

KIDCO Creative Learning, Inc.

761 E. Okeechobee Road, Hialeah, FL 33010

(305) 576-6990

www.kidcocreativelearning.org



Emergency Preparedness Manual

2018-2019

CONTINUITY OF OPERATION PLAN (COOP)

PLANNING ~ IMPACT ~ RELIEF ~ RECOVERY



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Introduction

KIDCO Creative Learning Inc. is a not for profit, community based, social service agency that provides quality early care and education for children between birth and school entrance age. KIDCO has an emergency plan for the continuity of operations based on the unpredictability of emergencies and their impact in program services.

This Continuity of Operation Plan (*COOP*) addresses emergencies from an all hazards approach. Emergencies are defined as unplanned events that can cause significant injury, or even death, to employees, customers, or the public. They can disrupt or close down operations, cause physical or environmental damage, or harm the organization's public image.

Emergencies occur suddenly and disastrously and can leave you feeling overwhelmed and powerless. Being prepared can lessen some of these feelings by allowing you to better protect yourself, families, the children and families we serve, property, and to help others who may be affected. By preparing for emergency situations, you can empower your staff and families to make decisions and take appropriate actions during an emergency.

Emergencies today include acts of nature, technological emergencies, civil disturbances and terrorist incidents. Therefore, the need for such a plan is vital for establishing continuity of services and/or supporting efforts of operation.

This plan is intended to include all the emergencies stated above and designed to establish policy and guidance to execute the essential functions of the agency's mission. It has been put in place to direct the relocation of personnel and resources to alternate facilities capable of supporting operations. The plan includes procedures for alerting, notifying, activating, and deploying employees; it identifies the mission of essential functions, establishing alternative facilities and establishing a personnel roster with decision making authority and the knowledge of its functions.

This *COOP Manual* offers guidance on how to reduce the confusion, helplessness, and shock you might feel and encounter in others when an emergency occurs. When reviewing these plans and procedures you should carefully consider whether adaptations or special supports are needed to protect the safety of infants, toddlers, preschoolers and children and individuals with disabilities.

Notes

1. The term "emergency" is defined by the Federal Emergency Management Agency (FEMA) as "any unplanned event that can cause death or significant injury to employees, customers or the public, or that can shut down your business, disrupt operations, cause physical or environmental damage, or threaten the facility's financial standing or image" (<http://usasearch.fema.gov/search?query=emergency+definition&affiliate=fema>). In this *Manual*, "emergency" is used interchangeably with "disaster."
2. The Spanish-language version of the Centers for Disease Control and Prevention Web site (Centros para el Control y la Prevención de Enfermedades) is available at <http://www.cdc.gov/spanish/>.
3. The Spanish-language version of the American Red Cross Web site (Cruz Roja Americana) is available at <http://www.redcross.org/cruz-roja>
4. In an emergency situation, staff from the Administration for Children and Families (ACF) Regional Office implements their Continuity of Operations Plan. To support programs and maintain services to children and families, the Regional Office staff assesses damage; assigns and activates necessary teams of staff to needed areas; and if necessary, relocates Regional Office staff until normal operations can resume. This ensures that the Regional Office is able to

support your program in times of emergency and ensures continuity for all other programs, affected or unaffected.

Acknowledgements

Head Start Emergency Preparedness Manual available at http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/health/ep/Head_Start_Emergency_Preparedness_Manual.pdf.

September is National Preparedness Month (See Appendix A)

Scope

The KIDCO COOP planning committee consists of executives, senior management and service area staff, which was selected to establish the development this Emergency Preparedness Manual.

The scope of the KIDCO COOP Manual describes the input generated by the planning committee for establishing the plan components and for the development of the actual procedures. This process identifies areas that need further development and validates available resources that will ensure the effectiveness of carrying out any of the plan's components.

Top Five Reasons to Prepare:

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

Scenarios depicting possible emergencies were used to establish the chain of command that will address and determine the decisions and responsibilities to be carried out in the event of an emergency.

Listed in the KIDCO COOP Manual are meetings that have been scheduled for the COOP planning committee to meet and discuss the accuracy and effectiveness of the plan set forth. This Manual will be revised annually or as needed and presented to the Parent Policy Committee and to the Board of Directors for input and approval.

What Is Emergency Preparedness?

At times, Head Start staff, children, and families are faced with the unexpected. Almost every day, there is a news story about an emergency that affects individuals, families, towns, cities, or regions. Appearing suddenly or with minimal warning, an emergency can rob staff and families of their basic necessities, such as food and shelter. An emergency can take many forms: terrorism and random acts of violence, health emergencies, and natural disasters. Events, such as 9/11, Hurricane Katrina, California wildfires, Midwestern tornadoes, and pandemic flu outbreaks underscore the critical importance of preparing Head Start programs to respond appropriately and quickly to emergencies.

Emergency preparedness is the ability to react appropriately to a disaster. The Emergency Preparedness Cycle consists of four phases: Planning, Impact, Relief, and Recovery. The four phases occur in a logical order to support program actions in preventing and coping with the consequences of an emergency situation. Understanding the phases helps you plan what your program can do before, during, and after an emergency.

The Emergency Preparedness Cycle includes:

Planning, Impact, Relief, and Recovery

Note: In this Manual, “planning” refers to “mitigation” and “preparedness” as used by emergency preparedness professionals. They also group “impact” and “relief” into a “response” phase.

The **Planning Phase** assesses emergencies that might occur, identifies preventative measures to reduce risk, and develops a broad framework for your program to use.

The **Impact Phase** begins during the moments when you are alerted to an impending emergency and when the emergency actually occurs. Your planning efforts detail what individuals are expected to do, outlining the difficult decisions so others can simply act.

Next, your program enters the **Relief Phase**. These are the hours, days, or weeks after an emergency occurs when efforts are focused on food, water, shelter, and the safety of those affected. This plan specifies activities to meet these basic needs.

Finally, during the weeks, months, and years (in extreme cases) of the **Recovery Phase**, your program resumes services. Your program determines long-term plans for assisting community members in returning to their everyday lives by coping with losses resulting from the emergency.

After you plan for each of these phases, revisit each phase through the **Practice-Review-Revise Cycle** to ensure that your emergency preparedness plan is comprehensive, effective, and well-implemented.

Planning is an ongoing process. Your emergency preparedness plan is never complete; it is a working document. By regularly revisiting your plan, you ensure that key members of the community know the plan, improve it with their expertise, and can implement the plan if necessary.

Why Is Emergency Preparedness Important?

Emergency situations arise suddenly and can be devastating to programs and communities. When programs prepare in advance, the negative effects of an emergency can be reduced. While you may not be able to anticipate everything that might happen, comprehensive planning for each phase of an emergency allows you the peace of mind needed to help children, families, and staff. In addition, preparation allows you to resume services promptly and support the community at large.

According to the Federal Emergency Management Agency (FEMA):

Being prepared can reduce fear, anxiety, and losses that accompany disasters. Communities, families, and individuals need to know what to do in the event of a fire and where to seek shelter during a tornado. They need to be ready to evacuate their homes and buildings and take refuge in public shelters and know how to care for their basic medical needs.

By acting in advance, people can reduce the impact of disasters (e.g., flood proofing, elevating a home or securing items that could shake loose in a hurricane) and sometimes avoid the danger completely. (FEMA, *Are You Ready? Why Prepare*, <http://www.fema.gov/are-you-ready>

A sound emergency preparedness plan helps your program to respond appropriately and quickly to circumstances that occur, thereby reducing risk to everyone within the community.

Recognizing the importance of emergency preparedness, the **Improving Head Start for School Readiness Act of 2007 Section 649 (m): Program Emergency Preparedness** requires that the Secretary of Health and Human Services prepare a report to Congress on the emergency preparedness of Head Start programs, including Early Head Start, to large-scale emergencies. Recommendations are to include improvements to preparedness and response capabilities, procedures for informing and communicating with families, staff trainings, and coordination among Federal, state, and local emergency management agencies.

What Are the National Standards Related to Emergency Preparedness?

Developed by the American Academy of Pediatrics, the American Public Health Association, and the National Resource Center for Health and Safety in Child Care, the *Emergency/Disaster Preparedness Resources for Child Care Programs* <http://www.acf.hhs.gov/programs/occ/resource/emergency-preparedness-resources-for-child-care-programs> offers emergency preparedness-related national standards relevant to Head Start programs. These standards provide a “gold standard” to emergency preparedness planning or are Head Start requirements for funding and licensing.

For more standards related to your program, contact the following:

- Local health department
- ACF Regional Office Program Specialist
- Head Start Collaboration Office, state health department, or Indian Health Services
- The *Head Start Program Performance Standards* (1996) <http://eclkc.ohs.acf.hhs.gov/hslc/standards/Head%20Start%20Requirements> also include requirements related to emergency preparedness. These requirements include publishing telephone numbers of emergency response systems and posting evacuation routes [45 CFR 1304.22(a)(1-5); maintaining well-supplied and accessible first aid kits [45 CFR 1304.22(f)(1)]; and ensuring that safety measures are in place to reduce damage from disasters [45 CFR 1304.53 (a)(10). Programs must be familiar with these and other requirements and regulations that protect children, families, and staff in emergency situations.

Plan Components

This section includes the plans and procedures of the KIDCO Emergency Preparedness COOP. This identifies the action plan steps for each component, including how the plan will be initiated and the delegations of authority.

Planning Phase

Planning is based on two key elements, which emergency preparedness professionals refer to as the **mitigation** and **preparedness phases**. To determine what emergencies might occur in your program and the effects that may result, your planning team can survey different types of disasters that might occur and make preparations to reduce risk (**mitigation**).

Once you have determined your risks and have made basic preparations, you can develop a broad plan that meets the individual needs of children, family, and staff; bridges gaps in services; and makes resources available (**preparedness**). Involvement from staff and families, and collaboration with local health departments and other partners ensure that mitigation efforts and plans are well-coordinated and comprehensive. The plans developed during the Planning Phase provide the framework for decisions made in the later emergency phases (i.e. Impact, Relief, and Recovery).

Planning is based on two key elements, **mitigation** and **preparedness**. While collaborating with emergency preparedness professionals, you may hear them refer to “mitigation” and “preparedness” in the same way that the term “planning” is used in this *Manual*.

What Are the Components of a Strong Plan?

Head Start programs can approach their plan development very differently, but all plans need to focus on key components. These key components are essential to a comprehensive plan with the information that staff, families, and community partners need when an emergency occurs.

Most plans have five main components:

1. **Introduction:** Outline of the purpose, rationale, and definitions used in the plan. This ensures a common understanding for the Head Start community by developing a mutual vocabulary and perspective.
2. **List of team members and partners:** An easy-to-find contact sheet with roles and responsibilities clearly defined.
3. **Specific tasks in each emergency phase** (Planning, Impact, Relief, and Recovery): Tools to help plan for these tasks.
4. **Outline of anticipated needs:** Actions and resources to accomplish the tasks to meet those needs.
5. **Glossary and Appendices:** An easy-to-find list of common vocabulary, as well as appendices with specific documents such as:
 - Contact information sheets
 - Safety Kit Checklist
 - Hazard Analysis Checklist
 - Communication Plan Checklist
 - Emergency Drills and Procedures Checklist
 - Disaster supply list and rotation cycle. A basic emergency supply kit (<http://www.ready.gov/basic-disaster-supplies-kit>) could include the following recommended items:
 - Water, one gallon of water per person per day for at least three days, for drinking and sanitation
 - Food, at least a three-day supply of non-perishable food

- Battery-powered or hand crank radio and a NOAA Weather Radio with tone alert and extra batteries for both
- Flashlight and extra batteries
- First aid kit
- Whistle to signal for help
- Dust mask to help filter contaminated air and plastic sheeting and duct tape to shelter in place
- Moist towelettes, garbage bags and plastic ties for personal sanitation
- Wrench or pliers to turn off utilities
- Manual can opener for food
- Local maps
- Cell phone with chargers, inverter or solar charger

Planning Team Members

Your planning team should include members of your Head Start community, as well as members of the broader community. Your planning team might include:

- Program Director
- Fiscal Specialist
- Administrative Leads from Health, Mental Health, Infants and Toddlers, Disabilities, Family and Community Partnerships, Technology, and Facilities
- Professional Development Lead
- Policy Council and Health Services Advisory Committee representatives
- First responders including fire, health, safety, law enforcement, public works, and emergency medical services

In the event of an emergency or disaster, Nilda M. Velázquez, Executive Director, will initiate the plan of action. In the event she is unable to initiate the plan, within a time-frame of six (6) hours after the emergency, taking into account, safety precautions, the order of succession will be set forth in motion.

1. Plans and Procedures

Plans and Procedures established in this COOP Manual are contingent upon the emergency being faced by the areas where the KIDCO facilities are located. ([See Appendix B](#))

Grab-and-Go

Programs can also consider assembling a “grab-and-go” backpack with the following items:

- Back-up of confidential records
- Family contact information
- Individual Education Plans (IEPs) or Individual Family Service Plans (IFSPs)
- Cell phones or two-way radios
- Individual Health Care Plans (if applicable)

Emergency Supply List ([See Appendix C](#))

Facilities

Head Start programs can promote safety at their centers by doing the following before an emergency:

- Assess current facilities to ensure that safety precautions are in place, such as fire extinguishers, an emergency generator, and emergency medication refrigeration systems.

- Develop plans for waste disposal if local services are disrupted.
- Create a contingency plan to compensate for plumbing or water problems.
- Purchase supplies to support ventilation and air quality.
- Purchase materials to block outside air from entering the building in the event of hazardous biological or chemical contamination.
- Refresh food and water supplies to sustain Head Start staff and children, in case staff and children need to be temporarily sheltered.
- Include building engineers and facilities managers in the development of the emergency preparedness plan.

Also, during the Planning Phase, it is important to plan ahead for the next steps after an emergency occurs. You will need to:

- Report damage to your city or county office of emergency management. This helps your local officials conduct a damage assessment that they can use to apply for disaster funds from the state, Tribal, or Federal government.
- If you are concerned about whether your building is safe to re-enter, contact local officials. For example, check with your local health department if you are concerned about mold or contaminated water.
- Contact your insurance company and/or landlord to begin the process of repair.

Dr. Silvia La Villa, Education/Human Resources Director, is responsible for the development and on-going revision of the KIDCO Emergency Preparedness -COOP Manual.

Hurricane Watch and Procedures:

In the event a Hurricane Watch is issued, the following steps must be taken.

- The Executive Director must assign hurricane preparedness duties to each key staff member. These include, but are not limited to:
- ensuring readiness and availability of labels and instructions for each staff member regarding their technology-related responsibilities
- verifying the inventory of needed preparation supplies (e.g., plastic sheeting & bags, tape, etc.), and the immediate acquisition of any missing supplies
- verifying that the hardware and software inventory is accurate and up to date
- verifying the readiness and availability of off-site backups
- The Executive Director must regularly check with the Hurricane Preparedness County Resources regarding progress of the storm and preparedness timing.
- Should the Hurricane Watch be issued on a Friday, the Executive Director must coordinate with key staff to determine whether Hurricane Warning procedures should be initiated prior to the issuance of a Hurricane Warning.
- Key staff must regularly check weather reports to track weather changes, forecasts and be prepared to come into the office if needed to secure equipment should a Hurricane Warning be issued over a weekend or on a holiday.

Natural Disasters Procedures:

Hurricanes are severe tropical storms with wind gusts up to 160 miles per hour. The hurricane season runs from June 1 through November 30. A hurricane brings torrential rains accompanied by storm surge, high winds and inland flooding. Most floods develop slowly over a period of days, but flash floods develop in minutes. Hurricanes spawn tornadoes also, which are incredibly violent local storms extending to the ground with whirling winds reaching 300 miles per hour.

Human Disasters and Emergency Code Word:

Domestic violence, child abduction, egregious vandalism to the office, hostage situations and/or situations with hostile clients can occur unexpectedly within the community and/or at KIDCO. If any staff member feels they are in danger or a life-threatening situation, they should call 9-1-1 and report the emergency.

Bomb Threat/Acts of Terrorism Procedures:

Bomb threats and hazardous material spills or release of poison can pose risk to life, health, and property.

Hazardous Materials and Fire/Chemical Spill:

Several businesses use hazard materials that can spill and cause explosions to buildings. Other causes of business interruption are fire and chemical spill causing thousands of deaths and injuries, and billions in property damage. All KIDCO employees must be concerned with fire prevention/safety practices and procedures and the primary objectives of saving lives. In case of fire or building emergency, employees should exit the building in a safe, quick and orderly fashion and meet at the main parking lot located at corner of First Court and 36 Street.

Other Acts of Violence:

Social concern and dissatisfaction can cause riots, vandalism and looting, and generally occur rapidly enough to overwhelm law enforcement. KIDCO will rely on the restoration of law and order from the proper law enforcement agencies.

Lack of Electricity:

A number of conditions will exist that will impact directly on the operations of the division. Past history has demonstrated that KIDCO's operation is reliant on the use of electrical power for the use of computers and other electronic devices. In addition, without electricity there would be no air conditioning of KIDCO's office and classroom spaces which could, depending on the time of year and other circumstances, cause the facilities to become unbearably hot and uncomfortable. The lack of air conditioning will impact the time and ability that staff can perform their functions and children's wellbeing. In a scenario where the electricity is off, the Executive Director or designee will make a determination as to whether or not there will be an early release from work duties and call parents to pick up their children.

