



FAMILY HOME CHILD CARE DISASTER RESPONSE HANDBOOK

Explanation of Handbook:

This document is a model disaster plan created jointly by Snohomish County Department of Emergency Management, Snohomish Health District Communicable Disease Outreach Program and Everett Office of Emergency Management.

Not all houses and communities are alike. This plan is a template that must be individualized by you for each child care, taking into account the available resources, the surrounding community, and the characteristics of the home itself.

This document contains many sections marked in *red* that need to be filled in by you with specific information relevant to your child care. Make sure to take out any red words in parentheses or in italics that were put in to help you complete this document. Do not hesitate to add additional points to reflect your child care's needs. You are encouraged to contact your local emergency management office to determine what hazards may affect your child care location and whether your site is included in a specific hazard area like a floodplain or lahar hazard area.

Make sure you read through the entire plan as you work on it. If any items are unclear or are in conflict with what you believe you would do in an emergency situation, be sure to make changes. For example, if your child care is not in a flood zone, take out the section on flooding.

Once finalized, your disaster response plan should be able to be used as a guide for any disaster – by any adult – on the premises. Use your disaster plan to conduct routine drills, to train any staff, and to inform parents about your plans.

Note: The table of contents has been set up so that it can be easily updated. Make all changes to the document, including any page breaks. When you are finished, click once somewhere in the middle of the table of contents which should select the entire table. Then right click, select "update field" and then "update entire table." The table of contents will automatically update itself.

(Child Care Name)

Disaster Response Handbook

The purpose of this handbook is to give family home child care provider's step-by-step procedures on how to respond to disaster/crisis situations during the first 30 minutes. Following the listed instructions in sequential order will help to prioritize notification of emergency response personnel and to limit escalation and injury during the initial impact of the situation. In this document, "Provider" means the family home child care provider, assistant, or the person-in-charge at the time of the incident or disaster. "Parent" means the child's parent or legal guardian.

This handbook was written by Snohomish County Department of Emergency Management and Everett Office of Emergency Management, and reviewed and edited by Snohomish Health District Communicable Disease Outreach Program and the Washington State Department of Early Learning. Each child care has a responsibility to individualize the plan to suit their particular circumstances.

This policy was last reviewed and updated on: _____

OUR ADDRESS IS: _____

OUR PHONE NUMBER IS: _____

OUR NEAREST CROSS-STREETS ARE: _____

OUR OUT – OF – AREA CONTACT IS: _____
Phone Number: _____

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Emergency Phone Numbers

Emergency Assistance	Number(s)
Police.....	911
Fire/EMS.....	911
_____ Hospital Emergency Room.....	_____
_____ Hospital Emergency Room.....	_____
Poison Control Center.....	1-800-222-1222
PUD (Electricity).....	425-783-1000
Puget Sound Energy (Gas).....	1-888-225-5773
_____ Water District.....	_____
Landlord: _____	_____
_____ Insurance Agency.....	_____
Auto Policy Number: _____	
Building Policy Number: _____	
KRKO Radio – 1380AM.....	425-304-1381 ext. 117
KOMO Radio – 1000 AM.....	206-404-5666
KSER Radio – 90.7 FM.....	425-303-9070
KIRO Radio – 97.3 FM / 770 AM.....	206-726-7000
Provider’s Cell Phone.....	_____
Provider’s Home Phone.....	_____
Out-of-Area Contact.....	_____
Child Protective Services.....	1-800-562-5624
Child Care Licensor: _____	_____
Snohomish Health District Communicable Disease.....	425-339-5278

Alternate Site Location (Near Child Care)

Alternate Site Location (Evacuation Site)

Location of Nearest Payphone..... _____

Introduction

In order to ensure the safety of all the children who attend this child care, and the staff who work here, this child care has developed a comprehensive Crisis/Disaster Response Handbook. By putting together this plan and sharing it with parents, we are working to be prepared when disaster strikes.

Preparing for a disaster

This child care has taken many steps to prepare the home, children, staff, and parents, for the unexpected. Family child care homes must follow WAC 170-296A-2850 for disaster planning and WAC 212-12-044 for fire drills. *(Note: modify this list so it matches what you have done at your child care.)*

Conducting Drills

Drills are essential to provide the skills necessary to respond in times of an emergency. There are 3 different emergency drills that should be practiced on a regular basis. Sample forms for recording drills are found in Appendix E.

- Fire (evacuation drill) – must be practiced **monthly**, as required by WAC (WAC 212.12 and 170.296A.2900)
- Earthquake (Drop, Cover, & Hold) – should be practiced quarterly, minimum
- Lockdown (secure building, stay together) – should be practiced at least once a year, minimum

- The child care conducts fire drills on a monthly basis and records the dates as required by licensing.
- The child care conducts disaster drills on a **quarterly/monthly** basis and records the dates.
- There are two designated escape routes from each area of the home.
- Other**

Kits

Having adequate supplies is essential to 72-hour preparedness. See Appendix B for more information about recommended supplies.

- The child care has gathered a 72-hour preparedness kit and has included a 72-hour supply of any medications or supplies for those with special needs. **This kit / These kits** are kept **(where)**.
- The provider checks its emergency kits and emergency medication expiration dates on a regular basis. This is done **(how often)**.
- For those with special needs or life-threatening health conditions who require medication or supplies on a regular basis or on an as-needed basis, those medications or supplies are kept on-site and will be taken along if evacuation is required.
- Fire extinguisher(s) are located **(where)**. They are checked monthly and recharged **(how often)**.
- The child care's smoke alarms are checked monthly.

- (If source of carbon monoxide is present)* The child care has a carbon monoxide alarm located *(where)*. It is checked monthly.
- Disaster supplies are kept in each vehicle.
- Other*

Communication

- At least one corded phone is available to use if there is no electricity and we have located our nearest payphone.
- Emergency phone numbers are posted by each phone in the house.
- The child care has designated an out-of-area contact. This contact is *(name and phone number of out-of-area contact)*. Parents are instructed to call this number if they cannot get through to the child care on the local phone grid.
- Children will only be released to individuals listed on the child's emergency contact form. The child care must ensure parents keep these up-to-date.
- The child care has communicated with *neighbors/neighboring businesses* who may be able to help out in the event of a major disaster. These include: *(who)*
- Other*

Hazard Mitigation

Hazard mitigation is the process reducing or eliminating the impacts of disasters before they occur. For example, securing a bookcase to the wall before an earthquake can topple it and injure occupants. An important step in disaster planning is to ensure you are operating in a safe environment. Hazard mitigation plays a huge role when it comes to preventing injuries, both on a daily basis and during a disaster. See Appendix C for more information, resources for implementing mitigation measures, and a sample checklist.

- The child care has undertaken hazard mitigation in all classrooms and main areas.
- The child care conducts a hazard mitigation walk-through monthly.
- Other*

Training

- Provider *and assistant* knows how and when to shut off all utilities. Any staff has also been trained.
- Older children are taught to call 911 if directed to do so.
- Provider *and assistant* has/*have* been trained in CPR and first-aid is with each group of children as required by licensing.
- Other*

Gather information from parents

Make sure that all parents have reviewed the disaster plan and understand the steps that the child care will take in the event of an emergency. All parents need to be given the child care's out-of-area contact number and should in turn provide the child care with an out-of-area contact for their family (see *Appendix A*).

Discuss with parents their plans and availability to pick up a child after a major disaster. Some parents work nearby, while others have a long commute. If roads are blocked, it could be quite some time before the parents are able to pick up their children.

Practicing for a disaster

Child cares are required by licensing to conduct monthly fire drills and record the date and time of each. Disaster drills need to be conducted at least quarterly. It is up to the child care to choose which type of disaster they will practice for each time. It is advisable to practice earthquake drills frequently. Periodic practicing of lockdowns and shelter in place is also important. A disaster drill log has been included in Appendix D of this document. Some situations are difficult to practice for during normal operation of the child care. For such scenarios involving site evacuation, it is a good idea to run through the situation verbally as a group in a meeting. In this way, questions can be answered and possible hurdles can be overcome.

When practicing fire or disaster drills, make sure to vary the time of day and day of the week. You cannot predict when a disaster will happen and if you've never practiced during pick-up time or lunch time, there could be a lot of confusion. Consider conducting periodic drills without giving your assistants warning. They need to be able to react, even when not mentally prepared for the situation.

All providers and assistants should receive regular training on disaster preparedness. The entire plan should be reviewed at least annually, and with all new assistants as they start work. Make sure you have discussed roles and responsibilities for different scenarios. Providers should be familiar with how to use a fire extinguisher and it is best if they have had practice actually using one. Make sure CPR and First Aid training is up to date. Learn how to shut off any utilities, such as natural gas.

Take care of Your Own Family

Disasters affect all of us. You will likely be concerned about your own family members, but will also be needed at the child care to help the children in your care. Child care providers obtain information and assistance in preparing your own families for times of disaster and you should provide your employees with the same. Each assistant should have an out-of-area contact for their family, disaster supplies at home and in their personal vehicle, and a plan for connecting with their other family members. If your assistant's families are prepared, their personal worries will be reduced and they will be better able to focus on helping the children in your care who rely on you. Also ensure you have emergency contact information for your assistants, in the event something happens to a staff member during work hours. Be sure to keep this information in your go-kits along with emergency contact information for the children.

Steps to Take During a Disaster

Building and Site Evacuation

Building Evacuation:

- Make a quick assessment of the situation and of any injuries to the children or adults.
- Provider evaluates the evacuation route to be sure that it appears clear of obstructions.
- Provider gives instruction to evacuate.
- If possible and time allows, have children take jackets and coats.
- Provider should take the following items:
 - disaster supplies which are stored (*where*)
 - attendance sheets (*where*)
 - children's emergency and medical information/supplies (*where*)
 - cell phone, if available.
- Assemble children 2 by 2 to evacuate the home (preferably one adult leading the children and one following behind if more than one adult is available). Infants will be evacuated by: (*how*) Young toddlers will be evacuated by: (*how*).
- Take attendance; if safe to do so, have another adult search the home for anyone missing.
- Have children sit down if possible.
- If a gas leak or other incident that requires individuals be located further away from the child care occurs, provider moves children to the pre-designated area or no less than one block from the child care. The pre-designated location is (*where – at least one block away from child care*).
- Provider will evaluate the situation with the help of responding agencies (fire, police, etc.) and determine if it is safe to enter the building. If not, determine if it is necessary to move to the alternate site location (follow *Site Evacuation* procedure in this plan), or to stay put until it is safe to re-enter the building.
- Provider will notify parents immediately if evacuation looks to be long term or if children are moved to alternate site location; parents will be notified (*how – note on the door, note left in a designated spot, call to out-of-area contact, other*).
- Provider will report incident to licenser at earliest convenience.
- Provider will complete a written incident report at the earliest opportunity; incident reports are stored (*where*).
- All parents will be notified of incident.

Site Evacuation:

It is important to have at least 2 alternate locations for your site to evacuate to. In the event of a large scale disaster, one or both, of your alternate sites may not be available. When choosing alternate locations:

- Make sure you talk to that site to ensure that you can use it during a disaster.
 - Make sure the alternate site will be able to handle the number of children/staff you will have.
 - Make sure the alternate site is accessible to you during the hours that your child care is open.
- If it is determined that adults and children will be moved to the alternate site location distant from the child care, assign children to a designated staff, if other staff are available.
- Provider should bring the following items to the alternate sites:
- disaster supplies which are stored *(where)*
 - attendance sheets *(where)*
 - children's emergency and medical information/supplies *(where)*
 - cell phone, if available.
- Children will be taken to the alternate site location by: *(describe how you will transport children to the alternate site – examples include walking, personal cars, nearby transportation resource).*
- Once at the alternate site location, take attendance again. Adults must remain with their group of children until the children are picked up by parents or emergency contacts.
- Provider will continue to communicate with parents and coordinate pick-up of children.
- Provider will report incident to licensor at earliest convenience.
- Provider will complete a written incident report at the earliest opportunity; incident reports are stored *(where)*.

Shelter-in-Place Procedure

Shelter-In-Place should be conducted when you are instructed to do so by emergency personnel or Emergency Alert System (EAS) broadcasts on your radio or television; or if you see a vapor cloud or smell an unusual odor outside.

- Gather all children inside in a location that is easiest to seal off from the outside, such as a room or two with few exterior windows and doors. This location is *(where)*.
- Call 911 if you haven't already done so. Provider or designee should turn on and listen to the radio. Listen for emergency information from your local fire or police department.
- Provider or designated person should turn off all fans, heating, cooling or ventilation systems and clothes dryers.
- Close and lock windows and doors (Locked windows seal better) and close as many interior doors as possible.
- Close off non-essential rooms such as storage areas, laundry room, etc.
- Seal gaps around windows, doors, heating/air conditioning vents, bathroom and kitchen exhaust fans, stove, and dryer vents with pre-cut plastic sheeting, wax paper, or aluminum foil and duct tape.
- Stay alert to loudspeaker announcements; emergency personnel from your local police or fire departments may give you specific instructions via loudspeaker or door-to-door.
- If determined necessary, you can provide a minimal amount of breathing protection by covering mouths and noses with a damp cloth.
- If you are told there is danger of explosion, close the window shades, blinds or curtains; to avoid injuries, keep children away from windows.
- Provider should stay in touch with responding agencies/emergency personnel.
- Provider and emergency personnel in charge will determine whether to stay sheltered in place or to evacuate.
- Advise parents not to pick children up from the child care until the incident is over. The presence of parents searching for their children will only cause confusion and may lead to exposure to toxic chemicals. Once sheltered in place you will not want to open the door to let parents in and out.
- Have emergency disaster supplies and emergency contact cards handy.
- Once the incident is over; inform parents, take down plastic, turn ventilation system back on.
- Provider will report incident to licenser at earliest convenience.
- Provider will complete a written incident report at that earliest opportunity. Incident reports are stored *(where)*.

