

Emergency Preparedness Manual

[Jefferson County Child Development Council, Inc.]



Table of Contents

Local Emergency Management Agency.....	2
Emergency preparedness plan.....	3
Ready-to-Go Pack.....	6
Assignment of Responsibility.....	9
Warning System.....	11
Immediate Response to Emergency.....	13
Evacuation Responses.....	14
Fire Extinguishers.....	15
Evacuation Plan	17
Evacuation Site.....	19
Letter of Agreement for Evacuation.....	20
Shelter in Response.....	22
Emergency Response Document.....	23
Emergency Drill Record.....	24
Emergency Poster Form.....	25
Emergency Response Poster.....	26
• Fire, explosion, gas leak, electrical problem, bomb threat, other potential for fire	
• Tornado or severe weather	
• Potentially violent situation	
• Utility disruption	
• Flooding	
• Chemical biological nuclear or hazardous material	
• Earthquake	
Kidnapping or Unauthorized Removal of a Child.....	34
Suspicious Mail or package.....	35
Bomb Threat.....	36
Bomb threat checklist.....	38
Death in the EHS-HS FCC Home.....	39
Recovery Phase.....	41



Local Emergency Management Agency

Alabama Emergency Management Agency
P.O. Drawer 2160
5898 County Road 41
Clanton, AL 35049-2160
www.ema.alabama.gov
Telephone: 205-280-2200

Alabama Department of Public Health
Emergency Preparedness
The RSA Tower
201 Monroe Street
Montgomery, AL 36104

Postal Address
P.O. Box 303017
Montgomery, AL 36130-3017
Telephone: 334-206-5300 (8am - 5pm)
1-800-ALA-1818

Emergency Preparedness Information
Telephone: 1-866-264-4073

Local Disaster Service

Birmingham/Jefferson County
American Red Cross
114 22nd Street South,
Birmingham, AL 35233
<http://www.redcross.org/local/alabama/about/chapters/mid-alabama>
Telephone: 205-795-8700



JCCDC EHS-HS FCC Emergency Preparedness Plan

Regulation Reference:

(2016) 45 CFR; 1302.47

General:

Emergencies happen. When community evacuation becomes necessary, local officials provide information to the public through the media. In some circumstances, other warning methods, such as sirens or telephone calls are also used. The impact of an emergency on children can have lasting effects of their well-being. Caregivers and families must manage the response to the emergency as well as helping children cope with their feelings, fear, and needs during and after the emergency.

The Emergency Preparedness Plan serves as a planning tool for JCCDC Head Start Program. The plan provides basic preparedness and planning information that has been customized to fit JCCDC Head Start Program.

The purpose of this plan is to describe the actions to be taken in an emergency to make sure that staff, children, and Providers are kept from harm. The safety and well-being of staff and children shall always take first priority over all other considerations. This plan will also address protective actions such as: evacuation, shelters, recovery, and restoration of operations.

Parents will be informed of the emergency preparedness plan at enrollment. Providers will also inform parents during Open House of emergency plans. Newsletters, memos and parent meetings will be effective methods for communicating changes and/or updates to the emergency preparedness plan.

A copy of the plan shall be maintained at:

JCCDC Head Start Office
728 37th Street South
Birmingham, AL 35222
Telephone: **205-933-1095; 612-4994 (agency cell)**

The plan will be reviewed and updated at least annually and after every actual emergency.

All staff and Providers will be given a copy of the plan and will be trained to follow it in an emergency. A drill will be held at least annually to test the plan by the staff and Providers, in addition to any drills required by the Fire Marshall.

Situations:

The EHS-HS FCC Provider Homes could be affected by hurricanes, severe storms, tornadoes, fires, floods, utility disruptions, flu epidemics, other epidemics, criminal acts, and/or hazardous material incidents.

Each HSFCC Home has an evacuation map posted at the home in the childcare area with exits marked.

Each HSFCC Home has a list of emergency notification, including

- Police - **911**
- Fire - **911**
- Rescue - **911**
- Nearest Hospital near the EHS-HS FCC home (generally Children's Hospital)
- Poison Control **1-800-222-1222**
- Utilities: Electric, Gas, and Water
- JCCDC Office and Staff, **205-379-6073**; Health & Safety Coordinator, **205-379-6059**

Providers must keep emergency contact information for each child accessible and "ready to go" in case of emergency evacuation. This information should include home, work and mobile/cellular phone numbers. Keep cell phone number of others who have been authorized to be responsible for picking up child/children.

Concept of Operations:

NOTE: In all situations, the Provider will take appropriate steps to assure the safety of children and adults.

Depending on the type of emergency, the JCCDC Executive Director will decide whether to shelter-in-place or evacuate the EHS-HS FCC Home.

Evacuation means to remove the children from the Provider Home. This may mean evacuation to a "safe meeting place" on the Provider property (example: Evacuate the home in case of fire or gas leak).

Shelter-in-place means staying inside the Provider Home to protect children and adults from potential danger. Authorities may issue orders for shelter-in-place during the event of an emergency (example: Tornado warning). Once the order for shelter-in-place has been issued, do not leave the Provider Home until you receive official notification that the danger has passed. Close all windows and lock doors.

When an emergency happens, and if time permits (e.g., storm warning, etc.), the Provider will notify **JCCDC Executive Director, JCCDC Staff, and Parents** immediately (as safety permits). Depending on the type of emergency, the JCCDC Executive Director will decide whether to shelter in place or evacuate the EHS-HS FCC Home.

Contact Information:

Tena Sales, **Interim Head Start/Early Head Start Director**

Office Phone Number: **205-379-6065**

Agency Cell Phone Number: **205-612-4994**

Email Address: tsales@jccdc.com

If the Head Start/Early Head Start or Executive Director cannot be reached, the Financial Officer will decide whether to shelter in place or evacuate the home. If JCCDC Head Start/Early Head Start Director, Executive Director or Financial Officer cannot be reached, JCCDC Managers or Coordinators will decide whether to shelter in place or evacuate the home. In the event JCCDC Staff, Financial Officer, and JCCDC Executive Director cannot be reached and evacuation is needed, the HS/EHS FCC Provider and/or Provider's Assistant will lead the children to the safest predestinated evacuation site. Parents will be notified to come get his/her child/children at the evacuation site. In any evacuation, children will be accounted for at the start and again at the completion.

