Emergency Preparedness Manual

Early Childhood National Centers

NATIONAL CENTER ON
Early Childhood Health and Wellness

Emergency Preparedness Manual

for Early Childhood Programs, 2020 Edition

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HOW TO USE THIS MANUAL

This manual provides information to assist early childhood programs with making emergency plans to help keep their program, center, or home safe before, during, and after an emergency.

The manual is a workbook-style document that includes information about emergency preparedness, response, and recovery. It contains worksheets that allow you to customize an emergency plan for your program, center, or home. As you go through the manual, the steps below can guide you through creating your emergency preparedness plan.

- Complete the *Emergency Preparedness Self-Assessment questionnaire* (p. 4) to determine the steps your program, center, or home may need to take to develop a comprehensive emergency preparedness plan.
- Use the *What Types of Emergencies Could You Experience?* checklist (p. 5) to help you prepare for all possible emergencies.
- Learn who in your community can help you make and practice your emergency plan with the *Whom to Consult in Your Community* worksheet (p.9).
- Establish your communications procedures during the preparedness phase with the *Establishing Your Communication Procedures* worksheet (p. 11).
- Designate staff member responsibilities, determine evacuation sites, and emergency responses in the preparedness phase with the *Making Your Emergency Response Plan* (pp. 12-19).
- Make your emergency kit using the *How to Build an Emergency Kit* (p. 20).
- Use the *Mitigation Checklist* (pp. 26-27) to consider changes that you can make to reduce damage or injuries in your program.
- Follow the relevant *Procedure Checklist* for early childhood programs (pp. 29-35) to complete each part of your emergency response.
  1. After practicing your emergency procedures, follow the Practice, Review, and Revise Framework (pp. 37-38) to reflect on how to improve your procedures in the future.
  2. Find resources that focus on how to begin the recovery process and reopen your program for children, families, and staff members after an emergency.
- Use the resources and information in chapter 5 to prepare for health pandemics.

A complete plan includes:

- **Preparedness**
- **Response**
- **Recovery**

A glossary of key terms is in chapter 6

Chapter 1
INTRODUCTION

Emergencies often happen suddenly. They can be devastating to early childhood programs and communities. Emergency preparedness is the process of taking steps to ensure your early childhood program, center or home is safe before, during, and after an emergency. Staff members need to know how to respond quickly and appropriately to emergencies that could happen in their program, center, or home. The purpose of this manual is to help child care providers and Head Start staff members create an emergency preparedness plan specific to their program, center, or home.

Early childhood programs play an important role in supporting children and families in their local communities before, during, and after an emergency through three phases of emergency management:

- **Preparedness—**Takes place before an emergency. It includes being informed about any likely emergencies in your area; mitigating any existing concerns at your facility that could make an emergency worse; making plans to respond to emergencies before they happen; and building, maintaining, and updating supply kits you will take or keep with you during an emergency.
- **Response—**Begins the moment you are alerted that an emergency is going to happen and continues as the emergency occurs.
- **Recovery—**Happens as soon as the emergency is over. Recovery efforts often focus on food, water, health needs, shelter, safety, and emotional needs. Recovery can include rebuilding your program, reopening your program in a different way or returning to normal or a new normal. Recovery can last hours, weeks, months, or even years in the most extreme cases.

This manual gives you information and resources to create your emergency preparedness, response and recovery plan for your program, center, or home.

Child Care Development Block Grant (CCDBG) and Head Start Program Performance Standards (HSPPS) require all providers to prepare written plans for responding to emergency situations and natural disasters.

Head Start Program Performance Standards (HSPPS) (§1302.47.b.4.ii) require emergency preparedness and response activities for all Head Start programs. https://eclkc.ohs.acf.hhs.gov/policy/45-cfr-chap-xiii/1302-47-safety-practices

The Child Care and Development Block Grant (CCDBG) Act of 2014 requires both center-based and family child care providers to prepare written plans for responding to emergency situations or natural disasters. http://usa.child careaware.org/wp-content/uploads/2015/10/ CCDBG-Moving-Forward-Disaster-Preparedness-S.10861.pdf

While emergency preparedness requirements for providers will vary based on state laws, this manual will help you incorporate national recommendations and best practices to keep children and adults safe during emergencies. https://childcareta.acf.hhs.gov/sites/default/files/public/state_regulatory_requirements_for_emergency_preparedness_planning_final.pdf

Three reasons to Prepare:

1. **Emergencies, large and small, can occur in every community, even yours.**
2. **Child Care Development Block Grant (CCDBG) health and safety standards and Head Start Program Performance Standards (45 CFR 1302.47[b][8]) require all providers to prepare written plans for responding to emergency situations and natural disasters.**
3. **Emergency preparedness saves lives! Your emergency preparedness helps children.**

Emergency Preparedness Self-Assessment Questionnaire

Being prepared and ready for the daily activities of your program is essential. Preparing and planning for emergencies is no different. Use this self-assessment to determine the steps you may need to take to develop a comprehensive and effective emergency preparedness plan that works for your early childhood program.

Question	Yes	No	If No, Go to Page...
1. Has your program done an assessment of the types of emergencies your early child care program could experience based on your geographic region?			**5**
2. Has your program developed specific procedures for preparedness, response and recovery for health pandemics, including information on how to be informed and how to communicate?			**9**
3. Has your program developed specific procedures for preparedness, response, and recovery for each type of emergency indicated as a possibility, including information how to be informed and how to communicate?			**12–19**
4. Does your plan account for practicing and revising your emergency response?			**37**
5. Do you have a list of emergency contact information for first responders and is it visible in your facility?			**9**
6. Do you have updated emergency contact information for each child, staff member, volunteer and others in your early childhood program?			**22–25**
7. Do you have an emergency kit that is checked monthly and has enough supplies to last for up to 72 hours, including emergency contact information for each child in your early childhood program and daily attendance sheets?			**2**
8. Does your program have plans in place to train children, families, and staff members (if applicable) about emergency preparedness plans and procedures?			**11**
9. Does your plan address the continuation of services for children and families?			**46**
10. Does your plan include how to address the mental health and emotional needs of children, families, and staff members (if applicable) before, during, and after an emergency?			**46**

What Types of Emergencies Could Your Program Experience?

What types of emergencies have occurred in your area? Is your program in a flood zone? Is your area at risk for severe weather? Is your program prepared for a health pandemic? Is there a history of violence in your community?

Use this checklist to assess what types of emergencies your program and region may experience. Consult with your state or local emergency management office for emergency plans specific to your area. Information on local emergency management contacts is available on www.ready.gov. Contact information for local health departments is available on the Centers for Disease Control and Prevention (CDC) website https://www.cdc.gov/publichealthgateway/healthdirectories/index.html.

Additional information is available at https://www.acf.hhs.gov/ohsepr/information-for-providers.

	Yes	No	Maybe
Active Shooter/Violent Intruder			
Blackout/Power Outage			
Earthquake			
Extreme Heat			
Flooding			
Health Pandemic			
House Fire/Wildfire			
Hurricane			
Landslide/Mudslide			
Tornado			
Thunderstorm			
Tsunami			
Volcanic Eruption			
Winter Storm/Extreme Cold			

In addition to assessing what types of emergencies may occur, consider assessing your building and outdoor space to mitigate hazards in your environment, using the Mitigation Checklist on pages 26-27.

Chapter 2
PREPAREDNESS

What Is Preparedness?

When early childhood programs prepare for emergencies, they can save the lives of children, staff members, and families. Being prepared may allow you to reopen or provide services for your early childhood program sooner. You and the families in your community may also be able to get back to work faster. Children may be able to return to familiar routines, caregivers, and settings sooner.

CCDBG regulations and HSPPS require early childhood programs to establish, follow and practice appropriate procedures for emergencies. A disaster-preparedness plan is also required. *Caring for Our Children, 4th Edition (CFOC4)* (http://nrckids.org/CFOC/) has best-practice standards for programs, centers, and homes. See the table below for CFOC Standards relevant to emergency preparedness, response, and recovery that are appropriate for Head Start programs or that align with CCDF state plans (www.acf.hhs.gov/occ/resource/state-plans).

The National Center on Early Childhood Health and Wellness has developed a COVID-19 Questions-CFOC Crosswalk to help you prepare.

Table 1.
National Requirements and Recommendations for Child Care Emergency Preparedness

Requirements

CCDBG, Sec. 5 (b)(U)(iii)
A disaster plan shall include:

(i) Evacuation, relocation, shelter-in-place, and lockdown procedures, as well as procedures for communication and reunification with families, continuity of operations, and accommodation of infants and toddlers, children with disabilities, and children with chronic medical conditions.

(ii) Guidelines for continuing CCDF assistance and child care services after a disaster, which may include provision of temporary child care and temporary operating standards for child care after a disaster.

(iii) Procedures for staff and volunteer emergency preparedness training and practice drills.

HSPPS § 1302.47.b.7.
Programs establish, follow, and practice, as appropriate, procedures for, at a minimum:

(i) Emergencies.

(ii) Fire prevention and response.

(iii) Protection from contagious disease, including appropriate inclusion and exclusion policies for when a child is ill and from an infectious disease outbreak, including appropriate notifications of any reportable illness.

(iv) The handling, storage, administration, and record of administration of medication.

(v) Maintaining procedures and systems to ensure children are released only to an authorized adult.

(vi) Child-specific health care needs and food allergies that include accessible plans of action for emergencies. For food allergies, a program must also post individual child food allergies prominently where staff can view wherever food is served.

HSPPS § 1302.47.4.i.G.
All staff should receive training in emergency preparedness and response planning for emergencies.

HSPPS § 1302.47.4.i.A
All staff should receive training in the prevention and control of infectious diseases

HSPPS § 1302.47.b.8.
The program has all-hazards emergency management/disaster-preparedness response plans for more and less likely events including natural and man-made disasters and emergencies and violence in or near programs.

HSPPS § 1302.47.b.6
All staff systematically and routinely implement hygiene practices that at a minimum ensure:

(i) Appropriate toileting, hand washing, and diapering procedures are followed;

(ii) Safe food preparation; and,

(iii) Exposure to blood and body fluids are handled consistent with standards of the Occupational Safety Health Administration.

HSPPS § 1302.47.b.2 (i).
(2) Equipment and materials. All Indoor and outdoor play equipment, cribs, cots, feeding chairs, strollers, and other equipment used in the care of enrolled children, and as applicable, other equipment and materials meet s:
(i) Be clean and safe for children's use and are appropriately disinfected;

Table 1. *continued*
National Requirements and Recommendations for Child Care Emergency Preparedness

Recommendations

CFOC4 Standard 5.1.4.2
Evacuation of Children with Special Health Care Needs

CFOC4 Standard 9.2.4.6
Use of Daily Roster During Evacuation Drills

CFOC4 Standard 9.2.4.5
Evacuation Drills/Exercises Policy

CFOC4 Standard 5.6.0.1
First Aid and Emergency Supplies

CFOC4 Standard 5.4.5.2
Cribs

CFOC4 Standard 9.2.5
Transportation Policies

CFOC4 Standard 9.2.4.3
Disaster Planning, Training, and Communication

CFOC4 Standard 9.4.1.16
Evacuation and Shelter-in-Place Drill Records

CFOC4 Standard 10.5.0
Health Department Responsibilities and Role

CFOC4 Standard 9.2.3
Health Policies

CFOC4 Standard 3.6.1.
Inclusion/Exclusion Due to Illness

CFOC4 Standard 3.1.1
Conduct of Daily Health Check

CFOC4 Standard 3.6.4
Reporting Illness and Death

CFOC4 Standard 3.6.2
Caring for Children Who Are Ill

CFOC4 Standard 9.2.3
Health Policies

CFOC4 Standard 9.4.2.5.
Health History

CFOC4 Standard 3.2.3
Exposure to Body Fluids

CFOC4 Standard 10.6.1
Caregiver/Teacher Training

CFOC4 Standard 1.3.2
Caregiver's/Teacher's and Other Staff Qualifications

CFOC4 Standard 1.4.4
Continuing Education/Professional Development/Training

CFOC4 Standard 1.4.2
Orientation Training

CFOC4 Standard 1.8.2.4
Observation of Staff

CFOC4 Standard 2.3.1.1
Mutual Responsibility of Parents/ Guardians and Staff

CFOC4 Standard 5.4.1
Toilet and Hand washing Areas

CFOC4 Chapter 7
Infectious Diseases

CFOC4 Standard 9.2.4.4
Written Plan for Seasonal and Pandemic Influenza

CFOC4 Standard 10.3.2
Advisory Groups

CFOC4 Standard 10.4.2.4
Agency to Collaboration to Safeguard Children in Child Care

For the most current CFOC standards, please visit the online database at www.nrckids.org/cfoc.