Fire Alarm/Emergency

If smoke or fire is seen or if there is another emergency requiring evacuation:

- Activate fire alarm if not sounding.
- Evacuate children, visitors, and staff (follow *Building Evacuation procedure* in this plan); drop and crawl to avoid smoke and close doors behind you; take the following items with you:
 - disaster supplies which are stored (*where*)
 - attendance sheets (*where*)
 - children's emergency and medical information/supplies (*where*)
 - cell phone, if available.
- Call 911 from outside the home.
- Take attendance.
- Provider or designee will check area of concern and use fire extinguisher if safe to do so.
- Have the following items ready for police and fire personnel:
 - Number of children in care, assistants, family members, volunteers, and visitors
 - Knowledge of anyone remaining in the home
 - Floor plan and internal systems information.
- If it is determined that the home is unsafe, move children to alternate site location; follow *Site Evacuation procedure* in this plan.
- Provider will notify parents of evacuation and alternate site location, if applicable.
- Provider will report incident to licenser at earliest convenience.
- Provider will complete a written incident report at the earliest opportunity; incident reports are stored (*where*).
- All parents will be notified of incident.

Gas Leak

****Provider and any staff should know where the main gas valve is for your home, prior to any emergency****

If gas odor is detected:

- DO NOT** activate the fire alarm system or any other electrical equipment.
- Evacuate children and staff (see *Building Evacuation procedure* in this plan) and close doors behind you but leave a window open; take the following items with you:
 - disaster supplies which are stored (*where*)
 - attendance sheets (*where*)
 - children's emergency and medical information/supplies (*where*)
 - cell phone, if available.
- Call 911 from outside the home.
- Move children to a designated area no less than one block from the child care. This location is (*describe location*).
- Take attendance.
- If possible, turn gas off with the wrench stored (*where wrench is stored*).
- Have the following items ready for police and fire personnel:
 - Location of leak, if known
 - Number of children in care, staff, family members, volunteers, and visitors
 - Knowledge of anyone remaining in the home
 - Floor plan and internal systems information.
- Provider will notify parents immediately if evacuation looks to be long term or if children are moved to alternate site location; if necessary to move to the alternate site location, follow *Site Evacuation procedure* in this plan.
- Provider will report incident to licenser at earliest convenience.
- Provider will complete a written incident report at the earliest opportunity; incident reports are stored (*where*).
- All parents will be notified of incident.

External Hazardous Materials Accident

- Call 911 immediately; initiate the *Shelter-in-Place procedure* in this plan unless directed to do otherwise by emergency personnel via the dispatcher.
- Have the following items ready for police and fire personnel:
 - Location and description (liquid, gas) of hazard, if known
 - Number of children in care, staff, family members, volunteers, and visitors
 - Floor plan and internal systems information.
- Follow instructions given by responding agency for either *Shelter-in-Place procedure* or *Building and Site Evacuation procedure* in this plan.
- If evacuated, call on transportation resource to take children and staff to alternate child care site; our transportation resource is *(describe – could be your own vehicles, staff cars, parents who work nearby, etc.)*.
- Notify parents of move to alternate site location.
- If Shelter-in-Place occurs, and media attention is significant, call parents to let them know of situation.
- Provider will report incident to licensor at earliest convenience.
- Provider will complete a written incident report at the earliest opportunity; incident reports are stored *(where)*.
- All parents will be notified of incident.

Internal Hazardous Materials Accident

- In the event a person comes into direct contact with a suspected hazardous material, follow safety precautions posted on-site or listed on the container. Call 911 or the hospital emergency room for additional instruction. Contact poison control center for common household product poisonings.
- Call 911 if not already done so.
- Provider will report incident to licensor at earliest convenience.
- Provider will complete a written incident report at the earliest opportunity; incident reports are stored *(where)*.

It is strongly suggested that all potentially hazardous materials be removed from within the family home child care. Household toxic chemicals should be stored separately, locked up, and made stationary so as not to fall over in the event of an earthquake.

Power Outage

- Provider or designee will try to locate the problem and activate alternate lighting system; flashlights and batteries are located (*where*).
- Call 911 if concerned about a fire or safety hazard.
- Unplug all electrical equipment; turn off all but one light.
- Provider to contact landlord, if needed.
- Provider to call PUD (425-783-1000) to report outage and/or get additional information.
- Call Snohomish Health District to help determine if child care needs to be closed. Also, consider the following items in making your decision:
 - Can you safely prepare/store food?
 - Do you need to move to an alternate site?
 - Can you safely transport the children?
 - How will you notify parents?
- All parents will be notified if power outage is prolonged.
- Provider will report incident to licensor at earliest convenience.
- Provider will complete a written incident report at the earliest opportunity; incident reports are stored (*where*).

Storms & Snow

- Provider will determine prior to opening hours, whether or not to open the child care; families will be notified by (*how - refer to center's parent policy*).
- If the child care must close during hours of operation because of snow or storm (*title of individual or individuals*) will notify parents by telephone.
- If weather conditions prevent a parent or legal guardian from reaching the child care to recover a child, the provider will care for the child (maintaining proper child: staff ratios) until such time as the parent, legal guardian, or emergency contact person can safely claim the child. The disaster supplies will be used as needed.
- If the above persons cannot claim the child within 72 hours of the child care closing, the provider will contact the police. Child may be transported to Child Protective Services if necessary.
- Provider will report incident to licensor at earliest convenience.
- Provider will complete a written incident report at the earliest opportunity; incident reports are stored (*where*).

Earthquake

In the event of ground movement the following procedures should be carried out:

- Provider and assistants “drop, cover, and hold.” Direct all children to “**DROP, COVER and HOLD**” and remain that way until the earth stops moving – stay away from windows, bookcases, and filing cabinets. Hold onto the item you are using as a cover, if it moves, move with it. Keep talking to children until it is safe to move.
- If no items are available for cover, crouch by an interior wall and cover your head with your arms. Instruct children to do the same.
- If outside “drop, cover and hold,” keeping away from glass, bricks, and power lines. If you are outside near a building and there is no safer location, take cover in a doorway to protect yourself and children.

When the earthquake stops, the following procedures should be carried out:

- Providers and other adults check themselves and children for any injuries.
- Check evacuation routes for damage (also see *Tsunami procedure* if in a Tsunami inundation area) (*contact local emergency management to determine tsunami inundation areas and other risk areas if necessary*).
- Evacuate children and staff (see *Building Evacuation* section of this plan if necessary) and close doors behind you; take the following items with you:
 - disaster supplies which are stored (*where*)
 - attendance sheets (*where*)
 - children’s emergency and medical information/supplies (*where*)
 - cell phone, if available.
- Provider or other trained adults will render first aid to those who need it.
- Provider will take attendance outside to account for all children and adults.
- Check utilities for disruption/damage (gas, water, sewer); if you smell gas, turn the gas off with the wrench stored (*where*). Also see *Gas Leak* section of this plan.
- Listen to radio for information on the surrounding area.
- Determine status of emergency supplies and equipment.
- Call child care's out-of-area contact with information on the child care’s status (injuries, evacuation, children remaining in care, children who have been picked up).
- If it is decided to evacuate to an alternate location, post a notice indicating your new location, date and time you left; follow the *Site Evacuation* procedure in this plan. The notice will be posted accordingly.
- Call parents with center status information; if not possible, report child care status information to KRKO, KOMO, KSER and/or KIRO radio station for announcement over the air (*KRKO Radio – 425-304-1381 ext. 117; KOMO Radio – 206-404-5666; KSER Radio – 425-303-9070; KIRO Radio – 206-726-7000*).
- If parents cannot be contacted after 4 hours, the child's out-of-area contact will be called if possible.
- Provider will report incident to the licenser, at earliest convenience, and will complete a written incident report at the earliest opportunity; incident reports are stored (*where*).

“DROP, COVER and HOLD” should be taught and practiced with the children at least once a month.

Flooding

If child care is in a flood prone area:

- During severe weather, provider or designee will listen to radio for flood watch and flood warning reports.
- If a flood warning is issued, move children and staff to the alternate site location; follow *Site Evacuation* procedure in this plan.
- Provider will notify all parents immediately.
- Provider will report incident to licensor at earliest convenience.
- Provider will complete a written incident report at the earliest opportunity; incident reports are stored (*where*).
- Provider will call insurance company (if needed).

Volcanic Eruption

A volcanic eruption will likely also be accompanied by other disasters such as flooding, landslides or mudflows (also known as lahars).

- When notified of possible eruption (if within lahar hazard area) designee will listen to radio for volcano/lahar warning reports and evacuation directions.
- If a lahar warning is issued and evacuation directives given, move children and staff to the alternate site location; follow *Site Evacuation* procedure in this plan.
- Provider will notify all parents immediately if evacuation takes place.
- If not in the inundation area but volcanic ash fall is imminent close doors, windows and vents. Place damp towels at door thresholds and other draft sources; tape drafty windows.
- Protect dust sensitive electronics (e.g., computers, machinery).
- Dust often using vacuum attachments rather than dust cloths, which may become abrasive.
- Remove outdoor clothing before entering the home if possible – ask parents to remove their shoes and shake off as much ash as they can before entering the child care.
- When going outside use dust masks and eye protection. If you don't have a dust mask, use a wet handkerchief.
- Prior to sweeping, dampen ash to ease removal. Be careful to not wash ash into drainpipes, sewers, storm drains etc. Seek advice from officials regarding disposal of volcanic ash in your community.
- Keep children indoors; discourage active play in dusty settings. Dust masks do not fit well on small children.**
- The weight of ash can cause roofs to collapse. Since most roofs cannot support more than four inches of wet ash, keep roofs free of thick accumulation. Once ash fall stops, sweep or shovel ash from roof's and gutters. A one-inch layer of ash weighs 5-10 pounds per square foot when dry, but 10-15 pounds per square foot when wet. Wear a dust mask and use precautions on ladders and roofs.
- Put stoppers in the tops of your drainpipes (at the gutters).
- Minimize driving (change oil and air filters frequently) use ample windshield washer fluid.
- Provider will complete a written incident report at the earliest opportunity; incident reports are stored (*where*).
- Provider will call insurance company (if needed).

Landslides

If child care is in landslide prone area:

- During severe weather, provider or designee will monitor the media for watch and warning reports, especially during snowmelt and saturating rain events.
- Provider or designee will keep an eye out for increased water/mud flow downhill, tree movement/leaning, and sounds of earth movement.
- If a landslide seems imminent or a warning is issued, move children and staff to the alternate site location; follow *Site Evacuation* procedure in this plan.
- Provider will notify all parents immediately.
- Provider will report incident to licensor at earliest convenience.
- Provider will complete a written incident report at the earliest opportunity; incident reports are stored (*where*).
- Provider will call insurance company (if needed).

Tsunami

If child care is in a Tsunami inundation area as defined by your local emergency management office or the US Geological Survey (USGS):

- If you feel the ground shake, follow the *Earthquake* procedure in this plan; some earthquakes may cause a tsunami to form. Treat all earthquakes as if they'll cause a tsunami since we cannot instantly determine which type of earthquake has occurred.
- Once the ground stops shaking and all staff and children have been accounted for and if your home child care is in a Tsunami inundation area, immediately move to high ground or inland. Do not wait for an official warning.
- Move children and staff to an inland alternate site location or a location at least 50 feet above sea level. This location is (*where*). Follow the *Site Evacuation* procedures in this plan. If you don't have time to travel to high ground, but are in or near a multi-story building, go up to the top level of the building.
- Provider will notify parents immediately of the incident, the evacuation and location if children are moved to an alternate site location.
- Provider will report incident to licensor at earliest convenience.
- Provider will complete a written incident report at the earliest opportunity; incident reports are stored (*where*).
- Provider will call insurance company (if needed).

Missing Child

- Call 911 immediately; provide the following information:
 - Child's name and age
 - Address
 - Physical and clothing description of the child, including any distinguishing marks such as visible scars or birthmarks
 - Medical status, if appropriate
 - Time and location child was last seen
 - Person with whom the child was last seen.
- Search the home and premises again.
- Have child's information and, if possible, a picture for the police upon their arrival.
- Provider will notify parents of missing child and attempt confirmation that child is with family; if not - inform parents of situation and steps taken.
- Provider will report incident to licensor at earliest opportunity and Child Protective Services.
- Provider will complete a written incident report at the earliest opportunity; incident reports are stored (*where*).

Kidnapping

- Call 911 immediately; provide the following information:
 - Child's name and age
 - Address
 - Physical and clothing description of the child, including any distinguishing marks such as visible scars or birthmarks
 - Physical and clothing description of the suspect
 - Medical status, if appropriate
 - Time and location child was last seen
 - Vehicle information and direction of travel.
- Follow *Emergency Lockdown procedure* in this plan.
- Have child's information including picture, if possible, available for the police upon their arrival.
- Provider will notify parents of missing child; inform parents of situation and steps taken.
- Provider will report incident to licensor at earliest convenience and Child Protective Services.
- Provider will implement *Crisis Response procedure* in this plan.
- Provider will complete a written incident report at the earliest opportunity; incident reports are stored (*where*).

