



# Family Home Child Care Crisis/Disaster Response Handbook

Multnomah County Emergency Management: 503-988-6700  
Multnomah County Health Department: 503-988-3400



This document is a disaster plan created by Clackamas County Community Health and modified by Multnomah County Health Department. Credit is given to Snohomish Health District Child Care Health Program and Snohomish County Department of Emergency Management for the initial development of the materials. The materials have been reviewed by the Oregon State Child Care Division, Multnomah County Emergency Management and the Child Care Resource & Referral - Multnomah Resource Team.

Not all houses and communities are alike. This plan should be individualized for each family home child care, taking into account the resources available, the surrounding community, and the characteristics of the home itself.

This document contains many sections marked in *red* that need to be filled in 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.

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 such a situation, be sure to make changes. For example, if you do not live in a flood zone, take out the section on flooding.

Once finalized, your disaster 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*

# Family Home Child Care Crisis/Disaster Response Handbook

The purpose of this handbook is to give family home child care providers 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 home provider or the assistant. "Parent" means the child's parent or legal guardian.

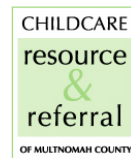
This handbook was written by Clackamas County Community Health and modified by the Multnomah County Health Department and individualized by the child care facility.

This policy was last reviewed and updated on: \_\_\_\_\_

**OUR ADDRESS IS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OUR PHONE NUMBER IS:** \_\_\_\_\_

**OUR NEAREST CROSS-STREETS ARE:** \_\_\_\_\_  
\_\_\_\_\_



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# Emergency Phone Numbers

Police/Fire/Medics

911

## Other Important Numbers

Child Abuse Hotline	503-731-3100
Communicable Disease Reporting Line	503-988-3406
County Emergency Management	503-988-6700
Information	211
Poison Control Center	1-800-222-1222
Police Non-Emergency	503-823-3333
ODOT's Tripcheck (road conditions)	511 or 1-800-977-6368
Mental Health	
Mult Co Mental Health Crisis Line (24/7 Call Center)	503-988-4888

### Utilities

- Northwest Natural (Automated switchboard for reporting gas leaks and getting help with malfunctioning gas equipment)  
1-800-882-3377
- Portland General Electric (Automated switchboard for reporting power outages and getting information on power restoration)  
503-228-6322
- Pacific Power  
1-888-221-7070  
Power Outages (Reporting and information regarding power and power restoration)  
1-877-548-3768

# Home Care Phone Numbers

<b>Emergency Assistance</b>	<b>Number(s)</b>
Property Manager:	_____
Insurance Agency	_____
Auto Insurance Policy Number:	_____
Building Insurance Policy Number:	_____
Cell Phone	_____
Home Phone	_____
Out-of-Area Contact	_____
Child Care Licensor:	_____
Alternate Site Location (Near Child Care Home)	_____
_____	
_____	
_____	
Alternate Site Location (Evacuation Site)	_____
_____	
_____	
_____	
Location of Nearest Payphone	_____
_____ Hospital Emergency Room	_____
_____ Hospital Emergency Room	_____

# Introduction

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

## Preparing your child care for a disaster

This child care has taken many steps to prepare the home, children, *staff*, and parents, for the unexpected. (*Note: modify this list so it matches what you have done at your child care.*)

### Drills

- The Registered Home conducts evacuation plan every other month and records the dates as required by licensing.
- The Certified Home caring for up to 12 children practice one emergency drill a month (at least 8 drills must be fire drills) and records dates as required by licensing.
- The Certified Home caring for more than 12 children must practice a fire drill monthly (other drills would be optional) and records dates as required by licensing.
- The Certified Home licensed to care for more than 12 children AND more than 4 children regularly in care are younger than 24 months of age, practices evacuating the home monthly and records dates as required by licensing.
- There are two designated escape routes from each area. Evacuation maps are posted (*where*).
- Other*

### Kits

- The child care has gathered a 72-hour preparedness kit and has included a 72-hour supply of any medications or supplies (provided by parents) for those with special needs. *This kit / These kits* are kept (*where*).
- The provider checks the 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 with if evacuation is required. All medications and supplies are to be provided by parents.
- Fire extinguisher(s) are located (*where*). *They are/It is* checked monthly and recharged (*how often*).
- The home's smoke alarms are checked monthly.
- (*If source of carbon monoxide is present*) The home 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 100 miles away. 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. Parents need to ensure these are kept up-to-date.
- The child care has communicated with *neighbors/neighborhood businesses* who may be able to help out in the event of a major disaster. These include: *(who)*
- Other*

### Training

- The provider *and assistant* has been instructed on how and when to shut off all utilities.
- Older children are taught to call 911 if directed to do so by the provider.
- The provider *and assistant* has been trained in CPR and first-aid.
- 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 down, it could be quite some time before the parents are able to pick up their children.

