



Child Care Provider Emergency Response Handbook



Lincoln-Lancaster County
Health Department

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**SNOHOMISH
HEALTH
DISTRICT**

Introduction

This model Emergency Response Handbook was created by the Snohomish Health District Child Care Health Program and Snohomish County Department of Emergency Management. The Lancaster County Emergency Management and the Lincoln-Lancaster County Health Department Child Care Health Program were given permission to revise and edit this handbook.

The purpose of this handbook is to give child care professionals step-by-step procedures on how to respond to an emergency during the first 30 minutes. The handbook has instructions specific to each emergency. Following the listed instructions in sequential order will help you to prioritize notification and to limit escalation and injury during the initial impact of the emergency. Your Emergency Response Handbook should be able to be used as a guide by any adult on the premises!

Not all child care facilities and communities are similar. This handbook **must be individualized** for each program, considering the resources available, the surrounding community, and the characteristics of the facility itself:

1. Download an electronic customizable version of the handbook at: www.lincoln.ne.gov/health Keyword: child care health
2. Complete specific information relevant to your child care.
3. Add any additional information to reflect your facility's needs.
4. Read through the entire plan. Make appropriate changes on any items that are unclear or conflict with what you would actually do in that situation. (e.g., center is not in a flood zone, remove the section titled, "Flood or Flash Flood".)
5. Once finalized, share your emergency response plan with your staff and parents.
6. Use this plan to conduct routine drills.

In this document, "director" means the center director or the person-in-charge at the time of the incident or disaster. "Parent" means the child's parent or legal guardian.

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Child Care Provider Emergency Response Handbook

This policy was last reviewed and updated on: _____

Facility Name: _____
Address: _____
Phone: _____
Cell Phone: _____
Director: _____
Phone: _____

Nearest Cross Streets: _____

Property Owner/ Manager: _____

Insurance Agency: _____

Auto Policy Number: _____
Building Policy Number: _____

Emergency Phone Numbers

Emergency Assistance	Number(s)
Police	911
Fire/Emergency Medical Personnel	911
Bryan LGH East Emergency – 1600 S 48 th	402-481-3142
Bryan LCH West Emergency – 2300 S 16 th	402-481-5142
Saint Elizabeth Regional Medical Center Emergency – 555 S 70 th	402-219-7142
Poison Control Center	800-222-1222
National Response Center (Report Oil & Toxic Chemical Spills)	800-424-8802
Lincoln Utility Emergency Numbers:	
Electricity (LES- Power Outages/Lines Down)	888-365-2412
Gas (Black Hills Energy – Emergency)	800-694-8989
Telephone (Outages & Repairs)	611
Water & Sewer:	
Water	402-441-7571
Wastewater	402-441-7961
Stormwater	402-441-7701
Radio/Television Stations:	
Three Eagles of Lincoln, Inc.	402-466-1234
Nebraska Public Media	800-868-1868
Channel 10/11 - KOLN-TV	402-467-4321
Channel 8 - KLKN-TV	402-434-8000
Child Protective Services	800-652-1999
Child Care Licensing	402-471-9562
Specialist: _____	_____
Lincoln-Lancaster County Health Department	402-441-8000
LLCHD Environmental Public Health	402-441-8023
LLCHD Communicable Disease	402-441-8053
LLCHD Child Care Health Consultant	402-441-4673
Alternate Site Location (Near Child Care Center):	
_____ Address	_____ Phone
Alternate Site Location (Evacuation Site):	
_____ Address	_____ Phone

Preparing your Child Care Facility for an Emergency

To ensure the safety of all the children who attend this child care program and the staff who work here, we developed a comprehensive Emergency Preparedness plan. By putting together this plan and sharing it with staff and parents, we hope to be prepared when an emergency strikes. *(Note: modify this list so it matches what you have done at your facility.)*

This child care facility has taken many steps to prepare the facility, children, staff and parents, for the unexpected. Child Care centers must follow [NE Statute CCC; 391NAC3;3-006.30D](#) for disaster planning and [NE Statute CCC; 391NAC3; 3-006.30B](#) for fire drills.

Drills

- The facility conducts fire drills 12 times a year and records the dates as required by licensing. *(See sample form in Appendix D)*
- The facility conducts tornado drills four times per year (March-September) and records the dates.
- The facility conducts disaster drills quarterly and records the dates.
- There are two designated escape routes from each area. Evacuation maps are posted in each classroom.
- _____
- _____

Kits

- The facility has gathered a 72-hour preparedness kit and has included a 72-hour supply of any medications or supplies for those with special needs. *This kit / These kits are kept _____ (where).*
- The facility checks its emergency kits and emergency medication expiration dates on a regular basis. This is done _____ *(how often).*
- For those with special needs or life-threatening health conditions, who require medication or supplies, those medications or supplies are kept on-site and will be taken with if evacuation is required.
- Fire extinguishers are located throughout the facility. The locations are _____ *(where)*. They are inspected _____ *(how often)*.
- The facility's smoke alarms are checked monthly.
- (If source of carbon monoxide is present)* The facility has a carbon monoxide alarm located _____ *(where)*. It is checked monthly.
- Emergency supplies are kept in each vehicle.
- _____

Communication

- At least one corded phone is available to use if there is no electricity and/or located another landline in the area.
- Emergency phone numbers are posted by each phone in the facility.
- The facility has an out-of-area emergency contact listed for each child. This person will be contacted if the parent/guardian cannot be reached 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 facility has communicated with **neighbors/neighboring businesses** who may be able to help out in the event of a major disaster. These include: *(who)*

Training

- Staff have been trained on how and when to shut off all utilities.
- Older children are taught to call 911 if directed to do so by a staff member.
- At least one staff member trained in CPR and first-aid is with each group of children.
- _____

Gather information from parents

Make sure that all parents have reviewed the Emergency plan and understand the steps that your facility will take in the event of an emergency. All parents have provided the center with an out-of-area contact for their family (see *Appendix A*).