Child Abuse

- Any assistants or staff must report abuse or suspected abuse to the Provider.
- Provider will make a report to Child Protective Services and the licensor (see list under next item for the type of information that may be asked).
- Provider and appropriate staff will write down the following information on an incident report*:
 - Date and time of calls to Child Protective Services and Department of Early Learning (licensor)
 - Child's name
 - Child's age/birthdate
 - Address
 - Name and address of parent or guardian and other children in the home (if known)
 - Any statements made by the child (but do NOT interview them)
 - The nature and extent of the injury or injuries, neglect, and/or sexual abuse
 - Any evidence of previous incidences of abuse or neglect including nature and extent
 - Any other information which may be helpful in establishing the cause of the child's injury or injuries, neglect or death and the identity of the perpetrator or perpetrators

*Note: These reports may become legal documents. Confidentiality of these reports must be strictly observed.
- Incident reports are stored (*where*).

Assault on Child or Staff

- Call 911.
- Provider will follow "Intruder Alert Procedure" in the *Intruder Alert / Lockdown procedure* in this plan.
- Follow *Lockdown* or *Lockout procedure* in this plan as appropriate.
- Provider or designee will stay with the victim.
- Victim's family will be notified by (*title of responsible person*) when safe to do so.
- Provider will call Child Protective Services.
- Provider will report incident to licensor at earliest convenience.
- Provider will complete a written incident report at the earliest opportunity; incident reports are stored (*where*).

Intruder Alert Procedure / Lockdown / Building Lockout

From time to time, schools and child cares have been faced with the threat of unauthorized individuals entering the facility. An intruder is defined as any unauthorized individual who, through act or deed, poses a perceived threat to the safety and welfare of children and employees. If at any time you are dealing with a person you feel uncomfortable around or are fearful for your safety or the safety of others, then you may be faced with an intruder situation. If the intruder is already in the child care, initiate the intruder alert procedure and lockdown. Children will be locked down **WITHIN** one room of the home, if possible. If there is suspicious or criminal activity occurring outside the facility, the child care will go into a building lockout. Doors to the outside will be locked and access restricted, but staff and children will be allowed to move between the rooms inside the home, if necessary.

There are key recommendations to implement regarding a lockdown, including those conducted because of an intruder:

- It is important that all adults in the home understand, support and participate in the Intruder Alert, lockdown, or lockout procedures.
- It is important to practice these procedures in the child care a couple times per year, just as you practice fire drills.
- Lockdown information will be given to parents upon enrollment. Parents will be notified of all lockdown/lockout drills and events. The child care will provide written materials for parents to help children understand and cope.
- Parents will be given a pre-designated alternate pick up site if children and staff are evacuated. Parents should not try to enter the child care during a lockdown or lockout and may be kept away from the child care until authorities determine it is safe.

Intruder Alert / Lockdown

If a person(s) comes into the home, assess the situation. If you are uneasy or suspicious of the person(s) immediately have someone call 911, or call 911 yourself, if possible.

- **If a weapon is present, or suspected, DO NOT CONFRONT** –Initiate Intruder Alert / Lockdown Procedure if possible.
- If **no** weapon is suspected, confront the intruder in the following manner:
 - Approach the individual in a non-confrontational manner with the assistance of another adult, if available.
 - Introduce yourself and the person with you to the individual in a non-confrontational way
 - Ask the individual who they are and how you can be of assistance.
 - Inform the individual this is a private home and guide him/her to an area far away from the children.
 - If the individual refuses, do not confront him/her. If possible, call 911.
 - Initiate Intruder Alert / Lockdown Procedure.

If it is determined that the safety and health of children and staff are in jeopardy begin the *Intruder Alert procedure*.

- If the intruder is already inside the home, provider or designee will immediately call 911 (if it has not been done already) and stay on the phone until help arrives. Await further instructions from emergency response personnel.

- Provider should quickly gather all the children together in one room away from the intruder.
- Lock all doors (this includes exterior and interior doors), close and lock all windows, cover all windows and doors, and turn off lights; **if doors to hallway cannot be locked, use a doorstop or other wedge to keep the door closed from the inside.**
- Keep children away from windows and doors; position children in a safe place against walls or on the floor; position children behind a bookcase or turn a table on its side to use as a buffer.
- Provider or staff will maintain (as best they can) a calm atmosphere in the room, keeping alert to emotional needs of the children. (Tip: gather in a story circle behind the table and gather infants into one or two cribs (preferably on wheels) along with items to help keep them quiet, such as bottles, pacifiers, and small, quiet toys).
- Provider and staff will keep all children inside until an all-clear signal has been given.
- Emergency personnel will inform the site when it is safe to move about and release children. Children should not be released to parents until an “all clear” has been called.
- Upon arrival, the local police, in conjunction with the provider, will assume controlling responsibility and may evacuate the child care per police standard operating procedures.
- When “All Clear” is heard, the provider will apprise the staff of the situation and counsel with children. When the threat has been eliminated, normal activities should be resumed as soon as possible as instructed by the provider.
- Provider will apprise parents of all “lockdowns” whether practice or real.

Building Lockout

If the suspected intruder is not yet in the building, a lockout will be initiated.

- Any children outside the child care home must be brought inside immediately.
- Immediately lock all exterior doors, close and lock all windows, and cover all windows.
- Provider or designee will immediately call 911 and stay on the phone until help arrives; await further instructions from emergency response personnel.
- Keep children away from windows and doors.
- Provider and staff will maintain (as best they can) a calm atmosphere in the child care, keeping alert to emotional needs of the children. Activity within the child care may continue, but no access to the outside is permitted.
- Provider will keep all children in the child care until an all-clear signal has been given.
- Upon arrival, the local police, in conjunction with the provider will assume controlling responsibility and may evacuate the child care per police standard operating procedures or may allow parents to pick up children if deemed safe.
- Any individuals outside the child care wishing to gain admittance must be escorted by law enforcement personnel.
- When "All Clear" is heard, the provider will apprise the staff of the situation and counsel children. When the threat has been eliminated, normal activities should be resumed as soon as possible as instructed by the provider.
- Provider will apprise parents of all lockdowns or lockouts whether practice or real.
- Provider will report incident to licensor at earliest convenience.
- Provider will complete a written incident report at the earliest opportunity; incident reports are stored (*where*).

Suspicious Mail or Package

- Do not touch, smell, or taste unknown substances.
- Cover substance with paper, trash can, clothes, or other material.
- Evacuate room, seal off room, and mark room as "Dangerous".
- Wash hands thoroughly.
- Call 911.
- Make a list of all adults and children present in the room at the time of the incident to provide to local health authorities and the police.
- Provider will inform all parents and licensor of the incident.
- Provider will complete a written incident report at the earliest opportunity; incident reports are stored (*where*).

Communicable Disease Outbreak

Symptoms of flu, for example, include fever, headache, extreme tiredness, dry cough, sore throat, runny or stuffy nose, and muscle aches. Nausea, vomiting, and diarrhea are also common in children with the flu. Flu is spread from person to person through coughs and sneezes and indirectly through contaminated objects. For this reason, it is very important to isolate children with flu symptoms and have their parents or guardians pick them up as soon as possible. During a flu outbreak, as determined by the local health authority, additional steps should be taken to prevent the spread of disease. Make sure to keep emergency disaster supplies and emergency contact cards handy.

- Check all children upon arrival for flu symptoms before the parents leave the child care. Any children who have these symptoms should not be permitted to stay at the child care and should be asked to leave with the parent/guardian.
- All staff, parents, and children should wash their hands with soap and warm water upon entering the child care.
- If a child or staff member develops flu-like symptoms while at the child care, physically separate the sick person.
- Call the parent/guardian to arrange for pick-up of the ill child. Insist that they come immediately.
- Send sick staff home and provide for paid sick-leave, if possible. If provider is sick, child care may need to be closed.
- Sick children will stay in the isolation area located (*where*) until a parent or guardian is able to pick them up.
- The person in charge of caring for ill children in the isolation area is (*title of person*). This person will limit contact with the ill child to the greatest extent possible.
- Plenty of fluids will be provided to ill children.
- Children and staff with symptoms will be asked to wear a mask. The staff member caring for the ill child will wear a mask.
- All persons at the child care should carefully follow recommendations for hand hygiene after contact with an infected person or the environment in which the infected person was.
- Those persons who are not involved in caring for the ill child will not enter the isolation area.
- Place all used tissues in a bag and dispose of with other waste. A bag will be placed next to the ill child in the isolation area for this purpose.
- All parents will be notified of the illness.
- Sanitize the environment in which the sick child/staff had been located. Sanitize any toys or objects the sick child handled. Other cleaning and sanitizing activities should be done at the normal times.
- Wash and sanitize any bedding that was used by the sick child. Care should be taken when handling soiled laundry (i.e. avoid holding the laundry close to your body) to avoid self-contamination. Wash hands after doing laundry.
- Soiled dishes and eating utensils should be cleaned and sanitized as usual.
- Any staff member or child who has been in the child care with a sick individual is at risk for developing influenza. Monitor staff and children continually for flu symptoms. Consult with

healthcare providers to determine whether a flu vaccine, if available or antiviral prophylaxis should be considered.

- Keep in contact with the local health authority and the child care licenser to determine if and when the child care should be closed.
- Provider will complete a written incident report at the earliest opportunity; Incident reports are stored (*where*).

Field Trip Incident

- Before leaving for a field trip, make sure the trip coordinator has the following information:
 - Child list by assigned vehicle
 - Supervisor/Chaperone list by assigned vehicle
 - Map of intended route
 - Children's emergency and medical information/supplies
 - Name and license number of driver, vehicle license number
 - List of important phone numbers significant to the trip (including children's emergency contact information and chaperone cell phone numbers)
 - First aid kit.
- Attend to any medical needs if there are injuries or complaints of pain.
- Call 911 if emergency medical treatment or police are required.
- Contact child care, if someone is there, and provide update and actions being taken; provider should consider deploying personnel to the scene, hospital, or to appropriate locations.
- Provider will contact parents and give update of actions being taken; indicate meeting locations or pick-up times at the child care.
- Provider will report incident to licenser at earliest convenience.
- Provider will complete a written incident report at the earliest opportunity; incident reports are stored (*where*).
- Provider will call insurance company (if needed).

Bomb Threat

During the Bomb Threat Call:

- DO NOT HANG UP!** Keep the conversation going and attempt to get the following information:
 - Where is the bomb?
 - What time will it go off?
 - What kind of bomb is it?
 - Who are you?
 - Why is this going to happen?

- Listen for the following:
 - Voice of male or female
 - Speech impediment or accent
 - What kind of background noise there is
 - Cell phone or land-line

- Note the following: Time _____ Date_____.
- What does the Caller ID say: _____.
- Try to get the attention of another adult if possible and have them initiate the next steps.
- Notify provider, if another person is taking the call.
- Call 911.
- Initiate a lockdown; follow *Lockdown procedure* in this plan.
- Confer with fire and police about evacuation.
- Have floor plan ready for police/fire personnel.
- Glance around the area for suspicious items (DO NOT MOVE SUSPICIOUS ITEMS).
- If the decision is made to evacuate, follow *Building and Site Evacuation procedure* in this plan.
- Provider will notify parents if evacuated or moved to alternate location.
- Provider will report incident to licensor at earliest convenience.
- Provider will complete a written incident report at the earliest opportunity; incident reports are stored (*where*).
- All parents will be notified of incident.

Coordinating a Response

The initial steps you take in responding to an emergency or disaster may be unique to that event. (Please see “Steps to Take during a Disaster” section for detailed information on specific emergencies/disasters). Most situations, however, require action in some predictable areas. Everyone must always be accounted for and ongoing safety must be ensured. Child release, or reunification, has to be set up. In the hours and days following an event, basic needs continue to have to be met. The way you meet the everyday needs of hydration, nutrition, sanitation, shelter, and emotional support, however, may be different from the way you do it on a daily basis. It is useful to plan **who** takes care of **which responsibilities** in advance. Circumstances may differ, but your response will go more smoothly – and less will be forgotten – if you put some systems in place now.

Incident Command System

One way of organizing your response is the Incident Command System. The Incident Command System (ICS) provides structure for managing a disaster or emergency and can be adapted for virtually any situation and any staff level. When you are using ICS effectively, everyone knows who’s responsible for what. Don’t be put off by the name; it’s a great tool and easy to learn.

An ICS chart that lays out job descriptions will follow. If you have extra staff, you may be able to assign people to all of the positions listed. If not, don’t worry. Additional charts on following pages give you a framework for distributing tasks among a staff of any size.

We’ll show you how we have adapted it for child care and other early learning programs, and we’ll explain how this can be used in your size child care.

When a child care/early learning program responds to a disaster or emergency, the minimum staffing necessary will remain with and care for the children. The rest of the staff will take on new roles as necessary (as dictated by the situation). The Incident Commander (who may or may not be the Provider or Designee) is responsible for all tasks until delegated.

ICS Components for Child Care/Early Learning Programs

Incident Commander (1)

PIO, Safety Officer, Liaison (1-3)

Operations (1)

Logistics (1)

Planning/Administration
/Finance (1)

Site/Facility Check &
Security (2)

Supplies &
Equipment (2)

Documentation (1)

Search & Rescue (2)

Staffing (1)

First Aid (2)

Child Care (18)

Child Release (3)

Here's what each role is:

The Incident Commander (IC) is responsible for directing site emergency response activities. (This is likely yourself as the home child care provider, but doesn't have to be.) Again, the IC is responsible for all tasks until delegated. The incident commander also sets the tone for the response.

The Operations Chief manages the direct response to the disaster (site check and security, search and rescue, first aid, child care, and child release). The operations chief reports directly to the IC.

The Site/Facility Check & Security Team protects the site and the people present at the site from further damage or injury. Duties include fire and utility control, creating a secure area for children and staff, and checking site/facility for any hazards and mitigating them.

