



HEAD START

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How Prepared Are Your Programs?

Emergency Preparedness, Response and Recovery



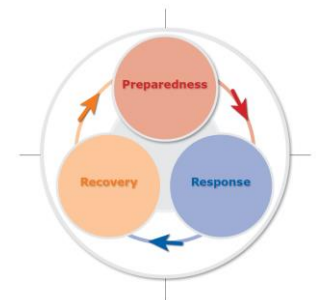
All materials retrieved from the National Center on Early Childhood Health and Wellness



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- Become familiar with the three phases of emergency planning and resources to support them;
- Gain resources to help identify potential disasters/emergencies common to your region;
- Access tools to assess programs' emergency planning process; and
- Identify strategies to use with programs.





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Head Start Performance Standard 45 CFR Subpart D 1302.47(b)

(4) Safety training.

- (i) Staff with regular child contact. All staff with regular child contact have initial orientation training within three months of hire and ongoing training.....

(G) Emergency preparedness and response planning for emergencies;

(7) Administrative safety procedures. Programs establish, follow, and practice, as appropriate, procedures for, at a minimum:

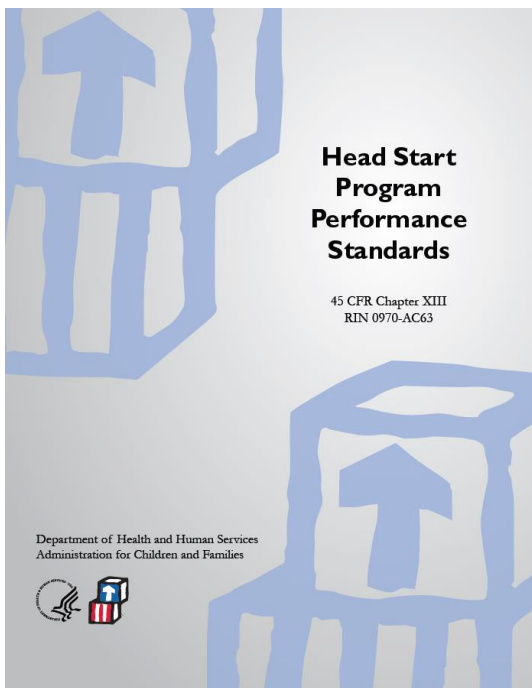
- (i) Emergencies;

(8) Disaster preparedness plan. The program has all-hazards emergency management/disaster preparedness and response plans for more and less likely events including natural and manmade disasters and emergencies, and violence in or near programs.



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Guidance

Caring for Our Children:



**National Health and Safety Performance Standards;
Guidelines for Early Care and Education Programs,
Third Edition**

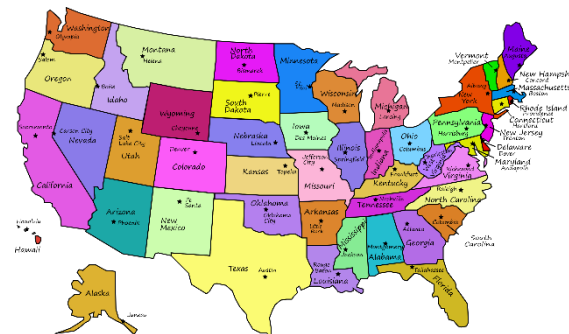
A Joint Collaborative Project of

American Academy of Pediatrics
141 Northwest Point Boulevard
Elk Grove Village, IL 60007-1019

American Public Health Association
800 I Street, NW
Washington, DC 20001-3710

National Resource Center for Health and Safety in Child Care and Early Education
University of Colorado, College of Nursing
13120 E 19th Avenue
Aurora, CO 80045

Support for this project was provided by the
Maternal and Child Health Bureau,
Health Resources and Services Administration,
U.S. Department of Health and Human Services
(Cooperative Agreement #U46MC09810)



- Also need to become familiar with your state and local regulations and resources



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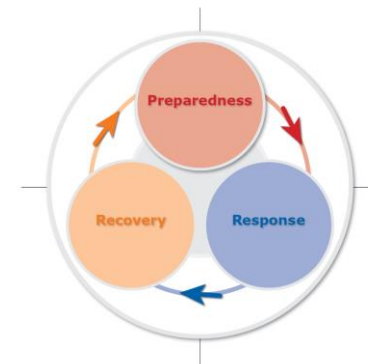
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Sharing Emergency/Disaster Experiences

At your tables, share an experience you had with a program during an emergency:

1. What was the emergency?
2. Did you feel the program was prepared?
3. How did it impact children, staff, and families in your program?

Record the types of emergencies on the large post-it at your table.



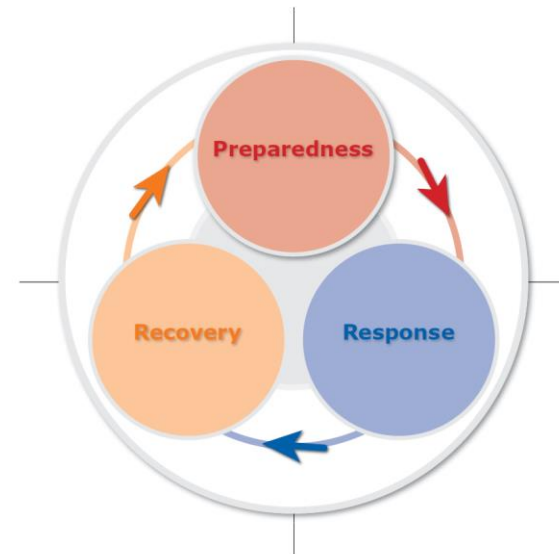


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Three Phases of Emergency Preparedness Process

- **PREPAREDNESS** – Takes place before the emergency or disaster; Planning phase;
- **RESPONSE** - From the moment your program is alerted, through when the emergency occurs; and
- **RECOVERY** – Hours, days, weeks or longer after an emergency occurs when efforts are focused on food, water, shelter, and safety; Determining long-term plans.





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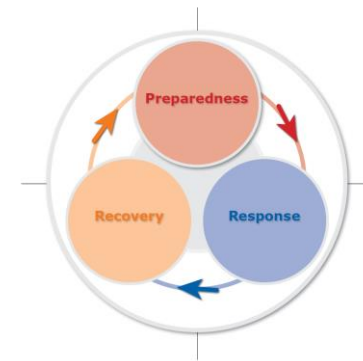
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Head Start Emergency Preparedness Manual: 2015 Edition

1. Preparedness – Response – Recovery
2. Responding to Crises and Tragic Events: Planning, Reviewing, and Practicing Your Program's Emergency Preparedness Plans
3. Responding to Crises and Tragic Events: Information and Handouts

Early Childhood and Knowledge Center (ECLKC)

<https://eclkc.ohs.acf.hhs.gov/safety-practices/article/emergency-preparedness>





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Mitigation

Mitigation plans help programs prepare for emergencies and disasters and reduce their harmful side effects.

Mitigation involves:

- Facilities and materials
- Staffing
- Communication
- Community Partnerships



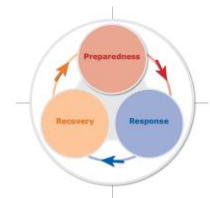


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Planning Resources

- Department of Homeland Security: How to Respond to an Active Shooter - <https://www.dhs.gov/human-resources-or-security-professional>
- Ready √: Plan Ahead for Disasters - www.ready.gov
- Federal Emergency Management Administration - <https://www.fema.gov/>





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Planning Resources

Ready  Business.

Business Continuity Plan

Company Name _____
Address _____

Telephone _____
Last Revision Date _____

Program Administration

Define the scope, objectives, and assumptions of the business continuity plan.

Business Continuity Organization

Define the roles and responsibilities for team members.

Identify the lines of authority, succession of management, and delegation of authority.

Address interaction with external organizations including contractors and vendors.

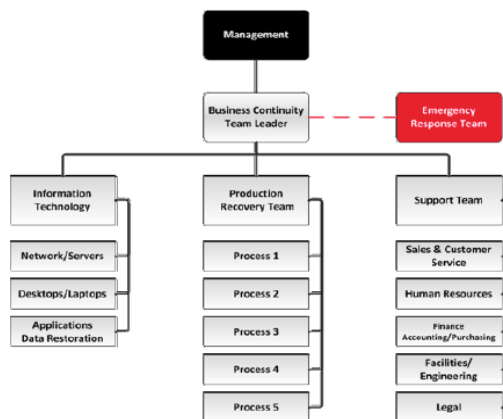


Figure 1. Example Business Continuity Team Organization Chart

<http://www.ready.gov/business>

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OpenFEMA

▼ Data Feeds

Disaster Declarations Summaries

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Preparedness Overview



Be Informed

Emergency Plan
An emergency plan is a good action plan to mitigate plan for and coordinate all mitigate the effects of dis emergency planning sh

Make a Plan



Make a Kit



Be Involved

Planning is a major system that already exists in Head Start and emergency preparedness planning is a key component of that planning system.

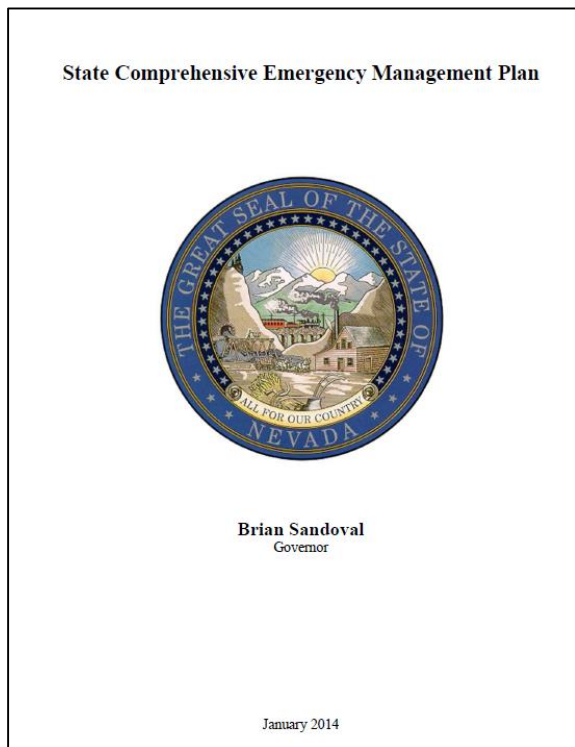
Preparedness	Action Plan & Next Steps
Be Informed What does my program need to learn about protective measures to take before, during and after an emergency?	
Make A Plan What are my program’s plans to prepare, plan, and stay informed for different types of emergencies?	
Build A Kit What disaster supplies does my program need to have in the event of an emergency?	
Get Involved Who can I work with in my community and how can I support community emergency preparedness planning?	



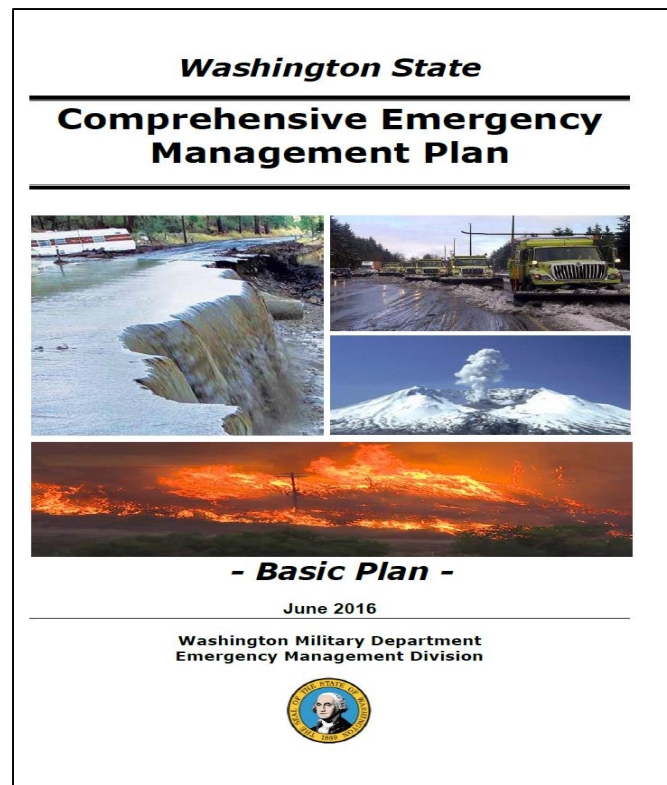
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State Plans



<http://dem.nv.gov/uploadedFiles/demnv.gov/content/Resources/2014-SCEMP.pdf>



<https://mil.wa.gov/uploads/pdf/PLANS/final-wacemp-basic-plan-june2016-signed.pdf>



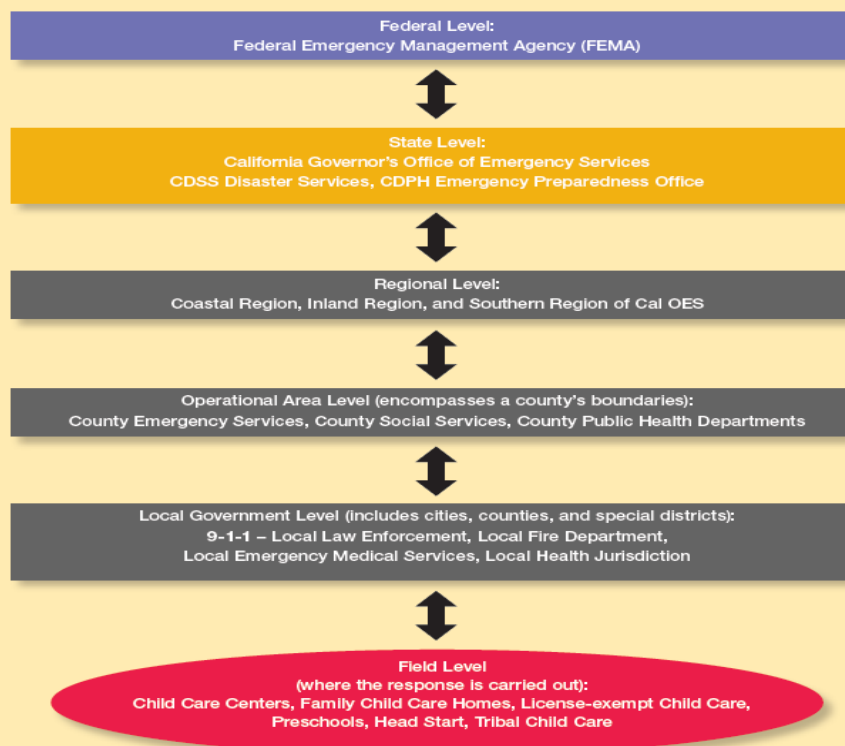
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Sample flow of
communication and
regulations: California
State plan

Exhibit A:

EMERGENCY SERVICES MANAGEMENT AND CHILD CARE FLOW OF COMMUNICATION



California Child Care Disaster Plan 2016 | 12



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Preparedness: Be Informed

1. What hazards are most likely in your area
2. How to mitigate risks
3. What are your program's procedures for:
 - a. Alerts and warnings
 - b. Communication
 - c. Shelter-in and evacuation
 - d. Emergency contact numbers, accounting for children and reunification
4. What is the community's plan and what should you know about the plan





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Preparedness: Make a Plan

1. Common hazards and disasters	8. Communication
2. Consider all program options	9. Crisis management <ul style="list-style-type: none">a) Sheltering-in vs. Evacuationb) Relocation (including those with special needs)c) Meeting placesd) Reunification
3. Planning team members	10. Collaboration with other groups in the community
4. Roles and responsibilities during preparedness, response and recovery	11. Continuity of operations
5. Disaster supply kits	12. Contingency plans
6. Drills	
7. Training	



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Preparedness: Make a Plan

Stakeholders and Planning Team

1. Head Start staff and/or consultants: Administrators, Health, Mental Health, Nutrition, Disabilities, Family Services, Education	6. School District, including school principal
2. Families	7. Transportation partners
3. Health Services Advisory Committee	8. Regional Office
4. Policy Council	9. Health Department
5. First Responders	10. Community medical providers



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Preparedness: Make a Plan

Contingency Planning

1. Emergency Contact Information (for children & staff)
2. Care for Children and accounting for them until the parent/guardian arrives
3. Medications and accommodations
4. Infectious disease emergency
5. Procedures for staff to follow in the event that they are on a field trip or are in the midst of transporting children when an emergency or disaster situation arises
6. Staff responsibilities and assignment vs. own personal needs
7. Disaster supplies and kits



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Preparedness: Make a Kit

1. Maintain a list of supplies and food
2. Both “Grab-N-Go” and comprehensive kits
3. Consider age and needs of children and staff
4. Storage
5. Cycling to keep them updated
6. Transport in the event of evacuation
7. Emergency food/water and supplies that might be needed to care for children and staff for up to one week if shelter-in-place or long-term evacuation is required
8. Work with the Health Services Advisory Committee and other community emergency supports and partners for recommendations



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Preparedness: Get Involved

Practice

1. Regular drills
2. Involve community partners
3. Different kinds of emergencies
4. Simulate long distance evacuation and recovery
5. Practice – review – revise cycle

Training

1. Orientation
2. Preservice
3. Collaboration with community programs

Communication

1. Ensure staff, families and relevant community partners are familiar with your plan
2. Ensure it is understandable and accessible to all stakeholders



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Response

Response involves knowing:

1. How is the emergency declared
2. Who is the incident commander or who initiates your program's response
3. Roles and responsibilities to implement your emergency plan
4. Which supplies are needed
5. How decision trees/flow charts and/or community systems are activated
6. Evacuation or Shelter-in
7. Safe Room or Safe Procedure



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Recovery

- From the time the emergency occurred until the needs of the staff, children and families have been met.
 - Individuals can feel overwhelmed and stressed about the losses they experienced and anticipate
1. Restore your program's services
 2. Monitor how staff, children and families are doing
 3. Identify what interventions and resources are available
 4. Learning activities that address crisis (children, staff and families)
 5. Debrief: Identify lessons learned and revise plans as needed.



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Recovery

Resources

1. Local health department (Indian Health Services)
2. Other local community emergency partners
 - a) Many of these should already be identified
 - b) Part of comprehensive preparedness planning
3. ACF Regional Office
4. Head Start Regional or State Collaboration Office
5. FEMA www.fema.gov
6. Ready ✓ www.ready.gov
7. Mental health resources



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Emergency Preparedness for Families and Staff

- Parents should be included on the planning team
- Keep parents informed
- Help families develop their own preparedness plan & practice
 1. Orientation
 2. Parent Handbook
 3. Parent Meeting
 4. Home Visits
 5. Involve Policy Council
- Age appropriate preparedness for children





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Disaster Recovery: 2017 Hurricanes

ACF Administration for Children and Families	U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES	
	1. Log No. ACF-IM-HS-17-02	2. Issuance Date: 09/21/17
	3. Originating Office: Office of Head Start	
	4. Key Words: Disaster Relief; Recovery Efforts; Displaced Families; Homeless; Hurricanes Harvey, Irma, Jose, and Maria; Natural Disaster	

INFORMATION MEMORANDUM

TO: All Head Start and Early Head Start Agencies and Delegate Agencies in Areas Affected by the 2017 Hurricanes and Related Recovery Efforts

SUBJECT: Disaster Recovery from 2017 Hurricanes

INFORMATION:

The Administration for Children and Families (ACF) and the Office of Head Start (OHS) are very concerned about the devastation resulting from recent disasters affecting large numbers of Head Start programs, children, families, and staff. OHS is removing barriers to make it easier for Head Start agencies to meet the needs of those children and families affected by disasters, especially newly homeless children and families. Head Start programs serve a critical role in the recovery of impacted communities.

First, Head Start programs are urged to begin taking steps to resume services. Even if facilities are inoperable, program staff can support families in meeting their basic needs, including nutrition, health and mental health support, and alternative care for their children. Second, programs that



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Stories from Hurricane Sandy (2012)

Quote from mental health consultant supporting a HS program impacted by Sandy: "I am trying to support the staff, children and families. However, I am so challenged because I lost my own home and I am really struggling with my own feelings of grief and loss."

Quote from a staff member of a New Jersey HS program: "I worry about what will happen to the families in the summer when there are no beaches, no ferris wheel, and no jobs in the restaurants and hotels. Families may struggle even more than they are now."

Quote from a teacher in a New Jersey HS program: "We have children who are asking about where their friends are. We don't know what to say about why their friends are gone and whether or not they will see them again."

Quote from a teacher in a New Jersey HS program: "We have a child in our class whose home was destroyed. They have been living with different relatives and friends for months. The mom shared that her daughter has been having a really difficult time going to bed each night. We are looking for strategies and ideas to help them with the bedtime routine."



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Lessons Learned

September 11, 2001

- Collaboration between HS and other child care programs
- Clear Communication systems to reconnect families
- Immediate mental health support

Gulf Coast Hurricanes (2005)

- Planning is required for the best and worst situations
- Personal planning for staff and families
- HS programs (even those not directly affected may need to be available to others
- Crucial program data needs to be portable and maintained (written and electronic

Hurricane Sandy (2012)

- Immediate focus was on physical needs, but stress, overcrowding and uncertainty, etc. took a toll on mental health



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Head Start Emergency Preparedness Manual

Emergency Preparedness Program Questionnaire

The following questions are provided to help you determine the steps you may need to take to develop a written comprehensive and effective emergency preparedness plan.

1. Has your program conducted a comprehensive risk analysis to determine the emergencies your program may face? If so, when was the last time this was completed?
2. Has your program made alterations to its emergency plans to cope with emergencies that have been identified?
3. Does your program have an emergency preparedness plan for each emergency that might occur?
4. Has your program integrated personal emergency preparedness planning for staff members and families into your program's preparedness plans?
5. Has your program considered all of Head Start's program systems and services in your plan? (See page 57 for information on systems, services and emergency planning.)
6. Has your program developed specific procedures for preparedness, response, and recovery, including how to be and stay informed, make a plan, make a kit, and stay involved?
7. Does your program have a list of activities and procedures to implement immediately following an emergency to ensure the safety and basic necessities of families and staff in your program are met?
8. Does your program have detailed plans for how to resume services as well as support families and staff in rebuilding their lives? As a starting point, you may want to start by thinking about the following questions:
 - Has your program identified at least one other program that can help out by caring for children in an emergency?
 - Does your program have a plan for how to resume services and offer recovery, support and other assistance?
9. Does your program have plans for practicing and revising your emergency preparedness plans?
10. Does your program have plans to address the access, functional, and other needs of children, staff members and families?
11. Does your program have plans that address procedures for specific age groups such as infants, toddlers, and preschool children who may have different abilities and mobility constraints?
12. Does your program have plans that include how to address the mental health and emotional needs of children, families and staff members before, during and after an emergency?
13. Does your program have training plans in place to train children, families and staff members about emergency preparedness plans and procedures?

Head Start Emergency Preparedness Manual

Organizational Roles and Responsibilities is Emergency Preparedness

Adapted from Bright Horizons Family Solutions, *Ready to Respond Emergency Preparedness Plan for Early Care and Education Centers*, www.brighthorizons.com

List all staff members' names, addresses, and phone numbers (regular and emergency), as well as position in the program.

For each person, list who the person reports to, in order of responsibility. Be able to show at a glance who is in charge if the primary contact is unable to respond.

List roles and responsibilities in an emergency. Consider overlaps in case someone is unable to fulfill his or her role.

Answer these questions:

- Who will provide first aid?
- Who will carry medications?
- Who will carry the first aid kit?
- Who will bring the emergency information on each child?
- Who will call 911?
- Who will carry the cell phone?
- Who will carry the emergency/disaster supplies kits?
- Which groups of children will go with which staff members?
- Who will insure that everyone is out of the building?
- Who will seal off high risk areas?
- Who declares an emergency?
- Who makes the evacuation or shelter-in place call?
- Who will record notes about the emergency?
- Who will turn off the utilities?

- Who will implement the recovery procedures?

Share the list of responsibilities with staff members. Discuss everyone's roles so that all staff members are prepared during an emergency. Everyone should know his/her primary and back-up responsibilities.

Teachers should:

- Lock the classroom doors unless an evacuation order is given
- Calm the children
- Account for all of the children and staff members that were in their room today
- Take attendance at required times
- Move the children and classroom staff members to the evacuation vehicles
- Take the "Grab-and-Go Kit" (see the appendices for a Grab-and-Go kit checklist)

Maintain an "In and Out" list at all times; do not put children, staff members, visitors, or emergency personnel at risk by not knowing three things:

- Who is in the building?
- When did they arrive?
- When did they leave?

Keep emergency information with the attendance list. Make sure you have permission for emergency medical treatment and are aware of any special requirements or medications for children and staff members.

School readiness begins with health!

Head Start National Center on Health | Toll-free phone: 888-227-5125 | E-mail: NCInfo@hsn.org

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School readiness begins with health!



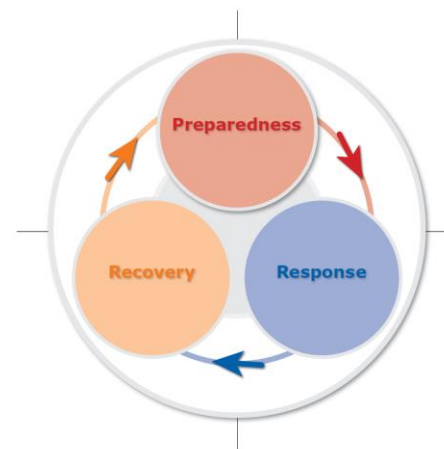
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Early Childhood Learning and Knowledge Center (ECLKC)

National Center on Early Childhood Health and Wellness

<https://eclkc.ohs.acf.hhs.gov/safety-practices/article/emergency-preparedness>





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Local and Regional Disaster Checklists

Winter Storms/Extreme Cold

It is recommended that you consult with your HSAC, Policy Council, and/or your community or regional emergency management agency to decide whether or not each step should be included in your plan.

Steps to Reduce Risk	Comments
1. Have rock salt, sand, and snow shovels.	
2. Have extra blankets and adequate clothing for children.	
3. Make sure your site is well insulated.	
4. Find out if your program should have insulated pipes and allow faucets to drip a little during cold weather.	
5. Have a supply of extra food and water.	
6. Determine procedures for delayed openings, closings, and early releases and communicate these procedures to families and staff.	
7. Make plans to have indoor play facilities or warm spaces for indoor play in heated facilities whenever it is too cold to go outside for recess or outdoor play times.	
8. Communicate proper clothing expectations program-wide and maintain supplies to accommodate children who come to the program with insufficiently warm clothing and communicate these procedures to families.	
9. Prepare shelter-in place procedures and materials in case children and staff must stay at the program for extended periods of time.	

Local and Regional Disaster Checklists—Winter Storms/Extreme Cold

Steps to Reduce Risk	Comments
10. Decide which staff person is responsible for determining imminent danger. This person is sometimes referred to as the Incident Commander. Make sure the entire staff knows to follow the emergency procedures identified by this staff person.	
11. Identify who will turn off electrical power, gas, and water supplies when there is standing water or fallen power lines, and secure structurally unstable building materials (if there is time to do so at the time of the emergency). Make sure at least two staff members know how to turn these items off.	
12. Develop procedures for having parents sign and date their signature on the attendance sheet next to their child's name before releasing the child to them.	
13. Consult with local health officials for guidance on when it is too cold for outside play.	
14. Develop guidance on the type and temperature of warm fluids and well-balanced meals to maintain body temperature and help children stay warm.	
15. Communicate with your local transportation providers to ensure that they understand what procedures will be followed during winter storms and extreme cold for safe transportation of children and staff to their homes.	
16. Train enough staff so that at least two staff members know how to shut off water valves during all periods that the program is open.	

Local and Regional Disaster Checklists—Winter Storms/Extreme Cold

Steps to Reduce Risk	Comments
17. Train enough staff so that at least two staff members know how to carefully use alternate heat sources.	
18. Be careful when using alternate heat sources.	
19. Develop a form for notification to families about appropriate clothing for cold days.	
20. Assign a staff person the responsibility to listen to the radio, television, or NOAA Weather Radio for weather reports and emergency information.	
21. Conserve fuel, if necessary, by keeping your building cooler than normal while considering the temperature needs of infants and children with special health needs. Temporarily close off heat to some unoccupied rooms.	
22. Plan for frozen pipes by outlining procedures such as removing any insulation or layers of newspapers and wrapping pipes in rags. Completely open all faucets and pour hot water over the pipes, starting where they were most exposed to the cold (or where the cold was most likely to penetrate).	
22. Train staff on the importance of dry clothing. Wet clothing loses all its insulating value and transmits heat rapidly.	
23. Plan to limit staff time outside, but if it is necessary, inform staff members that they should cover their mouths to protect their lungs.	
24. Train staff to identify signs of frostbite and hypothermia and to provide immediate relief, warm blankets, and no hot water.	

School readiness begins with health!

Local and Regional Disaster Checklists—Winter Storms/Extreme Cold

25. Assess and service the needs of heating and electrical utilities.	
Additional Steps to Reduce Risk	
Planning Steps	Comments
1. Train enough staff so that at least two staff members know how to shut off water valves during all periods that the program is open.	
2. Train enough staff so that at least two staff members know how carefully use alternate heat sources.	
3. Be careful when using alternate heat sources.	
Additional Planning Steps	
1. Programs may want to collect donations of winter clothing items such as gloves, mittens, and hats to use for children or families who may not have these items.	
Practice Steps	Comments
1. Have children practice completely closing their winter coats, putting gloves, mittens and hats before leaving the building.	
Additional Practice Steps	

Local and Regional Disaster Checklists

Tsunami

It is recommended that you consult with your HSAC, Policy Council, and/or your community or regional emergency management agency to decide whether or not each step should be included in your plan.

Steps to Reduce Risk	Comments
1. Listen to local emergency management warnings.	
2. Be prepared to act quickly and evacuate inland.	
3. Stay away from low-lying coastal areas, if there is a tsunami warning.	
Additional Steps to Reduce Risk	
Planning Steps	Comments
1. Decide which staff person is responsible for determining imminent danger. This person is sometimes referred to as the Incident Commander. Make sure the entire staff knows to follow the emergency procedures identified by this staff person.	
2. Determine who will monitor your local radio station or NOAA radio for emergency warnings and determine who will be in charge of this task. Identify at least two staff members who will monitor emergency warnings.	
3. Develop educational activities that will sensitize children to the possibility of a tsunami emergency.	
4. Plan rapid evacuation procedures.	
5. Assign a staff person to secure your important papers, such as child records, insurance policies, etc.	

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Local and Regional Disaster Checklists—Tsunami

Planning Steps	Comments
6. Identify who will turn off electrical power, gas, and water supplies when there is standing water or fallen power lines, and secure structurally unstable building materials (if there is time to do so at the time of the emergency). Make sure at least two staff members know how to turn these items off.	
7. Develop communication systems to ensure that all staff, families, and partners know what steps are being taken within the plan.	
8. Develop procedures for parents to sign and date their signature on the attendance sheet next to their child's name before releasing the child to them	
Additional Planning Steps	
Practice Steps	Comments
1. Have children practice moving to transportation vehicles quickly but safely.	
Additional Practice Steps	

Local and Regional Disaster Checklists

Tornado

It is recommended that you consult with your HSAC, Policy Council, and/or your community or regional emergency management agency to decide whether or not each step should be included in your plan.

Steps to Reduce Risk	Comments
1. Prepare a safe room in advance, such as a storm cellar or basement, interior room, or hallway on lowest floor possible.	
2. If you are under a tornado warning, immediately take everyone to safe shelter.	
3. Keep everyone away from windows, doors, outside walls, and corners.	
4. If possible, determine if the program should be closed for the day, prior to opening hours.	
Additional Steps to Reduce Risk	
Planning Steps	Comments
1. Identify who will turn off electrical power, gas, and water supplies when there is standing water or fallen power lines, and secure structurally unstable building materials (if there is time to do so at the time of the emergency). Make sure at least two staff members know how to turn these items off.	
2. Decide which staff person is responsible for determining imminent danger. This person is sometimes referred to as the Incident Commander. Make sure the entire staff knows to follow the emergency procedures identified by this staff person.	

Local and Regional Disaster Checklists—Tornado

Planning Steps	Comments
3. Develop communication systems to ensure that all staff, families, and partners know what steps are being taken within the plan.	
4. Determine who will monitor your local radio station or NOAA radio for emergency warnings and determine who will be in charge of this task. Identify at least two staff members who will monitor emergency warnings.	
5. Identify potential program hazards and know how to secure or protect them before the tornado strikes.	
6. Keep everyone away from windows, doors, outside walls, and corners.	
7. Develop training for staff and children about ways to stay safe and ways to deal with fear of a tornado.	
8. Plan how you will integrate your community's emergency plans, warning signals, evacuation routes, and locations of emergency shelters into your plan.	
9. Develop procedures for parents to sign and date their signature on the attendance sheet next to their child's name before releasing the child to them.	
10. Assign a staff person to secure your important papers, such as child records, insurance policies, etc.	
11. Develop evacuation plans with meeting places for children, families, and staff.	
12. Ensure that insurance and rebuilding plans are in place in case of any destruction.	

Local and Regional Disaster Checklists—Tornado

Planning Steps	Comments
13. On the layout diagram of your program, locate the designated “safe area” and share this with families and local emergency management personnel.	
14. Develop activities that will prepare children and staff for tornadoes.	
Additional Planning Steps	
Practice Steps	Comments
1. Practice having children and staff members go to the designated “safe area,” such as a basement or the center of an interior room on the lowest level (e.g., closet, interior hallway), away from corners, windows, doors, and outside walls.	
2. Have children get under a sturdy table and use their arms to protect their head and neck.	
Additional Practice Steps	

Head Start Emergency Preparedness Manual: 2015 Edition



U.S. Department of Health and Human Services
Administration for Children and Families
Office of Head Start

School readiness begins with health!

Head Start Emergency Preparedness Manual: 2015 Edition

Preparedness—Response—Recovery

Preface

From time to time, communities around the country face catastrophic natural and man-made disasters. Wildfires in California, hurricanes along the Gulf and Atlantic coasts, floods in the Midwest, and school shootings across the country are examples in recent years that garnered national attention.

Consider the following:

In 2014—there were 51 major disaster and emergency declarations

In 2013—there were 67 major disaster and emergency declarations

In 2012—there were 63 major disaster and emergency declarations

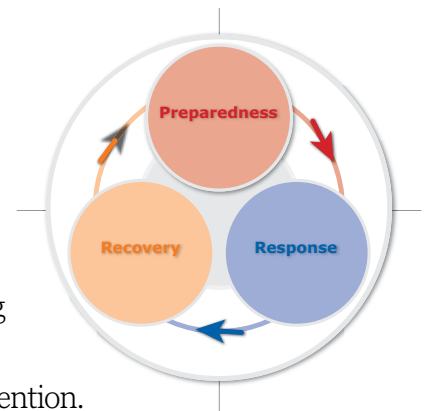
In 2011—there were 128 major disaster and emergency declarations.¹

Head Start plays an important role in supporting children and families in their local communities before, during and after an emergency. The Office of Head Start has developed the *Head Start Emergency Preparedness Manual*, 2015 Edition to provide Head Start programs with the latest tools and resources to guide their emergency preparedness planning process.

The 2015 Edition is organized around 3 phases of emergency planning:

- Preparedness
- Response
- Recovery

This manual includes numerous links to resources available from the Federal Emergency Management Agency (FEMA), the Administration for Children and Families (ACF) and Ready.gov to help programs develop, practice and revise their emergency preparedness plans. New sections include the mental health aspects of emergency preparedness, and considerations for children and staff with access, functional and other needs.



¹FEMA. Accessed at <https://www.fema.gov/disasters/grid/year>

Preface

This 2015 edition of the Head Start Emergency Preparedness Manual is part of a 3-piece set of Head Start materials on emergency preparedness. The following two resources were developed to complement the manual:

- *Responding to Crises and Tragic Events: Information and Handouts*

This resource provides information and easy-to-use tip sheets and letters to help support children, staff and families affected by a crisis or tragic event.

- *Responding to Crises and Tragic Events: Planning, Reviewing, and Practicing Your Program's Emergency Preparedness Plans*

This resource provides information for Head Start programs on testing, practicing and updating emergency preparedness plans. Detailed checklists on a wide range of crises and natural disasters are provided as a starting point for emergency preparedness.

The two resources above are available on the Office of Head Start Emergency Preparedness website at <http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/health/ep>

NOTE: Throughout the manual, when the words “Head Start” are used, it is understood to include Early Head Start, as well as American Indian Alaska Native (AIAN) and Migrant and Seasonal programs.

The website links listed in this manual were current at the time of its publication. If a website link is broken, contact that organization directly for assistance or the Office of Head Start National Center on Health at nchinfo@aap.org

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Chapter 1: Introduction

Overview

Emergencies occur suddenly and disastrously and can leave you feeling overwhelmed and powerless. Being prepared can lessen some of these feelings. It can help protect you, families, and property. Emergency preparedness planning helps you to be ready to help others who may be affected. By preparing for emergency situations, you ensure that staff and families know how to make decisions and take appropriate actions before, during and after an emergency.

Planning is a key component of your current systems and services in Head Start. Your program creates, maintains, and revises plans on service delivery to children and families. These satisfy requirements of the Head Start Program Performance Standards (HSPPS) and serve as working documents to guide your everyday activities. Emergency preparedness plans are not new. They build upon existing program plans to make sure that systems and procedures are in place to keep everyone healthy and safe.

Your program has fire drills, emergency weather procedures, and other necessary plans that cover a variety of emergencies. This manual is designed to help you determine if your program has considered all of the possible emergencies that may happen, and if appropriate plans, practice, response, and recovery steps are in place.

Before you continue reading, take a moment and consider the following questions:²

Be Informed

What does my program need to learn about protective measures to take before, during and after an emergency?

Make A Plan

What are my program's plans to prepare, plan and stay informed about emergencies?

Build a Kit

What disaster supplies does my program need to have in the event of an emergency?

Get Involved

Who can I work with in my community and how can I support community emergency preparedness planning?

Comprehensive emergency preparedness plans consider the answers to these questions. By being informed, making plans, building kits, and being involved with community emergency preparedness partners, you help ensure that your Head Start program is able to handle whatever may happen.

This manual covers each phase of an emergency (preparedness, response, recovery) to assist you in the development of an emergency preparedness plan that is comprehensive, collaborative, and effective. The more prepared you are, the more likely you are to reduce losses and rebuild faster after a loss.

²The headings and suggested action steps, Be Informed, Make A Plan, Build a Kit, and Get Involved are from the Ready. gov website accessed at www.ready.gov

Chapter 1: Introduction

FIVE REASONS TO PREPARE

1. Emergencies, large and small, occur in every community, even yours.
2. You're already doing it! Every program prepares plans to meet requirements of the Head Start Program Performance Standards.
3. As a member of your community, you participate in local planning efforts. Your emergency preparedness plans complement these efforts by focusing on how your program fits into the community plan.
4. Your input is essential to develop a plan that works. Administrators, staff members, family members and members of the community at large collaborate together.
5. Emergency preparedness is a dynamic planning process of practice, review, and revision that is essential to program excellence.

This manual has been organized to support you as you create, practice, revise and implement your program's emergency preparedness plans. The phases, preparedness, response and recovery, are discussed in detail. Links to resources, who to contact, and information on topics such as mental health and emotional needs during an emergency are provided to give you a comprehensive picture of emergency preparedness for Head Start programs.

There are many people within Head Start and your community that can assist you with your emergency preparedness plans.

Trying to anticipate all the emergencies that could affect your program may seem daunting. This manual aims to give you the information and tools needed to assist you. Remember, you do not have to do everything at once or alone. There are many people within Head Start and your community to assist you. Getting started is the most important step you can take.

What Is Emergency Preparedness?

At times, Head Start staff, children, and families are faced with the unexpected. Almost everyday, there is a news story about an emergency that affects individuals, families, communities or regions. Appearing suddenly or with minimal warning, an emergency can leave programs and families without basic necessities such as food and shelter. An emergency can take many forms. Head Start staff members need to know how to respond appropriately and quickly to situations most likely to happen in their geographical region.

Emergency preparedness is the ability to react appropriately by knowing what measures should be taken before, during and after an emergency. This manual organizes information on emergency preparedness using the following three phases:

- Preparedness
- Response
- Recovery

Chapter 1: Introduction

Preparedness

The preparedness phase takes place before an emergency or disaster. It includes being informed, making plans and building emergency/disaster supplies kits.

Response

The response phase begins during the moments when you are alerted to an impending emergency and when the emergency actually occurs.

Recovery

The recovery phase includes the hours, days, weeks or years (in extreme cases) after an emergency occurs when efforts are focused on food, water, shelter, and the safety of those affected. It includes determining long-term plans for assisting community members in returning to their everyday lives by coping with losses from an emergency or disaster.

Once a program responds to and recovers from a disaster or emergency, even if it is a drill, the phases may be revisited for process improvement. The process improvement can also occur on an annual, or twice annually, basis to make sure that the program's plans are up-to-date and relevant. See section on mitigation



Chapter 1: Introduction

Key Terms

The use of consistent terminology and language is critical because it provides common ground for everyone to understand each other. Speaking with “one voice” helps to facilitate communication between Head Start staff, community partners, and emergency management officials.

It should be noted, however, that everyone involved in the development of your emergency preparedness plan should feel comfortable asking for clarification of any term not understood. Sometimes different agencies, programs or people may use a term in a slightly different way. Always ask if you do not understand a term or the use of a word.

The Federal Emergency Management Agency (FEMA) provides a comprehensive listing of emergency related terms at <https://www.fema.gov/national-flood-insurance-program/definitions>. The following is a list of key terms used in this manual. These terms are often used in emergency preparedness efforts.

Emergency:* An emergency is a serious, unexpected, and often dangerous situation requiring immediate action. www.fema.gov

Disaster:* A serious disruption of the functioning of a community or society causing widespread human, material, economic or environmental losses which exceed the ability of the affected community or society to cope using its own resources. <http://www.who.int/hac/about/definitions/en/>

*NOTE: In this document **emergency** and **disaster** are interchangeable

“All hazards” approach: The development of a plan that considers the many different threats and hazards. See <http://www.ready.gov/planning> for more information.

Emergency/Disaster plan: A written plan that describes the practices and procedures used to prepare for and respond to emergency

or disaster situations. <http://cfoc.nrckids.org/StandardView/9.2.4.3>

Emergency kit/Disaster supplies kit:

Essential items that individuals or programs would need for the first 72 hours after a disaster. <http://www.ready.gov/build-a-kit>

Evacuation: When disaster conditions require that you seek immediate protection at another location. www.ready.gov

Mitigation: The effort to reduce loss of life and property by lessening the impact of disasters. <http://www.fema.gov/what-mitigation>

Preparedness: Comprehensive planning for each phase of an emergency. A sound emergency preparedness plan helps your program respond appropriately and quickly to circumstances that occur.

Resilience: The capacity to rise above difficult circumstances, the trait that allows us to exist in this less-than-perfect world while moving forward with optimism and confidence. <http://www.healthychildren.org/English/healthy-living/emotional-wellness/Building-Resilience/Pages/default.aspx>

Risk assessment: It is a process to identify potential hazards and analyze what could happen if a hazard occurs. Programs can identify potential hazards including natural events, technological incidents, man-made disasters, and terrorist hazards. Identifying the most likely events up front helps customize the planning process to ensure that the program or team is ready for most situations likely to happen in their areas. <http://www.ready.gov/risk-assessment>

Shelter-in place: The process of staying where you are and taking shelter, rather than trying to evacuate. http://www.naccrra.org/publications/naccrra-publications/publications/8960503_Disaster_Report-SAVE_MECH.pdf

Chapter 2: Preparedness

Why Is Emergency Preparedness Important?

Emergency situations arise suddenly. They can be devastating to programs and communities. When programs prepare in advance, the negative effects of an emergency can be reduced. While you may not be able to anticipate everything that might happen, comprehensive planning for each phase of an emergency can give you peace of mind. Planning helps you to be in a position to protect the health and safety of children, families and staff members. Being prepared may allow you to resume program services promptly and support the community at large.

Being prepared has real benefits:

- Reduces fears and anxiety
- Helps your program respond quickly
- Lessens losses that accompany disasters
- Helps avoid dangers, sometimes completely

A sound emergency preparedness plan helps your program respond appropriately and quickly to circumstances that occur. This helps reduce risks to everyone within your Head Start community.

Preparedness includes the following actions:

- Developing your emergency preparedness planning team
- Connecting with community emergency management officials to identify local hazards and review incident data
- Determining what crisis plans exist for your program, local school district, and community

- Identifying all stakeholders involved in crisis planning
- Developing procedures for communicating with staff members, families, and community partners
- Developing accommodations for children, staff members and volunteers with access, functional and other needs in your program
- Establishing procedures to account for students and staff members during a crisis
- Gathering information about the program facility, such as maps and the location of utility shutoffs
- Identifying the necessary equipment that needs to be assembled to assist programs in a crisis or emergency³

Head Start programs do not work alone when they prepare and respond to emergencies or disasters. Head Start programs work with community partners, and local and regional emergency management officials. Head Start programs are part of their community's emergency preparedness plan.

What Are The National Standards Related to Emergency Preparedness?