Reach Out to Community Members When Making Your Emergency Plan

Community agencies and groups are a valuable resource to use when you make your emergency plan.
Community members and resources include but are not limited to:

- Child care health consultants and health managers for Head Start programs
- Mental health consultants
- Child care resource and referral agencies (CCR&Rs)
- First responders, such as fire, law enforcement, and emergency medical personnel
- State/territory child care licensing agency
- Head Start managers
- Emergency management agencies
- Transportation partners (e.g., bus companies)
- Public health departments
- School districts

Social service agencies
Agencies that serve children and adults with special health care and access needs

- Community physicians who are disaster and infectious disease experts

Places of worship
Remember, your community is here to help you!
Here are some questions community members may be able to answer:

- What hazards are most likely to occur?
- What can be done to mitigate risks?
- What is the best way for your program to receive alerts and warnings?
- 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?

What services does your community have in place to support children and adults with special health care needs or other concerns?
What services does your community have in place to support children and families with limited or no access to wifi or internet during health pandemics?

Links you might find useful:

- Agencies in your community: www.fema.gov/emergency-management-agencies
- Regional emergency management specialist (for Head Start programs): https://www.acf.hhs.gov/occ/resource/child-care-resources-for-disasters-and-emergencies

Emergency Community Contacts Worksheet

Use this worksheet to put together a list of the people in your community who can help you make your emergency plan. You can post your completed list in your program, center, or home.

	Contact Name(s) (If Applicable)	Phone Number(s)_	E-mail Addresse(s)
Medical Emergency (911)			
Police (911)			
Fire (911)			
Rescue (911)			
Hospital or Clinic			
Poison Control (800) 222-1222			
Local Emergency Management Agency			
Public Health Department			
Electric Company			
Gas Company			
Water Company			
Waste Disposal			
Insurance Provider			
Off-site Evacuation Location			

In addition to assessing what types of emergencies may occur, consider assessing your building and outdoor space to mitigate hazards in your environment, using the Mitigation Checklist on pages 26–27.

Know your Communication Equipment Needs Tip Sheet

Communication is an important part of your emergency plan. Communication procedures should be a part of your plans. Use the *Establishing Your Communication Procedures* worksheet on the next page to plan how you and your staff members will communicate with each other, first responders, children, and families during an emergency.

Your communication equipment needs will be different depending on the type of emergency.

For emergency with power-outages consider whether you need the following:

- Signaling devices such as whistles that alert staff members about an emergency or to give an all clear that the event is over.
- Battery-powered megaphone/ bullhorn to communicate with children and staff members.
- Battery- or hand-powered weather radio to receive information from emergency officials.
- Battery-powered walkie-talkies to communicate with staff members (if applicable) and search-and-rescue teams, especially if cell phone service is down because of the emergency.
- Emergency back-up power for your intercom or communication system

For emergencies that may require programs to temporarily close due to health risks (e.g., health pandemics), consider what types of communication you need to continue to provide remote critical services for children and families.

Consider the following:

- The need for laptops, tablets or mobile devices for staff members
- Virtual platforms for providing online services
- Alternatives to the internet- or wifi-based communications for families and staff members without reliable access to online or mobile communication methods

Remember, in all emergencies, cell phones can fail. Have a back-up method of communication.

Preparing for how you will communicate with families and staff members, during all types of emergencies is important.

Access to Technology

Families and staff members in your program without access to basic technology to communicate maybe at risk for the following:

- **Not receiving needed services**
- **Social isolation and other risks**

Plan for alternative ways to reach out to families and staff members.

Remember, in all emergencies, cell phones can fail. Have a back-up method of communication.

Establishing Your Communication Procedures Worksheet

Your communication plans and needs may be different for different types of emergencies. Use this worksheet to develop your communication plan for each kind of emergency.

Who alerts children and staff members about the emergency? (Different people may be responsible for alerting children, staff and others)

How are staff members alerted?

Who calls emergency services (if applicable)?

What devices are needed to call emergency services and alert staff members?

If cell service, phone lines, and/or power is out, how will emergency services and others be contacted?

Who communicates necessary information to families?

How will families be contacted and updated?

☐ Text message ☐ Social media ☐ Email

How will you contact families who do not have cell phones or access to email?

What device(s) are needed to receive information from emergency officials?

☐ Battery-powered weather radio ☐ Mobile emergency alerts ☐ Television in office ☐ Other_____

How will staff members be provided with updates during an emergency?

What is your program's back-up communication plan if the power is out?

If an emergency involves receiving an all clear message from first responders, how will staff members, families, and others be alerted that normal activities can resume?

If the emergency is longer term, such as a health pandemic, how will updated information be communicated to families, staff members and others?

In a health emergency, who is responsible for communicating with public health agencies and staying up-to-date on guidance and recommendations?

Preparedness: Making Your Emergency Response Plan Tip Sheet

Working together and communicating during an emergency is essential. Knowing and understanding each person's role during an emergency makes responding quicker and more efficient.

Consider these tips:

- Use training sessions and planning meetings to assign roles
- Involve first responders in your planning
- Reach out to your local health department and health agencies for advice on how to prepare for health pandemics
- See the practice section of this chapter for tips on practicing your plan
- Determine how you will accommodate special health care, access, functional and other needs of staff members, children and their families

Each type of emergency may require different steps to prepare. In some situations, you may need to safely evacuate (e.g., fire). For other emergencies your program may need to shelter-in place (e.g., tornado or severe weather) or lockdown (e.g., danger in your neighborhood) at your program site. Health pandemics may mean temporary closure of programs and the need for families and staff members to shelter in their homes.

Each emergency or threat has a method or methods for putting an effective barrier between people and a threat or emergency:

- **Evacuation:** Used to move people out of a building or area to a nearby predesignated safe location
- **Shelter-in-place:** The use of a structure and its indoor atmosphere to temporarily separate people from a hazardous outdoor atmosphere (e.g., tornadoes, earthquakes, severe weather, landslides, or debris flow). It involves closing all doors, windows, and vents and taking immediate shelter in a readily accessible location.
- **Shelter-in-place at home:** Used for situations that involve a health threat or emergency (e.g., community transmission of a virus). It's a method to limit social interaction and create a barrier.
- **Lockdown:** A shelter-in-place procedure that is used in situations with intruders or emergencies that involve potential violence. Lockdown requires children and adults to shelter in a safe room, lock doors, and remain quiet until the event is over.

The worksheets on the following pages are provided to help you develop your emergency response plans. Follow the steps and assign roles to staff members for each type of emergency response that your program may experience. See the health pandemic section for planning resources on health pandemic preparedness.

If you work for a center-based early childhood program or a home-based program with more than one adult, use the following worksheets:

- Evacuation Response in Centers
- Shelter-in-Place Response in Centers
- Lockdown in Centers

If there is only one adult in a family child care home, use the following worksheets:

- Evacuation Response in a Family Child Care Home
- Shelter-in-Place Response in a Family Child Care Home
- Lockdown in a Family Child Care Home

Prepare to Support Children and Adults with Access, Functional and Other Needs

Your program can support children and adults with access, functional and other needs in many 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 if children and adults are temporarily sheltered-in place or evacuated
- Identifying at least two people who can assist in operating medical devices and equipment
- Determining if there are alternative sources for electric devices if the power is out or if families or staff members do not have access to telephones or digital communication
- Working with mental health consultants and disability specialists to accommodate the needs in your program

Evacuation Response in Centers (Example)

Use this chart to help your center determine role responsibilities and related actions during an evacuation response. Fill this out for the emergencies that you selected as a "Yes" or "Maybe" on page 4.

TYPE OF EMERGENCY: Fire

Declares emergency:
Center Director
Selects plan of action as evacuation:
Center Director

Alerts staff members about emergency and to evacuate:
Center Director or 2nd in command
Evacuation site:
Library across the street

Calls emergency services (911):
Center Director or 2nd in command
Grabs emergency kit, including medications:
Staff member from each classroom grabs classroom emergency kit

Provides first aid; gives medication as needed:
Nurse
Assists with first aid; operates medical devices and equipment:
Staff member A

Communicates necessary information to parents:
Center Director
Using:
Cell phone

Communicates all clear to staff, children, and parents/guardians:
Center Director
Using:
Cell phone

Begins evacuation procedures as practiced:
Teacher A in each classroom

Children who can walk hold a walking rope and follow teacher to evacuation spot.

Infants and toddlers moved in evacuation cribs.

Cribs can also be used to evacuate children with special health care needs or disabilities, as needed.

Calms the children:
Teacher B
Accounts for all children/staff present today:
Teacher A

Takes attendance periodically:
Teacher A

Evacuation Response in Centers (Example)

Use this chart to help your center determine role responsibilities and related actions during an evacuation response. Fill this out for the emergencies that you selected as a "Yes" or "Maybe" on page 5.

TYPE OF EMERGENCY: _____

Declares emergency:

_____

Selects plan of action as evacuation:

_____

Alerts staff members about emergency and to evacuate:

_____

Evacuation site:

_____

Calls emergency services (911):

_____

Grabs emergency kit, including medications:

_____

Provides first aid; gives medication as needed:

_____

Assists with first aid; operates medical devices and equipment:

_____

Communicates necessary information to parents:

_____

Using:

_____

Communicates all clear to staff, children, and parents/guardians:

_____

Using:

_____

Begins evacuation procedures as practiced:

_____

Children who can walk hold a walking rope and follow teacher to evacuation spot.

Infants and toddlers moved in evacuation cribs.

Cribs can also be used to evacuate children with special health care needs or disabilities, as needed.

Calms the children:

_____

Accounts for all children/staff present today:

_____

Takes attendance periodically:

_____

Shelter-in-Place Response in Centers

Use this chart to help your center determine role responsibilities and related actions during a shelter-in-place response. Fill this out for the emergencies that you selected as a "Yes" or "Maybe" on page 5.

TYPE OF EMERGENCY: _____

Declares emergency:

_____

Selects shelter-in-place as plan of action:

_____

Alerts staff members about emergency and to shelter-in-place:

_____

Calls emergency services (911):

_____

Secures classroom emergency kit, including medications:

_____

Provides first aid; gives medication as needed:

_____

Assists with first aid; operates medical devices and equipment:

_____

Communicates necessary information to parents:

_____

Using:

_____

Communicates all clear to staff, children, and parents/guardians:

_____

Using:

_____

Begins shelter-in-place procedures as practiced:

_____

Calms the children:

_____

Accounts for all children/staff present today:

_____

Instructs children to assume a safe position for the event, such as tornado-safe position (sit on floor and protect head) or earthquake-safe position (drop, cover, and hold on)

Takes attendance periodically:

_____

Lockdown Response in Centers

Use this chart to help your center determine role responsibilities and related actions during a lockdown response. Fill this out for the emergencies that you selected as a "Yes" or "Maybe" on page 5.

TYPE OF EMERGENCY: _____

Declares emergency:

_____

Selects lockdown as plan of action:

_____

Alerts staff members about emergency and to lock down in the classroom if unable to evacuate:

_____

Calls emergency services (911):

_____

Secures classroom emergency kit, including medications:

_____

Provides first aid; gives medication as needed:

_____

Assists with first aid; operates medical devices and equipment:

_____

Communicates necessary information to parents:

_____

Using:

_____

Communicates all clear to staff, children, and parents/guardians:

_____

Using:

_____

Begins lockdown procedures:

_____

Locks the classroom door:*

_____

*If in a room that does not lock, stay in the room and out of sight.