The First Aid Team provides emergency medical response, first aid, and emotional support.

The Search & Rescue Team - (***without putting themselves at undue risk***) - searches for and recovers missing children, staff, and volunteers. Search and rescue is always done by a minimum of two people. When entering a room to do a search, team members put a slash mark (/) on door to show that they are inside. When leaving the room, they make another slash

to complete an **X** to show that room has been searched and is empty.

The Child Care Team ensures that the children are well cared for while other teams are carrying out their responsibilities. This may include evacuating with the children.

The Child Release Team assures that children and their parent/guardian(s) or authorized adult (emergency contact) are reunited in a safe, organized manner. The team checks identification and emergency contact forms and documents for each released child: with whom they left, what time they left, and where they are going.

The Logistics Chief manages the distribution of supplies and staff during the disaster. The logistics chief reports directly to the IC.

The Supplies & Facilities Team coordinates supplies to assure supplies are best utilized and last as long as needed.

The Staffing Team coordinates the assignment of personnel (staff, children, disaster volunteers) in support of an incident. The team keeps track of hours worked, assures breaks are given to staff, and plans to send home staff as children leave.

The Planning/Administration Chief is responsible for the collection, evaluation, documentation and use of information about the incident. This person maintains accurate records and a map of the site and provides ongoing analysis of the situation (weather, light) and resource status. S/he is also responsible for maintaining financial records for the incident. The planning/administration chief reports directly to the IC.

The Documentation Team ensures that all necessary information is reported and forms are completed during the disaster or soon thereafter.

Standard ICS includes the jobs of Public Information Officer (PIO), Safety Officer and Liaison; all of whom report directly to IC and are assigned as needed.

The Public Information Officer (PIO) provides single point of information about program and communicates with staff, families, and, if necessary, the media. S/he also monitors the media.

The Safety Officer assesses and monitors hazards and unsafe situations and implements safety solutions.

The Liaison serves as a point of contact for any assisting or coordinating agencies

A larger child care program may have a PIO or Safety Officer; otherwise, these duties may be incorporated into other teams, or the child care provider may fill all of the roles. For example, the Site/Facility Check & Security team may perform the duties of the Safety Officer and the Planning/Administration/Finance Chief may handle communications.

It's helpful to match staff with roles beforehand. Discuss roles and responsibilities with each individual staff member first. That way, they can prepare more for the role they are likely to assume. Understand that there will need to be some flexibility, as circumstances differ. If a particular role isn't needed, staff can be reassigned to where they would be most useful. Especially in a small program, you may also want to recruit parents/guardians or community volunteers who live or work nearby to fulfill some of these roles. If you get their volunteer paperwork completed now, you'll have fewer worries later.

In any case, educate your staff about the Incident Command System and your entire disaster/emergency plan as soon as possible. Get everyone excited about making a difference. With a little work now you'll have much more positive outcomes later.

ICS Organizational Charts

The following pages contain charts that show possible ICS configurations for staff of different sizes. Please keep in mind that these are only guidelines. Roles that are needed should be added and reassignments should be made when roles are unnecessary in your response. For example, in a high-profile event involving media, consider assigning a spokesperson to talk with the media right away; you will choose one based on number of staff on any given day. In a situation involving no injuries, reassign First Aid Team members.

1 Staff

Organizational Chart – 1 Person

Help will be needed! Get to know your neighbors now. Who can you recruit to help? Are there any parents/guardians who work nearby and would be willing to help?

Incident Commander:

Incident Command Operations

- Site/Facility Check & Security
- Search and Rescue
- First Aid
- Child Care
- Child Release

Logistics

- Supplies & Equipment
- Staffing

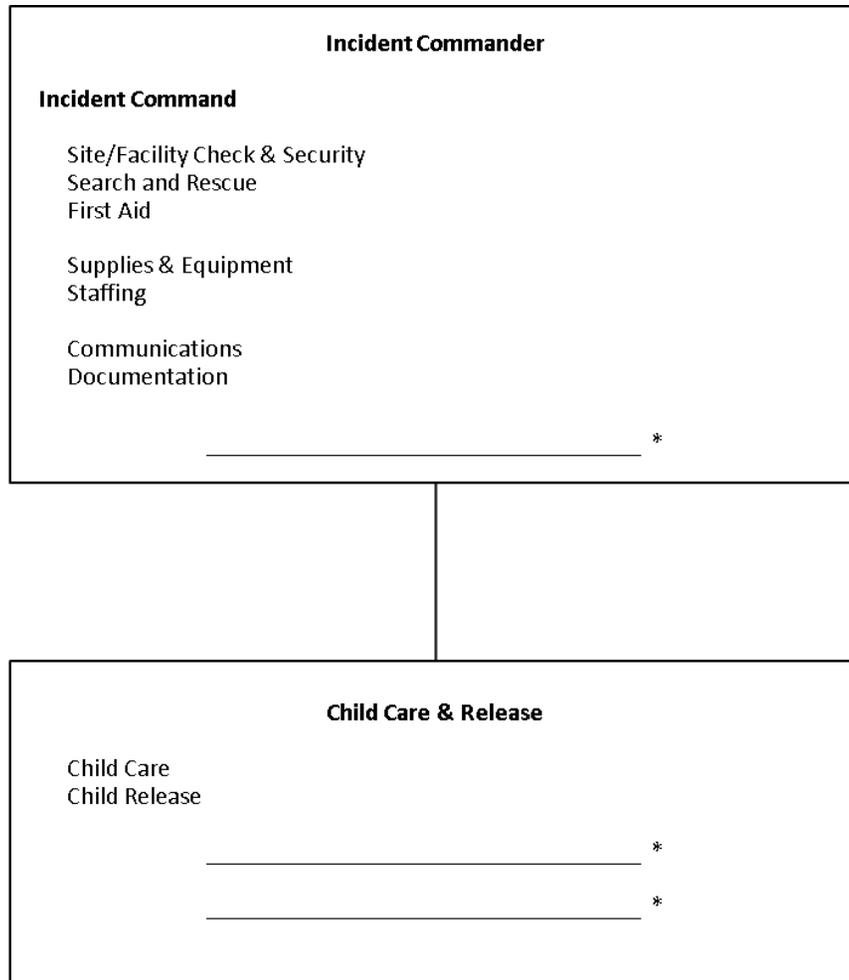
Planning/Administration

- Communications
- Documentation

_____ *

Family or Community Volunteers who've agreed to help. (Background checks are complete.)

2-3 Staff



Organizational Chart – 2-3 People

For 2 people: 1 person is the Incident Commander; 1 person is responsible for Child Care

For 3 people: Add 1 person to Child Care

**Family or Community Volunteers
who've agreed to help.
(Background checks are
complete.)**

4-7 Staff

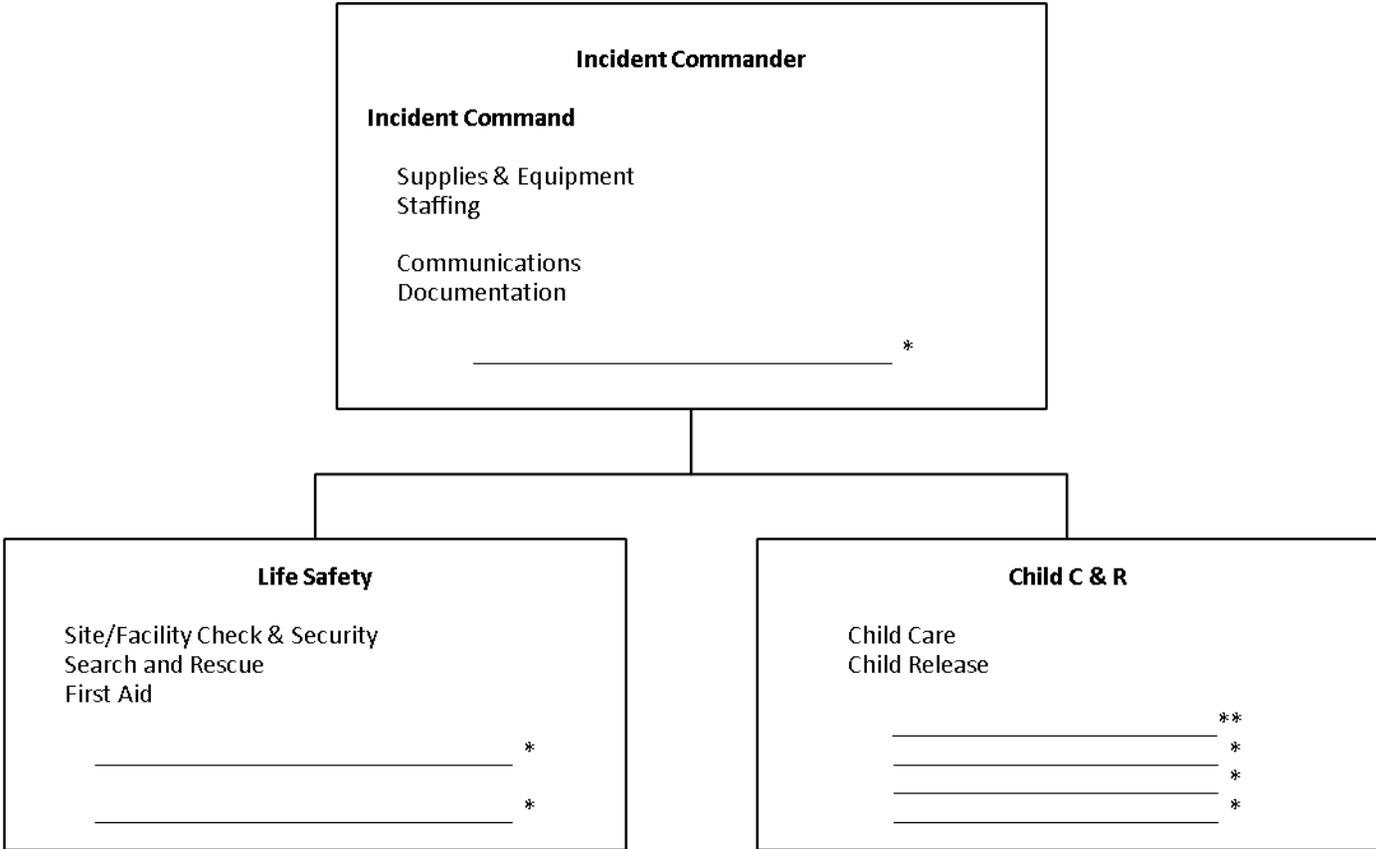
Organizational Chart – 4-7 People

For 4 people: 1 person is the Incident Commander; 1 person provides Life Safety; 2 people are responsible for Child Care

For 5 people: Add 1 person to Child Care

For 6 people: 1 person is the IC; 2 people perform Life Safety; 3 people are responsible for Child Care

For 7 people: Add 1 person to Child Care

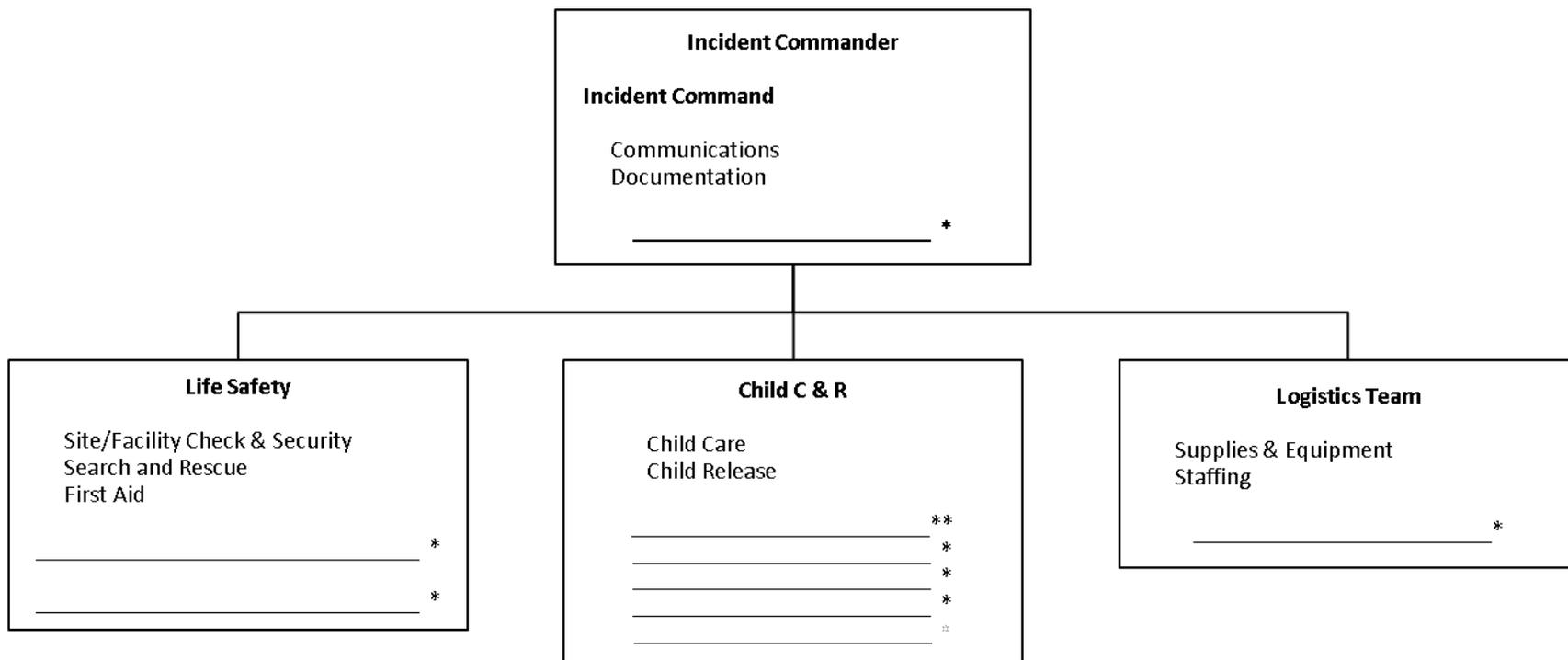


8-9 Staff

Organizational Chart – 8-9 People

For 8 people: 1 person is the IC; 2 people perform Life Safety; 1 person takes care of Logistics; 3 people are responsible for Child Care