The Head Start Performance Standards (HSPPS) include requirements related to emergency preparedness [45 CFR 1304.22(a)] public health emergency procedures and [45 CFR 1304.53 (a) (10)] facilities, materials and equipment. These requirements include:

- 45 CFR 1304.22(a)(1-5): (a) Health emergency procedures. Grantee and delegate agencies operating center-based programs

³<http://www2.ed.gov/admins/lead/safety/crisisplanning.html>

Chapter 2: Preparedness

must establish and implement policies and procedures to respond to medical and dental health emergencies with which all staff are familiar and trained. At a minimum, these policies and procedures must include:

- (1) Posted policies and plans of action for emergencies that require rapid response on the part of staff (e.g., a child choking) or immediate medical or dental attention;
 - (2) Posted locations and telephone numbers of emergency response systems. Up-to-date family contact information and authorization for emergency care for each child must be readily available;
 - (3) Posted emergency evacuation routes and other safety procedures for emergencies (e.g., fire or weather-related) which are practiced regularly (see 45 CFR 1304.53 for additional information);
 - (4) Methods of notifying parents in the event of an emergency involving their child; and
 - (5) Established methods for handling cases of suspected or known child abuse and neglect that are in compliance with applicable Federal, State, or Tribal laws.
- 45 CFR 1304.22 (f) (I): maintaining well-supplied and accessible first kits
 - 45 CFR 1304.53 (a) (10): ensuring that safety measures are in place to reduce damage from disasters

The National Resource Center for Health and Safety in Child Care and Early Education in partnership with the American Academy of Pediatrics and the American Public Health Association has developed Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs, 3rd Edition (Caring for Our Children, 3rd Edition) standards

related to emergency preparedness. These standards can be found online at www.cfoc.nrckids.org. A searchable database is also provided.

Select standards include:

- Standard 9.2.4.3: Disaster Planning, Training, and Communication
- Standard 4.9.0.8: Supply of Food and Water for Disasters
- Standard 10.5.0.1: State and Local Health Department Role
- Standard 9.2.4.2: Review of Written Plan for Urgent Care
- Standard 1.4.1.1: Pre-service Training

Programs should be familiar with these and other requirements and regulations that protect children, families and staff members in emergency situations. The Office of Head Start has developed Compliance with Care: A Crosswalk Between the Head Start Program Performance Standards and Caring for Our Children, 3rd Edition. This online document shows how Caring for Our Children, 3rd Edition standards and the HSPPS connect on health and safety requirements, including emergency preparedness. The section on Emergency Preparedness requirements within Compliance with Care is available under the child health and safety tab at <http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/health/school-readiness/goals/crosswalk.html>.

For more information on standards and regulations related to your program, contact the following:

- Local health department
- Administration for Children and Families (ACF) Regional Management Specialist
- Head Start Collaborative Office
- State health department
- Indian Health Services

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Chapter 2: Preparedness

EMERGENCY PREPAREDNESS PLANNING TEAM MEMBERS

Your planning team should be comprised of people within your Head Start community as well as members of your broader community. This helps ensure that all components and perspectives of the emergency preparedness process are considered.

Members may include:

- Head Start program director
- Head Start fiscal specialists
- Head Start mental health consultants
- Head Start disabilities managers
- Head Start Policy Council members
- Health Services Advisory Committee representatives
- First responders, including those who work on fire, health, safety, law enforcement, public works, and emergency medical services
- Transportation partners
- Head Start staff representatives
- Head Start family representatives
- ACF Regional Management Specialists
- Local health department representatives
- Community service agency personnel
- School district officials or school principals (especially if your Head start program is located within a school)
- Community physicians who are disaster experts

- Community emergency management agencies and first responders

Be Informed

Before programs can develop emergency plans, they must know what plans they should have in place. Programs need to be informed about hazards, risks for emergencies, and emergency preparedness plans. An emergency preparedness program questionnaire is available in the appendices as a starting point for assessing your program's current plans.

As noted earlier, you do not work alone as you plan and prepare. To determine what emergencies might occur in your program and the effects that may result, Head Start programs work with an emergency preparedness planning team to help identify the hazards

***Find your Regional Emergency
Management Specialist
Go to [http://www.acf.hhs.gov/
programs/ohsepr/early-childhood](http://www.acf.hhs.gov/programs/ohsepr/early-childhood) or
email ohsepr@acf.hhs.gov***

or emergencies that have happened or could happen in their local area and develop plans for each situation.

Local emergency management offices and your ACF Regional Emergency Management Specialist for your region can help your program identify the hazards in your area, share local plans and recommendations for planning, preparing, responding, and recovering. They can provide or help you find the answers to the following questions:

- What hazards are most likely?
- What can be done to mitigate risks?
- How will your program get alerts and warnings?

⁴ www.ready.gov Accessed at <http://www.ready.gov/community-and-other-plans>

Chapter 2: Preparedness

- What is the advice and plans for shelter-in place and evacuation in different situations?
- Are there emergency contact numbers for specific emergencies?
- Are there opportunities for preparedness education and training?
- Does your community have a plan and what should you know about this plan?⁴

As a starting point, your planning team may wish to use the hazard/emergency-specific checklists provided in the supplement to this manual, Responding to Crises and Tragic Events: Planning, Reviewing and Practicing Your Emergency Preparedness Plans (see <http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/health/ep>). For each step, your planning team will need to determine who will be responsible for each action.

Collaboration with Head Start Systems and Services

Considering how Head Start systems and Head Start services may be affected by an emergency helps to ensure that your emergency preparedness efforts are coordinated and comprehensive. Programs should consider existing Head Start Systems and Head Start Services when developing plans. See Emergency Preparedness: Head Start Systems and Services in the appendices for more details on what to consider when thinking about emergency preparedness and Head Start Systems and Services.

Mitigation

Once risks have been identified, your program can work with the planning team and other community and regional partners to determine strategies for reducing damage. This is often called mitigation. Mitigation can also refer to strategies used after or during an emergency to reduce loss or damage.

Examples of Mitigation Activities

- A program in an area prone to high winds makes sure that playground equipment is secured to handle high winds and that playground toys such as tricycles are stored inside.
- A program sends out regular reminders to families and staff members to update their emergency contact information to make sure that each child's parents or guardians are easy to find and communicate with in an emergency. As part of the program's overall communication plan, certain details are shared with families in advance so that they know what to expect when something happens.
- A program in an area prone to earthquakes works with its facilities manager to have the building examined, equipment secured, and ways to reduce or eliminate structural vulnerabilities.
- A program works with its mental health consultant when it practices fire drills to develop strategies to lessen fears and anxiety associated with drills.

It may include:

- General safety mitigation: removing hazardous materials such as cleaning products, pesticides, painting supplies and lawn and garden products
- Structural mitigation: repairing any component of the building with a primary function of supporting the dead load (e.g. building, roof)

Chapter 2: Preparedness

- Non-structural mitigation: securing aspects of the building or grounds that are not connected to the main structure (e.g., bookshelves, file cabinets, furniture), making sure windows work properly
- Non-physical mitigation: making sure communication systems work, maintaining relationships with community partners, updating contact information for families and staff members, keeping emergency-related Memorandums of Understanding with community partners up-to-date, keeping current records and plans in place to accommodate the access, functional and other needs of staff members and children, and strategies to address mental health and/or emotional needs/responses

See page 63 for more information on the Practice-Review-Revise Cycle and how it can be used for mitigation.

See 91 of the appendices for a sample non-structural safety checklist. Remember that being informed and identifying new hazards or risks is a continuous process. Circumstances change over time. Neighborhoods grow larger, family needs change, weather patterns change and an area might become more prone to flooding or high temperatures. Building and maintaining relationships with people and agencies in your community helps you and your community stay informed on changing needs and safety issues so that emergency preparedness plans stay current.

Make A Plan

After your program has determined its risks it should make a plan. Planning is the collaborative process your planning team uses to develop your program's emergency preparedness plan. This plan clarifies the steps that staff members will take before, during and after an emergency.

Keep in mind

- Is your plan written in a way that is easy to understand?
- Is the content organized in a way that is easy to find?
- Do you have a manual available in a larger font size?
- Do you need an audio version or copies in other languages?
- Where is your written plan kept and how can it be accessed?
- How should content be adapted to share with families?
- Is your plan readily accessible to families?
- Is your plan updated regularly?
- Does your plan include definitions to ensure common understanding?
- Does your plan address the needs of children and staff with access, functional and other health concerns?
- Does the program “drill” or practice the plan at least once a year, and update it as needed?

Head Start programs can approach their plan development very differently. All written plans should describe the practices and procedures they use to prepare for, respond to, and recover from emergencies and disasters and who is responsible for each task.

A basic emergency preparedness plan contains the following:

- An introduction (the purpose, rationale, and definitions)
- List of team members and partners with contact information

Chapter 2: Preparedness

- Roles and responsibilities
- Specific tasks for each emergency phase (preparedness, response, and recovery)
- Anticipated needs
- Checklists and tools for drills, procedures, communication plans, disaster supplies kits, first aid kits, etc.

Caring for Our Children, 3rd Edition provides a detailed list of what is often included in a written emergency preparedness plan at <http://cfoc.nrkids.org/StandardView/9.2.4.3>. The checklists in Responding to Crises and Tragic Events: Planning, Reviewing, and Practicing Your Program's Emergency Preparedness Plans, a companion piece to this manual, can also serve as a useful guide for what should be included in your plans. Your program may wish to include the checklists relevant to your program in your written emergency plan.

Build A Kit

Another component of emergency or disaster planning is to make sure that your program has emergency supplies and food in case your program needs to shelter-in place or evacuate in a disaster. You also need to make sure that these items are up-to-date and not expired.

Work with your Health Services Advisory Committee (HSAC), Policy Council, community partners, and your ACF Regional Emergency Management Specialist to determine what should be in your disaster supplies kit, (i.e. first aid and other supplies that might be needed in an emergency or disaster). Note that your disaster supplies kit is in addition to and separate from classroom first aid kits.

Your disaster supplies kit is in addition to and separate from classroom first aid kits.

Consider the following questions:

- Do you and your staff members know your program's schedule for updating your disaster supplies kit, making sure items are not expired, and who is responsible for doing this?
- Do your staff members know where these supplies are located?
- Are the locations of supplies clearly marked?
- Do your staff members know how to use the contents of your disaster supplies kits?

A number of websites provide sample kit supply lists that may be useful starting points for building kits:

- American Academy of Pediatrics HealthyChildren.org Family Disaster supplies List <http://www.healthychildren.org/english/safety-prevention/at-home/Pages/Family-Disaster-Supplies-List.aspx>
- Centers for Disease Control and Prevention Gather Emergency Supplies <http://emergency.cdc.gov/preparedness/kit/disasters/>
- Ready.gov's Build A Kit <http://www.ready.gov/build-a-kit>

Your program's disaster supplies kit will help your program manage if an emergency situation occurs. First Aid and disaster supplies kits are key to preparedness because in an emergency, local officials and relief workers will be on the scene after a disaster, but they might not be able to reach everyone immediately. Also, basic services such as electricity, gas, water sewage treatment and telephones may be cut off for days, a week, or even longer.⁵

⁵ Ready.gov at <http://www.ready.gov/build-a-kit>

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Training is an opportunity to build relationships with community partners and first responders

Practice

A good emergency preparedness plan helps your program respond appropriately and quickly to circumstances that occur. It helps to reduce risks to everyone in your Head Start community. To determine whether your plan really works, it needs to be practiced with staff members, families and community partners.

Practicing your plans helps you:

- See what works
- See what does not work
- Build relationships with community partners and families
- Ease fears and concerns about emergency situations
- Make sure that accommodation has been made for children, staff members and families with other needs (i.e. those with limited English proficiency, blindness or visual disabilities, cognitive or emotional disabilities, deafness or hearing loss, permanent or temporary mobility/physical disabilities and health conditions such as asthma and severe allergies)
- Build awareness of the importance of emergency preparedness
- Identify topics or areas that staff members may need more emergency preparedness training
- Determine how to best revise your plans
- Discover things about your plan you might not have known if you had not practiced
- Solve problems
- Find out if you have the correct contact information for people and emergency agencies in your community

- Determine if your program's communication plans work
- See how changes in children's ages or developmental abilities may affect your plans and how to prepare the children in your care for what might happen in a disaster
- Improve your emergency preparedness plans
- Support the health and well being of children, families, and your staff members

Regular emergency and evacuation drills/exercises are an important safety practice in Head Start programs. Fire drills and other practice exercises help everyone become familiar with emergency procedures and activities. These activities help reduce anxiety and promote confidence in everyone's ability to protect themselves and others during emergencies.

Regularly scheduled practices help to ensure that everyone knows what to do and what to expect. It is important to remember that new staff members and newly enrolled children need to have the opportunity to take part in practice drills.

For more information on practice see the Practice-Review-Revise Cycle in the appendices.

Training

As part of being prepared, all Head Start staff should receive training on emergency planning, response and recovery procedures. Your program's planning team, HSAC, Policy Council, ACF Regional Management Specialist, and local community partners and consultants can serve as resources to help find qualified and experienced disaster preparedness and response educators and trainers. Your program's mental health consultants, family service consultants, disabilities specialists and health managers are also valuable training resources.

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Chapter 2: Preparedness

Contact your community partners, ACF Regional Emergency Management Specialist, and local health department for training opportunities in your area.

Caring for our Children, 3rd Edition provides the following list of training topics to cover:

- Why it is important for programs to prepare for disasters and to have an Emergency/Disaster Plan
- Different types of emergency and disaster situations and when and how they may occur
- The special and unique needs of children, appropriate response to children's physical and emotional needs during and after the disaster, including information on community pediatricians who are disaster experts
- Providing first aid, medications, and accessing emergency health care in situations where there are not enough available resources
- Contingency planning including the ability to be flexible, to improvise, and to adapt to ever-changing situations
- Developing personal and family preparedness plans
- Supporting and communicating with families
- Floor plan safety and layout
- Location of emergency documents, supplies, medications, and equipment needed by children and staff members with special health care needs
- Typical community, county, and state emergency procedures (including information on state disaster and pandemic influenza plans, emergency operation centers, and incident command structure)

- Community resources for post-event support such as mental health consultants, safety consultants
- Which individuals or agency representatives have the authority to close programs and when and why this might occur
- Insurance and liability issues
- New advances in technology, communication efforts, and disaster preparedness strategies customized to meet children's needs⁶

Communication

It is essential that your community partners, families, and staff members know about your plan and have written copies of the plan. Your program will also need to consider how your plans may need to be communicated in different ways to staff members, families and partners. Keep in mind that some information is best not shared completely in order for protective measures to be effective, especially in the cases of community violence or terrorism. Work with your planning team, HSAC and Policy Council to determine the level of sharing that is appropriate. Review the document in the appendices, Emergency Preparedness: Head Start Systems and Services for additional ideas on how programs can work and communicate within the Head Start health management systems.

It is important to consider how your families are used to receiving information about your program, as these might be the most likely ways to reach them. Your program might want to consider the following communication options:

- Hold a launch meeting for your staff members or families when your planning is complete. Distribute copies of your plan and allow time for a question and answer session

⁶Caring for Our Children, National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs, 3rd Edition. Accessed at <http://cfoc.nrckids.org/>

Chapter 2: Preparedness

- Compile a binder or online document that you distribute at trainings or upon employment and when new families enroll in your program
- Create posters or papers that can be posted or handed out when your program provides services
- Develop emergency signs and information designed in fonts and formats that individuals can use when they need them
- Post the plan, or parts that are appropriate, on your intranet or program website
- Highlight information in newsletters and other communications to remind staff members and families about emergency preparedness issues

Know Your Communication Equipment Needs

Consider whether you need the following:

- Emergency back-up power for intercom system
- Battery-powered megaphone/bullhorn to communicate with students and staff members
- Battery- or hand-powered radio to receive information from emergency officials
- Battery-powered walkie-talkies to communicate within groups and search and rescue teams
- Signaling devices such as whistles⁷

Keep in Mind

Has your program considered how cultural or family beliefs about how and why disasters occur may affect how you communicate with the families you serve?

- Contact your local health department, community partners or your ACF Regional Emergency Management Specialist to find out about emergency preparedness events and ways you might promote emergency preparedness
- Visit the Office of [Head Start Emergency Preparedness website](#) and the [ACF Early Childhood Disaster-Related Resources website](#) for tip sheets and resources that you can use in trainings, educational sessions, and program events to help promote your emergency preparedness plans

The procedures you have in place for reuniting children with families is one of the most important pieces of information that needs to be communicated. This includes making sure families know the following:

- How they will obtain information about their children
- Where the pick-up point will be located (have both an on-site and off-site pick-up location)
- Policies and procedures for who is allowed to pick up children in the event of an emergency (and what type of identification they might need to show)
- The importance of having current student release forms and contact information on file⁸

⁷UCLA Center for Public Health and Disasters. Head Start Disaster Preparedness Workbook. 2004 ⁸UCLA Center for Public Health and Disasters. Head Start Disaster Preparedness Workbook. 2004

⁸UCLA Center for Public Health and Disasters. Head Start Disaster Preparedness Workbook. 2004

Chapter 2: Preparedness

Effective emergency preparedness plans can alleviate fear, reduce disruptions, and save lives. Plans need to be practiced, reviewed and revised regularly. When Head Start program staff and community members are prepared and trained in their roles and responsibilities for emergency preparedness, they are ready to protect the health and well being of children, families and the communities they serve.

Get Involved

There are many ways that individuals can get involved in emergency preparedness planning before an emergency or other event occurs. Community leaders agree that the key for ensuring a safer homeland consists of volunteers, a trained and informed public and increased support from emergency response agencies during disasters.⁹

The first step in getting involved is to ensure individuals are personally prepared for disasters. Tips on how to prepare individuals and their households can be found at [Ready.Gov](http://www.ready.gov).

Consider whom you might work with in your community to help support emergency preparedness planning:

- Find out if your community has a Children & Youth Task Force in Disasters. A Children and Youth Task Force brings together community child- and youth-serving agencies, organizations, and professionals in a single forum for shared strategic coordination to meet the needs of children and youth.¹⁰ See the Children and Youth Task Force in Disasters Guidelines for Development at http://www.acf.hhs.gov/sites/default/files/ohsepr/childrens_task_force_development_web.pdf which includes

a section on getting started or contact the ACF Office of Human Services Emergency Preparedness and Response at ohsepr@acf.hhs.gov

- Find out if there are community-level Disaster Behavioral Health Coalitions in your community. Disaster Behavioral Health Coalitions are networks of community partners who collaborate to identify and address the behavioral health and coping needs of community members after disasters. See the guidance at http://www.phe.gov/Preparedness/planning/abc/Documents/dbh_coalition_guidance.pdf
- Reach out to your local Community Emergency Response Team (CERT), local faith-based and community organizations that are active in planning emergency preparedness projects in your communities
- Contact your local American Red Cross and register as a volunteer. A list of volunteer vacancies by area can be found at the American Red Cross Opportunities website <http://www.redcross.org/support/volunteer/opportunities#step1>

What Does Preparedness Look Like in Head Start Programs

This chapter covered the emergency preparedness phase. You may still be wondering what this looks like in your program. The experience of the ABC Head Start program on the next page gives you an example of how preparedness might look like in a Head Start program.

⁹Ready.gov. Get Involved. Accessed at <http://www.ready.gov/get-involved>

¹⁰Administration for Children & Families Office of Human Services Emergency Preparedness and Response. Children and Youth Task Force in Disasters Guidelines for Development. Accessed at http://www.acf.hhs.gov/sites/default/files/ohsepr/childrens_task_force_development_web.pdf

ABC Head Start—Preparedness

At ABC Head Start, staff members and administration are working with community partners to determine emergency risks and participate in mitigation activities. Juanita, a new program director, was recently hired. She came from a program that experienced a significant disaster and learned that preparedness plays an important role in reducing the effects of an emergency. When she shares her story with staff members, the HSAC, and the program's governing body, it is decided that ABC's own plans should be reviewed and revised. The emergency planning team convenes (Refer back to the Emergency Planning Members Box on page [12](#) for a list of the types of members on the team).

At the first meeting, team members meet with their community partners and emergency management specialists to discuss their concerns and find out more about possible risks and mitigation strategies they should have in place.

Next, team members review the program's materials and facilities to make sure they have the resources necessary to cope with emergency situations, collect information about materials they have at hand, and determine structural changes that need to be made. They also consider the training needs of staff members and the communication systems in place to let staff members, families and community partners know about ABC's emergency plans.

At their next meeting, the team discusses the various emergency situations that they are most concerned with and their findings about current resources, training needs and communication. Consulting with their ACF Regional Emergency Management Specialists and other community partners, it is determined that the program faces a high probability of hurricanes, intruders, hazardous material incidences and influenza outbreaks.

They also identified that some materials and resources for their facilities are lacking. They are concerned about the following:

- Insufficient supplies for sheltering-in place
- Unsafe playground equipment in heavy winds
- Incomplete or incorrect emergency contact numbers
- Lack of identified procedures and materials in place to prevent the spread of disease

With the expertise of their local emergency management agency and the ACF Regional Emergency Management Specialist, the team developed a mitigation plan to address these concerns and begins to implement the plan immediately. Within several months, the program has taken steps to improve its disaster supplies kits and playground structures, and has met with the local health department to identify the procedures that need to be in place to respond when there are infectious disease outbreaks. They also developed a new plan to update emergency contact numbers more frequently.

As the team became increasingly involved in emergency planning for the future, the Head Start grantee joined a Children and Youth Task Force forming at the community level.

The team also reviewed the Head Start systems and services applicable to the potential emergencies and each emergency preparedness plan. They identified several gaps in evacuation information, education and training. The team holds another meeting to develop better solutions to the evacuation issues and developed a new plan for education and training, knowing that they will revisit it when they conduct their Practice-Review-Revise cycle. (See [63](#) in the appendices for more information on the Practice-Review-Revise cycle.)

The next two chapters on response and recovery go into more detail about what happens during these phases of an emergency and how to use emergency plans.

Chapter 3: Response

The best time to plan for an emergency response is before it happens. In the preparedness phase, your program identified the kinds of emergencies that might occur and developed plans to support your program in responding to an emergency.

Programs with clear and detailed plans for what to do during an emergency are more likely to offer consistent support to children, families, and staff members. When staff members know what they need to do and what they are responsible for doing, reactions become second nature and automatic. This happens through ongoing practice and training. Preparedness ensures that programs can respond to emergency situations quickly and with reduced stress, and can provide safety and shelter to children and families.

What Is Response?

Response includes the following actions:

- Identifying that a crisis is occurring and the appropriate response
- Activating the emergency response plan
- Closing the building or canceling the program due to inclement weather prior to the start of the program day
- Determining if evacuation, shelter-in place or other procedures need to be implemented
- Maintaining communication with all relevant staff members, and first responders
- Establishing what information needs to be communicated to staff members, students, families and the community
- Monitoring emergency first aid needs¹¹

Evacuation and Shelter-In Place

The first decision that programs must make in response to an emergency is whether staff members and children will stay where they are, shelter-in place, by moving to a designated safe room within your program, or leave (evacuate).¹² This decision will determine how your program responds and implements the rest of its emergency plans.

Shelter-in place may mean staying where you are until the emergency passes, or moving to a safe location or safe room in your program while the crisis is occurring.

During the preparedness stage, you developed your program's plans for shelter-in place and evacuation as well as for specific emergencies and disasters. The response stage is the time that these plans are implemented. See the appendices of this manual for additional information on shelter-in place and evacuation.

How Is A Plan Implemented?

Response involves knowing:

- How an emergency is declared
- Who is the incident commander or who initiates your program's response
- The procedures and who is responsible for each one
- What supplies are needed
- How decision trees/flow charts and/or communication systems are activated

¹¹<http://www2.ed.gov/admins/lead/safety/crisisplanning.html>

¹²The Family & Youth Services Bureau's National Clearinghouse on Families & Youth. <http://ncfy.acf.hhs.gov/publications/ready-anything-disaster-planning-manual-runaway-and-homeless-youth-programs/response>

Chapter 3: Response

All of this information should be detailed in your emergency preparedness plans.

See the appendices for sample shelter-in place and evacuation checklists, things to keep in mind when sheltering-in place, and other resources.

Evacuation v. Shelter-In Place

When should someone evacuate versus shelter-in place?

Local officials are the best source of information when determining whether to evacuate (leave the building or area) or shelter-in place (stay within the program). In the event of an emergency, listen to the radio, and follow the directions of the emergency officials.

In general, sheltering-in place is appropriate when conditions require that you seek immediate protection in your program, home or other location when disaster strikes. You should take steps to prepare in advance, in case local officials direct you to evacuate. This includes knowing your emergency preparedness plans and having a disaster supplies kit that is portable and can be taken with you.

SOURCE: <http://www.ready.gov/faq-details/Evacuating-v-Shelter-in-place-1370032121004>

What is a safe room?

Many programs or schools have safe rooms or procedures that they use when there is a threat of violence.

A safe room is a space that is:

- Protected, such as a large closet where babies, young children and adults can hide
- Sound-protected so that if children talk or cry they cannot be heard easily outside of the room
- Comfortable so that children's stress is reduced
- Entertaining so that children can play quietly while waiting out the danger
- Safe procedures are systems that teachers and staff members use to:
 - Ensure threats cannot access the room or classroom by putting barriers in front of the doors
 - Prevent anyone from seeing inside the classroom or safe room by blocking windows
 - Ensure that children cannot be heard
 - Comfort children who might feel fear or experience stress

By using a safe room or safe procedures, programs reduce the threat of violence and the impact of the event on children and staff members.

Chapter 3: Response

What Does Response Look Like in a Head Start Program?

Continuing the story of ABC Head Start, this section looks at the response phase in a Head Start program.

ABC Head Start—Response

Several months after ABC Head Start completes its plan, the community is hit by a significant hurricane with strong winds and heavy rain. Staff members receive a 24-hour warning about the hurricane and make the necessary preparations, such as securing outdoor equipment and activating its plans as outlined in the ABC Head Start Emergency Preparedness Plan.

After hearing that the worst will not occur during program hours, they use their decision tree to follow the school district’s lead, and the program opens at its regular time. The rain begins early, but the winds do not seem extreme. The program director cancels all outdoor activities.

By 2 p.m., the winds have increased and the rain is causing flooding. Following the procedures as outlined in ABC’s emergency preparedness plans, the program director initiates the early release protocol and informs the Regional Program Specialist. Staff members are told to activate the process for notifying parents and caregivers. Arriving parents fill out early-release forms and take their children home or to shelters. The local authorities have not activated an evacuation order, so people are making decisions based on their own individual plans.

By 4 p.m., all children are reunited with their families. The emergency protocol states that as soon as all children have left the program, staff members must secure the building against further damage. Once this is complete, they leave. Fortunately, because staff members were trained on procedures and the program practiced this scenario, all of the steps were completed quickly and the program was able to close its doors before the worst of the storm hit.

Chapter 4: Recovery

Head Start children, families, staff members and the community at large have specific needs in the days, weeks, and months (sometimes years) after an emergency has occurred. The recovery phase refers to the actions taken from the time the emergency occurs until the needs of staff members, children and families are met. It includes assisting affected families in resuming their daily activities and helping all affected cope with the aftermath of the emergency.

After a disaster, individuals can feel overwhelmed and stressed about the losses they have experienced or anticipate. The actions that your program takes to provide relief can reduce this stress and enable individuals and programs to rebuild their lives with more ease. If you understand the issues surrounding recovery before a disaster occurs, getting your program back into position to provide vital Head Start services for children and families and their families will be faster and easier.¹³

What Is Recovery?

Recovery includes the following actions:

- Restoring your program's services and striving to return to learning as quickly as possible
- Monitoring how staff members, children and families are doing
- Identifying what interventions are available for children, families and staff members
- Conducting debriefings with all involved including first responders and community partners

- Implementing curricular activities that address the crisis
- Capturing “lessons learned” and incorporating them into revisions and trainings¹⁴

Emergency preparedness plans that include the following will help your program recover:

- Restoring Head Start services as soon as possible, including identifying alternative locations for program
- Restoring transportation systems
- Rebuilding plans
- Revising curriculum
- Relocating or replacing staff members
- Providing mental health support

Recovery Support

- Local health departments have information about resources to implement short- and long-term recovery plans
- Community partners can target their specialized areas
- ACF Regional Offices and Head Start Collaboration Offices offer support
- The Federal Emergency Management Agency (FEMA) at www.fema.gov provides guidance on disaster recovery assistance

¹³UCLA Center for Public Health and Disasters. Head Start Disaster Preparedness Workbook.

¹⁴<http://www2.ed.gov/admins/lead/safety/crisisplanning.html>

Chapter 4: Recovery

- Providing protocols for keeping regular contact with people who have relocated
- Supporting families in finding temporary or permanent homes
- Providing long term recovery support

Assistance and Recovery Resources

Recovery is usually a gradual process. Knowing if assistance is available and how to access it can make the recovery process faster and less stressful.¹⁵ The Federal Emergency Management Agency at www.fema.gov

A disaster recover center is a readily accessible facility or mobile office that provides information about FEMA or other disaster assistance programs.
<http://www.fema.gov/disaster-recovery-centers>

provides up-to-date links and information on disaster survivor assistance, and recovery information including information on Community Emergency Response Teams (CERT) and disaster recovery centers.

Disaster recovery center services may include:

- Guidance regarding disaster recovery
- Clarification of any written correspondence received
- Housing assistance and rental resource information
- Answers to questions, resolution to programs and referrals to agencies that may provide further assistance
- Status of applications being processed by FEMA¹⁶

Keep in Mind:

An important part of recovery is capturing the “lessons learned” so that you can incorporate them into your emergency plans and share your valuable insights with others.

The website disasterassistance.gov provides online disaster assistance, and disaster information including resources in and around your community such as the following:

- Alternative fueling station locators
- Community development resources
- Government services locator including cities, counties and towns
- Information on disaster recovery for those with access, functional or other needs

The Office of Human Services Emergency Preparedness and Response (OHSEPR) provides leadership in human services preparedness to help individuals, families and communities recover rapidly and equitably from a disaster or public health emergency. Their website, <http://www.acf.hhs.gov/programs/ohsepr/about/what-we-do>, provides a link to regional emergency preparedness and response contacts.

Work with your local and ACF Regional Emergency Management Specialist and consult with your HSAC, community pediatricians who are disaster experts and program emergency planning team to develop a plan to become familiar with possible recovery procedures and assistance available in your area from city, county and federal agencies before a disaster occurs.¹⁷

¹⁵<http://www.fema.gov>

¹⁶<http://www.fema.gov/disaster-recovery-centers>

¹⁷UCLA Center for Public Health and Disasters. Head Start Disaster Preparedness Workbook.

What Does Response Look Like in a Head Start Program?

ABC Head Start—Recovery

After the hurricane passes, the ABC Head Start planning team activates its hurricane recovery plans. Designated program staff members return to the facilities to survey the damage. The family and community specialist activates the phone tree to find out how families are doing. This person also checks the emergency answering service to see if any families have evacuated and where they can be reached. First responders consult with building administrators from various sites to alert them about structural and safety concerns. Mental health consultants work with staff to begin making home visits to those who need support. Once administrators determine the safety of buildings, they find several buildings have no damage, but two need clean up and some structural rebuilding. Following their checklists, administrators contact building contractors to begin work immediately. In addition, other sites are alerted about expanding services to prepare to take children from the programs whose sites were damaged. The program director contacts the Regional Office to discuss if additional support is needed from the Office of Head Start or support from the Emergency Readiness and Response Force (ERRF). It was decided federal OHS staff do not need to deploy to the region and that the program is effectively responding to the natural disaster.

Within 24 hours of the hurricane, the family and community specialist reactivates the phone tree and lets families know the location of the temporary facilities and gives them an estimate of how long they can expect to be at these new locations. The facilities specialist contacts the program's transportation service to advise them of location changes.

The next day, ABC Head Start is able to resume services to families in the temporary facilities. Using the checklist, staff members implement a curriculum to support children in coping with the hurricane, as well as providing opportunities for play and everyday activities in their program.

When safety is ensured, ABC Head Start's planning team initiates the program's long-term recovery plans. Using a quick assessment from service area administrators, the planning team decides whether the plans are comprehensive or need revision. They find that although some families have lost power, no families

experienced the loss of a home. Some businesses are damaged, leaving several parents out of work.

The education specialist mentions that children are acting out frightening scenarios with trees causing damage and drawing pictures of fire, wind, and lightning. Some staff members have relocated and are further away from work. The planning team notes that long-term recovery plans cover supporting families with job loss, mental health support for children and communicating with evacuated staff members.

Following long-term recovery plans, staff members and community partners jump into action. The human resources administrator begins calling the staff members who have been evacuated to ask about their well being and to determine when they will return. Three individuals return in a week, but four others are unsure of their return date. The mental health specialist is contacted to offer these individuals crisis support. In addition, the family and community specialist works with the program's community partners to provide assistance to the parents who are temporarily unemployed. They learn that three of the parents are capable of serving as Head Start staff either temporarily or permanently. Community partners are also able to find work for the other parents in clean up activities and contract work from storm damage.

ABC Head Start also implements actions related to mental health support. Immediately after the hurricane, the program offers refresher training to teachers on the mental health curriculum that they implement in times of recovery. The staff members have already had the full training and been given annual updates, but the emergency preparedness plan specifies a refresher training that addresses the specific needs of that emergency situation. In addition, mental health professionals, who support the program, work with high-risk children and their families to help them cope with some of the anxiety and fear caused by the hurricane.

Over the next months, parents and staff go back to their jobs with appropriate mental health support. Children who showed signs of stress are gradually returning to their typical play routines. People in the community continue to discuss what happened and most people seem to be on the road to recovery.

Chapter 5: Public Health Emergencies

Preparing, Responding, and Recovery

Introduction

When children first enter a Head Start program or other child care setting, they are more vulnerable to infectious diseases. It might be their first exposure to germs that cause common infections, or they may be too young to have developed immunity. Those at greatest risk are infants, children with special healthcare needs, and pregnant women. Young children, especially infants and toddlers, are likely to use their hands to wipe their noses or rub their eyes and then handle toys or touch other children. There is no way to completely prevent the spread of infectious diseases in Head Start or other early education and child care programs, although routine immunizations at the appropriate age are the best means of protecting children.

Good hygiene, proper sanitation, and consistently following universal health precautions reduce health risks and health emergencies to children and adults by limiting the spread of infectious germs.¹⁸ These procedures are especially important during an outbreak of infection.

Head Start Program Performance Standards (HSPPS) as well as standards from Caring for Our Children, 3rd Edition, provide standards to help child care providers prepare for, respond to, and prevent illness.

These standards include the following HSPPS:

- 45 CFR 1304.22 b) Conditions of short-term exclusion and admittance
- 45 CFR 1304.22(e) Hygiene
- 45 CFR 1304.20(d) Ongoing care procedures for periodic observations and recordings, as appropriate, of individual children's developmental progress, changes in physical appearance (e.g., signs of injury or illness) and emotional and behavioral patterns. In addition, these procedures must include observations from parents and staff

Caring for Our Children, 3rd Edition including:

- Standard 3.1.1 Daily Health Check
- Standard 3.2.2.2 Hand Washing Procedure
- Standard 3.2.3.2 Cough and Sneeze Etiquette
- Standard 3.3 Cleaning, Sanitizing, and Disinfecting

There are other standards specific to influenza prevention and related planning (see Influenza Control and Prevention section in the appendices).

As mentioned earlier, The Office of Head Start's Compliance with Care resource at <http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/health/school-readiness/goals/crosswalk.html> is a valuable reference and informational tool for both HSPPS and Caring for Our Children, 3rd Edition standards related to public health emergencies.

¹⁸Office of Head Start. Enterovirus Beware and Prepare.

Chapter 5: Public Health Emergencies

Prepare

Head Start staff members play an important role in the prevention of public health emergencies. Below are action steps that adults and other staff members can take to protect children and themselves.

1. Promote Annual Influenza Immunization for Staff Members/ Caregivers and Document Compliance

Each program should put in place a system to keep track of which employees and children have been immunized. Programs should also have a written protocol to handle situations where the appropriate documentation is not provided or individuals choose not to be immunized.

Children in Head Start and Early Head Start programs must be immunized according to their State Medicaid Early and Periodic Screening, Diagnosis and Treatment (EPSDT) schedule for immunizations, not according to each child's doctor's recommendations. In many instances, State Medicaid EPSDT immunization requirements are the same as the recommendations for childhood immunizations outlined by the Centers for Disease Control and Prevention (CDC). For Head Start programs located in a state where state Medicaid EPSDT requirements differ

***Get Immunized—Every Year!
Staff members caring for children
should receive vaccination for
seasonal influenza every year. As
professionals, we fail to lead by
example if we urge others to be
vaccinated for seasonal influenza
but do not require it of ourselves.***

from the CDC recommendations, the program's Health Services Advisory Committee may, in accordance with 1304.20(a)(1)(ii), require children to receive additional immunizations as recommended by the CDC.

Each state determines the guidelines for exemptions from immunizations due to medical, religious or other reasons. If a child in Head Start has a medical exemption that meets all the requirements of the state immunization exemption guidelines, they do not need to be immunized according to the state immunization schedule.

2. Coordinate Prevention Training

Each Head Start program should provide refresher training for all staff members that includes emphasis on the importance and value of influenza vaccine, respiratory hygiene/cough etiquette, cleaning/sanitizing/disinfecting surfaces, and hand hygiene, especially at the beginning of each influenza season. Staff members should be encouraged to practice these behaviors and educate children about cough/sneeze etiquette and proper hand washing. Family education should include information on the importance of seasonal flu vaccine as well as cough/sneeze etiquette, cleaning/sanitizing/disinfecting surfaces, and proper hand washing. Necessary equipment and supplies (e.g., disposable tissues, soap, water, and hand sanitizers) should be made available.

For additional details on influenza prevention training, see the following:

- Preparing Child Care Programs for Pandemic Influenza, www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Children-and-Disasters/Pages/Preparing-Child-Care-Programs-for-Pandemic-Influenza.aspx,

Chapter 5: Public Health Emergencies

- AAP Curriculum for Managing Infectious Diseases in Early Education and Child Care Programs, www.healthychildcare.org/PDF/InfDiseases/AR_PanFlup.pdf.

3. Prepare a Written Plan

Ensure that your program has a written plan for seasonal and pandemic influenza and other public health emergencies to limit and contain influenza and other health hazards. See Caring for Our Children, 3rd Edition Standard 9.2.4.4: Written Plan for Seasonal and Pandemic Influenza <http://cfoc.nrckids.org/StandardView/9.2.4.4> for a sample written plan.

Programs should consider intensifying and increasing the frequency of infection measures during flu season, especially hand sanitizing and hand washing.

4. Take Steps to Prevent the Spread of Germs

Take steps to learn about how infectious diseases spread in child care programs, how to prepare for inevitable illness, and how to incorporate practices related to hand hygiene and cleaning, sanitizing, and disinfecting toys and surfaces into day-to-day activities. Share this information with staff members. This will help create a culture where everyone plays a role in preventing the spread of germs.

Access Caring for Our Children, 3rd Edition Appendix K: Guide for Cleaning, Sanitizing, and Disinfecting at cfoc.nrckids.org/WebFiles/AppendicesUpload/AppendixK.pdf for a complete listing of how to properly care for different surfaces.

5. Communicate with Families

Communicating with families about influenza and other infectious disease prevention and control strategies is critical. The following websites offer educational materials for parents and others:

- National Foundation for Infectious Diseases (www.PreventChildhoodInfluenza.org)
- Families Fighting Flu (www.FamiliesFightingFlu.org).
- The Centers for Disease Control and Prevention (CDC) flu print-ready materials (www.cdc.gov/flu/freeresources/).

6. Incorporate Health Education Topics into the Educational Curriculum

Work with Head Start teachers and staff members on ways to teach children about healthy behaviors such as hand washing and cough/sneeze etiquette.

7. Prepare for Flu Season in Advance

August and September are good times to start taking steps to prepare for influenza season.

Response and Recovery

Infection Control

Infection control practices are important and can limit the spread of infectious diseases and viruses like influenza. Infection control procedures include respiratory hygiene (such as cough/sneeze etiquette, hand hygiene) and surface cleaning, sanitizing, and disinfecting.

Infection control is always important, but even more so during influenza season. Children can learn how to cough or sneeze into an elbow or shoulder and to properly dispose of tissues and wash hands.

Steps to Help Your Program Prepare

1. Examine and revise the program's written plan for seasonal flu (cfoc.nrckids.org/StandardView/9.2.4.4) and other health emergencies.
2. Schedule health emergency prevention education (cfoc.nrckids.org/StandardView/7.3.3.3) for staff members. Review policies on hand washing (cfoc.nrckids.org/StandardView/3.2.2.2); cleaning, sanitizing, and disinfecting surfaces and toys (cfoc.nrckids.org/StandardView/3.3); and excluding children (cfoc.nrckids.org/StandardView/3.6.1.1) and caregivers (cfoc.nrckids.org/StandardView/3.6.1.2) who are sick.
3. Display educational materials that encourage proper hand hygiene and cough/sneeze etiquette.
4. Help families and communities understand the important roles they can play in reducing the spread of flu and other infectious diseases.
 - a. Review the fact sheet. www.aap.org/en-us/Documents/childrendisasters_health_and_safety_fact_sheet.pdf
 - b. Distribute a customized letter https://www.aap.org/en-us/Documents/disasters_parent_flu_letter.pdf to parents about influenza prevention and control practices in your program.
5. Update family contact information and child records <http://cfoc.nrckids.org/StandardView/9.4.2.2>, so parents can be reached quickly if they need to pick up their sick child.
6. Encourage all staff members, children, and parents to get the flu vaccine <http://cfoc.nrckids.org/StandardView/7.3.3.1> as soon as it is available in their community. Everyone needs a flu vaccine each year, even when the virus strains in the vaccine do not change from the previous year, because immunity may wear off over time.
7. Be strategic regarding children at highest risk such as those with conditions that increase the risk of complications from influenza [e.g., asthma, diabetes mellitus, hemodynamically significant cardiac disease, immunosuppression or neurologic and neurodevelopmental disorders].
8. Encourage parents to talk early with their child's pediatrician or medical subspecialist about seasonal influenza vaccine as soon as it is available and when to consider treatment with an antiviral medicine if they develop influenza-like illness.
9. Take the free 1-hour AAP/CDC online course "Influenza Prevention & Control: Strategies for Early Education & Child Care Providers" <http://www.healthychildcare.org/flu.html>.

Chapter 5: Public Health Emergencies

Programs should consider intensifying and increasing the frequency of infection control measures during flu season, especially hand sanitizing or washing. All the components of infection control (frequent hand hygiene, teaching proper cough/sneeze techniques, and cleaning/sanitizing/disinfecting toys and surfaces) are important. When they are all practiced together, there may be a more beneficial effect.

Exclusion

Exclusion policies and procedures play an important role in limiting the transmission of infectious diseases, especially during the influenza season. Staff members should refer to their program's policies on exclusion to determine if a child should be temporarily secluded from classroom or program activities. This can be tricky with influenza. It looks like other respiratory illnesses, so it is hard to tell for sure who has influenza and who does not. Mildly ill children with no fever can have

Remember
During public health emergencies, Head start grantees should follow guidance from local public health authorities and CDC.
If there is a major outbreak, ACF will usually provide hazard-specific messaging about the outbreak for Head Start.

influenza while children with high fever and cough can have common cold viruses. Influenza is more serious than other common cold viruses; that is why health professionals are worried about it and immunize against it. But there is a lot of overlap of symptoms between children with the common cold and those with influenza.

Don't worry about diagnosing who has influenza and who does not. See the table below for reasons to exclude a child with a respiratory illness.

**American Academy of Pediatrics
Exclusion Criteria**

Exclude if the child:

- Is unable to participate in normal activities
- Requires too much care for staff to be able to care for the ill child and attend to the needs of others
- Has a fever and respiratory symptoms (cough, sore throat, or runny nose)
- Meets other exclusion criteria as described in the AAP manuals: *Caring for Our Children*, 3rd Edition and *Managing Infectious Diseases in Child Care and Schools*, 3rd Edition.

Do not exclude the child solely for prevention of spread:

- You can't tell who has influenza vs. common cold viruses.
- Children with influenza virus shed up to 7 days (child is still infectious).
- Lots of children are infected and are infectious with influenza but don't show symptoms.

Source: Shope T, Bernstein H, Fisher M, Murray D. Influenza Prevention and Control: Strategies for Early Education and Child Care Providers. American Academy of Pediatrics PediaLink Course. Published August 27, 2014. www.pedialink.org. Accessed March 17, 2015.

School readiness begins with health!

Chapter 5: Public Health Emergencies

During flu season it is important to exclude children from child care if they have fever and respiratory symptoms until the fever resolves without the use of fever-reducing medicines. This is because the influenza virus is present in nasal and cough secretions in much higher amounts in children with fever.

Data shows that the flu virus can be “shed” or present in secretions for over a week in some young children, but the amount of virus shed goes down a lot after the fever resolves. It is not known how effective exclusion is in preventing the spread of influenza. However, it is known that the spread of influenza cannot completely be prevented. That is why immunization and infection control are so important. In general, the exclusion criteria for children who might have influenza are the same as any other infection. Exclusion based on the behavior of the child (ability to participate and amount of care required) is encouraged.

When to stay home

Any child with respiratory symptoms (cough, runny nose, or sore throat and fever) should be excluded. In general, a child can return when:

- The fever has resolved without fever-reducing medicine
- The child is able to participate in activities
- Staff can care for the child without compromising their ability to care for the other children in the group

Discussing the importance of annual seasonal flu immunization with families

There are several strategies programs can use to educate families about influenza and infectious disease prevention and control:

- Let families know about the likelihood of infection in a given year

- Clarify any program requirements that parents need to know about seasonal flu prevention and control
- Inform families about the steps that the staff already take to reduce the risk of transmission of germs
- Share and display materials from the CDC (www.cdc.gov/flu/freeresources/print-family.htm), National Foundation for Infectious Diseases (www.PreventChildhoodInfluenza.org) and Families Fighting Flu (www.FamiliesFightingFlu.org)
- Use multiple methods of communication to reinforce the importance your messages (Share information verbally, post and send written handouts home, and highlight web-based resources, including materials translated into various languages. You could even try social media or texting)

Keep in mind that if you are not a certified health professional you can provide good information. Encourage families to discuss specific questions related to their child’s health and the effectiveness of the flu vaccine with their child’s pediatrician or family physician.

Head Start programs have an important role and opportunity to improve immunization rates. The policies and practices used in a Head Start program can help limit the spread of infectious diseases and viruses like influenza.

