--	--

<010>	Study Area Code	300634
<015>	Study Area Name	MINFORD TEL CO
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Roxi Hacker
<035>	Contact Telephone Number - Number of person identified in data line <030>	3208486641 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	roxih@interstatetelcom.com

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

300634081210Minford.pdf

Name of Attached Document

<1220> Link to Public Website

HTTP

"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

- <1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,
- <1222> Details on the number of minutes provided as part of the plan,
- <1223> Additional charges for toll calls, and rates for each such plan.

REDACTED - FOR PUBLIC INSPECTION

(2000) Price Cap Carrier Additional Documentation
Data Collection Form
Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

FCC Form 481
 OMB Control No. 3060-0986/OMB Control No. 3060-0819
 July 2013

<010>	Study Area Code	300634
<015>	Study Area Name	MINFORD TEL CO
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	ROXI HACKER
<035>	Contact Telephone Number - Number of person identified in data line <030>	3208488441 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	roxih@interstatetelecom.com

Select the appropriate responses below (Yes, No, Not Applicable) to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e). The information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting

- <2010> 2nd Year Certification {47 CFR § 54.313(b)(1)i}
- <2011a> 3rd Year Certification {47 CFR § 54.313(b)(1)ii}
- <2011b> Attachment {47 CFR § 54.313(b)(1)ii}

Name of Attached Document(s) Listing Required Information

Price Cap Carrier Receiving Frozen Support Certification {47 CFR § 54.312(a)}

- <2012> 2013 Frozen Support Calculation {47 CFR § 54.313(c)(1)}
- <2013> 2014 Frozen Support Calculation {47 CFR § 54.313(c)(2)}
- <2014> 2015 Frozen Support Calculation {47 CFR § 54.313(c)(3)}
- <2015> 2016 and future Frozen Support Calculation {47 CFR § 54.313(c)(4)}

Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}

- <2016> Certification Support Used to Build Broadband

Connect America Phase II Reporting {47 CFR § 54.313(e)}

- <2017> 3rd year Broadband Service Certification
- <2018> 5th year Broadband Service Certification
- <2019> Interim Progress Certification
- <2020> Please check the box to confirm that the attached document(s), on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.

- <2021> Interim Progress Community Anchor Institutions

Name of Attached Document(s) Listing Required Information

REDACTED - FOR PUBLIC INSPECTION

(3000) Rate Of Return Carrier Additional Documentation

FCC Form 481

Data Collection Form

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010> Study Area Code	300634
<015> Study Area Name	MINFORD TEL CO
<020> Program Year	2016
<030> Contact Name - Person USAC should contact regarding this data	Roxi Hacker
<035> Contact Telephone Number - Number of person identified in data line <030>	3208486641 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	roxih@interstatetel.com

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

(3010) Progress Report on 5 Year Plan
Milestone Certification (47 CFR § 54.313(f)(1)(i))

3006340H3010Minford.pdf

Name of Attached Document Listing Required Information

(3011) Please check this box to confirm that the attached document(s), on line 3012 contains the required information pursuant to § 54.313 (f)(1)(ii), the carrier shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.

(3012) Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii))

3006340H3012Minford.pdf

Name of Attached Document Listing Required Information

(3013) Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2)) Yes No
 (3014) If yes, does your company file the RUS annual report (Yes/No) Yes No

Please check these boxes to confirm that the attached document(s), on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:

(3015) Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)

(3016) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

(3017) If the response is yes on line 3014, attach your company's RUS annual report and all required documentation

[Redacted]

Name of Attached Document Listing Required Information

(3018) If the response is no on line 3014, Is your company audited? (Yes/No) Yes No

If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains

(3019) Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications

(3020) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

(3021) Management letter and audit opinion issued by the independent certified public accountant that performed the company's financial audit

If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:

(3022) Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers,

(3023) Underlying information subjected to a review by an independent certified public accountant

(3024) Underlying information subjected to an officer certification.