2. Mission Essential Functions

OPERATION	STAFF CHARGE	PLAN OF ACTION
Inspect Facilities for operational condition	Ivette Riaño Rosa Casamor Rosanna Mojica	<ul style="list-style-type: none"> Visit each KIDCO location to assess operating conditions Document physical facilities conditions using a digital camera
Assess methods of communication	Ivette Riaño Rosa Casamor Rosanna Mojica	<ul style="list-style-type: none"> Assess if telephone lines are working E-mails through Internet access, if available Flyers with current updates posted at each KIDCO site Media methods
Relocation of supplies and equipment (if necessary)	Rosa Casamor	<ul style="list-style-type: none"> Assess needs Contact vendor to move needed supplies and equipment to alternate facilities
Availability of Generators	Rosa Casamor & Edgardo Battle	<ul style="list-style-type: none"> Contact vendor to move and set up generator to alternate facilities Purchase/storage gasoline
Databases	Ivette Riaño	<ul style="list-style-type: none"> Contact KIDCO's Technology Consultant for assessment of databases and recommendations Existing database backup at KIDCO Central Alternative backup locations of systems in alternative locations
Food Supplies	Chrystine Casamor	<ul style="list-style-type: none"> Contact food vendors for availability of services Contact other neighborhood partnering vendors Maintain canned food supplies to feed a maximum of 100 individuals Maintain drinking water supply for a maximum of 100 individuals,

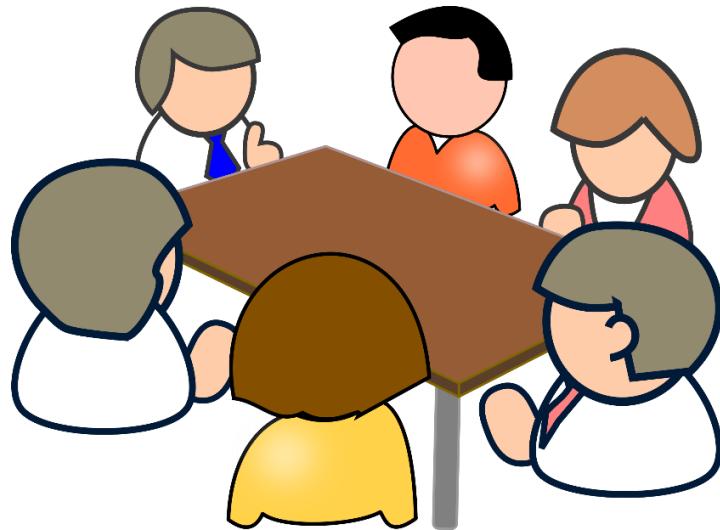
<p>Communicate with neighboring partners and funding agencies to assess available services to children and families</p>	<p>Rosa Casamor Ivette Riaño</p>	<p>The following neighboring community business will be contacted:</p> <ul style="list-style-type: none"> • Community Action and Human Development Department Head Start/ Early Head Start Program • City of Miami Community Development Department • Miami-Dade Public Schools (MDPS) • Department of Agriculture USDA Food Program • Early Learning Coalition of Miami-Dade and Monroe • Miami-Dade Office of Management and Budget – Grants Coordination (OMB-GC) • Borinquen Health Care Center
<p>Communicate with employees to assess their well-being and availability</p>	<p>Rosanna Mojica Lourdes Battle Regina Navarro</p>	<ul style="list-style-type: none"> • Instruct staff of immediate action plan to follow • Flyers will be posted at center to inform staff of updates • Staff have designated emergency contact numbers and assigned list of KIDCO children and families • Contact staff who has not contacted agency • Keep inform through via media, radio, phone, flyer, website, etc.
<p>Provide care to children, including children with special needs, once safety measures are in place</p>	<p>Ivette Riaño Regina Navarro</p>	<ul style="list-style-type: none"> • Parents will be contacted using best available methods: telephone/ recorded message; media; flyers; e-mail; website, etc. • Staff availability • Contact funding agencies (list above) • The following partnering agencies will be contacted for continuity of services if available: University of Miami Mailman Center and FDLRS-South.
<p>Contact all agency consultants</p>	<p>Frank Emmert</p>	<ul style="list-style-type: none"> • Consultants will be contacted using best available methods
<p>Contact Technology consultant</p>	<p>Ivette Riaño</p>	<ul style="list-style-type: none"> • Technology Consultant will be contacted using best available methods

Contact Health Insurance Provider	Silvia La Villa	<ul style="list-style-type: none"> • Current health insurance provider will be contacted using best available methods
Contact Agency Insurance Company	Rosa Casamor	<ul style="list-style-type: none"> • Agency insurance company will be contacted using best available methods

3. Delegation of Responsibility

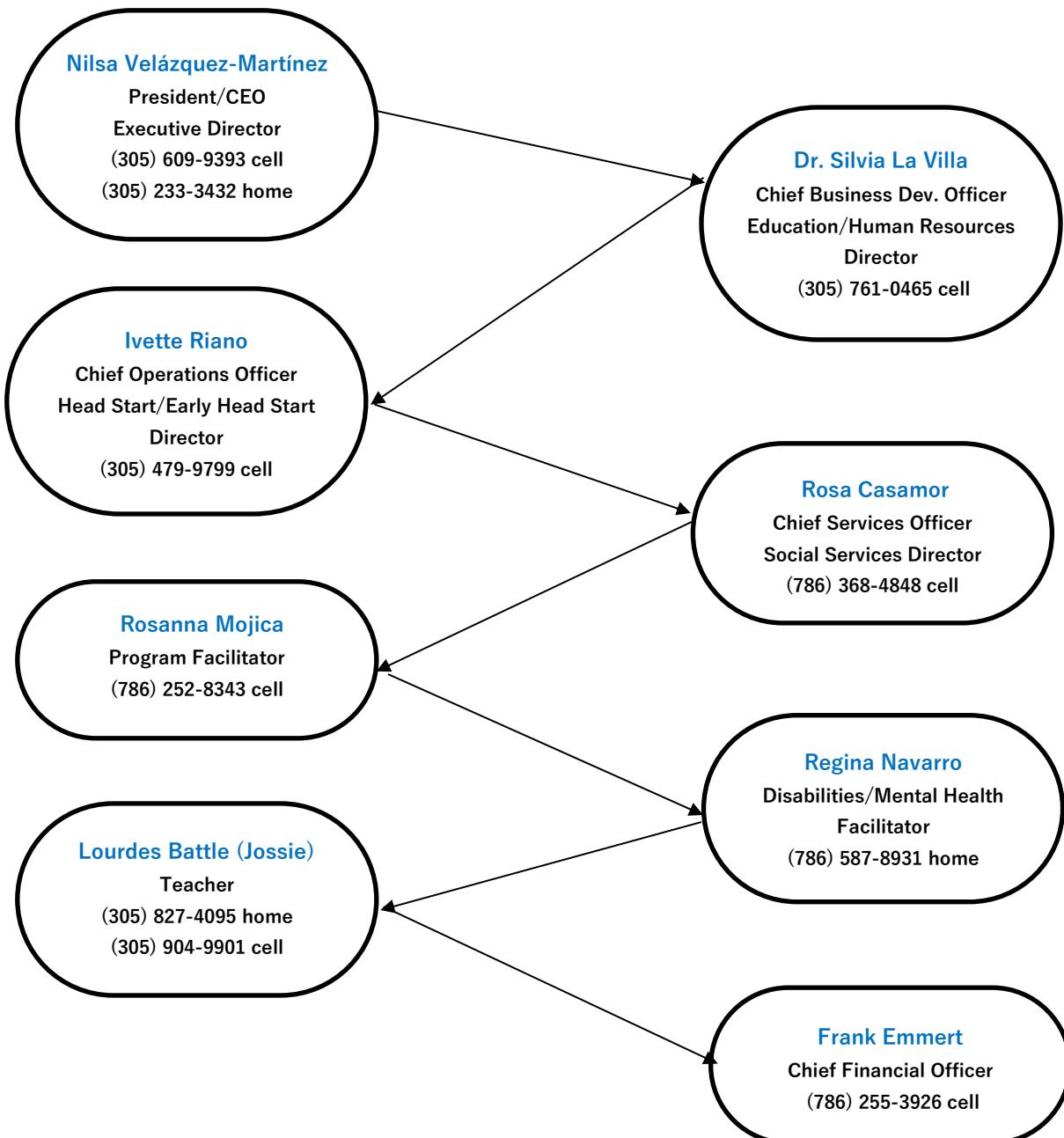
In the event of any emergency the person responsible for initiating the KIDCO COOP plans is the Executive Director, Nilsa M. Velázquez. The second staff person in command in the event that the Executive Director is unable to set forth the COOP is the Education/Human Resources Director, Dr. Silvia La Villa.

The responsibilities continue to be reflected as described in the Missions and Essentials Functions section. All delegation of authority will come from the following key staff positions as reflected in the Orders of Succession section



4. Orders of Succession

The following is the order of authority for all emergency/disaster responsibility at KIDCO Child Care Inc. prior, during and after disaster.



5. Alternate Facilities

KIDCO currently operates five (5) sites. KIDCO Central Offices, located at 761 E. Okeechobee Road, Hialeah, FL 33010, is the alternate facility in the event of an emergency. This facility is equipped with a generator, food supplies and other equipment/supplies that would facilitate further efforts in providing emergency services to children and families.

If the event sites are not operable, KIDCO will contact neighboring partners and funding agencies for any assistance and support that may be available to continue providing services.

6. Training & Testing

KIDCO will train staff on the COOP plan during its staff orientation, which takes place each year during the month of August. Scenarios depicting emergency situations will be used as one strategy of the training process. Staff will be encouraged to discuss possible solutions, alternative answers, and provide input that may be used to enhance the COOP plan. Follow-up meetings will be held during the year. **(See Attachment C)**

Staff identified in the Mission Essential Functions will perform one test trial during the year to assess effectiveness of the plan and the possible needs of an agency. Clients and community partners will be included in the training process and in the test trial for continued input and assessment. Partnering vendors and agencies will be contacted once a year to review COOP plan and revisit their role as active participants.

Training & Testing	Date	Staff Responsible
Staff Orientation	September	COOP Planning Committee
Follow-up Training	January	COOP Planning Committee
Review of Needs	January	COOP Planning Committee
Partnering Role	February	COOP Planning Committee

7. Interoperable Communications

When an emergency occurs, two-way communication is critical. One of the greatest concerns of those affected is reuniting with family and friends. As mandated by the *Head Start Program Performance Standards*, Head Start programs must develop communication protocols that ensure timely and accurate dissemination of information to staff, parents, and the community [45 CFR 1304.51]. Head Start programs are also required to publish telephone numbers of emergency response systems and post evacuation routes [45 CFR 1304.22(a)(1-5)].

Effective communication systems allow the program to serve as a reliable point of contact and help Head Start to advise families on whom to call and where to find safety. Communication systems need to be accessible to families of varying literacy levels and families who speak languages other than English.

In the event of an emergency situation, KIDCO will use the following communication/ technological advances to communicate with its employees, clients, funding agencies, partnering agencies, vendors and consultants:

1. Land lines	6. Facetime
2. Cell phones	7. Wireless Internet
3. Radio phones	8. Media
4. Internet E-mail	9. Flyers
5. KIDCO Website	10. Air Mail

8. Vital Records and Databases

In the event of an emergency to the extent possible, the Executive Director and Education/Human Resources Director will ensure maintenance of vital records and databases through:

1. Web links
2. Network System Back-Ups
3. Pre-identified offsite storage for back-up system.

9. Personnel Issues and Coordination

Personnel issues will be addressed as reflected in the Mission and Essential Functions section.

- The communication with employees to assess their well-being and availability will be carried out by Rosanna Mojica, Operations Facilitator; Lourdes Battle, Teacher; and Regina Navarro, Education Facilitator who maintain a current contact list.
- As outlined throughout the KIDCO COOP Manual, personnel issues related to health, safety, training, and emotional well-being of staff and their families will be addressed by key staff members. Other issues, such as, Leave Time; Pay Status; potential lay-offs will be handled by the Fiscal Director and the Human Resource Administrator.

10. Facilities Preparation

KIDCO will ensure preparation of facilities upon prior knowledge of an emergency situation in the following manner:

- Secure all indoor and outdoor equipment and materials.
- Ensure all evacuation plans are in place.
- Contact any agencies that will assist in facilities preparedness.

11. Techniques for Diffusing a Family/Community Distressed Event

Active listening, providing information, modeling a sense of humor and fun, showing enthusiasm, instilling hope, and questioning are some techniques useful for defusing a family crisis and helping a family to stabilize. ([See Appendix D](#))

Active Listening. Active listening is perhaps the most important technique for defusing a crisis. For many families in crisis, active listening may be all that is needed to restore family functioning. Active listening with families may involve:

- Encouraging the expression of feelings;
- Acknowledging the real loss or tragedy experienced by a family;
- Reflecting feelings expressed by the family;
- Normalizing the family's reactions;
- Conveying acceptance of the family, but not of destructive behaviors;
- Reframing family statements or behaviors to emphasize the positives;
- Focusing on the "here and now";
- Confronting inconsistencies in family statements or behaviors in tactful ways;
- Clarifying a family's priorities among many issues; and
- Summarizing and bringing closure to emotional topics.

Providing Information. It is important for family members to know what to expect throughout the crisis intervention process. Sharing information about the intervention period, when and how often the crisis intervener will visit the family, and what the intervener plans to do to support the family can relieve much of a family's anxiety about what lies ahead. Information about issues related to the crisis can also be helpful.

Modeling a Sense of Humor and Fun. Some families need to be able to relax and take themselves and their situations less seriously. Showing a sense of humor about one's own mistakes lets families know that no one is perfect, and that laughter is sometimes the best medicine. Many families in crisis can benefit by setting aside time for fun or social activities.

Showing Enthusiasm. The crisis intervener's enthusiasm promotes feelings of enthusiasm in the family. Family members begin to gain confidence in their own abilities to resolve the crisis when they see the worker as someone who believes they can do so, too.

Instilling Realistic Hope. The crisis intervener's own ability to instill hope in families is a critical variable in defusing crises and motivating families to try new coping strategies. When family members sense that positive approaches and outcomes to the crisis are possible, they begin to feel confident in their ability to bring about change. And, when interveners keep their promises, families begin to trust and believe in change. Instilling realistic hope requires helping the family to see its strengths. Encouraging the family to try new approaches imparts hope. Choice of words is critical when discussing action plans; words such as "when" and "will" send much more hopeful messages to families than "if" or "maybe."

Questioning. In periods of crisis, it is important for families to be able to organize their thoughts. Asking questions is one way to help families start thinking clearly again. For example, "What have you already tried?"; "What do you want to try next?" and "Who can you usually count on?" are questions that can lead families toward a better understanding of their alternatives. With appropriate support and services, the tension and struggles created by a family crisis can be channeled quickly into constructive courses of action. The family in crisis learns to use new resources, apply new problem-solving skills, and cope more effectively with stress. The result is often a very strengthening experience that can carry the family through complex challenges in the future.

12. Health Emergencies

Several specific health considerations may serve as a threat to your program. During the Planning Phase, your research can assist you in determining whether your program is at risk and take necessary measures to reduce the effect these health issues might present. Relationships with local health department representatives can assist programs in planning for and coping with these emergencies. Most important to Head Start programs are:

- Novel H1N1 (Swine Flu)
- Widespread Disease Outbreak
- Zika Virus
- Influenza Preparedness ([Appendix F](#))
- Influenza Planning and Response ([Appendix G](#))

A. Novel H1N1 (Swine Flu)

Planning

Novel H1N1 (also referred to as Swine Flu) is an influenza virus that spreads from person-to-person. This virus was first detected in people in the United States in April 2009. Other countries, including Mexico and Canada, have reported people sick with this virus.

This virus was originally referred to as Swine Flu because many of the genes were very similar to influenza viruses that normally occur in pigs in North America. However, further study has shown that the virus contains two genes that normally circulate in pigs within Europe and Asia and includes avian and human genes.

The symptoms of novel H1N1 flu virus in people are similar to the symptoms of seasonal flu.

Symptoms include:

- Fever
- Cough
- Sore throat
- Runny or stuffy nose
- Body aches
- Headache
- Chills
- Fatigue

A significant number of people who have been infected with H1N1 flu virus also have reported diarrhea and vomiting. Like seasonal flu, severe illnesses and death have occurred as a result of illness associated with this virus.

(Adapted from CDC, *Questions & Answers: Novel H1N1 Flu (Swine Flu) and You*, <http://www.cdc.gov/h1n1flu/qa.htm>)

Programs can help reduce the effect of an influenza outbreak by practicing good hygiene and infection control measures used for the common flu. If your program is at risk for an influenza outbreak, you should consider the following precautions during the Planning Phase:

- Develop and teach hand hygiene procedures for children, families, and staff. Wash your hands with soap and warm water or use alcohol-based hand sanitizers throughout the day, especially before eating or touching communal objects.
- Wash and disinfect toys and common areas.
- Distance yourself from individuals who are ill, at least 3 feet if possible.
- Get your flu shot.
- Develop clear systems to ensure that sick children and adults access needed medical support.

Establish protocols to support staff in staying home if ill, as well as families in keeping sick children at home.

- Create a comfortable and isolated room for a sick individual to wait for an appropriate health official.

- Ensure that staff has access to goggles, masks, and gloves to reduce contact with a sick individual.
- Cover your nose and mouth with your upper arm or tissue when you sneeze or cough.
- Contact the local health department for detailed suggestions on controlling infection.
- Establish collaborations with the medical community to ensure prompt response.
- Alert family and staff where individuals will stay within the center- or home-based program and which measures, if any, will be taken to alleviate symptoms.

Impact

If an individual in your program becomes infected with H1N1 or other pandemic flu strain:

- Access medical support immediately.
- Reduce risk of further infection by isolating the individual who is ill.
- Provide nutrients and comfort to the individual who is ill.

Relief

If an individual in your program becomes infected with the H1N1 or other pandemic flu strain:

- Monitor health needs of affected individual.
- Monitor health of any individuals who may have come in contact with the ill individual.
- Clean any areas where the ill individual spent time.
- Offer mental health support to family and friends of the ill individual.

At the time this Manual of publication, there is not enough information to predict how severe the novel H1N1 flu outbreak will be in terms of illness or how it will compare with seasonal influenza.

For more up-to-date information on the influenza outbreaks and emergency preparedness planning, go to the *CDC H1N1 Flu* Web site at <http://www.cdc.gov/h1n1flu/> or the U.S. Department of Health and Human Services Flu Web site at <http://www.flu.gov/>. You can also use the American Lung Association's "Find a

Flu Clinic" search to find a clinic near you that can administer the seasonal flu vaccine at <http://www.flucliniclocator.org/>.

B. Widespread Disease Outbreak

Planning

A widespread disease outbreak, such as pandemic flu, occurs when many staff and children become infected with the same disease. For example, many program staff share stories about lice or chicken pox outbreaks causing class sizes to be reduced for several days at a time. This also occurs in communities with widespread flu outbreaks – children and staff may be absent for up to 7 days.

It is hard to predict whether your program will be impacted by a widespread disease outbreak, but there are several measures you can take to determine your risk. By talking to community health providers and your local health department, you can assess the amount of people in your community that may have gotten the flu shot, as well as the numbers and kinds of illnesses that health officials have been seeing. In addition, ongoing conversations with parents can help you determine the likelihood of infection by lice, chicken pox, or other infectious diseases.

Programs can help reduce the effect of widespread illness outbreak by practicing good hygiene and infection control measures used for the common flu. If you are at risk for a widespread disease outbreak, you should consider the following precautions during the Planning Phase:

If your program may experience widespread disease outbreak:

- Contact the local health department for detailed suggestions.
- Establish collaborations with the medical community to ensure prompt response.
- Alert family and staff of the safe space where individuals will stay and of the health protocols for care if in a center or home.

- Develop and teach hand hygiene procedures to children, families, and staff.
- Wash your hands with soap and warm water or use alcohol-based hand sanitizers throughout the day, especially before eating or touching communal objects.
- Wash and disinfect toys and common areas.
- Distance yourself from individuals who are ill, at least 3 feet if possible.
- Develop clear systems to ensure that sick children and adults access needed medical support.
- Establish protocols to support staff in staying home if ill, as well as families in keeping sick children at home.
- Create a comfortable and isolated room for a sick individual to wait for an appropriate health official.
- Ensure that staff has access to goggles, masks, and gloves to reduce contact with a sick individual.
- Cover your nose and mouth with your upper arm or tissue when you sneeze or cough.

Impact

If individuals in your program become infected with the same illness:

- Access medical support immediately.
- Reduce risk of further infection by isolating the individuals who are ill.
- Provide nutrients and comfort to the individuals who are ill.

Relief

If a widespread disease outbreak affects your program:

- Monitor health needs of affected individuals.
- Monitor health of any individuals who may have come in contact with ill individuals.
- Clean any areas where the ill individuals spent time.
- Provide vaccinations if possible to unaffected individuals.
- Offer mental health support to family and friends of ill individuals.

For more up-to-date information on widespread disease outbreaks and emergency preparedness planning, go to the CDC's *Emergency Preparedness and Response, Recent Outbreaks and Incidents* (<http://emergency.cdc.gov/recentincidents.asp>).

C. Zika Virus

This article is about the virus. For the disease, see [Zika fever](#). For the recent outbreak, see [2015-16 Zika virus epidemic](#).

Zika virus (ZIKV) is a member of the virus family Flaviviridae. It is spread by daytime-active Aedes mosquitoes, such as *A. aegypti* and *A. albopictus*. Its name comes from the Zika Forest of Uganda, where the virus was first isolated in 1947.