NaKendra Massey, **Education Manager**

Office Phone Number: **205-379-6069**

Email Address: nmassey@jccdc.com

Financial Officer, Yolanda Woods

Office Phone Number: **205-379-6060**

Email Address: ywoods@jccdc.com

Stella Baskin, **Nutrition Coordinator**

Office Phone Number: **205-379-6058**

Email Address: sbaskin@jccdc.com

Bonita Fomby, **Health & Safety Coordinator**

Office Phone Number: 205-379-6059

Email Address: bfomby@jccdc.com

Wanda Borders, **PFCE/ERSEA Manager**

Office Phone Number: 205-379-6064

Email Address: wborders@jccdc.com



JCCDC EHS-HS FCC Ready-to-Go Pack

Regulation Reference:

(2016) 45 CFR; 1302.47

Current emergency information:

1. Providers will have a 1-2 page “ready to go” file or printout with current information on each child. This file is available and accessible at all times, and is always taken with the children, whether sheltering-in or evacuating.
2. This file will include the following information:
 - Attendance roster
 - Children’s names
 - Parent names, address, current contact information
 - Names of individuals authorized to pick up each child. Flag file if there are names of people **who must not** have contact with child.
 - Allergy, medication, or other essential medical information. (Be sure medication information is current, including medications such as antibiotics.)
 - Authorization for medical care.
 - Emergency phone numbers of local resources (if not 911).
 - Address, directions to, and phone number for safe meeting place. Parents will need this when you call them
3. File will be kept waterproof, such as in a zipper plastic bag or plastic envelope with button closure.
4. File will be available and accessible to Provider but will be maintained in a way to assure confidentiality.

Other supplies to include in Ready-to-Go pack:

The following supplies should be included in any evacuation pack; even if evacuation is considered temporary.

1. Extra medication or medical supplies for children with special needs (if applicable).
2. Name tags or ID bracelets for each child and adult. Identification will include the name of the Provider, phone number, and JCCDC Administrative Office name/phone number.
3. Sign-in/sign out sheet to document when parents pick up their child from the evacuation site.

Additional emergency supplies:

Additional supplies will be kept on hand in case of extended shelter-in or evacuation situations. Providers will check expiration dates and supplies and will rotate supplies (e.g., water, batteries) at least one time per month.

At a minimum, the follow items will be included:

1. Full first aid supplies
2. Medication or medical supplies needed by individual children or adults.
3. Portable radio with extra batteries.
4. Flashlight with extra batteries
5. Sanitation supplies, such as toilet paper, paper towels, disposable cups, plastic bags, trash bags, etc.

This list of items may be updated at any time by JCCDC EHS-HS FCC Staff.

Food and water supplies:

Providers will maintain food and water supplies to last a minimum of 24 hours. To prevent waste, Providers will use same supplies (food and bottled water) as are used in daily care. All supplies (food and water) will be rotated out of storage and replaced with fresh supplies every 6 months.

1. Bottled water -- 1 per child and adult.
2. Non-perishable foods, such as cereal, cheese and crackers, fruit cups, etc. Choose foods that require no preparation and are low in salt.
3. Additional water for flushing toilets. Identify an available source in your area.



JCCDC EHS-HS FCC Assignment of Responsibilities

Regulation Reference:

(2016) 45 CFR; 1302.47

Policy:

Providers are responsible for following the emergency preparedness plan.

Procedure:

1. Providers will be provided a copy of the plan and will be trained to follow it.
2. Providers will assure that:
 - There is always a trained person in charge of the EHS-HS FCC Home.
 - All adults involved in the care of children (Assistants, volunteers) know the provisions of the emergency plan and are able to carry out the provisions of the plan.
3. Every staff member will participate in an emergency plan training.
4. Providers will conduct monthly fire and tornado drills, in addition to any drills that may be required by JCCDC EHS-HS FCC.
5. Monthly fire and tornado drills will be posted
6. Emergency responses to specific situations will be posted
7. Evacuation routes (2-ways out) will be posted in children's areas.
8. Tornado safe areas will be clearly posted in children's areas.

Provider and/or Assistant will remain with and care for children at all times during an event.

1. Attendance and "head count" will be checked whenever children are moved.
2. Staff will bring any necessary medications, supplies, and emergency records.

JCCDC EHS-HS FCC Warning System

Regulation Reference:

(2016) 45 CFR; 1302.47

All Providers will have appropriate Warning Systems for various and specific emergency situations. These warning systems will be monitored and checked monthly.

Smoke Detectors:

1. **Smoke detectors save lives.** Sixty-five (65) percent of home fire deaths happen in homes that have no working smoke alarms. Example of a home fire scenario:
 - Small fire starts in a trash can.
 - In about 2 minutes, the fire grows and produces enough smoke and heat to trigger the smoke detector and sound the alarm.
 - You now have about 2 minutes to get out of the building.
 - The building may be completely engulfed in flames within 4 minutes. Escape is impossible.

2. Choose an appropriate smoke detector. Check with your local Fire Marshall to determine the best smoke detector for your Provider Home.
 - Detection Type: Ionization, photoelectric, or combination
 - Power source: Battery (9 volt); Long-life battery (Lithium); or Electric (hard-wire) with battery back-up
 - Alarm sound: Loud sound; strobe lights (for hearing impaired); voice recording; vibration (for hearing impaired).
 - All smoke detectors should have the label of a recognized testing lab, such as Underwriters Lab (UL).

3. Installing smoke detectors. Smoke rises. Install smoke alarms high on a wall or on a ceiling. Install smoke alarms:
 - In every sleeping area.
 - Outside each separate sleeping area
 - On every level, including basement.
 - In front of doors to stairways.
 - In corridors of all floors.

4. Maintain smoke detectors.
 - Test alarms monthly by pushing the “test” button.
 - Replace batteries at least once a year. Twice a year is recommended. Pick a time, such as “daylight savings time.”
 - If an alarm “chirps,” replace the battery immediately.
 - Document maintenance of the detector.