(3025) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

(3026) Attach the worksheet listing required information

3006340H3026Minford.pdf

Name of Attached Document Listing Required Information

REDACTED - FOR PUBLIC INSPECTION

(3000) Rate Of Return Carrier Additional Documentation (Continued) Data Collection Form	FCC Form 481
	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010> Study Area Code	300634
<015> Study Area Name	MINFORD TEL CO
<020> Program Year	2016
<030> Contact Name - Person USAC should contact regarding this data	Roxi Hacker
<035> Contact Telephone Number - Number of person identified in data line <030>	3208486641 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	roxih@interstatetel.com

Financial Data Summary

(3027) Revenue	3974848
(3028) Operating Expenses	4278116
(3029) Net Income	-250700
(3030) Telephone Plant In Service(TPIS)	9272791
(3031) Total Assets	15932579
(3032) Total Debt	413619
(3033) Total Equity	15633573
(3034) Dividends	0

REDACTED - FOR PUBLIC INSPECTION

Certification - Agent / Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	300634
<015>	Study Area Name	MINFORD TEL CO
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Roxi Hacker
<035>	Contact Telephone Number - Number of person identified in data line <030>	3208486641 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	roxih@interstatetel.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) <u>ITCI</u> is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent:	ITCI
Name of Reporting Carrier:	MINFORD TEL CO
Signature of Authorized Officer:	CERTIFIED ONLINE Date: 06/22/2015
Printed name of Authorized Officer:	Paula McGraw
Title or position of Authorized Officer:	General Manager
Telephone number of Authorized Officer:	7408202151 ext.
Study Area Code of Reporting Carrier:	300634 Filing Due Date for this form: 07/01/2015
<small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small>	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier:	MINFORD TEL CO
Name of Authorized Agent or Employee of Agent:	ITCI
Signature of Authorized Agent or Employee of Agent:	CERTIFIED ONLINE Date: 06/22/2015
Printed name of Authorized Agent or Employee of Agent:	Roxi Hacker
Title or position of Authorized Agent or Employee of Agent:	Regulatory Consultant
Telephone number of Authorized Agent or Employee of Agent:	3208486641 ext.
Study Area Code of Reporting Carrier:	300634 Filing Due Date for this form: 07/01/2015
<small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small>	

Attachments

REDACTED:

Minford Telephone Company

Five Year Quality of Service Plan
2015-2019

Annual Progress Report & Map
2015

REDACTED:
Progress Report
USF

REDACTED:
Progress Report
Map

SAC: 300634

State: Ohio

Minford Telephone Company

Form 481 Line No.: 510 Compliance with Service Quality Standards and Consumer Protection

As required by Ohio Administrative Code "4901: 1-6-12 Service Requirements for Basic Local Exchange Service (BLES)" the local services provided by Minford Telephone Company are provided under internal company operating procedures and tariffs which are in compliance with applicable Ohio Public Utility Commission orders and rules including:

4901: 1-6-12(C)

- (1) BLES shall be installed within five business days of the receipt by a telephone company of a completed application for new access line service, unless the customer requests or agrees to a later date.
- (2) The requirement to install BLES in paragraph (C)(1) of this rule is not applicable where any of the following exist:
 - (a) A customer or applicant has not met pertinent tariff requirements.
 - (b) The need for special equipment or service.
 - (c) Military action, war, insurrection, riot, or strike.
 - (d) The customer misses an installation appointment.
- (3) A LEC shall make reasonable efforts to repair a BLES outage within twenty-four hours, excluding Sundays and legal holidays, after the outage is reported to the telephone company.
- (4) A BLES service outage or service-affecting problem shall be repaired within seventy-two hours after it is reported to the telephone company.
- (5) If a BLES outage is reported to the telephone company and lasts more than seventy-two hours, the LEC shall credit every affected BLES customer, of which the LEC is aware, in the amount of one month's charges for BLES.
- (6) The customer credit in paragraph (C)(5) of this rule is not applicable if the condition or failure to repair occurs as a result of any of the following:
 - (a) A customer's negligent or willful act.
 - (b) Malfunction of customer-owned telephone equipment or inside wire.
 - (c) Military action, war, insurrection, riot, or strike.
 - (d) Customer missing a repair appointment.