For 9 people: Add 1 person to Child Care

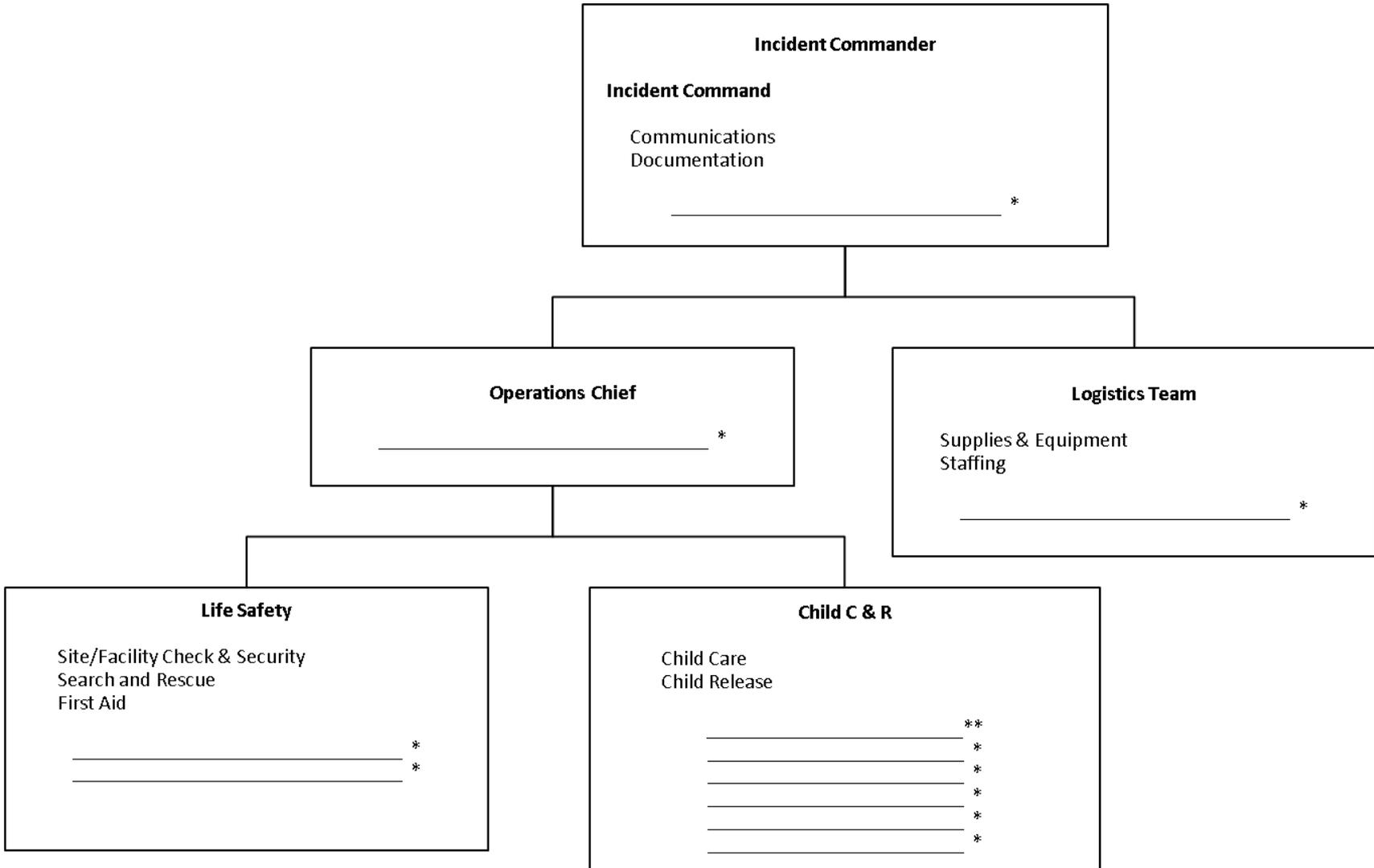


Organization Chart – 10-11 People

For 10 people: 1 person is the IC; 1 person is the Operations Chief; 1 person takes care of Logistics; 2 people provide Life Safety; 5 people are responsible for Child Care

For 11 people: Add 1 person to Child Care

10- 11 Staff

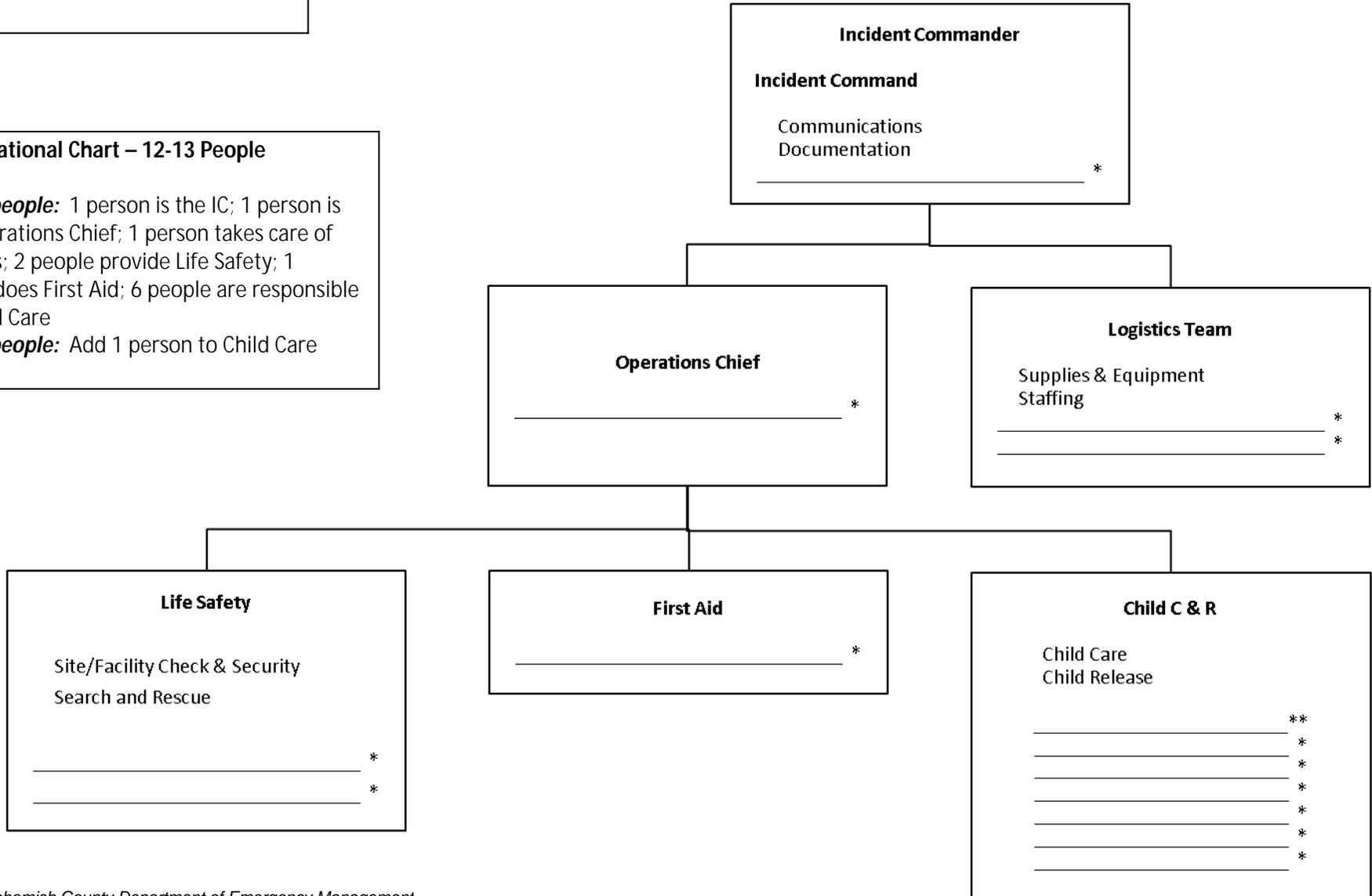


12- 13 Staff

Organizational Chart – 12-13 People

For 12 people: 1 person is the IC; 1 person is the Operations Chief; 1 person takes care of Logistics; 2 people provide Life Safety; 1 person does First Aid; 6 people are responsible for Child Care

For 13 people: Add 1 person to Child Care

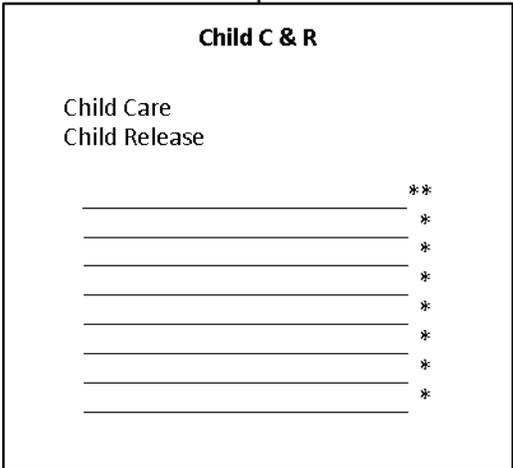
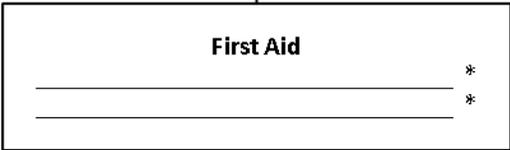
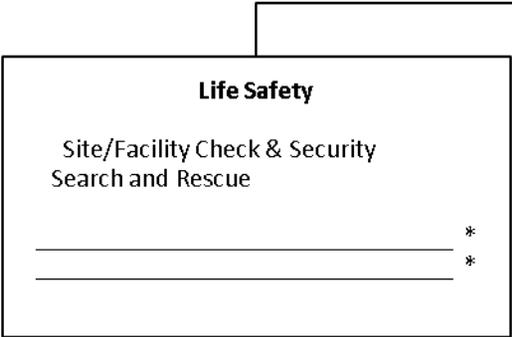
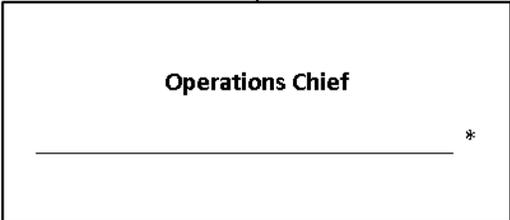


14-15 Staff

Organizational Chart – 14-15 People

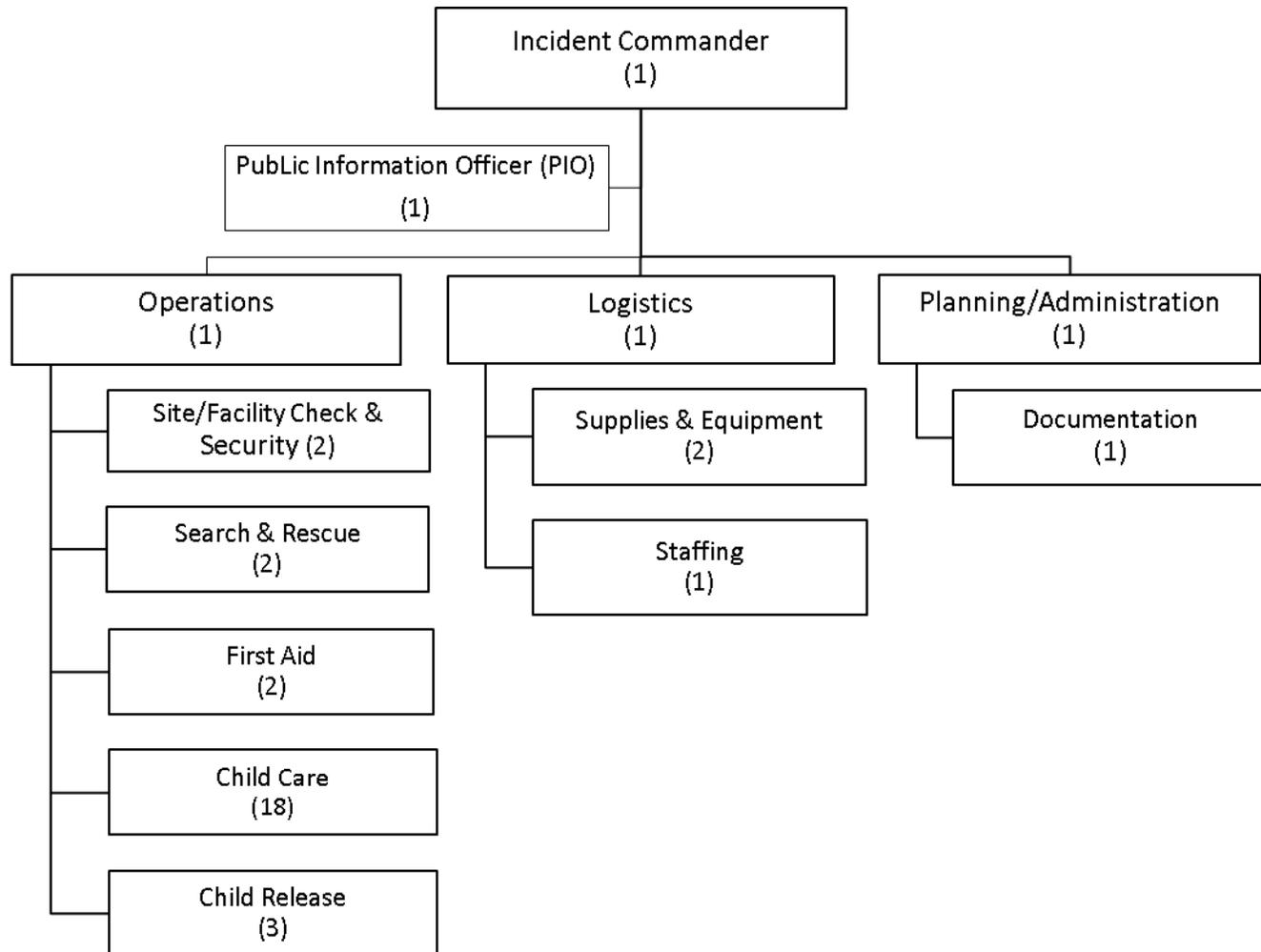
For 14 people: 1 person is the IC; 1 person is the Operations Chief; 1 person takes care of Logistics; 2 people provide Life Safety; 2 people do First Aid; 7 people are responsible for Child Care

For 15 people: Add 1 person to Child Care



36 Staff

of Emergency Management
Communicable Disease Outreach Program
Management



Crisis Support

When a tragedy strikes, providers are torn between the need to deal with children's reactions at the same time they are coping with their own reactions. With some advanced planning, this process can be much smoother (and healthier) than when tragedy takes a child care by surprise.