Carbon Monoxide Detectors:

1. What is Carbon monoxide? Carbon monoxide (CO) is a colorless, odorless, and tasteless gas; therefore, it is extremely difficult to detect. It is produced when a fuel containing carbon (gas, wood, oil, charcoal, kerosene and coal) is incompletely burned. Common household appliances that use gas, such as furnaces, refrigerators, clothes dryers, ranges, water heaters, fireplaces, charcoal grills, and wood burning stoves can produce CO if there are malfunctions and/or not enough air exchange.
2. Dangers of CO Poisoning: Since you cannot see, smell, or taste it, CO can make you sick before you know it is there. Carbon monoxide deprives the body's tissues of oxygen. The symptoms of CO poisoning often mimic the flu; mild symptoms may include headache, dizziness, fatigue, nausea, and diarrhea.
 - As exposure increases, symptoms become more severe and may include confusion, shortness of breath, fast heart rate, convulsions, and unconsciousness. CO exposure can lead to brain damage or death.
 - Red blood cells pick up carbon monoxide quicker than they pick up oxygen. So if there is a lot of carbon monoxide in the air, the body may replace oxygen in blood with CO. This blocks oxygen from getting into the body, which can damage tissues and result in death.
 - CO is particularly dangerous for babies and young children. CO is heavier than air, so when present it tends to collect on or near the floor--at the children's level. Providers should pay attention to sudden changes in a child's behavior, such as sudden lethargy, sleepiness, or irrational behavior.
3. CO Detectors: Just as smoke detectors provide early warning of fires, the use of carbon monoxide detectors also can save lives.
 - Install CO alarms in each room on every level of your home based childcare or center facility, especially outside any areas in where children sleep; and make certain people can hear the CO alarm in each room.
 - To reduce the number of nuisance alarms, install the alarms at least 15 feet away from potential CO sources, such as furnaces, hot water heaters, gas stoves, clothes dryers, and fireplaces.
 - It also is wise to keep alarms away from ceiling fans, heat vents, air conditioners, or open windows. Blowing air may prevent carbon monoxide from reaching the CO sensors. For ease of viewing, you can locate the alarm five feet above the floor.
4. If and when your carbon monoxide alarm sounds: The first thing to remember is not to panic.
 - Quickly move everyone to a place, preferably outdoors, that provides a source of fresh air.
 - Once there, call 911 or the fire department. Do not re-enter the building until it is thoroughly aired out and emergency personnel have determined that there is no risk. **As a follow-up, it is wise to call a qualified professional to inspect your facility and determine the cause of possible CO buildup.**

5. Maintain the CO alarm just as you maintain a smoke detector.
 - Set a maintenance schedule to replace batteries and test the alarm. Changing batteries at one or both of the Daylight Savings Time changes is an easy schedule to remember.
 - In addition, test alarms each month by pressing and holding the test/silence button until the alarm sounds. If an alarm signals a malfunction, first check to see if the battery is installed properly. If this does not fix the malfunction, replace the alarm.
 - All carbon monoxide alarms should be replaced every five years. Note the date of the installation on the detector using a sticker or permanent marker. When checking the operation of the detector, it may be helpful to keep a record of this check in your program's files so that staff knows when the detectors were examined as well as when to replace them.
6. Prevent CO Exposure: If a building is vented properly, CO will most likely be safely vented to the outside; however, in today's "energy efficient" dwellings, this may not be the case. These tightly-sealed homes or buildings are havens to trap CO polluted air inside year-round with no place to escape.
 - Make sure major appliances are professionally installed and inspected according to local building codes. Have older appliances checked for malfunctions and leaks.
 - Choose vented appliances when possible.
 - Have heating systems inspected and cleaned by a qualified technician annually. Make sure the chimney is clean and with a proper draft control to ensure a proper vent for flue gases.
 - Check the color of the gas in the burner and pilot light flames. A yellow-colored flame indicates the fuel is not burning efficiently and could be releasing more carbon monoxide.
 - Never use a gas oven to heat your facility.
 - Do not burn charcoal indoors.
 - Never operate gasoline-powered engines or generators in confined areas in or near the building.
 - Never leave a vehicle running in a garage or closed area. Even if the garage door is open, normal circulation will not supply enough fresh air to prevent a buildup of CO gas.

Weather Alerts:

Weather conditions can change rapidly, leading to tornado, strong winds, lightening, hailstorm, and flooding. If you can hear thunder, then lightening can potentially strike in your immediate area; children should be safely indoors during potentially dangerous weather conditions.

Warning System: All Providers should have some type of weather alert or warning system. This may include any of the following:

- NOAA Weather radio – different types are available. It is recommended that you choose one that has both electrical and battery back-up power and which can be programmed to alert you to situations in your immediate area. (Note: If you purchase an alert that cannot be programmed in this way, then it will alert you to all events in the entire County area, and is not as useful.)
- Cell phone alerts --- Some weather stations provide instant alerts to your cell phone when weather conditions are potentially hazardous in your area. If you use this system, then you must have your cell phone charged and with you at all times.

Our local television stations have live coverage of conditions in their viewer area. This can provide excellent information; however, it is not appropriate to have this television coverage where it can possibly alarm or frighten children. Use good judgment in this situation.

If the weather alert sounds, note whether it is a “Watch” or “Warning.”

- Weather Watch: Means conditions are right for a possible event.
- Weather Warning: Indicates a weather event is present (e.g., flooding, thunderstorm, or tornado exists or is coming to the area.)



JCCDC EHS-HS FCC

Immediate Response to Emergency

Regulation Reference:

(2016) 45 CFR; 1302.47

Policy:

All actions shall be taken carefully and quickly to ensure that children and staff are protected from harm. Depending on the type of emergency, Providers will follow the steps listed for specific situations.

Procedure:

The first response is always to ensure the safety of children and adults.

1. Call for emergency assistance **911** if needed.
2. Contact JCCDC Central Office **205-933-1095**. If Central Office is not open (before/after hours), contact the Head Start/Early Head Start Director or other Supervisory Staff (see contact information, page *EP-4*)
3. Parents of each child will be notified as soon as possible.

All providers will have in place and will follow the following procedures:

1. Planning and preparation
2. Warning system
3. Action phase
4. Recovery (after the emergency is over)



JCCDC EHS-HS FCC Evacuation Responses

Regulation Reference:

(2016) 45 CFR; 1302.47

Evacuation may be necessary in specific situations:

Some situations, such as fire or nearby ground chemical spill, require immediate evacuation. Evacuation responses and time will vary according to the situation.