Renew emergency contact/authorization information yearly at a minimum.



## **Practicing for a disaster**

Child care settings are required by licensing to conduct drills and record the date and time of each (see section on “Drills” on page 6). 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 the appendix of this document. Some situations are difficult to practice during normal operation of the child care. For such scenarios involving site evacuation, it is a good idea to run through the situation in your mind or with a friend, colleague, or family member. In this way, you may be able to figure out possible hurdles.

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 at the child care.

All providers should receive regular training on disaster preparedness. The entire plan should be reviewed at least annually, and with any 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 that 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 to help the children in your care. Obtain information and assistance in preparing your own family for times of disaster. Have an out-of-area contact for your family and make sure everyone carries the number with them, have disaster supplies at home and in each family member's personal vehicle, and have a plan for connecting with other family members. If your family members are prepared, your personal worries will be reduced and you will be better able to focus on helping the children in your care who rely on you.

# Steps to Take During a Disaster

## Building and Site Evacuation

### ***Building Evacuation:***

- Make a quick assessment of the situation in the home 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
  - children's emergency and medical information/supplies
  - cell phone, if available
- Provider should assemble children 2 by 2 to evacuate the home (preferably one adult leading the children and one adult following behind). Infants will be evacuated (*how*). Young toddlers will be evacuated by: (*how*)
- Take attendance; if safe to do so, have another adult search the home for anyone missing
- When everyone has reached the alternate site, have children sit down if possible
- If a gas leak or other incident that requires individuals be located further away from the child care, move 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 home. 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 go back inside.
- Provider will notify parents as soon as possible 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 may report incident to licensor
- 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:**

- Provider should bring the following items to the alternate sites:
  - disaster supplies which are stored (*where*)
  - attendance sheets
  - children's emergency and medical information/supplies
  - 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. The provider must remain with the children until all children are picked up by parents or emergency contacts.
- Provider will continue to communicate with parents and coordinate pick-up of children
- Provider may report incident to licensor
- 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, radio or television message; or if you see a vapor cloud or smell an unusual odor outside.

- Gather all children inside into one room, preferably one with few exterior windows and doors. This location is *(where)*.
- Call 911 if you haven't already done so; provider or designee should listen to the radio/TV or go on the Internet. Listen for emergency information from your local fire or police department
- 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 cloths
- 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 licensor
- 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 and other individuals in the home (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
  - children's emergency and medical information/supplies
  - cell phone, if available
- Call 911 from outside the home
- Take attendance; if safe to do so, search the home for anyone missing
- 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, staff, volunteers, and visitors
  - Knowledge of anyone remaining in the home
  - Floor plan and internal systems information (see *Appendix C*)
- If it is determined that the building 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
- Provider will complete a written incident report at the earliest opportunity; incident reports are stored (*where*)

## Gas Leak

If gas odor is detected:

- DO NOT** activate the fire alarm system or any other electrical equipment
- Evacuate children and other individuals in the home (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
  - children's emergency and medical information/supplies
  - cell phone, if available
- Call 911 from outside the building
- Move children to a designated area no less than one block upwind from the child care; This location is (*describe location*)
- Take attendance
- If possible, turn gas off with the utility 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, assistants, family members, volunteers, and visitors
  - Knowledge of anyone remaining in the home
  - Floor plan and internal systems information (see *Appendix C*)
- 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
- All parents will be notified of incident
- Provider will report incident to licenser
- Provider will complete a written incident report at the earliest opportunity; incident reports are stored (*where*)

## External Hazardous Materials Accident

- Call 911 immediately; have staff 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, assistants, family members, volunteers, and visitors
  - Floor plan and internal systems information (*see appendix C*)
- 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 to alternate site; our transportation resource is (*describe – could be your own vehicles, assistant's cars, parents who work nearby, neighbors, etc.*)
- Notify parents of move to alternate site location
- If Shelter-in-Place occurs, call parents to let them know of situation
- Provider will report incident to licensor
- 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 the hospital emergency room for additional instruction. Contact poison control center for common household product poisonings.
- Call 911 if additional assistance is needed
- Provider will report incident to licensor
- 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 home. Household toxic chemicals should be stored separately, locked up, and stationary so as not to fall over in the event of an earthquake.