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

Practicing Emergency Situations

Child care facilities are required by licensing to conduct fire drills 12 times a year and record the date and time of each. Tornado drills need to be conducted 4 times a year during the timeframe of March through September. Disaster drills should be conducted at least quarterly. It is up to the center to choose which type of disaster they will practice for each time. It is important to practice tornado drills, lockdowns, shelter-in-place, and medical emergencies. (*Emergency drills are required to be logged. See Appendix D: Forms.*) Some situations are difficult to practice during normal operation of the center. For such scenarios involving site evacuation, it is a good idea to run through the situation verbally as a group during a staff meeting. In this way, questions can be answered, and possible hurdles can be figured out.

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 center. Consider conducting periodic drills without giving staff members warning. They need to be able to react, even when not mentally prepared for the situation. Nebraska has extreme weather conditions and emergencies don't care what the weather is like outside. Be prepared for how you will maintain safety and get to a safe location if it is raining, snowing, freezing cold, or extremely hot outside.

All staff should receive regular training on emergency preparedness. The entire plan should be reviewed at least annually, and with all new staff as they start work. Use this handbook during staff meetings to review procedures for various situations. Make sure you have discussed roles and responsibilities for different scenarios. Staff should be familiar with how to use a fire extinguisher and it is best if they have had practice using one. Make sure all staff that are required to have CPR and First Aid training are up to date on their certification. Teach staff how to shut off all utilities, such as natural gas and water.

Take care of staff

Emergencies affect all of us. Staff will likely be concerned about their own family members but will also be needed at the center to help the children in their care. Directors should provide staff with information and assistance in preparing their own families for times of disaster. Each staff should have an out-of-area contact for their family, disaster supplies at home and in their personal vehicle, and a plan for connecting with their other family members. If staff members are individually prepared, their personal worries will be reduced, and they will be better able to focus on helping the children in their care who rely on them.

Steps to Take During an Emergency

Building and Site Evacuation

Building Evacuation:

- Make a quick assessment of the situation in the classroom and of any injuries to the children or adults.
- Director evaluates the evacuation route to be sure that it appears clear of obstructions.
- Director gives instruction to evacuate: *EVACUATE to _____! (Repeat information)*
- If possible and time allows, have children take jackets and coats.
- Staff should take the following items:
 - Emergency supplies which are stored _____ *(where)*.
 - Class/staff attendance sheets and visitor sign-in sheets.
 - Children and staff emergency and medical information/supplies.
 - Cell phone, if available.
- Staff should assemble children 2 by 2 to evacuate the building (preferably one teacher leading the children and one teacher following behind). Infants will be put into rolling evacuation cribs. Young toddlers will be evacuated by _____ *(how)*.
- Take attendance; if safe to do so, search the building for anyone missing.
- Have children sit down if possible.
- If it is a gas leak or other incident that requires children and staff be located further away from the facility, have teachers move children to the pre-designated area or no less than one block from the facility. The pre-designated location is _____ *(where – at least one block away from facility)*.
- Director will evaluate the situation with the help of responding agencies (fire, police, etc.) and determine if it is safe to enter building. If not, determine if it is necessary to move to the alternate site location (follow *Site Evacuation* procedure on page 9), or to stay put until it is safe to re-enter the building.
- Director will notify parents immediately if evacuation looks to be long term or if children are moved to alternate site location. Parents will be notified _____ *(how – note on the door, note left in a designated spot, call to out-of-area contact, other)*.
- Director will report incident to state child care licensing *(phone number on page 3)*.
- Director will complete a written incident report *(Appendix D)*. Incident reports are stored _____ *(where)*.
- All parents will be notified of incident.

Site Evacuation:

- If it is determined that staff and children will be moved to the alternate site away from the facility, assign children to a designated teacher.
- Staff should bring the following items to the alternate site:
 - Emergency supplies which are stored _____ *(where)*.
 - Class/staff attendance sheets and visitor sign-in sheets.
 - Children and staff 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, staff cars, nearby transportation resource)
- Once at the alternate site location, take attendance again. Teachers must remain with their group of children until the children are picked up by parents or emergency contacts.
- Director will continue to communicate with parents and coordinate pick-up of children.
- Director will report incident to child care licensing *(phone number on page 3)*.
- Director will complete a written incident report *(Appendix D)*. Incident reports are stored _____ *(where)*.