1. Immediate Evacuation: Some situations require immediate evacuation (e.g., fire, gas leak). You must exit the building quickly; every minute may count.
Example: From the moment a structural fire ignites (e.g., cigarette in trash can):
 - Building can be completely engulfed in smoke and flames and escape impossible in as little as 4 minutes.
 - It may take up to 2 minutes before smoke causes the alarm system to sound.
 - This leaves only 2 minutes to completely evacuate the building.
2. Unexpected Evacuation - with limited time to prepare children and gather supplies: (e.g., nearby chemical spill, illness or injury of staff, developing weather conditions.).
3. Evacuation - with warning of impending threat such as severe weather: (e.g., hurricane, thunderstorm watch, possible flooding, predicted ice storm or blizzard conditions.).

NOTE: In case of fire:

The Provider's first and most important priority is to ***Get everyone out safely!!!***

1. Account for all children and adults.
2. Once everyone is out and accounted for, do not let anybody back in.
3. If smoke is present, "Get Low and GO!" Smoke and heat rise, so crawl to the exit.

Regulation Reference:

(2016) 45 CFR; 1302.47

The Provider's first and most important priority is to ***Get everyone out safely!!!***

Once all children and adults are safely evacuated and accounted for, and all children are under supervision, *then* it may be permissible to use a portable fire extinguisher to extinguish a small fire.

Fire extinguishers may be used **only if:**

- Everyone is out of the building, in a safe place, and children properly supervised.
- Someone has called for emergency help
- The room/building is not filled with smoke. Smoke inhalation is deadly.
- Your escape route remains clear. Face the fire with your back toward the clear exit path.
- You feel confident in using the fire extinguisher.

Choosing a fire extinguisher: Check with your local Fire Marshall for information. Size and number of extinguishers is determined by the local Fire Marshal or other qualified professional.

1. There are 4 types (classes) of fire extinguishers:

- Class A extinguishers will put out fire in ordinary combustibles, such as wood and paper.
- Class B extinguishers are used on fire involving flammable liquids, such as grease, gasoline, oil, etc.
- Class C extinguishers are suitable for use on electrically energized fires.
- Multi-Class extinguishers can be used on different types of fires. They may be classified as A-B or A-B-C. Multi-class extinguishers are recommended for home use and most public facilities.

2. The extinguisher should be large enough to put out a small fire, but not too heavy to handle.
3. The fire extinguisher should have the label of an independent testing laboratory such as Underwriters Laboratories (UL) or Fire Marshall Approvals.
4. Install extinguishers close to an exit.
5. Extinguishers must be labeled (Class A, B, C, Multi).
6. Extinguishers must be inspected regularly. Label must include inspection date and expiration date.
7. Instructions must be posted on or near extinguisher.

Using a Fire Extinguisher:

Remember **PASS**:

P	A	S	S
Pull Pin from handle	Aim at base of fire	Squeeze handle completely	Sweep from side to side



Additional Fire Extinguisher notes:

After extinguishing a fire, back away. Watch for re-ignition. Use fire extinguishers on small fires only – trash cans or smaller. Do not attempt to put out the fire unless you have received training in the proper use and limitations of fire extinguishers. Use the appropriate extinguisher for the type of fire.

If caught in smoke:

Drop to hands and knees and crawl to exit. Hold breath as much as possible. Breathe shallowly through nose and use dry clothing (shirt, jacket, other) as filter.

If trapped in a room:

Place cloth material around or under door to prevent smoke from entering. Retreat and close as many doors as possible between you and the fire. Be prepared to signal from window but do not break glass unless absolutely necessary.

If forced to advance through flames:

Hold your breath. Move quickly. Cover head and hair. Keep head down and eyes closed as much as possible.

JCCDC EHS-HS FCC Evacuation Plan

Regulation Reference:

(2016) 45 CFR; 1302.47

Regardless of the reason for evacuation, the following procedures should be in place:

1. Have a warning system. Who initiates it? What does it sound like? Is everyone familiar with the sound?
2. Plan how to evacuate children.
 - Infants and non-walking toddlers will be placed in an evacuation crib, covered with a fire blanket, and moved to the designated evacuation assembly area. Upon arriving at this area, all infants must be physically accounted for against the sign-in log (individual head count) and the results reported to the JCCDC Head Start/Early Head Start or Executive Director immediately. If there is any discrepancy, the Provider will also immediately notify any emergency personnel on site.
 - Walking toddlers and preschoolers will be moved to the designated evacuation assembly area. Children may hold hands or hold a rope with knots (e.g., practice “follow-the-leader” during drills). Upon arriving at this area, all children must be physically accounted for against the sign-in log (individual head count) and the results reported to the Head Start/Early Head Start Director or the Executive Director immediately. If there is any discrepancy, Provider will also immediately notify any emergency personnel on site.
3. Know two exit routes from every child area in the home/building. Post both routes prominently in each classroom or nursery. (Exit maps tend to get “lost” in all the materials posted on classroom walls.)
4. Identify a safe meeting place. Select a location a safe distance from the home/building, accessible without crossing traffic routes, easily visible, and away from where emergency vehicles will park (e.g., Under a tree at the far corner of the playground; beside the big sign at the building next door).
5. Pre-pack items you will need to lead children out of the home/building. (Flashlight, rope to hold, telephone)
6. Know who is responsible for which children, including outside the classroom (e.g., bathroom breaks, lunch time, and recess).
7. Do frequent head counts. Always know how many children are in attendance each day. Count children before you leave the room, as you are exiting (if possible, have one adult in front and one behind to make sure children do not take a wrong turn), and when you get to the meeting place. Discuss what to do if a child is missing (e.g., alert police, firefighter, or other personnel).
8. Have your "ready to go" emergency file with current information on all children.

9. Practice at least monthly fire and tornado drill. Document all practice drills.

10. Providers should conduct drills that are random, unplanned, and during “inconvenient” times, such as during naptime or dismissal. Practices should include:

- Both exit routes (rotate schedule);
- Special exit procedures, such as a “get low and go” activity holding rope (in case of smoke, fumes, power outage, etc.); and,
- Appropriate documentation (e.g., head counts, date of practice drills).