Chapter 6: Emergency Preparedness for Families

What resources do programs need to support families in emergency preparedness and recovery?

Preparedness

It is important that your program has procedures in place for keeping parents informed about your program's emergency preparedness plans.

Parents and caregivers should be provided with the following information about your program's emergency plans.

- How parents and caregivers will be notified about program closings
- How to contact the school in an emergency
- Procedures for reuniting after an emergency
- Existing safety measures
- How and when your program practices disaster drills
- How access, functional, and other needs are accommodated
- Procedures for disaster specific events (note, that for some events such as intruders, your planning team should determine what information is appropriate to safely disclose)
- Assurance that staff is trained to handle emergencies and protect their child
- Your work with emergency management officials to ensure that the community knows about the program's emergency plans and needs
- Support services available to children and families

Tip Sheets & Letters

See the NCH's Responding to Crises and Tragic Events at <http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/health/ep/tip-sheets.html> tip sheets and sample letters for communicating with parents after an emergency.

One of the most important responsibilities after an emergency is reuniting parents and children. The best way to plan for this is to make sure your program's plans include the following:

- Procedures for making sure phone numbers for children's families (home and work) are current and where this information is located
- Policies and procedures for notifying families that an event has occurred
- Policies and procedures for reuniting children with parents and caregivers
- Location and maps (if necessary) of primary and backup pick-up points
- Copies of information about to whom each child can be released and where this information is kept
- Procedures for using attendance forms²⁰

See the appendices for sample reunification procedures and emergency contact forms.

²⁰UCLA Center for Public Health and Disasters. Head Start Disaster Preparedness Workbook

Chapter 6: Emergency Preparedness for Families

Comprehensive communication systems include the following:

- A designated person (plus an alternate) as the point of contact for communication procedures

Checklist for Keeping Families Informed of Emergency Planning

- Hold a meeting for families to explain the emergency preparedness plans at the start of the year
- Plan for other meetings throughout the year and determine procedures for making sure all new families know about emergency procedures
- Print guidelines and reminder notices in newsletters and other communication venues
- Remind parents of the school's shelter-in place and evacuation plans
- Include emergency preparedness information in your program handbook
- Establish regular reminders for updated emergency contact information
- After a disaster, families may be relocated to long-distance or temporary housing. Your emergency plans should consider how to maintain contact with families (This may involve using email, phone calls or in-person visits)
- Encourage and provide training on emergency preparedness for families²¹

- The use of phone trees activated by a designated person for spreading responsibility for communication of information
- Procedures for using the media (local television, radio, print and internet)
- Procedures for maintaining a record of the communications regarding the status of children, families and staff during all phases of an emergency
- Procedures for status updates on children, families and staff and implementing ways to best communicate with all involved
- Procedures for communicating Head Start program information and service information including any changes in program hours, transportation, and location
- Procedures for families to communicate with the program (answering service, email, voice mail)

Helping Families Develop Their Own Emergency Preparedness Plans²²

Emergencies can be frightening when they occur. Just thinking about the possibility of an emergency can even cause anxiety. When you share information on why it is important to be prepared for emergencies and disasters, you help ease anxiety and help families respond and recover should an emergency or disaster occur. Just as with programs, there are four key steps or actions that families should follow to develop their own emergency preparedness plans.

²¹UCLA Center for Public Health and Disasters. Head Start Disaster Preparedness Workbook

²²This section is adapted from the American Academy of Pediatrics' document, "Four Steps to Prepare Your Family for Disasters". <http://www2.aap.org/family/frk/FOurstepsFRK.pdf>

Chapter 6: Emergency Preparedness for Families

These four steps are the following:

- **Be Informed**

What do families need to learn about protective measures to take before, during and after an emergency?

- **Make A Plan**

What do families need to do to prepare, plan and stay informed for emergencies?

- **Build a Kit**

What disaster supplies do families need to have in the event of an emergency?

- **Get Involved**

Who can families work with in their community?

Working with families to develop their own emergency plans is an important step to make sure that families are ready, informed and know what to do should an emergency happen.

The Office of Head Start's Responding to Crises and Tragic Event, supplement to this manual includes sample letters that can be used to provide families with additional information on emergency preparedness and response. This resource is available on the Office of Head Start Emergency Preparedness website at <http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/health/ep>.

Be Informed

The first step to developing a family emergency preparedness plan is to be informed.

You can help families by doing the following:

- Sharing information with your families on the types of disasters that are likely to happen and how to prepare for each one
- Making sure your families know what the community warning signals in your area sound like, what they mean, and what to do if they are heard

Reach out to your community partners and members of your Health Services Advisory Committee to see what resources they have to help families plan for emergencies.

Emergency Preparedness Online Resources for Families

There are a number of online resources specifically designed for families and children. These include:

Administration for Children and Families
Early Childhood Disaster-Related
Resources for Children and Families
<http://www.acf.hhs.gov/programs/ohsepr/children-and-families>

American Red Cross Prepare Your Home
and Family <http://www.redcross.org/prepare/location/home-family>

Centers for Disease Control and
Prevention Emergency Preparedness
and You <http://www.bt.cdc.gov/preparedness/plan/>

Ready.gov www.ready.gov/kids and
www.ready.gov/kids/parents

- Checking with your local and state emergency management office, health department, and American Red Cross for more information specific to your community that families should know

Chapter 6: Emergency Preparedness for Families

Make a Plan

The second step is to make a plan.

Family Disaster Plan

Head Start programs can help families make a family disaster plan. As a starting point think about how your program can engage families in the following:

- Talking about the dangers of disasters and emergencies with family members
- Making a list of emergency phone numbers and information and keep this in a place (perhaps in a family disaster plan document) you can access during an emergency
- Deciding how important medical records will be stored and/or filling out an Emergency Information Form (EIF) for each child (this is especially important for children with special health care needs or children who take any kind of medicine for any reason)
- Planning what to do if asked to evacuate your house or town
- Making a plan for how to take care of pets
- Identifying several routes that can be used to leave the area
- Making a list of what needs to be done, when informed that a disaster may occur (i.e. charge cell phones, find the family disaster supplies kit, fill up the car, generator, gas tanks etc.)
- Creating a plan in case family members are not together or are separated during a disaster
 - Deciding on a place to meet outside of the neighborhood in case going home is not an option
- Choosing someone out of town to be a family contact. Sometimes the only way to communicate is with someone outside of the disaster area who can tell others what has happened. Each family member and any caregivers should know this address and the phone number for the outside meeting place and out-of-town contact
- Making a plan for how to check-in with each other. Options may include: texting, using social media or checking in to a web application like Safe and Well (for young child who do not have cell phone or use the internet, talk about how they can find a trusted adult to help them like a police officer or fire fighter)
- Talking about what will happen if children are in a Head Start program, child care or other location apart from their families
- Talking to preschool aged children so they know what to expect during a disaster at home or away from home

Evacuation Plans

Knowing what to do if evacuation is needed is another important part of planning. As a starting point, being ready for an evacuation and having a plan includes the following:

- Understanding the importance of leaving right away, if told to do so
- Having a source for emergency information such as a battery-powered radio, or social media
- Knowing when and how to shut off water, gas, and electricity
- Keeping a wrench and flashlight near gas and water shut off valves

***Make sure families know
your program's emergency
and disaster plans.***

If a big storm is coming...

- ***Fill your car with gas***
- ***Fill plastic bags with water and place them in the freezer***
- ***Get extra cash***
- ***Fill prescriptions***

Source: Ready.gov

http://www.fema.gov/media-library-data/1e04d512b273e2133cb865833cc0e32d/FEMA_checklist_parent_508_071513.pdf

- Leaving a message or sign in your window such as Help to let other know your family needs help, or OK to let others know your family is ok. (See the Administration for Children & Families' resource, Taking Care of Our Families: Preparing for Emergencies & Disasters for sample signs at [https://www.acf.hhs.gov/sites/default/files/assets/Family%20Preparedness%20Booklet%20OHSEPR\(1\).pdf](https://www.acf.hhs.gov/sites/default/files/assets/Family%20Preparedness%20Booklet%20OHSEPR(1).pdf))
- Calling your family contact
- Taking your family disaster supplies kit
- Taking your pets
- Locking you home
- Using transportation routes suggested by officials

Once plans have been made they need to be practiced and maintained.

Families can practice and maintain their plans by doing the following:

- Every month test smoke alarms
- Every 6 months or as needed/appropriate, go over the family disaster plan, do escape drills, talk to children about disaster and emergency plans, and replace stored food and water
- Make sure emergency phone numbers and contact information are current

What to Tell and Teach Children

Families can talk to children about disasters without alarming them.

As a starting point, here are some things families can tell preschool children:

- A disaster or emergency is something that can hurt people or cause damage (for example, sometimes it rains too much, things catch on fire, or it gets too windy)
- Adults make plans to keep people and pets safe in emergencies and disasters
- Many people (teachers, doctors, nurses, fire fighters, police officers) help during disasters or emergencies

Here are some things families can teach children ages 3 and older:

- Adults and family members will help them during a disaster or emergency
- Where they will go in their house and what they might do if there is a disaster or emergency
- What emergency sirens sound like and what they mean
- Why we practice fire and other safety drills
- How to call for help
- When to call an emergency number

- Every year replace the batteries in smoke alarms (unless alarms use long-life batteries, if so, note how long they typically last)

Chapter 6: Emergency Preparedness for Families

Build A Kit

The third step is to help families build a kit. Being prepared for an emergency is not just about staying safe.²³ It is also making sure that there are supplies to help families stay comfortable, clean, fed and healthy.

Helping families build a kit includes, but is not limited to the following:

- Talking about the importance of having a kit before an emergency because once a disaster hits, there will not be time to shop or search for supplies
- Making sure families know that they may need to survive on their own after an emergency as it may take some time for relief to come
- Having enough of your own food, water and other supplies to last at least 72 hours
- Making sure that families leave space open in their kits for current medications
- Letting families know the importance of labeling medications clearly and putting them in their kit when a disaster is near or strikes
- Stressing the importance of always having one refill left of prescriptions for chronic medications and refilling them before they are close to running out

Get Involved

The fourth step is to get involved.

As a starting point here are some ways that you can help families get involved and engaged in emergency and disaster preparedness:

- Encourage families to meet their neighbors and get to know families at school
- Talk about ways that families can work together during and after a disaster

- Find out which neighbors and families might need extra help
- Provide opportunities for parents and community partners to get to know each other and develop relationships through program and community events
- Talk about or find out who has special skills (eg, medical, technical, multi-lingual)
- Promote ways to volunteer to support disaster efforts in your community
 - Share information on getting trained to volunteer with community response teams
 - Find ways to connect families with local faith-based and community organizations and other community planning efforts
- Find out if families are interested in starting a preparedness project or activity and support their efforts by helping them start up the project or activity (It can be something simple like collecting used clothing and supplies for emergencies)

Building on the strengths, needs and interests of children and families and getting families involved in programs that support emergency preparedness will help ensure that all Head Start families are prepared for emergencies.

Response and Recovery

Disasters and emergencies can change lives. However, there are resources you can provide to help meet the immediate needs of families and to help families rebuild over time. Your program's family service manager and mental health consultant, as well community family service agencies, housing and legal aid organizations, medical home and community health providers, and food banks are valuable resources for information on identifying family support needs that should be considered in your emergency planning.

²³Ready.gov. Be Prepared, Build a Kit. Accessed at <http://www.ready.gov/kids/build-a-kit>

Family Disaster Supplies Kit Contents

There are many family disaster supplies kit lists available (See the resources at the end of this section). Suggested items to include in a family disaster supplies kit include:

- Map of the area and important phone numbers
- Special items for infants and elderly family members (diapers, formula, baby food, wipes)
- One gallon of water per person per day (enough for 3 days)
- Three day supply of ready-to-eat canned or packaged food
- Manual can opener
- Paper cups, plates, and plastic eating utensils
- Blankets or sleeping bags
- Toiletries (toothbrush, toothpaste, soap, hand sanitizer)
- Cell phone charger
- A change of clothing, rain gear, and sturdy shoes for each family member
- Signal flares

The following supplies should be put in an easy-to-carry waterproof container:

- Crank- or battery-powered radio, flashlight and extra batteries
- First aid kit and manual
- A credit card and cash
- Personal identification and current family identification photos
- An extra set of car keys
- An extra pair of eyeglasses or contact lenses for each family member who needs them
- Matches in a waterproof container
- Medication (which should be labeled and kept separate from other supplies)

Important documents:

Make two copies and keep the originals of the following in a safe-deposit box or waterproof container. Consider storing these on a flash drive or online. Keep one copy with you and give the second one to your out-of-town emergency contact:

- Wills, insurance policies, contracts, deeds
- Passports, social security cards, immunization records, medical information or completed Emergency Information Forms
- Bank account and credit card numbers
- List of valuable household goods
- Family records and photos (e.g. birth and marriage certificates)
- List of computer passwords
- Documentation to assist in identifying your children if you are separated (adoption records, birth certificates)
- Make sure you have current photos of children and family members to take with you in printed or electronic format

Chapter 6: Emergency Preparedness for Families

Family support needs after a disaster may include:

- Employment
- Food/nutrition
- Financial assistance
- Homelessness and other housing/shelter issues
- Insurance
- Legal services
- Mental health
- Medical and disability/special needs
- Education
- Childcare

If your planning team has representatives from or collaborative relationships with local social service agencies you may already have many of the resources you need to support families in rebuilding their lives. Together, you can determine how each of your service areas can work together to meet the needs of families. For example, collaborations with employment agencies can assist adults in finding work, collaborations with community social service agencies can ensure that families have access to interim services (e.g., housing, food, and mental health services). By having partners participate in the emergency preparedness planning, your program can create a comprehensive system for recovery.

See Chapter 7 for more information on supporting the mental health and emotional needs of families.

Disaster Assistance for Families

Information can be found on the following website:

- FEMA (www.fema.gov)
- Red Cross (redcross.org)
- ACF Office of Human Services Emergency Preparedness & Response (<http://www.acf.hhs.gov/programs/ohsepr>)
- www.disasterassistance.gov
- AAP Children & Disasters (<http://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Children-and-Disasters/Pages/default.aspx>)

Resources to Support Families

Family Emergency Supply Kit Resources

American Academy of Pediatrics Family Readiness Kit

www.aap.org/family/frk/frkit.htm

American Red Cross Get A Survival Kit

<http://www.redcross.org/prepare/location/home-family/get-kit>

Federal Emergency Management Agency Ready.gov Family Emergency Kit

<http://www.fema.gov/media-library/assets/documents/34326#>

Healthychildren.org Family Disaster Supplies Kit

<http://www.healthychildren.org/English/safety-prevention/at-home/Pages/Family-Disaster-Supplies-List.aspx>

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Sesame Workshop Let's Get Ready! Planning Together for Emergencies

<http://www.sesamestreet.org/parents/topicsandactivities/toolkits/ready#>

Emergency Information Forms

American Academy of Pediatrics

Emergency Information Form

<http://www2.aap.org/advocacy/blankform.pdf>

American College of Emergency Physicians Emergency Information Form

<http://www.acep.org/Clinical---Practice-Management/Emergency-Information-Form-for-Children-With-Special-Health-Care-Needs/>

Centers for Disease Control and Prevention Personal Medical Information Form

<http://emergency.cdc.gov/disasters/kiwy.asp>

Sesame Workshop Let's Make and Share Our Plan

http://www.sesamestreet.org/cms_services/services?action=download&uid=9c70c181-40b9-45ea-aec8-28f57f9e5f49

Other Emergency Preparedness Resources for Families

Administration for Children & Families

<http://www.acf.hhs.gov/programs/ohsepr/children-and-families>

American Academy of Pediatrics Children and Disasters website

<http://www.aap.org/disasters/index.cfm>

American Red Cross Prepare Your Home and Family

<http://www.redcross.org/prepare/location/home-family>

Centers for Disease Control and Prevention Caring for Children in a Disaster

<http://emergency.cdc.gov/disasters/kiwy.asp>

Healthychildren.org

<http://www.healthychildren.org/English/safety-prevention/at-home/Pages/Family-Disaster-Supplies-List.aspx>

Office of Head Start National Center on Health

<http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/health/ep>

Chapter 7: Mental Health and Emotional Needs

When emergencies or disasters like hurricanes or floods occur people often seek resources or support to help them respond and cope. Even those who are not directly affected by a disaster may need support to ease anxiety or other feelings.

Mental health support is one of Head Start's top priorities when an emergency or crisis occurs. Children and adults who have experienced stress and/or loss may have difficulty coping. By offering a safe place and resources, Head Start programs support families who have feelings such as fear, anger, and grief and help them resume their lives in a healthy way.

If your program has been directly affected, refer to your emergency plans to follow the procedures your program has in place. Head Start grantees should also reach out to the behavioral health disaster recovery mission in their community, including the SAMHSA Crisis Counseling Program (see <http://www.samhsa.gov/dtac/ccp> or call the SAMHSA Disaster Technical Assistance Center at (800) 308-3515). In addition, contact your Children & Youth Task Force and/or Disaster Behavioral Health Coalition if one is in your community (email ohsepr@acf.hhs.gov for more information).

Programs should work with their mental health consultant to identify support services to assist families. If your program has not worked with a mental health consultant this may be good opportunity to do so. Programs may also want to find a physician or pediatrician who is a disaster expert who can help address children's needs during or after a crisis.

Keep in Mind

An emergency or disaster may trigger loss or mourning from an unrelated event in the past such as the death of family member.

The emotional toll that a disaster brings can sometimes be even more devastating than the financial strains of damage. Even individuals who experience a disaster "second hand" through exposure to extensive media coverage can be affected.²⁴ Families should be encouraged to monitor media exposure and protect children from media interviews following a disaster.

Coping with Disaster

Keep in mind the following:

- Everyone who sees or experiences a disaster is affected by it in some way.
- It is normal to feel anxious about your own safety and that of your family and close friends
- Profound sadness, grief, and anger are normal reactions to an abnormal event
- Everyone has different needs and different ways of coping
- Focusing on your strengths and abilities can help
- Acknowledging your feelings can help you recover

²⁴<http://www.fema.gov/coping-disaster#4>

Chapter 7: Mental Health and Emotional Needs

After a disaster or crisis, children need to feel safe first. Children may also benefit from adults who can help them learn how to cope effectively and understand what is happening.²⁵ Children's reactions to new situations vary greatly, depending on their developmental level, temperament, experience and skills.²⁶ Children ages 3 and older may also want more information about what has or is happening.

The Disaster Distress Helpline offers

***24/7 support:
(800) 985-5990***

***Find out more information
about the helpline at***

<http://disasterdistress.samhsa.gov>

Children, no matter what their age, do not always have the words to tell you how they are feeling. They may not know how to talk about what has happened. Their behavior can be a better sign. Sudden changes in behavior can mean they have been exposed to trauma or a crisis.

What you might see:²⁷

- Problems sleeping including not wanting to sleep alone, having a hard time at naptime or bedtime, not wanting to sleep or repeatedly waking up, nightmares
- Separation anxiety—not wanting to be away from you, not wanting to go to school, crying or complaining when their parent leaves

- Not eating
- Not being able to do things they used to do
- Being scared by new things
- More cranky behaviors
- Being more stubborn than usual
- Wanting things only done his/her way
- Social regression
- Increased complaints (headaches, stomachaches)
- Intense preoccupation with the details of the event
- Wanting to always talk about what happened
- Fear that the event might happen again
- Not paying attention, being restless
- Moody, depressed, or irritable
- Playing in violent ways
- Hitting you or others
- More tantrums
- Clinginess with teachers, caregivers, or others
- Regression, or going back to an earlier stage of development
 - Bedwetting or other toileting issues
 - Baby talk
 - Wanting to be carried or rocked
- Recreating the event, without prompting by staff or mental health consultant
 - Playing out or drawing the event
 - Repeatedly talking about it
- Overreacting to minor bumps or falls

²⁵<http://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Children-and-Disasters/Pages/Talking-to-Children-About-Disasters.aspx>

²⁶AAP: The Youngest Victims: Disaster Preparedness to Meet Children's Needs

²⁷Material adapted from:

- National Child Traumatic Stress Network Schools Committee. (October 2008). *Child Trauma Toolkit for Educators*. Los Angeles, CA & Durham, NC: National Center for Child Traumatic Stress
- National Child Traumatic Stress Network. Parent Tips for Helping Infants and Toddlers after Disasters. Available at http://www.nctsn.org/sites/default/files/pfa/english/appendix_e4_tips_for_parents_with_infants_and_toddlers.pdf.
- HealthyChildren.org. What to tell your children about disasters. <http://www.healthychildren.org/English/safety-prevention/at-home/Pages/Getting-Your-Family-Prepared-for-a-Disaster.aspx>

Federal Emergency Response Agency. Helping Children Cope with Disaster <http://www.fema.gov/news-release/2005/10/14/helping-children-cope-disaster>

Chapter 7: Mental Health and Emotional Needs

- Changes in behavior (not wanting to eat, angry outbursts, decreased attention, withdrawal, wetting the bed, having bad dreams)
- Over- or under-reacting to physical contact, sudden movements, or loud sounds such as sirens and slamming doors
- Anxiety and worry
- New fears and/or fears about safety
- Asking questions and making statements about the event

What you might see (in addition to those listed above) in older siblings:

- Strong angry or sad feelings
- Acting out in school
- Poor grades
- Fighting with friends
- Wanting to be alone
- Behaving as if he or she has no feelings
- Disobeying, talking back, or getting into fights
- Drinking or using drugs, hanging out in groups and getting into trouble

What you might see in adults:

Adults may also benefit from the help and support to ease disaster-related stress and anxiety. Parents and adults may need assistance in building and using social support systems of family, friends, Head Start services and other community supports.

When adults experience the following common reactions to traumatic experience they might benefit from counseling or stress management assistance:²⁸

- Difficulty communicating thoughts
- Difficulty sleeping
- Difficulty keeping balance in their lives
- Low threshold of frustration
- Increased use of drugs/alcohol

- Limited attention span
- Poor work performance
- Headaches or stomach problems
- Tunnel vision or muffled hearing
- Confusion
- Trouble concentrating
- Not wanting to leave home or not wanting to go home
- Depression or sadness
- Feelings of hopelessness
- Mood-swings and bouts of crying
- Overwhelming guilt or self-doubt
- Fear of crowds, strangers, or being alone

The following are ways to help ease disaster- or crisis-related stress:

- Talk about your feelings
- Get help from professional counselors who deal with post-disaster stress
- Do not hold yourself responsible for the disaster or tragic event
- Promote your own physical and emotional healing by healthy eating, rest, exercise, relaxation, and meditation and self-reflection
- Keep a normal daily routine
- Limit demanding responsibilities
- Spend time with family and friends
- Take part in memorials (It is also ok not to attend memorials)
- Use community supports and networks of family, friends, and religious institutions

Federal, state, tribal, and local governments of the affected area may also provide crisis counseling assistance.

Tip sheets and sample letters are provided in the NCH's Responding to Crisis and Tragic Events Supplemental Resource at <http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/health/ep> along with additional information to share with staff and the families.

²⁸This information was adapted from FEMA, Recovering from Disaster (http://www.fema.gov/pdf/areyouready/recovering_from_disaster.pdf).

Chapter 8: Accommodating Access, Functional and Other Needs

During emergencies, implementing well-rehearsed plans that accommodate the access, functional and other needs of children, families and staff is critical to protecting safety. Mobility, medication, and mental health needs are likely concerns for everyone during an emergency. Addressing these needs for individuals with access, functional or other needs can be more complex.

For children, staff and families with physical or mobility needs, difficulties navigating the environment during an emergency can increase their vulnerability. It can create additional stress for the person with access, functional or other needs as well as stress for those in caregiver roles.

Children and adults with cognitive or social and emotional needs may need additional support in preparing for and recovering from a disaster. Children and staff members may also have special health care needs that may require medications to function. Medications may need refrigeration when the power is out or a medical device may need power to operate. Additionally, some children and staff may not be able to practice drills, such as stop, drop and roll, because of physical disabilities that may be chronic or acute in nature. Working with you

planning team and others to determine the best ways to met the needs of the children, families and staff in your program is an important part of emergency preparedness.

Supporting Children and Adults with Access, Functional and Other Needs

Your program can support children and adults with access, functional and other needs in a number of ways including:

- Identifying and modifying evacuation routes to accommodate individuals with limited mobility (i.e. physical, visual, or hearing impairments)
- Developing systems to store or transport medication, equipment, and mobility devices in case children and adults are temporarily sheltered-in place or are evacuated
- Identifying at least two people who can assist in operating medical devices and equipment
- Determining if there are alternative sources for electric devices in case the power is out
- Working with mental health consultants and disability specialists to accommodate the needs in your program

Chapter 8: Accommodating Access, Functional and Other Needs

- Collaborating with community partners and social services agencies to identify and develop contingency plans for special needs and services.
- Contacting local emergency management agencies to find out about assistance programs (Many communities ask people with access, functional, health care or other needs to register with their local fire, police or local emergency management office so that needed help can be provided in an emergency)
- Ensuring that alarms and evacuation paths have auditory, visual and tactile cues and that emergency signs and information are in print, Braille, and fonts to accommodate visual impairment

Disaster Preparedness Resources for People with Access, Functional or Other Needs

There are a number of resources available to assist programs in planning for the functional, access and other needs of the children, families and staff in their Head Start programs.

These resources include the following:

FEMA Office of Disability Integration & Coordination

<https://www.fema.gov/office-disability-integration-coordination>

Provides information and resources about emergency preparedness, response and recovery that is inclusive of people with disabilities and others with access and functional needs.

www.disasterassistance.gov:

Provides downloadable emergency preparedness guides for people with disabilities including, deaf, hard of hearing, blindness, sight impaired or those who have functional and other needs. The website also includes links to create accommodation cards. Materials on this website may be adaptable for your program's emergency preparedness plans.

National Organization on Disability:

http://nod.org/disability_resources/emergency_preparedness_for_persons_with_disabilities/:

Provides disabilities resources and materials including disaster readiness tips for people with sensory, mobility, developmental or cognitive disabilities.

Red Cross

www.redcross.org/prepare/location/home-family/disabilities:

Provides information and resources for people with disabilities including download brochures.

See the appendices for a checklist for children and adults with access, functional and other needs.

Chapter 9: What have Head Start Programs Learned from Disasters?

Over the years emergencies and disasters have taught us what Head Start programs can do during times of disaster to help families and communities prepare and recover. Head Start programs have helped families cope during the aftermath of, Hurricane Sandy in 2012, the Gulf Coast hurricanes in 2005, terrorist attacks of 2001, and numerous other natural or man-made disasters. As an active participant in the emergency preparedness process, Head Start programs have been able to offer relief to thousands of families during tough times.

In this chapter you will read about lessons learned from these emergencies. These lessons illustrate why your program's involvement is so important and how you can plan for the future, by providing a safe haven for children, families, and staff and community members.

Hurricane Sandy 2012

Hurricanes happen every year in United States. However, in 2012 the Northeastern United States experienced the largest Atlantic hurricane on record, Hurricane Sandy (also known as "Superstorm Sandy"). Damage in the U.S. caused by Hurricane Sandy was estimated to be more than \$65 billion dollars. Hurricane Sandy impacted 24 states including the entire eastern seaboard from Florida to Maine and west from Michigan to Wisconsin with a death toll of 117 people. The most severe damage occurred in New York and New Jersey where

millions of households and businesses lost power and hundreds of thousands of homes and business were damaged or destroyed. Residents in the most impacted areas lost jobs and homes, access to child care facilities, schools and support networks.

More than 100 Head Start and Early Head Start centers experienced physical damage ranging from minor losses to complete destruction. Services to children and families were disrupted in many programs. Some programs with severely damaged or destroyed HS or EHS centers offered home-based services or temporarily moved services to a leased alternate location.

In the immediate after-math of Hurricane Sandy, Head Start and Early Head Start programs worked to contact families and connect them with basic necessities and resources. The Office of Head Start, including Region II administrators, in conjunction with partners from the Head Start Training and Technical Assistance National Centers assembled a mental health response team/task force to work with state and federal teams to provide immediate and on-going mental health support for children, families and program staff members. The task force developed a triage assessment instrument, "Impacts of Super Storm Sandy: Head Start Program Assessment Guide" to assist the mental health response

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team in identifying and documenting programs' mental health support needs. The goals of the assessment tool were to:

- Provide helpful information for mental health providers about OHS programs
- Triage the mental health needs of program participants
- Create an action plan for support

The mental health task force also established, developed, and approved a resource list for distribution. Head Start staff members from the T/TA National Centers were available by phone and to make site visits to EHS/HS programs to provide additional mental health support. On the site visits, TA staff provided EHS/HS programs with information about signs and symptoms of trauma as well as hands on resources for supporting children and families.

Lessons Learned:

1. Accessing clear information about the availability of resources and basic necessities (housing, food, clothing etc.) without access to phones and electricity is challenging.
2. Many undocumented individuals or immigrant families were particularly vulnerable to the impact of Hurricane Sandy. Many immigrant families were reluctant to come forward to access help and/or in some instances these families did not qualify for the available help. Targeted or strategic communications to vulnerable populations who may not come forward for help may be needed.
3. Much of the immediate focus of attention and assistance in the recovery efforts was on meeting the immediate physical or basic needs. However, the stress of loss (i.e. losing loved ones, losing a home, a job, and one's belongings); living with relatives

Quote from a teacher in a New Jersey Head Start program: *"We have a child in our class whose home was destroyed. They have been living with different relatives and friends for months. The mom shared that her daughter has been having a really difficult time going to bed each night. We are looking for strategies and ideas to help them with the bedtime routine."*

Quote from a staff member of a New Jersey Head Start program: *"I worry about what will happen to the families in the summer when there are no beaches, no ferris wheel, and no jobs in the restaurants and hotels. Families may struggle even more than they are now."*

Quote from a teacher in a New Jersey Head Start program: *"We have children who are asking about where their friends are. We don't know what to say about why their friends are gone and whether or not they will see them again."*

Quote from a mental health consultant supporting a HS program impacted by Sandy: *"I am trying to support the staff, children and families. However, I am so challenged because I lost my own home and I am really struggling with my own feelings of grief and loss."*

(overcrowding) or in a shelter or other temporary home; making transitions to new networks of service and support; coping with uncertainty; and building new relationships with service or care providers; all seemed take a significant toll on the mental health of children, families and staff.

Chapter 9: What have Head Start Programs Learned from Disasters?

4. In many cases, more mental health support was needed than what was available and accessible. Staff expressed questions and concerns about how to support the mental health of children and families in an ongoing way as new traumatic reminders and concerns came up. Support for staff mental health was also identified as a need. Many staff members also had homes that were damaged or destroyed and experienced other personal significant disruptions.

The Gulf Coast Hurricanes of 2005

The Gulf Coast is often hit by big and small hurricanes. Many residents expect to be hit by at least one hurricane during the hurricane season. However, 2005 was different. The vicious combination of three major hurricanes in a row and the broken levees in New Orleans caused more loss of life and property than residents had experienced in at least 50 years. A sudden mass migration out of the south dispersed families from the Gulf Coast to areas throughout the country, causing them to lose homes and jobs, and access to child care facilities and schools, and support networks.

Head Start programs took in families wherever they were located. Programs:

1. Opened their doors to offer basic necessities (food, clothing, assistance finding shelter)
2. Connected families
3. Provided families with resources either to return home or to build a life in a new place

The Office of Head Start and private donations offered financial support to local programs to help them respond to the needs of the new families being served by their program.

Through the planning process, many programs had established strong community relationships that facilitated working collaboratively and providing comprehensive support.

One of the many challenges of the 2005 mass evacuation was keeping track of staff and families. With so many homes destroyed, families and staff were forced to move to other states where they could find a place to stay while they rebuilt their homes on the Gulf Coast.

Within the Head Start community, few systems were in place to help people know where other members of the community had gone. Messages were sent back to programs through a variety of means. As soon as it was feasible, programs began to rebuild facilities to serve returning children and their families.

During the rebuilding process, many Head Start programs emphasized the importance of getting their own staff back on their feet before attempting to deliver services. Working with mental health and emergency preparedness professionals, staff members developed and practiced plans for relief and recovery that could be used in the future. Staff members were given support in finding housing, coping with loss, and re-establishing connections to family members and friends.

These efforts served dual purposes: 1) Staff members were able to take care of themselves so that they could later focus on the needs of others; and 2) Relief and recovery plans were tested to determine their effectiveness for other members of the community. When Head Start programs eventually opened up their doors for children and their families, their needs were addressed with improved efficiency and effectiveness.

Chapter 9: What have Head Start Programs Learned from Disasters?

Along the Gulf Coast, many programs struggled with the destruction of program records. Rooms with children's files were flooded. Computerized data were destroyed unless data were portable and evacuated by a staff member. Many programs had to rebuild their records based on data collected during the rebuilding process. For those families that had relocated, information to help them register in a new program was unavailable. Children with disabilities or health needs were greatly affected because the documentation regarding the services guaranteed to them was lost.

Lessons Learned:

1. Planning requires preparation for the best- and the worst-case scenarios.
2. Personal planning for staff members is an important component of ensuring that their children and families get the consideration and care they need.
3. Practicing emergency preparedness plans helps to ensure that the plans will be effective.
4. Crucial program data needs to be maintained in a portable manner to retain confidentiality and accessibility afterward. This might include backing up data at another secure location or storing information in a web-based application.
5. Even Head Start programs not directly impacted by a disaster may need to open their doors to others who were affected by the disaster.
6. Strong collaborations with local health departments and social service organizations can support comprehensive services for enrolled children and their families, as well as those you may welcome after an evacuation. Collaboration can be built through your Health Services Advisory Committee (HSAC), Policy Council, and other governing bodies.
7. Communication systems need to include contact information for local and long-distance evacuations in order to support people no matter where they go.
8. When Head Start programs are able to rebuild quickly, they can ensure comprehensive services to those who need them most.

September 11 Terrorist Attack

Whether or not you were in New York, Virginia, or Pennsylvania the morning of September 11, 2001, you felt the impact of the 9/11 terrorist attacks. What were Head Start programs doing that morning and the many mornings after? How did they cope with the tragedy and how did they move forward?

While Head Start programs were not directly affected in the area around the Pentagon, several programs located in Lower Manhattan were near “ground zero.” Because they had effective emergency preparedness plans in place, those programs were able to evacuate to nearby Head Start sites where they had built collaborative relationships and established procedures in advance. There, the children were cared for as they waited to be picked up by a parent or guardian.

Chapter 9: What have Head Start Programs Learned from Disasters?

Head Start staff in New York City who worked during those hours struggled with the decisions of whether to stay and for how long. Everyone worried about friends and family. Most communication systems were down. Cell phone connections were unavailable; and telephone landlines were overwhelmed. Programs had to deal with staffing, communication issues, and how to assess and address the needs of children, families, and staff members.

As soon as programs were able to resume services, Head Start staff members went into overdrive to offer mental health support to families. Very young children had seen images that horrified most adults, and families were grieving personal and national losses. Through program resources and a flood of support from early childhood and mental health organizations, Head Start programs focused on helping parents to reduce exposure to the disturbing images on the TV and to cope with the trauma that children were experiencing.

The New York State Association for the Education of Young Children and the New York Head Start-State Collaboration Office worked together to implement specific trainings for staff members in coping with their own stress, as well as the stress of the families they served. By offering comprehensive mental health services to families and staff members, programs found ways to cope and rebuild their lives.

Lessons Learned:

1. Collaborations between Head Start and other child care programs can assist in providing a safe place to evacuate. Collaborations can also help with identifying staff members who can work in other locations or programs to care for extra children if a program has to close.
2. Clear communication systems that inform families and staff about evacuation procedures are essential to reconnect families.
3. Immediate mental health support for families and staff is essential to relief and recovery efforts.
4. Personal emergency preparedness planning for staff members and families is a key component to developing a comprehensive program plan.

Chapter 10: Conclusion and Next Steps

Emergencies can take many forms, including natural disasters, health emergencies, and chemical hazards. Head Start programs should be ready to act in the event of any type of emergency situation. To ensure proper preparation, it is important that programs establish planning teams that can take the lead in developing emergency preparedness plans. All types of hazards and situations should be considered so that the plan works regardless of the specific situation.

A comprehensive, systematic approach to emergency preparedness includes an assessment of disaster risk, a purposeful consideration of the needs of the Head Start community, and the identification of resources that will allow your program to provide quality health, education, and family support services during each phase of an emergency.

As you plan, revise and update your emergency preparedness plans continue to think about the following:

Be Informed

What does my program need to learn about protective measures to take before, during and after an emergency?

Make A Plan

What are my program's plans to prepare, plan and stay informed for different types of emergencies?

Build a Kit

What disaster supplies does my program need to have in the event of an emergency?

Get Involved

Who can I work with in my community and how can I support community emergency preparedness planning?

Read [ACF Children and Youth Task Force in Disasters: Guidelines for Development](#).

If you are looking for more ways to become involved in emergency preparedness the Ready.gov website at www.ready.gov/get-involved provides information on a number of ways you can be involved including the following:

- Volunteer to support disaster efforts in your community
- Support the community planning process by finding out more ways to be involved in your nearest planning organization
- Become a preparedness leader and teach others to be prepared. (See <http://www.ready.gov/preparedness-leader> for more information)

Effective emergency preparedness plans can alleviate fear, reduce disruption, and save valuable time and lives if regularly practiced, reviewed and revised (if necessary). When Head Start program staff and community members are prepared and trained in their roles and responsibilities, they are better able to protect the health and well-being of the children and families served.

Chapter 11: Resources

The resources below are listed as a starting point for finding out more information about emergency preparedness.

Administration for Children and Families Early Childhood Disaster Resources

<http://www.acf.hhs.gov/programs/ohsepr/early-childhood>

American Academy of Pediatrics Children & Disasters website

www.aap.org/disasters

- Information for child care providers
<http://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Children-and-Disasters/Pages/Child-Care-Providers.aspx>
- Promoting Adjustment and Helping Children Cope
<http://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Children-and-Disasters/Pages/Promoting-Adjustment-and-Helping-Children-Cope.aspx>

American Academy of Pediatrics [healthychildren.org](http://www.healthychildren.org)

This website includes a section on talking to children about tragedies and other news events along with information on safety, prevention and health issues.

[Talking to Children about Tragedies and Other News Events](#)

[Responding to Children's Emotional Needs During Times of Crisis](#)

American Red Cross

American Red Cross—Long Island Hurricane Preparedness Guide: Everything You Need to Know to Prepare & Protect Your Family

http://shorehamcivic.homestead.com/files/Presentations_9-17-08/en_guide2.pdf

Bright Horizons

Jim Greenman—What Happened to My World? Helping Children Cope with Natural Disaster and Catastrophe

<http://www.brighthorizons.com/talking-to-children>

Caring for Our Children, 3rd Edition

Provides additional information regarding Disaster Planning, Training and Communication

<http://www.cfoc.nrckids.org/>

Center for Disability Issues & the Health Professions

<http://hfcdhcp.org/emergency-preparedness/>

Centers for Disease Control and Prevention Emergency Preparedness and Response

<http://www.bt.cdc.gov/planning/index.asp>

Community Emergency Response Teams (CERT)

<http://www.citizencorps.gov/cert>

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Chapter 11: Resources

Emergency Management Institute

<http://training.fema.gov/EMIWeb/>

Head Start Emergency Preparedness website

Provides additional information, resources, and tip sheets

<http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/health/ep>

National Association of School Psychologists

Helping Children Cope with Crisis: Care for Caregivers

http://www.nasponline.org/resources/crisis_safety/CaregiverTips.pdf

The National Child Traumatic Stress Network

www.nctsn.org

Office of Child Care

Child Care Resources for Disasters and Emergencies

<http://www.acf.hhs.gov/programs/occ/resource/child-care-resources-for-disasters-and-emergencies>

Office of Head Start National Center on Health Emergency Preparedness

<http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/health/ep>

Readiness and Emergency Management for Schools Technical Assistance Center

Helping Youth and Children Recover from Traumatic Events

<http://rems.ed.gov/HelpingYouthandChildrenRecoverFromTraumaticEvents.aspx>

Ready.gov

www.ready.gov

Sesame Street

Here for Each Other: A resource for Parents and Caregivers

http://www.sesamestreet.org/cms_services/services?action=download&fileName=For%20Parents:%20Here%20for%20Each%20Other&uid=88b10d16-be94-4962-bd02-f3fcefbab5c4

Substance Abuse and Mental Health Services Administration

Tips for Survivors of a Traumatic Event: What to Expect in Your Personal, Family, Work and Financial Life

<http://store.samhsa.gov/shin/content//NMH02-0139/NMH02-0139.pdf>

U.S. Department of Health and Human Services Public Health Emergency website

Provides information and resources, including tips for talking to children and adults about tragic events. A link to the disaster distress helpline is also provided.

<http://www.phe.gov/emergency/events/newtown/Pages/default.aspx>

U.S. Department of Education, Resources for Parents following Traumatic Events

Includes parent tip sheets for helping infants, toddlers and preschool age children after disasters.

<http://www.ed.gov/blog/2012/12/resources-for-parents-following-traumatic-events/>

Appendices

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Emergency Preparedness Program Questionnaire

The following questions are provided to help you determine the steps you may need to take to develop a written comprehensive and effective emergency preparedness plan.

1. Has your program conducted a comprehensive risk analysis to determine the emergencies your program may face? If so, when was the last time this was completed?
2. Has your program made alterations to its emergency plans to cope with emergencies that have been identified?
3. Does your program have an emergency preparedness plan for each emergency that might occur?
4. Has your program integrated personal emergency preparedness planning for staff members and families into your program's preparedness plans?
5. Has your program considered all of Head Start's program systems and services in your plan? (See page 57 for information on systems, services and emergency planning.)
6. Has your program developed specific procedures for preparedness, response, and recovery, including how to be and stay informed, make a plan, make a kit, and stay involved?
7. Does your program have a list of activities and procedures to implement immediately following an emergency to ensure the safety and basic necessities of families and staff in your program are met?
8. Does your program have detailed plans for how to resume services as well as support families and staff in rebuilding their lives? As a starting point, you may want to start by thinking about the following questions:
 - Has your program identified at least one other program that can help out by caring for children in an emergency?
 - Does your program have a plan for how to resume services and offer recovery, support and other assistance?
9. Does your program have plans for practicing and revising your emergency preparedness plans?
10. Does your program have plans to address the access, functional, and other needs of children, staff members and families?
11. Does your program have plans that address procedures for specific age groups such as infants, toddlers, and preschool children who may have different abilities and mobility constraints?
12. Does your program have plans that include how to address the mental health and emotional needs of children, families and staff members before, during and after an emergency?
13. Does your program have training plans in place to train children, families and staff members about emergency preparedness plans and procedures?

Emergency Preparedness: Head Start Management Systems and Services

Effective emergency preparedness plans take into consideration Head Start systems and services. Emergencies may disrupt services for Head Start children and families and affect the function and roles of Head Start systems.

As you plan, review and revise your emergency plans and think about Head Start systems and services and how each plays an important role in making sure children, staff members and families are safe and protected during an emergency.

Head Start Management Systems

Program Self-Assessment

Head Start programs are required to have a self-assessment process. Programs need to examine their emergency plans annually and determine how plans are integrated into the program systems and services.

Emergency planning considerations:

- Review and revise the self-assessment tool to incorporate emergency preparedness planning
- Assess how the community will be warned and how evacuation routes and other procedures will be used in an emergency

Communication

When emergencies occur, two-way communication is critical. Effective communication systems allow the program to serve as a reliable point of contact for Head Start families, staff members and the community.

Emergency planning considerations:

- Provide accessible communication in varying literacy levels and languages other than English

- Design, implement and train staff members on emergency communication protocols
- Establish places to meet for off-site staff members (e.g. home visitors)
- Consider ways to communicate directly with local health department representatives, radio, National Oceanic and Atmospheric Administration radio, television stations, ACF regional office, Head Start Collaboration Office and other community partners
- Share emergency communication plans with all family members upon entry into the program
- Share emergency communication plans with all staff members
- For families that do not have access to telephones, radios, or television, consider alternative communication methods to share information
- For on-site emergencies, such as an intruder, develop a code system to communicate procedures
- See [AAP Children & Disasters Promoting Strategic Communications and Systematic Messaging](#) website for more information

Financial Management

Emergencies can be costly. Part of emergency preparedness planning is anticipating what level of financial resources will be needed in different situations.

Emergency planning considerations:

- Cost to provide professional development to staff members and parent education on emergency preparedness
- Cost of making materials available in languages other than English

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Emergency Preparedness: Head Start Management Systems and Services

- Costs of providing accommodations for children and staff members with access, functional and other needs
- Coordination of fiscal support through the ACF Regional Office for unanticipated needs
- Program insurance policies to guarantee that Head Start centers are insured at a level that supports rebuilding costs
- Costs for disaster supplies
- Costs of building supplies, contractors, and items such as electrical generators and sump pumps
- Costs to purchase supplies that are normally available, but might be in short supply during certain disasters
- Arrangements that might need to be made to ensure that staff members are paid if business operations are interrupted

Human Resources

It is important to train staff members and inform parents about your program's emergency policies and procedures.

Emergency planning considerations:

- Encourage the development and practice of personal emergency preparedness plans for staff members and their family members
- Offer training on your program's plan, emergency techniques (e.g. CPR, first aid) and ongoing practice so that responsibilities are clear, actions are automatic, and systems are in place if an emergency arises
- Plan and collect resources for meeting the needs of families and staff members during the response and recovery phases
- Design a process for staffing the program during and after a disaster

- Ensure that professional mental health support services are readily available to staff members
- Foster staff's ability to communicate basic warning messages in other languages as needed (this might include use of universal symbols, translation services, and other communication strategies)
- Make materials and services available in languages other than English, as appropriate and according to the needs of the community

Ongoing Monitoring

Ongoing monitoring identifies both what is working and what the challenges are in implementing your program's emergency preparedness plan. Ongoing monitoring helps programs anticipate next steps, identify gaps, and improve implementation.