Crisis: *A sudden, generally unanticipated event that profoundly and negatively affects a significant segment of the child care population and often involves serious injury or death. The psychological and emotional impact will be moderate to severe. Outside assistance may be needed.*

- Provider will determine whether or not to maintain normal schedules or to set aside the normal schedule for an all out effort to deal with the crisis. Depending on the crisis, it may be necessary to close the child care for the day. The child care should be reopened as soon as appropriate to provide normalcy back into the lives of children, parents and staff.
- Provider will coordinate activities with on scene police or fire if it is that type of emergency.
- Identify high risk children, staff and parents likely to be most affected by the news.
- Gather and inform closest friends of the victims, provide support and information to them before a general announcement is made. If close friends or classmates are absent, assure that a supportive adult gives the news to them, ensuring that they do not get initial information from the media.
- Give any staff the facts about the tragedy and instructions on how to share the information with the children in their care as well as suggestions for assisting children to cope (see information either included on the CD or as links with this plan on the website).
- Send a letter home to parents explaining the situation. Include specific factual information and information on how the child care is handling the situation. Include a handout on Typical Children's Reactions (see information either included on the CD or as links with this plan on the website).
- Some parents will need to be contacted by phone, particularly if their child's reaction to the crisis is severe. Talk directly with the person picking up the child about the situation and possible reactions (see information either included on the CD or as links with this plan on the website).
- Determine if additional community resources are needed to be on "stand by" to effectively manage the crisis. It is essential to minimize the number of "strangers" standing around but bring in extra staff to help with meals or other logistics so familiar staff are with the children. Trained Early Childhood Crisis Counselors can act as advisors to the staff.
- Facilitate a staff meeting and, if possible, a parent meeting to provide information related to the crisis (see "Parent Informational Evening" either included on the CD or as links with this plan on the website). The following are some suggested activities:
 - Assist with children's processing of information about the crisis
 - Provide counselors comfortable with working with young children and trauma to work with children/staff individually or in groups in a variety of locations
 - Provide support and counseling for parents
 - Provide childcare while parents attend support activities
 - Provide helpful, factual information to parents
 - Have an individual assist with answering phones, providing information and handling non-media inquiries
 - Maintain a record of offers of assistance and ensure that proper personnel respond

- Deal with the “empty chair/desk” problem. For example, a counselor would provide support while sitting in the child’s chair. The chair would then be moved to the back of the classroom. Finally the chair would be removed. Make sure children are part of the entire process. Allow children to be part of taking down artwork that was done by the missing person or a picture of them and replacing it with something else. This can be done days or weeks later.
- Assign a familiar staff to act as Family Liaison between the child care center and the family. When appropriate, contact the friends/family of the deceased to get information regarding funeral arrangements and pass on information to child care staff and parents who may wish to attend. If a parent feels it’s appropriate for their own children to attend the funeral/memorial, they must attend with them and provide support to their own child.
- Arrange with appropriate community resources for a Parent Informational Evening and child care/community support activities 48-72 hours after the event.
- Other considerations:
 - Have designated locations for the use of media, family, friends and workers, as needed. Keep media separate from families, children, friends and workers.
 - Have transportation available to assist the family.
 - Young members of the victim’s family should be cared for if possible.
 - Children and staff should be given permission to feel a range of emotions. Typically, individuals go through a sequence of emotional reactions following a crisis: high anxiety, denial, anger, remorse, grief and reconciliation.
 - Provide for grief counseling through Hospice/Carousel Program. The phone number is (425) 261.4777.

Crisis Communications

Communication in a crisis will help set the stage for effective response, help to manage parents and the community, and begin the healing process by providing appropriate information in a timely manner.

It should not be assumed that the provider will take on all the Crisis Communication activities. The provider may become the Spokesperson for the child care with someone else assigned to the writing and coordination of communication activities.

- Provider will determine whether or not to maintain normal schedules or to set aside the normal schedule for an all out effort to deal with the crisis. Depending on the crisis, it may be necessary to close the child care for the day. The child care should be reopened as soon as appropriate to provide normalcy back into the lives of children, parents and staff.
- Provider will coordinate activities with on scene police or fire if it is that type of emergency.
- If child care is affiliated or shares a physical location with another organization, a homeowner’s association for instance, then the other organization may need to be notified.
- Provider will determine if parent notification becomes an item of priority or can wait for a letter to go home in the evening.
- If child care specific - Provider will designate someone to keep the local radio station informed as to the status of the child care so parents will have accurate information. Use a Spokesperson from your own staff or work with the Public Information Office of the responding agencies or affiliated organization.
- Gather and inform closest friends of the victims, provide support and information to them before a general announcement is made. If close friends or classmates are absent, assure that a

supportive adult gives the news to them, ensuring that they do not get initial information from the media.

- Prepare a formal statement for initial announcement, include minimum details and note additional information will be forthcoming. Also prepare statements for telephone and media inquiries. Have someone who does not get overly emotional answer phones and direct them to not guess about information they don't have; stick to the facts that have been approved for release.
- Give staff the facts about the tragedy and instructions on how to share the information with the children in their care as well as suggestions for assisting children to cope (see information either included on the CD or as links with this plan on the website).
- Send a letter home to parents explaining the situation. Include specific factual information and information on how the child care is handling the situation. Some parents will need to be contacted by phone, particularly if their child's reaction to the crisis is severe.
- Plan on updating information frequently.
- If possible, use multiple communications methods... direct contact with parents, written fact sheets, media, social media, meetings and other methods.
- Conduct a short staff informational meeting when children have all been released, if you have a large number of staff. Give them current information, praise them for a difficult job well done and prepare them for the next steps.
- Inform staff and parents about any planned Staff, Parent or Community meetings.
- (*Title of individual*) will deal with media/reporters promptly and factually. Coordinate messaging with Public Information Officer from fire or police if they are on scene.
- Provide appropriate information as requested by police, hospital, or other agencies.
- Provider will report incident to licensor at earliest convenience.
- Provider will report incident to Child Protective Services if necessary.
- Provider or designee will complete a written incident report at the earliest opportunity; incident reports are stored (*where*).

Parent-Child Reunification

Once a child is left in the care of your program, you, and your staff, are responsible for the child until s/he is picked up by a parent/guardian or emergency contact. The process for tracking children after a disaster is different – and more difficult – than during normal, everyday operations.

There are various reasons why child release differs after a disaster. Children must be released only to family members or emergency contacts that have been pre-designated on the emergency contact list or registration forms. Each release must be documented, with information about with whom and where the child is going. The process also creates privacy, so if a child is injured, his/her family can be given the news away from other waiting families. This is not only more respectful towards the family involved, but it also prevents other families from becoming more upset while waiting for their own children.

The following procedure has been outlined here for you to incorporate into your Child Care Disaster Plan and lists supplies that will be needed to carry it out. The accompanying video demonstrates what the parent-child reunification procedure looks like. The procedure, as outlined here, may not be suited for your child care based on differing staffing levels. Please incorporate what will work for your child care. **The key is to have a process in place that will assist you in quickly and accurately releasing the children in your care to their parent/guardian or a legitimate emergency contact.** It is very important that you maintain current emergency contact information for the children in your care. Whatever procedure you put into place in your child care, be sure to review and practice it at least annually with staff so everyone is familiar with the necessary steps. This helps reduce the chaos in a disaster situation.

The success of your release procedures relies in large part on prior explanation and practice for staff. Everyone will respond better to this disaster procedure if they know about it ahead of time. It is important to explain to families that the reunification process may take longer after a disaster, and why that is.

- Think about a good place for parents/guardians and emergency contacts to check in
- Copy Child Release forms, and store them with copies of emergency contact forms and other needed supplies in a go-kit, such as:
 - Signs
 - Pens
 - Clipboards
 - Extra paper
 - Tape

All families should be reminded of the importance of listing emergency contacts and keeping those contacts updated. Encourage families to include at least one emergency contact that is within walking distance of your child care, if possible. Remind parents/guardians that people listed as emergency contacts need to know that they are being counted on. They also need to know that everyone's ID will be checked for their child's, or children's, safety. Children will not be released to those not listed as emergency contacts. If people are concerned about not having ID during a disaster, offer to file pictures of emergency contacts, or copies of their ID's, with the child's emergency contact information.

It is important to thoroughly document how each child leaves the child care. In the event that a second adult shows up to pick up the child, you are then able to tell them where the child went and who picked them up. Having the adult tell you the destination is also very important so you can relay that to the other parent/guardian as needed. Documentation is extremely important during disasters so you can review them at a later date if required to do so.

Reunification Stations

There are four very important stations when setting up an alternate location and reunification plan. For some home child cares, the check in gate and the release gate may be located in the same place. Remember to always completely fill out the release form and have proper identification before releasing a child (**Modify these stations according to the number of available staff you have**).

- The **Check-In Gate** staff or provider will be the first to greet the parents/guardians/emergency contacts upon arrival. This is where the Post Disaster Child Release Form begins. It is also very important not to circumvent the necessary

documentation. Ideally, the child care area is not visible from the check in gate.

- The **Child Care Area** is where staff will care for all the children still in their care. Staff will need to make sure that the child's needs are being met and they are being entertained. This is can be very traumatic for the children and they will need more to do than sit and wait for their parents.
- The **Release Gate** will be one of the last places the adult and children see. This is where you will finish filling out the Post Disaster Child Release Form. The Release Gate is the place that the child/adult will be reunited to head home.
- A **Private Area** not visible to children and parents is necessary for the Commander, Provider or Designee to bring a parent or guardian to tell them if their child or children are missing, injured or deceased. It offers privacy and prevents other parents from becoming more agitated during chaotic circumstances.

Release Procedure

For the safety of staff and children, parents/guardians are restricted to the Check-in and Release Gates. A runner will be assigned to go get the child when the parent/guardian arrives.

- The release procedure begins at the Check-in Gate, where a parent/guardian or emergency contact begins filling out the child release form.
- A runner, if available, will then take the form to the Child Care Area to pick up the child.
 - The form is then signed by the staff assigned to that Child Care Area, releasing the child.
 - The runner will then take that child and form to the Release Gate.
 - Staff at the Release Gate and parent/guardian/emergency contact will complete the form together.
 - The Completed form will be filed at the Release Gate.
- *****If the child is injured/missing/deceased the process stops and provider will contact the family away from everyone else and explain the situation.*****

The following template form is encouraged to be used during the Reunification Process. Make many copies and store them with your center's go-kit of administrative supplies.

Post Disaster Child Release Form

Section 1 – Completed by Parent/Guardian/Emergency Contact at Check in Gate

<ul style="list-style-type: none"> To be completed by Parent/Guardian/Emergency Contact and returned to Check-in Gate Staff 	Child's Name: _____
---	---------------------

Section 2 – Completed by Gate Staff at Check in Gate

<ul style="list-style-type: none"> To be filled out by Gate Staff Upon completion, given to runner to get child. Adult will be escorted to release gate 	Parent/Guardian/Emergency Contact name: _____ Proof of ID : _____ Confirmed that this person is on the Emergency Contact Sheet: Yes _____ No _____ Staff Initials: _____
---	--

Section 3 – Completed by Child Care Area Staff at Child Care Area

<ul style="list-style-type: none"> To be filled out by Child Care Area Staff If child is present, send with runner to the Release Gate If child is absent, missing, or injured, send form with runner to Command Post 	Child's Status: Present _____ Absent _____ First Aid _____ Missing _____ *Child Care Area Staff to initial next to appropriate status.
---	---

Section 4 – Completed by Release Gate Staff at Release Gate

<ul style="list-style-type: none"> To be completed by staff at Release Gate Upon Completion, give to parent/guardian/emergency contact to fill out section 5 	Name of Parent/Guardian/Emergency Contact picking up child (Must match name at the top of the form) _____ Confirmed that this person is on the Emergency Contact Sheet: Yes _____ No _____ Staff Initials: _____
---	---

Section 5 – Completed by Parent/Guardian/Emergency Contact at Release Gate

<ul style="list-style-type: none"> To be completed by Parent/Guardian/Emergency Contact and returned to Release Gate Staff 	Parent/Guardian/Emergency Contact signature: _____ Destination: _____ Date: ____/____/____ Time: ____:____ am/pm
--	---

Section 6 – Completed by Release Gate Staff at Release Gate

<ul style="list-style-type: none"> To be completed by Release Gate Staff and file at release gate 	Signature of Release Gate Staff: _____ Date: ____/____/____ Time: ____:____ am/pm
---	---

Appendices

Appendix A: Sample Parent Letter

Date

Dear Child Care Parents:

Attached please find a copy of our “Disaster Response Handbook” – or - Near the sign-in area you will find a copy of our “Disaster Response Handbook”. Please take the time to read and become familiar with our procedures. With the implementation of this handbook you can rest assured we will do everything we can to protect and care for your child in the event of a crisis or disaster.