Calms the children:

_____

Accounts for all children/staff present today:

_____

Takes attendance periodically:

_____

Evacuation Response in Family Child Care Homes

Use this chart to develop your emergency response in your family child care home by filling in the blanks. Fill this out for the emergencies that you selected as a "Yes" or "Maybe" on page 5.

TYPE OF EMERGENCY: _____

Emergency is declared.

Emergency services (911) called.

Begin evacuation procedures.

Gather children to evacuate; count heads.

Grab emergency preparedness kit.

Evacuate as practiced using planned route. If blocked, use secondary evacuation route.

Children who can walk hold a walking rope and follow teacher to evacuation spot.

Infants and toddlers moved in evacuation cribs.

Cribs can also be used to evacuate children with special health care needs or disabilities, as needed.

Gather children at designated meeting place:

_____

Take attendance to ensure all children are safely evacuated. If a child is missing, alert first responders.

Calm the children. Communicate necessary information to parents using:

_____

Ensure children are drinking water and eating.

Wait for all clear before returning to building. Communicates all clear to staff, children, and parents/ guardians using:

_____

Shelter-in-Place Response in Family Child Care Homes

Use this chart to develop your emergency response in your family child care home by filling in the blanks.
Fill this out for the emergencies that you selected as a "Yes" or "Maybe" on page 5.

TYPE OF EMERGENCY: _____

Emergency is declared.

Begin evacuation procedures.

↓

Count heads, grab emergency preparedness kit, and guide children to shelter.

↓

Implement shelter-in-place procedures as practiced, depending on the emergency.

→ Instruct children to assume a safe position for the event, such as tornado safe position (sit on floor and protect head) or earthquake safe position (drop, cover, and hold on).

↓

Take attendance to ensure all children are safely evacuated. If a child is missing, alert first responders using:

_____

↓

Calm the children. Communicate necessary information to parents using:

_____

Ensure children are drinking water and eating.

↓

Wait for all clear before leaving shelter and resuming daily activities, or begin evacuation procedures if the building is no longer structurally safe.

Lockdown Response in Family Child Care Homes

Use this chart to develop your emergency response in your family child care home by filling in the blanks.
Fill this out for the emergencies that you selected as a "Yes" or "Maybe" on page 5.

TYPE OF EMERGENCY: _____

Emergency is declared.

Begin lockdown procedure if unable to evacuate. Call 911.

Close and lock door from inside room, Direct children to sit in designated safest area:

_____

If in a room that does not lock when alert occurs, stay in the room and out of sight.

Count

Calm the children and help them stay quiet.

Communicate with first responders to ensure all children are in safe locations. Communicate necessary information to parents using:

_____

Wait for all clear from first responders before resuming daily activities.

How to Build an Emergency Kit

Building an emergency supply kit is an important part of preparedness. This kit ensures that your program has sufficient supplies for emergencies.

The Build A Kit | Ready.gov website recommends having enough supplies and food to last at least 72 hours.

Make sure that items in your emergency kit are not expired. If you are in a center, appoint someone to be responsible for routinely checking expiration dates of items in your kit. If you are a family child care provider, make yourself a reminder to check expiration dates. Keeping a list of items and when they expire is also helpful. If food items are about to expire, consider replacing them and using the items that are about to expire.

Here are some items you might consider including in your kit:[2]

Information Sheets		Other	
Emergency contact information for children and staff		Medications[4]	
Attendance sheet (daily)		Fully charged, portable cell phone charger and charging cord	
Facility floor plan with evacuation route outlined		Flashlight and batteries	
Printed directions to safe evacuation site		Winter and/or work gloves	
Medication list with dosing instructions for each child who takes medication		Paper towels	
Hygiene/Sanitary Needs		Blankets	
First aid kit[3]		Alternative power sources for electric medical devices	
Diapers, toilet paper, diaper wipes		Whistle	
Sanitary wipes and hand sanitizer		Wrench or pliers to turn off utilities (program director only)	
Non-latex medical gloves		Non-electric can opener (if formula or canned food requires it)	
Food		Matches in waterproof container	
Dry or canned infant formula (ideally with easy-open tabs)		Games or activities to entertain children	
Bottled water			
Snacks			

Additional items to include can be found at: www.healthychildren.org/english/safety-prevention/at-home/Pages/Family-Disaster-Supplies-List.aspx

[2]Disaster supplies kit accessed from www.ready.gov/kit

[3]A first aid kit should differ from your emergency kit. Recommendations for the contents of your first aid kit can be found here: nrckids.org/CFOC/Database/5.6.0.1

[4]Supply list for children with special health care needs (pg. 4): childcareta.acf.hhs.gov/sites/default/files/public/considerations_for_special_populations.pdf

Practice your plan

Practicing your emergency plan helps everyone respond quickly and appropriately during an emergency. You won't know if your plan works unless you try it out.

Regular announced and unannounced emergency drills help everyone. Practice with all of the children and adults in your program, including community partners. If you have children or staff with special healthcare needs or disabilities, make sure to address their specific needs in your practice plan. Preparing and practicing reduce panic and fear during actual emergencies. It helps everyone focus on what they need to do.

Develop emergency drills and health emergency plans with community partners, including first responders. This helps ensure that procedures meet local, regional, and state regulations, HSPPS, and best practices.

How to effectively practice your plan is covered in Chapter 3.

Reunification Procedures

Effective methods for reuniting children with their parents and guardians after an emergency are an important part of emergency preparedness planning. Preparing includes having up-to-date emergency contact information for each child and staff member. This may include keeping emergency contact information with your emergency kit.

Communicate with families about these reunification procedures:

- Evacuation or shelter-in-place locations
- What the program will do during a lockdown response
- What parents should do during a lockdown response
- Who will contact families before, during, and after an emergency
- How families will be contacted (e.g., text, email, phone call)
- Procedures if a child needs to be transported for medical care (e.g., who will accompany the child, where they will go)[5]

[5]UCLA Center for Public Health and Disasters. Head Start Disaster Preparedness Workbook. 2004

It is important for programs to have procedures in place if children cannot be immediately reunited with their families.

Roads close, care gets delayed, and work shifts go into overtime during emergencies for people working in hospitals or as first responders. Having a plan in case you need to take care of a child overnight is a critical part of your reunification procedures.

Consider saving valuable, important information for families and staff in digital/electronic as well as print formats.

Reunification Procedures Worksheet

If our emergency response requires an evacuation, we will go to: _____
Evacuation site

Our back-up site will be: _____
Secondary evacuation site

If our emergency response requires us to shelter-in-place, we will shelter in: _____
Location in building

If an emergency occurs, _____ will contact you about how we responded and
Staff member
give you any information you might need.

If your child needs to be transported for medical care:

- The child will be accompanied by: _____
Staff member

- The child will be taken to: _____, if possible.
Hospital name

If you and/or your emergency contacts are unable to pick up your child after the all-clear is announced, the following staff member, _____, will stay with your child until they can be picked up (but no longer than _____).
Time frame

Remember:
Different emergencies require different responses.
- How will you communicate with families during an evacuation?
- What about during shelter-in-place or a lockdown response?
- Will you send an "all-clear" message?

Communication is key! Be sure your plan includes steps and guidance to keep families appropriately informed.

Child Information Sheets

Use these sheets for every child in your program. Make a plan to keep this information up-to-date.

Child's Information

First name:_____ Last name:_____

Address: _____

_____

Allergies: _____

Medications and dosages: _____

_____

Special health care needs or disabilities: _____
(Refer to individualized care plan if provided.)

Additional special instructions:_____

_____

Parent Guardian Information (1)

First name:_____ Last name:_____

Relationship to child:_____

Address (if different from child's):_____

Cell phone:_____ Home phone: _____

Work phone:_____ Work Email:_____

Work name and address: _____

Supervisor name:_____ Supervisor phone: _____

Child Information Sheets *continued*

Use these sheets for every child in your program. Make a plan to keep this information up-to-date.

Parent Guardian Information (2)

First name:_____ Last name:_____

Relationship to child:_____

Address (If different from child's):_____

Cell phone:_____ Home phone: _____

Work phone:_____ Work Email:_____

Work name and address: _____

Supervisor name:_____ Supervisor phone: _____

Emergency Contact Information (If parent/guardian cannot be reached) (1)

First name:_____ Last name:_____

Relationship to child:_____

Address:_____

Cell phone:_____ Home phone: _____

Work phone:_____ Work Email:_____

Emergency Contact Information (If parent/guardian cannot be reached) (2)

First name:_____ Last name:_____

Relationship to child:_____

Address:_____

Cell phone:_____ Home phone: _____

Work phone:_____ Work Email:_____

Emergency Contact Information (If parent/guardian cannot be reached) (3)

First name:_____ Last name:_____

Relationship to child:_____

Address:_____

Cell phone:_____ Home phone: _____

Work phone:_____ Work Email:_____

Child Information Sheets *continued*

Use these sheets for every child in your program. Make a plan to keep this information up-to-date.

People with Permission to Pick Up Child

First name:_____ Last name:_____

First name:_____ Last name:_____

First name:_____ Last name:_____

First name:_____ Last name:_____

First name:_____ Last name:_____

Doctor Information

Doctor name: _____

Doctor address:_____

Doctor phone: _____

Additional medical information: _____

Other instructions, concerns, restrictions: _____

What is Mitigation?

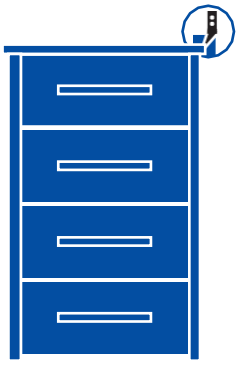
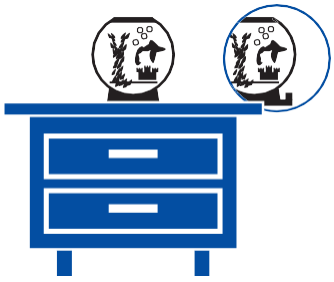
Mitigation is similar to preparedness. It involves reducing the seriousness or severity of disasters or emergencies. It is a way to prevent future emergencies or disasters. Use the following checklist to help make sure you are mitigating structural and other program risks.

See the chapter on health pandemics for information on steps to mitigate health risks.

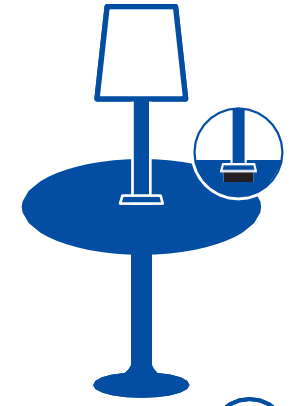
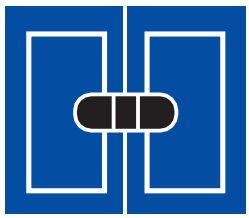
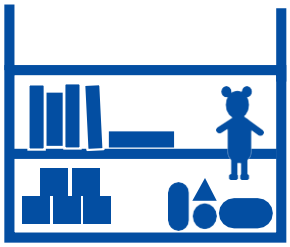
Mitigation Checklist

Program name:_____Date:_____

This checklist identifies common structural and nonstructural hazards for early childhood programs. Use this list to prepare your program. After review, consider what changes can be made in your program that can reduce damage or injury in the event of an emergency.