Emergency planning considerations:

- Develop regular, center-based practice schedules for various types of emergencies
- Periodically check the availability of needed supplies
- Offer frequent opportunities to train staff members, parents, and community partners on the program's emergency preparedness plans
- Include opportunities for community members, local health department contacts, staff members and families to reflect on the plan details and offer suggestions
- Revise plans as needed and inform community partners and others of updates
- Evaluate the need for non-English language materials to respond to demographic changes in the community

Emergency Preparedness: Head Start Management Systems and Services

Program Planning

Program planning is essential for Head Start program effectiveness. Programs are required to develop and implement a systematic, ongoing process of program planning.

Emergency planning considerations:

- Make sure that step-by-step procedures are in place for the three phases of disasters: preparedness, response and recovery
- Consider the various types of emergencies that may occur and the effects each might have on programs
- Identify community and regional organizations that are available to help
- Assign specific roles and responsibilities for individuals involved in planning
- Ensure that resources and support systems are available for shelter-in place and evacuations
- Collect and maintain full contact information for all emergency preparedness personnel and partners
- Store vital information in a secure and readily accessible location
- Provide copies of emergency preparedness plans to staff members, community partners, and families
- Offer resources and assistance to staff members to help them address their individual preparedness planning needs

Record Keeping and Reporting

In some emergency situations, program records are at risk for being lost or destroyed. Emergency preparedness planning should include discussion of procedures for maintaining and protecting confidential child, family and program information.

Emergency planning considerations:

- Consider placing back-up files on an external drive or other remote or cloud-based system that is secure and easily accessible
- Partner with security and information technology providers to ensure that documents are safely and securely transferred
- Ensure that program records are stored to protect personal information
- Work with parents and staff members to have important documents stored in a way that enables them to “grab and go” if they are required to evacuate
- Develop a plan to track and share attendance and enrollment information with the ACF Regional Office and Head Start Collaboration Office to sustain services to families

Program Governance

Program health services plans, budgets, policies and procedures must be approved by your program’s governing body and Policy Council.

Emergency planning considerations:

- Engage your governing bodies in the development of your program planning, specifically focusing on emergency preparedness

Facilities, Materials and Equipment

Facilities, materials, and equipment systems ensure that Head Start programs provide safe environments and opportunities for learning.

Emergency planning considerations:

- Determine if additional materials or equipment are needed for emergency preparedness purposes, to ensure children and staff members are healthy and safe
- Assess if modifications are needed to facilities in preparation for emergencies or after an event or crisis has occurred

Emergency Preparedness: Head Start Management Systems and Services

Eligibility, Recruitment, Selection, Enrollment, and Attendance (ERSEA):

Head Start programs use the results of their community assessments to develop ERSEA policies.

Emergency planning considerations:

- ERSEA policies help to track children being served from another Head Start program as a result of a disaster. Determine how your ERSEA policies meet the health needs of children and families who may have experienced a crisis or tragic event
- Review attendance policies to find out if they include gathering data about children and families who may not be attending your program as a result of an emergency or crisis and how records are kept regarding their current contact information
- Know how attendance is determined and used to ensure that each child and staff member is accounted for during an emergency or crisis
- Local emergency management agency personnel
- Health care providers (e.g. clinics, physicians and dentists)
- Nutritional service providers
- Individuals and agency representatives that serve children with disabilities and their families
- Family preservation and support services staff
- Child Protective Services and other similar agency personnel
- Local school representatives
- Child care service providers
- Faith-based organizational staff members
- Members of community, cultural and other organizations that serve the various linguistic and cultural populations represented in your program
- Other members of organizations or businesses that may provide support and resources

Head Start Services

Collaboration ensures that community resources are appropriately utilized to maintain or restore normalcy for children, families, staff members and your Head Start program. Programs need to collaborate internally with staff members, as well as externally with community partners. It is important to develop partnerships prior to an emergency or crisis, including finding out about possible linkages with a Children & Youth Task Force and Disaster Behavioral Health Coalition. (See the [ACF Children and Youth Task Force in Disasters: Guidelines for Development](#))

Collaborative partners include:

- Local fire department officials
- Emergency medical system staff

Disability Services

During emergencies, implementing well-rehearsed plans that accommodate the access, functional and other needs of individuals with disabilities is critical.

Emergency planning consideration:

- Identify and modify as necessary, evacuation routes that can accommodate individuals with limited mobility (i.e. physical, visual or hearing impairments)
- Put systems in place to store and transport medication, equipment and mobility devices in case children are temporarily sheltered-in place or evacuated
- Work with community partners to identify procedures for letting first responders and others know about the access, functional and other needs in your program

Emergency Preparedness: Head Start Management Systems and Services

- Determine how you will track and monitor the needs of children, staff members and families, including temporary disabilities such as broken limbs
- Ensure that staff members have guidance on how to discuss disaster preparation and evacuation procedures for children and staff members with access, functional or other needs

See Chapter 8 of this Manual for more information on accommodating access, functional and other needs.

Education and Early Childhood Development Services

When an emergency or crisis occurs, being able to continue educational services provides children with a sense of normalcy when life can seem unpredictable. Children need a safe and supportive place. Families also need a secure place that continues to provide educational and support services while they put other aspects of their lives back together.

Emergency planning considerations:

- Develop possible options for maintaining daily schedules and routines as much as possible
- Practice emergency plans frequently, using simple directions until children are comfortable with the routine
- Use strategies such as verbal and visual prompts (e.g. signs or lights), materials (e.g. flashlights, safety vests) and concrete experiences to explain emergency preparedness plans
- Provide developmentally-appropriate instruction and materials to help children and families cope
- Develop strategies for communicating with families about the educational plans you have in place during emergencies

Facilities

Head Start programs are required to have safety measures in place to reduce damage from disasters and other events.

Emergency planning considerations:

- Assess facilities to ensure that safety precautions are in place, such as fire extinguishers, an emergency generator, etc. Re-assess prior to seasons of potential natural disasters.
- Develop plans for waste disposal if local services are disrupted
- Create contingency plan to compensate for plumbing or water problems
- Purchase supplies to support ventilation and air quality
- Purchase materials to block outside air from entering the building in the event of hazardous, biological or chemical contamination
- Make sure emergency food and water supplies are fresh and replenished as needed
- Develop procedures for reporting damage to your city or county office of emergency management. (This helps your local officials conduct a damage assessment to support applications for disaster funds.)
- Develop procedures for contacting your insurance company and/or landlord to begin the process of repairs, if needed
- Develop procedures for reporting concerns about your building's safety

Emergency Preparedness: Head Start Management Systems and Services

Family Support

When emergencies happen, families often experience chaotic situations. Head Start programs provide services to families to help them in their time of need.

Emergency planning considerations:

- Put-in-place procedures to help families develop their own preparedness plans
- Provide training and resources on preparedness for families
- Encourage families to do the following:
 - Identify a family meeting place in case their home is not safe
 - Establish a communication plan in case cell phone towers and phone lines are disabled
 - Identify an in-town and out-of-town contact person to help with communications if families cannot use their phones or get word to others
- Increase awareness of community resources and other support services during times of emergency
- Include family representatives on your emergency planning team
- Develop procedures for implementing donation drives to meet the needs of families who have experienced a disaster
- Have plans in place for how your program will communicate with families with limited English proficiency and take into account the needs of diverse linguistic and cultural groups

Health Services

The primary focus of continuing to provide health services during an emergency is to maintain the health and safety of children, families and staff members.

Emergency planning considerations:

- Ensure that first aid kits and disaster supplies kits are maintained at all times
- Determine your program's water and non-perishable food supply needs
- Maintain a regular schedule for replacing water and non-perishable food
- Ensure that staff members are up-to-date on their immunizations, particularly tetanus and influenza
- Maintain supplies to support physical and oral health, such as soap, shampoo, toothpaste, toothbrushes and water for bathing
- Secure an alternate method for storing medications that require refrigeration
- Develop procedures for ensuring that appropriate staff members have copies of required health records and medications
- Involve the HSAC in planning and communication with local health care facilities and providers
- Prepare individual Health Care Plans (if applicable) for families to "grab and go" if they are forced to evacuate

Mental Health

The social and emotional impact of an emergency can last long after its initial impact.

Emergency preparedness planning considerations:

- Work with your mental health consultant to develop procedures for sharing mental health resources and working with staff members and families after a disaster
- Determine the responsibilities of your mental health consultant and/or other available community mental health resources/agencies in the wake of an emergency

The Practice-Review-Revise Cycle

The Practice-Review-Revise cycle is the process used to practice your emergency plans, review for needed changes, and revise accordingly. Your planning team determines a schedule for your program to practice the procedures for each phase and review and update your plans. This cycle is essential for effective implementation of your plans should an emergency occur.

What is the Practice-Review-Revise Cycle?

To determine how well your plan really works, you need to practice it regularly with staff members, families, and community partners and identify any needed improvements. Practice helps to uncover stumbling blocks or problems with your plan. Then, you can revise your plan with new solutions to problems detected.

The cycle involves three stages:

- Practice
- Review
- Revise

Practice

The practice stage is when your program implements its practice schedule(s). Head Start programs implement fire and other drills, but they also need to practice for other emergency situations. Some local governments implement community-wide practices that might include your Head Start program. Collaborative relationships developed by your planning team, especially with local health and emergency agencies/departments, can help ensure that your program is part of these drills.

During practices, staff members, children, families and partners go through each phase of an emergency from response to recovery. For long-distance evacuation, programs should develop a way to simulate the long-distance evacuation. For example, programs may ask staff members or families to only be accessible through their alternative emergency numbers.

During the practice stage, participants should include:

- Staff members
- Administrators
- Children
- Families
- Local health department officials
- First responders (including fire, police, and health)
- Community partners (including mental health professionals, local social service organizations, and local businesses)

The Practice-Review-Revise Cycle

Review

During the review stage, some or all of those involved in the practices should review and provide feedback on what worked and what did not work. Participants should identify all the areas in the plan where there are gaps or needs for improvements. Often, not everyone can participate in a review meeting. Offering opportunities for other ways to provide feedback, either by follow-up interviews or surveys, may also be a useful way to gather information.

Revise

During the revise stage, your program's planning team makes revisions to the plans based on the feedback from the practice(s). Plan revision needs to be an inclusive process. It may be helpful to use a facilitator and develop guidelines both for discussions and for procedures that will determine how changes will be decided. Once the revisions are made, they must be communicated to all involved, including staff members, families, and community partners. When communicating about the changes, your program may want to explain why the revisions were made and how the review and revise process works.

By using the Practice-Review-Revise cycle approach, your program will have procedures for the following:

- Offering regular training opportunities
- Improving your program's emergency preparedness plans
- Ensuring the readiness of your program to face an emergency situation effectively

What does the timeline or the cycle need to be?

Your Practice-Review-Revise cycle should be part of your program's annual calendar. Your planning team should work with your HSAC, Policy Council and other program staff members to make sure that practice sessions and times for reviewing and revising content meet the specific regulations for your program. States and territories may have different regulations for the number of times a program is expected to practice specific drills.

Additionally, your local community drills are an excellent opportunity for collaborative practice. For some emergencies, you may decide to coordinate your Practice-Review-Revise cycle with your community to ensure that your plans fit within the community-wide framework.

Influenza Prevention and Control

The flu (influenza) is a contagious disease caused by a group of respiratory viruses called influenza viruses. The flu virus is highly contagious and causes serious illness that may result in hospitalization or death. It mostly affects the breathing system but may also affect the whole body. In this section, when “flu” is used, it is referring to influenza virus infection. In the community, some people might use the word “flu” to refer to viral gastroenteritis (vomiting and diarrhea) or any disease that causes “influenza-like illness.”

Flu outbreaks occur each year during the winter, sometimes as early as October, but generally not until December or January. Sometimes the flu season continues as late as March, April, or even May. More than one-third of children younger than six years old may be infected with the influenza virus each year. However, some infected children do not show signs or symptoms of illness. This makes it challenging to identify who is infected and then control the spread of these germs.

Each year, the flu season is different. It is not possible to know whether the flu season will start early or later in the fall or winter. Local influenza outbreaks generally last about 6 to 8 weeks.

You can usually tell when an outbreak is occurring in your community by following various forms of media coverage or by checking with your local health department. The Centers for Disease Control and Prevention (CDC) offers a map that shows influenza activity at www.cdc.gov/flu/weekly/usmap.htm. This map is updated every week.

Children younger than 6 years of age spread germs easily due to their increased hand-to-mouth activity, lack of covering coughs and sneezes, and curious and social nature. Influenza immunization is the best strategy to reduce infection and spread, yet immunization is not always 100% effective. Some children will continue to get sick and spread infection.

It is important for Head Start staff members to recognize that:

- Children can spread influenza into families and the community
- Immunization is by far the best influenza prevention tactic
- All children 6 months and older should be vaccinated every year for seasonal influenza
- Anyone who provides child care for a young child should be vaccinated for seasonal influenza every year (this is especially important when the child is younger than 6 months of age, too young to receive the flu vaccine)
- Infection control is also important, but not as effective as immunization
- Exclusion (sending children home) should be used when needed, but not as the only method to reduce the spread of infections

Your goals are to do your best to:

- Get as many staff members and children as possible immunized before and during the flu season.
- Reduce the spread of respiratory disease as much as possible
- Appropriately recognize illness, and exclude ill children when necessary

Influenza Prevention and Control

Flu Symptoms

Flu symptoms include:

- Sudden onset of fever*
- Abdominal pain
- Chills
- Cough
- Croup, bronchiolitis, or pneumonia
- Decreased energy or feeling a lot more tired than usual
- Headache
- Muscle aches and pains
- Nasal congestion
- Nausea
- Sore throat

*Fever is defined as a temperature above 101°F (38.3°C) orally, above 102°F (38.9°C) rectally, or 100°F (37.8°C) or higher taken axillary (armpit) or measured by an equivalent method.

Influenza looks like other respiratory diseases, but can be more serious. We don't know which children with respiratory illnesses have influenza or not. During a local influenza outbreak, the chances of a child having influenza increase, but most respiratory illnesses are still caused by viruses other than influenza.

Although flu can be severe, some children get infected and have few or no symptoms. Also, children with common colds can have fever. But generally, common cold viruses do not lead to serious illness requiring hospitalization.

Seasonal influenza and other viral infections can cause similar symptoms. It is usually not possible to determine whether a patient has seasonal influenza or another infection based on

When Do Adults and Children Spread Infection?

Adults and children can spread infection when they are:

- Sick with fever, runny nose, sore throat, and cough
- Infected but not showing signs of illness
- Developing an illness (incubation period)
- Recovering from influenza

symptoms alone. A physician should determine if someone should be tested for illnesses based on symptoms, clinical presentation and recent travel or exposure history.

Because you cannot tell whether someone has the flu, this makes it challenging to control the spread of germs.

Influenza viruses are shared or “transmitted” fairly easily. Flu viruses are in the droplets that form when a child coughs. Coughing into an elbow or shoulder will direct these droplets onto their arm instead of into the air. This is called respiratory hygiene/cough etiquette. Children and adults should cough into their elbows or onto their shoulder to decrease the spread of the flu. If a tissue is available, the person can cough into the tissue but it must be properly disposed of right away, and the hand(s) that touched the tissue should be washed.

If a child uses his hand to cover his mouth while coughing, his hands will be covered with the virus that he can then pass along to another child or to a staff member. Furthermore, the hand that covers the mouth will be covered with nasal discharge, which is full of the virus.

School readiness begins with health!

Influenza Prevention and Control

The single best way to protect against seasonal flu and its potential severe complications is for children and caregivers to get a seasonal influenza vaccine each year.

This can spread the virus directly to anyone this child touches or indirectly if the child plays with a toy that another child then touches. So it is best for parents and caregivers to teach children to cough into their elbows and not onto their hands. If children do cough into their hands or wipe their nose with their hand or arm, they should be encouraged to wash their hands right away.

Despite all efforts, some children are likely to develop influenza. While no one can guarantee that a child or caregiver will not become infected, Head Start staff members can do as much as possible to prevent influenza and limit the spread of germs.

Influenza Vaccine

Seasonal influenza vaccines are the best available protection against influenza. The American Academy of Pediatrics (AAP) recommends that everyone (6 months of age and older) get the flu vaccine every year. Protection from the flu vaccine only lasts for one flu season. The virus strains in the vaccine change from one year to the next, so the protection needs updating every year. The best time to get the flu vaccine is the late summer/early fall—as soon as the vaccine is available. However, a child can still be protected if she gets a flu vaccine as late as March, April, or through June. She will still need another shot in the fall for the next flu season. It is not a problem if a person gets the flu vaccine late in one season (e.g., April or May) and early in the next season (e.g., August or September).

The best way to protect young children from getting infected is for all family members and all the people that surround the child (other children, parents, and teachers/caregivers) to get immunized. This is called “cocooning,” and it is especially important when children are younger than 6 months of age.

Get Immunized—Every Year!
Lead by example by making sure all staff members caring for children receive vaccination for seasonal influenza every year.

Role of Caregivers/Teachers

Head Start staff members play an important role in the prevention and control of influenza.

Vaccine refusal poses a risk to everyone, especially infants younger than 6 months old and others with medical conditions that limit their ability to receive full vaccine protection. It is important to know that when the number of under-immunized and unimmunized people increases (i.e., when fewer people get vaccinated), disease will spread more easily in groups. Outbreaks of vaccine-preventable diseases have occurred and children have suffered from some severe complications that could have been prevented. Some children and adults who have not received vaccines may have valid medical or religious reasons for this refusal, but by refusing to get vaccinated, they put themselves at risk, and they increase the risk to others in group care with them.

Head Start Health managers can consult with their Health Services Advisory Council on how best to address this situation with families.

Influenza Prevention and Control

Staff Immunization

All staff members who work in Head Start need an annual flu vaccine in the fall. Flu vaccine not only reduces the spread of influenza to children, staff members, and families who use the child care program, it also reduces the subsequent spread to the entire community.

Reasons Why Adults Say They Don't Get Influenza Immunizations

To increase the number of staff members who are immunized, it's important to understand the reasons why adults say they don't get influenza immunizations. Note: These reasons can also apply to families in your programs.

Adults who elect not to get vaccinated generally say:

- They believe that healthy people don't need it
- Their doctor does not recommend that they get this vaccine or leaves the decision up to them, especially if they say, "I don't want to get this vaccine; is that okay?"
- They have a fear of vaccine side effects
- They have gotten the flu vaccine before but ended up getting sick anyway
- They worry that the vaccine "gave them" the flu
- They do not see their doctor on a regular basis
- They are afraid of needles
- It may be too costly or inconvenient to get the vaccine

To increase the number of staff members and families who get the flu vaccine, programs can do the following:

- Inform staff members and families about influenza vaccine recommendations
- Aim to reduce barriers such as fear of side effects, cost, and inconvenience
- Have a physician or "local trusted source" come to your program to offer education and training
- Improve access to immunizations by offering free vaccines for your program
- Eliminate costs and/or provide incentives (e.g., give staff paid time off to get vaccinated and a gift card to cover the cost of the vaccine)
- Help establish the habit (and the expectation) of yearly flu vaccine

To provide on-site immunizations, contact your local health department or an agency like Passport Health, Inc. to set up a clinic on-site. If on-site access cannot be arranged, then make it convenient for staff members to get vaccinated by sharing information about local sites and offering paid/scheduled time off. Almost all studies show influenza immunization is cost-effective for a business. Some businesses pay for the vaccine (so that it is free for employees).

Influenza Prevention and Control

Standards for Influenza Prevention

The following are the main standards related to influenza from Caring for Our Children, 3rd Edition. Head Start staff members should also consult the Office of Head Start's Compliance with Care tool at <http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/health/school-readiness/goals/crosswalk.html>

All of the Caring for Our Children standards can be viewed online at the [National Resource Center for Health and Safety in Child Care and Early Education](#) website. Use the "Browse CFOC3 Content" button to search using key words or standard numbers or categories.

7.3.3.1: Influenza Immunizations for Children and Caregivers/Teachers cfoc.nrckids.org/StandardView/7.3.3.1

7.3.3.2: Influenza Control cfoc.nrckids.org/StandardView/7.3.3.2

7.3.3.3: Influenza Prevention Education cfoc.nrckids.org/StandardView/7.3.3.3

9.2.4.4: Written Plan for Seasonal and Pandemic Influenza cfoc.nrckids.org/StandardView/9.2.4.4

Every program should have written policies and procedures for staff members to follow and for supervisors to use to check that these protocols are followed.

3.1.1.1 Conduct of Daily Health Check cfoc.nrckids.org/StandardView/3.1.1.1

3.2.2.2 Hand-washing Procedure cfoc.nrckids.org/StandardView/3.2.2.2

3.2.3.2 Cough and Sneeze Etiquette cfoc.nrckids.org/StandardView/3.2.3.2

3.3.0.1: Routine Cleaning, Sanitizing, and Disinfecting cfoc.nrckids.org/StandardView/3.3.0.1

Also see Appendix K, Guide for Cleaning, Sanitizing, and Disinfecting cfoc.nrckids.org/WebFiles/AppendicesUpload/AppendixK.pdf

3.6.1.1 Inclusion/Exclusion/Dismissal of Children cfoc.nrckids.org/StandardView/3.6.1.1

3.6.1.2 Staff Exclusion for Illness cfoc.nrckids.org/StandardView/3.6.1.2

3.6.1.4 Infectious Disease Outbreak Control cfoc.nrckids.org/StandardView/3.6.1.4

3.6.2.1 Exclusion and Alternative Care for Children Who Are Ill cfoc.nrckids.org/StandardView/3.6.2.1

7.3.3.1 Influenza Immunizations for Children and Caregivers/Teachers cfoc.nrckids.org/StandardView/7.3.3.1

9.2.4.3 Disaster Planning, Training, and Communications cfoc.nrckids.org/StandardView/9.2.4.3

9.4.1.2 Maintenance of Records cfoc.nrckids.org/StandardView/9.4.1.2

Influenza Prevention and Control

Resources

Current AAP policy “Recommendations for Prevention and Control of Influenza in Children, 2014–2015”. pediatrics.aappublications.org/content/early/2014/09/17/peds.2014-2413.full.pdf+html

[AAP Red Book Online Influenza Resource page. redbook.solutions.aap.org/ss/influenza-resources.aspx](http://redbook.solutions.aap.org/ss/influenza-resources.aspx)

AAP Children and Disasters website. www.aap.org/disasters

AAP Immunization website. www2.aap.org/immunization/illnesses/flu/influenza.html

AAP Quick Facts: What You Need to Know About Influenza. AAP website. www2.aap.org/immunization/illnesses/flu/quickfacts_influenza.pdf

American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education. Caring for Our Children: National Health and Safety Performance Standards: Guidelines for Early Care and Education Programs. 3rd ed. Elk Grove Village, IL: American Academy of Pediatrics; 2011. Also available at cfoc.nrckids.org

Aronson SS, Shope TR. Managing Infectious Diseases in Child Care and Schools: A Quick Reference Guide. 3rd ed. Elk Grove Village, IL: American Academy of Pediatrics; 2013. <http://www.aap.org/en-us/Pages/single/Managing-Infectious-Diseases.aspx>

Managing Infectious Diseases in Child Care and Schools: A Quick Reference Guide Hand Hygiene. http://www.aap.org/en-us/Documents/proresources_hand_hygiene.pdf

Managing Infectious Diseases in Child Care and Schools: A Quick Reference Guide Infectious Disease Outbreaks, Epidemics, and Bioterrorism/Environmental Health Emergencies http://www.aap.org/en-us/Documents/proresources_id_outbreaks.pdf

AAP Healthy Children website. www.healthychildren.org/English/safety-prevention/immunizations/Pages/Preventing-the-Flu-Resources-for-Parents-Child-Care-Providers.aspx and <http://www.healthychildren.org/English/health-issues/conditions/prevention/Pages/Prevention-In-Child-Care-or-School.aspx>

Centers for Disease Control and Prevention: Seasonal Flu. CDC website. www.cdc.gov/flu

Free print materials are available at www.cdc.gov/flu/freeresources/

National Foundation for Infectious Diseases. www.preventchildhoodinfluenza.org/

Families Fighting Flu. www.familiesfightingflu.org/

Safe Spaces and Procedures for Threats of Violence

Many programs or schools have safe rooms or procedures that they use when there is a threat of violence.

A safe room is a space that is:

- Protected, such as a large closet where babies, young children and adults can hide
- Sound-protected so that if children talk or cry they cannot be heard easily outside of the room
- Comfortable so that children's stress is reduced
- Entertaining so that children can play quietly while waiting out the danger

Safe procedures are systems that teachers and staff members use to:

- Ensure threats cannot access the room or classroom by putting barriers in front of the doors
- Prevent anyone from seeing inside the classroom or safe room by blocking windows
- Ensure that children cannot be heard
- Comfort children who might feel fear or experience stress

By using a safe room or safe procedures, programs reduce the threat of violence and the impact of the event on children and staff members.

Checklist for Staff Members and Children with Access, Functional and Other Needs

Use this list to identify roles, responsibilities, and processes to ensure the needs of all children and staff members are addressed in your emergency plan.

Specify how each of the following procedures will be implemented.

Track any access, functional or other requirements and how they will be addressed:

- ☐ Create a list of children and staff members with access, functional or other needs
- ☐ Identify if the needs are temporary and develop procedures for changes in temporary needs (a child or staff member with a broken limb, etc.)
- ☐ Identify accommodations for:
 - ☐ Normal operations
 - ☐ Shelter-in place
 - ☐ Evacuation
 - ☐ Drills and practice
 - ☐ No water or electricity
- ☐ Include information on medications, equipment, and allergies
- ☐ Assign at least two staff members to assist the children and adults with access, functional or other needs
- ☐ Identify and track any training required to care for the children

Identify processes for medications and other equipment during an emergency:

- ☐ Included in emergency/disaster supplies kit
- ☐ How to transport
- ☐ How to store

How you will ensure medical personnel are aware of needs:

- ☐ Forms you will provide
- ☐ Who will get copies of forms? Emergency transport? Doctors? Other caregivers?

Special procedures for when child/staff member is transported for medical care (identify who will accompany the child/staff member, any accommodations required during transport, etc.)

Child Information Sheet Page 1 of 3

Child's Information

Date: _____

First Name: _____ Last Name: _____

Address: _____

Allergies/Special Instructions/Comforting Techniques/Favorite Foods, Toys/Things to Do:

Parent/Guardian Information (1):

First Name: _____ Last Name: _____

Relationship to Child: _____

Address (if different from child): _____

Home Phone: _____ Cell Phone: _____

Home Email: _____

Work Phone: _____

Work Email: _____

Work Name and Address: _____

Supervisor Name: _____ Supervisor Phone: _____

Child Information Sheet

Child Information Sheet

Page 2 of 3

Parent/Guardian Information (2):

First Name: _____ Last Name: _____

Relationship to Child: _____

Address (if different from child): _____

Home Phone: _____ Cell Phone: _____

Home Email: _____

Work Phone: _____

Work Email: _____

Work Name and Address: _____

Supervisor Name: _____ Supervisor Phone: _____

Emergency Contact Information (1):

First Name: _____ Last Name: _____

Relationship to Child: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____

Emergency Contact Information (2):

First Name: _____ Last Name: _____

Relationship to Child: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____

Child Information Sheet

Child Information Sheet

Page 3 of 3

Emergency Contact Information (3):

First Name: _____ Last Name: _____

Relationship to Child: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____

People with Permission to Pick Up Child (always request identification):

First Name: _____ Last Name: _____

First Name: _____ Last Name: _____

First Name: _____ Last Name: _____

Doctor Information:

Pediatrician Name: _____

Pediatrician Address: _____

Pediatrician Phone: _____

Additional Medial Information: _____

Other

Other instructions, concerns, restrictions:

Emergency Kit Checklist for Evacuation

Item

- ☐ Emergency contact information for children and staff members
- ☐ Attendance sheet
- ☐ First aid kit
- ☐ Medications
- ☐ Dry or canned infant formula
- ☐ Water
- ☐ Granola/energy bars (remember to take into consideration children's food allergies when packing the go kits)
- ☐ Books, games, toys
- ☐ Safety blankets
- ☐ Cell phone
- ☐ Money (cash or traveler's checks)
- ☐ Compass
- ☐ Matches in waterproof container

Evacuation Checklist

It is recommended that you consult with your HSAC, Policy Council, and/or your community or regional emergency management agency as to whether or not each step should be included in your plan.

Planning Steps	Comments
1. Plan activities that can be integrated into the daily routine that will help children understand evacuation.	
2. Develop relationships with local mental health service providers that will facilitate their response to your request for mental health support for children and staff following an evacuation.	
3. Assign a staff person to the role of incident commander. An incident commander is a person designated to be responsible for the overall incident management procedures of the program and the person who determines whether to implement incident management protocols (e.g., evacuation, shelter-in place). ³¹	
4. Place evacuation route maps in each room in a clearly visible spot.	
5. Identify primary and secondary evacuation sites and provide families with information on their location	
6. Assign individual(s) the responsibility of contacting families following an evacuation and informing them of relocation site.	
7. Plan procedures for evacuating infants and children with access and functional needs.	

³¹U.S. Department of Homeland Security, FEMA. Sample School Emergency Operations Plan. March 2011.

Evacuation Checklist

Planning Steps	Comments
8. Prepare “Grab-and Go” kits for each room.	
9. Prepare medication checklist that define: the child, the prescription, the equipment and the method of transporting.	
10. Plan a method of transporting and storing medications that require refrigeration.	
11. Maintain transportation vehicles: gasoline, oil, tires, charged battery, insurance/insurance card.	
12. Assign staff members roles and tasks for an evacuation.	
13. Train staff members on attendance procedures during an evacuation.	
14. Involve the Health Services Advisory Committee (HSAC) in planning and communication with the local health care community and providers.	
Identify additional planning steps for evacuation.	
Practice Steps	Comments
1. Inform staff members/children that it is time for a practice drill. Have children and staff members quickly walk to transportation vehicle(s).	
Additional practice steps	

Evacuation Checklist

Recovery Steps	Comments
1. Secure mental health services for children and staff members as needed.	
2. Follow recovery steps for specific hazards (e.g., landslides, flood).	
Additional recovery steps	

Emergency Treatment Permission Form

This form authorizes emergency treatment for a child.

I, _____ **Give/Do Not Give** permission to

(name of childcare provider)

to have my child, _____
(child's name)
treated by a medical professional.

Parent/Guardian Signature: _____

Date: _____

Emergency Contact Form

Post this sheet in obvious locations in case of an emergency.

	Name	Phone	Email
Medical Emergency (911)			
Police (911)			
Fire (911)			
Rescue (911)			
Hospital			
Poison Control (800) 222-1222			
Local Emergency Management			
Electric Company			
Gas Company			
Water Company			
Waste Disposal			
Insurance Provider			

Emergency Information Sources

Local Television Stations	Channel: _____ Phone: _____ Contact: _____
	Channel: _____ Phone: _____ Contact: _____
Local Radio Stations	Channel: _____ Phone: _____ Contact: _____
	Channel: _____ Phone: _____ Contact: _____
National Oceanic and Atmospheric Administration Frequency: _____ Weather Station For your area go to: http://www.nws.noaa.gov/nwr/listcov.htm	

School readiness begins with health!

Organizational Roles and Responsibilities is Emergency Preparedness

Adapted from Bright Horizons Family Solutions, *Ready to Respond Emergency Preparedness Plan for Early Care and Education Centers*, www.brighthorizons.com

List all staff members' names, addresses, and phone numbers (regular and emergency), as well as position in the program.

For each person, list who the person reports to, in order of responsibility. Be able to show at a glance who is in charge if the primary contact is unable to respond.

List roles and responsibilities in an emergency. Consider overlaps in case someone is unable to fulfill his or her role.

Answer these questions:

- Who will provide first aid?
- Who will carry medications?
- Who will carry the first aid kit?
- Who will bring the emergency information on each child?
- Who will call 911?
- Who will carry the cell phone?
- Who will carry the emergency/disaster supplies kits?
- Which groups of children will go with which staff members?
- Who will insure that everyone is out of the building?
- Who will seal off high risk areas?
- Who declares an emergency?
- Who makes the evacuation or shelter-in place call?
- Who will record notes about the emergency?
- Who will turn off the utilities?
- Who will implement the recovery procedures?

Share the list of responsibilities with staff members. Discuss everyone's roles so that all staff members are prepared during an emergency. Everyone should know his/her primary and back-up responsibilities.

Teachers should:

- Lock the classroom doors unless an evacuation order is given
- Calm the children
- Account for all of the children and staff members that were in their room today
- Take attendance at required times
- Move the children and classroom staff members to the evacuation vehicles
- Take the "Grab-and-Go Kit" (see the appendices for a Grab-and-Go kit checklist)

Maintain an "In and Out" list at all times; do not put children, staff members, visitors, or emergency personnel at risk by not knowing three things:

- Who is in the building?
- When did they arrive?
- When did they leave?

Keep emergency information with the attendance list. Make sure you have permission for emergency medical treatment and are aware of any special requirements or medications for children and staff members.

Reunification Procedures

Use this list to identify roles, responsibilities, and processes for reuniting children with parents/guardians if you have to evacuate your childcare site.

Specify how each of the following procedures will be implemented.

Notify parents/guardians of evacuation sites (identify who will tell parents/guardians, how they will be notified, etc.):

- In advance of evacuation
- When evacuating

Children can be picked up by:

- Parents/guardians designated on contact sheets
- Others identified on contact sheets

Designated staff member will account for the children under their care and have a record of who was picked up by whom (identify the staff member, process, documents, etc.)

Special procedures for when a child is transported for medical care (identify who will accompany the child, where they will go, how you will account for them, etc.)

Shelter-In Place: Things to Keep in Mind

Consult with your planning team, HSAC, Policy Council, and community emergency management authorities, and ACF Regional Emergency Management Specialists to determine your program's shelter-in place procedures.

Preparedness²⁹

Procedures for preparedness may include the following:

- Select interior room(s) with the fewest windows or vents. The rooms should have adequate space for everyone to be able to sit comfortably. Classrooms may be used if there are no windows or if the windows are sealed and cannot be opened
- Large storage closets, utility rooms, meeting rooms and even a gymnasium without exterior windows also work well
- Make sure you have at least one telephone (tested to ensure it can call out) and determine the communication system you will use during shelter-in place
- Determine a way to make announcements and communicate program-wide
- Identify the responsibilities for staff members while sheltering-in place

Response³⁰

Activate your shelter-in place procedures this may include the following:

- Close the center or building: Use procedures identified in your emergency preparedness plan to bring children and staff members to predetermined locations
- Close and lock all windows
- Close window shades, blinds, or curtains if you are told there is a danger of explosion
- Shut off the gas, electric, water and other utilities
- Gather essential disaster supplies
- Call emergency contacts
- Bring everyone into the room(s) and shut and lock door
- Seal all cracks around the doors and any vents into the room with duck tape or plastic sheeting (depending on the emergency or disaster)
- Write down the names of everyone in the room and call your center's designated emergency contact to report who is in the room
- Listen for an announcement from local officials via portable battery- or hand-assisted radio and stay where you are until you are told it is safe to leave

²⁹Adapted from the UCLA's Head Start Disaster Preparedness Workbook

³⁰American Red Cross

Emergency Kit Checklist for Shelter-In Place

Use this checklist to identify items you need for your emergency/disaster supplies kits

Quantity Needed

(supply to last last 72 hours)

Item

<input type="checkbox"/> Emergency contact information for children	
<input type="checkbox"/> Disposable Diapers	
<input type="checkbox"/> Water (1 gallon per person per day—3 gallons per person total)	
<input type="checkbox"/> Food (do not include any items that any of the children have allergies to)	
<input type="checkbox"/> Battery-powered or hand-crank radio and a NOAA weather radio with tone alert and extra batteries for both	
<input type="checkbox"/> Flashlight and batteries (in each room)	
<input type="checkbox"/> Non-electric can opener	
<input type="checkbox"/> Medications	
<input type="checkbox"/> Disposable cups, bowls, plates, utensils	
<input type="checkbox"/> Paper towels, toilet paper	
<input type="checkbox"/> Hand sanitizer	
<input type="checkbox"/> Blankets	
<input type="checkbox"/> Whistle to signal for help	
<input type="checkbox"/> Dust mask	
<input type="checkbox"/> Moist towelettes, garbage bags, and plastic ties for personal sanitation	
<input type="checkbox"/> Wrench or pliers to turn off utilities	
<input type="checkbox"/> Cell phone with charger, inverter, or solar charger	
<input type="checkbox"/> Clothing for each person (jacket, pants, shirt, shoes, hat, gloves)	
<input type="checkbox"/> Blanket or sleeping bag for each person	
<input type="checkbox"/> Rain gear	
<input type="checkbox"/> Fire extinguisher	
<input type="checkbox"/> Matches in waterproof container	
<input type="checkbox"/> Signal flare	
<input type="checkbox"/> Paper and pencil	
<input type="checkbox"/> Household chlorine bleach (keep in a secure location, away from children's access)	

School readiness begins with health!

Shelter-In Place & Lockdown

Use this worksheet to assess the risk level that you may need to shelter-in place or lockdown your program. Then consider the planning, practice and recovery steps and use the comments section to record your advisory board's recommendations as to whether or not each step should be included in your plan.

Shelter-in Place

“Shelter-in place” means to take immediate shelter where you are—at home, work, school, or in between. It may also mean “seal the room.” In other words, take steps to prevent outside air from coming in. This is because local authorities may instruct you to “shelter-in place” if chemical or radiological contaminants are released into the environment. It is important to listen to TV or radio to understand whether the authorities wish you to merely remain indoors or to take additional steps to protect yourself and your family. https://faq.fema.gov/app/answers/detail/a_id/578/related/1

Planning Steps	Comments
1. Plan activities that can be integrated into the daily routine that will help children understand shelter-in place and lockdown.	
2. Develop relationships with local mental health service providers that will facilitate their response to a request for mental health support for children and staff members following a shelter-in place or lockdown event.	
3. Assign a staff person to the role of incident commander.	
4. Place “Designated Safe Room” maps in each room in a clearly visible spot.	
5. Assign individual(s) the responsibility of contacting families following a shelter-in place” and “lockdown” event.	
6. Plan procedures for supporting infants and children with access, functional and other needs during “shelter-in place” and “lockdown”.	

Shelter-In Place & Lockdown

Planning Steps	Comments
7. Prepare “shelter-in place” and “lockdown” disaster supplies kits for each designated “shelter-in place” and “lockdown” rooms.	
8. Plan to give parents “shelter-in place and lockdown” information upon entry into the program.	
9. Plan to notify parents of all “shelter-in place and lockdown” drills and events.	
10. Plan to provide written materials to parents to help children understand and cope.	
11. Plan for staff members’ roles during a shelter-in place event	
<p>Incident Commander:</p> <ul style="list-style-type: none"> a. Incident commander assembles emergency/disaster response team members. b. Incident commander declares a “shelter-in place” emergency/disaster. c. Closes all windows and doors. d. Shuts off heating, ventilation, & air conditioning (HVAC) system. e. Communicates emergency information to teachers via methods identified in the center’s emergency/disaster plan. <p>Teachers:</p> <ul style="list-style-type: none"> a. Direct children to move quickly indoors and to their room. b. Take attendance to be sure that all children are accounted for. c. Locate any children in their class who are not accounted for. d. Seal room by placing plastic sheeting over windows, doors, vents and taping outside edge seams to prevent outside contaminants from coming into the room. e. Check emergency/disaster supplies. 	

Shelter-In Place & Lockdown

Planning Steps	Comments
<p>Teachers <i>continued</i></p> <ul style="list-style-type: none"> f. Distribute food and water as needed. g. Assist children to transportation vehicles when all-clear is given. 	
Lockdown	
<p>A different type of “shelter-in place” is “lockdown,” which is used in situations involving dangerous intruders or other incidents that may result in harm to persons inside of the Head Start building.</p>	
Planning Steps	Comments
<ul style="list-style-type: none"> 1. Plan for staff member’s roles during a “lockdown” event 	
<p>Incident Commander:</p> <ul style="list-style-type: none"> a. Assembles emergency response team members. b. Initiates “lockdown” procedures. c. Follows “intruder” or other appropriate threat worksheet to try to diffuse the threat. d. Closes and locks all windows and doors once the intruder or threat is outside. e. Communicates emergency information to teachers via methods identified in the center’s emergency plan. f. Gives the all-clear signal. (Consider using a verification code to authenticate the all-clear signal. This is a specific word or phrase that is used to indicate that the incident commander is not being forced to give the all-clear signal.) <p>Teachers</p> <ul style="list-style-type: none"> a. Direct children to move quickly indoors and to their room. b. Take attendance to be sure that all children are accounted for. c. Close curtains, shutters or blinds and turn off the lights. 	

Shelter-In Place & Lockdown

Planning Steps	Comments
<p>Teachers <i>continued</i></p> <ul style="list-style-type: none"> d. Instruct children to move away from windows and doors and to get down on the floor. e. Check emergency supplies. f. Initiate quiet activities to help children remain calm. g. Distribute food and water as needed. h. Assist children to transportation vehicles when “all-clear” is given. 	
<p>Additional planning steps for “shelter-in place” and “lockdown”</p>	
Practice Steps	Comments
<ul style="list-style-type: none"> 1. Have children and staff quickly walk to their designated shelter-in place and lockdown” rooms. 	
<p>Additional practice steps</p>	
Recovery Steps	Comments
<ul style="list-style-type: none"> 1. Secure mental health services for children and staff members as needed 	
<p>Additional planning steps for recovery for your program</p>	

Site Closing Procedures

Use this list to identify roles, responsibilities, and processes for when you need to close your childcare site.

Specify how each of the following procedures will be implemented.

The decision to close the facility will be made by

-
-
-

The decision will be based on
(weather forecasts, school closings, road reports, etc.)

Time by which the decision to close will be made
(night before, early morning before first child arrives)

Parents will be notified of the closing by

- Text message to parents/guardians
- Television (identify station[s])
- Radio (identify station[s])
- Decide if email and/or social media can be used as an option
- Phone calls to each parent (telephone trees are helpful if your facility serves many families)
 - Who will call?
 - How will you note the call was made?
 - What is the process if you cannot contact a parent?

The following message will be placed on the facility phone line with closing information

List additional procedures for your site below

Nonstructural Safety Checklist

Name(s): _____ Date: _____

Program/Location: _____

Whether through fire, flood, earthquake, tornado, or hurricane, natural disasters occur everywhere. And everywhere they occur, they do unnecessary damage as a result of hazards that could have been eliminated. This checklist identifies the common nonstructural hazards for child care centers. Use the list to prepare a work order for your center.

Equipment and Furnishings	Yes	No
Are appliances, cabinets, and shelves attached to the wall or braced by being anchored together?		
Are heavy or sharp items stored on shelves with ledge barriers?		
Are blocks and heavy objects stored on the lowest shelves?		
Are television sets, fish bowls, and similar items restrained so they will not slide off?		
Are pictures and other wall hangings attached to the wall with wire and screw-eye picture hangers?		
Are chemicals, such as bleach and cleaners, securely stored so they cannot spill?		
Are cribs located away from the tops of stairs and other places where they could roll or where heavy objects could fall on them?		
Are tall cribs anchored against tipping over?		
Are heavy furnishings or pieces of equipment latched or tethered to the wall when not in use?		
Are fire extinguishers secured so they cannot fall from wall brackets?		
Are tall refrigerators attached to the wall or otherwise secured from tipping?		
Overhead Elements	Yes	No
Are suspended ceilings secured to structural framing?		
Are suspended light fixtures attached to structural framing with safety cables?		
Do fluorescent lights have transparent sleeves to keep broken glass pieces from scattering?		

Nonstructural Safety Checklist

Overhead Elements	Yes	No
Are battery-powered emergency lights secured to walls with shelves or brackets?		
Are blackboards or projection screens securely mounted to the wall or hung safely from the ceiling?		
Mechanical Equipment	Yes	No
Is the water heater secured to wall studs (not just gypsum board) at the top and bottom?		
Does the water heater have flexible connectors, rather than rigid connectors?		
Do large sheet-metal heating/ventilating/air conditioning ducts have diagonal bracing above or enough vertical support straps to keep any section from falling if the ductwork separates into sections?		
Partitions	Yes	No
Are lightweight panels, rather than shelving units or other tall furnishings, used to divide rooms?		
Are heavy or tall room dividers braced by interconnecting them in L-shapes or zigzags?		
Are partitions, which extend only to the suspended ceiling, supported by the structure above, especially if they are used to anchor heavy objects in the room?		
Windows	Yes	No
Are large windowpanes safety-glazed?		
Are transoms safety-glazed?		
Do partitions have plastic or safety glass panels, rather than ordinary glass?		
In hurricane-prone areas, have impact-resistant windows and doors been installed? Are there storm shutters (made out of plywood or metal) on hand to cover large windows and doors?		

Grab-and-Go Kit Checklist

Item

- ☐ Emergency contact form
- ☐ Classroom attendance form
- ☐ Facility floor plan with evacuation route outlined
- ☐ Health and medication information on all classroom children and staff members
- ☐ Diapers and toilet paper
- ☐ Sanitary wipes and hand sanitizer
- ☐ Gloves
- ☐ Bottled water
- ☐ Children's extra clothes
- ☐ First aid kit
- ☐ Flashlight
- ☐ Batteries
- ☐ Cell phone
- ☐ Paper towels
- ☐ Light snacks such as granola bars

Additional Items

- ☐
- ☐
- ☐
- ☐

Each classroom must have a grab-and-go kit and the classroom staff are responsible for checking the kit regularly to insure that the supplies are all there.

Hazard Mapping Instructions for Grantees

Hazard Mapping is a process that Head Start programs can use after an injury occurs. It helps to: 1) identify location(s) for high risk of injury; 2) pinpoint systems and services that need to be strengthened; 3) develop a corrective action plan; and 4) incorporate safety and injury prevention into ongoing-monitoring activities. Hazard mapping is employed effectively in emergency preparedness planning related to natural disasters. It also is used to isolate locations of disease outbreaks and determine where prevention efforts are most needed.