With any disaster or crisis, your cooperation is necessary for the following:

- Encourage and explain to your child why the best place for them is at the child care.
- Explain that if you are unable to pick them up quickly, the child care provider will care for them until you or your emergency contact comes to get them.
- Please do not immediately telephone the child care. Telephone lines will be needed for emergency personnel. Please call the center’s out-of-area contact for information or to relay messages during a disaster.
- Listen to KRKO, KOMO, KSER or KIRO radio for updates.
- Provide an emergency/comfort kit for your child.
- Include an out-of-state contact number for your family with your kit.
- Provide a 72-hour supply of any medication or medical supplies/equipment that your child may need.

The child care will care for your child until you or your designee is able to reach them. Be sure to keep your child’s emergency release card updated. Children will only be released to those specified by you on their card. We will also utilize the phone numbers on the emergency release card should we need to re-locate to our alternate site.

If local telephone lines are unavailable, utilize your out-of-state contact number for information. If possible, we will call that number to give information on your child and to see if you have left any information for us.

Thank you for your attention to this matter. Please feel free to contact the child care if you have any questions regarding our crisis/disaster response handbook. After reading this plan, parents should complete the **following page** and return it to the child care provider.

Keeping your children safe,

Child Care Provider

Sample Parent Communication Form



Dear Parent or Family,

During a disaster, communication may become challenging. Often it is easier to contact a long-distance phone number than a local or cell number. Our child care is establishing an out-of-area number to relay information throughout a disaster. Please put this number in a convenient and accessible place so that you are able to get information about your child should local calling become challenging. Our out-of-area contact is:

Name: _____

Phone #: _____

We encourage you to familiarize yourself with the disaster plans and policies established for our child care. If you have not already been given this information, it will be provided for you by:

Date: _____

Please sign and return the following portion

I have received information regarding your child care's out-of-area emergency contact.

I understand that your child care has established policies to respond appropriately to a disaster.

Signature: _____ Date: _____

Please provide the following information for our emergency records:

Child's name: _____

Child's out-of-area contact (100+ miles away): _____

Emergency contact (friend, family or loved-one): _____

Local contact (the "nearest" acquaintance): _____

Appendix B: Disaster Supplies

Supplies can be costly to purchase all at once. To ensure that you have the appropriate supplies:

- Review the lists and decide what is a priority for your home child care
- Develop a “supply rotation system” that allows you to use perishable supplies in your normal operations before the expiration date
- Team up with another organization to buy supplies in bulk
- Request specific donations from families or a disaster supply fee
- Seek donations from the community.

Supplies need to be accessible in the event of an emergency. It is often best to have a few essential supplies in a backpack or duffel bag near the door. This is called a “Grab and Go” bag (see next section for more information). The bulk of your supplies should be stored in a water-tight container, such as a plastic bin or a garbage can. This should be kept near an outside door or in an outdoor shed.

Grab & Go Bags

A “Grab & Go” bag contains necessary items for an emergency. Also called go-kits, these are items you may need within the first hour or two after a disaster. The bag only contains a small portion of your disaster supplies, but is a key part of your preparedness.

The “Grab & Go” bag is designed to meet immediate needs for a limited time. For example, it does not need to have formula and diapers for all infants. Make sure you have enough supplies in your 3-day disaster supply kit. If you have multiple classes, you should have one bag for each classroom.

Your labeled “Grab & Go” bag should contain:

- Current emergency forms for students and staff
- “Necessary” medications with authorization forms (such as a EpiPens®, asthma inhalers, or any other medications that a specific child may need to keep him/her alive)
- First aid kit
- Flashlight and batteries
- Whistle
- Bottle of water
- Age-appropriate snacks/infant formula
- Paper cups and/or infant bottles
- Tarp or ground cover and emergency blankets (such as space blankets)
- Tissue or toilet paper and/or wipes and diapers as needed
- Plastic bags
- Age-appropriate time-passers (books, crayons, paper, etc)



Make sure you have a system in place for keeping emergency contact information current. Check expiration dates of food, water, batteries, and any medication, and replenish those items regularly. Keep first aid supplies fully stocked.

A “Grab & Go” bag should be easy to grab/transport. Make sure you can easily carry it. A backpack is ideal. Your bags should go everywhere your class goes. If your children are inside, the best place for the bag is on a hook by the door that you would usually use to exit (and the exit that you are most likely to evacuate through). When you leave, always take it along. Your “Grab & Go” bag should be with you on: the playground, field trips, fire drills, or any other planned or unplanned departure. The “Grab & Go” bag should be out of the reach of children at all times.

Comfort Kits

You may want to have small comfort kits for each child stored with your main disaster supplies. Many disaster supply companies sell pre-made kits. Alternately you can give each parent a gallon size Ziploc bag and the following list:

- Wool socks
- Hat
- Photo/letter from home
- Small toy or book
- Mylar (space) blanket

Car Kits

You never know when a disaster may strike. Have emergency supplies in your car along with a first aid kit. Consider including the following items:

- Flashlight
- Batteries
- Non-perishable food
- Bottled water
- Blanket
- Comfortable walking shoes
- Flares
- Booster cables
- Small fire extinguisher

Food

Choose a variety of non-perishable foods that require little or no preparation. Rotate food items every 6 months. Try to select items that the children like to eat and ones low in sugar and salt. A sample menu and shopping list is found on the next page. Some ideas include:

- Commercially canned or processed foods, ready-to-eat meats, fish, pastas, fruit, and vegetables
- Canned evaporated or powdered milk
- Crackers, granola bars, energy bars, trail mixes, and cereals
- Freeze-dried foods, salmon/beef jerky, dried fruit, such as for camping
- Peanut or nut butter (provided no one is allergic)
- A personal energy booster for staff such as a candy bar, instant coffee, hard candies, or tea bags
- Infant formula and baby food for babies or other special foods for people with specific dietary needs

3 Days Emergency Menu for Child Cares

Calculate amount needed based on number of individuals at your home child care

DAY ONE		
MEAL	FOOD	PORTION SIZE
Breakfast	Cheerios	½ cup
	Mandarin Oranges	½ cup
	Milk (dry milk powder + water)	
Lunch	Tuna	1 ½ oz
	Saltine crackers	4
	Green Beans	¼ cup
	Peaches	¼ cup
PM Snack	Granola bar	1
	Pineapple juice	½ cup
Dinner	Canned Spaghetti with meatballs	½ cup
	Green beans	¼ cup
	Pears	¼ cup
DAY TWO		
MEAL	FOOD	PORTION SIZE
Breakfast	Cornflakes	½ cup
	Applesauce	½ cup
	Milk (dry milk powder)	
Lunch	Canned Chili	½ cup
	Corn	¼ cup
	Triscuit crackers	4
	Apricots	¼ cup
PM Snack	Graham crackers	2 pieces
	Apple juice	½ cup
	Dried prunes.	2 T
Dinner	Canned beef stew	½ cup
	Crackers	2
	Corn	¼ cup
	Peaches	¼ cup
DAY THREE		
MEAL	FOOD	PORTION SIZE
Breakfast	Cheerios	½ cup
	Orange Juice	½ cup
	Milk (dry milk powder)	
Lunch	Baked beans	½ cup
	Saltines	4
	Corn	¼ cup
	Pineapple chunks	¼ cup
PM Snack	Granola bar	1
	Apple juice	½ cup
Dinner	Canned ravioli	½ cup
	Green beans	¼ cup
	Fruit cocktail	¼ cup

Bottled water: 1 gallon per person per day

3 Day Menu Grocery List for Child Cares

Protein Group		
CN Labeled Chili *	15 oz. can = 4 servings	
Canned Beef Stew *	15 oz. can = 4 servings	
Canned Ravioli (CN Label) *	15 oz. can = 4 servings	
Canned Spaghetti/Meatballs *	15 oz. can = 4 servings	
Water packed Tuna	12 oz. can = 6 servings	
Baked Beans	28 oz. can = 6 servings	

GRAIN/BREAD GROUP		
Cheerios	20 oz. box = 20 servings	
Corn Flakes	24 oz. box = 20 servings	
Saltine crackers	16 oz. box = 38 servings	
Graham crackers	14.4 oz. box = 13 servings	
Triscuit crackers	13 oz. box = 22 servings	
Granola bars	12 per box	

FRUIT/VEGETABLE GROUP		
Canned Orange Juice	46 oz. can = 10 servings	
Canned Pineapple Juice	46 oz. can = 10 servings	
Canned Apple Juice	46 oz. can = 10 servings	
Canned Green Beans	14.5 oz. can = 6 servings	
Canned Peaches	29 oz. can = 7 servings	
Canned Apricots	29 oz. can = 7 servings	
Canned Applesauce	48 oz. jar = 9 servings	
Canned Corn	15 oz. can = 7 servings	
Canned Pineapple chunks	20 oz. can = 5 servings	
Canned Mandarin oranges	11 oz. can = 5 servings	
Canned Pears	29 oz. can = 7 servings	
Canned Fruit cocktail	30 oz. can = 8 servings	
Dried Prunes	24 oz. bag = 18 servings	

MILK GROUP		
Nonfat Dry Milk Powder **		

* CN Label = Child Nutrition Program approved product

** Mix with water for fluid milk to use on cereal or for drinking.

EXPIRATION DATES:

Try to purchase foods that will last for at least 6 months or a year. Restock food supplies on a planned schedule (every 6 months or annually) according to expiration dates.

Water

Allow a minimum of **1 gallon per person per day**. Include both staff and children in your count. Store your water in a cool place. Put some in your freezer if you have space, where it can help to keep food cold in a power outage.

You can purchase water or collect it yourself. If you choose to collect your own water, make sure it comes from a safe source and is stored in bottles previously used for non-dairy beverages only. Wash, rinse, and sanitize all bottles. **Do not use old milk jugs.** Replace water you bottle yourself every 6 months. If you purchase water already bottled, replace it before the use-by-date.

In an emergency, if water must be treated, boiling is the best way to kill bacteria and parasites. If bleach is used to treat the water, add 10 drops per gallon for clear water and 20 drops per gallon for cloudy water. Use only unscented, 5% or 6% liquid chlorine bleach. Allow the bleach treated water to sit for 30 minutes before using it. Be aware that bleach may not destroy all the disease causing organisms. Have an eye dropper for measuring bleach in your kit if you decide to use bleach to disinfect water.

Your hot water heater is a great source of water in an emergency. Make sure you know how to shut off the intake and outlet valves—this is to trap the water inside the tank and prevent contaminants from getting inside. It is also a good idea to flush your water heater annually. Check with your manufacturer's recommendation. Make sure it is strapped to wall studs to prevent tipping over. Don't rely on the water heater as your only source of water.



SAFETY & FIRST AID

Water

- 3 gallons of water per adult (1 gallon/adult x 3 days)
- 1.5 gallons of water per child (1/2 gallon/child x 3 days)
- any tools needed to open water containers
- cups and other items needed to dispense water

Stored: _____

Food

Emergency Food:

- Is easy to serve
- Does not require cooling or heating
- Has a long shelf life
- Is stored protected from heat, cold, and pests

- Our emergency food is part of our regular menu rotation. Food for 3 extra days is always on site. (*Familiar food can be a comfort during a disaster.*) It is rotated _____ (how often) by _____ (whom).
- We have a separate supply of emergency food. Expiration dates are checked _____ (how often) by _____ (whom).

We include food for those with food allergies or on special diets. We include age-appropriate food, such as formula and pureed food for infants (when enrolled).

Supplies kept with food include:

- Plastic dishes and utensils
- Manual can opener
- Bottles for infants

Stored: _____

Shelter

- 12' X 16' tarps
- 10' poles
- 1/4 in. nylon rope
- flashlight w/ (2) extra sets of batteries per staff person
- blanket (fleece, wool, &/or "space") per person
- extra blankets
- plastic sanitation bags
- privacy shelter
- toilet paper
- sanitary napkins
- plastic garbage bags
- paper towels
- soap towelettes packets or baby wipes
- bars of soap
- 5 gal plastic buckets for sanitation/emergency toilets
- Pine sol or similar product for toilet odor control
- 12-hour light sticks
- battery-operated lantern w/extra batteries
- extra clothing
- books, games, or small toys

Stored: _____

Special Equipment/Other

- Medical supplies for children with special health care needs:

- Pet supplies (if applicable)

Stored: _____



LIFE SAFETY & FIRST AID

Life Safety

- laminated maps of site
- hardhats
- am/fm battery powered radio
- walkie talkies
- whistles
- orange/safety vest per staff member
- shovels
- tools for simple search & rescue*
 - bolt cutter
 - pry bar
 - crowbar
- pliers
- hammer
- set of screwdrivers
- wrench
- utility knife
- rolls barrier tape
- rolls duct tape
- Other: _____
- Other: _____
- Other: _____

* For search and rescue training, contact your local emergency management agency.