	Issue	Yes	No	Steps to Mitigate Risk
	Large appliances (refrigerators): braced to wall?			Large appliances should be anchored to wall studs or masonry, not drywall.
	Cabinets: braced to wall?			Cabinets should be anchored to the wall studs or masonry, not drywall.
	Shelves/bookshelves: braced to wall?			Shelves/bookshelves should be anchored to wall studs or masonry, not drywall.
	Dressers: braced to wall?			Dressers should be anchored to wall studs or masonry, not drywall.
	Changing tables: braced to wall?			Changing tables should be anchored to wall studs or masonry, not drywall.
	Blackboards/projection screens/ televisions: safely hung on a stud?			Make sure that blackboards/ projection screens/televisions are secured safely to a stud.
	Fish bowls/animal habitats: safely secured so they do not slide off shelves?			If you have fish bowls/animal habitats, ensure that the shelf has a lip to prevent the bowls/ habitats from slide off and injuring the animal and/or children.
	Fire extinguishers: mounted to wall?			Make sure that fire extinguishers are mounted to the wall using clips that make them easy to take down and use in case of a fire.

Mitigation Checklist *continued*

	Issue	Yes	No	Steps to Mitigate Risk
	Lamps: safely secured so they do not slide of shelves?			Secure lamps with hooks or earthquake putt.
	Pictures: braced to wall or safely secured so they do not slide off shelves?			Use closed hooks or earthquake putty to secure pictures to walls. Move heavier items to lower shelves.
	Lightweight or tall room dividers: braced by interconnecting them?			Lightweight room dividers are safer in case of an emergency. Interconnecting them will help brace them.
	Exit signs and emergency lights: safely secured and functioning?			For centers, check that exit signs and emergency lights are working and are placed above the exits where they can easily be seen.
	Chemicals and/or cleaning products: secured in cabinet?			Use baby-proof cabinet locks to secure cabinet doors to prevent chemicals and/or cleaning products from falling out. Alternately, use latching cleaning cabinets to hold chemicals and/or cleaning products. Remember to brace all cabinets to the wall!
	Blocks and heavy objects: stored on lowest shelves?			Store blocks and other heavy objects on the lowest shelves to prevent injuries.
	Heavy or sharp items (such as metal trucks or dollhouses): stored on shelves with ledge barriers?			Store heavy or sharp items on shelves with ledge barriers to prevent injuries from falling objects.

Chapter 3
RESPONSE

What Is Response?

The goals of the response phase are to:

- Determine that an emergency is occurring
- Determine appropriate response (evacuation, shelter-in-place, temporary closing or lockdown)
- Activate the emergency response plan
- Maintain communication with all staff members and first responders
- Establish what information needs to be communicated to staff members, children, families, and the community
- Provide emergency first aid as needed
- Gather supplies that are needed, if any (e.g., personal protective equipment such as gloves or masks)

Source: www2.ed.gov/admins/lead/safety/crisisplanning.html

Response is directly related to preparedness. The more you prepare and practice your emergency response, the more efficient your response will be.

Now that you've developed your plan, it's time to practice!

What Is the Appropriate Response? Standard Response Plan Chart

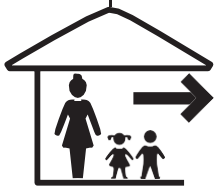
Use this diagram to help determine your response for different types of emergencies. Go to the Resources and Key Terms section of this manual for more information about types of emergencies and ways to response.

Emergency is declared.
Implement your plan of action.

Type of Emergency

- **Landslide**
  - Evacuate if facility is at risk
  - Shelter-in-place if threat is outside the facility and evacuation is impossible
- **Tornado**
  - Shelter-in-place
- **Earthquake**
  - Shelter-in-place: "Drop, Cover, & Hold On"
- **Bomb Threat**
  - Evacuate if it is safe to exit the building
  - If you cannot evacuate, lock down
- **Intruder/ Hostage**
  - Evacuate if it is safe to do so
  - If you cannot evacuate, lock down

Communicate with staff and activate emergency-response plan



Evacuate:
Gather children and emergency kit and leave a dangerous situation

Shelter-in-place:
Gather children in the safest location to separate yourself from hazardous outdoor atmosphere

Lockdown:
Gather children in the safest area of room, away from any windows or doors, turn off the lights, and lock doors, to block entry to a facility or office suite

Evacuation Procedure Checklist for Centers

Use this checklist when practicing your evacuation response. Emergency situations that may require evacuation include fire, explosion, gas leak, and hurricane.

TYPE OF EMERGENCY: _____

- ☐ Emergency is declared. Alert staff about emergency and to begin evacuation procedure. Call emergency services (911).
- ☐ Staff gather children to evacuate; count heads. Grab the emergency kit.
- ☐ Evacuate as practiced using planned route. If blocked, use secondary evacuation route.
- ☐ Gather children at designated meeting place. Staff members take attendance to ensure all children and adults are safely evacuated. If a child or adult is missing, alert first reponders.
- ☐ Calm the children. Communicate necessary information to families. Ensure children and adults are drinking water and eating.
- ☐ Wait for all clear before returning to building.

Children who can walk hold walking rope and follow the teacher or designated staff person to evacuation spot.

Infants and toddlers are moved in evacuation cribs.

Cribs can also be used to evacuate children with special health care needs or disabilities, as needed.

Shelter-in-Place Procedure Checklist for Centers

Use this checklist when practicing your shelter-in-place response. Emergency shelter-in-place situations may include tornadoes, earthquakes, severe weather, landslides, or debris flow. See the Health Pandemic section for information on shelter-in-place during health pandemics.

TYPE OF EMERGENCY: _____

- ☐ Emergency is declared. Alert staff about emergency and begin shelter-in-place procedure.
- ☐ Count heads, grab emergency preparedness kit, and guide children to shelter.
- ☐ Implement shelter-in-place procedures as practiced.
- ☐ Communicate with staff members to ensure all children and adults are safely sheltered. If a child or adult is missing. alert first responders.
- ☐ Wait for all clear from first responders before leaving shelter and resuming daily activities or begin evacuation procedures if the building is now longer structurally safe.

Instruct children to assume safe position for the event, such as tornado safe position (sit on floor and protect head) or earthquake safe position (drop, cover, and hold on).

Lockdown Checklist for Centers

Use this checklist when practicing your lockdown response. Emergency lockdown procedures may include a bomb threat, intruder (potential violence), or weapon on site.

TYPE OF EMERGENCY: _____

- ☐ Emergency is declared. Alert staff of emergency and that they should begin lockdown procedure. Call 911

  → *If you are able to evacuate children safely, initiate evacuation procedures. If not, begin lockdown procedure.*

- ☐ Each staff member is responsible for the child(ren) in their care at that moment

- ☐ Close and lock door from inside room. Direct children to sit in designated safe area. Grab emergency kit.

  → If in a room that does not lock when alert occurs, stay in the room and out of sight.

- ☐ Teachers calm children and help them stay quiet. Remember to take attendance periodically.

- ☐ Communicate with first responders and with staff members to ensure all children and staff members are in safe locations.

- ☐ Wait for all clear from first responders before resuming daily activities.

Evacuation Procedure Checklist for Family Child Care Homes

Use this checklist when practicing your evacuation response. Emergency situations that warrant an evacuation may include fire, explosion, gas leak, and hurricane.

TYPE OF EMERGENCY: _____

- ☐ Emergency is declared. Emergency services (911) is called. Begin evacuation procedures.
- ☐ Gather children to evacuate; count heads. Grab emergency kit.
- ☐ Evacuate as practiced using planned route. If blocked, use secondary evacuation rout.
- ☐ Gather children at the designated meeting place. Take attendance to assure all children and adults are safely evacuated. If a child or adult is missing, alert first responders.
- ☐ Calm the children. Communicate necessary information to parents, ensure children are drinking water and eating.
- ☐ Wait for all clear from first responders before returning to building.

Children who can walk hold walking rope and follow the teacher or designated staff person to evacuation spot.

Infants and toddlers are moved in evacuation cribs.

Cribs can also be used to evacuate children with special health care needs or disabilities, as needed.

Shelter-in-Place Procedure Checklist for Family Child Care Homes

Use this checklist when practicing your shelter-in-place response. Examples of emergency shelter-in-place situations include tornadoes, earthquakes, severe weather, landslides, or debris flow.

TYPE OF EMERGENCY: _____

- ☐ Emergency is declared. Begin shelter-in-place procedures.
- ☐ Count heads, grab emergency kit, and guide children to shelter.
- ☐ Implement shelter-in-place procedures as practiced.
- ☐ Take attendance to assure all children are safely sheltered. If a child is missing, alert first responders.
- ☐ Calm the children. Communicate necessary information to families. Ensure children are drinking water and eating.
- ☐ Wait for all clear from first responders before leaving shelter and resuming daily activities, or begin evacuation procedures if the building is no longer structurally safe.

Instruct children to assume safe position for the event, such as tornado safe position (sit on floor and protect head) or earthquake safe position (drop, cover, and hold on).

Lockdown Procedure Checklist for Family Child Care Homes

Use this checklist when practicing your lockdown response. Emergency situations that call for a lockdown response include bomb threat, intruder (potential violence), and weapon on site.

TYPE OF EMERGENCY: _____

- ☐ Emergency is declared. Begin lockdown procedure. Call 911.

  → *If you are able to evacuate children safely, initiate evacuation procedures. If not, begin lockdown procedure.*

- ☐ Close and lock door from inside room. Direct children to sit in designated safest area. Count heads. Grab emergency preparedness kit.

  → If in a room that does not lock when alert occurs, stay in the room and out of sight.

- ☐ Calm the children and help them stay quiet.
- ☐ Communicate with first responders to ensure all children and adults are in safe locations. Communicate necessary information to families.
- ☐ Wait for all clear from first responders before resuming daily activities.

Practice, Review, Revise Framework

Practice

It is essential to practice your response plan. Practice drills help everyone become more familiar with emergency procedures. Practicing also helps reduce anxiety and promotes effective responses during real emergencies. Practice announced and unannounced drills. Drills should happen at different times of the day, and involve all of the children and staff members. Use the checklists on pages 30-35 to practice each of your response procedures.

Sometimes the human body wants to freeze when an emergency happens. The best way to prevent the freeze instinct is to practice. Practice also helps you see how children and others react. This can help you plan reactions and what to expect in an actual emergency

Review

After performing an emergency drill, directors, staff, and families reflect upon how the drill went and provide feedback on what worked and what did not work. Staff members and teachers should talk to the children about the drill so that they can ask questions and understand what happened.

Questions to consider during your review:

- Did everyone follow the practiced procedures?
- Were the children, staff members and others accounted for quickly?
- Were children staff members and others with special needs accommodated and able to respond without delays?
- Did everyone feel comfortable with their roles and task? If not, what can be done?
- What are things that worked well during the practice drill?
- What are ways to improve the response plan?

Revise

In this phase, directors, staff members, and families can update and revise the emergency plan and procedures, based on lessons learned during the drill and review. If revisions are made, communicate updates to all involved, including staff members, families, and community partners.

The first time you activate your response plan should not be when an emergency is actually happening.

Practice, Review, Revise Worksheet

This worksheet can be used with practice drills to ensure you are documenting drills, reviewing your procedures, and revising them if necessary.

Practice

Date of emergency drill: _____

Procedure: ☐ **Shelter-in-place** ☐ **Evacuation** ☐ **Lockdown**

Participants:

Children: _____

Child care staff members: _____

Administrators (Head Start): _____

Families: _____

Health department officials: _____

Fire department: _____

Police department: _____

Other community partners or first responders: _____

Review

Three things that worked well during this drill:

1. _____

2. _____

3. _____

Three ways to improve next time:

1. _____

2. _____

3. _____

Revise

Were you able to quickly access and secure your emergency kit? Was it fully stocked and usable if this was an actual emergency and not a drill?