- Zika virus is related to the dengue, yellow fever, Japanese encephalitis, and West Nile viruses.
- Since the 1950s, it has been known to occur within a narrow equatorial belt from Africa to Asia.
- From 2007 to 2016, the virus spread eastward, across the Pacific Ocean to the Americas, leading to the 2015-16 Zika virus epidemic.
- The infection, known as Zika fever or Zika virus disease, often causes no or only mild symptoms, similar to a very mild form of dengue fever.
- While there is no specific treatment, paracetamol (acetaminophen) and rest may help with the symptoms.
- As of 2016, the illness cannot be prevented by medications or vaccines.

- Zika can spread from a pregnant woman to her baby. This can result in microcephaly, severe brain malformations, and other birth defects.
- Zika infections in adults may result rarely in Guillain–Barré syndrome.

In January 2016, the United States Centers for Disease Control and Prevention (CDC) issued travel guidance on affected countries, including the use of enhanced precautions, and guidelines for pregnant women including considering postponing travel. Other governments or health agencies also issued similar travel warnings, while Colombia, the Dominican Republic, Puerto Rico, Ecuador, El Salvador, and Jamaica advised women to postpone getting pregnant until more is known about the risks.

Transmission

The vertebrate hosts of the virus were primarily monkeys in a so-called enzootic mosquito-monkey-mosquito cycle, with only occasional transmission to humans. Before the current pandemic began in 2007, Zika "rarely caused recognized 'spillover' infections in humans, even in highly enzootic areas". Infrequently, however, other arboviruses have become established as a human disease and spread in a mosquito-human-mosquito cycle, like the yellow fever virus and the dengue fever virus (both Flaviviruses), and the chikungunya virus (a toga virus). Though the reason for the pandemic is unknown, dengue, a related arbovirus that infects the same species of mosquito vectors, is known in particular to be intensified by urbanization and globalization.

Zika is primarily spread by *Aedes aegypti* mosquitoes, and can also be transmitted through sexual contact or blood transfusions. The basic reproduction number (R_0 , a measure of transmissibility) of Zika virus has been estimated to be between 1.4 and 6.6.

In 2015, news reports drew attention to the rapid spread of Zika in Latin America and the Caribbean. At that time, the Pan American Health Organization published a list of countries and territories that experienced "local Zika virus transmission" comprising Barbados, Bolivia, Brazil, Colombia, the Dominican Republic, Ecuador, El Salvador, French Guiana, Guadeloupe, Guatemala, Guyana, Haiti, Honduras, Martinique, Mexico, Panama, Paraguay, Puerto Rico, Saint Martin, Suriname, and Venezuela. **By August 2016, more than 50 countries had experienced active (local) transmission of Zika virus.**

Zika fever (See Appendix H)

Main article: [Zika fever](#)

Rash on an arm due to Zika

Zika fever (also known as Zika virus disease) is an illness caused by the Zika virus. Most cases have no symptoms, but when present they are usually mild and can resemble dengue fever.

- Symptoms may include fever, red eyes, joint pain, headache, and a maculopapular rash.
- Symptoms generally last less than seven days.
- It has not caused any reported deaths during the initial infection.
- Infection during pregnancy causes microcephaly and other brain malformations in some babies.
- Infection in adults has been linked to Guillain–Barré syndrome (GBS).
- Diagnosis is by testing the blood, urine, or saliva for the presence of Zika virus RNA when the person is sick.
- Prevention involves decreasing mosquito bites in areas where the disease occurs, and proper use of condoms.



- Efforts to prevent bites include the use of insect repellent, covering much of the body with clothing, mosquito nets, and getting rid of standing water where mosquitoes reproduce.
- There is no effective vaccine.
- Health officials recommended that women in areas affected by the 2015–16 Zika outbreak consider putting off pregnancy and that pregnant women not travel to these areas.
- While there is no specific treatment, paracetamol (acetaminophen) and rest may help with the symptoms.
- Admission to hospital is rarely necessary.

Vaccine development

Main article: Zika virus vaccine

The World Health Organization (WHO) has suggested that priority should be to develop inactivated vaccines and other non-live vaccines, which are safe to use in pregnant women.

- As of March, 2016, 18 companies and institutions were developing vaccines against Zika but they state a vaccine is unlikely to be widely available for about ten years.
- In June 2016, the FDA granted the first approval for a human clinical trial for a Zika vaccine.
- In March 2017, a DNA vaccine was approved for phase 2 clinical trials.
- This vaccine consists of a small circular piece of DNA, known as a plasmid, that expresses the genes for the Zika virus envelope proteins.
- As the vaccine does not contain the full sequence of the virus, it cannot cause infection.
- As of April 2017, both sub-unit and inactivated vaccines have entered clinical trials.

Zika virus (ZIKV) infection is usually mild and self-limited. There are no specific treatment options for Zika virus infection.

*Wikipedia and The Heart.org, Medscape, Cardiology,
<http://emedicine.medscape.com/article/2500035-treatment#d5>, August 31, 2017.*

Impact

If individuals that become infected must:

- Access medical support immediately.
- Reduce risk of further infection by isolating the individuals who are ill.
- Provide lots of fluids and nutrients and comfort to the individuals who are ill.

Relief

Medical Care

Supportive care with rest and adequate fluid hydration is advised. Symptoms such as fever and pain can be controlled with acetaminophen. Use of nonsteroidal anti-inflammatory drugs (NSAIDs) in patients with unconfirmed Zika virus infection should be avoided since the use of such drugs in dengue fever is associated with hemorrhagic risk.

The WHO recommends optimal supportive care in patients with Guillain-Barré syndrome, including frequent neurologic examinations, testing of vital signs, and respiratory function monitoring to decrease the likelihood of complications (e.g., blood clots, respiratory failure). Patients whose symptoms are escalating rapidly or who are unable to walk should receive intravenous immunoglobulin therapy or therapeutic plasma exchange.

Consultations

Expert consultation with a maternal-fetal medicine and infectious diseases specialists is advised for management of Zika virus infection during pregnancy.

If a widespread disease outbreak affects your program:

- Monitor health needs of affected individuals.
- Monitor health of any individuals who may have come in contact with ill individuals.
- Clean any areas where the ill individuals spent time.
- Offer mental health support to family and friends of ill individuals.
- Call 911 for individual to get proper care

For more up-to-date information on widespread disease outbreaks and emergency preparedness planning, go to the CDC's Emergency Preparedness and Response, Recent Outbreaks and Incidents (<http://emergency.cdc.gov/recentincidents.asp>).

13. Recommendations for Early Childhood Programs for the 2014-2015 Flu Season

Early childhood providers should examine and revise, as necessary, their current crisis or pandemic plans and procedures; develop contingency plans to cover key positions when staff are absent from work; update contact information for families and staff; and share their plans with families, staff, and the community. Early childhood providers should review and revise, if necessary, their sick leave policies to remove barriers to staff staying home while sick or to care for a sick family member. A healthcare provider's note should not be required for children or staff to validate their illness or to return to the early childhood setting.

Early childhood providers should frequently remind children, their families, and staff about the importance of staying home when sick; early treatment for people at higher risk for flu complications; respiratory etiquette; and hand hygiene. Educational materials (for example, posters) to enhance compliance with recommendations should be visible in the child care setting. Examples of these materials are available at <http://www.cdc.h1n1flu/flyers.htm>. Furthermore, Preparing for the Flu: A Communication Toolkit for Child Care and Early Childhood Programs also provides many materials for use.

The recommendations that follow are divided into two groups: 1) recommendations to use now, during the 2014-2015 flu season, assuming a similar severity to the flu outbreak seen during April through December 2009 of the 2009 H1N1 flu outbreak, and 2) recommendations to consider adding if a more severe flu season occurs.

Recommended strategies to use now, for flu conditions with severity similar to April through December 2009 of the 2009 H1N1 flu outbreak:

1. Encourage vaccination against the flu: The best way to protect against the flu - seasonal and 2009 H1N1 - is to get vaccinated.

- The five primary target groups for vaccination against 2009 H1N1 flu include pregnant women, people who live with or care for children younger than 6 months of age, healthcare and emergency medical services personnel, people age 6 months through 24 years, and people age 25 through 64 years who have underlying medical conditions that put them at higher risk for flu complications. Due to increased vaccine availability, everyone, including those over age 65 years, can now be vaccinated.
- All children and staff should be encouraged to receive the 2009 H1N1 flu vaccine. Visit <http://www.cdc.gov/h1n1flu/vaccination> for more information.

2. Advise the sick to stay home: Those with flu-like illness should remain at home and away from others until at least 24 hours after they are free of fever, or signs of a fever, without the use of fever-reducing medicines. They should stay home even if they are using antiviral medicines. (For more information, visit <http://www.cdc.gov/h1n1flu/guidance/exclusion.htm>.)
3. Conduct daily health checks: Early childhood providers conducting daily health checks should observe all children and staff and talk with each child's parent or guardian and each child.
 - He or she should look for changes in the child's behavior, a report of illness or recent visit to a healthcare provider, and any signs or symptoms of illness.
 - During the day, staff also should identify children and other staff who may be sick.
 - Sick children and staff should be further screened by taking their temperature and inquiring about symptoms.
 - An early childhood program's health consultant may provide additional assistance. Visit <http://nrckids.org> for more information on health consultants or contact your State Child Care Administrator or local child care resource and referral agency to find out if there are early childhood health consultants in your state or local area.
4. Separate sick children and staff: Children and staff who develop symptoms of flu-like illness while at the early childhood program should promptly be separated from others.
 - While this may be challenging for some home-based providers, they should provide a space where the child can be comfortable and supervised at all times.
 - A parent or guardian should be called and asked to take his or her child home.
 - Staff with flu-like illness should also be asked to go home immediately. A staff member who develops illness while at work should wear a facemask when near other people when possible until he or she can go home.
 - Early childhood providers who care for people with known, probable, or suspected flu or flu-like illness should use appropriate personal protective equipment. Visit <http://www.cdc.gov/h1n1flu/masks.htm> for information on personal protective equipment and how to recommend it to employees.
5. Emphasize respiratory etiquette and hand hygiene by both people who are well and those who have any symptoms of flu:
 - For children with emerging self-care skills, parents and caregivers should closely monitor their respiratory etiquette and hand hygiene and remind children not to share cups or eating utensils.
 - Cover noses and mouths with a tissue when coughing or sneezing (or an elbow or shoulder if no tissue is available) and wash hands often with soap and water when possible; keep hands away from the nose, mouth, and eyes.
 - If soap and water are not available, alcohol-based hand rubs can also be used. However, hand rubs should not be used when hands are visibly soiled.
 - Visit: <http://www.cdc.gov/flu/protect/covercough.htm> for more information on respiratory etiquette and www.cdc.gov/cleanhands for more information on hand hygiene.

6. Perform routine environmental cleaning:

- Areas and items that are visibly soiled should be cleaned immediately and all areas should be regularly cleaned - with a particular focus on items that are more likely to have frequent contact with the hands, mouths, and bodily fluids of young children (for example, toys and play areas).
- Provide disposable wipes so that commonly used surfaces can be wiped down by staff before each use.
- CDC does not believe any additional disinfection of environmental surfaces beyond routine cleaning is required. Visit <http://nrckids.org> for more information on cleaning in early childhood settings.

7. Promote early treatment for children and staff at higher risk for flu complications:

- Parents and staff should be encouraged to talk with their healthcare provider to determine if they or a member of their family are at higher risk for flu complications. Staff at higher risk for flu complications and parents of children under age 5 who become sick with flu-like illness should call their healthcare provider as soon as possible to determine if they need antiviral treatment.
- It's very important that antiviral drugs be used early to treat flu in people who are very sick (for example people who are in the hospital) and people who are sick with flu and have a greater chance of getting serious flu complications. Early treatment should be considered for persons with suspected or confirmed flu who are at higher risk for flu complications including children younger than 2 years old. Children 2 year to 4 years old are more likely to require hospitalization or urgent medical evaluation for flu compared with older children, although the risk is much lower than for children younger than 2 years old.
- CDC recommends that early childhood providers encourage sick staff at high risk for flu complications and the families of sick children to seek early treatment. People on antiviral treatment may still shed flu viruses and transmit the virus to others. If for any reason there is a concern about a child, parent or staff person continuing to take the medicine, they should discuss this with their healthcare provider before making the decision to stop medicine for their child or for themselves. To lessen the chance of spreading flu viruses that are resistant to antiviral medicines, people on antiviral treatment should stay at home and away from others as recommended and practice good respiratory etiquette and hand hygiene even after their fever has resolved.
- Visit: <http://www.cdc.gov/h1n1flu/recommendations.htm> for more information on antiviral medicines.

8. Consider selective early childhood program closures: If flu transmission is high, some communities or early childhood programs may consider temporary closures with the goal of decreasing the spread of flu among children less than 5 years of age.

- The decision to selectively close should be made locally in partnership with public health officials and should balance the risks of keeping the children in early childhood programs with the social and economic disruption that can result from closing these programs.

14. Extreme Heat

Heat kills by pushing the human body beyond its limits. In extreme heat and high humidity, evaporation is slowed, and the body must work extra hard to maintain a normal temperature.

Most heat disorders occur because the victim has been overexposed to heat or has over-exercised for his or her age and physical condition. Older adults and young children are more likely to succumb to extreme heat. Conditions that can induce heat-related illnesses include stagnant atmospheric conditions and poor air quality. Also, asphalt and concrete store heat longer and gradually release heat.

Effects of Over Exposure to Heat:

- **Heat Wave:** Prolonged period of excessive heat, often combined with excessive humidity.
- **Heat Cramps:** Muscular pains and spasms due to heavy exertion. Although heat cramps are the least severe, they are often the first signal that the body is having trouble with the heat.
- **Heat Exhaustion:** Typically occurs when people exercise heavily or work in a hot, humid place where body fluids are lost through heavy sweating. Blood flow to the skin increases, causing blood flow to decrease to the vital organs. This results in a form of mild shock. If not treated, the victim's condition will worsen. Body temperature will keep rising and the victim may suffer heat stroke.
- **Heat Stroke:** A life-threatening condition. The victim's temperature control system, which produces sweating to cool the body, stops working. The body temperature can rise so high that brain damage and death may result if the body is not cooled quickly.

During a Heat Emergency:

- Stay indoors as much as possible and limit exposure to the sun.
- Stay on the lowest floor out of the sunshine if air conditioning is not available.
- Consider spending the warmest part of the day indoor. Circulating air can cool the body by increasing the perspiration rate of evaporation.
- Eat well-balanced, light, and regular meals. Avoid using salt tablets unless directed to do so by a physician.
- Drink plenty of water. Persons who have epilepsy or heart, kidney, or liver disease; are on fluid-restricted diets; or have a problem with fluid retention should consult a doctor before increasing liquid intake.
- Dress in loose-fitting, lightweight, and light-colored clothes that cover as much skin as possible.
- Protect face and head by wearing a wide-brimmed hat.
- Check on family, friends, and neighbors who do not have air conditioning and who spend much of their time alone.
- Never leave children or pets alone in closed vehicles.
- Avoid strenuous work during the warmest part of the day. Use a buddy system when working in extreme heat and take frequent breaks.

First Aid for Heat-Induced Illnesses

- Extreme heat brings with it the possibility of heat-induced illnesses. The following table lists these illnesses, their symptoms, and the first aid treatment.

Condition	Symptoms	First Aid
Sunburn	Skin redness and pain, possible swelling, blisters, fever, headaches	<ul style="list-style-type: none"> Take a shower using soap to remove oils that may block pores, preventing the body from cooling naturally. Apply dry, sterile dressings to any blisters, and get medical attention.
Heat Cramps	Painful spasms, usually in leg and abdominal muscles; heavy sweating	<ul style="list-style-type: none"> Get the victim to a cooler location. Lightly stretch and gently massage affected muscles to relieve spasms. Give sips of up to a half glass of cool water every 15 minutes. (Do not give liquids with caffeine or alcohol.) Discontinue liquids, if victim is nauseated.
Heat Exhaustion	Heavy sweating but skin may be cool, pale, or flushed. Weak pulse. Normal body temperature is possible, but temperature will likely rise. Fainting or dizziness, nausea, vomiting, exhaustion, and headaches are possible.	<ul style="list-style-type: none"> Get victim to lie down in a cool place. Loosen or remove clothing. Apply cool, wet clothes. Fan or move victim to air-conditioned place. Give sips of water if victim is conscious. Be sure water is consumed slowly. Give half glass of cool water every 15 minutes. Discontinue water if victim is nauseated. Seek immediate medical attention if vomiting occurs.
Heat Stroke (a severe medical emergency)	High body temperature (105+); hot, red, dry skin; rapid, weak pulse; and rapid shallow breathing. Victim will probably not sweat unless victim was sweating from recent strenuous activity. Possible unconsciousness.	<ul style="list-style-type: none"> Call 9-1-1 or emergency medical services, or get the victim to a hospital immediately. <i>Delay can be fatal.</i> Move victim to a cooler environment. Removing clothing Try a cool bath, sponging, or wet sheet to reduce body temperature. Watch for breathing problems. Use extreme caution. Use fans and air conditioners.

15. What to do during a Fire

Planning

Fires are the most frequent cause of loss of property and life. They occur suddenly and spread quickly. And many times, they are the result of another kind of disaster such as tornadoes, hurricanes, or lightning. Often, there is little time for preparation and reaction during the Impact Phase. Yet with proper mitigation procedures, the possibility of fire is reduced significantly.

The Head Start Center Design Guide

(http://eclkc.ohs.acf.hhs.gov/hslc/hs/resources/ECLKC_Bookstore/PDFs/Head%20Start%20%20Design%20Guide%20--%20Second%20Edition.pdf) describes several guidelines for mitigation, which are taken from the most recent edition of the *National Fire Protection Association (NFPA), Standard No. 101, Life Safety Code*, as modified. The applicable requirements are:

- Provide both audible and visual fire alarm signals.
- In addition to fire alarms that sound in the center itself, any fire event should be annunciated on the central building panel or a 24-hour manned security post.
- See the most current editions of NFPA 72 Chapter 5 and UL 1971 for requirements on audible and visible alarms.

If your clothes catch on fire, you should:

- **Stop, drop, and roll** - until the fire is extinguished.
- Running only makes the fire burn faster.

To escape a fire, you should:

- Check closed doors for heat before you open them.
- If you are escaping through a closed door, use the back of your hand to feel the top of the door, the doorknob, and the crack between the door and door frame before you open it.
- Never use the palm of your hand or fingers to test for heat - burning those areas could impair your ability to escape a fire (i.e., ladders and crawling).

Hot Door	Cool Door
<ul style="list-style-type: none">• Do not open.• Escape through a window.• If you cannot escape, hang a white or light-colored sheet outside the window, alerting fire fighters to your presence.	<ul style="list-style-type: none">• Open slowly and ensure fire and/or smoke is not blocking your escape route.• If your escape route is blocked, shut the door immediately and use an alternate escape route, such as a window.• If clear, leave immediately through the door and close it behind you.• Be prepared to crawl.• Smoke and heat rise.• The air is clearer and cooler near the floor.

- Crawl low under any smoke to your exit - heavy smoke and poisonous gases collect first along the ceiling.
- Close doors behind you as you escape to delay the spread of the fire.
- Stay out once you are safely out.
- Do not reenter.
- Call 9-1-1.