Shelter-in-Place Procedure

Shelter-In-Place should be conducted when you are instructed to do so by emergency personnel or your radio or television; or if you see a vapor cloud or smell an unusual odor outside. Announce: *Shelter for Hazmat! Seal your rooms!*

- Gather all children inside in a location which is easiest to seal off from the outside, such as a room(s) with few exterior windows and doors. This location is _____ (*where*).
- Call 911 (if you have not already done so). Director or designee should turn on and listen to the radio. Listen for emergency information from your local fire or police department.
- The director or facility maintenance person will 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, aluminum foil and/or duct tape.
- Stay alert to loudspeaker announcements; emergency personnel from your local police or fire department may give you specific instructions via loudspeaker or door-to-door.
- If determined necessary, you can provide a minimal amount of breathing protection by covering mouths and noses with a damp cloth.
- If you are told there is danger of explosion, close the window shades, blinds, or curtains. To avoid injuries, keep children away from windows.
- Director should stay in touch with responding agencies/emergency personnel.
- Director and emergency personnel in charge will determine whether to stay sheltered in place or to evacuate.
- Advise parents not to pick children up 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 supplies and emergency contact cards handy.
- Once the incident is over; inform parents, take down plastic sheeting, turn ventilation system back on.
- Director will report incident to child care licensing (*phone number on page 3*).
- Director will complete a written incident report (*Appendix D*). 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 it is not sounding. *Announce: Evacuate to _____! (Repeat)*
- Evacuate children, visitors, and staff (follow *Building Evacuation procedure* on page 8). Drop and crawl to avoid smoke and close doors behind you. Take the following items with you:
 - Emergency supplies which are stored _____ *(where)*.
 - Class/staff attendance sheets and visitor sign-in sheets.
 - Children and staff emergency and medical information/supplies.
 - Cell phone, if available.
- Call 911 from outside the building.
- Take attendance. If it is safe to do so, search the building for anyone missing.
- Director or staff member will check area of concern and use fire extinguisher if it is safe to do so.
- Have the following items ready for police and fire personnel:
 - Number of children in care, staff, family members, volunteers, and visitors.
 - Knowledge of anyone remaining in the building.
 - 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* on page 9).
- Director will notify parents of evacuation and alternate site location, if applicable.
- Director will report incident to child care licensing (*phone number on page 3*).
- Director will complete a written incident report (*Appendix D*). Incident reports are stored _____ *(where)*.
- All parents will be notified of incident.

Gas Leak

If gas odor is detected:

- DO NOT** activate the fire alarm system or any other electrical equipment.
- Notify director.
- Evacuate children and staff (see *Building Evacuation procedure* on page 8) and close doors behind you but leave a window open. Take the following items with you:
 - Emergency supplies which are stored _____ (*where*).
 - Class/staff attendance sheets and visitor sign-in sheets.
 - Children and staff emergency and medical information/supplies.
 - Cell phone, if available.
- Call 911 from outside the building.
- Call Black Hills Energy - Emergency Line (800-694-8989) from outside the building.
- Move children to a designated area no less than one block from the facility. This location is _____ (*describe location*).
- Take attendance.
- Have the following items ready for police and fire personnel:
 - Location of leak, if known.
 - Number of children in care, staff, volunteers, and visitors.
 - Knowledge of anyone remaining in the building.
 - Floor plan and internal systems information.(see *Appendix C*)
- Director 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* on page 9.
- Director will report incident to child care licensing (*phone number on page 3*).
- Director will complete a written incident report (*Appendix D*). Incident reports are stored _____ (*where*).
- All parents will be notified of incident.

External Hazardous Materials Accident

- Call 911 immediately. Have staff initiate the *Shelter-in-Place procedure* on page 10 unless directed to do otherwise by emergency personnel.
- Have the following items ready for police and fire personnel:
 - Location and description (liquid, gas) of hazard, if known.
 - Number of children in care, staff, volunteers, and visitors.
 - Floor plan and internal systems information (*see appendix C*).
- Follow instructions given by responding agency for either *Shelter-in-Place procedure* (page 10) or *Building and Site Evacuation procedure* (page 8).
- If evacuated, call on transportation resource to take children and staff to alternate site. Our transportation resource is _____ (*describe – could be your own center’s vehicles, staff cars, parents who work nearby, etc.*).
- Notify parents of move to alternate site location.
- If Shelter-in-Place occurs, and media attention is significant, call parents to let them know of situation.
- Director will report incident to child care licensing (*phone number on page 3*).
- Director will complete a written incident report (*Appendix D*). 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. (*Phone numbers on page 3*)
- Call 911 if additional assistance is needed.
- Director will report incident to child care licensing (*phone number on page 3*).
- Director will complete a written incident report (*Appendix D*). Incident reports are stored _____ (*where*).

It is strongly suggested that all potentially hazardous materials be removed from within the center. Household toxic chemicals should be stored separately, locked up, and stationary so as not to fall over in the event of a disaster.

Power Outage

- Director or designee will try to locate the problem and activate alternate lighting system. Flashlights and batteries are located _____ (*where*).
- Call LES (Lincoln Electric System) 888-365-2412.
- Call 911 if concerned about a fire or safety hazard.
- Unplug all electrical equipment; turn off all but one light.
- Contact property manager, if needed.
- Call Lincoln-Lancaster County Health Department (402-441-6280) to help determine if center needs to be closed. Also, consider the following items in making your decision:
 - Can you safely prepare/store food?
 - Do you need to move to an alternate site?
 - Can you safely transport the children?
 - How will you notify parents?
- All parents will be notified if power outage is prolonged.
- Director will report incident to child care licensing (*phone number on page 3*).
- Director will complete a written incident report (*Appendix D*). Incident reports are stored _____ (*where*).