Goals and Benefits of Hazard Mapping

Hazard mapping provides:

- ★ an easy method for ongoing, systematic data collection and analysis about where injuries occur in Head Start programs;
- ★ a way to identify the “how”, “what”, “when”, “who”, etc. by building on injury and incident reports;
- ★ a strategic approach to safety and injury prevention problems by studying patterns of injury rather than isolated incidents; and
- ★ compelling visual data for decision makers, staff, and families to make informed decisions about solutions.

Instructions for Hazard Mapping – Step One

Identify high risk injury locations

1. Create a map of the home, classroom, center, family child care home, Head Start bus or playground area. Label the various places and/or equipment in the location(s) that is being mapped. Make the map as accurate as possible.
2. Have staff, administrators, or anyone who observed the incident place a “dot” or “marker” on the map to indicate where the specific incident and/or injury occurred.
3. Depending on the size of the program and number of injuries reported, use data from injury/incident reports for the past 3-6 months. Add more “dots” or “markers” to identify additional locations where injuries occurred.
4. Establish a safety and injury prevention committee to review and analyze incident data. The committee may include administrators, staff, Head Start parents/families and community partners. Programs may use their Health Services Advisory Committee or some of its members as their Safety and Injury Prevention Committee.
5. Analyze and chart the findings. To do this, count the number of incidents in each location.

6. Count how many of the incidents resulted in an injury and the level of severity of each injury. Use incident and/or injury reports to collect this additional data.
7. Determine where most incidents occur and where to focus initial efforts for a corrective action plan.

Instructions for Hazard Mapping – Step Two

Pinpoint systems and services that need to be strengthened

1. To identify and understand patterns of injuries at locations throughout the program, review additional information from injury and/or incident reports.
 - ★ **Who** was involved in each injury? (child/children; staff, volunteers, parents)
 - ★ **Where** did the injury occur?
 - ★ **What** happened? (What was the cause?)
 - ★ **What** was the severity of each injury?
 - ★ **When** did each injury occur?
 - ★ **Who** – e.g., what staff were present and **where** were they at the time of each injury?
 - ★ **How** could each injury have been prevented?
2. Using your/the program plan, determine areas where systems and services affect these findings.
3. Translate these findings into recommendations that strengthen systems and services.

Instructions for Hazard Mapping – Step Three

Developing a Corrective Action Plan

1. Review all of the findings and recommendations regarding injuries and incidents.
2. Prioritize and select specific activities/strategies to resolve problem areas. These should focus on the everyday service delivery level and the higher systemic level.
3. Develop an action plan to correct the problem areas you identified. Include each of the activities/strategies selected in this corrective action plan. Identify the steps, the individuals responsible, and the dates for completion.
4. Create a plan for sharing the corrective action plan with management, staff, and families to get buy in for injury and/or incident responses.

Instructions for Hazard Mapping – Step Four

Incorporating Hazard Mapping in Ongoing-Monitoring Activities

- Based on an analysis of these data, determine what action(s) needs to be taken to avoid future injuries in the location(s) identified. Determine if any additional



questions should be added to injury/incident report forms to obtain this missing information.

- When developing corrective action plans, consider prioritizing more serious injuries, even if they have occurred less often.
- A reduction in injuries and/or incidents happens over time if the correct set of interventions is selected based on analysis of the data about patterns of injuries.
- Continuously review incident and/or injury data to make sure that interventions are reducing the number of incidents and the severity of injuries. They may include:
 - educational opportunities about safety and injury prevention for staff,
 - environmental modifications,
 - procedures to monitor compliance with program policies, and/or
 - other necessary corrective actions.
- Discuss how to share injury data from ongoing monitoring activities and the self-assessment process with staff, families, the Health Services Advisory Committee, and Governing Board and Policy Council. Determine:
 - ★ How will managers share the results of hazard mapping activities with all staff to advise them of risks or hazards that may exist at their center or location?
 - ★ How will managers share the hazard mapping and incident and/or injury report results with the program's Health Services Advisory Committee (HSAC) (when it is not the same as the Safety and Injury Prevention Committee) to problem-solve the issues that are identified?
 - ★ How will managers use hazard mapping as part of ongoing-monitoring activities to (1) develop and maintain corrective action plans, (2) assure continuous program improvement, and (3) reduce the incidence of future injuries to enrolled children?

Resources to Learn More

National Council for Occupational Safety and Health. (2012). "Mapping" Health and Safety Problems." Los Angeles, CA: National Council for Occupational Safety and Health. Retrieved August 13, 2012 from:

<http://www.coshnetwork.org/sites/default/files/Mapping%20NLC.pdf>

Injury Prevention Program Division (2012). UCLA Injury and Illness Prevention Program (IIPP). Los Angeles, CA: University of California, Los Angeles. Retrieved August 13, 2012 from: <http://map.ais.ucla.edu/go/1002965>



Department of Regional Development and Environment Executive Secretariat for Economic and Social Affairs Organization of American States. (1991). Primer on Natural Hazard Management in Integrated Regional Development Planning. Washington, DC: Organization of the American States. Retrieved August 13, 2012 from:

<http://www.oas.org/dsd/publications/unit/oea66e/begin.htm#Contents>

Noson, L. (2002). Hazard Mapping and Risk Assessment. Regional Workshop on Best Practices in Disaster Management: Lessons Learned from the Asian Urban Disaster Mitigation Program and Other Initiatives. Bail, Indonesia. Retrieved August 13, 2012 from:

<http://www.adpc.net/audmp/rllw/PDF/hazard%20mapping.pdf>

Hazard Mapping Data

Classroom: Guppies, 3 year old Classroom

Month: March 2014

Child Initials	Age	Date of Incident	Time of Incident	Location	Equipment / Product involved	Cause of Injury
JK	3.1	3/3/14	8:50 AM	classroom carpet area	N/A	child bitten by another child
BC	3.9	3/3/14	10:05 AM	classroom shelves/corner	N/A	child bitten by another child
BC	3.9	3/3/14	11:30 AM	playground	big slide	child pushed by another child
JK	3.1	3/3/14	11:25 AM	playground	N/A	child tripped and fell while running
PT	3.5	3/5/14	2:35 PM	classroom sink	stool	child fell off of stool
JK	3.1	3/7/14	11:25 AM	playground	tricycle	child collided with another child
JK	3.1	3/9/14	3:15 PM	classroom bathroom	N/A	child slipped on wet floor
BC	3.9	3/9/14	8:45 AM	classroom carpet area	N/A	child hit by another child
LM	3	3/9/14	4:10 PM	classroom sink	stool	child tripped while climbing stool
KC	3.5	3/12/14	10:20 AM	classroom shelves area	shelves	child hit elbow on shelves
JS	3.3	3/12/14	11:40 AM	playground	small slide	collided with another child
PB	3.5	3/12/14	10:20 AM	classroom bathroom	stool	stool tipped
TC	3.4	3/13/14	8:35 AM	classroom carpet area	N/A	child punched by another child
AC	3.6	3/16/14	3:45 PM	playground	sandbox	a child threw sand in another child's eye
MM	3.8	3/16/14		classroom shelves/corner	shelves	child hit another child with a block
JK	3.1	3/16/14	3:50 PM	playground	swings	child hit by swing
LP	3.4	3/16/14		classroom bathroom	stool	child slipped while climbing on stool to changing area
PJ	3.5	3/19/14	8:35 AM	classroom carpet area	N/A	child slapped by another child
BC	3.9	3/19/14	11:30 AM	playground	stairs	child tripped climbing
BC	3.9	3/20/14	11:15 AM	playground	stairs	child pushed by another child
BC	3.9	3/20/14	3:25 PM	playground	small slide	child hit by child getting off slide
PJ	3.5	3/21/14	11:29 AM	playground	tricycle	child bumped into another tricycle and bruised knee
MM	3.8	3/22/14	11:40 AM	playground	small slide	child pushed and fell
JK	3.1	3/22/14	10:05 AM	classroom bathroom	stool	child lost balance and fell off of stool
AC	3.6	3/27/14	8:30 AM	classroom carpet area	new fire truck	child slapped by another child
BC	3.9	3/28/14	8:25 AM	classroom carpet area	new fire truck	child was hit with fire truck
BC	3.9	3/28/14	3:40 PM	playground	trike path	child fell on riding toy
KC	3.5	3/30/14	8:45 AM	classroom carpet area	N/A	child's hair was pulled
BC	3.9	3/30/14	3:40 PM	playground	trike path	child fell on riding toy
BC	3.9	3/31/14	11:40 AM	playground	trike path	child fell on riding toy

Grab-and-Go Kit Checklist

Item

- ☐ Emergency contact form
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- ☐ Gloves
- ☐ Bottled water
- ☐ Children's extra clothes
- ☐ First aid kit
- ☐ Flashlight
- ☐ Batteries
- ☐ Cell phone
- ☐ Paper towels
- ☐ Light snacks such as granola bars

Additional Items

- ☐
- ☐
- ☐
- ☐

Each classroom must have a grab-and-go kit and the classroom staff are responsible for checking the kit regularly to insure that the supplies are all there.

Local and Regional Disaster Checklists

Flood

It is recommended that you consult with your HSAC, Policy Council, and/or your community or regional emergency management agency to decide whether or not each step should be included in your plan.

Steps to Reduce Risk	Comments
1. Ensure that your building is protected: elevate the furnace, water heater, and electrical panel; seal the basement with waterproofing; and install “check valves.”	
2. Have qualified professionals conduct a postflooding mold assessment, mold abatement if necessary, and provide information on mold and other postflood environmental health hazards to families.	
3. Determine if there is a need to construct barriers (levees, beams, floodwalls) to stop floodwater from entering the building.	
4. Determine if basement walls should be sealed with waterproofing compounds to avoid seepage and if sump-pumps should be installed.	
5. Talk with your insurance representative about flood protection insurance.	
6. Stay informed about whether water is safe to drink.	
7. If transporting children, pay attention to water levels.	
Additional Steps to Reduce Risk	

Local and Regional Disaster Checklists—Flood

Planning Steps	Comments
1. Plan evacuation routes that avoid areas prone to flooding, such as streams, drainage channels, canyons, and other areas with a known history of sudden flooding.	
2. Establish plans for moving the children and staff to higher ground.	
3. Decide which staff person is responsible for determining imminent danger. This person is sometimes referred to as the Incident Commander. Make sure that the entire staff knows to follow the emergency procedures identified by this staff person.	
4. Plan and practice a flood evacuation route with your program. Select someone to be the “program contact” in case families are separated during a flood. Make sure everyone in the community knows the name, address, and phone number of this contact person.	
5. Communicate emergency phone numbers to all members of your Head Start community.	
6. Determine who will monitor your local radio station or NOAA radio for emergency warnings and determine who will be in charge of this task. Identify at least two staff members who will monitor emergency warnings.	
7. Develop educational activities that staff can use whenever there is a threat of a flood.	
8. Assign a staff person to secure your important papers, such as child records, insurance policies, etc.	

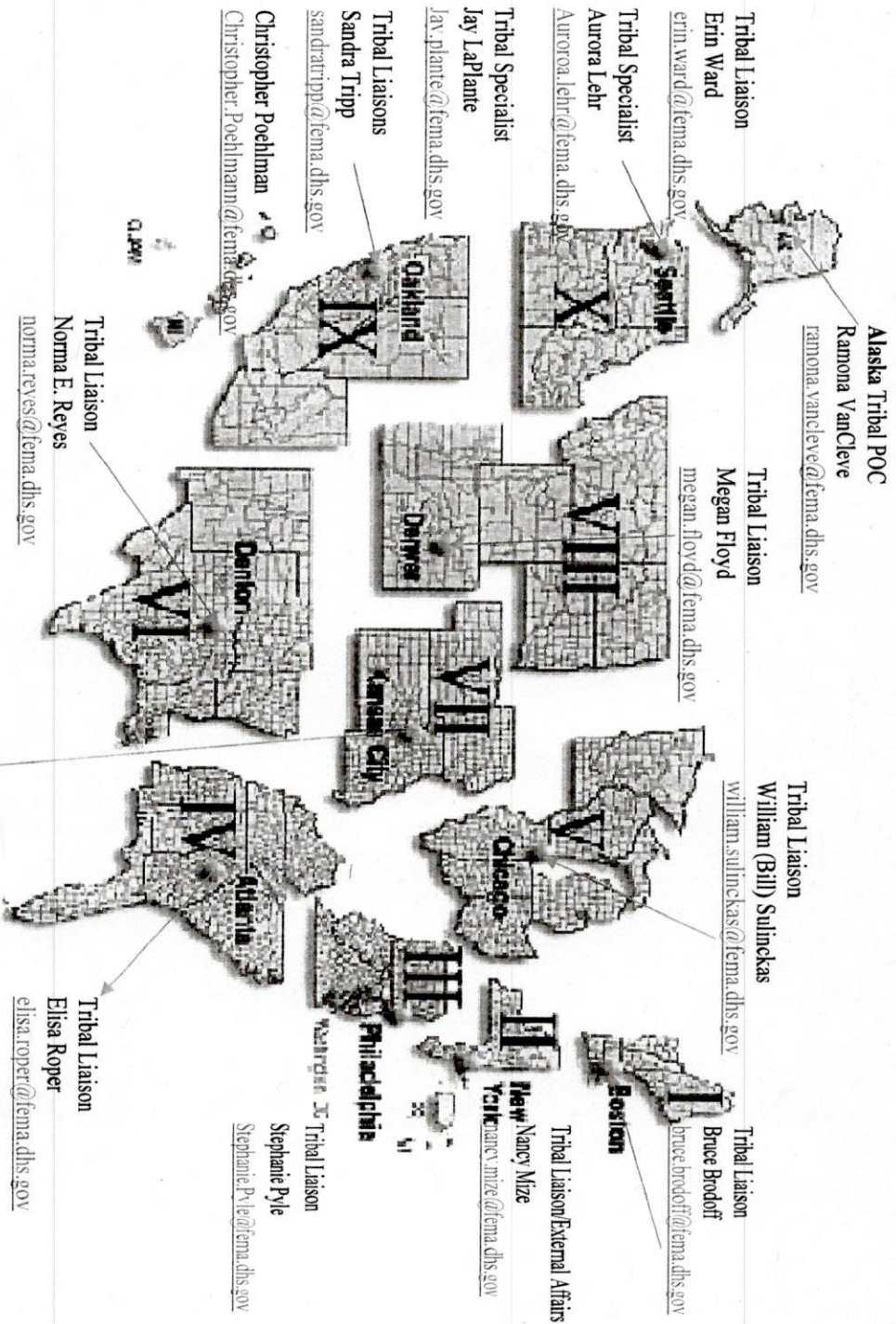
Local and Regional Disaster Checklists—Flood

Planning Steps	Comments
9. Educate staff on the dangers of floodwater and moving water of any kind, as well as water contaminated by run off from the soil (oil and gasoline), and water that may be electrically charged from a downed power line.	
10. Develop procedures for parents to sign and date their signature on the attendance sheet next to their child’s name before releasing the child to them.	
11. Identify who will turn off electrical power, gas, and water supplies when there is standing water or fallen power lines, and secure structurally unstable building materials (if there is time to do so at the time of the emergency). Make sure at least two staff members know how to turn these items off.	
12. Determine if there are structurally unstable building materials that need to be secured.	
13. Develop communication systems to ensure that all staff, families, and partners know what steps are being taken within the plan.	
14. Establish protocols that define which community agencies will be able to provide accurate “after-flood” safety information (e.g., drinking water safety).	
15. Be aware of areas where flood waters could recede. Roads may have weakened in these areas and could collapse under the weight of a vehicle.	

Local and Regional Disaster Checklists—Flood

Planning Steps	Comments
Additional Planning Steps	
1. Consider sharing information on The National Flood Insurance Program with staff and families.	
Practice Steps	Comments
1. Practice moving children and staff to transportation vehicles.	
2. Practice staff roles for flood emergencies.	
Additional Practice Steps	

FEMA Regional Tribal Liaisons



FEMA

Head Start Emergency Preparedness Manual: 2015 Edition



Responding to Crises and Tragic Events: Information and Handouts



U.S. Department of Health and Human Services
Administration for Children and Families
Office of Head Start

School readiness begins with health!

Supplemental Resource to the Head Start Emergency Preparedness Manual: 2015 Edition

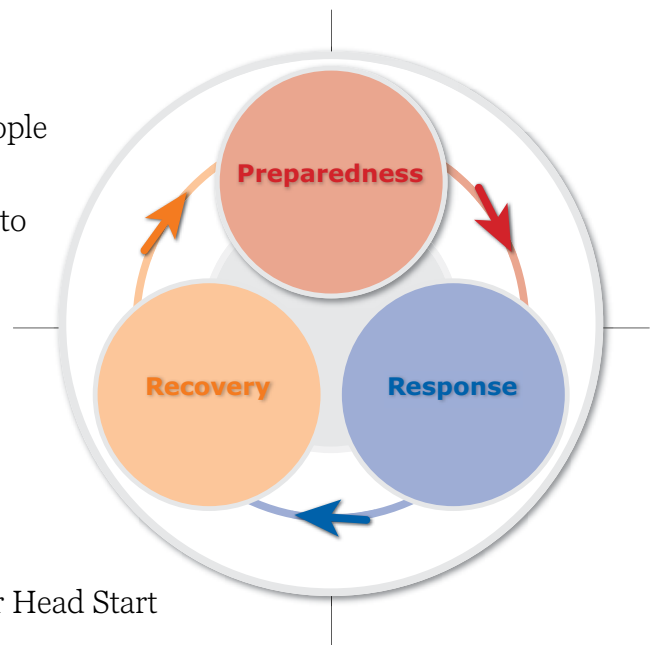
Introduction

When school shootings, community violence, and natural disasters like hurricanes or floods occur, people often seek resources to help them respond.

These tip sheets and sample letters were developed to help you respond to the needs of staff and families. These resources can be used if your program has been directly affected by a crisis. They can also be used if a recent event in the news has raised awareness of the need for emergency planning. They are designed for you to use and adapt to your unique situation.

During emergencies:

- Parents and staff may need reassurance that their Head Start program has plans in place
- Parents and staff may need reassurance that their program is a source of support



This is a supplement to the Head Start Emergency Preparedness Manual, 2015 Edition available on the Office of Head Start website (<http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/health/ep>) and your program's emergency preparedness plans. You should also review related [Head Start Program Performance Standards](#). The Head Start Emergency Preparedness Manual, 2015 Edition contains information on specific Head Start Program Performance Standards that are specific to emergency preparedness. Reviewing these resources will help you prepare for and respond to the needs of staff and parents after an emergency.

This resource gives you information and tip sheets to help you with the following:

- Providing an environment that reduces the risk of injury to children and staff within the center
- Assuring parents and staff that plans are in place to keep all children and staff safe during a crisis
- Providing assurance and support to families and staff when a crisis or tragic event occurs nearby
- Supporting children, staff, and families recovering from a crisis or tragic event

In addition to the materials provided here, mental health consultants should also be used to help you with any concerns you have about how to best support your staff, and the children and families you serve.

Please note that if your program has been directly affected by a tragic event or crisis, you should refer to your emergency plans in addition to these supplemental materials.

Other helpful resources not included in this document are as follows:

- The Head Start [emergency preparedness website](#) provides more information about emergency preparedness, response and recovery
- The Administration for Children and Families [Office of Human Services Emergency Preparedness and Response \(OHSEPR\)](#) provides resources for emergency preparedness, response, and recovery

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Key Terms

Crises and tragic events:

Events like school shootings, community violence, and natural disasters (hurricanes, floods, tornados). These may also be acts of terrorism or random acts of violence.

Terrorism:

The use of force or violence against persons or property in violation of the criminal laws of the United States for purposes of intimidation, coercion, or ransom.¹

Psychological First Aid (PFA):

The support and care given to children and adults after a crisis or tragic event to help with short- and long-term coping skills.²

¹FEMA. [Are You Ready? An In-depth Guide to Citizen Preparedness](#)

²NCTSN. *Psychological First Aid Field Operations Guide*.

A. Assisting Staff

When a tragic event happens staff may need support to cope.

Programs should talk with their mental health consultant about support services available to help them. Programs may also want to find a pediatrician who can help address their children's needs during or after a public health emergency or disaster. Coordinating with community providers should be done prior to any event to ensure mental health services are available when needed.

The tip sheets and sample letters that follow are for you to share with your staff members. They can also be used to let your staff know about the emotional impact of crises on children and families.

Please note that before sharing information with children in the classroom, your program should make sure that parents are aware that this will take place and what their children will be told so that they have time to express any concerns about what will be shared.

Topics include:

- Staff reactions to crisis or tragic events
- Strategies for coping with a disaster or crisis
- Supporting staff affected by a disaster or crisis
- Recognizing signs of stress in families and staff

The resource section includes links to psychological first aid (PFA) resources and the role it plays during a tragic event. The American Academy of Pediatrics website (<http://www.aap.org/disasters/adjustment>) and the National Child Traumatic Stress Network at <http://www.nctsn.org/content/psychological-first-aid> also have information on PFA.

Materials in the “Assisting Families” section may also be useful for staff members whose own families have been affected by a tragic event or crisis.

A. Assisting Staff

Tip Sheet for Staff Members Who May Be Affected By a Crisis or Tragic Event

Staff Reactions to Crisis or Tragic Events¹

In the days and weeks after a tragic event or crisis you may feel a range of feelings and emotions. These include:

- Denial about what is going on
- Irritability that can lead to moodiness and trigger negative reactions
- Anxiety about facing the day
- Anxiety about what the future holds
- Sleeplessness
- Having difficulty with familiar tasks
- Inability to concentrate
- Anger at inability to find a solution
- Anger at inability to change events
- Withdrawal from friends or co-workers
- Exhaustion that makes it almost impossible to get things done
- Depression
- Health problems that take their toll, mentally and physically

There are people and agencies that can help you find resources to help you and your staff cope. These include:

- Your program's mental health consultant
- Physician(s) from your Health Services Advisory Committee
- Community faith-based organizations
- Volunteer agencies
- Community mental health providers

Federal Emergency Management Agency (FEMA), state, tribal, and local governments of the affected area may also provide crisis counseling assistance. See section on "Strategies for Coping with a Disaster or Crisis" for more information.

¹Adapted from the [U.S. Army and Youth Services MAC Handbook](#)

A. Assisting Staff

Tip Sheet for Staff Members Who May Be Affected By a Crisis or Tragic Event

Strategies for Coping with a Disaster or Crisis

After a disaster or crisis, many people look for ways to cope. The National Center for Posttraumatic Stress Disorder (<http://www.ptsd.va.gov/>) offers the following coping strategies designed to assist adults after a disaster, tragic event, or crisis:

- Spend time with people who give you support
- Talk about how you are feeling
- Listen to others
- Take time to grieve and cry if you need to cry
- Ask for support and help from family, friends, church, or other community resources
- Join or start a support group
- Tackle one task at a time instead of trying to do everything at once
- Set aside tasks that are not necessary
- Eat healthy
- Take time to walk, stretch, exercise, and relax
- Make sure you get enough rest and sleep. You may need more sleep than usual
- Do something that makes you feel good:
 - Take a warm bath or a walk
 - Get back to everyday routines. Habits can be comforting
 - Sit in the sun
 - Play with a pet
- Volunteer in the recovery efforts:
 - Give blood
 - Help raise money
 - Collect necessary emergency checklist items for victims
- Turn off the TV

Your program's mental health consultant or a local physician may assist you in finding resources. Local faith-based organizations, voluntary agencies, or professionals may also be used. FEMA, state, tribal, and local governments of the affected area may provide crisis counseling assistance as well.

A. Assisting Staff

Tip Sheet for Staff Members Who May Be Affected By a Tragic Event or Crisis

Supporting Staff Members Affected by a Disaster or Crisis¹

Staff members may find their own families in upheaval during a tragic event or crisis. This means they may also need a support system and assistance along with your program's families.

Some staff members may not have been directly affected. However, working with children and families who have been affected can be hard physically and emotionally. The following tips can help staff members provide support for children and families during a disaster or crisis:

- Make sure staff members can handle their work schedule
- Consider schedule changes, if needed
- Plan for time when staff members will need to go home and take care of family needs
- Talk about the need for staff members to have their own family or personal preparedness plan
- Establish a permissive leave policy so that staff members who are stressed can take time off
- Provide support and understanding to staff members who are single parents (or parents who are geographically separated and may now have sole responsibility for children)
- Be aware of changing family situations. Tempers can be short and emotional displays may occur
- Remember that understanding and a sympathetic ear can be very helpful
- Offer light-hearted social opportunities, such as potluck dinners and movies
- Help establish a support group for staff and families. Encourage peer support when it is appropriate
- Encourage staff and their families to attend support groups and meetings
- Offer extended breaks for staff members working longer hours
- Subsidize substitute staff members to offer respite for staff members
- Encourage staff self-care
- Encourage and offer information about stress management tools
- Help staff members learn to self-monitor and pace their efforts including:
 - When they need to take a break
 - How to talk to their supervisor about their workload and need to lighten their load

¹Adapted from [U.S. Army Child and Youth Services MAC Handbook](#)

A. Assisting Staff

Tip Sheet for Staff Members Who May Be Affected By a Tragic Event or Crisis

Recognizing Signs of Stress in Families and Staff¹

The emotional toll that disaster brings can go beyond the financial strains of damage and loss of home, business, or personal property. Even those who experience a disaster “second-hand” through extensive media coverage can be affected.

It is important to remember the following:

- Everyone who sees or experiences a disaster is affected in some way
- It is normal to feel anxious about your own safety and that of your family and friends
- Sadness, grief, and anger are normal reactions to an abnormal event
- Acknowledging your feelings helps you to recover
- It is common to feel frustrated because you cannot help directly in rescue or recovery
- A tragic event can bring up feelings from past crises or events
- Focusing on your strengths and abilities helps you heal
- Accepting help is healthy
- Everyone has different needs and different ways of coping
- It is common to feel anger or resentment at people or situations that have caused pain

When adults experience the following common reactions to traumatic experiences they might benefit from counseling or stress management assistance:

- Difficulty communicating thoughts
- Difficulty sleeping
- Difficulty keeping balance in their lives
- Low threshold of frustration
- Increased use of drugs/alcohol
- Limited attention span
- Poor work performance
- Headaches or stomach problems
- Tunnel vision or muffled hearing
- Confusion
- Trouble concentrating
- Not wanting to leave home or not wanting to go home
- Depression or sadness
- Feelings of hopelessness
- Mood-swings and bouts of crying
- Overwhelming guilt or self-doubt
- Fear of crowds, strangers, or being alone

¹Adapted from FEMA [“Recovering from Disaster”](#)

A. Assisting Staff

Tip Sheet for Staff Members Who May Be Affected By a Tragic Event or Crisis Recognizing Signs of Stress in Families and Staff continued

The following are ways to help ease disaster- or crisis-related stress:

- Talk about your feelings
- Get help from professional counselors who deal with post-disaster stress
- Do not hold yourself responsible for the disaster or tragic event
- Promote your own physical and emotional healing by healthy eating, rest, exercise, relaxation, and meditation and self-reflection
- Try to keep a normal daily routine
- Limit demanding responsibilities
- Spend time with family and friends
- Take part in memorials. (It is also ok not to attend memorials)
- Use community supports and networks of family, friends, and religious institutions

There are people and agencies that can help you find resources. These include:

- Your program's mental health consultant
- Physician(s) from your Health Services Advisory Committee
- Community faith-based organizations
- Volunteer agencies

Federal, state, tribal, and local governments of the affected area may also provide crisis counseling assistance.

A. Assisting Staff

Tip Sheet for Staff Members Who May have Children in Their Program Affected by a Crisis or Tragic Event

Children's Responses to Crises or Tragic Event¹

Infants, toddlers, preschoolers, and young children who experience a tragic event may show changes in their behaviors. They may also be indirectly affected by a crisis by what they see on the TV or hear.

The most important role you can play in an emergency situation is to stay calm. Children of all ages easily pick up on adults and others' fears and anxieties. This may cause changes in behaviors.

Children, no matter what their age, do not always have the words to tell you how they are feeling. They may not know how to talk about what has happened. Their behavior can be a better sign. Sudden changes in behavior can mean they have been exposed to trauma or a crisis.

What you might see:

- Problems sleeping, including not wanting to sleep alone, having a hard time at naptime or bedtime, not wanting to sleep or repeatedly waking up, nightmares
- Separation anxiety, including not wanting to be away from you, not wanting to go to school, crying or complaining when the parent(s) leave(s)
- Not eating
- Not being able to do things they used to do
- More cranky behaviors
- Being more stubborn than usual
- Wanting things only done his/her way
- Social regression
- Increased complaints (headaches, stomachaches)
- Intense preoccupation with the details of the event
- Wanting to always talk about what happened
- Fear that the event might happen again
- Not paying attention, being restless
- Moody, depressed, or irritable
- Playing in violent ways
- Hitting you or others
- More tantrums
- Clinginess with teachers or caregivers
- Regression, or going back to an earlier stage of development
 - Bedwetting or other toileting issues
 - Baby talk
 - Wanting to be carried or rocked
- Re-creating the event, without prompting by staff or mental health consultant
 - Playing out or drawing the event
- Infants may be irritable/difficult to soothe or easily startled

¹Material adapted from:

National Child Traumatic Stress Network Schools Committee. (October 2008). *Child Trauma Toolkit for Educators*. Los Angeles, CA & Durham, NC: National Center for Child Traumatic Stress

National Child Traumatic Stress Network. Parent Tips for Helping Infants and Toddlers after Disasters. Available at http://www.nctsn.org/sites/default/files/pfa/english/appendix_e4_tips_for_parents_with_infants_and_toddlers.pdf.

Healthychildren.org. What to tell your children about disasters. <http://www.healthychildren.org/English/safety-prevention/at-home/Pages/Getting-Your-Family-Prepared-for-a-Disaster.aspx>

Federal Emergency Response Agency. Helping Children Cope with Disaster <http://www.fema.gov/news-release/2005/10/14/helping-children-cope-disaster>

A. Assisting Staff

Tip Sheet for Staff Members Who May have Children in Their Program Affected by a Crisis or Tragic Event

Children's Responses to Crisis or Tragic Event continued

- Overreacting to minor bumps or falls
- Over- or under-reacting to physical contact, sudden movements, or loud sounds such as sirens and slamming doors
- Anxiety and worry
- New fears and/or fears about safety
- Asking questions and making statements about the event
- American Academy of Pediatrics Promoting Adjustment and Helping Children Cope <http://www.aap.org/disasters/adjustment>
- The Youngest Victims: Disaster Preparedness to Meet Children's Needs at <http://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Children-and-Disasters/Documents/Youngest-Victims-Final.pdf>
- Office of the Administration for Children & Families Early Childhood Disaster-Related Resources <http://www.acf.hhs.gov/programs/ohsepr/early-childhood>
- The National Child Traumatic Stress Network <http://www.nctsn.org>

What you might see (in addition to those listed above) in older siblings:

- Strong angry or sad feelings
- Acting out in school
- Poor grades
- Fighting with friends
- Wanting to be alone
- Behaving as if he or she has no feelings
- Disobeying, talking back, or getting into fights
- Drinking or using drugs, hanging out in groups, and getting into trouble

Additional information about children's responses to trauma and disasters is available from the following resources:

If you see changes in your child, tell your child's teacher or home visitor. It is important that you and your child get support. Your Head Start/ Early Head Start teacher and/or mental health consultant can help you find resources that can help your younger and older children.

A. Assisting Staff

Tip Sheet for Staff Members Who May Be Working with Children Affected by a Crisis or Tragic Event

Helping Children Cope After a Disaster¹

Children can cope more effectively with a disaster when they feel they understand what is happening and what they can do. Providing basic information may help them cope. However, programs should be careful not to provide unnecessary details that may only alarm them.

For preschool-aged children, it may be comforting to provide a simple explanation of what happened and how it will affect them (e.g., a tree branch fell on electrical wires and that is why the lights don't work). Let children know there are many people who are working to help them and their community to recover after a disaster (such as repair crews for the electric company, firefighters, police, paramedics, or other emergency personnel). Share steps that are being taken to keep them safe; children will often worry that a disaster will occur again.

Older children will likely want, and benefit from, additional information about the disaster and recovery efforts. No matter what age, start by asking children what they already know and what questions they have and use that as a guide for the conversation.

Help Children Cope

After a disaster or crisis, children benefit from adults who can help them learn how to cope effectively. Although it is not useful for

adults to appear overwhelmed by the event, it is helpful for adults to share some of their feelings and what they are doing to deal with those feelings. Allow children to “own” their feelings. Let children know that it is all right to be upset about something bad that happened. Use the conversation to talk about other troubling feelings children may have. It is important for the program to inform families when discussions around trauma are taking place. Staff should also have conversations with parents if a child is expressing or showing signs of anxiety or fear.

Children, just like adults, often feel helpless after a disaster. Help them figure out what they can do—that is meaningful to them—to help others in their community affected by the disaster.

The following are actions you can take to help children after a disaster or crisis. They are also useful tips even if children were not directly affected by an event.

Help preschool-aged children feel safe: One of the most important things Head Start staff members can do is help the children they serve feel safe while in the program. This may mean playing calming music to start the day or choosing some favorite comforting toys for playtime.

¹Materials adapted from:

American Academy of Pediatrics. Talking to Children about Disasters. <https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Children-and-Disasters/Pages/Talking-to-Children-About-Disasters.aspx>

American Academy of Pediatrics healthychildren.org. <https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/children-and-disasters/Documents/Responding-to-Childrens-Emotional-Needs.pdf>

American Academy of Pediatrics. Promoting Adjustment and Helping Children Cope. <http://www.aap.org/disasters/adjustment>
Office of Head Start. News You Can Use: Disaster Readiness and Response for Families with Young Children

A. Assisting Staff

Tip Sheet for Staff Members Who May Be Working with Children Affected by a Crisis or Tragic Event

Helping Children Cope After a Disaster continued

Provide reassurance: Reassure children that steps are being taken to keep them safe while at the center. This can be done by pointing out things that are in place to keep them safe.

Restore the child's normal routine:

As soon as you can, go back to a normal routine. Read stories during circle time and do your best to do activities at their usual times. Familiar routines are comforting. Naptime and mealtime are familiar times that are especially helpful to children. Children function better when they know what to expect. Keep in mind that you do not want to force children to return to all routines if they are unable to do so because of their distress. Helping children understand and process events is also important.

Express feelings: Infants and toddlers may express themselves differently. They may cry more. They may be harder to soothe or become more fussy. Spending additional time cuddling infants or playing with preschoolers who are struggling may be helpful. Toddlers may have more temper tantrums. They may want to cling to you. Drawing may allow preschool-aged children to tell stories to express their feelings.

Ask questions: After a disaster, preschool aged children may have questions or concerns about what happened. Asking children if they have concerns lets children know that it is ok to talk. If a child in your program asks questions, allow the child's questions to lead the discussion. It is also important to let the parent know what questions were asked and what information was shared. If children do not have questions, do not push. They may be more willing to talk later.

Share information: Explain events as simply and directly as possible. Because every child is different, take cues from the children in your program as to how much information to share. Remember that even young children will hear about major events and that it is best to hear about them from a parent or caregiver, and not the media.

Acknowledge losses. Children are not only trying to deal with the disaster, but with everything else that follows. They may have to relocate, at least temporarily, and could be separated from friends or unable to attend the same school. Parents may have less income and the change in finances may change daily activities. Allow children to express their regrets over these "secondary losses."

Have fun. Find ways to have fun or be silly with the children in your program. If children like to play peek-a-boo or play a favorite game, do so. Laughter can be healing.

Reconnect with community. Take care of yourself. This will help you take care of the children. Find ways to get support through your center or community. Talking with others can be helpful. If you notice changes in yourself, seek help.

Be flexible and patient: Getting back to "normal" can take a while. It is important for those who take care of others to also take care of themselves.

Limit exposure to media coverage of the event: Screen time in Head Start programs is limited. Programs should avoid situations where images of the disaster or crisis are seen or talked about around children.

School readiness begins with health!

A. Assisting Staff

Sample Letter: To Staff Affected by a Crisis or Tragic Event¹

Dear *[insert]*:

The *[insert event/crisis]* has touched many people's lives. You and your family may feel stress from the effects of this crisis on your health, work, or peace of mind. Stress may show up in ways that may not seem to have anything to do with what has recently happened. You or your children may not know how to talk about feelings of anxiety and fears.

There are a number of ways you can provide support to your children and take care of yourself during this difficult time.

- Promote your own physical and emotional healing by healthy eating, rest, exercise, relaxation, meditation, and self-reflection and do the same for your children
- Try to keep a normal daily routine
- Limit demanding responsibilities
- Spend time with family and friends
- Find someone you trust to help with your personal concerns. (See the information at the end of this letter.)
- Limit television and other media viewing about the disaster or crisis
- Encourage children to ask questions

Signs that you may be feeling stress include:

- Denial about what is going on
- Irritability leading to moodiness and triggering negative responses and reactions
- Anxiety about facing another day
- Anxiety about what the future holds
- Sleeplessness
- Familiar tasks may seem hard to do because of an inability to concentrate
- Anger from inability to find a solution
- Anger at inability to change the events
- Withdrawal from friends or co-workers
- Exhaustion that makes it almost impossible to get things done

Signs that infants, toddlers, and preschoolers in your home may be feeling stress include:

- Problems sleeping (not wanting to go to bed, not wanting to sleep alone, having a hard time at naptime or bedtime, repeatedly waking up, nightmares)
- Crying or complaining whenever you leave and not wanting to be away from you
- Eating problems or changes such as eating too much or not eating

¹Adapted from a sample take home letter for parents from the National Center for Mental Health Promotion and Youth Violence Prevention.

A. Assisting Staff

Sample Letter: To Staff Affected by a Crisis or Tragic Event continued

- Playing in violent ways
- Separation anxiety including clinginess toward teachers, caregivers, or yourself, not wanting to go to school
- Regression, or going back to an earlier stage of development (bedwetting or other toileting issues, baby talk, desiring to be carried or rocked, not being able to do things she/he used to do, social regression)
- Lack of developmental progress or not growing and learning like other children of their age
- Re-creating the event (playing out or drawing the event, repeatedly talking about it)
- Increased complaints (headaches, stomachaches)
- Overreacting to minor bumps or falls
- Changes in behavior (not wanting to eat, angry outbursts, decreased attention, withdrawal)

Signs of stress that you might see in your older children and siblings, include (in addition to those above):

- Not paying attention, being restless
- Moody, depressed, or irritable
- Getting lower grades or skipping school
- Disobeying, talking back, or getting into fights
- Drinking or using drugs, hanging out in groups and getting into trouble

Some of these behaviors may be normal signs of growing, but big changes in these behaviors can be signs of stress. Even when you see changes, you may not know what to do or how to cope with them. We can get help to support you.

If you are feeling very anxious or angry, or are struggling, the following resources are available to assist you:

[Insert contact information for your staff if they want to get support—contacting mental health consultants, health professionals, etc.]

Our hearts go out to you during this time.

The *[Head Start Program]* is here to support you and your family during this difficult time. Please do not hesitate to contact us.

Sincerely,

[Insert name]

A. Assisting Staff

Sample Letter: To Staff When a Tragic Event Is Receiving Wide or Local Media Coverage

Dear Staff:

In light of the tragedy in *[insert town]*, we are reviewing and updating our safety plans. Please be assured that our program has safety plans in place. *[Insert how staff can review your program's plans]*.

The attached handout gives you information on how people sometimes react to the news of a tragedy. If you have any concerns about our safety plans, let us know. If you want to get help coping with tragic events or to volunteer in relief efforts, let us know.

This is also a good time to make sure that we have your current emergency contact information. If anything has changed, share your new information with us. This way our records will be up to date.

Our hearts go out to the families affected by this terrible event.

Sincerely,

[Insert Name]

Attach handouts

B. Assisting Families

When a program is directly or indirectly affected by a tragic event families may need support.

If your program has been directly affected, refer to your emergency plans. This resource is a supplement to the plans you have in place.

Programs should work with their mental health consultant to find support services to assist families. You may also want to find a pediatrician who can help you address children's needs during or after a crisis.

For information on how to obtain mental health services for families, see "Facilitating a Referral for Mental Health Services for Children and Their Families Within Early Head Start and Head Start," available at <http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/health/mental-health/ec-mental-health-consultation/facilitatingare.htm>. To learn more about the pediatrician's role in disaster preparedness, refer to the AAP Children & Disasters website at <http://www.aap.org/disasters>.

After a tragic event, people often want to know that emergency plans are in place if something happens. For those not directly affected, it is a good time to update contact information. It is also a good time to remind parents to let staff know of changes or concerns they have about their child.

These resources are for you to share with families and staff members. Materials in the "Assisting Staff" section may also be adapted for parents or other adults.

Tip Sheets:

- Children's Responses to Crises and Tragic Events
- Helping Your Child Cope with Disasters

Sample Letters:

- Sample letter: To families affected by a crisis or tragic event
- Sample letter: Reassuring parents that emergency plans are in place after a crisis or tragic event

B. Assisting Families

Tip Sheet for Parents and Other Family Members Caring for Children

Children's Responses to Crises and Tragic Events¹

Infants, toddlers, preschoolers, and young children who experience a tragic event may show changes in their behaviors. They may also be indirectly affected by a crisis by what they see on the TV or hear.

The most important role you can play as a parent in an emergency situation is to stay calm. Children of all ages easily pick up on their parents or other's fears and anxieties. This may cause changes in behaviors.

Children, no matter what their age, do not always have the words to tell you how they are feeling. They may not know how to talk about what has happened. Their behavior can be a better sign. Sudden changes in behavior can mean they have been exposed to trauma or a crisis.

What you might see:

- Problems sleeping, including not wanting to sleep alone, having a hard time at naptime or bedtime, not wanting to sleep or repeatedly waking up, nightmares
- Separation anxiety, including not wanting to be away from you, not wanting to go to school, and crying or complaining when you leave
- Not eating
- Not being able to do things they used to do
- More cranky behaviors
- Being more stubborn than usual
- Wanting things only done his/her way
- Social regression
- Increased complaints (headaches, stomachaches)
- Intense preoccupation with the details of the event
- Wanting to always talk about what happened
- Fear that the event might happen again
- Not paying attention, being restless
- Moody, depressed, or irritable
- Playing in violent ways
- Hitting you or others
- More tantrums
- Clinginess with teachers or caregivers
- Regression, or going back to an earlier stage of development
 - Bedwetting or other toileting issues
 - Baby talk
 - Wanting to be carried or rocked

¹ Material adapted from:

National Child Traumatic Stress Network Schools Committee. (October 2008). *Child Trauma Toolkit for Educators*. Los Angeles, CA & Durham, NC: National Center for Child Traumatic Stress

National Child Traumatic Stress Network. Parent Tips for Helping Infants and Toddlers after Disasters. Available at http://www.nctsn.org/sites/default/files/pfa/english/appendix_e4_tips_for_parents_with_infants_and_toddlers.pdf.

Healthychildren.org. What to tell your children about disasters. <http://www.healthychildren.org/English/safety-prevention/at-home/Pages/Getting-Your-Family-Prepared-for-a-Disaster.aspx>

Federal Emergency Response Agency. Helping Children Cope with Disaster <http://www.fema.gov/news-release/2005/10/14/helping-children-cope-disaster>

B. Assisting Families

Tip Sheet for Parents and Other Family Members Caring for Children

Children's Responses to Crisis and Tragic Events continued

- Re-creating the event, without prompting by staff or mental health consultant
 - Playing out or drawing the event
- Overreacting to minor bumps or falls
- Over- or under-reacting to physical contact, sudden movements, or loud sounds such as sirens and slamming doors
- Anxiety and worry
- New fears and/or fears about safety
- Asking questions and making statements about the event

What you might see (in addition to those listed above) in your older children

- Strong angry or sad feelings
- Acting out in school
- Poor grades
- Fighting with friends
- Wanting to be alone
- Behaving as if he or she has no feelings
- Disobeying, talking back, or getting into fights
- Drinking or using drugs, hanging out in groups and getting into trouble

Additional information about children's responses to trauma and disasters is available from the following resources:

- American Academy of Pediatrics Promoting Adjustment and Helping Children Cope <http://www.aap.org/disasters/adjustment>
- The Youngest Victims: Disaster Preparedness to Meet Children's Needs <http://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Children-and-Disasters/Documents/Youngest-Victims-Final.pdf>
- Office of the Administration for Children & Families Early Childhood Disaster-Related Resources <http://www.acf.hhs.gov/programs/ohsepr/early-childhood>
- The National Child Traumatic Stress Network <http://www.nctsn.org>

If you see changes in your child, tell your child's teacher or home visitor. It is important that you and your child get support. Your Head Start/ Early Head Start teacher and/or mental health consultant can help you find resources that can help.

B. Assisting Families

Tip Sheet: For Parents and Other Family Members Caring For Children

Helping Your Child Cope After a Disaster¹

Children can cope more effectively with a disaster when they feel they understand what is happening and what they can do. Providing basic information may help them cope. However, parents should be careful not to provide unnecessary details that may only alarm them.

For preschool-aged children, it may be comforting to provide a simple explanation of what happened and how it will affect them (e.g., a tree branch fell on electrical wires and that is why the lights don't work). Let children know there are many people who are working to help them and their community to recover after a disaster (such as repair crews for the electric company, or firefighters, police, paramedics, or other emergency personnel). Share steps that are being taken to keep them safe; children will often worry that a disaster will occur again.

Older children will likely want, and benefit from, additional information about the disaster and recovery efforts. No matter what age, start by asking children what they already know and what questions they have and use that as a guide for the conversation.