16. Fire Drills/Evacuation Procedures

- A. Fire drills/evacuation will be conducted on a monthly basis.
- B. Teaching staff must become acquainted with fire drill/evacuation plan instructions and fire exits as posted for each classroom. [HSPS 1304.22(a)(3)]
- C. The following procedures must be followed at all times:
 - ✓ Teachers should discuss the procedures with students and prepare them for the unannounced drills.
 - ✓ Each class should proceed in single lines walking rapidly, but not running.
 - ✓ One teacher / staff member should lead the children; the other should remain behind the last child.
 - ✓ Orderly and quiet conduct must be maintained at all times.
 - ✓ Teaching staff must carry a copy of the classroom roster, attendance record, and emergency contacts.
 - ✓ Children and staff members should remain outside the building until a clear signal has been given.
- D. Teaching staff is responsible for logging monthly fire drills.

17. During a Flood

If a flood is likely in your area, you should:

- Listen to the weather radio for updates.
- Listen to the radio or television for information.
- Be aware that flash flooding can occur. If there is any possibility of a flash flood, move immediately to higher ground. Do not wait for instructions to move.
- Be aware of streams, drainage channels, canyons, and other areas known to flood suddenly. Flash floods can occur in these areas with or without such typical warnings as rain clouds or heavy rain.

If you must prepare to evacuate, you should do the following:

- Secure your home. If you have time, bring in outdoor furniture. Move essential items to an upper floor.
- Turn off utilities at the main switches or valves if instructed to do so. Disconnect electrical appliances. Do not touch electrical equipment if you are wet or standing in water.

If you have to leave your home, remember these evacuation tips:

- Do not walk through moving water. Six inches of moving water can make you fall. If you have to walk in water, walk where the water is not moving. Use a stick to check the firmness of the ground in front of you.
- Do not drive into flooded areas. If floodwaters rise around your car, abandon the car and move to higher ground if you can do so safely. You and the vehicle can be quickly swept away.

18. After a Flood

The following are guidelines for the period following a flood:

- Listen for news reports to learn whether the community's water supply is safe to drink.
- Avoid floodwaters; water may be contaminated by oil, gasoline, or raw sewage. Water may also be electrically charged from underground or downed power lines.
- Avoid moving water.
- Be aware of areas where floodwaters have receded. Roads may have weakened and could collapse under the weight of a car.
- Stay away from downed power lines and report them to the power company.
- Return home only when authorities indicate it is safe.
- Stay out of any building if it is surrounded by floodwaters.
- Use extreme caution when entering buildings; there may be hidden damage, particularly in foundations.
- Service damaged septic tanks, cesspools, pits, and leaching systems as soon as possible. Damaged sewage systems are serious health hazards.
- Clean and disinfect everything that got wet. Mud left from floodwater can contain sewage and chemicals.

19. Thunderstorms and Lightning

Planning

Thunderstorms and lightning are frequent and dangerous for all individuals, though many people may not be aware of the high level of threat. According to FEMA, in the United States an average of 300 people are injured and 80 people are killed each year by lightning. In addition, lightning may lead to fire, tornadoes, and other related emergency situations. Because of the high level of harm they can inflict, there are several facts that are important to know:

Facts about Thunderstorms

- They may occur singly, in clusters, or in lines.
- Some of the most severe occur when a single thunderstorm affects one location for an extended time.
- Thunderstorms typically produce heavy rain for a brief period, anywhere from 30 minutes to an hour.
- Warm, humid conditions are highly favorable for thunderstorm development.
- About 10 percent of thunderstorms are classified as severe – one that produces hail at least three-quarters of an inch in diameter, has winds of 58 miles per hour or higher, or produces a tornado.

Facts about Lightning

- Lightning's unpredictability increases the risk to individuals and property.
- Lightning often strikes outside of heavy rain and may occur as far as 10 miles away from any rainfall.
- "Heat lightning" is actually lightning from a thunderstorm too far away for thunder to be heard. However, the storm may be moving in your direction!
- Most lightning deaths and injuries occur when people are caught outdoors in the summer months during the afternoon and evening.
- Your chances of being struck by lightning are estimated to be 1 in 600,000 but could be reduced by following safety precautions.
- Lightning strike victims carry no electrical charge and should be attended to immediately.

(FEMA, *Thunderstorms and Lightning*, <http://www.fema.gov/hazard/thunderstorm/index.shtm>)

For up-to-date information about thunderstorms in your area, listen to local news or use online resources. An excellent resource is the National Oceanic and Atmospheric Administration's NWS/SPC Watch, Warning, Advisory Display (<http://www.spc.noaa.gov/products/wwa/>), which provides up-to-date information about thunderstorms. A weather radio (Appendix C) will also supply up-to-date information.

If you are at risk for thunderstorms and lightning, FEMA suggests that during the Planning Phase, you remove any dead or rotting trees or branches and any other tall structures that might attract lightning. To plan effectively for thunderstorms and lightning, consider how you will include the following in your program plan:

- Postpone outdoor activities.
- Get inside a building or shelter.
- Secure outdoor objects that could blow away or cause damage.
- Shutter windows and secure outside doors. If shutters are not available, close window blinds, shades, or curtains.
- Use a corded telephone only for emergencies. Cordless and cellular telephones are safe to use.
- Unplug appliances and other electrical items, such as computers and turn off air conditioners. Power surges from lightning can cause serious damage.
- Use your battery-operated NOAA Weather Radio for updates from local officials.
- If your program offers transportation to children, find shelter on the side of the road or in a covered area (e.g., an underpass or bridge) and stay on the bus during a thunderstorm. Children are safer on the bus than outside of it.

Avoid the following:

- Natural lightning rods such as a tall, isolated tree in an open area;
- Hilltops, open fields, the beach, or a boat on the water;
- Isolated sheds or other small structures in open areas; and
- Anything metal – farm equipment, motorcycles, golf carts or clubs, and bicycles.

(Adapted from FEMA, *Are You Ready? Thunderstorms and Lightning*, <http://www.fema.gov/areyouready/thunderstorms.shtm>)

Impact

If you are:	Then:
In a forest	Seek shelter in a low area under a thick growth of small trees.
In an open area	Go to a low place such as a ravine or valley. Be alert for flash floods.
On open water	Get to land and find shelter immediately.
Anywhere you feel your hair stand on end (which indicates that lightning is about to strike)	Squat low to the ground on the balls of your feet. Place your hands over your ears and your head between your knees. Make yourself the smallest target possible and minimize your contact with the ground. DO NOT lie flat on the ground

Relief

Call 9-1-1 for medical assistance as soon as possible.

The following are things you should check when you attempt to give aid to a victim of lightning:

- *Breathing*: If breathing has stopped, begin mouth-to-mouth resuscitation.
- *Heartbeat*: If the heart has stopped, administer CPR.

- *Pulse:* If the victim has a pulse and is breathing, look for other possible injuries. Check for burns where the lightning entered and left the body. Also be alert for nervous system damage, broken bones, and loss of hearing and eyesight.

(Adapted from FEMA, *Are You Ready? Thunderstorms and Lightning*,
<http://www.fema.gov/areyouready/thunderstorms.shtm>)

20. Hurricane

Planning

“A hurricane is a type of tropical cyclone, the generic term for a low-pressure system that generally forms in the tropics. A typical cyclone is accompanied by thunderstorms, and in the Northern Hemisphere, a counterclockwise circulation of winds near the earth’s surface” (FEMA, *Are You Ready? Hurricanes*, <http://www.fema.gov/areyouready/hurricanes.shtm>). (See Appendix F)

Hurricanes are most frequent in the Gulf Coast, the Caribbean, Mexico, and the Atlantic Coast. Hurricane season typically runs June 1 – November 30. Occasionally, there are hurricanes or tropical storms that occur before or after this season, but because hurricanes are tied to specific climates, the likelihood of the occurrence is highest during this period.

The National Oceanic and Atmospheric Administration (NOAA) maintains the NWS/SPC Watch, Warning, Advisory Display (<http://www.spc.noaa.gov/products/wwa/>), which provides up-to-date information about hurricanes. If you are at risk for a hurricane, contact your landlord or local management company to make alterations to your building(s). FEMA suggests several steps for the Planning Phase:

- Make plans to secure your property. Permanent storm shutters offer the best protection for windows. A second option is to board up windows with 5/8-inch marine plywood, cut to fit and ready to install. Tape does not prevent windows from breaking.
- Install straps or additional clips to securely fasten your roof to the frame structure. This will reduce roof damage.
- Be sure trees and shrubs around your facility are well trimmed.
- Clear loose and clogged rain gutters and downspouts.
- Planning on building a safe room.

(FEMA, *Are You Ready? Hurricanes*,
<http://www.fema.gov/areyouready/hurricanes.shtm>)

When planning for a hurricane, here are some basic steps to take:

- Integrate your community’s emergency plans, warning signals, evacuation routes, and locations of emergency shelters.
- Identify potential program hazards and know how to secure or protect them before the hurricane strikes. Be prepared to turn off electrical power when there is standing water, fallen power lines, or before you evacuate. Turn off gas and water supplies before you evacuate. Secure structurally unstable building materials.
- Buy fire extinguishers and make sure staff knows where they are and how to use them.
- Locate and secure your important papers, such as insurance policies, child records, etc.
- Communicate emergency phone numbers to all members of the community.
- Inform local authorities about any special needs, i.e., elderly or bedridden people, or anyone with a disability.

Hurricane Season Resources and Readiness Tips (Appendix I)

(CDC, *Key Facts about Hurricane Readiness*,
<http://www.bt.cdc.gov/disasters/hurricanes/pdf/readiness.pdf>)

Hurricanes are categorized according to wind speed. Warnings and watches given before impact will provide one of these levels to help you make decisions during the Impact Phase. The Saffir-Simpson Hurricane Scale is important to include in any plan relating to hurricanes. It provides information about the level of hurricanes that might impact your area.

Scale Number (Category)	Sustained Winds (MPH)	Damage	Storm Surge
1	74-95	Minimal: Unanchored mobile homes, vegetation, and signs.	4-5 feet
2	96-110	Moderate: All mobile homes, roofs, small crafts, flooding.	6-8 feet
3	111-130	Extensive: Small buildings, low-lying roads cut off.	9-12 feet
4	131-155	Extreme: Roofs destroyed, trees down, roads cut off, mobile homes destroyed. Beach homes flooded.	13-18 feet
5	More than 155	Catastrophic: Most buildings destroyed. Vegetation destroyed. Major roads cut off. Homes flooded.	Greater than 18 feet

Impact

Follow these tips for what to do during a hurricane.

If a hurricane is likely in your area, you should:

- Listen to the radio or TV for information.
- Secure your building, close storm shutters, and secure outdoor objects or bring them indoors.
- Turn off utilities if instructed to do so. Otherwise, turn the refrigerator thermostat to its coldest setting and keep its doors closed to keep food safe in the event of power outage. See the "Relief" section below.
- Turn off propane tanks. Avoid using the phone, except for serious emergencies.
- Ensure a supply of water for sanitary purposes such as cleaning and flushing toilets. Fill the tubs and other large containers with water.

You should evacuate under the following conditions:

- If you are directed by local authorities to do so. Be sure to follow their instructions. If you are located in a temporary structure – such shelters are particularly
- If you are located in a high-rise building – hurricane winds are stronger at higher elevations.
- If you are located on the coast, on a floodplain, near a river, or on an inland waterway.
- If you feel you are in danger.

If you are unable to evacuate, go to your wind-safe room. If you do not have one, follow these guidelines:

- Stay indoors during the hurricane and away from windows and glass doors.
- Close all interior doors – secure and brace external doors.
- Keep windows, curtains, and blinds closed. Do not be fooled if there is a lull; it could be the eye of the storm – winds could pick up again.
- Take refuge in a small interior room, closet, or hallway on the lowest level.

- Lie on the floor under a table or another sturdy object.

FEMA, *Are You Ready? Hurricanes*, <http://www.fema.gov/areyouready/hurricanes.shtm>

Relief

Prevent illness from food

Identify and throw away food that may not be safe to eat. Throw away:

- Food that may have come in contact with flood or storm water;
- Canned foods that are bulging, opened, or damaged;
- Food that has an unusual odor, color, or texture;
- Perishable foods (including meat, poultry, fish, eggs, and leftovers) that have been above 40°F for 2 hours or more.

Thawed food that contains ice crystals or is 40°F or below can be refrozen or cooked. If cans have come in contact with floodwater or storm water, remove the labels, wash the cans, and dip them in a solution of 1 cup of bleach in 5 gallons of water. Re-label the cans with a permanent marker.

Store food safely. While the power is out, keep the refrigerator and freezer doors closed as much as possible. Add block ice or dry ice to your refrigerator if the electricity is expected to be off longer than 4 hours. Wear heavy gloves when handling ice.

For more information, see CDC, *Keep Food and Water Safe after a Disaster* (<http://emergency.cdc.gov/disasters/foodwater/>) and CDC, *Prevent Illness after a Natural Disaster* (<http://emergency.cdc.gov/disasters/disease/>).

Prevent illness from water

Listen to and follow public announcements. Local authorities will tell you if tap water is safe to drink or to use for cooking or bathing. If the water is not safe to use, follow local instructions to use bottled water or to boil or disinfect water for cooking, cleaning, or bathing.

Correctly boil or disinfect water. Hold water at a rolling boil for 1 minute to kill bacteria. If you cannot boil water, add 1/8 teaspoon (approximately 0.75 mL) of newly purchased, unscented liquid household bleach per gallon of water. Stir the water well, and let it stand for 30 minutes before you use it. You can use water-purifying tablets instead of boiling water or using bleach. For infants, use *only* pre-prepared canned baby formula. Do not use powdered formulas prepared with treated water. Disinfect children's toys that have come in contact with water. Use a solution of 1 cup of bleach in 5 gallons of water to disinfect the toys. Let toys air dry after cleaning. Some toys, such as stuffed animals and baby toys, cannot be disinfected; they should be discarded.

For more information, see CDC, *Keep Food and Water Safe after a Disaster* (<http://emergency.cdc.gov/disasters/foodwater/>) and CDC, *Prevent Illness after a Natural Disaster* (<http://emergency.cdc.gov/disasters/disease/>).

Prevent and treat other illness and injuries

Prevent carbon monoxide poisoning. Carbon monoxide is an odorless, colorless gas that is produced by many types of equipment and is poisonous to breathe. Do not use a generator, pressure washer, or other gasoline- or charcoal-burning device inside your building, basement, or garage or near a window, door, or vent. If your carbon monoxide detector sounds, leave the building immediately and call 9-1-1. Seek prompt medical attention if you suspect carbon monoxide poisoning and are feeling dizzy, light-headed, or nauseated.

For more information, see CDC, *Carbon Monoxide Poisoning After a Disaster* (<http://emergency.cdc.gov/disasters/carbonmonoxide.asp>).

Avoid floodwater and mosquitoes. Follow all warnings about water on roadways. Do not drive vehicles or heavy equipment through water. If you have to work in or near floodwater, wear a life jacket. If you are caught in an area where floodwater is rising, wear a life jacket, or use some other type of flotation device. Prevent mosquito bites by wearing long pants, socks, and long-sleeved shirts and by using insect repellents that contain DEET or Picaridin.

More information about these and other recommended repellents can be found in the CDC fact sheet *Updated Information Regarding Insect Repellents* (<http://www.cdc.gov/ncidod/dvbid/westnile/RepellentUpdates.htm>).

Avoid unstable buildings and structures. Stay away from damaged buildings or structures until they have been examined and certified as safe by a building inspector or other government authority. Leave immediately if you hear shifting or unusual noises that signal that the structure is about to fall.

Beware of wild or stray animals. Avoid wild or stray animals. Call local authorities to handle animals. Get rid of dead animals according to local guidelines.

Beware of electrical and fire hazards. NEVER touch a fallen power line. Call the power company to report fallen power lines. Avoid contact with overhead power lines during cleanup and other activities. If electrical circuits and equipment have gotten wet or are in or near water, turn off the power at the main breaker or fuse on the service panel. Do not turn the power back on until electrical equipment has been inspected by a qualified electrician. Do not burn candles near flammable items or leave the candle unattended. If possible, use flashlights or other battery-operated lights instead of candles.

Beware of hazardous materials. Wear protective clothing and gear (for example, a respirator if needed) when handling hazardous materials. Wash skin that may have come in contact with hazardous chemicals. Contact local authorities if you are not sure about how to handle or get rid of hazardous materials.

Clean up and prevent mold growth. Clean up and dry out the building quickly (within 24 to 48 hours). Open doors and windows. Use fans to dry out the building. To *prevent* mold growth, clean wet items and surfaces with detergent and water. To *remove* mold growth, wear rubber gloves, open windows and doors, and clean with a bleach solution of 1 cup of bleach in 1 gallon of water. Throw away porous items (for example, carpet and upholstered furniture) that cannot be dried quickly. Fix any leaks in roofs, walls, or plumbing.

For more information, see CDC, *Mold After a Disaster* (<http://emergency.cdc.gov/disasters/mold/>).

Pace yourself and get support. Be alert to physical and emotional exhaustion or strain. Set priorities for clean-up tasks and pace the work. Try not to work alone. Do not get exhausted. Ask your family members, friends, or professionals for support.

Prevent musculoskeletal injuries. Use teams of two or more people to move bulky objects. Avoid lifting any material that weighs more than 50 pounds (per person).

Stay cool. When it is hot, stay in air-conditioned buildings; take breaks in shaded areas or in cool rooms; drink water and nonalcoholic fluids often; wear lightweight, light-colored, loose-fitting clothing; and do outdoor activities during cooler hours.

Treat wounds. Clean out all open wounds and cuts with soap and clean water. Apply an antibiotic ointment. Contact a doctor to find out whether more treatment is needed (such as a tetanus shot). If a wound gets red, swells, or drains, seek immediate medical attention.

Wash your hands. Use soap and warm water to wash your hands. If water is not available, you can use alcohol-based products made for washing hands.

Wear protective gear for clean-up work. Wear hard hats, goggles, heavy work gloves, and watertight boots with steel toes and insoles (not just steel shank). Wear earplugs or protective headphones to reduce risk from equipment noise.

For more information, see these resources from the CDC:

Keep Food and Water Safe after a Natural Disaster (<http://emergency.cdc.gov/disasters/foodwater/>)

Prevent Illness after a Natural Disaster (<http://emergency.cdc.gov/disasters/disease/>)

National Center for Environmental Health (<http://www.cdc.gov/nceh/>)

Key Facts About Hurricane and Flood Recovery: Protect Your Health and Safety After a Hurricane or Flood (<http://emergency.cdc.gov/disasters/hurricanes/pdf/recovery.pdf>)

21. Tornado

Planning

Resulting from thunderstorms, tornadoes travel quickly through areas destroying buildings and causing fatalities. "A tornado appears as a rotating, funnel-shaped cloud that extends from a thunderstorm to the ground with whirling winds that can reach 300 miles per hour. Damage paths can be in excess of 1 mile wide and 50 miles long" (FEMA, *Tornado*, <http://www.fema.gov/hazard/tornado/index.shtm>).

Often the weather service will issue warnings and watches when tornadoes are likely. These are broadcast on local news, but also can be accessed through the National Oceanic and Atmospheric Administration's NWS/SPC Watch, Warning, Advisory Display (<http://www.spc.noaa.gov/products/wwa/>), which provides up-to-date information about tornadoes.

Preparing for Tornado Season (Appendix J)

FEMA offers these facts about tornadoes to support you throughout your preparation activities:

- They may strike quickly, with little or no warning.
- They may appear nearly transparent until dust and debris are picked up or a cloud forms in the funnel.
- The average tornado moves southwest to northeast, but tornadoes have been known to move in any direction.
- The average forward speed of a tornado is 30 miles per hour but may vary from stationary to 70 miles per hour.
- Tornadoes can accompany tropical storms and hurricanes as they move onto land.
- Waterspouts are tornadoes that form over water.
- Tornadoes are most frequently reported east of the Rocky Mountains during spring and summer months.
- Peak tornado season in the southern states is March through May; in the northern states, it is late spring through early summer.
- Tornadoes are most likely to occur between 3 and 9 p.m. but can occur at any time.