## Power Outage

- Provider or designee will activate back up power for essential medical equipment needed by children with special health care needs
- 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 (be aware that in a power outage, an electrically powered smoke alarm may not be working)
- Turn off all electrical equipment; turn off all but one light indoors and outdoors
- Provider to contact property manager/landlord, if needed
- Provider to call electric company
- Consider the following items in making your decision regarding closure:
  - 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
- Once power is restored, provider to call power company again if:
  - Neighbor's power is back on but not your setting
  - Lights are very dim or very bright
- Provider will report incident to licensor
- 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 child care'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 police. Child may be transported to a Child Welfare care site if necessary.
- Provider may report incident to licensor
- 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 a load-bearing 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:

- Provider and other adults check themselves and children for any injuries
- Check evacuation routes for damage
- Evacuate children and adults (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
  - children’s emergency and medical information/supplies
  - cell phone, if available
- 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
- Have an individual familiar with building assessment inspect the exterior of the building following the post-earthquake damage assessment list in *Appendix C* and report findings to the Provider; the designated adult is: (*title of person responsible*)
- Determine if it is safe for someone to go into home to locate anyone missing or injured
- Listen to the radio/TV or go on the Internet 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)
- Have individual familiar with building assessment evaluate the interior of the building and determine if it is safe to move children back into the building or to whether it is best to evacuate; follow the post-earthquake damage assessment list in *Appendix C* in this plan and report findings to the Provider
- 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 (*where*).

- Call parents with child care status information; if not possible, report child care status information to *(who?)*
- 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 licenser
- Provider 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.

## **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 inundation area), provider or designee will listen to the radio or TV or go on the internet for Volcano/Lahar warning reports and evacuation directions.
- If an evacuation directive is 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 Ashfall is imminent close doors, windows and dampers. 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 building if possible – ask parents to remove their shoes and shake off as much ash as they can before entering the main section of 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 Emergency Management 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 ashfall 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)

## **Flooding**

If the child care is in a flood prone area:

- During severe weather, provider or designee will listen to the radio or TV or go on the internet for flood watch and flood warning reports
- If a flood warning is issued for the area including the home, move children to the alternate site location; follow *Site Evacuation* procedure in this plan
- Provider will notify all parents immediately
- Provider will report incident to licensor
- 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 the child care is in landslide prone area:

- During severe weather, provider or designee will listen to the radio or TV or go on the internet for watch and warning reports, especially during snowmelt and saturating rain events
- Provider 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 to the alternate site location; follow *Site Evacuation* procedure in this plan
- Provider will notify all parents immediately
- Provider will report incident to licensor
- 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 home and premises again
- Have child's information including picture, if possible, available 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 and Child Welfare
- 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 and Child Welfare
- 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

Provider will make a report to Child Welfare 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 Welfare
- 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 if any medical treatment is needed or if police are required (if in doubt – go ahead and call)

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

An adult will stay with the victim

Victim's family will be notified by (*title of responsible person*) when safe to do so

If medical treatment is required for a child, provider will call Child Welfare

Provider will report incident to licensor if required

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 threat to the safety and welfare of children and others. 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 home, 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 home, the home will go into a building lockout. Doors to the outside will be locked but adults and children will be allowed to move between the rooms inside the home.

### **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 of 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 are evacuated. Parents should not try to enter the home 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 your home, assess the situation. If you are uneasy or suspicious of the person(s) immediately have someone call 911.

**If a weapon is present, DO NOT CONFRONT. Call 911.** Initiate a lockdown if possible.

If a weapon is **suspected**:

- Provider should try to engage the intruder in conversation, directing toward an exterior door of the home
- Inform the individual of the policy that all visitors need to sign in and guide him/her to the area where that is done.
- Remain calm and avoid sudden moves or gestures
- Try not to raise your voice – but, if necessary, do so decisively and with clarity.
- Call 911 as soon as possible (or direct another individual to do so).
- Initiate Intruder Alert / Lockdown Procedure

- If **no** weapon is suspected:
  - Approach the individual in a non-confrontational manner ; bring another adult with you if possible
  - 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 of the policy that all visitors need to sign in and guide him/her to an area far away from the children.
  - If the individual refuses, do not confront him/her.
  - Call 911 as soon as possible or direct another individual to do so.
  - 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, call 911.
- Gather all the children into one room away from the intruder
- Lock all doors, close and lock all windows, cover windows, and turn off lights; **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
- Maintain as calm an atmosphere as you can. Provide quiet toys/items to help keep children quiet.
- 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” announcement is made by emergency personnel, normal activities should be resumed as soon as possible.