Help Children Cope

After a disaster or crisis, children benefit from adults who can help them learn how to cope effectively. Although it is not useful for adults to appear overwhelmed by the event, it is helpful to share some of their feelings and what they are doing to deal with those feelings. Allow children to “own” their feelings. Let your child know that it is all right to be upset about something bad that happened. Use the conversation to talk about other troubling feelings your child may have. A child who feels afraid is afraid, even if adults think the reason for the fear is unnecessary. If you feel overwhelmed and/or hopeless, look for some support from other adults before reaching out to your child.

Children, just like adults, often feel helpless after a disaster. Help them figure out what they can do—that is meaningful to them—to help others in their community who are affected by the disaster.²

You can take the following actions to help your child after a disaster or crisis. They are useful tips even if your child was not directly affected by an event.

Help your child feel safe: One of the most important things parents or caregivers can do is to help their child feel safe. This is done by holding your baby, and comforting your child when he or she has a nightmare.

¹Materials adapted from:

American Academy of Pediatrics. Talking to Children about Disasters. <https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Children-and-Disasters/Pages/Talking-to-Children-About-Disasters.aspx>

American Academy of Pediatrics healthychildren.org. <https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/children-and-disasters/Documents/Responding-to-Childrens-Emotional-Needs.pdf>

American Academy of Pediatrics. Promoting Adjustment and Helping Children Cope. <http://www.aap.org/disasters/adjustment>

Office of Head Start. News You Can Use: Disaster Readiness and Response for Families with Young Children

²For more information, see “Promoting adjustment and helping children cope”

B. Assisting Families

Tip Sheet: For Parents and Other Family Members Caring For Children Helping Your Child Cope After a Disaster continued

Provide reassurance: Reassure children that steps are being taken to keep them safe. This can be done by pointing out things that are in place to keep them safe.

Restore the child's normal routine:

As soon as you can, go back to a normal routine. This means doing things like singing songs if you always sing songs with your child. Or read stories at the time you usually do. Bedtime and mealtime at familiar times are very helpful to children. Children function better when they know what to expect. Keep in mind that you do not want to force children to return to all routines if they are unable to do so because of their distress. Helping children understand and process events is also important.

Express feelings: Infants and toddlers may express themselves differently. They may cry more. They may be harder to soothe. They may become more fussy. Holding and cuddling may soothe your child. Soft music may soothe infants. Toddlers may have more temper tantrums. They may want to cling to you. Preschool and older children may like to draw or tell stories to express their feelings.

Ask questions: Parents and caregivers should ask children if they have questions or concerns. This helps children know that it is ok to talk. If your child asks questions, allow the child's questions to lead the discussion. If your child does not have questions, do not push. He or she may be more willing to talk later.

Share information: Explain events as simply and directly as possible. Because every child is different, take cues from your child as to how much information to share. Remember that even young children will hear about major events and that it is best to hear about them from a parent or caregiver and not on the media.

Acknowledge losses: Children are not only trying to deal with the disaster, but with everything else that follows. They may have to relocate, at least temporarily, and could be separated from friends or unable to attend the same school. Parents may have less income and the change in finances may change daily activities. Allow children to express their regrets over these "secondary losses."

Have fun: Find ways to have fun with your child or to be silly together. If your child likes to play peek-a-boo or play a favorite game, do those things. Laughter can be healing.

Reconnect with community: Take care of yourself. This will help you take care of your child. Find ways to get support. Talking with others can be helpful. If you notice changes in yourself, seek help from your Head Start/Early Head Start program.

Be flexible and patient: Getting back to "normal" can take a while. Take care of yourself.

Limit exposure to media coverage of the event: Images of the disaster or crisis on the TV, internet, radio, newspaper, and other social media may frighten or stress children more. Avoid or limit children's exposure to distressing pictures in the media.

B. Assisting Families

Sample Letter: For Families Affected by a Crisis or Tragic Event¹

Dear *[insert]*:

The *[insert event/crisis]* has touched many people's lives. You and your family may feel stress from the effects of this crisis on your health, work, or peace of mind. Stress may show up in ways that may not seem to have anything to do with what has recently happened. You or your children may not know how to talk about feelings of anxiety and fears.

There are a number of things you can do to take care of yourself and your children:

- Promote your own physical and emotional healing by healthy eating, rest, exercise, relaxation, meditation, and self-reflection and do the same for your children
- Try to keep a normal daily routine
- Limit demanding responsibilities
- Spend time with family and friends
- Find someone you trust to help with your personal concerns (See the information at the end of this letter.)
- Limit television and other media viewing about the disaster or crisis
- Encourage children to ask questions

Signs that you may be feeling stress include:

- Denial about what is going on
- Irritability leading to moodiness and triggering negative responses and reactions
- Anxiety about facing another day
- Anxiety about what the future holds
- Sleeplessness
- Familiar tasks may seem hard to do because of an inability to concentrate
- Anger at not being able to find a solution
- Anger at not being able to change the events
- Withdrawal from friends or co-workers
- Exhaustion that makes it almost impossible to get things done

Signs that infants, toddlers, and preschoolers in your home may be feeling stress include:

- Problems sleeping (not wanting to go to bed, not wanting to sleep alone, having a hard time at naptime or bedtime, repeatedly waking up, nightmares)
- Crying or complaining whenever you leave and not wanting to be away from you
- Eating problems or changes such as eating too much or not eating
- Playing in violent ways

¹Adapted from a sample take home letter for parents with children of any age from the National Center for Mental Health Promotion and Youth Violence Prevention.

B. Assisting Families

Sample Letter: For Families Affected by a Crisis or Tragic Event continued

- Separation anxiety, including clinginess toward teachers, caregivers, or yourself, not wanting to go to school
- Regression, or going back to an earlier stage of development (bedwetting or other toileting issues, baby talk, desiring to be carried or rocked, not being able to do things she/he used to do, social regression)
- Lack of developmental progress or not growing and learning like other children their age
- Re-creating the event (playing out or drawing the event, repeatedly talking about it)
- Increased complaints (headaches, stomachaches)
- Overreacting to minor bumps or falls
- Changes in behavior (not wanting to eat, angry outbursts, decreased attention, withdrawal)

Signs of stress that you may see in your older children, may include (in addition to those above):

- Not paying attention, being restless
- Moody, depressed, or irritable
- Getting lower grades or skipping school
- Disobeying, talking back, or getting into fights
- Drinking or using drugs, hanging out in groups, and getting into trouble

Some of these behaviors may be normal signs of growing, but big changes in these behaviors can be signs of stress. Even when you see changes, you may not know what to do or how to cope with them. We can get help to support you.

If you are feeling very anxious or angry or are struggling, the following resources are available to assist you:

[Insert contact information for your families if they want to get support—mental health consultants, health professionals, etc.]

The *[Head Start Program]* is here to support you and your family during this difficult time. Please do not hesitate to contact us.

Sincerely,

[Insert name]

B. Assisting Families

Sample Letter: Reassuring Parents that Emergency Plans are in Place After a Crisis or Tragic Event

Dear Parents and Caregivers:

In light of the tragedy in *[insert town]*, we want you to know that our program has safety plans in place. If you have any questions about these plans, let us know.

This is a good time to make sure that we have your current emergency contact information. If anything has changed, let us know. We will update our records. This information helps us make sure your child is safe.

If you want to know how to provide support or receive help in coping with tragic events such as this, let us know.

Our hearts go out to the families affected by this terrible event.

Sincerely,

[Insert name]

Attach handouts

Resources

Administration for Children and Families Early Childhood Disaster Resources

<http://www.acf.hhs.gov/programs/ohsepr/early-childhood>

American Academy of Pediatrics Children & Disasters

Disaster preparedness to meet children's needs:

<http://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Children-and-Disasters/Pages/default.aspx>

Talking to Children about Disasters.

<http://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Children-and-Disasters/Pages/Talking-to-Children-About-Disasters.aspx>

Promoting Adjustment and Helping Children Cope

<http://www.aap.org/disasters/adjustment>

<http://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Children-and-Disasters/Pages/Talking-to-Children-About-Disasters.aspx#sthash.UF4GsoOi.dpuf>

healthychildren.org

This website includes a section on talking to children about tragedies and other news events along with other information on safety, prevention, and health issues.

What to Tell your Children About Disasters.

<http://www.healthychildren.org/English/safety-prevention/at-home/Pages/Getting-Your-Family-Prepared-for-a-Disaster.aspx>

Talking to Children about Tragedies and Other News Events

<http://www.healthychildren.org/English/family-life/Media/Pages/Talking-To-Children-About-Tragedies-and-Other-News-Events.aspx>

Responding to Children's Emotional Needs During Times of Crisis

<http://www.healthychildren.org/English/healthy-living/emotional-wellness/Pages/Responding-to-Childrens-Emotional-Needs-During-Times-of-Crisis.aspx>

American Red Cross

American Red Cross

<http://www.redcross.org/>

Bright Horizons

Jim Greenman—What Happened to My World? Helping Children Cope with Natural Disaster and Catastrophe

<http://www.brighthorizons.com/talking-to-children>

Caring for our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs. 3rd edition

Provides additional information regarding disaster planning, training, and communication

<http://www.cfoc.nrckids.org/>

Federal Emergency Response Agency (FEMA)

Are You Ready? An In-depth Guide to Citizen Preparedness.

<https://www.fema.gov/media-library/assets/documents/7877>

Resources

Recovering from Disaster

http://www.nctsn.org/sites/default/files/pfa/english/1-psyfirstaid_final_complete_manual.pdf

Helping Children Cope with Disaster

<http://www.fema.gov/news-release/2005/10/14/helping-children-cope-disaster>

National Association of School Psychologists

Helping Children Cope with Crisis: Care for Caregivers

http://www.nasponline.org/resources/crisis_safety/care-for-caregivers.aspx

National Center for Mental Health Promotion and Youth Violence Prevention

Sample Take Home Letter to Parents with Children of Any Age

<http://crisisresponse.promoteprevent.org/ossresource/sample-take-home-letter-parents-children-any-age>

The National Child Traumatic Stress Network (NCTSN)

After the Hurricane: Helping Young Children Heal

http://www.nctsn.org/sites/default/files/assets/pdfs/Helping_Young_Children_Heal.pdf

http://www.nctsn.org/sites/default/files/assets/pdfs/Helping_Young_Children_Heal.pdf

Resources for Parents and Caregivers

<http://www.nctsn.org/resources/audiences/parents-caregivers>

National Child Traumatic Stress Network and National Center for PTSD

Psychological First Aid Field Operations Guide. 2nd ed.

http://www.nctsn.org/sites/default/files/pfa/english/1-psyfirstaid_final_complete_manual.pdf

NCTSN Schools Committee

Child Trauma Toolkit for Educators. Los Angeles, CA, and Durham, NC: National Center for Child Traumatic Stress, October 2008

http://rems.ed.gov/docs/NCTSN_ChildTraumaToolkitForEducators.pdf

Parent Guidelines for Helping Children after Hurricanes

http://nctsn.org/sites/default/files/assets/pdfs/parents_guidelines_talk_children_hurricanes.pdf

Spanish:

http://nctsn.org/sites/default/files/assets/pdfs/ParentGuidelines_SpanishVersion.pdf

Parent Tips for Helping Infants and Toddlers after Disasters

http://www.nctsn.org/sites/default/files/pfa/english/appendix_e4_tips_for_parents_with_infants_and_toddlers.pdf

Parent Tips for Helping Preschool-Age Children after Disasters

http://www.nctsn.org/sites/default/files/assets/pdfs/appendix_tips_for_parents_with_preschool_children.pdf

Parent Tips for Helping School-Age Children after Disasters

http://www.nctsn.org/sites/default/files/assets/pdfs/appendix_tips_for_parents_with_schoolage_children.pdf

Psychological First Aid for Adults: Tips for Adults

http://www.nctsn.org/sites/default/files/pfa/english/appendix_e8_tips_for_adults.pdf

Resources

Teacher Guidelines for Helping Children after Hurricanes

http://nctsn.org/sites/default/files/assets/pdfs/teachers_guidelines_talk_children_hurricanes.pdf

Trinka and Sam: The Rainy Windy Day

http://www.nctsn.org/sites/default/files/assets/pdfs/trinka_and_sam_final.pdf

Spanish:

<http://www.nctsn.org/sites/default/files/assets/pdfs/trinka-y-juan-final-2-11.pdf>

Symptoms and Behaviors Associated with Exposure to Trauma

http://www.nctsn.org/sites/default/files/assets/pdfs/symptoms_and_behaviors_associated_with_exposure_to_trauma.pdf

Office of Head Start Emergency Preparedness website

Provides additional information, resources, and tip sheet as well as a link to the *Head Start Emergency Preparedness Manual*

<http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/health/ep>

U.S. Army and Youth Services

Installation Mobilization and Contingency (MAC) Plan Handbook

[https://www.cnrc.n9portal.com/elibrary/navyelib/files/pubs/CYP%20Mobilization%20and%20Contingency%20\(MAC\)%20Handbook.pdf](https://www.cnrc.n9portal.com/elibrary/navyelib/files/pubs/CYP%20Mobilization%20and%20Contingency%20(MAC)%20Handbook.pdf)

Readiness and Emergency Management for Schools Technical Assistance Center

Helping Youth and Children Recover from Traumatic Events

<http://rems.ed.gov/docs/repository/00000357.pdf>

Ready.gov

Download family emergency plans, emergency supply checks lists and other resources

www.ready.gov

Sesame Street

Here for Each Other: A resource for Parents and Caregivers

http://www.sesamestreet.org/cms_services/services?action=download&fileName=For%20Parents%20Here%20for%20Each%20Other&uid=88b10d16-be94-4962-bd02-f3fcefbab5c4

Substance Abuse and Mental Health Services Administration

Tips for Survivors of a Traumatic Event: What to Expect in Your Personal, Family, Work and Financial Life

<http://store.samhsa.gov/shin/content//NMH02-0139/NMH02-0139.pdf>

U.S. Department of Education

Resources for parents following traumatic events; includes parent tip sheets for helping infants, toddlers and preschool age children after disasters.

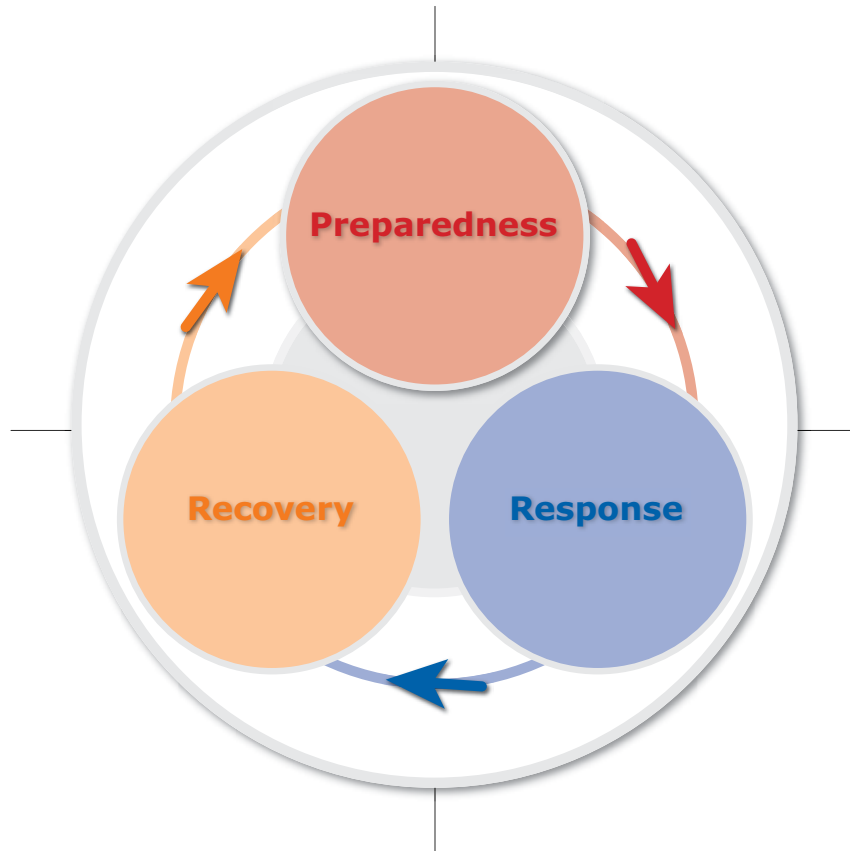
<http://www.ed.gov/blog/2012/12/resources-for-parents-following-traumatic-events/>

U.S. Department of Health and Human Services Public Health Emergency website

Provides information and resources, including tips for talking to children and adults about tragic events. A link to the disaster distress helpline is also provided.

<http://www.phe.gov/emergency/events/newtown/Pages/default.aspx>

Head Start Emergency Preparedness Manual: 2015 Edition



Responding to Crises and Tragic Events: Planning, Reviewing and Practicing Your Program's Emergency Preparedness Plans



U.S. Department of Health and Human Services
Administration for Children and Families
Office of Head Start

School readiness begins with health!



Supplemental Resource to the Head Start Emergency Preparedness Manual: 2015 Edition

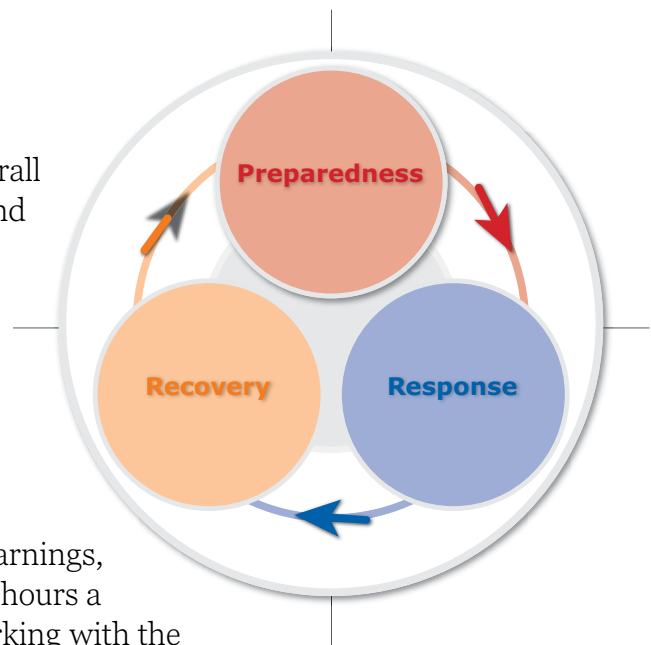
Definitions

Incident Commander:

The person designated to be responsible for the overall incident management procedures of the program and the person who determines whether to implement incident management protocols (e.g., evacuation, shelter-in-place).¹

National Oceanic and Atmospheric Administration (NOAA) Radio:

The NOAA National Weather Service broadcasts warnings, watches, forecast, and other hazard information 24 hours a day via a nationwide network of radio stations. Working with the Federal Communication Commission's Emergency Alert System, the NOAA radio is an "all hazards" radio network for both natural (severe storms, hurricanes, tornadoes, earthquakes, and volcanic activity) and environmental (chemical spills and bio-hazardous releases) events.² A listing of NOAA radio stations, where to buy a NOAA radio, and how to program it is available on the NOAA website at www.noaa.gov.



¹U.S. Department of Homeland Security, FEMA. Sample School Emergency Operations Plan. March 2011. <http://training.fema.gov/EMIWeb/emischool/EL361Toolkit/assets/SamplePlan.pdf>

²National Oceanic and Atmospheric Administration website. www.noaa.gov

Testing and Updating Your Plans

When a tragic event or disaster receives national or local news coverage, your staff may feel the need to test and update the plans that are in place to ensure that they know what to do to keep their children, families, and staff as safe as possible.

Testing, practicing, and updating your emergency preparedness plans should be completed with your planning team and involve your program and community partners. If a tragic event or crisis is the reason for the review, start with those plans most closely connected to the tragic event or crisis.

Remember that your planning team should also schedule regular times to update staff and to train new staff members on emergency preparedness plans. Training may take place as an in-service activity as well as periodically through the program year.

Reviewing and practicing your plans can uncover stumbling blocks or problems. If problems are found, you can revise the plan with new solutions. This helps your team see what might happen when an emergency occurs.

The following information is provided for your ease of reference. You should refer to your program's emergency preparedness manual, contact your Health Services Advisory Committee (HSAC), Policy Council, community or regional emergency management agency, and planning team, as well as the Head Start Performance Standards and Regulations, and [Caring for Our Children, 3rd Edition](#), emergency related procedures regarding best practices for testing and updating the plans you have in place.

Practice and Test

The practice or testing stage is when a program simulates the impact of an emergency situation. Head Start programs already implement fire drills but need to add other emergency situations that may occur. Local governments and associations are also beginning to have community-wide drills. Collaborative relationships developed by the planning team, particularly with the local health department and emergency management agency, can ensure that your program takes part in these drills. During the practice stage, participants from your program and community need to include:

- Staff
- Administrators
- Children
- Families
- Local emergency management agency staff members
- Local health department officials
- First responders (including fire, police, and health)
- Community partners (including mental health professionals, local social service organizations, and local businesses)

Staff, families, and partners go through each phase—from impact through recovery—for each emergency situation identified. It is important to let children know what to expect during practice drills so that they are not scared or have to deal with trauma from a practice drill. For long-distance evacuation, when

Testing and Updating Your Plans

children and staff cannot get shelter, programs need to find a compromise for simulation. In addition, programs can ask staff members or families to be accessible only through specific contact persons or by cell phones to help replicate the experience of a crisis. Consult your HSAC and mental health consultant on best practices for planning and testing your emergency preparedness plans and drills.

Review

The review stage is when some or all of the staff members, families, and partners consider what happened during the practice drills. They consider if all needed elements were covered and if there were any gaps in the plan. Plans, checklists, and decision trees are reviewed in detail to identify changes. Ideally, all members of your program should provide feedback, but often not everyone may be able to take part in the meeting.

You can choose to have several ways for people to take part in the review stage. The people who took part in the practice stage need to be able to give feedback in some manner. You may want to give some people the opportunity to write feedback and others to meet with the planning team. If your planning team chooses to meet with a select group, make sure that you select people from each group that was involved in the practice stage. Teachers or mental health professionals can talk with preschool children and share what they have learned and their feelings about the practices or drills.

Feedback can be given in a number of ways:

- Make comments and revisions directly on plans, checklists, and decision trees
- Communicate ideas to a person who can attend the meeting with the planning team
- Write comments and email or deliver them to the planning team
- Participate in a feedback session with the planning team

Update

During the update stage, the planning team makes revisions to the plans based on comments shared during the review phase. Revisions of plans and the related documents need to be as inclusive as possible. Such revisions may involve strategies such as the following:

- Majority rules
- Using a facilitator for revisions
- Deciding on guidelines for discussions
- Designating who is responsible for make final decisions

Once revisions are made, they need to be shared with the community at large. You may also wish to share why the changes were made.

By testing and updating the plans for your program, you ensure the readiness of your program to face an emergency situation.

Testing and Updating Your Plans

Communicating Your Plan

It is essential that all the stakeholders, including staff, families, and partners, know and have copies of your plans. You may decide to share the plan with staff, families, and partners in different ways. However, keep in mind that it is not necessarily recommended that families be provided with all details for plans such as those for intruders and active shooters.

Some options for letting others know about the plan include:

- Hold a launch meeting when your planning is complete. Give out copies of your plan and discuss the relevance, the parts of the plan, and your expectations. You can also use this as a time to get feedback.
- Compile a notebook that you provide at trainings or when someone new is hired. This notebook should be organized so that people can access the information when they need it.
- Make posters or flyers that you can post where your program provides services. These posters and flyers can let people know what to do in emergencies.
- Post your plans on your program's intranet (if your program has one).
- At meetings, remind staff and others about where and how the emergency plans can be found.

Trainings

After completing your program's emergency preparedness plan or the practice-review-revise cycle, you need to provide training. You may decide to offer different training to different members of the community, or you may decide to train everyone together. If you divide groups

into families, staff members, and partners, make sure to let them know the responsibilities of those who are not at the training.

The training should give information and practical experiences so that each person understands their role in the process.

Training strategies include the following:

- Review each component in your training and a slide presentation.
- Simulate experiences. Have trainees act out their roles.
- Have special presenters (local health department representatives, Administration for Children and Families (ACF) Regional Emergency Management Specialist, or child care providers) who have experienced the emergencies you are discussing. The Office of Human Services Emergency Preparedness & Response website is a good starting point for locating regional emergency management specialists and other resources. (<http://www.acf.hhs.gov/programs/ohsepr>)
- Provide question and answer sessions to encourage deeper understanding of the plan.
- Give attendees multiple ways to ask questions or express concerns (i.e., asking questions, writing questions on paper, talking in small groups).
- Use small groups to give time for attendees to teach-back what they have learned.

Remember, when someone new joins your program they need to understand the emergency preparedness plans you have in place. As staff, families, and partners join your program, share written materials with them or plan additional training sessions.

Checklists and Procedure Plans

When a tragic event or crisis happens, even those who are not affected directly by the event may feel the need to be reassured that they know what to do if something similar happens to them. Staff may want to review emergency preparedness plans and may seek tools to help them in this process.

These checklists provide you with a starting point for reviewing your plans and ways to practice the steps your program has in place. They are not intended to take the place of the complete emergency preparedness plans that all Head Start programs are required to have in place or the regularly scheduled emergency drills and practices. Staff should refer to the Head Start Emergency Preparedness [Manual](#) for additional information on emergency preparedness planning and consult with their HSAC, Policy Council, or community or regional emergency management agency regarding necessary planning, practicing, and recovery steps.

For some disasters, such as earthquakes, the most important safety measures may be building to code and related assessments and retrofitting standards. More information on these issues can be found on the Head Start Facilities web site at <https://eclkc.ohs.acf.hhs.gov/hslc/tta-system/operations/mang-sys/facilities-equip>. Also, after some disasters programs may need to assess or reassess for environmental hazards such as lead, asbestos exposure, and mold.

In addition, a mental health consultant or pediatrician can help identify important steps to ensure that children's needs are met after

a tragic event or crisis. The Early Childhood resources link on the ACF website (<http://www.acf.hhs.gov/programs/ohsepr/early-childhood>) provides additional resources.

Note that these checklists are not designed for home visitors. Home visitors and those serving home-based programs should consult their HSAC, Policy Council, and/or community or regional emergency management agencies to determine best practices and strategies for emergency preparedness checklists.

Checklists can be used in a number of ways, including:

- As a starting point for reviewing, planning, and practicing your emergency plans with staff
- As a starting point for customizing your own planning steps as places are included for programs to add their own steps
- As a tool to guide discussions and gather information from your emergency planning team and advisory board
- As a starting point to talk about psychological first aid, not only for those directly affected by an event, but those indirectly affected
- As tools to use with your planning team to help assess if needs have changed or if new resources or services are available

Checklists and Procedure Plans

**Planning and practice checklists are provided
on the following topics:**

8 General Planning and Practice Guidelines	100 Grab-and-Go Kit Checklist
14 Local and Regional Disasters Checklists	101 Community Health Service Needs
14 Earthquake	104 Emergency Preparedness for Early HS Home Visitors
23 Excessive heat	105 Resources
26 Flood	
30 Hurricane/tropical storm	
36 Landslides and Debris Flow	
39 Thunderstorm/lightning	
42 Tornado	
45 Tsunami	
47 Volcano	
53 Winter storm/extreme cold	
57 Site-Specific Hazards Checklists	
57 General safety threat	
59 Medical emergency	
61 Transportation/bus/field trip hazards	
71 Utility outage and blackouts	
74 Fire	
77 Hazardous material event	
80 Missing child	
83 Bomb threat	
85 Criminal activity	
87 Intruder or hostage	
90 Radiologic event	
93 Terrorist event	

General Planning and Practice Guidelines

It is recommended that you consult with your HSAC, Policy Council, and/or your community or regional emergency management agency to decide whether or not each step should be included in your plan.

Steps to Reduce Risk	Comments
1. Contact your local or regional emergency management agencies, and your local American Red Cross chapter for more information on local and regional planning and local and regional hazards.	
2. Practice and test your plans and revise as needed.	
3. Consult with your facilities manager and others to make sure that structural and other safety measures have been taken care of such as the following: <ul style="list-style-type: none">• Large or heavy objects are placed on lower shelves.• Breakable items such as bottled foods and glass, are stored in low, closed cabinets with latches.• Heavy items such as pictures and mirrors are hung away from desks, cribs, cots, couches, and anywhere people sit or sleep.• Overhead light fixtures are braced.• Defective electrical wiring and leaky gas connections are repaired.• Determine if water heater has been secured.	

General Planning and Practice Guidelines

Steps to Reduce Risk	Comments
<ul style="list-style-type: none"> Any deep cracks in ceilings or foundations are repaired and require expert advice if there are signs of structural defects. Flammable products are stored securely in closed cabinets with latches and on bottom shelves. Exits are clear. Ensure that there are at least two exits for evacuation. Make sure all exits are clearly marked. 	
4. Determine whether to delay openings, close, or have an early release and communicate these procedures to families.	
Additional Steps	
Planning and Practice Steps	Comments
1. Consult with your HSAC and mental health consultant on best practices for planning and testing your emergency preparedness plans and drills.	
2. Consult with your HSAC, Policy Council, mental health consultant, and community or regional emergency management agency for information on how to accommodate infants, toddlers, and children and staff with access, functional and other needs. (This includes students/staff with limited English proficiency, blindness or visual disabilities, cognitive or emotional disabilities, deafness or hearing loss, permanent or temporary mobility/physical disabilities, and health conditions such as asthma and severe allergies).	

General Planning and Practice Guidelines

Planning and Practice Steps	Comments
3. Decide which staff person is responsible for determining imminent danger. This person is sometimes referred to as the Incident Commander. Make sure the entire staff knows to follow the emergency procedures identified by this staff person.	
4. Develop procedures for informing local authorities about any child or staff member with access, functional or other needs.	
5. Plan relationship building activities with local law enforcement and the emergency management agency in your area to get to know each other better.	
6. Determine the most reliable source of weather and other emergency information in your area. Determine if you need to purchase a battery-powered radio or NOAA radio to listen to local news. Also determine if there are other sources for information online or via TV. Identify at least two staff members who will monitor emergency warnings.	
7. Develop a list of tasks that must be performed for each emergency or event (use the checklists provided in this document as a starting point) and assign staff to each task making sure that each task is covered at all times.	
8. Determine the water supply you should have on hand for each child and staff member.	
9. Assign a staff person to secure important papers, such as child records and insurance policies.	

General Planning and Practice Guidelines

Planning and Practice Steps	Comments
10. Develop procedures for having parents sign and date their signature on the attendance sheet next to their child's name before releasing the child to them.	
11. Identify who will turn off electrical power, gas, and water supplies when there is standing water or fallen power lines, and secure structurally unstable building materials (if there is time to do so at the time of the emergency). Make sure at least two staff members know how to turn these items off.	
12. Ensure that there is always a staff member available who knows CPR and First Aid.	
13. On the layout diagram of your program, locate the designated "safe area" and share this with families and local emergency management personnel.	
14. Plan procedures for sheltering-in place.	
15. Develop communication systems for sharing evacuation plans with staff, families, and community management personnel so that it is known what steps are being taken within the plan.	
16. Ensure that insurance and rebuilding plans are in place in case of any damage.	
17. Educate staff about local emergency warning signals, evacuation routes, and locations of emergency shelters.	
18. Have an emergency/disaster supplies kit ready and make sure the kit's items are up to date and not expired.	

General Planning and Practice Guidelines

Planning and Practice Steps	Comments
<p>19. Emergency supplies include, but are not limited to, the following:</p> <ul style="list-style-type: none">• Flashlight and extra batteries• Portable battery-operated radio with extra batteries• Charged cell phones• First Aid kit• Emergency food and water• Nonelectric can opener• Prescription and nonprescription medications• Sturdy shoes	
<p>20. Clearly mark where your emergency food, water, First Aid kits, and fire extinguishers are located and make sure the entire staff knows where these items are located.</p>	
<p>21. Plan for an evacuation in case it is needed. This includes the following:</p> <ul style="list-style-type: none">• Talk with the families in your program about the evacuation plan. Offer maps, walk through each room, and discuss evacuation details.• Keep children's shoes close by during naptime.• Mark where your emergency food, water, First Aid kits, and fire extinguishers are located.• Mark where the utility switches or valves are located so they can be turned off, if possible.• Indicate the location where you will reunite with families in your program.	

General Planning and Practice Guidelines

Planning and Practice Steps	Comments
<p>22. Establish a priority list of what staff made need to take, such as:</p> <ul style="list-style-type: none">• Each classroom’s attendance sheet that lists all children, staff members, volunteers, and families who were present.• Important telephone numbers, such as police, fire, paramedics, and medical centers.• Names, addresses, and telephone numbers of insurance agents, including policy types and numbers.• Telephone numbers of the electric, gas, and water companies.• Names and telephone numbers of community members.• Name and telephone number of your landlord or property manager.• Important medical information, such as allergies and regular medications.• Any vehicle identification numbers, year, model, and license numbers.• Any financial information, including your program’s bank or credit union telephone number, account types, and numbers.	
<p>23. Develop plans to ensure the following items are located on each floor of your program building and determine who is responsible for making sure these items are working and up to date:</p> <ul style="list-style-type: none">• Portable, battery-operated radio and extra batteries• Several flashlights and extra batteries• First Aid kit and manual• Hard hats, masks, and gloves	

General Planning and Practice Guidelines

Planning and Practice Steps	Comments
<ul style="list-style-type: none">• Fluorescent tape to rope off dangerous areas• Updated emergency contact information and phone numbers• Staff should always bring their “grab and go” kits and make sure that diapers and wipes are included	
24. Communicate with your local transportation providers to ensure that they understand what procedures will be followed for the safe transportation of children.	
Additional Practice Steps	

Local and Regional Disaster Checklists

Earthquake

It is recommended that you consult with your HSAC, Policy Council, and/or your community or regional emergency management agency to decide whether or not each step should be included in your plan.

Steps to Reduce Risk	Comments
1. Make sure staff is familiar with earthquake terms.	
2. Fasten/secure heavy items and furniture to wall studs and brace overhead light fixtures.	
3. Place large or heavy objects on lower shelves.	
4. Store breakable items such as bottled foods and glass, in low, closed cabinets with latches.	
5. Hang heavy items such as pictures and mirrors away from desks, cribs, cots, couches, and anywhere people sit or sleep.	
6. Brace overhead light fixtures.	
7. Repair defective electrical wiring and leaky gas connections.	
8. Secure a water heater by strapping it to the wall studs and bolting it to the floor.	
9. Repair any deep cracks in ceilings or foundations. Get expert advice if there are signs of structural defects.	
10. Store any flammable products securely in closed cabinets with latches and on bottom shelves.	

School readiness begins with health!

Local and Regional Disaster Checklists—Earthquake

Steps to Reduce Risk	Comments
11. Clear exits and ensure that there are at least two exits for evacuation. Make sure all exits are clearly marked.	
12. Consider if earthquake insurance is necessary.	
Additional Steps to Reduce Risk	
Planning Steps	Comments
1. Decide which staff person is responsible for determining imminent danger. This person is sometimes referred to as the Incident Commander. Make sure that the entire staff knows to follow the emergency procedures identified by this staff person.	
2. Determine who will monitor your local radio station or NOAA radio for emergency warnings. Identify at least two staff members who will monitor emergency warnings.	
3. Develop a list of tasks that must be performed and assign staff to each task, making sure that each task is covered at all times.	
4. Contact your local emergency management agency, your ACF Regional Emergency Management Specialist or American Red Cross chapter for more information on earthquakes and plan relationship building activities with local law enforcement and the emergency management agency in your area.	
5. Teach 4- and 5-year-old children how and when to call 911, police, or the fire department.	

Local and Regional Disaster Checklists—Earthquake

Planning Steps	Comments
6. Work with staff to develop educational activities that will prepare children for an earthquake.	
7. Develop procedures for having parents sign and date their signature on the attendance sheet next to their child's name before releasing the child from the program.	
8. Assign a staff person to secure your important papers, such as child records, insurance policies, etc.	
9. Identify who will turn off electrical power, gas, and water supplies when there is standing water or fallen power lines, and secure structurally unstable building materials (if there is time to do so at the time of the emergency). Make sure at least two staff members know how to turn these items off.	
10. Have an emergency/disaster supplies kit ready.	
11. Plan a second way to exit from each room or area, if possible. If you need special equipment, such as a rope ladder, mark where it is located.	
12. Clearly mark where your emergency food, water, First Aid kits and disaster supplies kit, and fire extinguishers are located and train all staff.	
13. Identify safe places indoors and outdoors: <ul style="list-style-type: none"> • Under sturdy furniture such as a heavy desk or table. • Against an inside wall. • Away from places where glass could shatter (i.e., windows, mirrors, pictures) or where heavy bookcases or other heavy furniture could fall. 	

Local and Regional Disaster Checklists—Earthquake

Planning Steps	Comments
<ul style="list-style-type: none"> • In the open, away from buildings, trees, telephone, and electrical lines, overpasses, or elevated expressways. 	
<p>14. Have your emergency/disaster supplies kit on hand that includes the following:</p> <ul style="list-style-type: none"> • Flashlight and extra batteries • Portable battery-operated radio with extra batteries • Charged cell phones • First Aid kit • Emergency food and water • Nonelectric can opener • Prescription and nonprescription medications • Sturdy shoes 	
<p>15. Plan for an evacuation in case it is needed:</p> <ul style="list-style-type: none"> • Talk with the families in your program about the program evacuation plan. Offer maps; walk through each room and discuss evacuation details. • Keep children's shoes close by during naptime. • Mark where your emergency food, water, First Aid kits, disaster supplies kit, and fire extinguishers are located. • Mark where the utility switches or valves are located so they can be turned off, if possible. • Indicate the location where you will reunite with families in your program. 	
<p>16. Establish a priority list of what could be needed during an earthquake and what staff may need to take, such as:</p> <ul style="list-style-type: none"> • Each classroom's attendance sheet that lists all children, staff, volunteers, and families who were present when the earthquake hit. 	

School readiness begins with health!

Local and Regional Disaster Checklists—Earthquake

Planning Steps	Comments
<ul style="list-style-type: none"> • Important telephone numbers, such as police, fire, paramedics, and medical centers. • Names, addresses, and telephone numbers of insurance agents, including policy types and numbers. • Telephone numbers of the electric, gas, and water companies. • Names and telephone numbers of community members. • Name and telephone number of your landlord or property manager. • Important medical information, such as allergies and regular medications. • Any vehicle identification numbers, year, model, and license numbers. • Any financial information, including your program's bank or credit union telephone number, account types, and numbers. • Radio and TV broadcast stations to tune to for emergency broadcast information. 	
<p>17. Outline what to do to stay safe.</p> <p>If indoors:</p> <ul style="list-style-type: none"> • Drop to the ground; take cover by getting under a sturdy table or other piece of furniture, and hold on. • Stay away from glass, windows, outside doors and walls, and anything that could fall, such as lighting fixtures or furniture. 	
<ul style="list-style-type: none"> • Use a doorway for shelter only if it is in close proximity to you and if you know it is a strongly supported, load-bearing doorway. 	

Local and Regional Disaster Checklists—Earthquake

Planning Steps	Comments
<ul style="list-style-type: none"> • Stay inside until shaking stops and it is safe to go outside. Research has shown that most injuries occur when people inside buildings attempt to move to a different location inside the building or try to leave. • Be aware that the electricity may go out or the sprinkler systems or fire alarms may turn on. • DO NOT use the elevators. <p>If outdoors:</p> <ul style="list-style-type: none"> • Stay there. • Move away from buildings, streetlights, and utility wires. • Once in the open, stay there until the shaking stops. The greatest danger exists directly outside buildings, at exits, and alongside exterior walls. 	
<p>18. If someone is trapped under debris:</p> <ul style="list-style-type: none"> • Do not light a match. • Do not move about or kick up dust. • Have the person cover his or her mouth and nose with a handkerchief or clothing. • Tell him/her to tap on a pipe or wall so rescuers can locate them. Whistle (or use a whistle if one is available). Shout only as a last resort. Shouting can cause you to inhale dangerous amounts of dust. 	
<p>19. For individuals with access, functional and other needs:</p> <ul style="list-style-type: none"> • If you or a child are confined to a wheelchair or are in a crib or stroller, try to get yourself and the child under a doorway or into an inside corner, lock the wheels, and cover your head and the child's head with your arms. Remove any items that are not securely attached to the wheelchair, crib, or stroller. 	

Local and Regional Disaster Checklists—Earthquake

Planning Steps	Comments
<ul style="list-style-type: none"> • If you are able, seek shelter under a sturdy table or desk. Stay away from outer walls, windows, fireplaces, and hanging objects. • If you are outside, go to an open area away from trees, telephone poles, and buildings, and stay there. 	
<p>20. Schedule times to practice how to Drop, Cover, and Hold when shaking starts.</p> <p>For children ages 3-5 years:</p> <ul style="list-style-type: none"> • DROP to the ground; take COVER by getting under a sturdy table or other piece of furniture; and HOLD ON until the shaking stops. If there isn't a table or desk near you, cover your face and head with your arms and crouch in an inside corner of the building. <p>For accommodations for infants and toddlers and those with access, functional and other needs:</p> <ul style="list-style-type: none"> • Consult with your HSAC, Policy Council, and community or regional emergency management agency for information on how to accommodate those who may not be able to take part in the Drop, Cover, and Hold drill. <p>Keep everyone away from windows; and stay inside until the shaking stops. (Be prepared for aftershocks).</p>	
<p>Additional Planning Steps</p>	

Local and Regional Disaster Checklists—Earthquake

Practice Steps	Comments
<ol style="list-style-type: none"> 1. Have children and staff get under a sturdy table or desk and hold on to it. Practice Drop, Cover, and Hold and make sure to practice how to accommodate the needs of infants, toddlers, and children or staff with access, functional and other needs. 2. Practice having the children respond to their teacher's request to: <ul style="list-style-type: none"> • Cover their face and head with their arms. • Stand or crouch in a strongly supported doorway. • Brace themselves in an inside corner of the building 	
<ol style="list-style-type: none"> 3. Practice having children move away from objects that could shatter like windows or glass, when given a command to do so. 	
<ol style="list-style-type: none"> 4. Practice staying inside, when given a command to stay inside. Many people are injured at entrances of buildings by falling debris. 	
Additional Practice Steps	
<ol style="list-style-type: none"> 1. Consider taking part in national, regional, or local earthquake drills such as the Shakeout (www.shakeout.org). 	

Local and Regional Disaster Checklists

Excessive Heat

It is recommended that you consult with your HSAC, Policy Council, and/or your community or regional emergency management agency to decide whether or not each step should be included in your plan.

Steps to Reduce Risk	Comments
1. Ensure air conditioners are installed and insulated properly.	
2. Ensure that air conditioning ducts are checked regularly for proper cooling and air filter for dirt, bacteria, and mold.	
3. Determine if temporary window reflectors need to be installed.	
4. Cover windows with drapes, shades, or awnings.	
5. Make sure that doors and sills are weather-stripped to keep cool air in.	
6. Determine if storm windows should be kept up all year.	
Additional Steps to Reduce Risk	
Planning Steps	Comments
1. Keep staff and children hydrated by having water and ice readily available and accessible to prevent dehydration and overheating.	
2. Use supplements, such as sports drinks, that will help replenish electrolytes lost through sweating.	
3. Determine who will monitor your local radio station or NOAA radio for emergency warnings and determine who will be in charge of this task. Identify at least two staff members who will monitor emergency warnings.	

Local and Regional Disaster Checklists—Excessive Heat

Planning Steps	Comments
4. Decide which staff person is responsible for determining imminent danger. This person is sometimes referred to as the Incident Commander. Make sure that the entire staff knows to follow the emergency procedures identified by this staff person.	
5. Monitor air quality daily by listening to the radio or television weather reports.	
6. Replace outdoor activities with activities that can be done inside.	
7. Be aware of signs of heat-related health concerns.	
8. Stay on the lowest floor, and out of the sunshine, if air conditioning is not available.	
9. Serve the children well-balanced, light, regular meals.	
10. Recommend that children and staff dress in loose-fitting, lightweight, light-colored clothes.	
11. Keep a close eye on children with respiratory issues such as asthma.	
12. Never leave children alone in closed vehicles.	
13. Train staff in First Aid for children/staff with symptoms of heat related illness.	
14. Develop activities that educate children about excessive heat.	
15. Develop procedures for having parents sign and date their signature on the attendance sheet next to their child's name before releasing the child to them.	

Local and Regional Disaster Checklists—Excessive Heat

Planning Steps	Comments
16. Find out more information about excessive heat and its impact on children, refer to “ Extreme Temperatures: Heat and Cold. ”	
17. Identify who is responsible for determining if facility improvements such as those listed above need to take place. This is often the facilities manager or grantee.	
Additional Planning Steps	
Practice Steps	Comments
1. Encourage children to take water breaks at regular intervals.	
2. Create a learning activity for the classroom that focuses on excessive heat and poor air quality.	
Additional Practice Steps	

Local and Regional Disaster Checklists

Flood

It is recommended that you consult with your HSAC, Policy Council, and/or your community or regional emergency management agency to decide whether or not each step should be included in your plan.

Steps to Reduce Risk	Comments
1. Ensure that your building is protected: elevate the furnace, water heater, and electrical panel; seal the basement with waterproofing; and install “check valves.”	
2. Have qualified professionals conduct a postflooding mold assessment, mold abatement if necessary, and provide information on mold and other postflood environmental health hazards to families.	
3. Determine if there is a need to construct barriers (levees, beams, floodwalls) to stop floodwater from entering the building.	
4. Determine if basement walls should be sealed with waterproofing compounds to avoid seepage and if sump-pumps should be installed.	
5. Talk with your insurance representative about flood protection insurance.	
6. Stay informed about whether water is safe to drink.	
7. If transporting children, pay attention to water levels.	
Additional Steps to Reduce Risk	

Local and Regional Disaster Checklists—Flood

Planning Steps	Comments
1. Plan evacuation routes that avoid areas prone to flooding, such as streams, drainage channels, canyons, and other areas with a known history of sudden flooding.	
2. Establish plans for moving the children and staff to higher ground.	
3. Decide which staff person is responsible for determining imminent danger. This person is sometimes referred to as the Incident Commander. Make sure that the entire staff knows to follow the emergency procedures identified by this staff person.	
4. Plan and practice a flood evacuation route with your program. Select someone to be the “program contact” in case families are separated during a flood. Make sure everyone in the community knows the name, address, and phone number of this contact person.	
5. Communicate emergency phone numbers to all members of your Head Start community.	
6. Determine who will monitor your local radio station or NOAA radio for emergency warnings and determine who will be in charge of this task. Identify at least two staff members who will monitor emergency warnings.	
7. Develop educational activities that staff can use whenever there is a threat of a flood.	
8. Assign a staff person to secure your important papers, such as child records, insurance policies, etc.	