(FEMA, *Tornado*, <http://www.fema.gov/hazard/tornado/index.shtm>)

If you are at risk for a tornado, you might contact your landlord or local management company to support you in doing the following during the Planning Phase. These tips adapted from the CDC's *Key Facts about Hurricane Readiness* (<http://www.bt.cdc.gov/disasters/hurricanes/pdf/readiness.pdf>) are also applicable to tornadoes:

- Build or locate a well-constructed storm shelter (See FEMA's *Storm Shelters: Selecting Design Criteria*, http://www.fema.gov/library/file?type=publishedFile&file=ra2_storm_shelters.pdf&fileid=e2d70430-0ed4-11dc-a25e-000bdb87d5b)
- Buy a weather radio that will provide you the information you will need to make decisions in your plan.
- Integrate your community's emergency plans, warning signals, evacuation routes, and locations of emergency shelters.
- Identify potential program hazards and know how to secure or protect them before the tornado strikes. Be prepared to turn off electrical power when there is standing water, fallen power lines, or before you evacuate. Turn off gas and water supplies before you evacuate. Secure structurally unstable building materials.
- Buy fire extinguishers and make sure staff know where they are and how to use them.
- Locate and secure your important papers, such as insurance policies, child records, etc.
- Develop evacuation plans with meeting places for children, families, and staff.
- Create communication systems for sharing decisions as they are made.
- Ensure that staff is available who know CPR and First Aid.
- Ensure insurance and rebuilding plans are in place in case of any destruction.

Develop plans for safe shelter for children who may be on the bus in an emergency situation. Your local school district will be able to offer advice regarding specific procedures.

Impact

If you are under a tornado WARNING, seek shelter immediately!

If you are:	Then:
In a structure (e.g. residence, small building, school, nursing home, hospital, factory, shopping center, high-rise building)	Go to a pre-designated shelter area, such as a safe room, basement, storm cellar, or the lowest building level. If there is no basement, go to the center of an interior room on the lowest level (closet, interior hallway) away from corners, windows, doors, and outside walls. Put as many walls as possible between you and the outside. Get under a sturdy table and use your arms to protect your head and neck. Do not open windows.
In a vehicle, trailer, or mobile home	Get out immediately and go to the lowest floor of a sturdy, nearby building or a storm shelter. Mobile homes, even if tied down, offer little protection from tornadoes.

Outside with no shelter	Lie flat in a nearby ditch or depression and cover your head with your hands. Be aware of the potential for flooding. Do not get under an overpass or bridge. You are safer in a low, flat location. Never try to outrun a tornado in urban or congested areas in a car or truck. Instead, leave the vehicle immediately for safe shelter. Watch out for flying debris. Flying debris from tornadoes causes most fatalities and injuries.
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Locate the Safety Place

On the layout diagrams of your programs, locate the safest place to seek shelter if you are unable to evacuate.

(Adapted from FEMA, *Are You Ready? Tornadoes*,
<http://www.fema.gov/areyouready/tornadoes.shtm>)

Shelter Safety for Sealed Rooms

Ten square feet of floor space per person will provide sufficient air to prevent carbon dioxide build-up for up to 5 hours, assuming a normal breathing rate while resting.

However, local officials are unlikely to recommend that people shelter in a sealed room for more than 2-3 hours because the effectiveness of such sheltering diminishes with time as the contaminated outside air gradually seeps into the shelter. At this point, evacuation from the area is the better protective action to take.

Also you should ventilate the shelter when the emergency has passed to avoid breathing contaminated air still inside the shelter.

(Adapted from FEMA, *Are You Ready? Hazardous Materials Incidents*,
http://www.fema.gov/areyouready/hazardous_materials_incidents.shtm)

Relief

Injury may result from the direct impact of a tornado, or it may occur afterward when people walk among debris and enter damaged buildings. A study of injuries after a tornado in Marion, Illinois, showed that 50 percent of the tornado-related injuries were suffered during rescue attempts, clean-up, and other post-tornado activities. Nearly a third of the injuries resulted from stepping on nails. Other common causes of injury included falling objects and heavy, rolling objects. Because tornadoes often damage power lines, gas lines, or electrical systems, there is a risk of fire, electrocution, or an explosion. Protecting yourself and your family requires promptly treating any injuries suffered during the storm and using extreme care to avoid further hazards.

Injuries

Check for injuries. Do not attempt to move seriously injured people unless they are in immediate danger of further injury. Get medical assistance immediately. If someone has stopped breathing, begin CPR if you are trained to do so. Stop a bleeding injury by applying direct pressure to the wound. Have any puncture wound evaluated by a physician. If you are trapped, try to attract attention to your location.

General Safety Precautions

Here are some safety precautions that could help you avoid injury after a tornado:

- Continue to monitor your battery-powered radio or television for emergency information.
- Be careful when entering any structure that has been damaged.
- Wear sturdy shoes or boots, long sleeves, and gloves when handling or walking on or near debris.

- Be aware of hazards from exposed nails and broken glass.

Do not touch downed power lines or objects in contact with downed lines. Report electrical hazards to the police and the utility company.

- Use battery-powered lanterns, if possible, rather than candles to light homes without electrical power. If you use candles, make sure they are in safe holders away from curtains, paper, wood, or other flammable items. Never leave a candle burning when you are out of the room.
- Never use generators, pressure washers, or other gasoline, propane, natural gas, or charcoal-burning devices inside your building, basement, garage, or even outside near an open window, door, or vent. Carbon Monoxide (CO) – an odorless, colorless gas that can cause sudden illness and death if you breathe it – from these sources can build up in your home, garage, or camper and poison the people and animals inside. Seek prompt medical attention if you suspect CO poisoning and are feeling dizzy, light-headed, or nauseated.
- Hang up displaced telephone receivers that may have been knocked off by the tornado, but stay off the telephone, except to report an emergency.
- Cooperate fully with public safety officials.
- Respond to requests for volunteer assistance by police, firefighters, emergency management, and relief organizations, but do not go into damaged areas unless assistance has been requested. Your presence could hamper relief efforts, and you could endanger yourself.

Inspecting the Damage

- After a tornado, be aware of possible structural, electrical, or gas-leak hazards in your home. Contact your local city or county building inspectors for information on structural safety codes and standards. They may also offer suggestions on finding a qualified contractor to do work for you.
- In general, if you suspect any damage to your building, shut off electrical power, natural gas, and propane tanks to avoid fire, electrocution, or explosions.
- If it is dark when you are inspecting your building, use a flashlight rather than a candle or torch to avoid the risk of fire or explosion in a damaged building.
- If you see frayed wiring or sparks, or if there is an odor of something burning, you should immediately shut off the electrical system at the main circuit breaker if you have not done so already.
- If you smell gas or suspect a leak, turn off the main gas valve, open all windows, and leave the building immediately. Notify the gas company, the police or fire departments, or Tribal or state fire marshal's office, and do not turn on the lights, light matches, smoke, or do anything that could cause a spark. Do not return to your building until you are told it is safe to do so.
- After tornadoes, excess moisture and water can contribute to growth of mold in homes and other buildings. Learn to protect yourself from mold. See the CDC's *Protect Yourself from Mold* (<http://emergency.cdc.gov/disasters/mold/protect.asp>).

Safety During Clean-Up

- Wear sturdy shoes or boots, long sleeves, and gloves.

Learn proper safety procedures and operating instructions before operating any gas-powered or electric-powered saws or tools.

- Clean up spilled medicines, drugs, flammable liquids, and other potentially hazardous materials.

Children's Needs

After a tornado, children may be afraid that the storm will come back, and they will be injured or left alone. Children may even interpret disasters as punishment for real or imagined misdeeds. Explain that a tornado is a natural event.

Children will be less likely to experience prolonged fear or anxiety if they know what to expect after a tornado. Here are some suggestions:

- Talk about your own experiences with severe storms or read aloud a book about tornadoes.

- Encourage your child to express feelings of fear. Listen carefully and show understanding.
- Offer reassurance. Tell your child that the situation is not permanent and provide physical reassurance through time spent together and displays of affection.
- Include children in simple and supervised clean-up activities. It is comforting to children to watch the center begin to return to normal and to have a job to do.

NOTE: Symptoms of anxiety may not appear for weeks or even months after a tornado; they can affect people of any age. If anxiety disrupts daily activities for any member of your family or staff, seek professional assistance through a school counselor, community religious organization, your physician, or a licensed professional. Mental health services should be readily available through Head Start services.

(Adapted from CDC, *After a Tornado*,
<http://emergency.cdc.gov/disasters/tornadoes/after.asp>)

22. Technical Hazards

Chemical spills and accidents associated with chemicals used by your program present the possibility of technical hazards for your program. Children and adults may be harmed by inhaling, touching, or tasting dangerous chemicals in the environment. Specifically, there are two particular types of technical hazards that may present concern for your program.

- Center-Based Chemical Emergency
- Hazardous Materials Incident

* **National poison control center at 1 (800) 222-1222.**

23. Center-Based Chemical Emergency

Planning

Your program maintains a collection of supplies that may present dangerous effects if used or ingested improperly. They include:

Cleaning Products	Indoor Pesticides	Lawn and Garden Products
<ul style="list-style-type: none"> • Wood and metal cleaners and polishes • Toilet cleaners • Tub, tile, shower cleaners • Bleach (laundry) 	<ul style="list-style-type: none"> • Ant sprays and baits • Cockroach sprays and baits • Flea repellents and shampoo • Bug sprays • Houseplant insecticides • Mouse/ rat poisons and baits 	<ul style="list-style-type: none"> • Herbicides • Insecticides • Fungicides/wood preservatives
Miscellaneous	Other Flammable Products	
<ul style="list-style-type: none"> • Batteries • Mercury thermostats or thermometers • Fluorescent light bulbs 	<ul style="list-style-type: none"> • Propane tanks and other compressed gas cylinders • Kerosene • Home heating oil • Diesel fuel • Gas/oil mix 	

FEMA, *Are You Ready? Household Chemical Emergencies*,
http://www.fema.gov/areyouready/household_chemical_emergencies.shtm)

If you are at risk for center-based chemical emergencies, FEMA suggests that during the Planning Phase, you consider the following:

Guidelines for buying and storing hazardous chemicals safely:

- Buy only as much of a chemical as you think you will use.
- Keep products containing hazardous materials in their original containers and never remove the labels unless the container is corroding. Corroding containers should be repackaged and clearly labeled.
- Never store hazardous products in food containers.
- Never mix center-based hazardous chemicals or waste with other products. Incompatibles, such as chlorine bleach and ammonia, may react, ignite, or explode.

Learn to recognize the symptoms of toxic poisoning:

- Difficulty breathing
- Irritation of the eyes, skin, throat, or respiratory tract
- Changes in skin color
- Headache or blurred vision
- Dizziness
- Clumsiness or lack of coordination
- Cramps or diarrhea

Be prepared to seek medical assistance:

- Post the number of the emergency medical services and the poison control center by all telephones. In an emergency situation, you may not have time to look up critical phone numbers. The National Poison Control Number is (800) 222-1222.
- Have an eye wash kit and other First Aid supplies for chemical emergencies readily available.
- Have family contact numbers available to inform parents of the situation and the steps taken to remedy.

(FEMA, *Are You Ready? Household Chemical Emergencies*,
http://www.fema.gov/areyouready/household_chemical_emergencies.shtm)

If your program is threatened by a center-based chemical emergency:

- Provide contact information for poison control in all rooms of your facility.
(<http://www.aapcc.org/dnn/Resources/FindLocalPoisonCenters/tabcid/130/Default.aspx>)
- Collaborate with local health department representatives to ensure plans include their suggestions.
- Develop phone protocols for informing families of accidents.

In addition, the Occupational Safety & Health Administration maintains specific regulations regarding the storage of chemicals within your program, (Part 1910 Subpart H,
http://www.osha.gov/pls/oshaweb/owastand.display_standard_group?p_toc_level=1&p_part_number=1910).

Impact

If your program is experiencing a center-based chemical emergency:

- If there is a danger of fire or explosion:
 - Get out of the building immediately. Collect your conveniently located portable records and disaster supply kits, then evacuate to a safe distance. Call the fire department from outside after the children, staff, and any other adults are safely away from danger.
 - Stay upwind and away from the building to avoid breathing toxic fumes.
- If someone has been exposed to a center-based chemical:
 - Find any containers of the substance that are readily available in order to provide requested information. Call emergency medical services.

Follow the emergency operator or dispatcher's First Aid instructions carefully. The First Aid advice found on containers may be out-of-date or inappropriate. Do not give anything by mouth unless advised to do so by a medical professional.

- Discard clothing that may have been contaminated. Some chemicals may not wash out completely.

(Adapted from FEMA, *Are You Ready? Household Chemical Emergencies*, http://www.fema.gov/areyouready/household_chemical_emergencies.shtm).

Relief

After your program has been affected by a center-based chemical emergency, consider the following:

- Maintain contact with local health department representatives to learn appropriate actions.
- Monitor health needs of any injured individuals.
- Provide new clothes or recommended foods to injured individuals.

If a fire results, follow protocols for fire relief. See the Relief section under "Fire".

24. Hazardous Materials Incident

Planning

Chemical accidents and spills can occur in a chemical plant, gas station, hospital, farm that uses chemicals, or route used by trucks transporting chemicals.

"Hazards can occur during production, storage, transportation, use, or disposal. You and your community are at risk if a chemical is used unsafely or released in harmful amounts into the environment where you live, work, or play" (FEMA, *Are You Ready? Hazardous Materials Incidents*, http://www.fema.gov/areyouready/hazardous_materials_incidents.shtm).

If you are at risk for hazardous materials incidents, FEMA suggests that during the Planning Phase, you add the following supplies to your disaster kit:

- Plastic sheeting
- Duct tape
- Scissors

In addition, you should contact your "Local Emergency Planning Committees (LEPCs), whose responsibilities include collecting information about hazardous materials in the community and making this information available to the public upon request. The LEPCs also are tasked with developing an emergency plan to prepare for and respond to chemical emergencies in the community, ways the public will be notified, and actions that the public must take in the event of a release are part of the plan. Contact the LEPCs to find out more about chemical hazards and what needs to be done to minimize the risk to individuals and the community from these materials. The local emergency management office can provide contact information on the LEPCs" (FEMA, *Are You Ready? Hazardous Materials Incidents*, http://www.fema.gov/areyouready/hazardous_materials_incidents.shtm).

Through conversations with local companies producing hazardous materials, your planning team can determine the level of danger and actions you can take to diminish damage that might occur. Your local health department can also support you in determining dangers due to proximity, amount of distance you will need to evacuate, and measures your program can take to minimize the effects of an incident.

If your program is threatened by a hazardous materials incident: (See Appendix G)

- Contact local health department representatives for suggestions regarding planning.
- Coordinate evacuation sites if the incident directly effects your building.
- Review disaster supply kits to ensure materials are complete (including plastic sheeting, duct tape, and scissors).

Impact

If your program is experiencing a hazardous materials incident:

- Listen to local radio or television stations for detailed information and instructions. Follow the instructions carefully.

Stay away from the area to minimize the risk of contamination.

- Remember that some toxic chemicals are odorless.

If you are:	Then:
Asked to evacuate	<ul style="list-style-type: none">• Do so immediately.
Caught outside	<ul style="list-style-type: none">• Stay upstream, uphill, and upwind! In general, try to go at least one-half mile (usually 8-10 city blocks) from the danger area. Do not walk into or touch any spilled liquids, airborne mists, or condensed solid chemical deposits.
Requested to stay indoors	<ul style="list-style-type: none">• Close and lock all exterior doors and windows. Close vents, fireplace dampers, and as many interior doors as possible.• Turn off air conditioners and ventilation systems. In large buildings, set ventilation systems to 100 percent recirculation so that no outside air is drawn into the building. If this is not possible, ventilation systems should be turned off.• Go into the pre-selected shelter room. This room should be above ground and have the fewest openings to the outside.• Seal the room by covering each window, door, and vent using plastic sheeting and duct tape.• Use material to fill cracks and holes in the room, such as those around pipes.

Shelter Safety for Sealed Rooms

Ten square feet of floor space per person will provide sufficient air to prevent carbon dioxide build-up for up to 5 hours, assuming a normal breathing rate while resting.

However, local officials are unlikely to recommend that people shelter in a sealed room for more than 2-3 hours because the effectiveness of such sheltering diminishes with time, as the contaminated outside air gradually seeps into the shelter. At this point, evacuation from the area is the better protective action to take.

Also you should ventilate the shelter when the emergency has passed to avoid breathing contaminated air still inside the shelter.

Relief

After a Hazardous Materials Incident

The following are guidelines for the period following a hazardous materials incident:

- Return to the building only when authorities say it is safe. Open windows and vents and turn on fans to provide ventilation.
- Act quickly if you have come into contact with or have been exposed to hazardous chemicals. Do the following:
- Follow decontamination instructions from local authorities. You may be advised to take a thorough shower or wash individuals off in sinks or using hoses, or you may be advised to stay away from water and follow another procedure.
- Seek medical treatment for unusual symptoms as soon as possible.
- Place exposed clothing and shoes in tightly sealed containers. Do not allow them to contact other materials. Call local authorities to find out about proper disposal.
- Advise everyone who comes in to contact with you that you may have been exposed to a toxic substance.
- Find out from local authorities how to clean up your land and property.
- Report any lingering vapors or other hazards to your local emergency services office.

(Adapted from FEMA, *Are You Ready? Hazardous Materials Incidents*,
http://www.fema.gov/areyouready/hazardous_materials_incidents.shtm)

25. Random Acts of Violence and Terrorism

With a rise in school shootings, community violence, and terrorist acts in our country, more individuals have turned their attention to preparing for these kinds of emergencies. FEMA defines terrorism as “the use of force or violence against persons or property in violation of the criminal laws of the United States for purposes of intimidation, coercion, or ransom” (FEMA, *Are You Ready General Information about Terrorism*,
http://www.fema.gov/areyouready/terrorism_general_info.shtm).

The American Psychological Association defines random acts of violence as “immediate or chronic situations that result in injury to the psychological, social, or physical well-being of individuals or groups” (APA Commission on Violence and Youth, *Violence & Youth*,
<http://www.apa.org/pi/violence&youth.pdf>).

Nearly impossible to predict, these types of emergencies cause programs to struggle in different ways to cope with the fear and grief that can result. They include three specific kinds of emergencies that might occur within your community or program:

- Community Violence
- Family Violence
- Terrorism
- Shooter Situation

A. Community Violence

Planning

Your Head Start program may be in a location experiencing recurring community violence, including homicides, armed robberies, sexual assaults, or gang-related violence. Community violence can present an emergency situation that you should prepare to handle. The best resources to determine the likelihood that you will have to deal with community violence are local crime statistics and interviews with local health department representatives who are responsible for supporting emergency preparedness efforts and are aware of first responder needs and information. Local health departments have a very clear picture of the frequency, type, and result of these kinds of these emergencies. They may also be able to let you know how close these events are to your program and how they might affect you.

After assessing your risk for community violence during the Planning Phase, the National Center for Post-Traumatic Stress Disorder suggests that you prepare by providing conflict resolution training for staff and family members within your community. Whether violence is experienced within or beyond the immediate circle of your program's staff, families, and neighbors, you should be prepared to coordinate appropriate mental health resources for children, families, and staff in your program. In addition, create safe and comfortable areas within your program to shelter-in-place if an immediate threat of violence occurs. See Safe Spaces (Appendix C).