JCCDC EHS-HS FCC Evacuation Sites

Regulation Reference:

(2016) 45 CFR; 1302.47

Preparation:

1. Providers will plan ahead to determine evacuation sites:
 - Locate evacuation sites in your area (walking distance) in case emergency evacuation is needed (e.g., fire, gas leak).
 - Locate evacuation sites outside your local area in case emergency evacuation is needed (e.g., widespread evacuation due to chemical spill, etc.)
2. Providers will contact management of the facilities to determine if they are willing to serve as an evacuation site.
 - Consider checking with churches, recreation centers, libraries, colleges, grocery stores, fitness centers, or other public buildings.
 - Do not assume that a facility will be able to handle your needs. Formalize your agreements with the person in charge of the evaluation site/sites
3. Providers will indicate the evacuation sites in case of emergency evacuation on the Assignment of Responsibilities.
4. Providers will prepare an Evacuation Notice note to place on EHS-HS FCC Home door. This notice will include the following:
 - Name, address, and telephone number of evacuation site.
 - Provider name and cell number.
 - JCCDC Central Office number **205-933-1095**.
 - Provider **Signature** (to validate this information).

NOTE: A parent looking for his/her child may not have a pencil/paper available to copy down this information. However, you do not want a parent to take this poster off your door. One possible suggestion is to have multiple copies of this evacuation notice (e.g., small tear-off papers) so a parent can quickly take this information.



JCCDC EHS-HS FCC Letter of Agreement for Evacuation

Date: _____

Letter of Agreement between: _____ (*Provider*)

and _____ (*Emergency Evacuation Site*)

Information about EHS-HS FCC Provider:

Name: _____

Address: _____

Telephone: _____ Cell phone: _____

Contact person(s): _____

Hours of operation: _____

Number of children and adults potentially evacuating: _____

Information about Evacuation Site:

Name: _____

Address: _____

Telephone: _____ Cell phone: _____

Contact person(s): _____

Hours of operation: _____

Driving directions from EHS-HS FCC Home to evacuation facility:

Items that evacuation site will provide in an emergency:

Water Food Telephone People to assist

Other: _____

_____ (*Evacuation Site*) agrees to serve as an emergency
evacuation site for _____ (*EHS-HS FCC Provider*).

Authorized Evacuation Site Representative(s) : _____	Date: _____
EHS-HS FCC Provider: _____	Date: _____



Early Head Start-Head Start Family Child Care Program

Give copy to parents every year and to new parents as they enter your program

Date letter distributed: _____

Provider name: _____

Dear Parents,

I want to assure you of my concern for the safety and welfare of the children in my family childcare home. In light of recent world and local events, I have developed an emergency plan that will be put into place in case an emergency situation arises. Plans for emergency care are reviewed annually. The specific type of emergency will guide where and what special care will be provided.

- **Shelter at my home** – This plan would be put into place in case of a weather emergency or unsafe outside conditions or threats. In this plan, the children will be cared for indoors at my home and all the doors may be locked to restrict entry. Parents will be notified if they need to pick up their child before their regular time.
- **Evacuation to another site** – This plan would be put into place in the event that it is not safe for children to remain in my home. I have arranged for alternate sites for care. The choice of site will be determined by the specific emergency and where would be an appropriate place to go.
- **Method to contact parents** – In case of emergency, parents will be called. If we need to evacuate to another site, a note will be placed on my door to tell you where to pick up your child. Depending on the distance from my home, the children will walk to the alternate site.
- **Emergency over/reuniting with children** – Parents will be called and reunited with their children as soon as possible after the emergency.

When you enrolled your child in my care, you completed a list of emergency contacts and persons who may pick up your child. It's very important to keep that list up-to-date in case an emergency occurs. Please see me if you want to review the emergency contact information that I have for your child.

The purpose for sharing this information with you is to reassure you that I am prepared to handle all types of emergencies in a way that will ensure the safety of your child/children. In the event of an actual emergency, I will call you as soon as it is safe to do so. At that time you will be informed about what steps will be taken. If you have questions regarding this information, please share them with me.

Sincerely,

EHS-HS FCC Provider



JCCDC EHS-HS FCC Shelter-In Response

Regulations:

(2016) 45 CFR; 1302.47(1,v,vi)(4,i-G,ii)(5)(7)(8)

“Shelter In” is in response to a situation when it is safer for children to remain in the facility, rather than evacuate.

For example:

- Parents unable to come due to power outage or transportation breakdown
- Severe weather (e.g., hurricane, tornado, ice, flood).
- Airborne contaminant or chemical spill.
- Potentially violent situation

Warning System:

What is your warning system for specific shelter-in situations? For weather condition early warning, have a National Oceanic and Atmospheric Administration (NOAA) weather radio or community sirens. Also, have an alarm system within the program. Who initiates it? What does it sound like? Is everyone familiar with the sound?

Safe Place:

Identify your safe place; include it on the posted emergency plan.

- Can everyone get there quickly?
- Is there sufficient room for all children and adults?
- Is it structurally sound to resist collapse (e.g., earthquake, tornado)?
- Is it self-contained with windows and doors shut, and ventilation system blocked (e.g., prevent airborne contaminant)?
- Is it clearly marked with posted signage?
- Is it free of shelving or items that could fall?
- Is there emergency lighting or supplies (e.g., flashlights, first aid kit)?



JCCDC EHS-HS FCC Emergency Response Documents

Regulations:

(2016) 45 CFR; 1302.47(1,v,vi)(4,i-G,ii)(5)(7)(8)
(2001) Alabama DHR Minimum Standards H5

Policy:

Emergency Preparedness documents must be posted in clear view in an area of the classroom where they can be easily spotted when someone enters the Provider Home and/or children's area.

Procedure:

1. The following documents will be posted in a prominent place. Documents of similar nature are posted as a group in an appropriate place (e.g., near exit door). Further information on specific documents are included in this Emergency Preparedness manual.
 - Tornado procedures
 - Route to tornado safe area
 - Fire procedures
 - Exit routes from all child areas (2 ways out)
 - Emergency poster with contact and other information (See sample)
 - First aid information (*Quick Guide to Medical Emergencies* book)
2. Fire and tornado drills will be conducted monthly. All drills will be documented.