Inclement Weather:

Consider investing in a National Oceanic and Atmospheric Administration (NOAA) weather receiver radio. Monitor winter storm watch, warnings, blizzard warnings or travel advisories.

Check the status of:

- Battery powered radios
 - Flashlights
 - Back-up lighting, power
 - Heat
 - Cell phones
- Consider pre-storm closing (night before) or early closing depending on conditions.
 - Release non-essential staff in accordance with facility closing procedures.
 - Arrange for snow and ice removal as well as possible debris removal such as fallen trees and utility lines.

Facility staff should follow these general rules during weather emergencies:

- The facility director has designated as the safe place for the children and staff. (Shelter-in-Place)
- Staff should always keep voice contact, and all staff members should have flashlights and emergency packs/backpacks available.
- Take attendance before moving to the safe place, after arriving at the safe place, and finally, after leaving the designated safe place.

Once the storm has passed and there is no more danger to the children and staff, the following steps should be taken:

- If any medical attention is required, first aid should be administered. If needed, contact 911 for medical assistance.
- The staff should once again do a ROLL CALL to ensure that all children and fellow staff members are safe.
- Complete a walk-through of the facility looking for any damage created by the inclement weather, such as fire, water, or structural damage. Report any damage to property management, child care licensing, and your insurance company.
- Tested all utilities to ensure everything is safe and working.
- Contact utility companies if problems occur as a result of the inclement weather.

The following are directions for specific inclement weather emergencies:

Severe Thunderstorm Watch

A Severe Thunderstorm Watch is issued by the National Weather Service when conditions are favorable for the development of severe thunderstorms in and close to the watch area. A severe thunderstorm by definition is a thunderstorm that produces 3/4-inch hail or larger in diameter and/or winds equal or exceeding 58 miles an hour. They are normally issued well in advance of the actual occurrence of severe weather. During the watch, people should review severe thunderstorm safety rules and be prepared to move to a place of safety if threatening weather approaches.

- The facility director or designee will advise all staff of the weather conditions that are approaching.
- The facility director or designee will monitor radio, television, or NOAA Weather Radio for weather updates.
- Outdoor activities should be modified to ensure that quick access to shelter is available.

Severe Thunderstorm Warning—In addition to the above:

This is issued when either radar or a spotter reports a thunderstorm producing hail and/or high winds as defined above. Seek safe shelter immediately. Severe thunderstorms can produce tornadoes with little or no advance warning. They are usually issued for a duration of one hour. They can be issued without a Severe Thunderstorm Watch being already in effect.

Severe Thunderstorm Warnings will include where the storm was located, what towns will be affected by the severe thunderstorm, and the primary threat associated with the severe thunderstorm warning. If the severe thunderstorm is also causing torrential rains, this warning may also be combined with a Flash Flood Warning.

- All outdoor activities should be terminated, and shelter should be taken.
- The facility director or designee will monitor sky conditions as best and safely as possible. If a dark/funnel-shaped cloud is seen, seek shelter immediately. If possible, call 911 to report it.

Tornado Watch

A tornado watch is issued by the National Weather Service when conditions are favorable for the development of tornadoes in and close to the watch area. Their size can vary depending on the weather situation. They are usually issued for a duration of 4 to 8 hours. They normally are issued well in advance. During the watch, people should review tornado safety rules and be prepared to move to a place of safety if threatening weather approaches.

- The facility director or designee will advise all staff of the weather conditions that are approaching.
- The facility director or designee will monitor radio, television, or NOAA Weather Radio for weather updates.
- Outdoor activities should be modified to ensure that quick access to shelter is available.
- Upon the approach of thunderstorms, cease all outdoor activities that may delay seeking shelter.
- The facility director or designee will monitor sky conditions as best and safely as possible. If a dark/funnel-shaped cloud is seen, seek shelter immediately. If possible, call 911 to report it.

Tornado Warning—In addition to the above:

*A tornado warning is issued when a tornado is located by radar or sighted by spotters; therefore, people in the affected area should seek safe shelter immediately. **They can be issued without a Tornado Watch being already in effect.** They are usually issued for a duration of around 30 minutes.*

A tornado warning is issued by your local National Weather Service office (NWFO). It will include where the tornado was located and what towns will be in its path. If the thunderstorm which is causing the tornado is also producing torrential rains, this warning may also be combined with a Flash Flood Warning.