### ***Building Lockout***

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

- Any children outside in the yard 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 exterior doors
- Provider and other adults will maintain (as best they can) a calm atmosphere in the home, keeping alert to emotional needs of the children. Activity within the home may continue, but no access to the outside is permitted

- Provider will keep all children in the home 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 home per police standard operating procedures
- When “All Clear” is heard, the provider will apprise other individuals in the home of the situation and counsel children. When the threat has been eliminated, normal activities should be resumed as soon as possible.
- Provider will apprise parents of all lockdowns or lockouts whether practice or real
- Provider may want to consider reporting incident to licensor
- Provider will complete a written incident report at the earliest opportunity; incident reports are stored (*where*)



## **Crisis Response to Death and Serious Injury**

When a tragedy strikes, providers and staff 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 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.
- Provider will determine if parent notification becomes an item of priority or can wait for a letter to go home in the evening
- Identify high risk children, adults, and parents likely to be most affected by the news (e.g. child of a provider who is deceased/injured or parents whose children are in the same class as the deceased)
- 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.
- Refer to *Appendix E* for information on assisting children to cope
- 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.
- 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.
- Facilitate a parent meeting to provide information related to the crisis. The following are some suggestions:
  - Assist with children's processing of information about the crisis
  - Provide counselors to work with children/adults individually or in groups in a variety of locations
  - Provide support and counseling for parents
  - 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 therapy 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.
- Deal with media/reporters promptly and factually
  - Provide information as requested by police, hospital, or other agencies
  - When appropriate, contact the friends/family of the deceased to get information regarding funeral arrangements and pass on information to individuals such as parents who may wish to attend
  - Provider will report incident to licensor
  - Provider will report incident to Child Welfare if necessary
  - Arrange for a child care/community debriefing 48-72 hours after the event
  - Provider will complete a written incident report at the earliest opportunity; incident reports are stored (*where*)
  - Other considerations:
    - Have designated locations for the use of media, family, friends and workers, as needed
    - Have transportation available to assist the family
    - Young members of the victim's family should be cared for if possible
    - Children, as well as adults, 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 the Dougy Center. The phone number is 503 775-5683 .

## Influenza

Each year we experience influenza (flu) in our community. Symptoms of flu 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 touching contaminated objects and then touching one's nose, eyes, or mouth. Influenza season is not normally considered an emergency situation. Each year, local and state public health authorities will advise the community as to the severity of the influenza season. While influenza can vary in severity and be a serious disease, it can be prevented and complications reduced by receiving the seasonal flu vaccine yearly. Additional steps include:

- Children and staff continue hygiene practices that prevent the spread of illness (hand washing, covering sneezes and coughs, proper disposal of tissue, staying home when ill, cleaning and sanitizing frequently touched objects or surfaces).
- Check all children upon arrival for flu symptoms before the parents leave the child care. Any children with symptoms of illness should not be permitted to stay at child care and should be asked to leave with the parent/guardian. Follow your exclusion policy for sick children and staff.
- 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 child care, separate the sick person from others and have parent/guardian pick them up as soon as possible. Sick children will be cared for in an area located (where).
- Emergency contact cards are located (where)
- Call parent/guardian to pick up their child immediately. Inform parent/guardian as to when child can return to child care.
- Send sick staff home with instructions as to when they can return to work.
- The person in charge for caring for ill children is (title of person). This person will limit contact with the ill child to the greatest extent possible. Hand hygiene will be practiced after having contact with ill person or the environment in which the ill person was.
- Those not involved with caring for the ill child will not enter sick area or room.
- Provide plenty of fluids for ill children.
- Place all used tissues in a bag and dispose of with other waste. A bag for this purpose will be placed next to the ill child in the area he/she is being cared for.
- Clean and sanitize the environment in which the sick child/staff has been cared for. Clean and sanitize any toys or objects handled by the ill child. Other cleaning and sanitizing activities should be done at normal times.
- Clean 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.

If a new strain of influenza emerges, a pandemic influenza strain (for example the 2009 H1N1 influenza), public health authorities may recommend additional actions to protect the health of the community. This may include keeping children out of child care if the new strain of influenza is severe. Public health authorities will only use these kinds of measures in a severe situation. In such a situation:

- Consult with your local health authority for further information and guidance (when parent notification letters, closure may be needed, availability of vaccine for pandemic strain, etc.).
- Tune into local news (TV/radio) for updates and instructions from health authorities

### **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 center and provide update and actions being taken; center 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 if required
- 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 \_\_\_\_\_
- Try to get the attention of another adult and have that person call 911 and initiate a lockdown.
- Call 911 immediately after the call.
- Initiate a lockdown; follow *Lockdown procedure* in this plan.
- Confer with fire and police about evacuation
- Have floor plan ready for police/fire personnel (*see appendix C*)
- Glance around the home 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 may consider reporting incident to licensor
- Provider will complete a written incident report at the earliest opportunity; incident reports are stored (*where*)
- All parents will be notified of incident