JCCDC EHS-HS FCC

Emergency Drill Record

Type of drill: **FIRE** **TORNADO** **OTHER:** _____

Date: _____

Provider Name: _____

Person conducting drill: _____ Position: _____

Time alarm sounded: _____ Time evacuation completed: _____

Number of children in attendance in the building when alarm sounded: _____

Number of children exiting building (roll call count) _____

Explain any discrepancies: _____

What were children doing at the time of alarm (playing, sleeping, etc.)? _____

Weather at time of alarm _____

List any problems and corrective action taken _____

Did any children show panic when the alarm sounded? YES NO

If yes, how many? _____ What caused these reactions? _____

What was done to correct this? _____

Did staff seem confident about the evacuation procedure? YES NO

If no, why? _____

What was done to correct this? _____

Were all safety precautions completed? YES NO

If no, why? _____

Planned date for next fire drill _____

Signature _____

EMERGENCY POSTER

PROVIDER: _____

ASSISTANT: _____

ADDRESS: _____

**EMERGENCY
NUMBER:** _____

POISON CONTROL: _____

NEAREST HOSPITAL: _____

UTILITY SERVICES: _____

NEAREST TELEPHONE:

CHILDREN'S EMERGENCY FILES:

**FIRST AID
KIT:** _____

**FIRE
EXTINGUISHER:** _____



JCCDC EHS-HS FCC Emergency Response Posters

Regulations:

(2016) 45 CFR; 1302.47(1,v,vi)(4,i-G,ii)(5)(7)(8)

The following posters are EXAMPLES ONLY. Providers should review their own emergency responses with the JCCDC Management Staff (e.g., Health and Safety Coordinator, Early Childhood and Development Manager), to determine the most appropriate response to situations that may occur in their EHS-HS FCC Home.

The EHS-HS FCC will create individual Emergency Response Posters for his/her site. These posters may be kept on a ring and placed with other emergency information. The posters will be reviewed by the Health and Safety Coordinator upon each monthly monitoring.

Fire, explosion, gas leak, electrical problems, bomb threat, or other potential for fire

Immediate Evacuation:

- Know the fire/evacuation warning signal: _____
 - Calmly get all children together. Count heads.
 - Feel the door. If hot, do not open it. (*See instructions below*)
 - Take Emergency File, flashlight, communication, and first aid kit.
 - Leave the building using practiced escape route. If blocked by smoke or fire, use alternate escape route.
 - Go to the outside meeting place: _____
 - Head count. Notify emergency personnel if anyone is missing.
- Stay together! All staff and children should stay in the designated meeting place until further instructed. Once outside, designated staff should notify fire department or emergency personnel.***

If exit is blocked:

- If door feels hot, do not open it. Stay in the room.
- Place blanket or other material under door to block smoke.
- Gather children near window. Escape may be possible through window.
- If escape not possible, notify emergency help.

Planning and preparation:

- Place and maintain smoke detectors.
- Familiarize children and adults with warning system and sounds.
- Know and practice “two ways out” from every location in facility.
- Maintain clear exit paths. Exit doors must be unlocked
- Have Emergency File; update regularly.
- Have emergency lighting and communication sources; check regularly.
- Have first aid kit; check and rotate supplies regularly.
- Practice fire-safe transport system for infants, toddlers, & special needs.
- Practice evacuation with preschoolers holding rope or other “follow-the-leader” practices. Practice situations, including crawling under smoke.
- Identify same meeting place outside.
- Teach and practice fire and burn prevention.
- Know your community fire fighters.

Practice and check smoke detectors monthly:

Date: _____ Staff initial: _____ Date: _____ Staff initial: _____



www.childhealthonline.org

Sample only. Modify to meet individual program procedures.

Tornado or Severe Weather

Tornado Watch: Tornado is possible.

- Watch the sky. Listen to radio or television for more information.
- Be prepared to take shelter.
- If you are in a metal structure, mobile home, or similar structure, you should move to a more substantial structure.
- Take Emergency File, flashlight, communication, and first aid kit.

Tornado Warning: Tornado has been sighted or indicated by weather radar.

- Immediately take children to designated shelter.
- Take Emergency File, emergency lighting, and first aid kit.
- Tornado safest area is: _____
- Avoid windows and glass doors. Close doors to outside rooms.
- Have children sit in position. Protect heads with blankets.
- Count heads. Notify Director or emergency personnel if anyone is missing.
- Stay in this position until given the “all clear” by authorities.

Planning and preparation:

- Designate safest area. If possible, stock with blankets or tarps.
- Practice “tornado position.”
- Familiarize staff and children with warning system.
- Have Emergency File; update regularly.
- Have emergency lighting and communication sources; check regularly.
- Have first aid kit; check and rotate supplies regularly.

Practice monthly during tornado season:

Date: _____ Staff initial: _____ Date: _____ Staff initial: _____

www.childhealthonline.org

Sample only. Modify to meet individual program procedures.



Potentially Violent Situation

Gunfire, hostage, intruder, adult under influence,
non-custodial adult, etc.

Procedure: Lock-down

- Warning System: Lock down code.
- Close and lock all doors.
- Turn off lights.
- Have children sit quietly in designated safest area:
- Safest area for lockdown:

- Head count. Make sure all children are in the room. Notify Director or emergency personnel if anyone is missing.
- Maintain position until given further instructions.

Selective evacuation may be in order. Take Emergency File, first aid kit, and flashlight.

Planning and preparation:

- Check communication systems.
- Familiarize staff with lock-down code and warning system.
- Designate staff responsibilities.
- Have Emergency File; update regularly.
- Have emergency lighting and communication sources; check regularly.
- Have first aid kit; check and rotate supplies regularly.
- Check door locks and keys to assure they work properly.

Practice twice each year:

Date: _____ Staff initial: _____ Date: _____ Staff initial: _____



www.childhealthonline.org

Sample only. Modify to meet individual program procedures.

Utility Disruption

If there are no live wires or immediate danger:

- After one (1) hr of disrupted service, begin calling parents/guardians to inform them of the situation.
- Call families of infants and children with special needs first. These families may be called sooner depending on level of disruption to basic caregiving routines.

The facility may close if the following conditions are present:

- Room temperature registers 68° or below, or 85° or higher for one hour, with no expectation of heat/air conditioning restoration within the next one to two hours, and/or the room conditions prevent adequate ventilation and breathing.
- Lighting (natural or emergency) is diminished to the point that children and staff are at risk.
- Phone lines will be inoperable for more than one hour, and no auxiliary cellular phones are available. Staff must have means to reach all parents to pick up children before closing facility.
- Nutritional needs of the children cannot be met.
- Loss of water that disrupts appropriate diapering, hand washing, and toileting with clean running water for more than 1 hour.