SAC: 300634

State: Ohio

Minford Telephone Company

Form 481 Line No.: 510 Compliance with Service Quality Standards and Consumer Protection

(7) No LEC shall establish a due date for payment earlier than fourteen consecutive days after the date the bill is postmarked for a bill for BLES provided to customers. The postmark date may appear on the bill rather than on the envelope, as long as the postmark date is never earlier than the date the bill actually enters the mail.

(8) A LEC may disconnect BLES for nonpayment of any amount past due on a billed account not earlier than fourteen days after the due date of the customer's bill, provided that the customer is given notice of the disconnection seven days before the disconnection.

(9) Such notice of disconnection may be included on the customer's next bill, provided the bill is postmarked at least seven days prior to the date of disconnection of service reflected on the bill, and provided that the disconnection language is clearly highlighted such that it stands apart from the customer's regular bill language. The notice shall identify the total dollar amount that must be paid to maintain BLES, the earliest date disconnection may occur, and the following statement:

"If you have a complaint in regard to this disconnection notice that cannot be resolved after you have called Minford Telephone Company, or for general utility information, residential and business customers may contact the public utilities commission of Ohio (PUCO) for assistance at 1-800-686-7826 (toll free) from eight a.m. to five p.m. weekdays, or at <http://www.puco.ohio.gov>. Hearing or speech impaired customers may contact the PUCO via 7-1-1 (Ohio Relay Service)."

For residential disconnection notices, the text shall also include:

"The Ohio consumers' counsel (OCC) represents residential utility customers in matters before the PUCO. The OCC can be contacted at 1-877-742-5622 (toll free) from eight a.m. to five p.m. weekdays, or at <http://www.pickocc.org>."

(10) A LEC may require a deposit, not to exceed two hundred thirty percent of a reasonable estimate of one month's service charges, for the installation of BLES for any person that it determines, in its discretion, is not creditworthy.

(11) A LEC shall, unless prevented from doing so by circumstances beyond the telephone company's control or unless the customer requests otherwise, reconnect a customer whose basic local exchange service was disconnected for nonpayment of past due charges not later than one business day after the day the earlier of the following occurs:

(a) The receipt by the LEC of the full amount of past due charges.

(b) The receipt by the LEC of the first payment under a mutually agreed upon payment arrangement.

SAC: 300634
 State: Ohio
 Minford Telephone Company
 Form 481 Line No.: 610 Description of Functionality in Emergency Situations

Minford Telephone Company, pursuant to Ohio Administrative Code "4901:1 1-6-31 Emergency and Outage Operations".

4901:1-6-31 Emergency and outage operations.

(A) Each facilities-based local exchange carrier (LEC) shall design, operate, and maintain its facilities to continue to provide customers with the ability to originate and receive calls at all times. The commission will utilize existing FCC rules applicable to emergency and outage operations. Companies shall submit outage reports utilizing, at the company's discretion, either existing FCC reports or a format determined by the commission.

(B) Each facilities-based LEC shall submit, within two hours of discovery, to the commission's outage coordinator and when appropriate, the news media in the affected area, a notification that it has experienced an outage, whenever that outage occurs on any facility that it owns, operates, leases or otherwise utilizes and is both:

- (1) Expected to last for a period in excess of thirty minutes.
- (2) Potentially affects at least nine hundred thousand user minutes in the incumbent local calling area.

(C) Each facilities-based LEC shall report, by telephone or electronic means, a disruption of 9-1-1 services, which impairs 9-1-1 service within a given county 9-1-1 system, immediately to each county 9-1-1 public safety answering point, to the Ohio 9-1-1 coordinator, and to the news media in the affected area, when appropriate.