## **Suspicious Mail or Package**

- Do not touch, smell, or taste unknown substances
- Cover substance with paper, trash can, clothes, or other material
- Evacuate and seal off room
- Wash hands thoroughly
- Mark room as "Dangerous"
- 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 of the incident
- Provider may want to consider reporting incident to licenser
- Provider will complete a written incident report at the earliest opportunity; incident reports are stored (*where*)

# Appendices

## Appendix A: Sample Parent Letter

Date

Dear Child Care Parents:

Attached please find a copy of our “Crisis/Disaster Response Handbook” – or - Near the sign-in desk you will find a copy of our “Crisis/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 I will do everything I can to protect 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, I 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 facility’s out-of-area contact for information or to relay messages during a disaster.
- Listen to the radio/TV 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.

I 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. I 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, I 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 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 an 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 #: \_\_\_\_\_

I 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 the child care's 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): \_\_\_\_\_

02/01/02CP/dlp

## Appendix B: Disaster Supply Lists

### ***Our Disaster Kits contain the following items:***

- |   |  |
|---|--|
| <input type="checkbox"/> Anti-diarrhea medicine   | <input type="checkbox"/> Gloves (heavy material/leather)                                 |
| <input type="checkbox"/> Batteries  | <input type="checkbox"/> Hand sanitizer  |
| <input type="checkbox"/> Blankets (compact or space)  | <input type="checkbox"/> Infant care supplies (bottles, formula, baby food, diapers)     |
| <input type="checkbox"/> Bleach, unscented  | <input type="checkbox"/> Lighter or matches  |
| <input type="checkbox"/> Books or games   | <input type="checkbox"/> Money, change and small bills                                   |
| <input type="checkbox"/> Bucket   | <input type="checkbox"/> Office supplies (pen, paper, tape)                              |
| <input type="checkbox"/> Can opener (manual)  | <input type="checkbox"/> Paper towels  |
| <input type="checkbox"/> Comfort kits for children ( <i>see below</i> )                                 | <input type="checkbox"/> Pet supplies (if appropriate)                                   |
| <input type="checkbox"/> Copies of important papers (insurance documents, utility account numbers, etc) | <input type="checkbox"/> Plastic garbage bags (large, one per child for rain protection) |
| <input type="checkbox"/> Crowbar  | <input type="checkbox"/> Plastic garbage bags (medium, for toilets)                      |
| <input type="checkbox"/> Disaster Plan (copy)   | <input type="checkbox"/> Plastic kitchen supplies  |
| <input type="checkbox"/> Disposable diapers/wipes   | <input type="checkbox"/> Pliers  |
| <input type="checkbox"/> Disposable face masks  | <input type="checkbox"/> Radio (portable)  |
| <input type="checkbox"/> First Aid Kit (for disasters)  | <input type="checkbox"/> Soap  |
| <input type="checkbox"/> Adhesive bandages  | <input type="checkbox"/> Tarp or tent  |
| <input type="checkbox"/> Acetaminophen (children's)   | <input type="checkbox"/> Tissues   |
| <input type="checkbox"/> Alcohol wipes  | <input type="checkbox"/> Toilet paper  |
| <input type="checkbox"/> Anti-diarrheal medication  | <input type="checkbox"/> Water (3-day supply)  |
| <input type="checkbox"/> Bandages (roller gauze, elastic)   | <input type="checkbox"/> Whistle   |
| <input type="checkbox"/> Butterfly adhesive strips  | <input type="checkbox"/> Wrench  |
| <input type="checkbox"/> Cotton balls   | <input type="checkbox"/> <i>Other</i>  |
| <input type="checkbox"/> Eye drops (saline)   | <input type="checkbox"/> <i>Other</i>  |
| <input type="checkbox"/> First aid book   | <input type="checkbox"/> <i>Other</i>  |
| <input type="checkbox"/> Gauze dressing   | <input type="checkbox"/> <i>Other</i>  |
| <input type="checkbox"/> Gloves, disposable   |  |
| <input type="checkbox"/> Medications or equipment for children/staff with special needs                 |  |
| <input type="checkbox"/> Pocket CPR mask  |  |
| <input type="checkbox"/> Safety pins  |  |
| <input type="checkbox"/> Sanitary napkins   |  |
| <input type="checkbox"/> Scissors   |  |
| <input type="checkbox"/> Splints  |  |
| <input type="checkbox"/> Tape, 2" non-allergenic  |  |
| <input type="checkbox"/> Tissue   |  |
| <input type="checkbox"/> Thermometer  |  |
| <input type="checkbox"/> Tweezers   |  |
| <input type="checkbox"/> Emergency information cards for children                                       |  |
| <input type="checkbox"/> Extra clothing   |  |
| <input type="checkbox"/> Eye dropper (for bleach)   |  |
| <input type="checkbox"/> Flashlights  |  |
| <input type="checkbox"/> Food (3 day supply)  |  |