- The facility director or designee will monitor sky conditions as best and safely as possible. If your facility is in a tornado warning or a dark/funnel-shaped cloud is seen, seek shelter immediately.
- The facility director or designee will turn off all utilities if time permits and it can be done safely.
- The facility director or designee will have all staff and children move to their designated safe locations.
- The designated location for tornado safety is:

_____ (where).

Storms & Snow

- Director will determine prior to opening hours, whether or not the facility should open; families will be notified by _____ (*how - refer to center's parent policy*).
- The director will monitor radio, television, or NOAA Weather Radio for weather updates.
- Outdoor activities should be modified to ensure that quick access to shelter is available in the case of hazardous conditions.
- If the facility must close during hours of operation because of snow or storm _____ (*who*) will notify parents by telephone.
- If weather conditions prevent a parent or legal guardian from reaching the facility to recover a child, staff 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. Emergency supplies will be used as needed.
- If the above persons cannot claim the child within 72 hours of the facility closing, the director will contact police. Child may be transported to a Child Protective Services care site if necessary.
- Director will report incident to child care licensing (*phone number on page 3*).
- Director will complete a written incident report (*Appendix D*). Incident reports are stored _____ (*where*).

Flood or Flash Flood

If facility is in a flood prone area:

- During severe weather, director or designee will listen to radio for flood watch and flood warning reports.
- The director will advise all staff of the weather conditions that are approaching.
- The director will move records and valuable equipment to higher floors. Chemicals that are in the facility should be stored in locations where floodwaters will not come into contact with them.
- If a flood warning is issued, move children and staff to the alternate site location. Follow *Site Evacuation* procedure in this plan.
- Director will notify all parents immediately.
- Director will report incident to child care licensing (*phone number on page 3*).
- Director will complete a written incident report (*Appendix D*). Incident reports are stored _____ (*where*).
- Director will call insurance company (if needed).

Earthquake

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

- Staff “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:

- Teachers and staff check themselves and children for any injuries.
- Check evacuation routes for damage.
- Evacuate children and staff (see *Building Evacuation* section of this plan if necessary) and close doors behind you; take the following items with you:
 - Emergency supplies which are stored _____ (*where*).
 - Class/staff attendance sheets and visitor sign-in sheets.
 - Children and staff emergency and medical information/supplies.
 - Cell phone, if available.
- Staff will render first aid to those who need it.
- Director will take attendance outside to account for all children and adults.
- Check utilities for disruption/damage (gas, water, and sewer). If you smell gas, call Black Hills Energy – Emergency Line (800-694-8989) from outside the building. Have a team of two individuals (at least one 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 Director; the trained adult is:

- Determine if it is safe for a rescue team to go into building to locate anyone missing or injured.
- Listen to radio for information on the surrounding area.
- Determine status of emergency supplies and equipment.
- Have the same team of two individuals assess the interior of the building and determine if it is safe to move children back into the building or if it is best to evacuate. Follow the post-earthquake damage assessment list in *Appendix C* in this plan and report findings to the Director.
- 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 center status information; if not possible, report center status information to radio/television stations for announcement over the air.
 - If parents cannot be contacted after 4 hours, the child's out-of-area contact will be called if possible.
 - Director will report incident to child care licensing (*phone number on page 3*).
 - Director will complete a written incident report (*Appendix D*). Incident reports are stored _____ (*where*).
- “DROP, COVER and HOLD” should be taught and practiced with the children.

Landslides

If center is in landslide prone area:

- During severe weather, director or designee will listen to radio for watch and warning reports, especially during snowmelt and saturating rain events.
- Staff will keep an eye out for increased water/mud flow downhill, tree movement/leaning, and sounds of earth movement.
- If a landslide seems imminent or a warning is issued, move children and staff to the alternate site location. Follow *Site Evacuation* procedure in this plan.
- Director will notify all parents immediately.
- Director will report incident to child care licensing (*phone number on page 3*).
- Director will complete a written incident report (*Appendix D*). Incident reports are stored _____ (*where*).
- Director will call insurance company (if needed).

Missing Child

- Call 911 immediately; provide the following information:
 - Child’s name, height, weight, date of birth
 - 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
- Notify Director immediately and search the facility (inside and out) again.
- Have child's information including picture, if possible, available for the police upon their arrival.
- Director will notify parents of missing child and determine if child is with family. If child is not with family- inform parents of situation and steps taken.
- Director will report incident to child care licensing and Child Protective Services (*phone numbers on page 3*).
- Director will complete a written incident report (*Appendix D*). Incident reports are stored _____ (*where*).

Missing Parent/Guardian

Parent/Guardian not at present when facility is closing

- For children who are usually picked up an hour or more before the facility closes, but are still in care 30 minutes before closing, a reminder phone call will be made to parents to ensure everything is fine and they are aware of closing time.
- Five minutes (*or length of time determined by facility*) after closing, staff will call parent/guardian. Attempt will be made to all listed numbers. (e.g. home, work, cell.)
- If parent/guardian is not available, staff will call the emergency contacts listed on the child's Emergency Contact form.
- Staff will contact the director if director is not at facility.
- Staff will continue to attempt to contact parent/guardian and emergency contacts.
- If there is no response from parent/guardian or emergency contacts, staff will call the police after _____ (*length of time*).

If Child is leaving with the police

- _____ (*name of person*) will fill out the Incident report form, including name of child, name of police officer and location child was taken.
- _____ (*name of person*) will place form in child's record and incident report file.
- _____ (*name of person*) will post a note on the front door telling parent/guardian who to contact and/or location of the child.