If you are planning for a possible incident of community violence, consider developing violence prevention programs in collaboration with other community partners.

In addition:

- Provide safe spaces for children to take shelter from violence.
- Discuss violence in safe community organized meetings.
- Work with local law enforcement to take their recommended precautions to community violence.

Impact

If you are experiencing community violence, take the following precautions:

- Contact local law enforcement immediately.
- Take shelter from shooting or other violence in a safe space or shelter. See Emergency Lockdown/Intruder Alert Procedure (Appendix C).
- Offer comfort through play or conversation to children and families.
- Consider the mental health needs of young children. See Helping Children Cope with Disaster (Appendix C)

Relief

If you experienced community violence, take the following precautions:

- Ensure that anyone who was injured is receiving the necessary health care.
- Maintain contact with local law enforcement to understand the nature and purpose of the violence.
- Offer mental health support to children, families, and staff.

“Some progress has been made in developing violence prevention programs. The current focus for these programs is gang prevention and conflict resolution skill building for high-risk youths. However, violence prevention programs appear to be more effective if children are engaged early (beginning before age 6) and the program includes intervention in children's home and school social environments. Programs should also continue to make specific efforts to reduce obvious high-risk behaviors among adolescents, such as gang involvement, heavy drinking, and carrying handguns” (National Center for Post Traumatic Stress Disorder, Community Violence, http://www.ncptsd.va.gov/ncmain/ncdocs/fact_shts/fs_comm_violence.html).

B. Family Violence

Planning

Programs may also experience the effects of family violence. Family violence involves domestic violence and abuse affecting adults and children within the family structure. You may see specific physical, emotional, and social symptoms that affect child or adult interaction.

The *Training Guides for the Head Start Learning Community* include excellent resources that can be used during the Planning Phase to determine whether families in your program are experiencing family violence. The *Training Guides* can be found online at the Early Childhood Learning and Knowledge Center (ECLKC).

- *Assessing Family Crisis:* This resource provides information to help you determine the likelihood of this emergency situation, as well as some basic tools you can use to reduce effects.
(http://eclkc.ohs.acf.hhs.gov/hslc/Family%20and%20Community%20Partnerships/Crisis%20Support/Family%20Support/famcom_fts_009542_091705.html)
- *Dealing with Potentially Dangerous Situations:* With violence and other dangers escalating in the streets, in the workplace and in the home, the issue of family and staff safety is one of mounting concern today. This fact/tip sheet examines the issue of staff and family safety on a number of levels: risk assessment, the protection of family members, staff self-protective strategies, and program safety measures. This fact/tip sheet prepares staff to assess fight and flight defenses and provides strategies for dealing with threatening behaviors.
(http://eclkc.ohs.acf.hhs.gov/hslc/Family%20and%20Community%20Partnerships/Crisis%20Support/Family%20Support/famcom_fts_009546_091705.html)

In addition, programs can:

- Provide safe environments for children.
- Work with local law enforcement and child protective services to plan for their recommended precautions to family violence.

Impact

If families in your program are experiencing family violence, take the following precautions:

- Contact local law enforcement or Child Protective Services (CPS) immediately.
- Collect information for CPS.
- Offer comfort through play or conversation to children and families.
- Consider the mental health needs of young children. See *Helping Children Cope with Disaster* (Appendix C).

Relief

If families in your program experienced family violence, take the following precautions:

- Maintain contact with local law enforcement or CPS.
- Continue to collect information for CPS.
- Support mental health needs of children, families, and staff.

C. Terrorism

Planning

Terrorism is any attack to cause fear in the community and comes in several forms. FEMA categorizes terrorist attacks as explosions, biological threats, and chemical threats.

- *Explosions* include bombings and may be preceded by a bomb threat allowing you time to react.
- *Biological threats* include any attempt to spread disease, such as food and water contamination, person-to-person or animal contact, and powders/aerosols/pill contamination. If found early, there are actions that your program can take to reduce or prevent risk. Yet, generally warnings do not occur until infection begins in an individual or a small group of individuals.
- *Chemical threats* include poisonous liquids, solids, and gases that have toxic effects on individuals. They also may not be discovered until an individual or a small group of individuals have been affected, but once discovered can be cleaned to reduce or prevent further effects.

It is difficult to determine the possibility of terrorist attack in your community, but the Federal government has created a national warning system to assist you in making decisions. The Homeland Security Advisory System

(http://www.fema.gov/areyouready/homeland_security_advisory_system.shtm) provides a quick picture of the level of threat likely in your community. Local news and cable channels are able to update you on the current security level. To find the national level, go to the Department of Homeland Security's Web site (<http://www.dhs.gov/index.shtm>).

If you are at risk for terrorism, FEMA suggests that during the Planning Phase, you:

- Develop a comprehensive evacuation or lockdown plan. See Emergency Lockdown/Intruder Alert Procedure (Appendix C) for an example of a lockdown plan.
- Be prepared to do without services you normally depend on – electricity, telephone, natural gas, and Internet.
- Work with building owners to ensure the following items are located on each floor of the building:
 - Portable, battery-operated radio and extra batteries
 - Several flashlights and extra batteries
 - First Aid kit and manual
 - Hard hats, masks, and gloves
 - Fluorescent tape to rope off dangerous areas

If your program is threatened by terrorism such as an explosion, biological threat, or chemical threat, consider the following:

Explosions:

Conventional bombs have been used to damage and destroy financial, political, social, and religious institutions. Attacks have occurred in public places and on city streets around the world, with thousands of people injured and killed.

Parcels that should make you suspicious:

- Are unexpected or from someone unfamiliar to you;
- Have no return address, or have one that cannot be verified as legitimate;
- Are marked with restrictive endorsements such as "Personal," "Confidential," or "Do not X-ray,"
- Have protruding wires or aluminum foil, strange odors, or stains;
- Show a city or state in the postmark that doesn't match the return address;
- Are of unusual weight given their size, or are lopsided or oddly shaped;
- Are marked with threatening language;
- Have inappropriate or unusual labeling;
- Have excessive postage or packaging material, such as masking tape and string;

- Have misspellings of common words;
- Are addressed to someone no longer with your organization or are otherwise outdated;
- Have incorrect titles or titles without a name;
- Are not addressed to a specific person; and
- Have hand-written or poorly typed addresses.

If you receive a telephoned bomb threat, you should do the following:

- Get as much information from the caller as possible.
- Keep the caller on the line and record everything that is said.
- Notify the police and the building management.

(FEMA, *Are You Ready? Explosions*,
<http://www.fema.gov/areyouready/explosions.shtm>)

Biological Threats

If you receive a telephoned bomb (biological) threat, you should do the following:

- Check with children's parents or their records to ensure that all required or suggested immunizations are up-to-date. Children and older adults are particularly vulnerable to biological agents.
- Consider installing a High Efficiency Particulate Air (HEPA) filter in your furnace return duct. These filters remove particles in the 0.3 to 10 micron range and will filter out most biological agents that may enter your building. If you do not have a central heating or cooling system, a stand-alone portable HEPA filter can be used.

(FEMA, *Are You Ready? Biological Threats*,
http://www.fema.gov/areyouready/biological_threats.shtm)

Filtration in Buildings

Building owners and managers should determine the type and level of filtration in their structures and the level of protection it provides against biological agents. The National Institute of Occupational Safety and Health (NIOSH) provides technical guidance on this topic in its publication, *Guidance for Filtration and Air-Cleaning Systems to Protect Building Environments from Airborne Chemical, Biological, or Radiological Attacks*. To obtain a copy, call 1-800-CDC-INFO (1-800-232-4636) or visit (<http://www.cdc.gov/niosh/docs/2003-136/>).

Chemical Threats

To prepare for a possible chemical threat, check your disaster supply kit to make sure that it includes:

- A roll of duct tape and scissors.
- Plastic for doors, windows, and vents for the room in which you will shelter-in-place. To save critical time during an emergency, pre-measure and cut the plastic sheeting for each opening.
- Choose an internal room to shelter, preferably one without windows and on the highest level.

(FEMA, *Are You Ready? Chemical Threats*,
http://www.fema.gov/areyouready/chemical_threats.shtm)

Shelter Safety for Sealed Rooms

Ten square feet of floor space per person will provide sufficient air to prevent carbon dioxide build-up for up to 5 hours, assuming a normal breathing rate while resting. However, local officials are unlikely to recommend that people shelter in a sealed room for more than 2-3 hours because the effectiveness of such sheltering diminishes with time as the contaminated outside air gradually seeps into the shelter. At this point, evacuation from the area is the better protective action to take. Also you should ventilate the shelter when the emergency has passed to avoid breathing contaminated air still inside the shelter.

(Adapted from FEMA, *Are You Ready? Hazardous Materials Incidents*,
http://www.fema.gov/areyouready/hazardous_materials_incidents.shtm)

Impact

Consider the following if your program is experiencing a terrorist attack such as an explosion, biological threat, or chemical threat.

During an Explosion

If there is an explosion, you should:

- Get under a sturdy table or desk if things are falling around you. When they stop falling, leave quickly, watching for obviously weakened floors and stairways. As you exit from the building, be especially watchful of falling debris.
- Leave the building as quickly as possible. Do not stop to retrieve personal possessions or make phone calls.
- Do not use elevators.

Once you are out:

- Do not stand in front of windows, glass doors, or other potentially hazardous areas.
- Move away from sidewalks or streets to be used by emergency officials or others still exiting the building.
-

If you are trapped in debris:

- If possible, use a flashlight to signal your location to rescuers.
- Avoid unnecessary movement so you don't kick up dust.
- Cover your nose and mouth with anything you have on hand. (Dense-weave cotton material can act as a good filter. Try to breathe through the material.)
- Tap on a pipe or wall so rescuers can hear where you are.
- If possible, use a whistle to signal rescuers.
- Shout only as a last resort. Shouting can cause you to inhale dangerous amounts of dust.

(FEMA, *Are You Ready? Explosions*, <http://www.fema.gov/areyouready/explosions.shtm>)

During a Biological Attack

In the event of a biological attack, public health officials may not immediately be able to provide information on what you should do. It will take time to determine what the illness is, how it should be treated, and who is in danger. Watch television, listen to radio, or check the Internet for official news and information, including signs and symptoms of the illness, areas in danger, if medications or vaccinations are being distributed, and where you should seek medical attention if you become ill.

The first evidence of an attack may be when you notice symptoms caused by exposure to an agent. Be suspicious of any symptoms you notice, but do not assume that any illness is a result of the attack. Use common sense and practice good hygiene.

If you become aware of an unusual and suspicious substance nearby:

- Move away quickly.
- Wash with soap and water.
- Contact authorities.
- Listen to the media for official instructions.
- Seek medical attention if you become sick.

If you are exposed to a biological agent:

- Remove and bag your clothes and personal items. Follow official instructions for disposal of contaminated items.
- Wash yourself with soap and water and put on clean clothes.
- Seek medical assistance. You may be advised to stay away from others or even be quarantined.

Using HEPA Filters

HEPA filters are useful in biological attacks. If you have a central heating and cooling system with a HEPA filter in your building, leave it on if it is running or turn the fan on if it is not running. Moving the air in the building through the filter will help remove the agents from the air. If you have a portable HEPA filter, take it with you to the internal room where you are

seeking shelter and turn it on. If you are in an apartment or office building that has a modern, central heating and cooling system, the system's filtration should provide a relatively safe level of protection from outside biological contaminants. HEPA filters will not filter chemical agents. (FEMA, *Are You Ready? Biological Threats*, http://www.fema.gov/areyouready/biological_threats.shtm)

During a Chemical Attack

The following are guidelines for what you should do in a chemical attack.

If you are instructed to remain in your home or office building, you should:

- Close doors and windows and turn off all ventilation, including furnaces, air conditioners, vents, and fans.
- Seek shelter in an internal room and take your disaster supply kit.
- Seal the room with duct tape and plastic sheeting.
- Listen to your radio for instructions from authorities.

If you are caught in or near a contaminated area, you should:

- Move away immediately in a direction upwind of the source.
- Find shelter as quickly as possible

(FEMA, *Are You Ready? Chemical Threats*,

http://www.fema.gov/areyouready/chemical_threats.shtm)

Relief

Consider the following if you have experienced a terrorist attack:

After an Explosion Several actions you can take are:

- Maintain contact with first responders regarding any injuries that result from the incident.
- Maintain contact with first responders and building engineers to determine the status of facilities.
- Work with community partners to provide all individuals affected with the resources they need.

After a Biological Attack

In some situations, such as the case of the anthrax letters sent in 2001, people may be alerted to potential exposure. If this is the case, pay close attention to all official warnings and instructions on how to proceed. The delivery of medical services for a biological event may be handled differently to respond to increased demand. The basic public health procedures and medical protocols for handling exposure to biological agents are the same as for any infectious disease. It is important for you to pay attention to official instructions via radio, television, and emergency alert systems.

(FEMA, *Are You Ready? Biological Threats*,

http://www.fema.gov/areyouready/biological_threats.shtm)

After a Chemical Attack

Decontamination is needed within minutes of exposure to minimize health consequences. Do not leave the safety of a shelter to go outdoors to help others until authorities announce that it is safe to do so. A person affected by a chemical agent requires immediate medical attention from a professional. If medical help is not immediately available, decontaminate yourself and assist in decontaminating others.

Decontamination guidelines are as follows:

- Use extreme caution when helping others who have been exposed to chemical agents.
- Remove all clothing and other items in contact with the body. Contaminated clothing normally removed over the head should be cut off to avoid contact with the eyes, nose, and mouth. Put contaminated clothing and items into a plastic bag and seal it.

- Decontaminate hands using soap and water. Remove eyeglasses or contact lenses. Put glasses in a pan of household bleach to decontaminate them, and then rinse and dry.
- Flush eyes with water.
- Gently wash face and hair with soap and water before thoroughly rinsing with water.
- Decontaminate other body areas likely to have been contaminated. Blot (do not swab or scrape) with a cloth soaked in soapy water and rinse with clear water.
- Change into uncontaminated clothes. Clothing stored in drawers or closets is likely to be uncontaminated.
- Proceed to a medical facility for screening and professional treatment.

(FEMA, *Are You Ready? Chemical Threats*,
http://www.fema.gov/areyouready/chemical_threats.shtm)

For all of the above, provide mental health services immediately to those affected.

D. Shooter Situation

PROFILE OF AN ACTIVE SHOOTER

- An active shooter is an individual engaged in killing or attempting to kill people in a confined and populated area, typically using firearms.

CHARACTERISTICS OF AN ACTIVE SHOOTER SITUATION

- Victims are selected at random
- The event is unpredictable and evolves quickly
- Law enforcement is usually required to end an active shooter situation

COPING WITH AN ACTIVE SHOOTER

- Be aware of your environment and any possible dangers
- Take note of the two nearest exits in any facility you visit
- If you are in an office, stay there and secure the door
- Attempt to take the active shooter down as a last resort

HOW TO RESPOND (<https://www.youtube.com/watch?v=5VcSwejU2D0>)

A. RUN

- Have an escape route and plan in mind
- Leave your belongings behind keep your hands visible

B. HIDE

- Hide in an area out of the shooter's view
- Block entry to your hiding place and lock the doors
- Silence your cell phone and/or pager

C. FIGHT

- As a last resort and only when your life is in imminent danger
- Attempt to incapacitate the shooter
- Act with physical aggression and throw items at the active shooter
- CALL 911 WHEN IT IS SAFE TO DO SO
- Remain calm and follow instructions
- Put down any items in your hands (i.e., bags, jackets)
- Raise hands and spread fingers
- Keep hands visible at all times
- Avoid quick movements towards officers such as holding on them for safety
- Avoid pointing screaming or yelling
- Do not stop to ask officers for help or direction when evacuating

INFORMATION YOU SHOULD PROVIDE TO LAW ENFORCEMENT OR 911 OPERATOR

- Location of the active shooter
- Number of shooters
- Physical description of shooters
- Number and type of weapons held by shooters
- Number of potential victims at the location

U.S. Department of Homeland Security. Contact your building management or human resources department for more information and training on active shooter response in your workplace.

26. Emergency Procedures for Child Care Food Program

Children's needs must be met during times of crisis. Child Care Food Program (CCFP) operations should continue in operation if a hurricane or other emergency situations occur. **(See Appendix K)**

Child Care Food Program provides the following procedures for emergencies:

Providing Food Service During Emergencies

In the event of a natural or man-made emergency, the following recommendations can help you protect the safety of food and water at your child care facility.

Things to consider before an emergency:

- Store at least a three-day supply of non-perishable food (avoid foods that will make you thirsty like salted nuts and pretzels).
- Always freeze refrigerated foods that you may not need immediately.
- Freeze containers of water for ice to help keep food cold in the freezer, refrigerator and coolers.
- Group food together in the freezer – food will stay colder longer.
- Know where to obtain dry or regular ice.
- Know how to use dry ice properly.
- Use refrigerated foods first, then frozen, then fresh/non-perishable. • Be sure to have enough water on hand for drinking, cooking, etc.

1. How long will the foods in the refrigerator and freezer be safe after the power goes off?

Refrigerator (41° F or below)

- Refrigerated foods can be kept safe for about 4 hours if refrigerator door remains closed. Remember you can't rely on appearance and odor.
- Always use an appliance thermometer.

Freezer (0° F or below)

- If door remains closed, frozen foods can be kept safe for about 48 hours if freezer is full – 24 hours if half full.
- Always use an appliance thermometer.

2. Can I refreeze foods that are partially or completely thawed?

If the appliance thermometer stored in the freezer reads 40° or below when the power comes back on, the food is safe and may be refrozen. Partial thawing and refreezing may reduce the **quality of some food**.

3. What is dry ice and how is it used?

- Dry ice is the solid form of the gas carbon dioxide (CO₂). Dry ice has a lower temperature than regular ice (frozen water). Dry ice is extremely cold (-109.3°F or -78.5°C).
- When using dry ice, handle with care. Use gloves, an oven mitt, or a folded towel as dry ice can burn the skin. Avoid breathing the gas.
- Do not eat dry ice.
- If using dry ice, 25 pounds of dry ice will keep a ten-cubic foot freezer below freezing for 3-4 days.