How to protect food:

- Keep doors of refrigerator and freezer closed as much as possible.
- Keep raw foods separate from ready to eat foods.
- If refrigerator temperature is above 40 degrees for more than two (2) hours, discard perishable foods.
- Frozen foods that remain frozen are not a risk. If potentially hazardous foods are thawed, but still cold or have ice crystals on them, use them as soon as possible. If potentially hazardous foods are warmer than 45 degrees Fahrenheit, discard them.
- Contact your local Public Health Agency for any questions regarding the safety of food. If in doubt, throw it out.

Planning and preparation:

- Monitor weather conditions (storms, ice, snow) which could affect utilities.
- Consider pre-storm closing or early closing depending upon conditions.
- Have flashlights or other emergency lighting readily accessible. Check monthly.
Location of flashlights: _____
- Have drinking water supplies available.
- Have back-up communication available
- Have first aid kit; check and rotate supplies regularly.

Practice and check smoke detectors monthly:

Date: _____ Staff initial: _____ Date: _____ Staff initial: _____



www.childhealthonline.org

Sample only. Modify to meet individual program procedures.

Flooding

Flood Watch: Flooding is possible.

Flood Warning: Flooding is occurring or will occur soon.

- If advised to evacuate, do so immediately.

Flash Flood Watch: Flash flooding is possible.

- If in an area for flash flood risk, you should move to higher ground.

Flash Flood Warning: Flash flooding is occurring.

- If in an area for flash flood risk, you should move to higher ground immediately.

Urban and Small Stream Advisory: Flooding of streets, small streams, and low-lying areas is occurring.

- If evacuation is recommended, follow designated evacuation route.

Evacuation Procedures:

- If advised to evacuate, do so quickly. Evacuation is simpler and safer before floodwaters become too deep for ordinary vehicles to drive through.
- Take Emergency File, flashlight, communication, and first aid kit.
- Listen to a battery-operated or vehicle radio for evacuation instructions.
- Follow recommended evacuation routes – short cuts may be blocked.
- Attempt to leave early; avoid being isolated by flooded roads.
- **NEVER** attempt to drive through water or flooded streets!

Planning and preparation: Flooding may build over several days or occur rapidly. Monitor flood potential; consider early closing or pre-closing facility.

- Determine if your facility or travel routes are in flood inundation areas.
- Learn flood-warning signs, and if available, any community alert signals.
- Have Emergency File; update regularly.
- Have emergency lighting and communication sources; check regularly.
- Have first aid kit; check and rotate supplies regularly.
- Have maps clearly marked with alternate evacuation routes.
- If high risk for flooding, designated staff should shut off electricity, gas, and water at main switches. If necessary, move records or equipment to higher level in building.

Practice twice each year:

Date: _____ Staff initial: _____ Date: _____ Staff initial: _____



www.childhealthonline.org

Sample only. Modify to meet individual program procedures.

Chemical, Biological, Nuclear, or Hazardous Material

Follow recommendation of emergency personnel. Action may be to shelter in or to evacuate and transport to safe location.

Shelter in: Prevent exposure to hazardous material.

- Go to safest area of building; inner room with no outside windows.
- The safest area is: _____
- Close all windows and doors. Seal openings with available material (tape, cloth, etc.)
- Close ventilation and air ducts. Designated person will shut down heating/cooling system.
- Notify program director or emergency personnel of your location. Maintain position until given further instructions.

Evacuation: Transport children to safe location.

- Calmly gather children; count heads.
- Take Emergency File, flashlight, communication, and first aid kit.
- Leave the building using practiced escape route
- Go to outside meeting place: _____
- Count heads. Notify emergency personnel if anyone is missing.
- Transport children to safe location as directed by emergency personnel.
- Notify parents.

Planning and preparation:

- Check warning and communication systems.
- Identify safety area of every location of facility: _____
- Identify evacuation meeting place: _____
- Post exit routes to safe area; post exit routes to meeting place.
- Have Emergency File; update regularly.
- Have emergency lighting and communication sources; check regularly.
- Have first aid kit; check and rotate supplies regularly.
- Have transport system to evacuate infants, toddlers, and/or children with special needs.

Practice twice each year:

Date: _____ Staff initial: _____ Date: _____ Staff initial: _____



www.childhealthonline.org

Sample only. Modify to meet individual program procedures.

Earthquake

Duck, Cover, and Hold On

Inside the facility:

- Immediately duck or drop to the floor.
- Take cover under a desk or table.
- Stay away from windows, fireplaces, and heavy furniture or appliances.
- Stay in place until the ground stops moving.
- Head count.

The safest area is:

After the earthquake, leave the building. Take Emergency File, first aid kit, communication source, and flashlight.

Outside the facility:

- Move away from buildings, bridges, overpasses, or other objects which might fall over.
- Duck or drop to the floor.
- Stay in place until the ground stops moving.
- Head count.

After the earthquake, do not re-enter the building.

Planning and preparation:

- Check warning and communication systems.
- Designate staff responsibilities.
- Have Emergency File; update regularly.
- Have emergency lighting and communication sources; check regularly.
- Have first aid kit; check and rotate supplies regularly.
- Practice frequent head counts.

Practice twice each year:

Date: _____ Staff initial: _____ Date: _____ Staff initial: _____



www.childhealthonline.org

Sample only. Modify to meet individual program procedures.



JCCDC EHS-HS FCC

Kidnapping or Unauthorized Removal of a Child

Regulation Reference:

(2016) 45 CFR; 1302.47

NOTE: In Alabama, a biological parent of a child has the right to take that child unless there is legal documentation stating otherwise. It is not sufficient for one parent to state that the other parent cannot have access to the child.

Be aware of custodial issues or concerns involving the child and ensure that you have the appropriate and necessary documents on file.

Pay attention to times when abduction may be likely.

Important! If you believe a child to be missing or kidnapped, DO NOT WAIT! Call 911 immediately as you are looking for the child. It is better to make an unnecessary emergency call to the police, than to waste time looking for a child who may be in danger.