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
- Notify Director immediately.
- Follow *Emergency Lockdown procedure* in this plan.
- Have child's information including picture, if possible, available for the police upon their arrival.
- Director will notify parents of missing child. Inform parents of situation and steps taken.
- Director will report incident to child care licensing and Child Protective Services (*phone numbers on page 3*).
- Director will implement *Crisis Response procedure* on page 27.

- Director will complete a written incident report (*Appendix D*). Incident reports are stored _____ (*where*).

Intoxicated or Unsafe Parent/Guardian Attempting to Pick Up

The center will not release a child to anyone who cannot safely care for the child.
Policy on Parents Transporting Their Children (*Appendix F*)

- Notify _____ (*name of person*) about the situation immediately.
- _____ (*name of person*) will talk to the person (if they feel safe doing so), to let them know they do not feel the person is able to safely care for child. If a “Parents Transporting Their Children” policy has been filled out by the parent, remind the person picking up the child of the policy.
- _____ (*name of person*) will call other contacts to see if one of them can pick up the child.
- _____ (*name of person*) will inform, if safe to do so, the person that if they decide to take the child against the center’s wishes, that the police will be contacted.
- _____ (*name of person*) will contact the police if the person takes the child or becomes verbally or physically violent or abusive.
- Director will complete an Incident Report form (*Appendix D*).

Child Abuse

In Nebraska, ALL adults are mandatory reporters of child abuse, neglect, and sexual abuse. For information about the Nebraska Child Abuse Law, see Appendix G. For the Suspected Child Abuse Policy from the “I Am Safe With You- Child Abuse and Neglect, It Could Happen to You” Curriculum, see Appendix H.

- Report abuse or suspected abuse to the Director.
- Take care of the child’s immediate needs (first aid, hugs, etc.).
- Any suspected child abuse, no matter where the abuse might have occurred, will be reported to Child Protective Services (800-652-1999) and child care licensing.
- Date and time of calls to Child Protective Services and Child Care Licensing
 - 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.
- Director and appropriate staff will complete a Child Abuse Reporting Form (*Appendix I*).
- If the parent/guardian of the child is suspected of abuse/neglect, follow the guidance of the agency notified.

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).
- Director will follow “Intruder Alert Procedure” in the Intruder Alert / *Lockdown procedure* in this plan.
- Follow *Lockdown* or *Lockout procedure* in this plan as appropriate.
- Director or staff member will stay with the victim.
- Victim’s family will be notified by the director or designated person when it is safe to do so.
- If medical treatment is required, director will call Child Protective Services.
- Director will report incident to child care licensing (*phone number on page 3*).
- Director will complete a written incident report (*Appendix D*). Incident reports are stored _____ (*where*).

Intruder Alert Procedure / Lockdown / Building Lockout

From time to time, schools and early childhood facilities have been faced with the threat of unauthorized individuals entering the facility. An intruder is defined as any unauthorized individual who, through act or deed, poses a perceived threat to the safety and welfare of children and employees. If at any time you are dealing with a person you feel uncomfortable around or are fearful for your safety or the safety of others, then you may be faced with an intruder situation.

If the intruder is already in the building, initiate the intruder alert procedure and lockdown. Children will be locked down WITHIN their classrooms. If there is suspicious or criminal activity occurring outside the facility, the center will go into a building lockout. Doors to the outside will be locked and access restricted, but staff and children will be allowed to move between the classrooms inside the building.

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

- It is important that all building staff understand, support, and participate in the Intruder Alert, lockdown, or secure perimeter/lockout procedures.
- It is important to practice these procedures in the facility several 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 facility will provide written materials for parents to help children understand and cope.
- Parents will be given a pre-designated alternate pick up site if children and staff are evacuated. Parents should *not* try to enter the facility during a lockdown or lockout and may be kept away from the facility until authorities determine it is safe.

Intruder Alert / Lockdown

If a person(s) comes into the facility, assess the situation. If you are uneasy or suspicious of the person(s) immediately have someone call 911. Do not go to a private area- remain with another adult(s).

- **If a weapon is present, DO NOT CONFRONT** – give verbal or hand signal (which has been predetermined and is known by all staff) to the first staff member seen. That staff member will notify everyone throughout the building and will call 911. **This hand signal is:** _____ **Verbal announcement:** ***LOCKDOWN! Locks, lights, out of sight! (Repeat 2nd time)***
- If a weapon is **suspected**, confront the intruder in the following manner:
 - Director or designee should try to engage the intruder in conversation, directing toward entrance/lobby/office/exterior door.
 - 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.
 - If it can be done safely, have a staff member go outside the building to warn approaching parents of the danger and lockdown status.
 - Alert other staff members to call 911 – initiate Intruder Alert / Lockdown Procedure.
- If **no** weapon is suspected, confront the intruder in the following manner:
 - Approach the individual in a non-confrontational manner with the assistance of another staff member.
 - 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 the area where that is done.
 - If the individual refuses, do not confront him/her. Give the other staff member the pre-designated hand signal to call 911.
 - Initiate Intruder Alert / Lockdown Procedure.