Local and Regional Disaster Checklists—Flood

Planning Steps	Comments
9. Educate staff on the dangers of floodwater and moving water of any kind, as well as water contaminated by run off from the soil (oil and gasoline), and water that may be electrically charged from a downed power line.	
10. Develop procedures for parents to sign and date their signature on the attendance sheet next to their child’s name before releasing the child to them.	
11. Identify who will turn off electrical power, gas, and water supplies when there is standing water or fallen power lines, and secure structurally unstable building materials (if there is time to do so at the time of the emergency). Make sure at least two staff members know how to turn these items off.	
12. Determine if there are structurally unstable building materials that need to be secured.	
13. Develop communication systems to ensure that all staff, families, and partners know what steps are being taken within the plan.	
14. Establish protocols that define which community agencies will be able to provide accurate “after-flood” safety information (e.g., drinking water safety).	
15. Be aware of areas where flood waters could recede. Roads may have weakened in these areas and could collapse under the weight of a vehicle.	

Local and Regional Disaster Checklists—Flood

Planning Steps	Comments
Additional Planning Steps	
1. Consider sharing information on The National Flood Insurance Program with staff and families.	
Practice Steps	Comments
1. Practice moving children and staff to transportation vehicles.	
2. Practice staff roles for flood emergencies.	
Additional Practice Steps	

Local and Regional Disaster Checklists

Hurricane/Tropical Storm

It is recommended that you consult with your HSAC, Policy Council, and/or your community or regional emergency management agency to decide whether or not each step should be included in your plan.

Steps to Reduce Risk	Comments
1. Know the differences between the hurricane categories.	
2. Educate staff about local emergency management warning signals, evacuation routes, and locations of emergency shelters.	
3. Secure outside items to the ground, place loose items into a box that is secured or anchored to the ground, or bring all loose items into the building daily.	
4. Have available pre-cut plywood or shutters for the windows.	
5. Remove damaged/diseased limbs from trees.	
Additional Steps to Reduce Risk	
Planning Steps	Comments
1. Plan to integrate your community's emergency plans, warning signals, evacuation routes, and locations of emergency shelters.	
2. Decide which staff person is responsible for determining imminent danger. This person is sometimes referred to as the Incident Commander. Make sure that the entire staff knows to follow the emergency procedures identified by this staff person.	

Local and Regional Disaster Checklists—Hurricane/Tropical Storm

Planning Steps	Comments
3. Identify who will turn off electrical power, gas, and water supplies when there is standing water or fallen power lines, and secure structurally unstable building materials (if there is time to do so at the time of the emergency). Make sure at least two staff members know how to turn these items off.	
4. Develop communication systems to ensure that all staff, families, and partners know what steps are being taken within the plan.	
5. Determine who will monitor your local radio station or NOAA radio for emergency warnings and determine who will be in charge of this task. Identify at least two staff members who will monitor emergency warnings.	
6. Plan to communicate all of your emergency phone numbers to all members of your Head Start community.	
7. Assign a staff person to secure your important papers, such as child records, insurance policies, etc.	
8. Plan to turn your refrigerator's thermostat to its coldest setting and keep its doors closed to keep food safe in the event of a power outage. See the Centers for Disease Control and Prevention website for more information on food safety when the power goes out.	
9. Plan procedures for sheltering-in place.	
10. If you are unable to evacuate, fill bath tub (if appropriate) and/or other large containers with water. This will ensure that you have a supply of water for sanitary purposes.	

Local and Regional Disaster Checklists—Hurricane/Tropical Storm

Planning Steps	Comments
<p>11. If you cannot evacuate, go to a wind safe area.</p> <ul style="list-style-type: none"> • Stay indoors, away from windows and glass doors. • Close all interior doors. Secure and brace external doors. • Keep windows, curtains, and blinds closed. • Take refuge in interior rooms, closets, or hallways on the lowest level. 	
<p>12. Prevent illness from food that may have come in contact with flood or storm water by discarding:</p> <ul style="list-style-type: none"> • Canned foods that are bulging, opened, or damaged • Food that has an unusual odor, color, or texture • Perishable foods (including meat, poultry, fish, eggs, and leftovers) that have been above 40°F for 2 hours or more <p>For more information, see the CDC website: “Keep Food and Water Safe after a Disaster” and “Prevent Illness after a Natural Disaster.”</p>	
<p>13. Prevent illness from contaminated water by:</p> <ul style="list-style-type: none"> • Using bottled water for drinking. • Boiling and/or disinfecting water used for cooking, cleaning, and bathing. • Determine the water supply you should have on hand for each child and staff member. <p>See “Keep Food and Water Safe after a Disaster” and “Prevent Illness after a Natural Disaster” for more information.</p>	

Local and Regional Disaster Checklists—Hurricane/Tropical Storm

Planning Steps	Comments
<p>14. Due to power outages, there is a risk for carbon monoxide exposure. Prevent illness from carbon monoxide poisoning.</p> <ul style="list-style-type: none"> • Do not use a generator, pressure washer, or other gasoline- or charcoal-burning device inside your building, basement, or garage or near a window, door, or vent. • If your carbon monoxide detector sounds, leave the building immediately and call 911. • Seek prompt medical attention if you suspect carbon monoxide poisoning and are feeling dizzy, light-headed, or nauseated. 	
<p>15. Evacuate:</p> <ul style="list-style-type: none"> • If you are directed by local authorities to do so, be sure to follow their instructions. • If you are located in a high-rise building—hurricane winds are stronger at higher elevations. • If you are located on the coast, on a floodplain, near a river, or on an inland waterway. • If you feel that you are in danger. 	
<p>16. Plan your evacuation routes and transportation procedures:</p> <ul style="list-style-type: none"> • Avoid flood water. • Have life jackets available and train staff members on correct use of life jackets, if the program deems it necessary. • Follow all warnings about water on roadways. • Do not drive vehicles or heavy equipment through water. • Wear a life jacket if you are caught in an area where floodwater is rising. 	

Local and Regional Disaster Checklists—Hurricane/Tropical Storm

Planning Steps	Comments
<p>17. Prevent illness from mosquitoes:</p> <ul style="list-style-type: none"> • Request that children and staff have long pants, socks, and long-sleeved shirts that are labeled with their name and stored in the building. • Use insect repellents that contain DEET or Picaridin. <p>More information about these and other recommended repellents can be found in the CDC fact sheet, <i>Updated Information Regarding Insect Repellents</i> (http://www.cdc.gov/ncidod/dvbid/westnile/RepellentUpdates.htm).</p>	
<p>18. Develop plans to train staff members and children about hurricane dangers and precautions, such as:</p> <ul style="list-style-type: none"> • Stay away from damaged buildings or structures until they have been examined and certified as safe by a building inspector or other government authority. • Leave the building immediately if you hear shifting or unusual noises that may signal the structure is about to fall. • Avoid wild, stray, or dead animals. Call local authorities to handle animals. • NEVER touch a fallen power line. Call the power company to report fallen power lines. • Avoid contact with overhead power lines during cleanup and other activities. • If electrical circuits and equipment have become wet or are in or near water, turn off the power at the main breaker or fuse on the service panel. • Do not turn the power back on until electrical equipment has been inspected by a qualified electrician. 	

Local and Regional Disaster Checklists—Hurricane/Tropical Storm

Planning Steps	Comments
<ul style="list-style-type: none"> • Do not burn candles. • Use flashlights or other battery-operated lights. • Be cautious around materials that may be hazardous. Wear protective clothing and gear (e.g., an N-95 particulate filtering respirator if needed). Wash skin that may have come in contact with hazardous chemicals or when there is a reaction on the skin. • Contact local emergency management professionals if you are not sure about how to handle or get rid of hazardous materials. <p>For additional information about hurricanes and tropical storms, refer to the AAP Children & Disasters website and contact your ACF Regional Emergency Management Specialist at ohsepr@acf.hhs.gov.</p>	
19. Determine if your program should be closed prior to opening hours.	
Additional Planning Steps	
Practice Steps	Comments
1. Have children and staff practice putting on life jackets correctly.	
2. Have children and staff practice evacuating to transportation vehicles.	
3. Have children practice moving to the designated safe room.	
Additional Practice Steps	

Local and Regional Disaster Checklists

Landslides and Debris Flow

It is recommended that you consult with your HSAC, Policy Council, and/or your community or regional emergency management agency to decide whether or not each step should be included in your plan.

Steps to Reduce Risk	Comments
1. Get a ground assessment of the program's property. Consult with a geotechnical expert (a registered professional engineer with soils engineering expertise) for advice on landslide risks at your site. Local authorities should be able to tell you how to contact a geotechnical expert.	
2. Ensure that proper land-use procedures are in place.	
3. Determine if flexible pipe fittings should be installed. This may help avoid gas or water leaks. Refer to www.ready.gov/landslides-debris-flow .	
4. Be familiar with where debris flow has occurred in your area.	
5. Watch how water flows during storms.	
Additional Steps to Reduce Risk	
Planning Steps	Comments
1. Plan and integrate activities into your daily program that will prepare children for a land or mudslide.	
2. Plan to provide training to your staff members on the warning signs of a land or mudslide.	
3. Plan to assign responsibility to a staff member (e.g., facilities staff) for watching how the ground may be moving and listening for unusual sounds or rumbling.	

School readiness begins with health!

Local and Regional Disaster Checklists—Landslides and Debris Flow

Planning Steps	Comments
4. Decide which staff person is responsible for determining imminent danger. This person is sometimes referred to as the Incident Commander. Make sure that the entire staff knows to follow the emergency procedures identified by this staff person.	
5. Integrate your community's emergency plans, warning signals, evacuation routes, and locations of emergency shelters into your plan.	
6. Determine who will monitor your local radio station or NOAA radio for emergency warnings and determine who will be in charge of this task. Identify at least two staff members who will monitor emergency warnings.	
7. Identify who will turn off electrical power, gas, and water supplies when there is standing water or fallen power lines, and secure structurally unstable building materials (if there is time to do so at the time of the emergency). Make sure at least two staff members know how to turn these items off.	
8. Assign a staff person to secure your important papers, such as child records, insurance policies, etc.	
9. Develop methods for sharing evacuation plans with staff, families, and community management personnel.	
10. Develop communication systems to ensure that all staff members, families, and partners know what steps are being taken within the plan.	

Local and Regional Disaster Checklists—Landslides and Debris Flow

Planning Steps	Comments
11. Plan to train staff members and children on what to do if evacuation is impossible (e.g., curl into a tight ball and protect your head). Refer to www.ready.gov/landslides-debris-flow .	
12. Ensure that insurance and rebuilding plans are in place in case of any damage.	
Additional Planning Steps	
Practice Steps	Comments
1. Practice evacuating the children and staff to transportation vehicles. [HSPPS 1304.53 (10)(vii)]	
2. Practice children and staff rolling into a tight ball, protecting their head.	
Additional Practice Steps	

Local and Regional Disaster Checklists

Thunderstorm/Lightning

It is recommended that you consult with your HSAC, Policy Council, and/or your community or regional emergency management agency to decide whether or not each step should be included in your plan.

Planning Steps	Comments
<p>1. Plan educational activities that will inform staff about what to avoid in a thunderstorm:</p> <ul style="list-style-type: none">• Natural lightning rods such as a tall, isolated tree in an open area• Hilltops, open fields, the beach, or a boat on the water• Isolated sheds or other small structures in open areas• Metal objects such as farm equipment, motorcycles, golf carts or clubs, and bicycles• Source: www.ready.gov/thunderstorms-lightning	
<p>2. Determine who will monitor your local radio station or NOAA radio for emergency warnings and determine who will be in charge of this task. Identify at least two staff members who will monitor emergency warnings.</p>	
<p>3. Decide which staff person is responsible for determining imminent danger. This person is sometimes referred to as the Incident Commander. Make sure that staff knows to follow the emergency procedures identified by this staff person.</p>	

Local and Regional Disaster Checklists—Thunderstorm/Lightning

Planning Steps	Comments
4. Identify who will turn off electrical power, gas, and water supplies when there is standing water or fallen power lines, and secure structurally unstable building materials (if there is time to do so at the time of the emergency). Make sure at least two staff members know how to turn these items off.	
5. Develop procedures for parents to sign and date their signature on the attendance sheet next to their child's name before releasing the child to them.	
6. Plan procedures for when there is a credible threat of a thunderstorm or lightning or if you hear thunder.	
7. Plan to postpone outdoor activities.	
8. Plan to move inside of a building or shelter immediately if you are outside.	
9. If wind is associated with a storm plan to secure outdoor objects that might hurt someone if blown into them, blow away or cause damage.	
10. If wind is present plan to shutter windows and secure outside doors. If shutters are not available, close window blinds, shades, or curtains.	
11. Plan to unplug appliances and other electrical items, such as computers, that are not in use.	
Additional Planning Steps	

Local and Regional Disaster Checklists—Thunderstorm/Lightning

Practice Steps	Comments
1. Have children practice moving into the building quickly but safely when given a warning command.	
Additional Practice Steps	

Local and Regional Disaster Checklists

Tornado

It is recommended that you consult with your HSAC, Policy Council, and/or your community or regional emergency management agency to decide whether or not each step should be included in your plan.

Steps to Reduce Risk	Comments
1. Prepare a safe room in advance, such as a storm cellar or basement, interior room, or hallway on lowest floor possible.	
2. If you are under a tornado warning, immediately take everyone to safe shelter.	
3. Keep everyone away from windows, doors, outside walls, and corners.	
4. If possible, determine if the program should be closed for the day, prior to opening hours.	
Additional Steps to Reduce Risk	
Planning Steps	Comments
1. Identify who will turn off electrical power, gas, and water supplies when there is standing water or fallen power lines, and secure structurally unstable building materials (if there is time to do so at the time of the emergency). Make sure at least two staff members know how to turn these items off.	
2. Decide which staff person is responsible for determining imminent danger. This person is sometimes referred to as the Incident Commander. Make sure the entire staff knows to follow the emergency procedures identified by this staff person.	

Local and Regional Disaster Checklists—Tornado

Planning Steps	Comments
3. Develop communication systems to ensure that all staff, families, and partners know what steps are being taken within the plan.	
4. Determine who will monitor your local radio station or NOAA radio for emergency warnings and determine who will be in charge of this task. Identify at least two staff members who will monitor emergency warnings.	
5. Identify potential program hazards and know how to secure or protect them before the tornado strikes.	
6. Keep everyone away from windows, doors, outside walls, and corners.	
7. Develop training for staff and children about ways to stay safe and ways to deal with fear of a tornado.	
8. Plan how you will integrate your community's emergency plans, warning signals, evacuation routes, and locations of emergency shelters into your plan.	
9. Develop procedures for parents to sign and date their signature on the attendance sheet next to their child's name before releasing the child to them.	
10. Assign a staff person to secure your important papers, such as child records, insurance policies, etc.	
11. Develop evacuation plans with meeting places for children, families, and staff.	
12. Ensure that insurance and rebuilding plans are in place in case of any destruction.	

Local and Regional Disaster Checklists—Tornado

Planning Steps	Comments
13. On the layout diagram of your program, locate the designated “safe area” and share this with families and local emergency management personnel.	
14. Develop activities that will prepare children and staff for tornadoes.	
Additional Planning Steps	
Practice Steps	Comments
1. Practice having children and staff members go to the designated “safe area,” such as a basement or the center of an interior room on the lowest level (e.g., closet, interior hallway), away from corners, windows, doors, and outside walls.	
2. Have children get under a sturdy table and use their arms to protect their head and neck.	
Additional Practice Steps	

Local and Regional Disaster Checklists

Tsunami

It is recommended that you consult with your HSAC, Policy Council, and/or your community or regional emergency management agency to decide whether or not each step should be included in your plan.

Steps to Reduce Risk	Comments
1. Listen to local emergency management warnings.	
2. Be prepared to act quickly and evacuate inland.	
3. Stay away from low-lying coastal areas, if there is a tsunami warning.	
Additional Steps to Reduce Risk	
Planning Steps	Comments
1. Decide which staff person is responsible for determining imminent danger. This person is sometimes referred to as the Incident Commander. Make sure the entire staff knows to follow the emergency procedures identified by this staff person.	
2. Determine who will monitor your local radio station or NOAA radio for emergency warnings and determine who will be in charge of this task. Identify at least two staff members who will monitor emergency warnings.	
3. Develop educational activities that will sensitize children to the possibility of a tsunami emergency.	
4. Plan rapid evacuation procedures.	
5. Assign a staff person to secure your important papers, such as child records, insurance policies, etc.	

School readiness begins with health!

Local and Regional Disaster Checklists—Tsunami

Planning Steps	Comments
6. Identify who will turn off electrical power, gas, and water supplies when there is standing water or fallen power lines, and secure structurally unstable building materials (if there is time to do so at the time of the emergency). Make sure at least two staff members know how to turn these items off.	
7. Develop communication systems to ensure that all staff, families, and partners know what steps are being taken within the plan.	
8. Develop procedures for parents to sign and date their signature on the attendance sheet next to their child's name before releasing the child to them	
Additional Planning Steps	
Practice Steps	Comments
1. Have children practice moving to transportation vehicles quickly but safely.	
Additional Practice Steps	

Local and Regional Disaster Checklists

Volcano

It is recommended that you consult with your HSAC, Policy Council, and/or your community or regional emergency management agency to decide whether or not each step should be included in your plan.

Steps to Reduce Risk	Comments
1. Listen to local emergency management.	
2. Bring children inside.	
3. Shut windows and doors to maintain air quality.	
4. Be prepared to evacuate quickly.	
5. Purchase goggles and nose and mouth protection (such as paper or surgical masks, or cloth that can be dampened) for your emergency/disaster supplies kits.	
6. If possible, determine if the program should be closed for the day, prior to opening hours.	
Additional Steps to Reduce Risk	
Planning Steps	Comments
1. Plan how you will communicate the evacuation plan to staff and families.	
2. Decide which staff person is responsible for determining imminent danger. This person is sometimes referred to as the Incident Commander. Make sure the entire staff knows to follow the emergency procedures identified by this staff person.	
3. Ensure that staff members are available who know CPR and First Aid.	

Local and Regional Disaster Checklists—Volcano

Planning Steps	Comments
4. Determine who will monitor your local radio station or NOAA radio for emergency warnings and determine who will be in charge of this task. Identify at least two staff members who will monitor emergency warnings.	
5. Assign a staff person to secure your important papers, such as child records, insurance policies, etc.	
6. Ensure that insurance and rebuilding plans are current.	
7. Train your staff and children to follow the emergency management professionals' instructions if they tell you to leave the area. Although it may seem safe to stay inside and wait out an eruption, doing so is dangerous. Volcanoes spew hot, dangerous gases, ash, lava, and rock that are powerfully destructive and may be poisonous if inhaled.	
8. Identify who will turn off electrical power, gas, and water supplies when there is standing water or fallen power lines, and secure structurally unstable building materials (if there is time to do so at the time of the emergency). Make sure at least two staff members know how to turn these items off.	
9. Plan how you will prepare to evacuate. Steps could include: <ul style="list-style-type: none"> • Assigning a staff person to listen to the radio or TV for volcano updates. • Assigning a staff person to listen for disaster sirens and warning signals. • Gathering your emergency/disaster supplies kit. 	

Local and Regional Disaster Checklists—Volcano

Planning Steps	Comments
<ul style="list-style-type: none"> • Preparing an emergency/disaster supplies kit for your program. The emergency kit should include food, flares, booster cables, maps, tools, a First Aid kit, a fire extinguisher, a flashlight, batteries, etc. Staff should also always bring their “grab and go” kits and make sure that diapers and wipes are included. • Plans to fill your vehicle’s gas tank. • Plans to place vehicles under cover, if possible. • Plan ahead to take classroom pets, but be aware that many emergency shelters do not accept animals. • Plans to fill your clean water containers. • Adjusting the thermostat on refrigerators and freezers to the coolest possible temperature. If the power goes out, food will stay cooler longer. 	
<p>10. Determine procedures for following designated evacuation routes (some of them may be blocked) and what emergency supplies need to be taken if evacuated from the center.</p>	
<p>11. If emergency management professionals tell you to shelter-in place:</p> <ul style="list-style-type: none"> • Listen to the local or NOAA radio or TV until you are told all is safe or you are told to evacuate. Local authorities may evacuate specific areas at greatest risk in your community. • Close and lock all windows and outside doors. • Turn off all heating and air conditioning systems and fans, if indicated. 	

Local and Regional Disaster Checklists—Volcano

Planning Steps	Comments
<ul style="list-style-type: none"> • Organize your emergency supplies and make sure staff knows where the supplies are. • Go to an interior room without windows that is above ground level. • Bring classroom pets with you, and be sure to bring food and water supplies for them. 	
<p>12. Plan to have a hard-wired (nonportable) telephone in the room you select. Call your emergency management professionals and have the phone available if you need to report a life-threatening condition. Remember that telephone equipment may be overwhelmed or damaged when the volcano erupts. Source: http://www.bt.cdc.gov/disasters/volcanoes/before.asp</p>	
<p>13. If a volcano erupts in your area, your plan should describe:</p> <ul style="list-style-type: none"> • How to evacuate immediately from the volcano area to avoid flying debris, hot gases, lateral blast, and lava flow. • How to identify the risk of a mudslide. The danger from a mudslide increases near stream channels and with prolonged heavy rains. Mudslides can move faster than you can walk or run. Look upstream before crossing a bridge, and do not cross the bridge if a mudslide is approaching. • How to avoid river valleys and low-lying areas. 	

Local and Regional Disaster Checklists—Volcano

Planning Steps	Comments
<p>14. Plan to protect your children and staff from ash fallout.</p> <ul style="list-style-type: none">• Have children and staff bring a change of clothes that includes a long-sleeved shirt and a pair of long pants. Store the change of clothes in an easily accessible area.• Have enough goggles for each staff and child.• Advise staff and children to use a dust mask or hold a damp cloth over their face to help with breathing.• Stay away from areas downwind from the volcano to avoid volcanic ash.• Stay indoors until the ash has settled, unless there is a danger of the roof collapsing.• Close doors, windows, and all ventilation in the building (e.g., chimney vents, furnaces, air conditioners, fans, and other vents).• Clear heavy ash from flat or low-pitched roofs and rain gutters.• Avoid running car or truck engines. Driving can stir up volcanic ash that can clog engines, damage moving parts, and stall vehicles.• Avoid driving in heavy ash unless absolutely required. If you have to drive, keep speed down to 35 miles per hour or slower. <p>Source: www.ready.gov/volcanoes</p>	
Additional Planning Steps	

Local and Regional Disaster Checklists—Volcano

Practice Steps	Comments
1. Have children and staff practice evacuating to your program’s vehicle(s).	
2. Have the children practice wearing dust masks.	
Additional Practice Steps	

Local and Regional Disaster Checklists

Winter Storms/Extreme Cold

It is recommended that you consult with your HSAC, Policy Council, and/or your community or regional emergency management agency to decide whether or not each step should be included in your plan.

Steps to Reduce Risk	Comments
1. Have rock salt, sand, and snow shovels.	
2. Have extra blankets and adequate clothing for children.	
3. Make sure your site is well insulated.	
4. Find out if your program should have insulated pipes and allow faucets to drip a little during cold weather.	
5. Have a supply of extra food and water.	
6. Determine procedures for delayed openings, closings, and early releases and communicate these procedures to families and staff.	
7. Make plans to have indoor play facilities or warm spaces for indoor play in heated facilities whenever it is too cold to go outside for recess or outdoor play times.	
8. Communicate proper clothing expectations program-wide and maintain supplies to accommodate children who come to the program with insufficiently warm clothing and communicate these procedures to families.	
9. Prepare shelter-in place procedures and materials in case children and staff must stay at the program for extended periods of time.	

Local and Regional Disaster Checklists—Winter Storms/Extreme Cold

Steps to Reduce Risk	Comments
10. Decide which staff person is responsible for determining imminent danger. This person is sometimes referred to as the Incident Commander. Make sure the entire staff knows to follow the emergency procedures identified by this staff person.	
11. Identify who will turn off electrical power, gas, and water supplies when there is standing water or fallen power lines, and secure structurally unstable building materials (if there is time to do so at the time of the emergency). Make sure at least two staff members know how to turn these items off.	
12. Develop procedures for having parents sign and date their signature on the attendance sheet next to their child's name before releasing the child to them.	
13. Consult with local health officials for guidance on when it is too cold for outside play.	
14. Develop guidance on the type and temperature of warm fluids and well-balanced meals to maintain body temperature and help children stay warm.	
15. Communicate with your local transportation providers to ensure that they understand what procedures will be followed during winter storms and extreme cold for safe transportation of children and staff to their homes.	
16. Train enough staff so that at least two staff members know how to shut off water valves during all periods that the program is open.	

Local and Regional Disaster Checklists—Winter Storms/Extreme Cold

Steps to Reduce Risk	Comments
17. Train enough staff so that at least two staff members know how to carefully use alternate heat sources.	
18. Be careful when using alternate heat sources.	
19. Develop a form for notification to families about appropriate clothing for cold days.	
20. Assign a staff person the responsibility to listen to the radio, television, or NOAA Weather Radio for weather reports and emergency information.	
21. Conserve fuel, if necessary, by keeping your building cooler than normal while considering the temperature needs of infants and children with special health needs. Temporarily close off heat to some unoccupied rooms.	
22. Plan for frozen pipes by outlining procedures such as removing any insulation or layers of newspapers and wrapping pipes in rags. Completely open all faucets and pour hot water over the pipes, starting where they were most exposed to the cold (or where the cold was most likely to penetrate).	
22. Train staff on the importance of dry clothing. Wet clothing loses all its insulating value and transmits heat rapidly.	
23. Plan to limit staff time outside, but if it is necessary, inform staff members that they should cover their mouths to protect their lungs.	
24. Train staff to identify signs of frostbite and hypothermia and to provide immediate relief, warm blankets, and no hot water.	

School readiness begins with health!

Local and Regional Disaster Checklists—Winter Storms/Extreme Cold

25. Assess and service the needs of heating and electrical utilities.	
Additional Steps to Reduce Risk	
Planning Steps	Comments
1. Train enough staff so that at least two staff members know how to shut off water valves during all periods that the program is open.	
2. Train enough staff so that at least two staff members know how carefully use alternate heat sources.	
3. Be careful when using alternate heat sources.	
Additional Planning Steps	
1. Programs may want to collect donations of winter clothing items such as gloves, mittens, and hats to use for children or families who may not have these items.	
Practice Steps	Comments
1. Have children practice completely closing their winter coats, putting gloves, mittens and hats before leaving the building.	
Additional Practice Steps	

Site-Specific Hazards Checklists

General Safety Threat

It is recommended that you consult with your HSAC, Policy Council, and/or your community or regional emergency management agency to decide whether or not each step should be included in your plan.

Steps to Reduce Risk	Comments
<ol style="list-style-type: none">1. Childproof the facility:<ul style="list-style-type: none">• Protect electrical outlets.• Remove access to electrical cords.• Place safety locks on cabinets.• Place doorknob covers on doors.• Place safety gates at top and bottom of stairs.• Ensure window blind strings do not have loops.• Secure tall furniture to walls.• Lock up cleaning products.• Lock medicines in high cabinets.• Place locks on toilets.• Place guards on windows.• Place corner and edge bumpers on sharp edges of furniture.• Place plants out of reach of children.• Remove choking hazards.• Keep cribs away from draperies, blinds, and electrical cords.• Ensure children cannot access water features (e.g., ponds, fountains, pools).• Ensure trash is not accessible to children.• Remove broken or unsafe play equipment.	

Site-Specific Hazards Checklists—General Safety Threat

Steps to Reduce Risk	Comments
<ul style="list-style-type: none">• Designate any unsafe areas as off-limits to children.• Follow established standards for the care of infants with respect to sudden infant death syndrome (SIDS).	
Additional Steps to Reduce Risk	

Site-Specific Hazards Checklists

Medical Emergency

It is recommended that you consult with your HSAC, Policy Council, and/or your community or regional emergency management agency to decide whether or not each step should be included in your plan.

Planning Steps	Comments
If incident occurred in the center	
1. Decide which staff person is responsible for determining imminent danger. This person is sometimes referred to as the Incident Commander. Make sure the entire staff knows to follow the emergency procedures identified by this staff person.	
2. Develop and sequence steps to respond to the event: <ul style="list-style-type: none">• Call 911• Notify CPR/First Aid certified persons in center building of medical emergencies.• If possible, isolate affected child/staff member.• Activate center Emergency Response Team. Designate staff person to accompany injured/ill person to hospital.	
3. Plan to have the Incident Commander notify parent(s), guardian(s) or family of the affected child/staff.	
4. Determine the method of notifying children, staff, and parents about what happened.	
5. Plan for mental health services for those who need assistance.	

Site-Specific Hazards Checklists—Medical Emergency

Planning Steps	Comments
If incident occurred outside the center	
6. Plan how to activate Emergency Response Team.	
7. Plan how to notify staff before normal operating hours.	
8. Determine method of notifying children and parents. Announce availability of mental health services for those who need assistance.	
9. Develop procedures for having parents sign and date their signature on the attendance sheet next to the injured child's name before releasing the child to them.	
Additional Planning Steps	

Site-Specific Hazards Checklists

Transportation/Bus/Field Trip Hazards

It is recommended that you consult with your HSAC, Policy Council, and/or your community or regional emergency management agency to decide whether or not each step should be included in your plan.

Steps to Reduce Risk	Comments
1. Make sure the transportation vehicle has a current safety inspection and that current insurance is up to date.	
2. Ensure that the transportation vehicle has copies of the tip sheets for all possible threats in your area. Each tip sheet includes: <ul style="list-style-type: none">• Emergency personnel phone numbers• Safety procedures• Tips for First Aid• Techniques for calming children	
3. Determine if the vehicle is equipped and modified for children with access, functional and other needs.	
4. Ensure that drivers have practiced methods of safely assisting children to exit the vehicle.	
5. Keep information on the quickest routes to the nearest emergency facility in the vehicle.	
6. Keep emergency supplies (e.g., First Aid kit, water, student roster, medications, etc.) in the vehicle.	
7. Plan field trip activities that are age appropriate and free of safety hazards (the picnic area, the playground, the building, etc.).	
8. Plan transportation and field trip routes that are free of pre-existing hazards.	
9. Make sure that appropriate height-weight restraints are available for each child.	

Site-Specific Hazards Checklists—Transportation/Bus/Field Trip Hazards

Additional Steps to Reduce Risk	
Planning Steps	Comments
<p>1. In an Earthquake: If the vehicle is moving:</p> <ul style="list-style-type: none"> • Stop as quickly as safety permits and stay in the vehicle. Avoid stopping near or under buildings, trees, overpasses, and utility wires. • Proceed cautiously once the earthquake has stopped. Avoid roads, bridges, or ramps that might have been damaged by the earthquake. 	
<p>2. In a Tornado:</p> <ul style="list-style-type: none"> • During times when there is a threat of a tornado, do not initiate transportation of children. Do not begin a field trip or transportation home. • If a sudden and unexpected tornado rises: <ul style="list-style-type: none"> • Move immediately into a shelter such as a building with a basement, if one is available. • If shelter is not available: <ul style="list-style-type: none"> • Get out of the vehicle, lie flat in a nearby ditch or depression, and cover your head with your hands. Be aware of the potential for flooding. • Do not get under an overpass or bridge. You are safer in a low, flat location. • Never try to outrun a tornado in urban or congested areas in a car or truck. Instead, leave the vehicle immediately for safe shelter. 	

Site-Specific Hazards Checklists—Transportation/Bus/Field Trip Hazards

Planning Steps	Comments
<ul style="list-style-type: none"> • Watch out for flying debris. Flying debris from tornadoes causes most fatalities and injuries. <p>Source: http://m.fema.gov/tornadoes.htm</p>	
<p>3. In a Tsunami:</p> <ul style="list-style-type: none"> • Turn on your radio to learn if there is a tsunami warning when an earthquake occurs and you are in a coastal area. • Move inland to higher ground immediately and stay there. • Stay away from the beach. Never go down to the beach to watch a tsunami come in. If you can see the wave, you are too close to escape it. 	
<p>4. In a Thunderstorm: The danger in a thunderstorm is from lightning, falling objects (trees) and rising water. If the rain is heavy and the driver is unable to safely see the road ahead, the vehicle must stop on the side of the road away from any objects that could fall on it.</p> <ul style="list-style-type: none"> • Whenever thunder can be heard, lightning can strike, and it often strikes outside of heavy rain and may occur as far as 10 miles away from any rainfall. The vehicle should move at a safe speed to a safe location. • If lightning is seen but there is no thunder, it is also dangerous and often called “heat lightning.” The vehicle should move at a safe speed to a safe location. 	

Site-Specific Hazards Checklists—Transportation/Bus/Field Trip Hazards

Planning Steps	Comments
<ul style="list-style-type: none"> • Most lightning deaths and injuries occur when people are caught outdoors in the summer months during the afternoon and evening. If the children and staff from the center are on a field trip, at the first sign of thunder they must move quickly into a safe building. If there is no building at the field trip site, they should move quickly back to the transportation vehicle. <p>Source: http://m.fema.gov/thunderstorm.htm</p>	
<p>5. In a flood: It is impossible to estimate the depth of the water. If the transportation vehicle approaches standing water, the vehicle must turn around and find an alternate route to its destination.</p> <ul style="list-style-type: none"> • Six inches of water will reach the bottom of most passenger cars, causing loss of control and possible stalling. • A foot of water will float many vehicles. • Two feet of rushing water can carry away most vehicles, including sport utility vehicles (SUVs) and pick-ups. 	
<p>6. In a bomb threat:</p> <ul style="list-style-type: none"> • Pull the vehicle over as quickly and safely as possible. • Have the children exit the vehicle and walk to an area where they are safe from traffic and as far away from the vehicle as possible. • Call 911 and your Head Start center. • Employ activities to calm the children. 	

Site-Specific Hazards Checklists—Transportation/Bus/Field Trip Hazards

Planning Steps	Comments
<p>7. In a vehicle accident:</p> <ul style="list-style-type: none"> • Move all children and staff out of the vehicle to a safe location away from the traffic. • Call 911. • Administer First Aid and comfort children. • Employ activities to calm children. 	
<p>8. In a landslide:</p> <ul style="list-style-type: none"> • Follow emergency management personnel instructions. • Follow alternative route. • Call the Head Start center so that staff can contact parents and inform them of a delay in the arrival of their children. 	
<p>9. In a hurricane: There should be enough advance warning so that the Head Start center should not be transporting children.</p>	
<p>10. In a volcano eruption: If the vehicle is transporting children when there is an eruption:</p> <ul style="list-style-type: none"> • Listen to the radio for guidance. • Follow emergency management instructions. • Call the Head Start center. • If told to drive to a shelter, do so. • Watch for signs of a mudslide. • Try to stay upwind of the ash, as it will clog engines. • Use dust masks, which should be included in the emergency/disaster supplies kit. 	

Site-Specific Hazards Checklists—Transportation/Bus/Field Trip Hazards

Planning Steps	Comments
<p>11. In a medical emergency:</p> <ul style="list-style-type: none">• If the medical emergency does not involve the driver of the vehicle and a medical facility is close, the driver should get to the medical facility while the other staff on board the vehicle administer to the individual who is experiencing the emergency. Staff should call 911 and the Head Start center. The staff should remain calm and employ activities to calm the children, if possible.• If the medical emergency does involve the driver, the other staff on the vehicle should safely guide the vehicle to a stop, ease the driver out of the seat, call 911, and administer to the driver. Staff should remain calm and employ activities to calm the children, if possible.	
<p>12. In a winter storm: Drive only if it is absolutely necessary. If you must drive, consider the following:</p> <ul style="list-style-type: none">• Stay on main roads. Avoid back-road shortcuts.• If the transportation vehicle is unable to move:<ul style="list-style-type: none">• Turn on hazard lights and hang a distress flag from the radio antenna or window and call your Head Start center to report the problem.• Remain in your vehicle where rescuers are most likely to find you. Do not set out on foot.	

Site-Specific Hazards Checklists—Transportation/Bus/Field Trip Hazards

Planning Steps	Comments
<ul style="list-style-type: none"> • Run the engine and heater briefly about 10 minutes each hour to keep warm. When the engine is running, open a downwind window slightly for ventilation and periodically clear snow from the exhaust pipe. This will protect you from possible carbon monoxide poisoning. • Exercise to maintain body heat, but avoid overexertion. Allow children to get up and move. In extreme cold, use road maps, seat covers, and floor mats for insulation. Huddle with passengers and use your coat as a blanket. • Use the water in the emergency/disaster supplies kit to stay hydrated. • Be careful not to waste battery power. Balance electrical energy needs—the use of lights, heat, and radio—with supply. <p>Source: http://m.fema.gov/wi_during.htm</p>	
<p>13. In a hazardous chemical event: Children should remain inside the vehicle and be transported away from the incident as quickly and safely as possible. Staff on board must call the Head Start center.</p>	
<p>14. In a radiologic event:</p> <ul style="list-style-type: none"> • Listen to the NOAA or commercial radio for information. • Call the Head Start center for instructions. • Follow emergency management instructions and transport the children to safety as quickly as possible. 	

Site-Specific Hazards Checklists—Transportation/Bus/Field Trip Hazards

Planning Steps	Comments
<p>15. If there is an intruder on the vehicle:</p> <ul style="list-style-type: none">• Politely greet the intruder and identify yourself.• Inform intruder that this transportation vehicle is for Head Start children only.• If intruder's purpose is not legitimate, ask him/her to leave.• Accompany intruder to exit.	
<p>16. If intruder refuses to leave:</p> <ul style="list-style-type: none">• Warn intruder of consequences for staying on the vehicle.• Signal other staff about the intruder by using a predetermined code.• Call 911 and Incident Commander if intruder still refuses to leave. Give police full description of intruder.• Walk away from intruder if he/she indicates a potential for violence. Be aware of intruder's actions at this time (where he/she is located in center, whether he/she is carrying a weapon or package, etc.).	

Site-Specific Hazards Checklists—Transportation/Bus/Field Trip Hazards

Planning Steps	Comments
<p>17. If a child is missing:</p> <ul style="list-style-type: none">• Check attendance sheet that was completed when children entered the vehicle.• Check all possible hiding places in the vehicle.• Call 911 and Head Start center.• Ask children when they last saw the child.• Return to last location where the child was seen.• Initiate search protocols.• When police arrive, give police a picture of the child, description of clothing, and last place he/she was seen.• Follow police instructions.	
<p>18. Decide which staff person is responsible for determining imminent danger. This person is sometimes referred to as the Incident Commander. Make sure the entire staff knows to follow the emergency procedures identified by this staff person.</p>	
<p>19. Determine who will monitor your local radio station or NOAA radio for emergency warnings and determine who will be in charge of this task. Identify at least two staff members who will monitor emergency warnings.</p>	
Additional Planning Steps	

Site-Specific Hazards Checklists—Transportation/Bus/Field Trip Hazards

Practice Steps	Comments
1. Practice each of these emergencies with transportation staff members.	
Additional Practice Steps	

Site-Specific Hazards Checklists

Utility Outage and Blackouts

It is recommended that you consult with your HSAC, Policy Council, and/or your community or regional emergency management agency to decide whether or not each step should be included in your plan.

Steps to Reduce Risk	Comments
1. Determine which staff person should decide if the program should be opened. This person might be the Incident Commander.	
2. Have surge protectors on electrical plugs.	
3. Determine if you should prepare frozen water containers in case there is a power outage.	
4. At all times when the program is open, have at least two staff members who are trained in how to keep food safe and how to identify if food is safe.	
5. Have a landline phone that does not require electricity.	
6. Consider purchasing an emergency generator, especially if your building is located in an area where power losses are frequent. Note: Generators should not be placed inside buildings.	
Additional Steps to Reduce Risk	
Planning Steps	Comments
1. Plan to turn off and unplug all unnecessary electrical equipment.	
2. Determine the water supply you should have on hand for each child and staff member.	

Site-Specific Hazards Checklists—Utility Outage and Blackouts

Planning Steps	Comments
3. Identify who will turn off gas and water supplies when there is standing water or fallen power lines, and secure structurally unstable building materials (if there is time to do so at the time of the emergency). Make sure at least two staff members know how to turn these items off.	
4. Decide which staff person is responsible for determining imminent danger. This person is sometimes referred to as the Incident Commander. Make sure the entire staff knows to follow the emergency procedures identified by this staff person.	
5. Determine how you will address the medical needs of children and staff that may rely on electricity for items such as medical devices. This may include working with your local emergency management agency, fire department, or others so that they are aware of such medical needs.	
6. Plan for an alternate heat source for food preparation if either the gas or electricity go out, or have plans to use food that does not require cooking.	
7. Have plans in place for notifying families if the center must close due to lack of water, heat, cooling, electricity, or gas and determine how you will let families know when the situation is back to normal.	

Site-Specific Hazards Checklists—Utility Outage and Blackouts

Planning Steps	Comments
8. Develop procedures for parents to sign and date their signature on the attendance sheet next to their child's name before releasing the child to them.	
Additional Planning Steps	
Practice Steps	Comments
1. Practice preparing meals that do not require cooking (e.g., fruits, sandwiches, vegetables such as celery).	
2. Have designated staff practice turning off the water, gas, and electricity at the source.	
Additional Practice Steps	

Site-Specific Hazards Checklists

Fire

It is recommended that you consult with your HSAC, Policy Council, and/or your community or regional emergency management agency to decide whether or not each step should be included in your plan.

Steps to Reduce Risk	Comments
1. Check with fire officials to remain current on fire safety, such as regular inspections and use of fire extinguishers, detectors, and alternate heating sources.	
2. Test and clean smoke detectors once a month.	
3. Make sure batteries are replaced in smoke detectors at least once a year. If the alarm chirps, replace the battery immediately.	
4. Conduct regular fire safety training and fire drills.	
5. Use fire-resistant materials.	
6. Work with your facilities manager to have carbon monoxide detectors installed.	
7. Work with your facilities manager to install sprinklers, if possible.	
8. Work with your facilities manager to install fire extinguishers in each room and check regularly (i.e., charge levels, mounted securely, within easy reach, staff and volunteers know how to use).	
Planning Steps	Comments
1. Determine how to accommodate infants, toddlers, and children and staff with special needs including transporting infants and toddlers who cannot walk.	

Site-Specific Hazards Checklists—Fire

Planning Steps	Comments
<p>2. Decide which staff person is responsible for determining imminent danger. This person is sometimes referred to as the Incident Commander. Make sure the entire staff knows to follow the emergency procedures identified by this staff person.</p>	
<p>Follow guidance provided in Head Start Center Design Guide (Chapter 10 Section 1).</p>	
Additional Planning Steps	
Practice Steps	Comments
<p>1. Practice Stop, Drop, and Roll. See National Fire Protection Association in Resource section.</p>	
<p>2. Practice checking the classroom door to see if it is hot to the touch. Use the back of your hand to feel the top of the door, the doorknob, and the crack between the door and door frame before you open it. Never use the palm of your hand or fingers to test for heat—burning those areas could impair your ability to escape a fire (i.e., climbing ladders and crawling).</p>	
<p>3. Practice evacuating the building and moving quickly to the assigned safe area.</p>	
<p>4. Practice opening windows and security bars on windows.</p>	
<p>5. Practice taking the class attendance sheet and checking for all of the children.</p>	
<p>6. Develop procedures for having parents sign and date their signature on the attendance sheet next to their child's name before releasing the child to them.</p>	

Site-Specific Hazards Checklists—Fire

Practice Steps	Comments
7. Practice crawling low under any smoke to your exit; heavy smoke and poisonous gases collect first along the ceiling.	
8. Practice procedures for locating a child who is not in the assigned safe area.	
9. Practice procedures to accommodate infants, toddlers, and children and staff members with access, functional and other needs including infants and toddlers who cannot walk.	
10. Practice evacuating the building and moving quickly to the assigned safe area. Cribs designed to be used as evacuation cribs, can be used to evacuate infants, if rolling is possible on the evacuation route(s).	
Additional Practice Steps	

Site-Specific Hazards Checklists

Hazardous Material Event

It is recommended that you consult with your HSAC, Policy Council, and/or your community or regional emergency management agency to decide whether or not each step should be included in your plan.

Planning Steps	Comments
For incidents that occurred near the center property	
1. Plan to follow the fire or police personnel directives.	
2. Plan ways to notify parents.	
3. Your local health department can also support you in determining dangers due to proximity, amount of distance you will need to evacuate, and measures your program can take to minimize the effects of an incident.	
4. Decide which staff person is responsible for determining imminent danger. This person is sometimes referred to as the Incident Commander. Make sure the entire staff knows to follow the emergency procedures identified by this staff person.	
For incidents that occurred in a center	
1. Plan to seal off the area of the spill (if you can safely do so).	
2. Plan to take charge of the area until fire personnel contain incident.	
3. Plan to shelter-in place or evacuate, depending on what emergency management personnel advise.	
4. Plan ways to notify parents if children are evacuated.	
5. Develop procedures for parents to sign and date their signature on the attendance sheet next to their child's name before releasing the child to them.	