### **Comfort Kits**

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

- Wool socks
- Hat
- Photo/letter from home
- Small toy or book
- Mylar (space) blanket
- 3 day supply of prescription medication or a copy of the prescription including dose
- Granola bar
- Bottle of water

### **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 Care Facilities (serves 12)

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

Milk or water can be offered at meals.  
Bottled water: 1 gallon per person per day

### 3 Day Menu Grocery List for Family Child Care Homes (serves 12)

<b>Protein Group</b>		
CN Labeled Chili *	15 oz. can = 4 servings	3 – 15 oz. cans
Canned Beef Stew *	15 oz. can = 4 servings	3 – 15 oz. cans
Canned Ravioli (CN Label) *	15 oz. can = 4 servings	3 – 15 oz. cans
Canned Spaghetti/Meatballs *	15 oz. can = 4 servings	3 – 15 oz. cans
Water packed Tuna	12 oz. can = 6 servings	2 – 12 oz. cans
Baked Beans	28 oz. can = 6 servings	2 – 28 oz. cans

<b>GRAIN/BREAD GROUP</b>		
Cheerios	20 oz. box = 20 servings	1 — 20 oz. box
Corn Flakes	24 oz. box = 20 servings	1 — 24 oz. boxes
Saltine crackers	16 oz. box = 38 servings	1 — 16 oz. boxes
Graham crackers	14.4 oz. box = 13 servings	1 — 16 oz. boxes
Triscuit crackers	13 oz. box = 22 servings	1 — 13 oz. boxes
Granola bars	12 per box	2 boxes (served twice)

<b>FRUIT/VEGETABLE GROUP</b>		
Canned Orange Juice	46 oz. can = 10 servings	2 — 46 oz. cans
Canned Pineapple Juice	46 oz. can = 10 servings	2 — 46 oz. cans
Canned Apple Juice	46 oz. can = 10 servings	4 — 46 oz. cans
Canned Green Beans	14.5 oz. can = 6 servings	6-14.5 oz cans or 1-#10 can
Canned Peaches	29 oz. can = 7 servings	4-29 oz cans or 1-#10 can
Canned Apricots	29 oz. can = 7 servings	2-29 oz cans or 1-#10 can
Canned Applesauce	48 oz. jar = 9 servings	2 – 48 oz jars
Canned Corn	15 oz. can = 7 servings	4 – 15 oz cans
Canned Pineapple chunks	20 oz. can = 5 servings	3 – 20 oz cans
Canned Mandarin oranges	11 oz. can = 5 servings	3 – 11 oz cans
Canned Pears	29 oz. can = 7 servings	2 – 29 oz cans
Canned Fruit cocktail	30 oz. can = 8 servings	2 – 30 oz cans
Dried Prunes	24 oz. bag = 18 servings	1 – 24 oz bag

<b>MILK GROUP</b>		
Nonfat Dry Milk Powder **		1 Box

\* CN Label = Child Nutrition Program approved product

\*\* Mix with water for fluid milk to use on cereal or for drinking. If offering milk at other meals, additional boxes of dry milk powder may be needed.

#### **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.

#### **OTHER SUPPLIES:**

Can Opener, Paper plates, Paper cups, Plastic utensils, Moist towelettes.

**Water**

Allow a minimum of 1 gallon per person per day. Include both adults 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 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.

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.

## Appendix C: Post-Damage Assessment List

Following an earthquake or other major disaster, this list will be used to evaluate the home to determine whether or not it is safe to re-enter. This diagram is also important for identifying where utility controls and chemicals are located in your home. *(Note: follow the instructions to complete this form. This information must be gathered PRIOR to any disaster for this assessment list to be useful after an earthquake or other devastating event).*

**Draw a picture of your home or child care building.** On this diagram, mark windows, doors, utilities shut-off valves (including gas, electricity, water, etc), security system controls, heating and air conditioning units, fire extinguishers, chemical storage facilities, closets, any existing cracks, trees, power lines, etc.