If it is determined that the safety and health of children and staff are in jeopardy begin the *LOCKDOWN! Locks, lights, out of sight procedure.*

- If the intruder is already inside the building, a verbal or hand signal (which has been predetermined and is known by all staff) shall be made to the first staff member seen. That staff member will notify everyone throughout the building and will call 911. **This hand signal is:** _____ **Verbal announcement:** ***LOCKDOWN! Locks, lights, out of sight! (Repeat 2nd time)***

Upon hearing **LOCKDOWN! Locks, lights, out of sight!** the following steps must be implemented:

- Director or _____ (designee) will immediately call 911 (if it has not been done already) and stay on the phone until help arrives. Await further instructions from emergency response personnel.
- Staff should quickly check the hall and restrooms closest to their classrooms to get children into the rooms.
- Lock all doors to classrooms (this includes exterior and interior doors), close and lock all windows, cover all windows and doors, and turn off lights. If doors to hallway

cannot be locked, use a doorstop or other wedge to keep the door closed from the inside.

- Keep children away from windows and doors, position children in a safe place against walls or on the floor. Position children behind a bookcase or turn a classroom table on its side to use as a buffer.
- Staff will maintain (as best they can) a calm atmosphere in the room, keeping alert to emotional needs of the children. (Tip: gather in a story circle behind the table and gather infants into one or two cribs, preferably on wheels, along with items to help keep them quiet, such as bottles, pacifiers, and small, quiet toys).
- Teachers will keep all children in the classroom until an “all clear” signal has been given.
- Emergency personnel will inform the site when it is safe to move about and release children from classrooms. Children should not be released to parents until an “all clear” has been called.
- Upon arrival, the local police, in conjunction with the Director, will assume control and may evacuate the building per police standard operating procedures.
- When “All Clear” is heard, the director will inform the staff of the situation and counsel with children. When the threat has been eliminated, normal activities should be resumed as soon as possible, as instructed by the Director.
- Director will inform parents of all “lockdowns” whether practice or real.
- Director will report incident to child care licensing (*phone number on page 3*).
- Director will complete a written incident report (*Appendix D*). Incident reports are stored _____ (*where*).

Secure Perimeter (Building Lockout)

If the *suspected intruder* is not yet in the building, an announcement will be made (or a bell sounded) which alerts the staff of potential danger. The announcement will be: ***Secure! Get inside. Lock outside doors. (Repeat 2nd time.) A building lockout will be initiated:***

- Any children outside the facility on the playground must be brought inside immediately.
- Immediately lock all exterior doors, close and lock all windows, and cover all windows.
- Director or designee will immediately call 911 and stay on the phone until help arrives. Await further instructions from emergency response personnel.
- Keep children away from windows and doors.
- Staff will maintain (as best they can) a calm atmosphere in the building, keeping alert to emotional needs of the children. Activity within the building may continue, but no access to the outside is permitted.
- Teachers will keep all children in the building until an all-clear signal has been given.

- Upon arrival, the local police, in conjunction with the Director will assume control and may evacuate the building per police standard operating procedures or may allow parents to pick up children if deemed safe.
- Any individuals outside the building wishing to gain admittance must be escorted by law enforcement personnel.
- When “All Clear” is heard, the director will inform the staff of the situation and counsel children. When the threat has been eliminated, normal activities should be resumed as soon as possible as instructed by the Director.
- Director will inform parents of all lockdowns or lockouts whether practice or real.
- Director will report incident to child care licensing (*phone number on page 3*).
- Director will complete a written incident report (*Appendix D*). Incident reports are stored _____ (*where*).

Life Threatening Emergency

- Check the child or staff. (*Life Threatening Conditions: Appendix J*)
- Begin First Aid or CPR if necessary.
- Call 911.
- Call Parent/Guardian.
- Continue First Aid and CPR until paramedics arrive.
- If the paramedics take a child to the emergency room:
 - _____ (*who*) will accompany the child and remain with the child until the parent/guardian arrives.
 - Bring the child’s Emergency Contact and Treatment Consent form along to the emergency room.
- _____ (*who*) will substitute for the missing early childhood provider to maintain child/staff ratios.
- Director will report incident to child care licensing (*phone number on page 3*).
- Director will complete a written incident report (*Appendix D*). Incident reports are stored _____ (*where*).

Urgent (but not Life Threatening) Emergency

- Check the child or staff. (*Urgent Care Conditions: Appendix J*)
- Begin First Aid as necessary.
- Call Parent/Guardian.
- Call 911.
- _____ (*who*) will remain with the ill child/staff and monitor any changes in his/her condition.

- If condition becomes life threatening, _____ (who) will call 911 and begin First Aid and CPR.
- If the paramedics take a child to the emergency room:
 - _____ (who) will accompany the child and remain with the child until the parent/guardian arrives.
 - Bring the child's Emergency Contact and Treatment Consent form along to the emergency room.
- _____ (who) will substitute for the missing early childhood teacher to maintain child/staff ratios.
- Director will report incident to child care licensing (phone number on page 3).
- Director will complete a written incident report (Appendix D). Incident reports are stored _____ (where).

Crisis Response

When a tragedy strikes, teachers 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 advanced planning, this process can be smoother than when tragedy takes a early childhood facility by surprise.

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

- Director will determine whether 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 center for the day.*
- Director will determine if parent notification becomes an item of priority or can wait for a letter to go home in the evening.
- If facility specific - Director will keep the local radio station informed as to the status so parents will have accurate information.
- Identify high risk children, staff and parents likely to be most affected by the news (e.g., children of the teacher who is deceased/injured or parents whose children are in the same class as the deceased).
- Gather and inform closest friends of the victim(s), 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.