(D) Each facilities-based LEC experiencing a loss of communications or selective routing to a public safety answering point, as a result of an outage described under paragraphs (B) and (C) of this rule, shall also notify, as soon as possible, by telephone or electronic means, any official who has been designated by the management of the affected 9-1-1 facility as the LEC's contact person for communication outages at that facility; and the LEC shall convey to that person all available information that may be useful to the management of the affected facility in mitigating the effects of the outage on efforts to communicate with that facility.

(E) Each facilities-based LEC experiencing an outage described under paragraphs (B) and (C) of this rule, shall electronically submit to the commission's outage coordinator the same information as that provided to the FCC or the following information:

SAC: 300634

State: Ohio

Minford Telephone Company

Form 481 Line No.: 610 Description of Functionality in Emergency Situations

(1) A notification that it has experienced an outage, which shall include the name of the reporting entity, the date and time of the onset of the outage, a brief description of the problem, the particular service affected, the geographic area affected by the outage, the number of customers affected, an estimate of when the service, including 9-1-1, will be restored, and a contact name and telephone number by which the commission's outage coordinator may contact the reporting entity.

(2) Not later than seventy-two hours after discovering the outage, an initial communications outage report, which shall include all pertinent information then available on the outage and shall be submitted in good faith.

(3) Not later than thirty days after discovering the outage, the provider shall submit electronically a final communications outage report, which shall include all pertinent information on the outage, including any information that was not contained in, or that has changed from that provided in, the initial report.

(F) Each facilities-based LEC shall develop, implement, and maintain an emergency plan and make it available for review by commission staff. The plan shall include, but not be limited to, all of the following:

(1) Procedures for maintaining and annually updating a list of those customers who have subscribed to the federal telecommunications service priority program, as identified in 47 C.F.R. 64, appendix A.

(2) Procedures for priority treatment in restoring out-of-service trouble of an emergency nature for customers with a documented medical or life-threatening condition.

(3) In addition to the telecommunications service priority program, each LEC shall develop policies and procedures regarding those customers who require priority treatment for out-of-service clearance. Such procedures shall include a table of restoration priority, including, but not limited to, subscribers such as police and fire stations, hospitals, key medical personnel, and other utilities.

(4) Procedures for restoring service to priority critical facilities customers.

(5) Identification and annual updates of all of the facilities-based LEC's critical facilities and reasonable measures to protect its personnel and facilities.

(6) Assessments and evaluations of telecommunications facilities available to provide back-up service capabilities.

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(7) Procedures for after-action assessments and reporting following activation of any part of the emergency plan. An after-action report will be written and will include lessons learned, deficiencies in the response to the emergency, and deficiencies in the emergency plan.

(8) A current list of the names and telephone numbers of the facilities-based LEC's emergency service personnel to contact and coordinate with in the event of any real or anticipated local or national threats to its ability to provide telecommunications service.

(9) A current list of the names and telephone numbers of the facilities-based LEC's emergency service personnel that is made available to the commission's emergency coordinator, upon request.

(10) A continuity of operations plan to assure continuance of minimum essential functions during a large scale event in which staffing is reduced. Such plans shall provide for:

(a) Plan activation triggers such as the world health organization's pandemic phase alert levels, widespread transmission within the United States, or a case at one or more locations within Ohio.

(b) Identification of a pandemic coordinator and team with defined roles and responsibilities for preparedness and response planning.

(c) Identification of minimal essential functions, minimal staffing required to maintain such essential functions, and personnel resource pools required to ensure continuance of those functions in progressive stages associated with a declining workforce.

(d) Identification of essential employees and critical inputs (e.g., raw materials, equipment, suppliers, subcontractor services/products, and logistics) required to maintain business operations by location and function.

(e) Policies and procedures to address personal protection initiatives.

(f) Policies and procedures to maintain lines of communication with the public utilities commission of Ohio during a declared emergency.

(G) Each facilities-based LEC shall amend its emergency plan in accordance with the findings identified in the after-action assessment report required under paragraph (F)(7) of this rule.