**List the following information:**

Number of children you normally care for: \_\_\_\_\_

Number of other adults normally present: \_\_\_\_\_

**After a disaster, begin your assessment outside the building:**

Using the diagram on the previous page, walk around the outside of the home and mark on this map anything that is found to be out of place, such as new or enlarged cracks, broken windows, etc. Specific items outside of the home that we will check include:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Determine if the home/building is structurally safe to enter. If unsure, wait for assistance. If it is determined that it is safe to enter, send a trained adult into the house to check the interior, again using the diagram on the previous page. Begin by entering the building and going to the right of the entrance door, systematically check each room, including closets, restrooms, and offices. Look for unsecured light fixtures, broken glass, overturned bookcases, chemicals, filing cabinets, water heaters, etc. Be cautious of live electrical wiring. Mark all findings on this map. Specific items that will be checked inside the building include:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Using this information, determine if it is safe to move everyone back into the building. If unsure, wait for assistance before entering. Send in someone to clean up prior to children re-entering the building.



## Appendix D: Sample 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:

<b>Time</b>	<b>Situation</b>	<b>Response</b>	<b>Initials</b>
1:30 pm	Earthquake	Child care was evacuated.	CD
1:45 pm	Susy's mom came to child care upset and upset the other children.	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

# 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)	Damage/Problem Area	Location of damage/problems
	Gas	
	Water	
	Fire	
	Electrical	
	Communications	
	Heating/Cooling System	
	Main Building	
	Other:	

**Message:**



*Child Care Disaster Drill Record*

*(year)*

**Provider Name:** (name of provider)

**Phone Number:** (child care phone)

**Address:** (child care address)

**Written Procedures:** (what is disaster plan called and where is it kept?)

Type of Drill	Date / time	Objective of drill	Drill evaluation	Changes to be made	Changes made by when and by whom

## Appendix E: 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.

- 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.
- Avoid allowing young children to watch or listen to news coverage of the disaster.
- 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.
- 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.
- If possible, take a moment away from the children and make sure you address your own fears and anxieties by talking with other adults.
- Seek professional assistance when needed. The Mental Health Checklist on the following two pages 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 Dougy Center. The phone number is 503 775-5683.

## Mental Health Checklist

This checklist provided by FEMA can assist parents, teachers and child care providers in determining if a child is in need of professional counseling following a disaster or traumatic event. Add up the pluses and minuses to obtain a final score. If the child scores more than 35, it is suggested you seek a mental health consultation.

1. Has the child had more than one major stress within a year BEFORE this disaster such as a death, molestation, major illness or divorce? If yes, +5.

2. Does the child have a network of supportive, caring individuals who relate to him daily? If yes, -10.

3. Has the child had to move out of his/her house because of this disaster? If yes, +5.

4. Was there reliable housing within one week of the disaster with resumption of the usual household members living together? If yes, -10.

5. Is the child showing severe disobedience or delinquency? If yes, +5.

Has the child shown any of the following as a NEW behavior for more than three weeks after the disaster:

6. Nightly states of terror? +5

7. Waking from dreams confused or in a sweat? +5

8. Difficulty concentrating? +5

9. Extreme irritability? +5

10. Loss of previous abilities in toilet or speech? +5

11. Onset of stuttering or lisp? +5

Subtotal for this page \_\_\_\_\_

- 12. Persistent severe anxiety or phobias? +5
- 13. Obstinacy/stubbornness? +5
- 14. New or exaggerated fears? +5
- 15. Rituals or compulsions? +5
- 16. Severe clinging to adults? +5
- 17. Inability to fall asleep or stay asleep? +5
- 18. Startling at any reminder of the disaster? +5
- 19. Loss of ambition in the future? +5
- 20. Loss of pleasure in usual activities? +5
- 21. Loss of curiosity? +5
- 22. Persistent sadness or crying? +5
- 23. Persistent headaches or stomach aches? +5
- 24. Hypochondria? +5

12.
13.
14.
15.
16.
17.
18.
19.
20.
21.
22.
23.
24.

25. Was anyone in the child's immediate family killed or severely injured in the disaster (including injury to the child)? If yes, +15.

25.
-----

Subtotal for this page \_\_\_\_\_

Total for both pages \_\_\_\_\_

NOTE: Any child presenting a preoccupation with death, unusual accident proneness, or suicidal threats should be referred for immediate consultations. It is also recommended that any child who has been seriously injured or who has lost a parent, sibling, or caregiver to death have a psychological evaluation.

## *Other Resources on 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](mailto: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](mailto: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/publications/factsfam/disaster.htm>

### **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](mailto: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/advocacy/releases/disastercomm.htm>

### **American Red Cross**

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



## Appendix F: Special Needs Emergency Preparedness



Anyone with a disability, or who lives with, works with or assists a person with a disability should create a disaster plan. For some individuals, being notified of, or responding to a disaster may be more difficult because of a disability. Disabilities may be physical, mental, emotional, ethnic,

socio-economic, cultural, or language based. Making additional emergency preparedness plans ahead of time will reduce the physical and emotional trauma caused by the emergency.