4. What are a few non-perishable (commercially canned or pre-packaged) foods that are cooked and can be eaten safely?

Meat/meat alternates

- Variety of canned and/or fresh pack meats such as tuna, chicken (choose low sodium)
- Beans
- Peanut butter
- Ravioli (look for product with Child Nutrition (CN) label)

Fruits

- Variety of canned and/or single serve fruits (choose fruits packed in original juice or light syrup)
- Variety of fruit juices (100% juice, pasteurized, vitamin C fortified) – cans, boxes, bottles
- Dried fruits

Vegetables

- Variety of canned vegetables (choose low sodium)
- Vegetable juices, e.g., V8

Grain/breads

- Soft tortillas
- Sandwich bread (extra can be kept on hand in freezer)
- Canned noodles in sauce
- Crackers (choose whole grain products)
- Ready-to-eat cereals (choose cereals with 10 grams or less sugar per serving)
- Ready-to-eat granola/cereal bars and toaster pastries

Milk

- Milk, Nonfat dry
- Ultra-High Temperature (UHT box milk)

Water

- Bottled or
- Boiled

Food for infants

- A variety of ready-to-eat infant foods

- Milk based and soy-based iron-fortified infant formulas

Other foods

- Mayonnaise or salad dressing condiment packets to mix with canned meats for immediate use.
- Sugar, jelly, salt, pepper

5. What are some non-food supplies I may need to store?

Disposable meal service products – plates, utensils, napkins, cups

- Trash bags
- Hand sanitizer
- Paper towels
- Bleach
- Disinfectant wipes

6. What types of alternative cooking methods can be used if the power is out? •

Fireplace

- Outdoor grill
- Fuel-burning camp stove or charcoal burners
- Wood burning stoves
- Alternative cooking methods must be used with appropriate caution. Use extreme care when using open flames.
- Reduce the risk of fire or carbon monoxide poisoning, do not use equipment intended for outdoor cooking inside. For example, outdoor grill, fuel burning camp stoves or charcoal burners should never be used indoors.
- Use meat thermometer to ensure that food reaches a safe internal temperature

7. What are some easy sample menus?

Breakfast Ideas

- Ready-to-eat cereal, juice or canned fruit, milk (fresh if available, then reconstituted dry or UHT)
- Granola/cereal bar, juice or canned fruit, milk (fresh if available, then reconstituted dry or UHT)
- Toaster pastry, juice or canned fruit, milk (fresh if available, then reconstituted dry or UHT)

Lunch Ideas

- Tuna salad sandwich, canned peaches, apple juice, milk (fresh if available, then reconstituted dry or UHT)
- Soft tortilla, refried beans, corn, pineapple tidbits, milk (fresh if available, then reconstituted dry or UHT)
- Canned noodles in sauce with beans, pears, green beans, milk (fresh if available, then reconstituted dry or UHT)

Snack Ideas

- Crackers and oranges or grape-juice
- Cookies and pears
- Peanut butter crackers and orange juice

8. Water:

One gallon of water per person per day is recommended. Should individuals be put on a boil water notice, the Florida Department of Health (DOH) advises taking precautions against contaminated water, especially individuals with private wells.

DOH recommends one of the following when a boil water notice is issued:

- Use bottled water for drinking, or;
- Boil the water before drinking, holding it in a rolling boil for one minute; or
- Disinfect it by adding 8 drops of plain unscented household bleach per gallon of water, and then let it stand for 30 minutes. If the water is cloudy after 30 minutes, repeat the procedure.

9. Where can I find more information on how to prepare for emergencies?

Visit the Florida Division of Emergency Management website.

Florida Disaster, for information and customized emergency plans that you can print out and save for future emergencies. Your plan will include steps you can take to save time and money in preparing your business for an emergency or disaster.

- Visit USDA Food Safety and Inspection Services, "Fact Sheets" for Emergency Preparedness information in both English and Spanish.
- Visit DOH web page, Emergency Preparedness & Response for general information on emergency situations. · On the same web page, there are also child care center specific information under Community Preparedness, titled Community Planners and Child Care Partners.
- On the Prepare Yourself web page, there are specific information for Children's Disaster Preparedness, which provided tools and resources to assist families, community planners, schools and health care professionals.
- Information on emergency response during hurricane and severe weather are available on DOH website, under Prepare Yourself, Current Hazards.

For more information, see DOH web page, Flooded Well Emergency Information.5.

http://www.floridahealth.gov/programs-and-services/childrens-health/child-care-food-program/food-safety/_documents/emergency-food-service.pdf

27. Easing Disaster-Related Stress

The following are ways to ease disaster-related stress:

Talk with someone about your feelings - anger, sorrow, and other emotions - even though it may be difficult.

- Seek help from professional counselors who deal with post-disaster stress.
- Do not hold yourself responsible for the disastrous event or be frustrated because you feel you cannot help directly in the rescue work.
- Take steps to promote your own physical and emotional healing by healthy eating, rest, exercise, relaxation, and meditation.
- Maintain a normal family and daily routine, limiting demanding responsibilities on yourself and your family.
- Spend time with family and friends.
- Participate in memorials.
- Use existing support groups of family, friends, and religious institutions.

- Ensure you are ready for future events by restocking your disaster supplies kits and updating your family disaster plan. Doing these positive actions can be comforting.

A Child's Reaction to Disaster by Age

Below are common reactions in children after a disaster or traumatic event.

Birth through 2 years. When children are pre-verbal and experience a trauma, they do not have the words to describe the event or their feelings. However, they can retain memories of particular sights, sounds, or smells. Infants may react to trauma by being irritable, crying more than usual, or wanting to be held and cuddled. The biggest influence on children of this age is how their parents cope. As children get older, their play may involve acting out elements of the traumatic event that occurred several years in the past and was seemingly forgotten.

Preschool - 3 through 6 years. Preschool children often feel helpless and powerless in the face of an overwhelming event. Because of their age and small size, they lack the ability to protect themselves or others. As a result, they feel intense fear and insecurity about being separated from caregivers. Preschoolers cannot grasp the concept of permanent loss. They can see consequences as being reversible or permanent. In the weeks following a traumatic event, preschoolers' play activities may reenact the incident or the disaster over and over again.

Reassuring Children After a Disaster

Suggestions to help reassure children include the following:

- Personal contact is reassuring. Hug and touch your children.
- Calmly provide factual information about the recent disaster and current plans for insuring their safety along with recovery plans.
- Encourage your children to talk about their feelings.
- Spend extra time with your children such as at bedtime.
- Re-establish your daily routine for work, school, play, meals, and rest.
- Involve your children by giving them specific chores to help them feel they are helping to restore family and community life.
- Praise and recognize responsible behavior.
- Understand that your children will have a range of reactions to disasters.
- Encourage your children to help update your family disaster plan.

If you have tried to create a reassuring environment by following the steps above, but your child continues to exhibit stress, if the reactions worsen over time, or if they cause interference with daily behavior at school, at home, or with other relationships, it may be appropriate to talk to a professional. You can get professional help from the child's primary care physician, a mental health provider specializing in children's needs, or a member of the clergy.

Appendix A

September is National Preparedness Month



U.S. Department of Health & Human Services & Administration for Children & Families

 OFFICE OF HEAD START

September Is National Preparedness Month

Disasters Don't Plan Ahead. You Can.

Strong emergency preparedness practices in Head Start and Early Head Start programs can save lives. September is National Preparedness Month. It is an opportunity for Head Start programs and families to strengthen their readiness and response capacity. Programs can also promote a better understanding of how children might respond to tragic events and share their plans to provide support.

We hope you will use National Preparedness Month to engage in planning and conduct drills. This is an ideal time to update agreements with community partners (e.g., fire and police department personnel and off-site shelter-in-place locations) and to ensure they are aware of any changes in your programs' preparedness activities.

Talk with children and families about what it means to be prepared. Make sure children and parents know how the program responds to emergency situations. Ask about preparedness plans they have at home. And in cases where there has been a previous disaster, talk with parents about their children's responses to crises and tragic events.

Use the resources below, as well as state and community resources, to plan, prepare, and deepen your understanding of emergency situations that may affect your program.

Emergency Preparedness Resources

Head Start Emergency Preparedness Manual: 2015 Edition
This manual supports Head Start program administrators and staff in implementing or revising emergency preparedness plans. The manual includes information on the four phases of preparedness: Planning, Impact, Relief, and Recovery. It also contains strategies on preparing for specific emergencies.

Emergency Preparedness in Head Start and Early Childhood Settings Webinar
The webinar identifies strategies Head Start, Early Head Start, and child care programs can use to improve their emergency preparedness efforts. Staff will learn how they can help children and families prepare. Key resources and information may be used to assist programs in their emergency preparedness planning.

Emergency Preparedness Tip Sheets
Written for families and staff, these tip sheets focus on children's responses to crises and tragic events, as well as ways to help children cope. The resources are available in both English and Spanish.

Other Resources

- National Preparedness Month 2017: <https://www.ready.gov/september>
- Make a Plan: <https://www.ready.gov/make-a-plan>
- Emergency Financial First Aid Kit: https://www.fema.gov/media-library-data/1441313659987-38b0760a58131b871d494ddacbf52b6e/EFFAK_2015_508.pdf
- Call a Family Meeting and Make a Plan: <https://www.ready.gov/kids/make-a-plan>
- America's PrepareAthon: <https://community.fema.gov/>

We Want to Hear from You!

In honor of National Preparedness Month, log on to the [Early Childhood Learning and Knowledge Center \(ECLKC\)](#) and share your stories about how Head Start has supported communities in previous emergencies. We also want to hear about the activities and events held in your community throughout the month of September.

Office of Head Start (OHS) | 330 C Street, SW | 4th Floor Mary E. Switzer Building | Washington, DC 20201
<https://eclkc.ohs.acf.hhs.gov> | 1-866-763-6481 | [Contact Us](#)

You are receiving this email because you are signed up for Office of Head Start communications. If you prefer not to receive emails of this sort in the future, you can [unsubscribe](#) here. You also may [modify your ECLKC email subscriptions](#). Recipients subscribed through the Head Start Enterprise System (HSES) must be removed from HSES by their program or office. Please do not reply to this email. [Contact](#) customer service for additional support.

Office of Head Start (OHS) | 330 C Street, SW | 4th Floor Mary E. Switzer Building | Washington, DC 20201
<https://eclkc.ohs.acf.hhs.gov> | 1-866-763-6481 | [Contact Us](#)

Appendix B

Miami-Dade VOAD Disaster Preparation & Response System

Having Access

- 1) Log on to the Internet in the address bar
- 2) Type <http://voadmiamidade.org>
- 3) At the log in screen, click the **Register Now button** and register your program
- 4) Enter all the requested data
- 5) Then hit **submit**
- 6) Once you have submitted your request, the system administrator will approve your request, and
- 7) You will receive an email notification.
- 8) Log off, return to the home page, then
- 9) Log back into the system

Technical Support

If you need assistance with this web tool, please contact **Merline Leonce** at (305) 646-7053 or (305) 646-7272. Please be seated in front of the computer with the web tool open when you call.

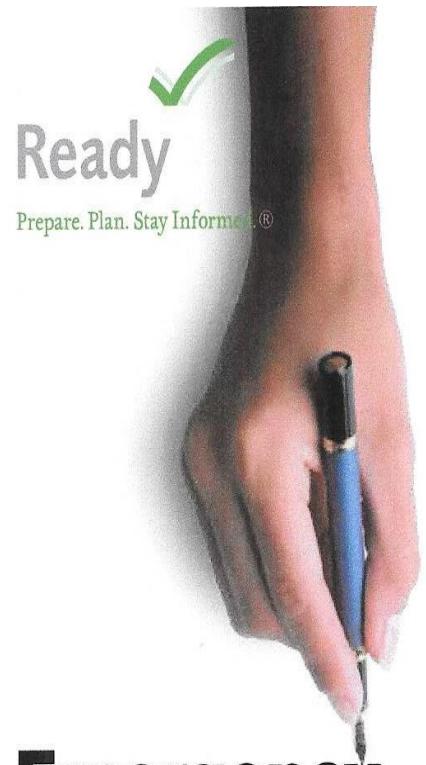
Appendix C

Emergency Supply list



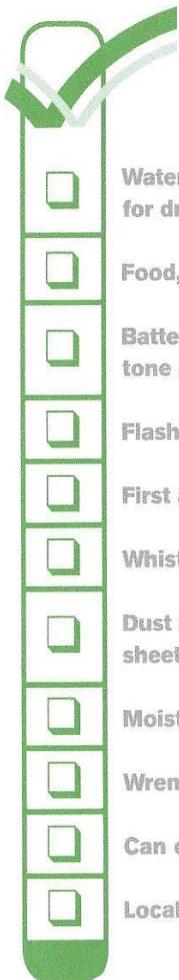
Additional Items to Consider Adding to an Emergency Supply Kit:

- Prescription medications and glasses
- Infant formula and diapers
- Pet food and extra water for your pet
- Important family documents such as copies of insurance policies, identification and bank account records in a waterproof, portable container
- Cash or traveler's checks and change
- Emergency reference material such as a first aid book or information from www.ready.gov
- Sleeping bag or warm blanket for each person. Consider additional bedding if you live in a cold-weather climate.
- Complete change of clothing including a long sleeved shirt, long pants and sturdy shoes. Consider additional clothing if you live in a cold-weather climate.
- Household chlorine bleach and medicine dropper – When diluted nine parts water to one part bleach, bleach can be used as a disinfectant. Or in an emergency, you can use it to treat water by using 16 drops of regular household liquid bleach per gallon of water. Do not use scented, color safe or bleaches with added cleaners.
- Fire Extinguisher
- Matches in a waterproof container
- Feminine supplies and personal hygiene items
- Mess kits, paper cups, plates and plastic utensils, paper towels
- Paper and pencil
- Books, games, puzzles or other activities for children



Emergency Supply List





Recommended Items to Include in a Basic Emergency Supply Kit:

- Water, one gallon of water per person per day for at least three days, for drinking and sanitation
- Food, at least a three-day supply of non-perishable food
- Battery-powered or hand crank radio and a NOAA Weather Radio with tone alert and extra batteries for both
- Flashlight and extra batteries
- First aid kit
- Whistle to signal for help
- Dust mask, to help filter contaminated air and plastic sheeting and duct tape to shelter-in-place
- Moist towelettes, garbage bags and plastic ties for personal sanitation
- Wrench or pliers to turn off utilities
- Can opener for food (if kit contains canned food)
- Local maps

Through its *Ready* Campaign, the Federal Emergency Management Agency educates and empowers Americans to take some simple steps to prepare for and respond to potential emergencies, including natural disasters and terrorist attacks. *Ready* asks individuals to do three key things: get an emergency supply kit, make a family emergency plan, and be informed about the different types of emergencies that could occur and their appropriate responses.

All Americans should have some basic supplies on hand in order to survive for at least three days if an emergency occurs. Following is a listing of some basic items that every emergency supply kit should include. However, it is important that individuals review this list and consider where they live and the unique needs of their family in order to create an emergency supply kit that will meet these needs. Individuals should also consider having at least two emergency supply kits, one full kit at home and smaller portable kits in their workplace, vehicle or other places they spend time.



Federal Emergency Management Agency
Washington, DC 20472

Appendix D

Staff Roster

1	Velázquez, Nilda	President/Chief Executive Officer/Executive Director
2	La Villa, Silvia	Chief Business Development Officer/ Education/Human Resources Director
3	Emmert, Frank	Chief Financial Officer
4	Riaño, Ivette	Chief Operations Officer/HS & EHS Director Chief Services Officer/Family Services
5	Casamor, Rosa	Director
6	Ávila Costa, Yunia	Custodian
7	Navarro, Regina	Disabilities/Mental Health Facilitator
8	Farrell, Ericka	Education Facilitator
9	Abascal, Karina	EHS Teacher
10	Arias, Maritza	EHS Teacher
11	Fernández, Diana	EHS Teacher
12	Fumia, Judith	EHS Teacher
13	García Cruz, Dianelys	EHS Teacher
14	García Ferrer, Maritza	EHS Teacher
15	Hernández, Julia	EHS Teacher
16	James Jr., Otto	EHS Teacher
17	Battle, Edgardo	Facilities Facilitator
18	Miranda Hernández, José	Facilities Worker
19	Miranda, Roberto	Facilities Worker
20	Khaloufy, Khadija	Family Services Aide
21	Gamble, Sanquette	Family Services Worker
22	Phillips, Addis	Family Services Worker
23	Bahoque, Liatulis	Food Service Worker
24	Cabrera Barrueta, Maribel	Food Service Worker
25	Leal Andreu, Midiala	Food Service Worker
26	Penabad Oliva, María	Food Service Worker
27	Vega, María	Food Service Worker
28	Singleton, Marleah	Health Facilitator
29	Torres Riaño, Hilda	Nutrition Facilitator
30	Casamor, Chrystine	Operations Facilitator
31	Hernández, Rosanna	Program Facilitator
32	Rodríguez, Norka	Program Facilitator
33	Herrera, Francy	Substitue
34	Longfort, Marilou	Substitute
	Mijares, Camila	Substitute
35	Barbery, Maria	Substitute
	Reid, Bridgette	Substitute
36	Battle, Lourdes	Teacher

37	Colina, Ana	Teacher
38	Correa, Martha	Teacher
39	Domínguez Paredes, Dori	Teacher
40	Etienne, Judy	Teacher
41	López, María del Carmen	Teacher
42	Maldonado González, Ivis	Teacher
43	Olivera Gómez, Dayana	Teacher
44	Pérez, Marisela	Teacher
45	Sais, Raquel	Teacher
46	Álvarez, Kelly	Teacher Assistant
47	Carmona Casas, Marlene	Teacher Assistant
48	Castañeda, Ana Betsabe	Teacher Assistant
49	Castillo, Jennifer	Teacher Assistant
50	Chancy, Vera	Teacher Assistant
51	Domínguez, Milagros	Teacher Assistant
52	Herrera, Yamileth	Teacher Assistant
53	Hunt, Chelsea	Teacher Assistant
54	Ramírez, Gloria	Teacher Assistant
55	Reyes Marín, Yarai	Teacher Assistant
56	Reyes, Kenia	Teacher Assistant
57	Santos Águila, Hetián	Teacher Assistant
58	Varona Rodríguez, Lisett	Teacher Assistant
59	Álvarez, Madeline	Teacher Assistant
60	De la Fuente Santana, Yanet	Teacher Assistant

Updated 10/29/18

Appendix E

Inventory of Neighborhood Resources

The following are the partnering neighborhood resources:

- 1) **Local Fire Station** 1200 NW 20th Street (305) 579-6231
- 2) **Police Department** 3462 NW 2nd Avenue (305) 576-8853
(You may also call Miami-Dade's Answer Center at 3-1-1 or log on to www.miamidade.gov to find the nearest Miami-Dade Fire and Police Stations)
- 3) **Borinquen Health Care** 3601 Federal Highway (305) 576-6611
- 4) **Jackson Memorial Hospital** 1611 NW 12th Avenue (305) 585-1111
- 5) **American Red Cross Disaster Relief Fund**
P.O. Box 37243, Washington, DC 20013
1-800-RED CROSS (1-800-733-2767) or 1-800-257-7575 (Spanish)
www.redcross.org *(Donors should designate a specific disaster when making a check or credit card donation to the American Red Cross)*
- 8) **Operation Helping Hands**
c/o United Way of Miami-Dade,
P.O. Box # 459007, Miami, FL 33245-9007
(305) 646-7129
www.unitedwaymiami.org/iwant2help_contribute.asp
- 6) **Home Depot** 12055 Biscayne Blvd. (305) 981-2959
- 7) **ACE Hardware** 1644 NE 2nd Ave (305) 379-5444
- 8) **Food Distribution Program:** <http://www.fns.usda.gov/fd-disaster/food-distribution-disaster-assistance>

Southeast Regional Office

Regional Administrator	Robin Bailey	404-562-1801
Deputy Regional Administrator	Erin Swanson-Hall	404-562-1804
Financial Management Director	Izra Brown	404-562-1825
SNAP Director	Peggy Fouts	404-562-7099
Special Nutrition Programs Director	Lanna Kirk	404-562-7072
Public Affairs Director	Aaron Wiley	404-562-1811
Civil Rights Director	Gail Hoffman	404-562-7033
Disaster Assistance	Eugene Malveaux	678-704-2021
61 Forsyth St., SW Room 8T36 Atlanta, GA 30303-3427 Phone: 404-562-1801	See map: Google Maps Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, Tennessee	

9) **Florida Department of Health website:** <http://www.floridahealth.gov/programs-and-services/childrens-health/child-care-food-program/food-safety/documents/emergency-food-service.pdf>

KIDCO will also ensure to provide continued services through collaborations with other funding agencies such as:

1) CAHSD Head Start/Early Head Start	(786) 469-4600
2) City of Miami	(305) 416-2100
3) Child Development Services	(305) 500-7100
4) Alliance for Human Services (CBO)	(305) 514-6000
5) Miami-Dade OCED	(786) 469-2100
6) Early Learning Coalition (ELC) VPK	(305) 646-7220

Appendix F

Influenza Planning and Response

National Center for Immunization and Respiratory Diseases

Influenza Planning and Response

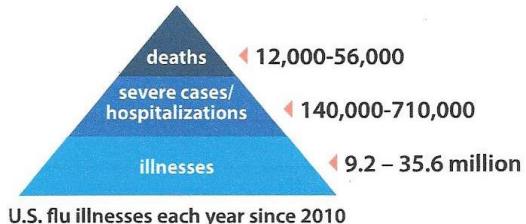


Influenza poses one of the world's greatest infectious disease challenges. CDC programs protect the United States from seasonal influenza and pandemic influenza, when a new flu virus emerges that can infect people and spread globally.