Stored: _____

First Aid

- masking tape
- permanent marking pens
- first aid reference book
- assorted adhesive bandages
- 4 in. by 4 in. compresses
- 8 in. by 10 in compresses
- roll gauze bandages
- triangular bandages
- sm, med, and large cardboard splints
- steri-strips or butterfly bandages
- boxes of water in sealed containers for flushing wounds, etc.
- small bottle bleach
- backboard
- scissor
- tweezers
- non-porous medical gloves
- oval eye patches
- rolls 1" cloth tape
- rolls 2" cloth tape
- dust masks
- thermometer
- 3-day supply of critical medications, with authorization forms
- instant hand sanitizer
- eye wash
- pocket CPR mask
- alcohol wipes
- safety pins
- Other: _____

Stored: _____



ADMINISTRATIVE

Administrative Supplies

- master keys to facility and supply container(s)
- copy of disaster plan
- office supplies
 - pens
 - paper
 - tape (Duct and regular)
 - stapler & staples
 - clipboards
- sets staff and student rosters
- Current Emergency Contact forms
- "Check-In" signs for child release
- Post Disaster Child Release forms
- copies of all necessary forms, such as:
 - incident report forms
 - first aid log (or notebook)
 - staff time log (or notebook)
 - expenditure log (or notebook)
 - communications log (or notebook)
- Copies of important papers such as insurance documents, utility account numbers, etc.
- Money (change or small bills)

Stored: _____

*A file box is an example of a container that would hold everything and then be used to file paperwork later.

- Our supply inventory is complete; we have obtained all needed supplies (on-site supplies are indicated by a check in the boxes above). We have a plan for rotating perishable items.
- We are continuing to gather supplies. The supplies we have on site are indicated above. We have a plan for rotating perishable items. Our plan for obtaining additional supplies is as follows:

Supplies needed	Plan to obtain	Date to be completed	Person Responsible

Appendix C: Hazard Mitigation

Hazard mitigation is a term that means to minimize or eliminate the impacts of a hazard before they happen. Hazard mitigation is not a onetime thing. It is imperative to continually check areas and objects throughout your child care on an on-going basis. It is recommended that you do a walk-through of your child care areas at least once a month, or more, checking for any hazards that can be corrected.

Hazard Mitigation Priorities:

1. Would/could it break and fall and hurt someone?
2. Would/could it break and fall and block a primary exit from the room?
3. Would/could it break and fall and keep your program from opening the next day (or soon thereafter)?

Washington State Emergency Management Division has created some great videos for how best to prepare for a disaster and lessen hazards in your building. To view the videos:

- Open your internet browser to any search engine of your choice.
- Type in: Washington State Emergency Management
- Open the link for the Emergency Management Division (usually the first link)
- Hovering over the “Preparedness” Link, you will see an option for “preparedness videos”. Click on that link.
- http://www.emd.wa.gov/preparedness/prep_personal_prep_video_index.shtml

The Hazard Mitigation Form on the following page tracks the work done to reduce any hazards in the child care. Copy and complete one form for **each** room used for child care activities, including offices, hallways, storage rooms and the kitchen.

Earthquake Hazard Mitigation

You can never tell when there will be an earthquake, but you can take steps to reduce or avoid damage, injuries, or loss of life for the children in your care, your staff, and yourself. Preparing for an earthquake includes things you already do to protect the children’s safety and health, such as having a fire extinguisher handy and maintaining your certifications for first aid and CPR. With additional planning and preparation, the children in your care will have a better chance at surviving an earthquake unharmed.

In an earthquake, most injuries and deaths are caused by loose objects in and on buildings. During the shaking, cabinets and bookcases topple, objects fall out of cabinets, and hanging or large plants fall. Door frames and window jams may be bent when walls move. Doors may slam or jam shut, and window glass can shatter, sending broken glass into the room. Light fixtures, sprinkler heads, and other ceiling components may pop out and fall. Objects mounted on the walls (such as clocks, maps, and art work) may shake loose and fly across the room. The electricity may go out, and the sprinkler systems or fire alarms may turn on.

For more information on Hazard Mitigation and how to secure objects in the room, review “Earthquake Preparedness: What Every Child Care Provider Needs to Know,” [FEMA document 240](#).

Hazard Mitigation Form

Name of Room or Area: _____

Safety Action Taken	Date and Comments
Tall or heavy furniture is secured to wall studs	
Heavy objects are placed low or properly secured	
Shelves have adequate lips or strapping, or are lined with sticky material (such as "Grip It") to prevent items from flying off in an earthquake	
Overhead cupboards have safety latches	
Chemicals and poisons are stored safely (including: out of reach of children, in closed cabinets, no bleach and ammonia together)	
Windows are of safety glass or are adapted to prevent shattering and injury	
Evacuation/exit routes are free from hazards such as equipment, furniture, and other large objects	
All exits are unlocked or can be unlocked or locked from the inside without a key	

Ongoing room review:

Date & Initials:						
Action Taken:						
Date & Initials:						
Action Taken:						

Appendix D: Disaster Drill Records

This appendix includes sample disaster drill records. Choose the ones that work the best for your child care. Included on the pages that follow are:

- Child Care/Early Learning Lockdown Drill Record
- Child Care/Early Learning Fire Evacuation Drill Record
- Child Care/Early Learning Earthquake Drill Record

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Child Care/Early Learning Lockdown Drill Record (recommended: 2 per year)

Date of Drill _____
 Time of Drill _____
 Name of Program _____

Date of Drill _____
 Time of Drill _____
 Name of Program _____

Brief Description of Drill

Brief Description of Drill

Rooms Participating in Drill

Rooms Participating in Drill

Objectives	Evaluation	Changes to be Made	When Changes are Made

Objectives	Evaluation	Changes to be Made	When Changes are Made

--	--	--	--

Name of Person Organizing Drill _____

Name of Person Organizing Drill _____

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Child Care/ Early Learning Fire Evacuation Drill Record (required Monthly drills)

	January	February	March	April	May	June	July	August	September	October	November	December
Date:												
# of children:												
# of staff:												
Time started and ended:												
Comments:												
Fill out by: (staff)												

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Child Care/Early Learning Earthquake Drill Record

(recommended: 4 per year)

Date of Drill _____
 Time of Drill _____
 Name of Program _____
 Brief Description of Drill _____

Rooms Participating in Drill

Objectives	Evaluation	Changes to be made	When changes are made

Name of Person Organizing Drill _____

Date of Drill _____
 Time of Drill _____
 Name of Program _____
 Brief Description of Drill _____

Rooms Participating in Drill

Objectives	Evaluation	Changes to be made	When changes are made

Date of Drill _____
 Time of Drill _____
 Name of Program _____
 Brief Description of Drill _____

Rooms Participating in Drill

Objectives	Evaluation	Changes to be made	When changes are made

Name of Person Organizing Drill _____

Date of Drill _____
 Time of Drill _____
 Name of Program _____
 Brief Description of Drill _____

Rooms Participating in Drill

Objectives	Evaluation	Changes to be made	When changes are made

Name of Person Organizing Drill_____

Name of Person Organizing Drill_____

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Appendix E: Sample Situation Forms

Attach a copy of your child care's own incident report form here or describe how you keep record of significant incidents that occur. Our child care's incident reports are kept for *(how long)*.

Included in this section are two sample report forms: a "Child Care Situation Report" form and a "Child Care Situation/Conversation Log". Fill out the form completely and leave no blank spaces. If the information is unknown, state that in the blank. Also included is a log to track disaster drills.

Notes about the Child Care Situation Report:

This form should be used to periodically update responding agencies or other groups about the status and needs of your child care in the event of a serious, widespread disaster.

In the message section, include the following information:

- Kind of immediate assistance required
- If you can hold out without assistance and for how long
- Overall condition of the facility, children, and adults
- Names of outside agencies at the site and their actions

Notes about the Child Care Situation/Conversation Log:

This form should be used to keep a running log of the activities taking place during any disaster or crisis response. It will become very important when multiple individuals are responding to the situation.

A permanent log may be typed or rewritten at a later time for clarity and better understanding. If you do this, be sure to keep all original notes and records; **THEY ARE LEGAL DOCUMENTS.**

The following is a sample of how this log can be used and what information to include:

Time	Situation	Response	Initials
1:30 pm	Earthquake	Center was evacuated.	CD
1:45 pm	Susy's mom came to center upset and upset Susy's classmates.	Escorted Susy's mom away from children to compose herself and then let her take Susy home.	CD
1:55 pm	Water running out of bathroom.	Sent Becky to shut off the water main.	CD

Appendix F: Child Care Situation Report Form

To: _____ From: _____

Date: _____ Time: _____ Location: _____

Person in Charge at Site: _____

This message was sent via: 2-way Radio Radio Telephone
 Cellular Phone Messenger

Description of the Incident/Situation:

Employee/Child Status:

	# Absent	# Injured	# Sent to Hospital	# Dead	# Missing	# Unaccounted for	# Released to Parents	# Being Supervised
Staff								
Children								
Others								

Structural Damage (Areas checked for damage/problems and location(s) of problems):

Checked (X)	Problem Area	Location of problems
	Gas	
	Water	
	Fire	
	Electrical	
	Communications	
	Heating/Cooling System	
	Main Building	
	Other:	

Message:

Appendix G: Helping Children Cope with Disaster

Disasters can be very frightening and traumatic, especially for young children. There are several things that you can do to help the children in your care cope with their feelings.

Don't assume children won't understand what is happening.

- Reassure the children that they will not be left alone and that you are there to protect them.
- Be aware of changes in a child's behavior but also know that some children may not outwardly show their distress.
- Keep to routines such as meals, activities, and naps, as much as possible
- Try to keep familiar adults with the children rather than adding volunteers or substitutes for direct child contact.
- Avoid allowing young children to watch or listen to news coverage of the disaster.
- If child regresses to earlier physical or emotional behavior... wetting, clinging, crying...treat it calmly and efficiently.
- Give simple but truthful answers to children's questions and make sure children understand your answers. Don't give more information than the children can use and understand.
- Give children opportunities to express their feelings through activities such as play-acting, using dolls, storytelling, painting, or drawing. Playacting revenge or aggressive behaviors may be common. Redirect only if it is hurting the child or someone else.
- Be especially supportive of the children's feelings and need to be close. Give lots of hugs, smiles, and kind words.
- Reassure children that they are not responsible for the disaster. Listening to children's stories about disasters and feelings may help and they may need to tell the story again and again.
- If possible, take a moment away from the children and make sure you address your own fears and anxieties by talking with other adults. Be particularly careful to not have children over hear your conversation.
- Seek professional assistance when needed. The Mental Health Checklist included on the CD or with this plan on the website may help you in determining the need for additional assistance. Your own knowledge of the child and your instincts about the child's needs will also help you make a decision. When in doubt, call for professional help. *(List here names and phone numbers of professionals you may call for help such as child psychologists or other mental health professionals).*

In the event of a disaster or crisis, grief counseling may be provided through the Providence Hospice Bereavement Department. The phone number is 425-261-4777.

Other Resources for Helping Children Cope

National Institute of Mental Health (NIMH)

Information Resources and Inquiries Branch
6001 Executive Blvd, Rm. 8184, MSC 9663
Bethesda, MD 20892-9663
PTSD/Anxiety Disorders Publications:
1-88-88-ANXIETY
Public Inquiries: 301-443-4513
TTY: 301-443-8431
E-mail: nimhinfo@nih.gov
Web site: <http://www.nimh.nih.gov>

U.S. Department of Education

400 Maryland Avenue, SW
Washington, DC 20202
Phone: 1-800-USA-LEARN
TTY: 1-800-437-0833
E-mail: customerservice@inet.ed.gov
Web site: <http://www.ed.gov>

Federal Emergency Management Agency

(Information for children and adolescents)
P.O. Box 2012
Jessup, MD 20794-2012
Publications: 1-800-480-2520
Web site: <http://www.fema.gov/kids>

American Academy of Child & Adolescent Psychiatry

3615 Wisconsin Ave., N.W.,
Washington, D.C. 20016-3007
Phone: 202-966-7300
Web site: <http://www.aacap.org/>

Substance Abuse and Mental Health Services Administration's (SAMHSA) National Mental Health Information

P.O. Box 42557
Washington, DC 20015
Phone: 1-800-789-2647
TTY: 866-889-2647
Email: info@mentalhealth.org
Web site: <http://www.mentalhealth.samhsa.gov/>

American Academy of Pediatrics

141 Northwest Point Boulevard
Elk Grove Village, IL 60007-1098
Phone: 847-434-4000

Web site: <http://www.aap.org>

American Red Cross

National Headquarters
431 18th Street NW
Washington DC 20006
Phone: 202-639-3520
Web site: <http://www.redcross.org>

**Disaster Training International:
Helping Adults Help Children
9400 Ravenna Ave NE # 3
Seattle, WA 98115
206-420-8217
www.disastertraining.info**

***** The following copyrighted resource materials are included as separate links on the website or along with the templates and video on the CD:**

1. 20 Ways to Be...
2. Assessing a Student Need for Intervention
3. Crisis Resource Material
4. Parent Handout: Helping Children Cope
5. Parent Informational Evening Guidelines
6. Sample Parent Letter
7. Symptoms and First Aid: Pre School and Kindergarten
8. The Three Tasks of Grief for Children
9. Words to Use

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