### All Special Needs People

- Ask about special assistance that may be available to you in an emergency.
- Register in the Disaster Registry, so that responders are aware of your needs (See below)
- If you currently use a personal care attendant from an agency, check with the agency to see if they have special provisions for emergencies.
- Determine what you will do in each type of emergency.
- Learn what to do in case of power outages. Know how to connect or start a backup power supply for essential medical equipment. Write that information down in clear directions, and attach it to the power supply.
- Arrange for a relative or neighbor to physically check on you in an emergency.
- Keep your medications and aids in a consistent place. Keep extra medication and aids in a second place, if possible.
- Keep extra supplies of the special items you need, including extra batteries for these items. Be sure to rotate out any items that expire. Mark rotation dates on a calendar.
- Service animals may become confused or frightened. Keep them confined or securely leashed. When building an emergency kit, include food for the animals.

### People with Mobility Challenges

- Store emergency supplies in a pack or backpack attached to the walker, wheelchair or scooter.
- Keep a pair of heavy gloves in your supply kit to use while wheeling over glass or debris.
- If your chair does not have puncture-proof tires, keep a patch kit or can of sealant and air to repair tires.
- If you cannot use stairs, discuss lifting and carrying techniques that work for you. Write out brief instructions, and keep in your pack.

## **People with Visual Challenges**

- If you have some vision, place security lights in each room to light paths of travel. These lights plug in, but have a battery backup in case of power failure.
- If helpful, mark emergency supplies with large print, fluorescent tape, or Braille.
- Store high-powered flashlights with wide beams and extra batteries.

## **Hearing Impaired People**

- Store hearing aids in a strategic and consistent place, so they can be located quickly.
- Have paper and pencil in your kit to use if you do not have your hearing aids.
- Install smoke alarms with both a visual and audible alarm. At least one should be battery operated.
- If possible, obtain a battery operated TV with a decoder chip for access to signed or captioned emergency reports.

## **People with Medical Needs**

- Always have at least a ten (10) day supply of all of your medications and medical supplies (bandages, ostomy bags, syringes, tubing, solutions, etc).
- If you use oxygen, be sure to have at least a three (3) day supply.
- Store your medications in one location, in their original container.
- Keep lists of all of your medications: name of medication, dose, frequency, and prescribing doctor in your wallet.
- For all medical equipment that requires power, get information regarding back-up power such as a battery or generator.
- Know if your IV infusion pump has a battery back-up and how long it would last in an emergency.
- Ask your home care provider about manual infusion techniques.
- Have written instructions for all equipment attached to the device(s).

Preparing for Disaster for People with Disabilities and Other Special Needs is a great planning tool and is available for free from the Red Cross. Call your local chapter at 503-528-5673 or visit [www.oregonredcross.org](http://www.oregonredcross.org)

## Appendix G: Flash Drives



Now you can **store, carry** and transfer **large files** in an affordable, convenient device.” The Data Traveler from Kingston helps budget-conscious users break storage barriers, allowing them to easily store and move large files in a device no bigger than a pocketknife, replacing the need for floppies or the hassle of burning CDs,” says Kingston of its Data Traveler USB flash drive. As easy as click and drag, the flash drive can hold just about any file you can think of: term papers, theses, digital images, spreadsheets or other important documents. **It works with virtually any computer with a USB port. USB flash drives vary in prices from \$12 + depending on its memory size.** All flash drives come in approximately same physical dimensions but have different memory capacities. People carry flash drives like necklaces or in a purse, briefcase, and pockets or on a keychain. All college and high school students are now required to have flash drives. They save their essays, reports, research or home work on flash drives. If you have saved your documents under “*My Documents*” on your home computer, you can learn to save information onto the flash drive with ease by selecting the flash drive icon instead of “*My Documents*”. The benefits of a flash drive are its compact size and large memory capacity, while at the same time, allowing for storage of a lot of data in the same portable place. It is a great vital backup in case of emergency such as fire, computer crash or virus. On the other hand, a flash drive is as easy to misplace as a house key. Keep this in mind as you consider using a flash drive to store important documents.

**To shop for flash drive**, you may type in “flash drive” in any search engine on the Internet such as GOOGLE, BING, and YAHOO and check out how many GB (gigabytes) of memory you wish to purchase. Most people can store their important data anywhere from 2GB - 4GB. Flash drives can also be found at local office supply stores.

**For instructions on how to use a flash drive**, the following web site contains many helpful pictures:

<http://bama.ua.edu/~gurle001/tutorial.htm>