_____

_____

Practice, Review, Revise Worksheet *continued*

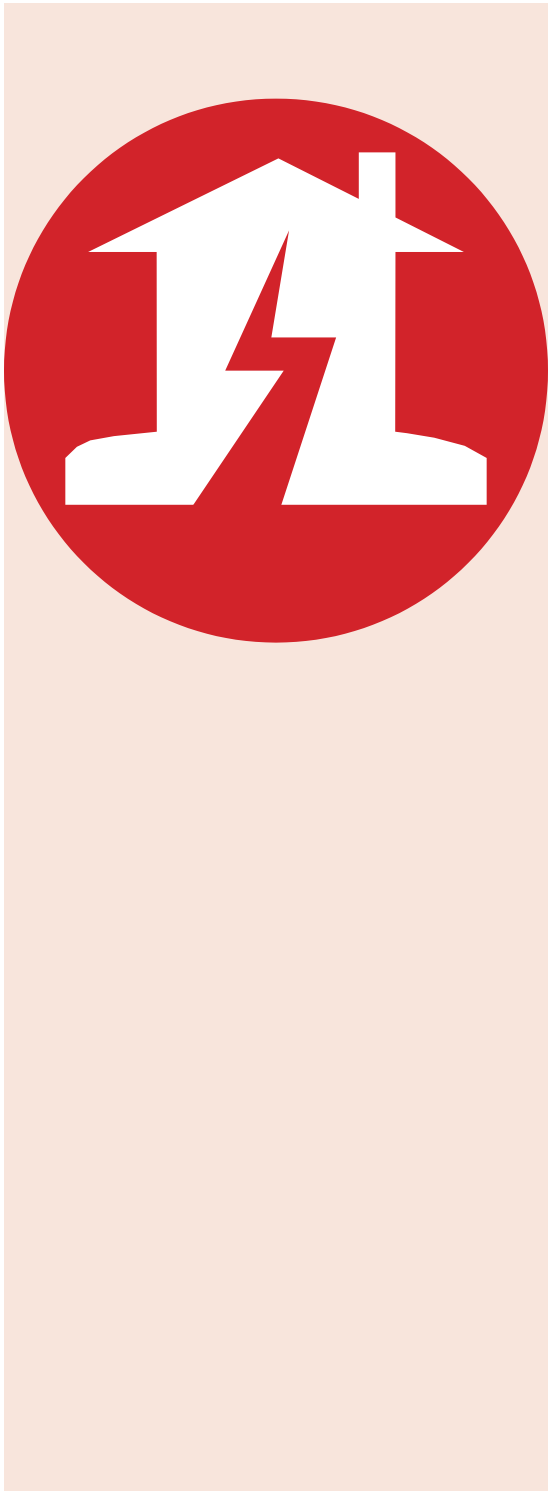
Did you maintain communication with staff members, parents/guardians, and first responders throughout the drill?

If this had been an actual emergency, what letter grade (A, B, C, D, or F) would you give your center, program, or family child care home? What would it take to move up one letter grade? What would it take to move up to an A?

Other comments:

Response Scenarios

The following scenarios give examples of how to respond to emergencies. Read through each scenario. Use the questions that follow the scenario to check your understanding of the response process.



Earthquake

As you read through this scenario, use your practice checklist to ensure each step of the response is being followed.

Scenario 1: Snack Time

During snack time, you see milk sloshing in glasses and believe that this could signal an earthquake or tremor. You quickly count the children and then calmly tell them and staff members that an earthquake is happening and remind them of the response procedure: "drop, cover, and hold on."

Since you have practiced this before, the children know to drop to their hands and knees so the earthquake doesn't knock them down. They also know to cover their heads and necks with their arms. Because this is occurring during snack time, the children crawl under the table and hold on to a sturdy object, such as a table leg or chair leg. Teachers alert the director that they are all safely sheltered and will remain where they are.

Here's where it can change:

1. As you and the children are safely taking cover, beverages splash off the table, and items begin to fall off the shelves. As the shaking becomes more severe, children start screaming and crying. Continue to take shelter under the tables and ensure that children are comforted and safe until the event is over.
2. Once the shaking stops and you get the all clear from whomever is in charge, tell the children that it is safe to come out from under the table. Check for and treat any injuries. If there is a clear path to safety, leave the building and go to an open space away from damaged areas. If you cannot leave the building, alert rescuers to your location using your cell phone, radio, or whistle.

Questions to consider while reading

Where would you have children take cover if the earthquake happens during outdoor time? Nap time? Circle time or choice time?

What if you have children or adults that use wheelchairs or have other access or functional needs? How will your response be difference?

Use these resources to help guide your answers:

https://childcareta.acf.hhs.gov/sites/default/files/public/considerations_for_special_populations.pdf

https://www.ready.gov/disability

Earthquake *continued*

Scenerio 2: Infants in Your Early Childhood Program:

Read through this scenario. Use your practice checklist to make sure each step of the response is being followed.

You are changing an infant's diaper. Your assistant caregiver has two infants on a sheet on the floor for tummy time when you feel a vibration in the floor. You immediately pick up the infant and hold her close to you as you drop to the floor. Your assistant caregiver pulls the two infants close to her and pulls the sheet over them. Because you have planned and practiced your response, the three other infants in their cribs are protected. The cribs are sturdy and there are no shelves or items that can fall on them.

Since the shaking is not severe, you give the infant to your assistant and she closely holds all three infants with her on the floor. You go to the cribs, move, all three infants into a single evacuation crib, cover the crib with the approved fire-proof blanket, then drop down and hold onto the crib.

Here's where it can change:

1. Once the shaking stops and you get the all clear from whomever is in charge, you and your assistant check each infant carefully for any injury, calm them, and place them in their cribs.
2. During the event, you hear a loud noise from another room. Once the shaking stops, you and your assistant place all infants in evacuation cribs, cover the cribs with the approved blankets, and wait for instructions from your director. You do not know what caused the noise, so you prepare to evacuate if necessary.

Questions to consider while reading

What would you do to calm and comfort the children throughout the emergency?

If evacuation is necessary, what should you consider when returning to the program or home?

Landslide or Debris Flow

Read through this scenario. Use your practice checklist to make sure each step of the response is being followed.

Your area has experienced a significant amount of rainfall recently. You are watching the local news and hear that there are landslides or flood warnings in your town. You communicate this information to families so that they know there is potential for landslides or flooding and that evacuation to your predetermined safe location may be needed.

As the day continues, you see images of trees breaking, landslides, and flooding several blocks from your program, center, or family child care home. You determine that there is time to evacuate safely and activate evacuation procedures.

- If you are in a program or center, alert your staff members to begin evacuation procedures.
- If you are a family child care provider, begin your evacuation procedure, and alert families that you are in the process of evacuation.

Using an evacuation crib, transport infants with their car seats to the evacuation vehicle(s). As they have practiced, children who can walk and follow directions grab onto a walking rope and walk to the evacuation vehicle. As prearranged, children with special health care needs are assisted as they evacuate safely to the vehicle. You and your staff members continually count heads as children move through the building and to the evacuation vehicles.

Once all children are secured in the vehicle, take attendance, and safely transport the children to your secure evacuation location.

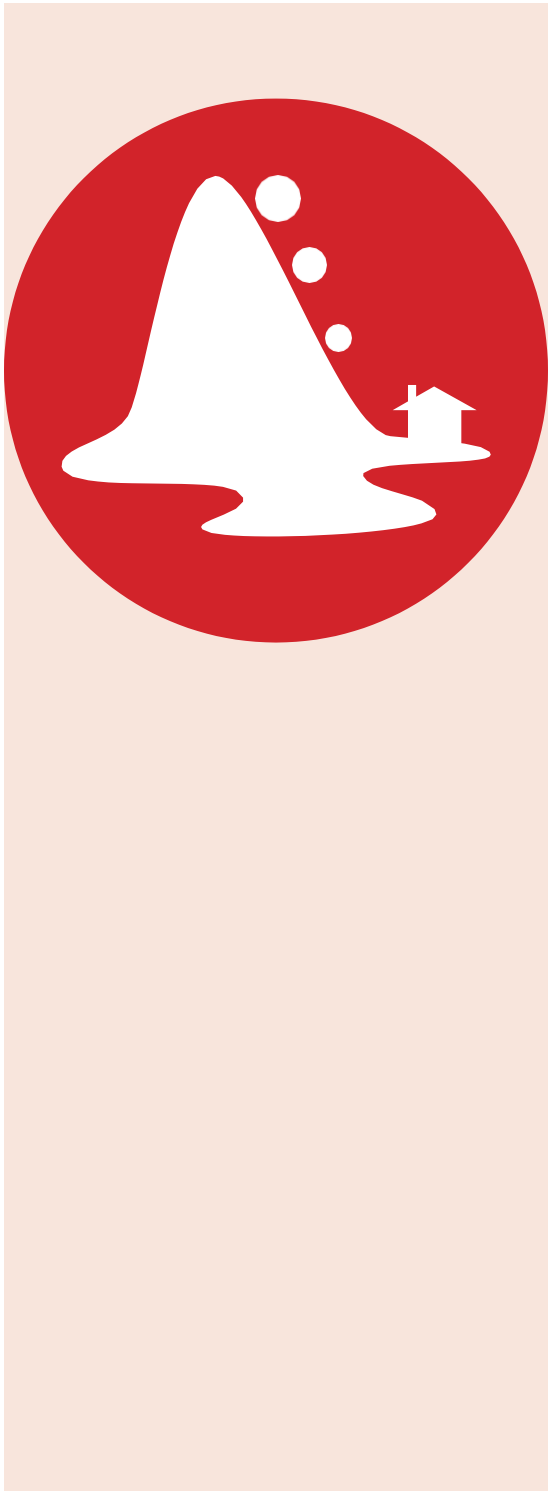
Questions to consider while reading

What would you do if you realized that there was a child missing? A staff member or assistant?

In a Head Start program or child care center, who initiates the evacuation procedures? How do staff members know that evacuation procedures should begin?

What should you consider when deciding if you should return to the facility or home or if you should have families pick up children from the evacuation site?

What if you don't have an evacuation crib to move your infants? What could you use instead?



Tornado

Read through this scenario, Use your practice checklist to make sure each step of the response is being followed.

It's a beautiful sunny morning, daily weather reports indicate possible thunderstorms in the afternoon. Thunderstorms are common in your area this time of year and not usually a cause for alarm. However, you are prepared in case things change. You have a programmed National Oceanic and Atmospheric Administration (NOAA) weather radio and you receive weather alerts on your cell phone.

Scenario 1: Child Care Center

After lunch, the sky becomes cloudy. You tell staff members to keep children indoors for play. Around 1:00 p.m., you are notified of a tornado watch for your area. Your center is in a well-built facility. You visit each classroom to be sure staff members and volunteers are aware of the weather conditions and are ready to take shelter if the weather alert says to shelter-in-place. One preschool class has a substitute teacher. She has taken part in emergency trainings. You confirm that she knows the procedure and the safe area for her class. Most classrooms and nurseries have restrooms along the interior wall that can provide safe shelter. However, two of the preschool classes are instructed to walk across the interior hallway to the main restrooms for shelter.

Your NOAA weather radio alerts you that the tornado watch has been moved up to a tornado warning. it's time to have the center shelter in place. You use your emergency whistle to signal staff members to take shelter. The teachers count heads and then move children into the restrooms for shelter, according to the plan. Children are told to sit on the floor and cover their heads, while staff members take count of children again. A child in a wheelchair is covered with a blanket and an adult is there to protect the child from debris. You check in by sending a text message to each teacher to make sure that everyone is safe. You receive the all clear from your local first responders. You communicate to staff members using your emergency whistle. The teachers count heads and return to the classroom. After checking in with each teacher. You communicate what has happened to families.

Tornado *continued*

Scenario 2: Family Child Care Home

Read through this scenario. Use your practice checklist to make sure each step of the response is being followed.

You do not have a basement or interior room that is structurally safe for a storm. However, you have an agreement with a church nearby that you can use their building as a safe shelter. When you hear that the tornado watch is now a tornado warning, you count heads, grab your emergency kit, and begin to evacuate. The church is only a block away. The weather event is not yet in your area so it is safe to walk if you leave immediately.

Your preschool children get their backpacks. You walk to the church, with the children holding a walking rope. Once you arrive, you take the children to the interior room where the church typically conducts children's activities and instruct them to implement procedures as practiced—get low to the ground and cover their heads.