Influenza is always changing

- Flu viruses change constantly, from season to season and sometimes during the season.
- Flu vaccines must be updated frequently to keep up with these changes.
- Each winter, influenza causes millions of illnesses, hundreds of thousands of hospitalizations, and thousands of deaths.

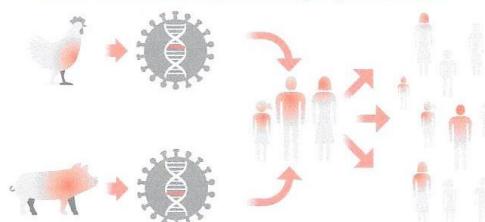
Seasonal flu causes sickness and death



Novel influenza viruses are always emerging

- Some influenza viruses don't spread in people, but spread in animals, especially wild birds and pigs.
- Animal influenza viruses can jump to people and cause a pandemic.
- Recently, more instances of animal influenza viruses infecting people have been reported.
- People may have little or no immunity to pandemic influenza so the consequences can be much greater.

Animal influenza viruses can jump to people



An influenza pandemic can emerge anywhere and spread globally

- Four influenza pandemics have occurred in the past 100 years.
- The 1918-19 flu pandemic was the most severe, killing 675,000 Americans and 50 to 100 million people worldwide.
- During a pandemic:
 - medicine may be in short supply
 - vaccines may not be ready immediately
 - hospitals may be overwhelmed
 - schools and businesses may close

Estimated U.S. deaths from pandemic flu



What CDC does to protect Americans from influenza threats

CDC uses its scientific expertise and resources to address the continuing threat posed by seasonal and pandemic influenza. Key CDC activities that protect people against both seasonal and pandemic influenza include:

Monitoring influenza viruses



Works with domestic and global public health partners to monitor both human and animal influenza viruses to know what and where viruses are spreading and what kind of illness they are causing.

Studying influenza viruses in the laboratory



Studies both human and animal influenza viruses in the laboratory to better understand the characteristics of these viruses, including conducting genetic sequencing on more than 6,000 viruses each year.

Improving testing and diagnostic tools



Develops and distributes tests and supplies materials to state, local, territorial, and international laboratories so they can detect and characterize influenza viruses.

Leading influenza planning and preparedness



Supports state and local governments in preparing for the next influenza pandemic, including planning and leading pandemic exercises across all levels of government. CDC works with the World Health Organization and partner countries in pandemic planning efforts. Domestically, CDC supports the development and use of community mitigation measures and medical countermeasures to minimize the impact of a pandemic.

CDC's NCIRD leads influenza activities across the globe to monitor changes in influenza viruses.

- NCIRD-assigned field staff
- Funding and technical assistance

Supporting vaccine development



Assists global and domestic experts choose which viruses to include in seasonal vaccine production for each year's vaccine and guides prioritization of pandemic vaccine development. CDC develops candidate vaccine viruses used by manufacturers to make flu vaccines. CDC tracks and monitors seasonal influenza vaccine distribution.

Funding and technical assistance



Provides direct support to state, local, and territorial public health departments for influenza surveillance and laboratory work. Globally, CDC supports more than 50 countries to build surveillance and laboratory capacity to find emerging influenza threats and respond to them.

Improving tools to prevent and control influenza

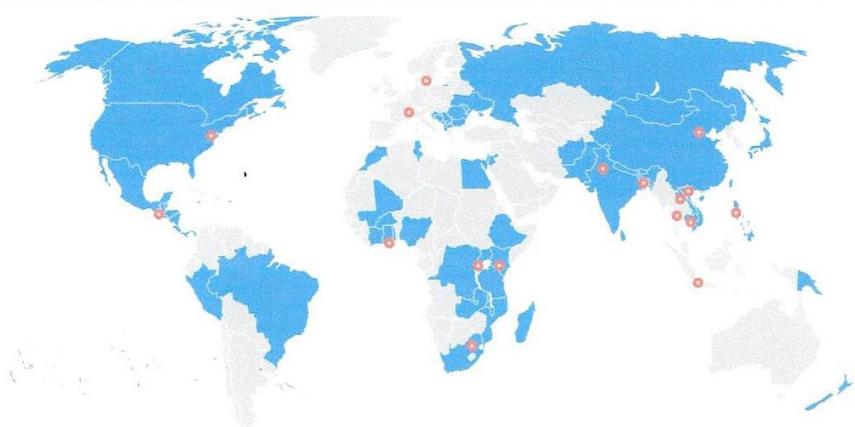


Evaluates the effectiveness of vaccines and drugs and updates recommendations on these.

Providing timely and accurate information



Informs health care providers and the public about influenza prevention and control measures. CDC works with businesses, schools, communities, and others to plan for and address influenza threats.



Appendix G

Information Memorandum: Influenza Preparedness (ACF-IM-HS-09-08)

ACF Administration for Children and Families	U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES	
	1. Log No. ACF-IM- HS-09-08	2. Issuance Date:10/27/2009
	3. Originating Office: Office of Head Start	
	4. Key Words: Influenza	

INFORMATION MEMORANDUM

TO: All Head Start and Early Head Start Grantees

SUBJECT: Influenza Preparedness

INFORMATION:

The purpose of this Information Memorandum is to provide Early Head Start and Head Start agencies with an approach to implementing the recommendations of the [CDC Guidance on Helping Child Care and Early Childhood Programs Respond to Influenza during the 2010-2011 Influenza Season](#). In addition to this guidance from CDC, additional resources are provided at the end of this Information Memorandum to assist programs during the 2010-2011 influenza season.

Early Head Start and Head Start grantee and delegate agencies serve children and families who are identified as having a higher risk for complications as a result of seasonal influenza and the 2009 novel H1N1 flu virus. In order to assist the communities that you serve, Head Start agencies should focus on three basic elements to incorporate the CDC's guidance:

- Know your partners.
- Know your organization.
- Know your community medical resources.

Know Your Partners

Identify and communicate clearly to your staff, parents, and partners the sources of authoritative up-to-date information, guidance, and resources that are used by your agency to develop and guide decision-making about your agency's response to influenza.

- U.S. Department of Health and Human Services – Flu.gov
- Centers for Disease Control and Prevention
- Administration for Children and Families/Office of Head Start
- State/Territorial Health Department
- local public health authorities
- local clinical and social services safety-net providers

Know Your Organization

Review and revise (when necessary, based upon the most recent guidance) your policies, procedures and practices for:

- exclusion and return to care for children;
- daily health checks;
- illness and return to work for volunteers and staff;
- infection prevention and control (hand washing, respiratory etiquette, cleaning and disinfecting surfaces, provision for isolation of ill children or staff while awaiting transport out of the child-care setting);
- support of early childhood education experiences during circumstances of temporary modification or restriction of program options (such as coverage of staff absences by substitutes with appropriate background checks; reorganization of classes into smaller groups of children (per CDC Guidance); educational materials for home use in the event of center closures); and
- family support during prolonged closure of centers.

Know Your Community Medical Resources

- Determine that each enrolled child has an ongoing source of continuous, accessible care (including that they have retained their enrollment in health care coverage);
- Verify that each child with a known high-risk health condition has ongoing contact with primary care and specialty providers.
- Verify that each child is up-to-date on all required immunizations.
- Determine that each family of a child identified with a high-risk health condition (such as asthma, diabetes, epilepsy and other conditions as described in the CDC Guidance) has enough medication, supplies, and necessary equipment to last under conditions of restriction or closure of center-based programs or if there is a recommendation from public health authorities or the child's health care provider that the child or family avoid travel outside of the home except as needed to seek medical attention.
- Review each child's health care instructions such as an Asthma Action Plan, instructions for the management of diabetes or epilepsy (seizures), medications, supplies, and staff competency for care to be provided by staff within the program.
- Encourage parents and guardians of high-risk children to discuss the following with their health care provider:
 - Instructions regarding temporarily removing the child from the child care setting; and
 - Instructions for how and when parents should contact their child's health care provider for evaluation of the child's medical needs, including the need to take antiviral medications and for other concerns.
- Encourage the vaccination of children, parents, and staff as recommended by the CDC.

Resources:

[Flu.gov](#)

[CDC Guidance on Helping Child Care and Early Childhood Programs Respond to Influenza during the 2009–2010 Influenza Season](#)

[Technical Report for State and Local Public Health Officials and Child Care and Early Childhood Providers on CDC Guidance on Helping Child Care and Early Childhood Programs Respond to Influenza during the 2009–2010 Influenza Season](#)

[Preparing for the Flu: A Communication Toolkit for Child Care and Early Childhood Programs](#)
[CDC](#)

[Pandemic Flu Information](#) on the ECLKC
[Emergency Preparedness](#) on the ECLKC

Please direct any questions on this important matter to your OHS Regional Office.

Yvette Sanchez Fuentes
 Director
 Office of Head Start

Appendix H

Zika Updates for August 18, 2017



Saving Lives. Protecting People.™

Zika Updates

August 18, 2017 www.cdc.gov/zika

Cases At-A-Glance

[Pregnant Women with Any Lab Evidence of Zika Virus Infection*](#)

- US States and DC: 2,112
- US Territories: 4,418

[Zika Virus Disease Cases Reported to ArboNET*](#)

- US States and DC: 5,415
- US Territories: 37,012

*Source: Pregnancy Registries as of August 8, 2017

*Source: ArboNET as of August 16, 2017

Mosquito 101

World Mosquito Day is August 20! Learn about the mosquitoes that spread Zika.

[Read More](#)



Content source: Office of the Associate Director for Communication, Division of News and Electronic Media

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Appendix I

Hurricane Season Resources and Readiness Tips

With hurricane season beginning today, please use the many resources available to help you be prepared.

Our **READY** Miami-Dade mobile app is now available for critical information before, during and after emergency situations. Download the free app using the links below.

Get a kit. Plan ahead. And stay informed. Everything you need to know to be prepared is in the [2018 Official Hurricane Readiness Guide](#).

Apple

Android



STS

Safety Tips for Residents Requiring Special Transportation

Miami-Dade County residents who require evacuation assistance should register for the [Emergency & Evacuation Assistance Program \(EEAP\)](#) prior to an emergency to ensure help will be given when needed. [Learn more.](#)



Keeping Safe & Informed While Using Transit



Disaster Preparedness Sales Tax Holiday

The Sales Tax Holiday runs from June 1 to June 7. You can save money on batteries, flashlights, gas containers and more. [Checkout the qualifying items.](#)

During windy conditions, transit passengers are encouraged to remember that while waiting for a Metrorail or Metromover train:

- Avoid standing at the edge of the platform.
- Provide security officers and transit personnel your full cooperation. For the safety of patrons, security officers or transit personnel may hold patrons on the lower level of a station when wind gusts are too strong.
- Patrons are encouraged to register to receive [Rider Alerts](#) to stay informed of the latest transit updates.
- [Learn more safety tips.](#)

Appendix J

Preparing for Tornado Season



Preparing for Tornado Season

Tornadoes can happen at any time. However, they are most likely to occur in the spring and summer months. Tornadoes may cause extensive damage to structures and disrupt transportation, power, water, gas, and communications in its direct path and in neighboring areas. With spring fast approaching, now is a good time to be sure that your program is prepared.

Know Your Risk

Tornadoes have been reported in every state, but **occur most often** in Colorado, Illinois, Iowa, Kansas, Minnesota, Missouri, Nebraska, Oklahoma, and Texas. While tornadoes can occur during any month of the year, most tornadoes are reported in June.

Develop a Plan

All Head Start and Early Head Start programs are required to have **emergency preparedness and response plans** for natural disasters and other extreme events in or near programs (45 CFR § 1302.47(b)(8)).

Each state is also required to have a child care disaster plan, which includes requirements for programs' emergency plans. While states' minimum requirements may be different, all emergency preparedness plans should include regularly scheduled practice drills in the center or family child care home. Drills should include members of the community who may be needed during an emergency, such as first responders, child care health consultants, and emergency management officials. See your state's licensing regulations to review the frequency at which your program is required to conduct drills.

Several states require programs to include tornadoes in their emergency plans. For example, in the following states, child care licensing regulations require:

- **Iowa:** Monthly tornado drills and annual staff training
- **Missouri:** Tornado plans to be posted in programs and shelter-in-place drills to be practiced at least every three months
- **Oklahoma:** Tornado plans, shelter-in-place plans, and monthly shelter-in-place drills

See **Standard 9.2.4.3: Disaster Planning, Training, and Communication** in Caring for Our Children, 3rd Edition (CFOC), to find out what your plan should include.

Practice Your Plan

The recommended response to a tornado is to shelter-in-place. Seek shelter in an interior, protected area of the building on the lowest level possible or in a designated tornado shelter. When sheltering-in-place, make sure to:

- Keep children away from windows
- Take attendance
- Bring disaster supplies to the designated safe location

Review a **sample checklist** to help your program practice your tornado drill. If you work in a center, make sure all staff know their unique role in tornado response. Staff assignments are a necessary part in making your disaster preparedness and emergency response plan. Use this resource to help assign **staff roles and responsibilities** to fit the needs of your program .

Know the Warning Signs

Learn the Lingo:

- *Tornado Watch*: Risk of tornado has increased greatly, but timing and location are still uncertain. Watches are intended to set your emergency response plans into motion.
- *Tornado Warning*: Tornado is occurring soon or has a very high chance of occurring. Set your emergency response plan into motion as quickly as possible.

Look for the Danger Signs of a Potential Tornado:

- A dark, greenish sky
- Large, dark, low-lying clouds
- Large hail
- A loud roar, like a freight train

Learn more about how to prepare your program for tornadoes at usa.childcareaware.org/tornadoes.

Check Your Emergency Kit

Consider the following when preparing your emergency preparedness kit:

- Child information sheets are up to date with current phone numbers and contacts
- Medication needed by children and staff is included in your kit
- Kit is stored according to Federal Emergency Management Agency (FEMA) guidelines, in the basement or wherever the tornado shelter is located
- Toys and other items to keep children entertained and relieve tension are used and work

After you've practiced your tornado drill, it's important to go back and double-check your emergency supplies to ensure they meet the needs of the children in your program. To learn what else your kit should contain, review CFOC Standard **5.6.0.1: First Aid and Emergency Supplies**.

Family Resources

Help families in your program prepare for tornado season. Share the [**Family Preparedness: Thinking Ahead**](#) handout from the National Center for Child Traumatic Stress.

Kid's Corner

Struggling to talk to children about tornado season? Check out the [**Ready Wrigley**](#) activity book series from the U.S. Centers for Disease Control and Prevention. The books are available in both English and Spanish.

Appendix K

Memorandum:

Emergency Procedures for the Child Care Food Program

Mission:
To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Rick Scott
Governor

Celeste Philip, MD, MPH
State Surgeon General

Vision: To be the Healthiest State in the Nation

MEMORANDUM

Date: May 18, 2018

To: Child Care Food Program Contractors

From: Maria Williamson, M.S., R.D., L.D.
Chief, Bureau of Child Care Food Programs

Subject: Emergency Procedures for the Child Care Food Program (CCFP)

We are sending this memo in an effort to keep Child Care Food Program (CCFP) operations running as smoothly as possible should a hurricane or other emergency occur. Please ensure that staff responsible for conducting CCFP operations is given a copy of this memo and/or know where to locate it in the event of an emergency.

Emergency Plan

Each CCFP contractor must have an adequate, written emergency preparedness plan that demonstrates how the organization will operate during an emergency and minimize the disruption of CCFP services to children in care. Please keep your plan on file and have it assessable. It is not necessary to send the plan to the CCFP Department of Health.

Communications

In the event of an emergency, up-to-date contact information is critical. Please ensure that your contact information in our Management Information and Payment System (MIPS) is correct, as this information will be used during an emergency.

We remind sponsoring organizations to ensure that they have up-to-date contact information for their sponsored facilities and to communicate relevant information to their facilities during emergency situations.

If your organization's CCFP sites are impacted by any of the following situations, immediately contact the Department of Health (DOH) Bureau of Child Care Food Programs to obtain a Waiver Request and for further instruction.

- Temporarily moving children to a different location to receive CCFP meals during an emergency
- Unable to meet CCFP meal pattern requirements during an emergency
- Unable to file original or revised claims by the regulatory claiming deadlines due to a disaster

Continued on reverse side

Florida Department of Health

Division of Community Health Promotion • Bureau of Child Care Food Programs
4052 Bald Cypress Way, Bld A-17 • Tallahassee, FL 32399-1727
PHONE: 850.245.4323 • FAX 850.414.1622 • EMAIL: ccfp@flhealth.gov
WEBSITE: www.floridahealth.gov/ccfp/



Accredited Health Department
Public Health Accreditation Board

- Unable to maintain normal accountability systems, including meal counting, claiming, monitoring, etc. due to a disaster
- Destruction of CCFP records (for claims or review purposes) caused by a disaster
- Caring for children residing in or evacuated from a designated disaster area
- Caring for children residing in households receiving Disaster Supplemental Nutrition Assistance Program (D-SNAP) benefits
- Operating as an emergency shelter providing temporary housing to families displaced due to disaster
- Providing meals to displaced children who, due to a disaster, are being temporarily housed in locations that may not have the means to provide meals to the temporary residents
- Using USDA Foods during disasters. Also refer to the Food Distribution Program's website: <http://www.fns.usda.gov/fd-disaster/food-distribution-disaster-assistance>

Waiver Requests

When CCFP federal regulations cannot be met during an emergency, such as a hurricane or other disaster, below are the steps to take:

1. As noted above, you must inform the Department of Health (DOH) Bureau of Child Care Food Programs (850.245.4323) about any CCFP-related problems you may be experiencing during an emergency. Examples include destroyed records or an inability to meet meal pattern requirements.
2. If you choose to request that federal regulations be waived due to the emergency, you must complete a Waiver Request form and forward it to DOH. We will provide you with the form at that time.

Assuming sufficient justification, DOH will request waivers from the United States Department of Agriculture (USDA) on your behalf. The USDA will grant or deny the waiver requests. DOH will advise you whether your request is approved or denied and provide any instructions regarding the request.

For more information, refer to the publication "Providing Food Service During Emergencies," located on our website at: http://www.floridahealth.gov/programs-and-services/childrens-health/child-care-food-program/food-safety/_documents/emergency-food-service.pdf

If you have any questions regarding this memorandum, please contact a policy specialist at 850.245.4323.

Listed below are two website links that are Included in the memo:

- USDA Food Distribution Program website: <http://www.fns.usda.gov/fd-disaster/food-distribution-disaster-assistance>
- Florida Department of Health website: http://www.floridahealth.gov/programs-and-services/childrens-health/child-care-food-program/food-safety/_documents/emergency-food-service.pdf