Site-Specific Hazards Checklists—Hazardous Material Event

Planning Steps	Comments
6. Maintain accurate Material Safety Data Sheets (MSDS).	
7. Plan to have at least one staff person trained in First Aid for contact with hazardous chemicals.	
8. Add plastic sheeting, duct tape, and scissors to your emergency/disaster supplies kit.	
9. Determine who will monitor your local radio station or NOAA radio for emergency warnings and determine who will be in charge of this task. Identify at least two staff members who will monitor emergency warnings.	
10. Plan to have supplies to shelter for 2 to 3 hours after sealing the windows and door from the outside air. The effectiveness of sheltering diminishes with time, as the contaminated outside air gradually seeps into the shelter. At this point, evacuation from the area is the better protective action and will probably be recommended by your emergency management personnel.	
11. Plan to ventilate the shelter when the emergency has passed to avoid breathing contaminated air still inside the shelter.	
Additional Planning Steps	

Site-Specific Hazards Checklists—Hazardous Material Event

Practice Steps	Comments
1. Practice sheltering-in place.	
2. Practice moving quickly and safely to transportation vehicle(s).	
3. Have children practice recognizing the symbol for hazardous chemicals on containers.	
Additional Practice Steps	

Site-Specific Hazards Checklists

Missing Child

It is recommended that you consult with your HSAC, Policy Council, and/or your community or regional emergency management agency to decide whether or not each step should be included in your plan.

Steps to Reduce Risk	Comments
1. Practice the steps of active supervision for infant, toddler and preschool settings. See http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/health/safety-injury-prevention/safe-healthy-environments/ActiveSupervisio.htm for more information.	
2. Have an established process for releasing children, including documenting to whom they can be released and ensuring any legal orders against a parent or guardian are documented and easily identified before releasing children.	
3. Have a sign-in/sign-out process that also identifies who can be in areas with children.	
4. Conduct background/reference checks on all staff and volunteers.	
5. Designate how children will be accounted for when in and out of the facility, on field trips, at the playground, during drills. Hazard mapping may be a useful resource.	
6. Do not share information about a child with anyone but parents or guardians.	
7. Establish a notification process if a child is missing. Call 911 if a child is missing and then notify the approved guardian/parent.	
8. Identify and map potential hiding places in the classroom, in the building, and on the playground.	

Site-Specific Hazards Checklists—Missing Child

Steps to Reduce Risk	Comments
9. Assign enough staff and volunteers so that the children are supervised at all times.	
10. Develop a child “buddy system” so that children can watch out for each other.	
11. If a child is unexpectedly absent, have staff contact the family.	
Additional Planning Steps	
Planning Steps	Comments
1. Maintain a picture of each child in the program.	
2. Train staff to note at least one article of clothing that each child is wearing each day (especially on field trip days) so that they can describe it to the police.	
3. Train staff to count and check attendance: <ul style="list-style-type: none"> • After leaving the transportation vehicle • Before getting into or out of the transportation vehicle • After coming in from the playground • At scheduled intervals when away from the Head Start center • In the center after transitions 	
4. Assign staff roles for this emergency (e.g., to search, to stay with other children).	
5. Decide which staff person is responsible for determining imminent danger. This person is sometimes referred to as the Incident Commander. Make sure the entire staff knows to follow the emergency procedures identified by this staff person.	

Site-Specific Hazards Checklists—Missing Child

Additional Planning Steps	
Practice Steps	Comments
<p>1. At the beginning of each year and when children enroll or dis-enroll because of transitions due to age, have the staff members record on an attendance sheet the children in their room:</p> <ul style="list-style-type: none">• When group activities begin in the mornings• After coming in from the playground• At naptime• Before getting into or out of the transportation vehicle	
Additional Practice Steps	

Site-Specific Hazards Checklists

Bomb Threat

It is recommended that you consult with your HSAC, Policy Council, and/or your community or regional emergency management agency to decide whether or not each step should be included in your plan.

Planning Steps	Comments
1. Train any staff members who regularly answer the center's phone on how to gather information from a threatening call.	
2. Decide which staff person is responsible for determining imminent danger. This person is sometimes referred to as the Incident Commander. Make sure the entire staff knows to follow the emergency procedures identified by this staff person.	
3. Plan to use a bomb threat checklist to record the threat.	
4. Plan to ask where the bomb is located, when the bomb will go off, what materials are in the bomb, who is calling, and why the caller is doing this.	
5. Train staff to listen carefully to the caller's voice and speech patterns and to noises in the background.	
6. Train staff NOT to hang up, even if the caller does. (The police may be able to trace the call.)	
7. Train staff to notify your center's Incident Commander or designee.	
8. Ensure that your center's Incident Commander knows how to evaluate the threat and order an evacuation of all persons inside center building(s).	
9. Ensure that the Incident Commander knows the procedures for notifying the police (calls 911). The Incident Commander must report incident to police.	

Site-Specific Hazards Checklists—Bomb Threat

Planning Steps	Comments
10. Follow local law enforcement instructions regarding if, when and how to evacuate.	
11. Train teachers to take attendance after evacuating the building.	
12. Plan activities for the children that will prepare them for an evacuation emergency.	
13. Develop procedures for parents to sign and date their signature on the attendance sheet next to their child's name before releasing the child to them during evacuation.	
14. Assign a staff person to secure your important papers, such as child records, insurance policies, etc.	
Additional Planning Steps	
Practice Steps	Comments
1. Practice with children using the evacuation procedure, making sure that the designated safe area is far enough away from the building to safely protect the children if there were a blast. (500 feet is the general rule. Consult with local bomb disposal unit.)	
2. Practice remaining outside until the all-clear signal is given or fire or police personnel declare the building(s) safe.	
3. Practice with staff to retrieve important papers, such as child records, insurance policies, etc.	
Additional Practice Steps	

Site-Specific Hazards Checklists

Criminal Activity

It is recommended that you consult with your HSAC, Policy Council, and/or your community or regional emergency management agency to decide whether or not each step should be included in your plan.

Planning Steps	Comments
1. Determine which staff person is responsible for determining imminent danger. This person is sometimes referred to as the Incident Commander. Make sure the entire staff knows to follow the emergency procedures identified by this staff person. It is this person's responsibility to declare a shelter-in place or other emergency.	
2. Train staff to be aware of people around the facility and to report suspicious individuals or activity to the responsible staff person, this may be the Incident Commander.	
3. Plan relationship-building activities with local law enforcement in your area.	
4. Plan ways to collaborate with police about criminal activity and areas of concern around your building. Generate criminal threat prevention recommendations.	
5. Develop procedures for reporting anything out of the ordinary to the police.	
6. Assign a staff person to secure your important papers such as child records, insurance policies, etc.	
Additional Planning Steps	

Site-Specific Hazards Checklists—Criminal Activity

Practice Steps	Comments
1. Practice sheltering-in place and lockdown when the command is given.	
Additional Practice Steps	

Site-Specific Hazards Checklists

Intruder/Hostage

It is recommended that you consult with your HSAC, Policy Council, and/or your community or regional emergency management agency to decide whether or not each step should be included in your plan.

Definition: Intruder—An unauthorized person who enters the Center property.

Planning Steps	Comments
1. Plan procedures with staff concerning an intruder and require that the first person who becomes aware of an intruder get another staff person to accompany them before approaching guest/intruder.	
2. Plan to have staff politely greet guest/intruder and identify themselves.	
3. Plan to have staff ask the guest/intruder the purpose of his/her visit.	
4. Determine which staff person is responsible for determining imminent danger. This person is sometimes referred to as the Incident Commander. Make sure the entire staff knows to follow the emergency procedures identified by this staff person.	
5. Prepare staff with a script that will inform guest/intruder that all visitors must register at main office.	
6. Train staff to determine if the intruder's purpose is not legitimate, and to quickly ask the intruder to leave. Staff should accompany the intruder to exit.	
7. Establish procedures to lockdown your center and train staff in what is required.	
If intruder refuses to leave:	
8. Staff should be aware of a standard script that warns the intruder of consequences for staying on center property.	

Site-Specific Hazards Checklists—Intruder/Hostage

Planning Steps	Comments
9. Plan a unique signal that staff with the intruder can give, alerting other staff of the situation.	
10. Plan to have a third staff notify security or police and Incident Commander if intruder still refuses to leave. Give police full description of intruder. If possible inform the intruder that a call for help has been placed.	
11. Staff should be trained to walk away from intruder if he/she indicates a potential for violence. Be aware of intruder's actions at this time (where he/she is located in center, whether he/she is carrying a weapon or package, etc.)	
Hostage Situation:	
12. If hostage taker is unaware of your presence, do not intervene.	
13. Call 911 immediately. Give dispatcher details of situation; ask for assistance from hostage negotiation team. (Insert the actual sequence to dial 911 from your phone system.)	
14. Seal off area near hostage scene.	
15. Notify Incident Commander.	
16. Incident Commander notifies Director.	
17. Give control of scene to police and hostage negotiation team.	
18. Keep detailed notes of event.	
If taken hostage:	
19. Follow instructions of hostage taker.	
20. Try not to panic. Calm students if they are present.	
21. Treat the hostage taker as normally as possible.	

Site-Specific Hazards Checklists—Intruder/Hostage

Planning Steps	Comments
22. Be respectful to hostage taker.	
23. Ask permission to speak and do not argue or make suggestions.	
Active Shooter Situation:	
24. Work with your HSAC, Policy Council, and community or regional emergency management agency to determine the steps you need to take to plan for an active shooter situation which is different from the situations listed before.	
If taken hostage:	
Additional Planning Steps	
Practice Steps	
1. Have children and staff practice moving quickly and safely into the building.	
2. Have children practice lockdown procedures when given commands from their teacher.	
Additional Practice Steps	

Site-Specific Hazards Checklists

Radiologic Event

It is recommended that you consult with your HSAC, Policy Council, and/or your community or regional emergency management agency to decide whether or not each step should be included in your plan.

Planning Steps	Comments
1. Determine which staff person is responsible for determining imminent danger. This person is sometimes referred to as the Incident Commander. Make sure the entire staff knows to follow the emergency procedures identified by this staff person.	
2. Determine who will monitor your local radio station or NOAA radio for emergency warnings and determine who will be in charge of this task. Identify at least two staff members who will monitor emergency warnings.	
Shelter-in Place Notification:	
1. Plan procedures for sheltering-in place when alerted by warning sirens, emergency radio telecast, or emergency personnel. <ul style="list-style-type: none">• Bring all persons inside building(s).• Close all exterior doors and windows.• Turn off any ventilation leading outdoors.• Cover up food not in containers or put it in the refrigerator.• If advised, cover mouth and nose with handkerchief, cloth, paper towels, or tissues.	
Evacuation Notification:	
1. Plan procedures for evacuation. <ul style="list-style-type: none">• Incident Commander contacts the transportation coordinator and informs him/her that evacuation is taking place.	

Site-Specific Hazards Checklists—Radiologic Event

Planning Steps	Comments
<ul style="list-style-type: none"> • Incident Commander notifies students, staff, and relocation center. • Staff closes all windows. • Staff turns off all lights, electrical equipment, gas, water faucets, air conditioning, and heating system. • Determine how staff should notify emergency personnel that their room or center has been evacuated. This may include putting a sign in the window indicating if there are people in the room or center. • Staff locks doors. • Staff and children move to transportation vehicles and leave campus. 	
<p>2. Train teachers to assume the following responsibilities during an evacuation.</p> <ul style="list-style-type: none"> • Take attendance in their room before evacuation and take attendance sheet with them to evacuation site. • Take attendance before and after transportation. • Explain evacuation procedures to children. Instruct them to take their belongings. • Wait in classroom until Incident Commander or designee informs teachers that transportation has arrived. • Maintain supervision and responsibility for the children until parents arrive and take custody. • Have parents sign and date their signature on the attendance sheet next to their child's name before releasing the child to them. 	

Site-Specific Hazards Checklists—Radiologic Event

Additional Planning Steps	
1. Contact your local department of public health to find out what warning sirens mean in your community.	
Practice Steps	Comments
1. Have children and staff practice moving quickly and safely to transportation vehicles.	
Additional Practice Steps	

Site-Specific Hazards Checklists

Terrorist Event

It is recommended that you consult with your HSAC, Policy Council, and/or your community or regional emergency management agency to decide whether or not each step should be included in your plan. Weapons of mass destruction likely to be employed by terrorists fall into four basic categories: chemical, biological, nuclear, and explosive. The procedures outlined below will protect children and staff should such attacks occur.

Planning Steps	Comments
1. Decide which staff person is responsible for determining imminent danger. This person is sometimes referred to as the Incident Commander. Make sure the entire staff knows to follow the emergency procedures identified by this staff person.	
2. Determine who will monitor your local radio station or NOAA radio for emergency warnings and determine who will be in charge of this task. Identify at least two staff who will monitor emergency warnings.	
3. Identify who will turn off electrical power, gas and water supplies when there is standing water or fallen power lines, and secure structurally unstable building materials (if there is time to do so at the time of the emergency). Make sure at least two staff members know how to turn these items off.	
4. Assign a staff person to secure your important papers, such as child records, insurance policies, etc.	
5. Develop procedures for parents to sign and date their signature on the attendance sheet next to their child's name before releasing the child to them.	
6. Plan how your program will shelter-in place and lock-down the center.	

Site-Specific Hazards Checklists—Terrorist Event

Planning Steps	Comments
7. Prepare to do without services you normally depend on—electricity, telephone, natural gas, and Internet.	
<p>8. Develop plans to ensure the following items are located on each floor of your center.</p> <ul style="list-style-type: none"> • Portable, battery-operated radio and extra batteries • Several flashlights and extra batteries • First Aid kit and manual • Hard hats, masks, and gloves • Fluorescent tape to rope off dangerous areas 	
<p>9. Train staff to examine all deliveries that are made to your center and to identify any that are suspicious, including those that:</p> <ul style="list-style-type: none"> • Are unexpected or from someone unfamiliar to you • Have no return address, or have one that cannot be verified as legitimate • Are marked with restrictive endorsements such as “Personal,” “Confidential,” or “Do not X-ray” • Have protruding wires or aluminum foil, strange odors, or stains • Show a city or state in the postmark that doesn’t match the return address • Are of unusual weight given their size, or are lopsided or oddly shaped • Are marked with threatening language • Have inappropriate or unusual labeling • Have excessive postage or packaging material, such as masking tape and string • Have misspellings of common words 	

Site-Specific Hazards Checklists—Terrorist Event

Planning Steps	Comments
<ul style="list-style-type: none"> • Are addressed to someone no longer with your organization or are otherwise outdated • Have incorrect titles or titles without a name • Are not addressed to a specific person • Have handwritten or poorly typed addresses 	
<p>10. Plan to install a high-efficiency particulate air (HEPA) filter in your furnace return duct. These filters remove particles in the 0.3 to 10 micron range and will filter out most biological agents that may enter your building. If you do not have a central heating or cooling system, a stand-alone portable HEPA filter can be used.</p>	
<p>11. Train staff that if there is an explosion they should:</p> <ul style="list-style-type: none"> • Get under a sturdy table or desk if things are falling around them. When items stop falling, leave quickly, watching for obviously weakened floors and stairways. • Not use elevators. • As they exit from the building, be especially watchful of falling debris. <p>Once they are out of the building:</p> <ul style="list-style-type: none"> • Do not stand in front of windows, glass doors, or other potentially hazardous areas. • Move away from sidewalks or streets to be used by emergency officials or others still exiting the building. <p>If they are trapped in debris:</p> <ul style="list-style-type: none"> • If possible, use a flashlight to signal their location to rescuers. 	

Site-Specific Hazards Checklists—Terrorist Event

Planning Steps	Comments
<ul style="list-style-type: none"> • Avoid unnecessary movement so that dust is not put into the air. • Cover their nose and mouth with anything available. • Tap on a pipe or wall so rescuers can find them. • Use a whistle to signal rescuers. • Shout only as a last resort. Shouting can cause them to inhale dangerous amounts of dust. 	
<p>12. Develop activities for the children that will prepare them for an event such as this without frightening them.</p>	
Chemical:	
<p>1. Develop plans to protect children and staff members:</p> <ul style="list-style-type: none"> • Move children and staff members into center building. • Shelter-in place. (Do not use basements or low-lying areas.) • Close all doors and windows. • Shut down HVAC system (limit airflow from outside). • Seal doors, windows, and vents with plastic and duct tape. • Prepare to treat children and staff who experience a reaction to the chemical or other agent. • Evacuate only when told to do so by public safety, emergency management, or military authorities. 	

Site-Specific Hazards Checklists—Terrorist Event

Planning Steps	Comments
<p>Biological: Defense against biological attacks is difficult. Awareness of an attack is usually not possible for days or weeks. The first signs may emerge as personnel notice a higher than usual incidence of various symptoms.</p>	
<p>2. Develop plans to protect children and staff if an attack is discovered while it is in progress:</p> <ul style="list-style-type: none"> • Move children and staff into center building. • Shelter-in place. (Do not use basements or low lying areas.) • Close all doors and windows. • Shut down the HVAC system. (Limit airflow from outside) • Keep children and staff inside buildings. Allow parents to pick up their children at their own discretion once cleared to do so by public safety, emergency management, or military authorities. 	
<p>Nuclear: Defense against nuclear weapons involves the distance from the point of detonation.</p>	
<p>3. Develop plans to protect children and staff:</p> <ul style="list-style-type: none"> • Move children and staff to an identified safe area in a basement or lower level rooms. Interior hallways may be used as an alternate. • Close all doors leading into hallways to minimize flying glass. • All people assume the duck, cover, and hold position on the ground. • Shut down all utility systems to the building. (Gas and electricity are the priorities). • Shelter-in place to protect from fall-out if the attack is far enough away. Keep children and staff inside the building. • Allow parents to pick up their children at their own discretion once cleared to do so by public safety, emergency management, or military authorities. 	

Site-Specific Hazards Checklists—Terrorist Event

Planning Steps	Comments
<ul style="list-style-type: none"> • Listen to emergency broadcasts and follow directions of emergency management personnel. 	
Explosive: The danger from the blast effect of conventional explosive devices is similar to nuclear devices with a higher rate of survivability.	
4. Develop plans for responding to the threat of an imminent blast nearby to protect children and staff: <ul style="list-style-type: none"> • Move children and staff to specifically identified basement or lower level rooms. Interior hallways may be used as an alternate. • Close all doors leading into hallways to minimize flying glass. • Tell everyone to assume the duck, cover, and hold position on the ground. • Shut down all utility systems in the building. (Gas and electricity are the priorities.) • Shelter-in place • Keep children and staff inside buildings. Allow parents to pick up their children at their own discretion once cleared to do so by public safety, emergency management, or military authorities. 	
5. Develop plans to evacuate to the predesignated off-site location(s) if your center is the target.	
Additional Planning Steps:	

Site-Specific Hazards Checklists—Terrorist Event

Practice Steps	Comments
1. Practice identifying suspicious packages.	
2. Practice duck, cover, hold and the procedures you will use to accommodate infants and toddlers and the special needs of children and staff in your program.	
3. Practice shelter-in place.	
4. Practice evacuating quickly and safely to transportation vehicles.	
Additional Practice Steps:	

Grab-and-Go Checklist

In addition to the center's emergency/disaster supplies kit, each classroom should have a grab-and-go kit. This kit must be checked on a regular basis to make sure that all the supplies are there and that supplies are not expired. Consult with your HSAC, Policy

Council, and your local or regional emergency management agency about what items should be included in your program's grab and go kits.

The list below serves as a starting point for what may be included.

Grab-and-Go Kit Checklist

- ☐ Emergency contact forms
- ☐ Classroom attendance form
- ☐ Facility floor plan with evacuation route outlined
- ☐ Health and medication information on all classroom children and staff
- ☐ Diapers and toilet paper
- ☐ Sanitary wipes and hand sanitizer
- ☐ Gloves
- ☐ Bottled water
- ☐ Children's extra clothes
- ☐ First Aid Kit
- ☐ Flashlight
- ☐ Batteries
- ☐ Radio with batteries or NOAA radio with batteries or other method for charging
- ☐ Cell phone and charger
- ☐ Paper towels
- ☐ Light snacks such as granola bars and items that are safe for children with food allergies

Additional Items

- ☐ [Psychological First Aid: Field Operations Guide](#)
- ☐ Contact form for each child
- ☐ List of emergency service phone numbers (i.e. fire, police, gas, electric, 911 etc.)

Community Health Service Needs

It is always important to have current information on the needs of your families and staff and the types of community health services (including mental health services) available in your community. It is even more important should a tragic event or crisis occur.

The following checklist provides you with information to use to assess, plan, and practice how you can use services in your community. It also provides you with impact and recovery steps should a crisis or tragic event occur.

Community Services Checklist

Use this worksheet to assess health services in your program.

Then consider the planning, practice, and recovery steps and use the comments section to record your HSAC's recommendations as to whether each step should be included in your plan.

Steps to Reduce Risk	Comments
<p>1. Identify services and emergency preparedness specialists and agencies in your community that are currently in place and those that are needed.</p> <ul style="list-style-type: none">• Emergency medical and dental services• Mental health• Nutrition• Medication and health care supply replenishment• Birthing• Pediatric care• Hazard assessment• Sanitation and hygiene supplies	
<p>2. Identify how Head Start families would access available services:</p> <ul style="list-style-type: none">• They would need to travel to the service.• The service could be provided in their home.• Phone and email advice is available.	

Community Health Service Needs

Steps to Reduce Risk	Comments
3. Identify all other health and mental health providers in your community and map their location.	
4. Create a contact list of health and mental health providers, and distribute it to families.	
Additional Steps to Reduce Risk	
Planning Steps (Make sure to include the emergency preparedness specialists that are mentioned earlier in the check list in your planning steps)	
<ol style="list-style-type: none"> 1. Meet with representatives of different departments in your local public health department and determine what services would be available for your families following an emergency. 2. In conjunction with your public health department and other health care providers (e.g., community clinics, private practice), develop a method for rapid communications. 3. Develop a memorandum of understanding/ agreement that will facilitate health and mental health services for your families. 4. Determine who in your community would be available to provide psychological first aid services for children, families, and staff. (This may include your staff, your mental health consultant, and/or outside mental health service providers.) 5. Offer to create a room in your building that could serve as a triage area or a satellite health office during an emergency. 	
Additional Planning Steps	

Community Health Service Needs

Practice Steps	Comments
1. Test your communications methods for alerting families and health providers.	
Additional Practice Steps	
Recovery Steps	Comments
1. Conduct a “post” emergency meeting with your community health providers and discuss lessons learned.	
2. Share your experience with the collaborating office and your regional specialist and request that they share the information with other programs.	
3. Go to http://www.disasterassistance.gov . Begin psychological first aid. (See the trauma section of the National Center on Health website at http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/health/mental-health/mental-health.html and http://www.nctsn.org/content/psychological-first-aid)	
Additional Recovery Steps	

Emergency Preparedness for Early Head Start Home Visitors

When the home visitor is conducting group socialization activities at a Head Start center or in a licensed child care program the home visitor must follow the emergency plan for the building in which the activities are taking place. In order to do this, the home visitor must:

- Secure and maintain a copy of the emergency plan.
- Read and understand all the emergency steps for each of the emergencies.
- Share an abbreviated written copy of the plan with participating families and explain the plan to them prior to initiation of the group socialization activities.
- In the event of an emergency, follow the emergency plan and keep the children and families safe.

When the Home Visitor is conducting group socialization activities in a licensed child care program without an approved emergency plan, the home visitor must follow the emergency plan developed by their Early Head Start program. In order to do this, the home visitor must:

- Secure and maintain a copy of the emergency plan
- Read and understand all the emergency steps for each of the emergencies.

- Share an abbreviated written copy of the plan with the participating families and explain the plan to them prior to the initiation of the group socialization activities.
- In the event of an emergency, follow the emergency plan and keep the children and families safe.

During individualized sessions in the family home:

The Family Service Center (FSC)/home visitor should not place themselves in jeopardy by traveling to a family home when a hazard/threat warning has been issued by local, state, or national emergency management (e.g., tornado, flood). If an emergency arises while the FSC/home visitor is already in a family's home, the FSC/home visitor should follow the steps for safety defined in their program's emergency preparedness plan. Therefore, the FSC/home visitor must understand the steps involved in their program's plan and bring an abbreviated version of the plan with them whenever they go to a family's home.

Resources

Administration for Children and Families

Early Childhood resources

<http://www.acf.hhs.gov/programs/ohsepr/early-childhood>

Contact ohsepr@acf.hhs.gov to be routed to the Regional Emergency Management Specialist for your region.

American Red Cross

American Red Cross—Long Island Hurricane Preparedness Guide: Everything You Need to Know to Prepare and Protect Your Family

http://shorehamcivic.homestead.com/files/Presentations_9-17-08/en_guide2.pdf

Bright Horizons

Jim Greenman—What Happened to My World? Helping Children Cope with Natural Disaster and Catastrophe

<http://www.brighthorizons.com/talking-to-children>

Office of Head Start Emergency Preparedness website

Provides additional information, resources, and tip sheet as well as a link to the Emergency Preparedness Manual

<http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/health/ep>

National Association of School Psychologists

Helping Children Cope with Crisis: Care for Caregivers

http://www.nasponline.org/resources/crisis_safety/CaregiverTips.pdf

The National Child Traumatic Stress Network

After the Hurricane: Helping Young Children Heal (NCTSN)

http://nctsn.org/sites/default/files/assets/pdfs/Helping_Young_Children_Heal.pdf

National Fire Protection Association

Stop, Drop, and Roll

<http://www.nfpa.org/safety-information/for-public-educators/education-programs/learn-not-to-burn/learn-not-to-burn-grade-1/know-when-to-stop-drop-and-roll>

Parent Guidelines for Helping Children After Hurricanes

http://nctsn.org/sites/default/files/assets/pdfs/parents_guidelines_talk_children_hurricanes.pdf

Spanish: http://nctsn.org/sites/default/files/assets/pdfs/ParentGuidelines_SpanishVersion.pdf

Teacher Guidelines for Helping Children after Hurricanes

http://nctsn.org/sites/default/files/assets/pdfs/teachers_guidelines_talk_children_hurricanes.pdf

Parent Tips for Helping Infants and Toddlers after Disasters

http://www.nctsn.org/sites/default/files/pfa/english/appendix_e4_tips_for_parents_with_infants_and_toddlers.pdf

Resources

Parent Tips for Helping Preschool-Age Children after Disasters

http://www.nctsn.org/sites/default/files/pfa/english/appendix_e5_tips_for_parents_with_preschool_children.pdf

Parent Tips for Helping School-Age Children after Disasters

http://www.nctsn.org/sites/default/files/pfa/english/appendix_e6_tips_for_parents_with_schoolage_children.pdf

Parent Tips for Helping Adolescents after Disasters

http://www.nctsn.org/sites/default/files/pfa/english/appendix_e7_tips_for_parents_with_adolescents.pdf

Psychological First Aid for Adults: Tips for Adults

http://www.nctsn.org/sites/default/files/pfa/english/appendix_e8_tips_for_adults.pdf

Childhood Traumatic Grief Educational Materials: For Parents

http://rems.ed.gov/docs/samhsa_childhoodtraumaticgriefforparents.pdf

Trinka and Sam: The Rainy Windy Day

http://www.nctsn.org/sites/default/files/assets/pdfs/trinka_and_sam_final.pdf
Spanish: <http://www.nctsn.org/sites/default/files/assets/pdfs/trinka-y-juan-final-2-11.pdf>

Symptoms and Behaviors Associated with Exposure to Trauma

<http://www.nctsn.org/trauma-types/early-childhood-trauma/Symptoms-and-Behaviors-Associated-with-Exposure-to-Trauma>

Readiness and Emergency Management for Schools Technical Assistance Center

<http://rems.ed.gov>

Ready.gov

Download family emergency plans, emergency supply checks lists and other resources

<http://www.ready.gov/emergency-planning-checklists#>

Sesame Street

Here for Each Other: A Resource for Parents and Caregivers

http://www.sesamestreet.org/cms_services/services?action=download&fileName=For%20Parents:%20Here%20for%20Each%20Other&uid=88b10d16-be94-4962-bd02-f3fcefbab5c4

Substance Abuse and Mental Health Services Administration

Tips for Survivors of a Traumatic Event: What to Expect in Your Personal, Family, Work, and Financial Life

<http://store.samhsa.gov/shin/content//NMH02-0139/NMH02-0139.pdf>

U.S. Department of Health and Human Services Public Health Emergency website

Provides information and resources, including tips for talking to children and adults about tragic events. A link to the disaster distress helpline is also provided.

<http://www.phe.gov/emergency/events/newtown/Pages/default.aspx>

U.S. Department of Education, Resources for Parents Following Traumatic Events

Includes parent tip sheets for helping infants, toddlers, and preschool age children after disasters.

<http://www.ed.gov/blog/2012/12/resources-for-parents-following-traumatic-events/>

Emergency Kit Checklist for Shelter-In Place

Use this checklist to identify items you need for your emergency/disaster supplies kits

Quantity Needed

(supply to last last 72 hours)

Item

<input type="checkbox"/> Emergency contact information for children	
<input type="checkbox"/> Disposable Diapers	
<input type="checkbox"/> Water (1 gallon per person per day—3 gallons per person total)	
<input type="checkbox"/> Food (do not include any items that any of the children have allergies to)	
<input type="checkbox"/> Battery-powered or hand-crank radio and a NOAA weather radio with tone alert and extra batteries for both	
<input type="checkbox"/> Flashlight and batteries (in each room)	
<input type="checkbox"/> Non-electric can opener	
<input type="checkbox"/> Medications	
<input type="checkbox"/> Disposable cups, bowls, plates, utensils	
<input type="checkbox"/> Paper towels, toilet paper	
<input type="checkbox"/> Hand sanitizer	
<input type="checkbox"/> Blankets	
<input type="checkbox"/> Whistle to signal for help	
<input type="checkbox"/> Dust mask	
<input type="checkbox"/> Moist towelettes, garbage bags, and plastic ties for personal sanitation	
<input type="checkbox"/> Wrench or pliers to turn off utilities	
<input type="checkbox"/> Cell phone with charger, inverter, or solar charger	
<input type="checkbox"/> Clothing for each person (jacket, pants, shirt, shoes, hat, gloves)	
<input type="checkbox"/> Blanket or sleeping bag for each person	
<input type="checkbox"/> Rain gear	
<input type="checkbox"/> Fire extinguisher	
<input type="checkbox"/> Matches in waterproof container	
<input type="checkbox"/> Signal flare	
<input type="checkbox"/> Paper and pencil	
<input type="checkbox"/> Household chlorine bleach (keep in a secure location, away from children's access)	

School readiness begins with health!

ACF Administration for Children and Families	U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES	
	1. Log No. ACF-IM-HS-17-02	2. Issuance Date: 09/21/17
	3. Originating Office: Office of Head Start	
	4. Key Words: Disaster Relief; Recovery Efforts; Displaced Families; Homeless; Hurricanes Harvey, Irma, Jose, and Maria; Natural Disaster	

INFORMATION MEMORANDUM

TO: All Head Start and Early Head Start Agencies and Delegate Agencies in Areas Affected by the 2017 Hurricanes and Related Recovery Efforts

SUBJECT: Disaster Recovery from 2017 Hurricanes

INFORMATION:

The Administration for Children and Families (ACF) and the Office of Head Start (OHS) are very concerned about the devastation resulting from recent disasters affecting large numbers of Head Start programs, children, families, and staff. OHS is removing barriers to make it easier for Head Start agencies to meet the needs of those children and families affected by disasters, especially newly homeless children and families. Head Start programs serve a critical role in the recovery of impacted communities.

First, Head Start programs are urged to begin taking steps to resume services. Even if facilities are inoperable, program staff can support families in meeting their basic needs, including nutrition, health and mental health support, and alternative care for their children. Second, programs that have operable facilities are encouraged to allow displaced Head Start families supervised access to those facilities, including kitchens, rest/napping areas, computer labs, bathrooms, laundry, and power sources for re-charging phones and other communication devices. Grantees are encouraged to support families in accessing local, state, and federal relief and leveraging their community partnerships and resources to support other relief efforts.

Serving Other Eligible Head Start Families

Grantees near impacted areas are encouraged to assess how their services and resources might be used or shared to assist others affected by these disasters. Please consider your physical resources (e.g., facilities, equipment, supplies) and your human assets (e.g., staff, physicians, social workers, mental health personnel) that might be of assistance. In some cases, Head Start eligible children and their families might relocate to your community from other communities or close by states that were devastated by disasters. Finding creative ways to reach out and serve these families is encouraged.

Administrative Flexibility

OHS will rely on the judgment of governing bodies and program administrators at the community level to determine the most expeditious steps necessary to resume services. Individual states may waive some aspects of licensing requirements post-disaster, and programs are encouraged to contact their state licensing representative or Regional Office for guidance.

In some circumstances, if a grantee is unable to comply with a Head Start standard as a direct result of a disaster, OHS will consider waiver of that standard. However, no Head Start standard or requirement will be waived where failure to comply endangers the health and safety of children or constitutes fraud or misuse of federal funds. Grantees must, at all times, be able to assure the safety of children and financial accountability for funds and property.

Eligibility, Recruitment, Selection, and Enrollment

Grantees that offer both Head Start and Early Head Start may serve eligible impacted children ages birth to 5 within their overall funded enrollment and are not restricted to the current funded enrollment slots assigned to each program. Grantees that do not currently offer Early Head Start but that have appropriate space and staff qualified to serve infant and toddlers may contact their Regional Office about the potential to serve displaced infants and toddlers. Head Start programs that do not have qualified infant and toddler staff are encouraged to work with local programs that may have space for infants and toddlers or offer home visiting programs. As we work together to serve affected children and families, we must do so in ways that do not put children at risk.

Any age-eligible child from a family that has had to abandon their home because of the disaster should be considered homeless under the definition of "homeless children" in the McKinney-Vento Homeless Assistance Act. These children are eligible for Head Start services due to loss of housing or the fact they are living in emergency shelters or sharing housing with family or friends.

If a displaced family does not have the eligibility documentation in-hand, programs should be flexible in accepting signed statements from the family attesting to necessary eligibility information. Migrant and Seasonal Head Start programs can consider serving displaced children and families without regard to their income primarily coming from agricultural work if they have the space and resources to do so without diminishing services to children of agricultural workers.

Program Options and Hours of Program Operations

OHS will, for the remainder of the school year, allow any grantee to serve impacted or displaced children in any program option or options without obtaining advance approval. This applies to a conversion of a program segment, such as a center, to another program option so programs can accommodate as many children as possible. This time-limited exception to required procedures for obtaining OHS permission to convert services to a different program option as a "change to the scope or objectives of a program" under 45 CFR § 75.308(c)(1)(i) is based on the need for programs to act quickly in response to this large-scale and widespread emergency situation to ensure children's safety and well-being. Also for the remainder of this school year, affected programs may add or reduce hours or days of program operations without obtaining prior approval as long as these changes can be justified.

Grantees are required to notify their Regional Office of the action(s) taken as soon as it is practical to do so, using Head Start Enterprise System (HSES) correspondence.

Space, Class Size, and Ratios

Adequate classroom space may be a challenge post-disaster as programs strive to serve children displaced by the disaster. To allow grantees to be as responsive as possible to these children and their families, this communication constitutes waiver approval, for grantees in areas affected by large-scale disasters, as described under 45 CFR § 1302.24(c)(1) and (2) to exceed the class size/group size requirements of 45 CFR § 1302.21(b) and 1302.23(b) as long as grantees maintain appropriate adult to child ratios and comply with state and local licensing requirements, except when the state or local licensing agency waives these requirements, in which case grantees would not need to comply with the waived requirements. In cases where grantees cannot comply with square footage requirements for centers in 45 CFR Part § 1302.21(d)(2) during a temporary recovery period, compliance with a less stringent state or local standard will be regarded by OHS as evidence of a good faith effort to comply with the Head Start standard to the degree possible.

Grantees are required to notify their Regional Office of the action(s) taken as soon as it is practical to do so, using HSES correspondence.

Additional Classroom Staffing and Teacher Credentials

Using funds from existing operating budgets, programs may temporarily open additional classrooms to serve displaced children now considered homeless under the McKinney-Vento Act or children whose Head Start programs have closed due to damage. In addition, programs are encouraged to give priority to hiring staff displaced from other programs when hiring new classroom staff to cover classrooms. All staff working directly with children must be eligible for employment under applicable criminal background check requirements under the Head Start Act and state child care licensing requirements.

Safe Environments

Floodwater carries a wide variety of contaminants that can cause illness to young children. Contaminants can also aggravate existing medical conditions and accelerate the progress and severity of infections. Grantees are cautioned to be sure services are resumed only when children can be safely served in their centers and outdoor play areas. If centers or playgrounds were flooded, grantees should test indoor air quality and playground soil to be sure that contaminant levels are safe for children birth through age 5. Porous objects (e.g., wood, paper, bedding, books, etc.) should be carefully cleaned and inspected to assure they do not harbor contaminants that pose a danger to children. All state child care licensing requirements related to re-opening centers post-disaster must also be met before service in centers is resumed. Consult local and state health authorities for further information and be aware of flood recovery information available from the Centers for Disease Control and Prevention, which includes information and helpful links to other resources: <https://www.cdc.gov/features/flood-safety/index.html>.

Health and Mental Health Services

Addressing the health and mental health of children, families, and staff impacted by a disaster is critical to the recovery process. Children, families, and Head Start staff may experience stress and even trauma related to a hurricane or other disaster. These effects can be short-term or long-term and responses may vary across individuals. Grantees are encouraged to work with local agencies and partners to assure that all affected children receive needed health and mental health services as quickly as possible. When enrolling newly homeless children, programs must make best efforts to ascertain children's health status and immediate needs. Programs are also encouraged to work cooperatively to share children's records with health care providers locally and those who may be serving displaced children in other locations.

The following resources are available to assist programs in responding to a disaster as well as preparing for any future emergencies.

[The Head Start Emergency Preparedness Manual](#) addresses response and recovery as well as preparation. The Head Start Emergency Preparedness Manual addresses response and recovery as well preparation.

[Psychological First Aid](#) is an evidence-informed approach for assisting children, adolescents, adults, and families in the aftermath of disaster. The field manual includes handouts for parents, caregivers, as well as children birth to 5.

[Children's Responses to Crises and Tragic Events](#) is a tip sheet identifying what behaviors young children may display after a tragic event. Knowing what to look for can help programs determine when to get children the support they need.

[Helping Your Child Cope After a Disaster](#) is a tip sheet that provides families and staff with tools to help a child after a disaster or crisis. Children benefit when adults assure them that they are safe and help them learn how to cope effectively.

Nutrition

The U.S. Department of Agriculture (USDA) Food and Nutrition Services (FNS) has provided additional flexibilities for Child Nutrition Programs, including the Child and Adult Care Food Program (CACFP). For example, on August 29, 2017, FNS approved a request from Texas for waivers or program flexibilities for CACFP that will allow all schools and child care institutions and facilities in declared disaster counties to waive meal pattern requirements through September 30, 2017. Additionally, on September 3, 2017, FNS approved a request from Texas to substitute certain Women, Infants, and Children (WIC) approved food items (e.g., fluid milk, bread, and eggs) through September 24, 2017, due to regional demand and supply chain disruptions caused by Hurricane Harvey. For the latest information on disaster-related flexibilities in your service area, please visit <https://www.fns.usda.gov/disaster/>.

Children with Disabilities

When serving displaced children, programs should, where possible, acquire the Individualized Education Plans (IEPs) or Individual Family Service Plans (IFSPs) to assure the least possible disruption of these critical services.

Fiscal Management

Recovery Costs: Grantees are expected to seek out and apply for all available national, state, and local disaster recovery funding. Insurance policies should be carefully reviewed to determine the extent to which losses may be covered. Insurance claims should be submitted promptly with regular follow-up on claims status. Insurance proceeds received on account of losses related to Head Start-funded property are related program income which must be spent on allowable program and recovery expenses.

If necessary, affected grantees may use funds already awarded for program operations and training and technical assistance (T/TA) to support needed recovery efforts (see Budget Modifications below). If OHS receives disaster relief funding, that funding may be used to replace program operation and T/TA funds re-directed to post-disaster recovery and resumption of services. Grantees should be mindful of budget consequences when using program and T/TA funds for recovery activities to assure that sufficient program operations and T/TA funding remains available for ongoing provision of services.

Budget Modifications: It is anticipated that funds awarded for program operations may need to be re-directed to different budget categories to address post-disaster clean-up, repairs, health and safety issues, replacement of damaged equipment, furnishing and supplies, and other costs associated with resumption of services. Within a fiscal year, grantees may re-budget up to the lesser of \$250,000 or 25 percent of their annual funding between budget categories without prior written approval. In the event that re-budgeting in excess of the noted amount is needed, a revised SF-424 and prior written approval is required per 45 CFR § 75.308(b)(v).

Staffing and Wages: Program staff and volunteers may have suffered personal and property losses on account of the disaster. Employees may not be able to reach their work locations and centers may be closed for extended periods of time. Grantees should consider federal and state labor laws to determine whether they are required to compensate staff unable to work on account of inclement weather. The U.S. Department of Labor website provides helpful information about disaster related benefits and support: <https://www.dol.gov/general/hurricane-recovery>.

Laid-off employees should be encouraged to apply for unemployment compensation benefits and any other financial assistance available to support dislocated workers. If there are tasks that can be performed offsite, employees may be allowed to temporarily work from home during the disaster recovery period. Employees who take on new job responsibilities during the disaster recovery period, such as contacting parents or cleaning up centers, can be paid their regular wages for such work. Reasonable amounts of overtime may be paid if necessary to support recovery activities. Employees and volunteers should engage in clean-up and other onsite recovery activities only with appropriate

supervision and safety gear.

To facilitate the retention and availability for recall of employees when services resume, employees laid off on account of the disaster may be paid their regular wages (allocated for shared employees) from Head Start funds for up to two weeks (80 hours for hourly employees, one half of the regular monthly salary for salaried employees) if they are unable to engage in other employment activities, such as those noted above.

Equipment: Replacement of equipment needed for classroom operations, transportation and nutrition services is critical to resumption of services in affected areas. Grantees in the affected areas are hereby given ACF approval under 45 CFR § 75.308(c)(1)(xi) to purchase equipment needed to replace damaged or destroyed items at a per-unit cost of up to \$25,000. As soon as possible following purchase, grantees are required to inform their Regional Office of the equipment purchased, the equipment it replaced, and the cost of the purchased items. Prior written approval is required for replacement of equipment with a per-unit cost of more than \$25,000.

Procurement: Programs may experience post-disaster scarcity of materials and labor needed for recovery, particularly construction services. Grantees are encouraged to seek out reputable, licensed, local contractors to assist in recovery efforts. In consideration of the emergency and the pressing need to move forward with recovery activities, vehicle replacement, equipment, furnishing, materials, supplies and minor repairs and renovations related to these disasters which do not require compliance with 45 CFR § 1303-Subpart E may be undertaken by noncompetitive proposals as allowed in 45 CFR § 75.329(f)(2) for up to 12 months following the date of this Information Memorandum (IM). Procurement requirement as noted in 45 CFR §§ 75.329–75.335 must be followed and a complete application using SF-429 and Attachment B in compliance with 45 CFR § 1303-Subpart D must be submitted for purchase, construction, or major renovations as defined in 45 CFR § 1305.2. Grantees are reminded of the need to retain adequate documentation of all disaster recovery expenses noting their relationship to post-disaster recovery.

Davis-Bacon Act: Unless waived in disaster relief legislation passed by Congress, the Davis-Bacon Act applies to covered construction activities in excess of \$2,000. Davis-Bacon Act compliance information may be found at: <https://www.dol.gov/whd/govcontracts/dbra.htm>.

Information on Damage and Recovery

Collecting accurate data on damages and recovery costs is critical. Head Start facilities that have been damaged should be inspected as soon as it is safe to do so. Grantees should prioritize those repairs that must be completed before the facilities can reopen. Your Regional Office will be in close communication with you about your recovery efforts and it is very important that you submit accurate data as soon as you have determined the scope and projected costs of these repairs. The following information will be particularly helpful:

- Did the center experience flooding or other damage?
- Was the structure of the center damaged (e.g., windows blown out, serious roof damage, exterior walls damaged, foundation settled, floodwater more than 2 feet in depth at highest point)?
- What non-structural damage did the center experience (e.g., playground flooded, soaked flooring, minor roof damage, floodwater less than 2 feet in depth at highest point, some windows broken)?
- Were supplies and furnishings damaged at the center?
- Were buses or other vehicles at the center damaged directly or submerged over wheel depth in water? How many?

While we do not have information on the potential recovery funds for Head Start, having accurate information as soon as possible will help to inform federal recovery efforts. Given the extensive power outages, OHS will also grant extensions to those grantees affected by the recent disaster and recovery efforts in submitting SF-425s, SF-429s, End of Month Enrollment Data, and refunding applications due October 1, 2017. As soon as practical, please notify your Regional Office of the need for such an extension.

Next Steps

OHS recognizes the incredible commitment and strength of program staff across the country, even as we know many staff are themselves personally affected when a disaster strikes a community. ACF and OHS will assist and support you in every way possible. National and Regional ACF staff will be available to help coordinate services among the Head Start programs in neighboring communities and in your state, as well as the federal, state, and local entities with which you partner. If programs encounter other barriers to responding to children and families in need or to partnering with local education agencies or child care agencies, aside from those included in this IM, please let your Regional Office know so we can work together to resolve those barriers. Additionally, fiscal year 2018 monitoring schedules will be adjusted, as necessary, for programs impacted by the disaster.

Lastly, this IM focuses on what you can do now with the funding you have or can leverage through other sources. If Congress appropriates recovery funds for Head Start, OHS is committed to work as expeditiously as possible to communicate the process for applying for relief funding.

Thank you so much for doing all you can to help children, families, and staff who have experienced such disruption and loss.

/ Ann Linehan /

Ann Linehan
Acting Director
Office of Head Start