First responders arrive and let you know that there has been damage to nearby areas and homes. You are not sure if your home has been hit, but it is safe to leave the shelter. You call families to let them know that they should pick children up from the church and that you will contact them about plans for the following day, once you assess whether there is damage to your home.

Here's where it can change:

Your NOAA weather radio alerts you that the tornado watch has been moved up to a tornado warning. Your home does not have a basement or an interior room safe for shelter. There is no time to get to your normal evacuation spot at the church across the street. You need to shelter-in-place. You remain calm and tell the children that you all need to go into the bathroom and sit in the bathtub. Your bathroom is in a structurally solid part of your home. You make sure that they are sitting down, covering their heads, and away from any windows. You and the children wait out the tornado in the bathroom until you receive an all-clear emergency alert on your NOAA radio. After you count heads checking in with each child, you communicate what has happened to families.

Questions to consider while reading

What are some good ways for a center to communicate that shelter-in-place needs to occur? Texting? Email alerts? Other ideas?

What if there is no time to safely evacuate?

If you do not have a good shelter-in-place spot in your child care program or center or family child care home, what community resources can you use that would be safe in case of a tornado?

What partnerships or agreements do you need to make while you do your planning?

Potential Violence

Read through this scenario. Use your practice checklist to ensure each step of the response is being followed.

You are the director of a child care center that enrolls infants, toddlers, and preschoolers. A child's parent informed you of a custody battle with his spouse pending their divorce. He provided legal documentation that he has sole custody and his spouse does not have visitation rights.

On Friday afternoon, his spouse arrives at the program and states that she is picking up their two children for weekend visitation. After asking for her identification and checking your authorization list, you inform her that she is not on the approved authorization list and you cannot release the children to her. She responds by loudly announcing that they are her children and she will be taking them. You hope to resolve this peacefully, but you immediately contact the child's custodial parent, and initiate lockdown procedures according to your practiced plan.

You initiate your standard lockdown procedure by alerting staff members with an audible alarm system. All staff members remain where they are with children and lock their doors from the inside of each room. Staff members count heads. Children are led to the safest designated area, where the teacher engages them in quiet activities.

You again advise the woman that you cannot release the children to her and offer to contact the custodial parent.

Here's where it can change.

1. The woman gets angry, says several things about her spouse, and leaves the facility, slamming the door behind her. However, you continue to be alert and provide additional supervision in the classrooms where the two children are enrolled while you wait for the custodial parent to arrive. After he arrives, you give staff members the all clear to resume normal activities.
2. The woman continues to shout and threaten legal action against the center. When she refuses to lower her voice and leave the facility, you contact 911 for assistance. You calmly try to diffuse the situation while waiting for first responders. During this time, you have a staff member contact the custodial parent. The center remains on lockdown until the situation is resolved. Staff members engage the children until an all clear signal is given.

Questions to consider while reading

How would you communicate the incident to parents/guardians of the other children in your care?

Chapter 4
RECOVERY

What Is Recovery?

The recovery phase refers to the actions taken from the time the emergency ends until the needs of staff members, children, and families are met. It includes helping affected families resume their daily activities and helping all those who are affected cope with the aftermath of the emergency. Recovery can last for a few days, weeks, months, or even years.

The goals of the recovery phase are to:

- Restore services as quickly as possible
- Rebuild your facility or home if necessary
- Meet the needs (physical, health, emotional) of children, families, and staff members
- Provide a supportive and caring environment that brings normalcy back into children's lives

Recovery planning helps your program or center reach these goals more quickly.

Reunification

Safely returning children to their families after an emergency is one step of the recovery process. Keeping up-to-date emergency contact information for each child is important, Keeping this information in your emergency kit and communicating (if possible) with families throughout the emergency helps reunification go quickly and smoothly.

Damage and Needs Assessment

A damage assessment of your facility or home after an emergency is crucial for your early childhood program to open again. Assessments are different based on the type of emergency your program, center, or home experienced.

Make sure that your home or program has proper clearance from licensing and emergency officials before reopening. If you are in a Head Start program, reach out to your Head Start program specialist for assistance with your damage and needs assessment.

Continuation of Services

After conducting your damage and needs assessment, an action plan is needed for how your early childhood program will resume services. Community resources such as Child Care Resource & Referral agencies (CCR&R).

Child Care and Development Fund (CCDF) state agencies, or your Head Start program specialist can connect you to resources that can help you re-open your program or provide children with temporary child care.

Mental Health and Emotional Needs

Mental health support is a high priority after an emergency. Children and adults who have experienced stress and/or loss, in a program or at home, may have difficulty coping. Children and adults who have not directly experienced the emergency may also be affected.

Providing safe places and resources like mental health consultants and other services are ways that child care and Head Start programs support children, families, and staff who are recovering from an emergency.

Resources related to mental health to support response and recovery:

- https://eclkc.ohs.acf.hhs.gov/mental-health/article/mental-health-resources-support-response-recovery

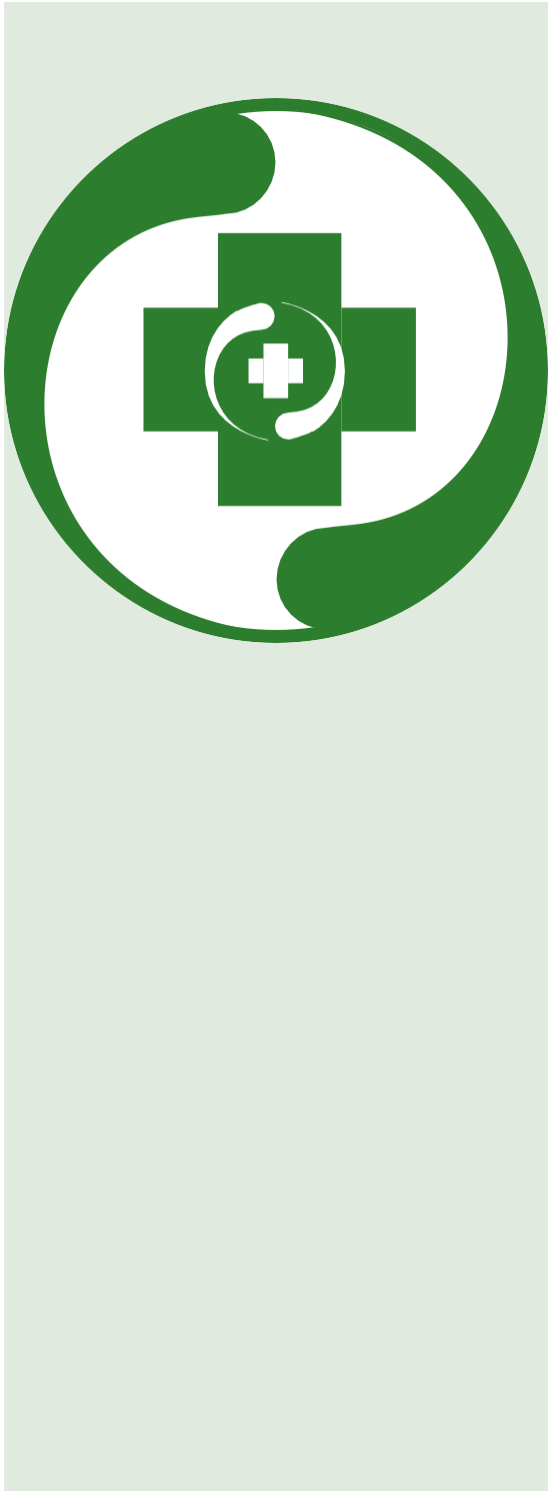
Coping with Disasters, Emergencies and Tragedies

Keep in mind the following:

- Everyone who sees or experiences an emergency 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 during or after an emergency.
- Everyone has different needs and different ways of coping.
- Acknowledging feelings and focusing on strengths and abilities can help recovery.
- Difficult memories of the disaster can be triggered by certain loud noises, weather events, or news. This may be true even years later.
- Often, anniversaries of the emergency can trigger difficult memories for children, staff and families. Be sure to keep this in mind even years after an event occurs.

Coping with Disasters, Emergencies and Tragedies *continued*
Resources for families and staff members to help children cope after a disaster:

- This website can help guide conversations with children about disasters: www.healthychildren.org/English/safety-prevention/at- home/pages/Getting-Your-Family-Prepared-for-a-Disaster.aspx
- This website can help guide conversations with children about tragedies and emergencies: www.healthychildren.org/English/family-life/Media/Pages/Talking-To-Children-About-Tragedies-and-Other-News-Events.aspx
- This website has several resources for helping children cope with both natural disasters and emergencies: www.brighthorizons.com/talking-to-children
- This tip sheet helps explain why children may be acting differently in response to an emergency or disaster: https://eclkc.ohs.acf.hhs.gov/publication/childrens-responses-crises-tragic-events
- This tip sheet provides examples and explanations about how to talk to children when they are coping after a disaster: https://eclkc.ohs.acf.hhs.gov/publication/helping-your-child-cope-after-disaster
- This brief helps providers, parents/guardians and other caregivers understand how children of different ages may react in response to an emergency or disaster: store.samhsa.gov/product/tips-talking-helping-children-youth-cope-after-disaster-or-traumatic-event-guide-parents/sma12-4732



Chapter 5
HEALTH OUTBREAKS AND PANDEMICS

Introduction

The U.S. has encountered many pandemics, including Spanish Influenza, HIV/AIDS, H1N1, and more recently, COVID-19. Early childhood settings have to adapt to every pandemic individually as each one requires different emergency responses to keep children and staff safe. Every early childhood program should have an emergency plan that addresses how their program prepares, responds, and recovers from health pandemics, influenza, and other illnesses. This plan should be adaptable for emerging needs and health concerns. Early care and education programs should communicate regularly with local public health experts to determine community risk, infection control measures, and to revise existing policies and services to children and families. Additionally, Head Start programs should utilize their Health Services Advisory Committee to build or adapt their emergency plans. This chapter provides information and resources on preparing, responding, and recovering from health outbreaks and pandemics.

Resource: CCDR Health and Safety Requirements Brief Emergency Preparedness and Response Planning

Standards and Best Practices Related to a Pandemic

There are early childhood program standards and past practices to guide your planning, policies, and procedures. There are also plenty of resources available locally, regionally, and nationally to help you develop the best plans and actions to protect your program's children, staff members, and families.

Head Start Program Performance Standards

HSPPS § 1302.47.b.6

All staff systematically and routinely implement hygiene practices that, at a minimum, ensure:

(i) Appropriate toileting, hand washing, and diapering procedures are followed;

(ii) Safe food preparation; and,

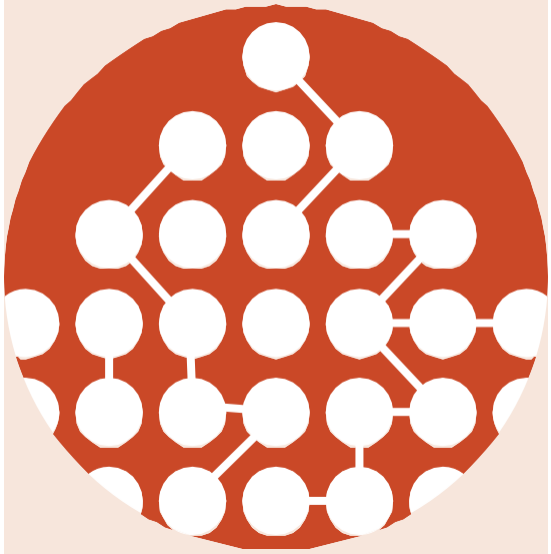
(iii) Exposure to blood and body fluids are handled consistent with standards of the Occupational Safety Health Administration.