If a child is missing, kidnapped, or removed without authorization from your EHS-HS FCC Home:

1. Call 911 immediately and provide the following information:
 - Child's name and age
 - Address
 - Physical and clothing description, including any distinguishing marks such as scars or birthmarks. If possible, provide photo.
 - Medical status if appropriate
 - Time and location child was last seen
 - Physical and clothing description of the suspect
 - Vehicle description and direction of travel
2. Notify the parent or guardian of the missing child and advise parents of situation and steps taken.
3. Contact JCCDC Central office (or agency cell phone, if after hours).



JCCDC EHS-HS FCC Suspicious Mail or Package

Regulation Reference:

(2016) 45 CFR; 1302.47

Signs of suspicious mail or package:

- Unexpected or unknown origin.
- Addressed to someone no longer at your address.
- Incorrect titles, titles with no names, and misspelling of common words.
- Handwritten or poorly typed address.
- No return address or cannot be confirmed.
- City or state in the postmark does not match the return address.
- Lopsided or lumpy.
- Wires or other unusual contents protruding or can be felt through wrapping.
- Sealed with excessive amounts of tape.
- Marked with restrictive endorsements (e.g. personal, confidential, etc.).
- Excessive postage or weight.
- Oily stains, discolorations, or odors.
- Ticking sound.
- Powdery substance felt through or appearing on the package or envelope.

Response to Suspicious Mail or Package:

1. Immediately call 911.
2. While waiting for emergency personnel:
 - Treat item as a hazardous material.
 - Do not handle a letter or package you suspect is contaminated. Stay away from the package, and do not shake, bump, open, touch, sniff, taste, or look closely at it.
 - Place something over it (trash can, paper, etc.).
 - Leave the room and close the door. Isolate the area and deny entry.
 - Wash your hands thoroughly with soap and water.
 - Make a list of everyone who was in the room with the suspicious item.



JCCDC EHS-HS FCC Bomb Threat

Regulation Reference:

(2016) 45 CFR; 1302.47

Bomb Threat:

If you receive a message (phone, note, verbal) that a bomb has been planted in or around the EHS-HS FCC Home:

1. Immediately call 911 and wait for the police to arrive. Answer the dispatcher's questions and follow their directions.
2. Evacuate all children and adults inside the building(s).
3. If possible, take your "ready to go" package (e.g., attendance sheet, cell phone, emergency numbers, and first aid kit.)
4. Ask where the bomb is located, when will bomb go off, what materials are in bomb, who is calling, why caller is doing this.
 - Complete the **Bomb Threat Checklist**.
 - Listen closely to caller's voice and speech patterns and to noises in background.

Explosion:

1. Evacuate as quickly as possible, following practiced Evacuation Procedures.
2. Do not stop to retrieve personal possessions or make phone calls.
3. If things are falling around you, get under a sturdy table or desk until they stop falling. Then leave quickly, watching for weakened floors and stairs and falling debris as you exit.
4. If you are trapped in debris:
 - Do not light a match or lighter.
 - Do not move about or kick up dust.
 - Cover your mouth with handkerchief or clothing
 - Rhythmically tap on a pipe or wall so that rescuers can locate you. Use a whistle if one available. Shout only as a last resort when you hear sounds and voices. Shouting can cause a person to inhale dangerous amounts of dust or chemicals.
5. If you notice an unusual or suspicious substance nearby:

- Quickly get away if possible
- Cover your mouth and nose with layers of fabric or tissue to filter air, but still allow breathing.
- Wash with soap and water.
- Inform emergency authorities.
- If you become sick, seek emergency attention.



JCCDC EHS-HS FCC Bomb Threat Checklist

Regulation Reference:

(2016) 45 CFR; 1302.47

**Remain calm. Pay close attention to all details.
Report all information to emergency authorities.**

Telephone call received at: _____ (location)

Time of call: _____ AM PM (*Circle one*)

Caller Gender: (*Circle one*) Male Female Unknown

Age of caller (“guess-timate): (*Circle one*) child teen 20’s 30’s 40’s 50’s 60’s +

Perceived caller mind state: (*Circle one*)

Calm Nervous Angry Intoxicated Hysterical

Speech: (*Circle one*)

Stutter Eastern accent Southern accent Foreign

If foreign, try to identify origin _____

Background Noises: (*Circle all that apply*)

Voices Baby crying Factory noises Music Radio

Television Tinkling glasses None-silent Train Airplane

Wind Laughing Traffic-cars Traffic-Trucks

Questions to Ask: Document all responses immediately using exact wording.

1. Where is the bomb located? (What EHS-HS FCC Home or Central Office?)
2. What time will it go off?
3. How big will the explosion be?
4. How did the bomb get into the location? (Carried/Mailed)
5. Is the bomb concealed or disguised?
6. What group is behind this and why?
7. What is your name?



JCCDC EHS-HS FCC Death in the EHS-HS FCC Home

Regulation Reference:

(2016) 45 CFR; 1302.47

If a death (child or adult) occurs in the EHS-HS FCC Home, follow these procedures:

1. Call **911**, request emergency assistance.
2. Contact local Law Enforcement; allow them to notify the family members.
3. Contact the Executive Director immediately.
4. Do not move or tamper with the body.
5. Move all children to a part of the Home away from the body.
6. Tell children only what is essential for them to know about what has occurred. Offer comfort and counseling as needed.
7. DO NOT contact news media. If a news reporter is aware of what has occurred and solicits information, refer him/her to the Interim Executive Director.
8. DO NOT allow any filming or photography inside the FCC Home except by authorized law enforcement personnel.



JCCDC EHS-HS FCC Recovery Phase

Regulation Reference:

(2016) 45 CFR; 1302.47

Part of Emergency Preparedness is consideration of steps in Recovery Phase, prior to the actual emergency event.

Questions to consider:

1. After evacuation, does a danger exist in the EHS-HS FCC Home?
 - If yes, do not allow staff or children to re-enter the home.
2. Is the area dangerous, with flood waters, live wires, etc.?
 - If yes, do not allow children or staff to re-enter the area.
3. How do you find whether the area can be re-entered?
 - Call the police, fire or office of emergency preparedness. If you don't know, don't go.
4. Should children be brought back to the childcare area after an evacuation?
 - If a situation is serious enough to evacuate, children should not be brought back until the JCCDC Head Start/Early Head Start Director or Executive Director has evaluated the emergency and has determine if it is safe.