HSPPS § 1302.47.b.2(i)

(2) *Equipment and materials.* All indoor and outdoor play equipment, cribs, cots, feeding chairs, strollers, and other equipment used in the care of enrolled children, and as applicable, other equipment and materials meets:

(i) Be clean and safe for children's use and are appropriately disinfected

Head Start Program Policies and Regulations are available at https://eclkc.ohs.acf.hhs.gov/policy/45-cfr-chap-xiii.



What is a health pandemic? A health pandemic is the worldwide spread of a new disease.[1] Pandemics happen when a new virus emerges and spreads at a time when most people do not have immunity or protection to fight the virus or disease.

Resource: Ready.gov/pandemic

[1]World Health Organization. What is a pandemic? Accessed at https://www.who.int/csr/disease/swineflu/frequently_asked_questions/pandemic/en/

Caring for Our Children

Visit the collection of national standards that represent best practices for quality health and safety policies in child care settings.

CFOC4 Standard 1.3.2
Caregiver's/Teacher's and Other Staff Qualifications

CFOC4 Standard 1.4.2
Orientation Training

CFOC4 Standard 1.4.4
Continuing Education/Professional Development/Training

CFOC4 Standard 1.8.2.4
Observation of Staff

CFOC4 Standard 2.3.1.1
Mutual Responsibility of Parents/Guardians and Staff

CFOC4 Standard 3.1.1
Conduct of Daily Health Check

CFOC4 Standard 3.2.3
Exposure to Body Fluids

CFOC4 Standard 3.6.1.
Inclusion/Exclusion Due to Illness

CFOC4 Standard 3.6.2
Caring for Children Who Are Ill

CFOC4 Standard 3.6.4
Reporting Illness and Death

CFOC4 Standard 5.4.1
Toilet and Handwashing Areas

CFOC4 Chapter 7
Infectious Diseases

CFOC4 Standard 9.2.3
Health Policies

CFOC4 Standard 9.2.4.4
Written Plan for Seasonal and Pandemic Influenza

CFOC4 Standard 9.4.2.5
Health History

CFOC4 Standard 10.3.2
Advisory Groups

CFOC4 Standard 10.4.2.4
Agency to Collaboration to Safeguard Children in Child Care

CFOC4 Standard 10.5.0
Health Department Responsibilities and Role

CFOC4 Standard 10.6.1
Caregiver/Teacher Training

For the most current Caring for Our Children Standards, see www.nrckids.org/cfoc.

PREPARE

Preparing for how your program will respond and recover from health pandemics helps protect your program's children, families, staff members, and your community. Programs should:

Organize and maintain a planning committee.
This planning committee should consist of staff members, program directors, families, and local health experts. It is recommended this committee meet at least annually to review and update pandemic plans, infectious disease procedures, and communications for staff and families. Further, this committee can be used to maintain a list of key community contacts such as local health departments, licensing entities, health consultants, and other key community supports. The planning committee can also be used during a pandemic to revise services for children and support families and staff.

Promote and Support Immunizations for Caregivers and Teachers.

- Encourage caregivers and teachers to be current with all immunizations required by licensing authorities and/or recommended for adults by the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention (CDC) as shown in the "Recommended Adult Immunization Schedule" in the following categories:
  - Vaccines recommended for all adults who meet the age requirements and who lack evidence of immunity (i.e., lack documentation of vaccination or have no evidence of prior infection); and
  - Recommended if a specific risk factor is present
- Work with members of your community to support caregivers and teachers who may need help finding resources for vaccinations in your community.
- Develop a system to document immunization compliance.

PREPARE

Promote and Support Immunizations for Caregivers and Teachers *continued*

For staff members not fully immunized for legally allowable medical, religious, or philosophical reasons, the program should require written documentation of the reason.[1] Develop and share a written procedure in case an unimmunized caregiver/teacher is exposed to a vaccine-preventable disease. A health department will be able to provide guidelines for exclusion requirements.

Develop a Written Plan

Each program should have a written plan. It may be helpful to first reference your statewide disaster plan or disaster plan for a tribe's service areas. Written plans should align with state, tribe, or territorial child care plans. Written plans should include:

- Ways to identify who is involved, resources you use, and development and revision of your action plans
- How a health emergency and pandemic is declared and communicated by local or regional health officials
- How communication takes place with staff members, families, and others, including how families and staff will be contacted in the event of a closure.
- Identification of local authority to close early care and education programs if there is a public emergency or pandemic
- Your infection control policy and procedures including cleaning, sanitizing, and disinfecting surfaces, furniture, and toys that may require increased attention.
- Methods for child learning and program operations during response and recovery
- How to encourage families to consider their options for backup child care plans if a closure occurs
- Maintaining sufficient supplies including liquid soap, disposable towels, hand sanitizer, tissues, diapers, toilet paper, and cleaning and disinfecting products
- Plan for staff absences
- How to administer expanded daily health checks prior to parent or guardian signing their child in
- Caring for children with symptoms
- How other natural and man-made disaster preparedness and recovery plans may be altered during health pandemic

See Caring for Our Children 9.2.4.4 Written Plan for Seasonal and Pandemic Influenza for more information.
Resource: CCHP pandemic sample policy and COVID sample policy

Provide Training and Information to Staff Members

Throughout the year, schedule training and share information on health pandemic prevention and slowing viruses' spread. Educate and refresh staff member's understanding of the importance of the following:

- The value of vaccinations, including the seasonal influenza vaccine
- Hand washing
- Respiratory hygiene
- Cough and sneeze etiquette
- Wearing of face masks, shields, and other personal protection equipment
- Cleaning and disinfecting of surfaces and rooms
- Social distancing strategies
- Symptom checking and exclusion criteria
- Importance of staying home when ill
- Infection control, including routes of transmission and risk reduction strategies

In the event of a pandemic, re-training staff on topics specific to the current health emergency will be critical.

[1] https://eclkc.ohs.acf.hhs.gov/health-services-management/caring-our-children-basics/immunization-caregiversteachers

PREPARE *continued*

Infection Control Procedures

Existing infection control procedures will be the consistent and reliable foundation of your pandemic plan. You should already have many existing protective measures against spread and exposure of illnesses.

Hand Hygiene

Washing hands regularly is often the strongest protection against illness and infection. Hand hygiene should be maintained or increased as much as possible during a pandemic. CFOC recommends the use of soap and water when possible and when there is visible soiling. Hand sanitizer with at least 60% ethyl alcohol is permissible when soap and water are not available. The use of antibacterial soap does not provide additional benefits at preventing infection and represent exposure to chemicals that may be harmful to human health. Hand sanitizers using an alcohol-based active ingredient must contain 60% to 95% ethanol (ethyl alcohol) to be effective in killing most germs. Alcohol-based hand sanitizer is toxic if ingested and must be kept out of reach of small children. Your written pandemic plan should adapt to local licensing requirements. Staff should follow normal infectious disease risk protocols, such as diapering and washing hands often.

Relevant Caring for Our Children Standards: Standard 3.2.2 Hand Sanitizers.

Cleaning and Sanitizing

Early childhood programs should use existing cleaning and sanitizing procedures as recommended in Caring for Our Children guidelines. The Center for Disease Control and Prevention should also be referenced regularly.

Special cleaning services or products are not recommended. Many viruses, including the coronavirus, are killed easily with EPA disinfectants and normal cleaning routines aligned to the CFOC standards.

Relevant Caring for Our Children Standards: Standard 9.2.3.10 Sanitation Policies and Procedures, 3.3 Cleaning, Sanitizing, and Disinfecting Appendix J Routine Schedule for Cleaning, Sanitizing, and Disinfecting Appendix K.

Masks, Face Shields, and other protective equipment

Programs should ensure staff have access to protective equipment, including multiple smocks, face coverings, gloves, face shields (as appropriate), and other resources during a pandemic. It will be important to consider access, storage, and cleaning in your written pandemic plan.

Masks can be safely worn by all children 2 years of age and older, including the vast majority of children with underlying health conditions, with rare exception. If children have a physical, mental, or sensory diagnosis that may make it difficult to wear a mask, adaptations and alternatives should be considered whenever possible to increase the likelihood of wearing a mask. Children should be encouraged to wear their mask but **should not** be reprimanded or punished. Early care providers, in partnership with parents, can be a helpful resource to teach children how to wear their mask and follow other guidelines, such as handwashing and social distancing.

Ventilation

Depending on the infection route, efficient ventilation — taking indoor air outside and bringing fresh air in — may reduce the risk of infection when accompanied with other strategies, such as wearing masks, practicing hand hygiene, physical distancing, screening, and cleaning and disinfecting. Programs may contact licensed heating, ventilation, and air conditioning (HVAC) experts to inspect and assess their current systems and advise on how to ensure that ventilation systems operate most effectively.

Extend the indoor environment to outdoors by bringing the class (or part of a class) outside, weather and air quality permitting. If weather allows, open windows and screen doors. Do not open windows and doors if this creates a safety, supervision, or health risk, for example, poor air quality).

While access to fresh air is best, there are many other practices recommended for efficient and effective ventilation in the Caring for Our Children Online Standards Database at https://nrckids.org/CFOC/Database/5.2.1.

Resources:

EPA Where Can Professionals Who Manage School, Office, and Commercial Building Get Information on Ventilation and Filtration to Respond to COVID-19?

The American Society of Heating, Refrigerating and Air-Conditioning Engineers (ASHRAE) COVID-19 Preparedness Resources

PREPARE *continued*

Social Distancing Strategies

Social or physical distancing may be recommended to slow or reduce a virus's spread during a health pandemic. Local, regional, or federal public health agencies will provide recommendations for social distancing.

Many people live in situations that present challenges with practicing social distancing, such as those living in shared housing, people with disabilities, and people experiencing homelessness.

Strategies for social distancing and for helping vulnerable populations are available:

Centers for Disease Control and Prevention (CDC) Social Distancing: Keep a safe distance to slow the spread.

Provide Education and Engagement Opportunities for Families

Throughout the year, schedule family education and engagement opportunities to share information on health pandemic prevention and slowing the spread of viruses. Educate and provide families with engagement opportunities to learn more about the following:

- The value of vaccinations, including the seasonal influenza vaccine
- Hand washing
- Cough and sneeze etiquette
- Wearing of face masks, shields, and other personal protection equipment
- Cleaning, sanitizing, and disinfecting of surfaces and rooms
- Symptom checking and exclusion criteria
- Importance of keeping their child home when ill

Resource: Sesame Street in Communities Health Emergencies.

Education and Training Resources for Early Childhood Program Staff Members

Bug Busting in Early Care and Education Settings

Coronavirus-19 Resources for Schools and Child Care Programs

Office of Head Start Covid-19 Update Webinars

Create a Culture Full of Everyday Preventive Actions

Incorporate practices related to hand hygiene, cleaning, sanitizing, and disinfecting toys and surfaces into day-to-day activities. Share this information with staff members and families to create a culture where everyone plays a role in preventing the spread of germs.

See the following resource:

CDC's Prevent Getting Sick

Stay Up-to-Date on How Your Program Operates During Each Phase of a Health Pandemic

Establish who in your program communicates with and stays up-to-date on guidance and standards from national, state, and local officials regarding program operation processes before, during, and after a pandemic. It may be helpful to discuss communication plans and procedures with families periodically as well.

Prepare in Advance for Flu Season

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

See the following resources:

Centers for Disease Control and Prevention

Planning and Preparedness Resources

Children and Influenza (Flu)

Influenza (Flu)

Protect Against the Flu: Caregivers of Infants and Young Children

WHO Checklist for Influenza Pandemic Preparedness Planning

Head Start Early Childhood Learning & Knowledge Center

Why It's Important to Get the Influenza Vaccine Every Year

PREPARE *continued*

Communicate with Families Throughout the Year

Communicate with families about what they can do to prevent and control the spread of infectious diseases and the importance of vaccinations. These communications should take place throughout the year.

Family Communication Resources

American Academy of Pediatrics
Healthychildren.org

Centers for Disease Control and Prevention (CDC)
Multimedia Products for Parents
Flu Information for Parents with Young Children
Keeping Children Healthy During COVID-19

Head Start Early Childhood Learning and Knowledge Center
Health and Hygiene
Health Tips for Families Series
Protect your Child with Vaccines

Make Health Education a Part of Your Program's Education Curriculum

Work with your program's teachers and education staff members to make sure teaching children about healthy behaviors, such as handwashing and cough/sneeze etiquette, are part of your program's classroom curriculum.

Support Vulnerable Populations

Systemic health and social inequities put many people at higher risk of getting sick, accessing care and testing, and being affected more during health pandemics.

Some of these inequities stem from:

- Discrimination
- Poor access to healthcare
- Occupations that increase risk of exposure to viruses
- Education, income, and wealth gaps
- Housing that makes virus prevention strategies challenging[1]

Head Start program standards and early childhood program best practices support vulnerable children and families when strategies are intentionally applied to protect children and families at risk for health inequities and disparities.

These strategies include:

- Supporting families by ensuring enrolled children have an ongoing source of continuous, coordinated, accessible health care from a primary care provider so that emergency or urgent care is not the primary source for health services.
- Working with community agencies to help families obtain health insurance coverage and access to high-quality health, oral health, mental health, and nutrition services.
- Offering family support services for health, nutrition, mental health, and education during health pandemics when programs are closed or only open remotely.

For more information:

Centers for Disease Control and Prevention
Coronavirus Diseases 2019 (COVID-19) Health Equity Considerations and Racial and Ethnic Minority Groups
Head Start Early Learning and Knowledge Center
Equity, Inclusiveness, and cultural and linguistic responsiveness

[1] https://www.cdc.gov/coronavirus/2019-ncov/community/health-equity/race-ethnicity.html

PREPARE *continued*

Checklist to Help you Prepare

- ☐ Develop and/or revise your program's written health pandemic plan. Use your Health Services Advisory Committee or pandemic planning committee for guidance.
- ☐ Schedule health pandemic preparedness, response, and recovery education for staff members and families.
- ☐ Display educational materials that encourage proper hygiene.
- ☐ Communicate with families about your program's health pandemic plans and available health pandemic resources your program and community can offer to families.
- ☐ Update family contact information and child health records.
- ☐ Encourage all staff members, children, and families to get the seasonal flu vaccine.
- ☐ Develop plans for children, families and staff members at highest risk for complications during health pandemics.
- ☐ Encourage families to talk to their doctor about vaccines for seasonal flu and other viruses and available antiviral medicines if they develop symptoms.
- ☐ Keep supplies of things you need to prevent the spread of infection, including any personal protection supplies such as masks or shields.
- ☐ Keep informed about who has authority to close and reopen your program due to a health pandemic or virus/disease outbreak.
- ☐ Identify all the ways that your program can support families and staff members during a health pandemic (access to remote services, community services and other ways to continue essential functions during a program closure)
- ☐ Find out if your community has options for free or low-cost broadband internet access for families and staff members in need.
- ☐ Visit website resources like the following for the latest information and checklists for how to prepare:
  - Centers for Disease Control and Prevention, Coronavirus Disease 2019 Schools and Child Care Programs
  - Head Start Early Childhood Learning and Knowledge Center COVID 19 and the Head Start Community

RESPONSE

Response is the part of your emergency plan when you put into action your plans for responding to a health pandemic or virus outbreak in your community. The response phase for health pandemics can be long-term.

Use this health pandemic procedure checklist to guide your response:

Type of Emergency: Health Pandemic

- ☐ A health pandemic is declared.
- ☐ Health pandemic response plan is activated.

If program remains open:

- ☐ Activate your health pandemic procedures for maintaining a healthy environment
- ☐ Activate your plan for communication with local, state, and other regulatory agencies
- ☐ Follow guidance on symptom screening and self-report of symptoms
- ☐ Activate your family communication plan
- ☐ Activate your staff communication plan
- ☐ Activate your plan for supporting staff members
- ☐ Activate your plan for supporting families

If your program closes:

- ☐ Activate your health pandemic procedures for remote learning and services
- ☐ Activate your plan for communication with local, state, and other regulatory agencies
- ☐ Follow guidance on symptom screening and self-report of symptoms
- ☐ Activate your family communication plan
- ☐ Activate your staff communication plan
- ☐ Activate your plan for supporting staff members
- ☐ Activate your plan for supporting families

Resources for supporting families, staff, and children during and after health pandemics COVID-19 Parental Resources Kit- Early Childhood

Employees: How to Cope with Job Stress and Build Resilience During the COVID-19 Pandemic

Managing Infectious Disease

Mental Health Resources to Support Response and Recovery

Stress and Coping

RECOVERY

Early childhood programs play an important role in the lives of children and their families. They also support communities' economic health by employing teachers and other staff and helping parents, guardians, and caregivers work.[1]

During the recovery phase of a health pandemic, your community implements policies and guidelines for the safe reopening of services, including early childhood programs. The recovery phase and the effects of the pandemic may be long-term. It is also essential to stay updated on local and state regulatory policies related to your program and community.

Checklist for Reopening Your Program

When your program reopens after a health pandemic:

- ☐ Activate your post health pandemic procedures for maintaining a healthy environment.
- ☐ Activate your recovery procedures to continue to support the needs of families and staff members who remain affected by the health pandemic.
- ☐ Activate your plan for communication with local and state regulatory agencies.
  - ○ Follow guidance on symptom screening and self-report of symptoms.
- ☐ Activate your family communication plan.
- ☐ Activate your staff communication plan.
- ☐ Review policies and procedures to include any updates due to new information.
- ☐ Monitor and adjust (if needed) policies and procedures to ensure they are effective.

During all phases of a health pandemic, designate a point of contact or contacts. Tell families and staff members that this is the person or persons to contact about any health pandemic related concerns.

During recovery, plan for ways to provide the following:

- ☐ Communication to staff members and families about ways to protect against infectious diseases
- ☐ Updates on community efforts, services, and ways to be involved
- ☐ Care for first responders and essential workers
- ☐ Support for adult preventive health and well child visits
- ☐ Ways to facilitate family and community connectedness
- ☐ Access to free or reduced-cost broadband access
- ☐ Resources for personal protective equipment
- ☐ Resources for food, shelter, and other personal needs
- ☐ Resources for families and staff members with access, functional, or special health needs
- ☐ Mental health services

Other Resources and Planning Tools to Assist you:

Additional Considerations for Students with Disabilities or Special Healthcare Needs
Considerations for k-12 Schools: Readiness and Planning Tool
COVID-19 and Early Care and Education Considerations Before Reopening
Health Tips for Home Visitors to Prevent the Spread of Illness
Operating Schools During COVID-19: CDC's Considerations
Transition Tips for Reopening Infant/Toddler Programs

[1] https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/prepare-safe-return.html

Chapter 6
RESOURCES AND KEY TERMS

Emergencies can take many forms. Early childhood programs should be ready to act in the event of an emergency. Here are additional resources to help you prepare, recover and respond to emergencies.

RESOURCES

to Help Programs Prepare, Recover, and Respond

Administration for Children and Families Early Childhood Disaster Resources www.acf.hhs.gov/ohsepr/early-childhood

American Academy of Pediatrics Children and Disasters website www.aap.org/disasters

California Childcare Health Program, Health and Safety Notes: https://cchp.ucsf.edu/sites/g/files/tkssra181/f/EmergencyEN061406_adr.pdf Coronavirus.gov

www.coronavirus.gov

The Center for Children with Special Needs: Emergency Preparedness for Children with Special Needs https://cshcn.org/resources-contacts/emergency-preparedness-for-children-with-special-needs/

Centers for Disease Control and Prevention www.cdc.gov

Child Care Aware® of America: Emergency Preparedness website https://usa.childcareaware.org/advocacy-public-policy/crisis-and- disaster-resources/

Early Childhood Learning & Knowledge Center COVID-19 & the Head Start Community https://eclkc.ohs.acf.hhs.gov/about-us/coronavirus/ohs-covid-19-updates

Early Childhood Learning & Knowledge Center Emergency Preparedness & Recovery https://eclkc.ohs.acf.hhs.gov/safety-practices/article/emergency-preparedness-recovery

Emergency Planning for Students with Special Needs, Minnesota: www.mnlowincidenceprojects.org/documents/pi/pi_EmergencyEvacPlan_form.pdf

Evacuation for persons with disabilities: https://emergency.vanderbilt.edu/vu/quick-ref-guides/evacuation-disabled.php

Federal Emergency Management Agency www.fema.gov

National Center for Pyramid Model Innovations: Emergencies and National Disasters: Helping Children and Families Cope https://challengingbehavior.cbcs.usf.edu/emergency/index.html

Office of Child Care: Child Care Resources for Disasters and Emergencies www.acf.hhs.gov/occ/resource/child-care-resources-for-disasters-and-emergencies

Ready.gov www.ready.gov/

Ready.gov Build a Kit www.ready.gov/kit

Sesame Street in Communities Emergency Preparedness Page: https://sesamestreetincommunities.org/topics/emergency-preparedness/

GLOSSARY OF TERMS

Alert: A signal, sound, or other indication that warns of an emergency.

All clear: The signal given by officials that the danger is over for the time being.

Earthquake safe position: Drop, cover, and hold on.

Emergency: An unexpected and often dangerous situation requiring immediate action.

Emergency kit: A collection of basic items your early childhood program, center or home may need in the event of an emergency (i.e., food, water, and medications) to last for at least 72 hours.

Emergency preparedness: Planning before an emergency or disaster so that steps are in place to ensure safety and lessen risks before, during, and after an emergency or natural disaster.

Evacuation: When a disaster or emergency conditions requires you to seek immediate protection at another location.

FEMA Emergency Declaration: An action that authorizes the Federal Emergency Management Agency (FEMA) to identify, mobilize, and provide equipment and resources to assist with an emergency. www.disasterassistance.gov/get-assistance/forms

First Responder: An individual who responds to help others in an event, such as fire, law enforcement, and emergency medical personnel.

Health Pandemic: A global outbreak of a virus.

Lockdown: A shelter-in-place procedure that is used in situations with intruders or emergencies that involve potential violence. Lockdown requires children and adults to shelter in a safe room, lock doors, and remain quiet until the event is over.

Mitigation: Actions or steps that reduce loss of life and property by lessening the impact of emergencies.

Personal protective equipment: Items that are worn to reduce the risk of exposure to harmful materials, chemicals or viruses. Items may include face masks, face shields, and gloves. It is also referred to as PPE.

Physical distancing: Keeping a safe distance to slow or prevent the spread of a virus. This is also called social distancing.

Response: This phase of an emergency or disaster begins the moment you are alerted to an impending emergency and your actions as the emergency occurs.

Recovery: This phase of an emergency or disaster happens as soon as the emergency is over, when efforts are focused on food, water, shelter, and the safety of those affected.

Reunification: The process of bringing children and their families together after an emergency.

Safe Room: The space where children and adults can hide during a lockdown.

GLOSSARY OF TERMS *continued*

Shelter-in-place: When emergency conditions require that you seek immediate protection in the building you are in. www.ready.gov/shelter

Shelter-in-place at home: When an emergency requires people to stay in their home during a health pandemic to prevent or slow the spread of a virus.

Social Distancing: Keeping a safe distance to slow the spread of a virus. This is sometimes called physical distancing.

Tornado safe position: A position used to keep people safe during a tornado that involves getting low to the ground and covering your head. If there are infants in your program, this position involves holding them close to you and protecting their heads.

Watch: An alert issued when the risk of a hazardous event has increased significantly, but its occurrence, location, and/ or timing is still uncertain. It is intended to provide enough lead time to be ready to put emergency plans in motion.

Warning: An alert issued when a hazardous event that poses a threat to life or property is occurring, is imminent, or has a very high probability of occurring.

NATIONAL CENTER ON
Early Childhood Health and Wellness

School readiness begins with health!

Toll-free phone: 888-227-5125 • E-mail: health@ecetta.info • https://eclkc.ohs.acf.hhs.gov/health