- Give teachers the facts about the tragedy and instructions on how to share the information with the children in their care as well as suggestions for assisting children to cope (*Appendix E*).
- Send a letter home to parents explaining the situation. Include specific factual information and information on how the center 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 staff meeting and, if possible, 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/staff 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.
- _____ (*who*) will 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 staff and parents who may wish to attend.
- Director will report incident to child care licensing (*phone number on page 3*).
- Director will report incident to Child Protective Services if necessary.
- Arrange for a facility/community debriefing 48-72 hours after the event.
- Director will complete a written incident report. 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 and staff should be given permission to feel a range of emotions. Typically, individuals go through a sequence of emotional reactions following a crisis: High anxiety, denial, anger, remorse, grief and reconciliation.
 - Provide for grief counseling. Possible contacts:

Mourning Hope	4919 Baldwin Ave Lincoln, NE 68504	402-488-8989
Charlie Brown's Kids	P.O. Box 67106 Lincoln, NE 68506	402-483-1845

Food Allergy Policy

Food allergies are common among infants and young children. Allergic reactions can range from mild skin rashes to severe, life-threatening reactions with breathing difficulties. It is important to reduce the likelihood that these reactions will take place while the child is in care.

When children with food allergies attend our early childhood facility:

- _____ *(staff title/name)* will provide the family with the **Food Allergy Action Plan** (*Appendix K*). This action plan must be filled out and returned before child starts care.
- Based on the child's Food Allergy Action Plan, caregivers will receive training and put into practice:
 - Preventing exposure to specific food(s) that trigger allergy
 - Recognize symptoms of allergic reaction
 - Treating allergic reaction
- Parents and staff shall arrange to have appropriate medication (if necessary) on site, proper storage of medication, equipment and training for use while in care.
- _____ *(staff title/name)* will promptly take proper steps outlined in Action Plan if a reaction occurs in the facility.
- _____ *(staff title/name)* will notify emergency medical personnel if epinephrine has been given.
- _____ *(staff title/name)* will notify parents of any allergic reaction or possible contact with food that may cause an allergic reaction.
- Individual child's food allergies will be posted prominently in classroom and/or wherever food is prepared (care will be given to confidentiality issues).
- Action Plan and medication will be taken on field trips, including the playground or on walks by _____ *(staff title/name)*.
- _____ *(staff title/name)* will check expiration dates on all emergency medications _____ *(how often)*.

Communication Plan for staff and parents:

- Staff and volunteers will receive a written copy of this policy in their orientation packet.
- Food allergies are posted _____ *(where)* in classroom and food preparation areas. Confidentiality of the child's allergy shall be assured.

Influenza Outbreak

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

- Check all children upon arrival for flu symptoms before the parents leave the facility. Any children who have these symptoms should not be permitted to stay and should be asked to leave with the parent/guardian.
- All staff, parents, and children should wash their hands with soap and warm water upon entering.
- If a child or staff member develops flu-like symptoms while in care, physically separate the sick person.
- Call the parent/guardian to arrange for pick-up of the ill child. Insist that they come immediately.
- Send sick staff home and provide for paid sick-leave.
- Sick children will stay in the isolation area located _____ (where) until a parent or guardian is able to pick them up.
- The person in charge of caring for ill children in the isolation area is _____ (who). This person will limit contact with the ill child to the greatest extent possible.
- Plenty of fluids will be provided to ill children.
- Staff and older children with symptoms will be asked to wear a mask. The staff member caring for the ill child will wear a mask.
- All persons at the facility should carefully follow recommendations for hand hygiene after contact with an infected person or the environment in which the infected person was.
- Those persons who are not involved in caring for the ill child will not enter the isolation area.
- Place all used tissues in a bag and dispose of with other waste. A bag will be placed next to the ill child in the isolation area for this purpose.
- All parents will be notified of physician confirmed cases of influenza in the facility.
- Disinfect the environment in which the sick child/staff had been located. Disinfect any toys or objects the sick child handled. Other cleaning and disinfecting activities should be done at the normal times.

- Wash and sanitize any bedding that was used by the sick child. Care should be taken when handling soiled laundry (e.g., avoid holding the laundry close to your body) to avoid self-contamination. Wash hands after handling dirty laundry.
- Soiled dishes and eating utensils should be cleaned and sanitized as usual.
- Any staff member or child who has been in the center with a sick individual is at risk for developing influenza. Monitor staff and children continually for flu symptoms. Consult with healthcare providers to determine whether a flu vaccine, if available or antiviral prophylaxis should be considered.
- Keep in contact with Lincoln-Lancaster County Communicable Disease (402-441-8053) and Child Care Licensing (*phone number on page 3*) to determine if and when the facility should be closed.
- Director will complete a written incident report (*Appendix D*). Incident reports are stored _____ (*where*).

Field Trip Incident

- Before leaving for a field trip, make sure the trip coordinator has the following information:
 - List of children and assigned vehicle
 - Supervisor/Chaperone list by assigned vehicle
 - Map of intended route
 - Children's emergency and medical information/supplies
 - Name, license number of driver, and vehicle license number
 - List of important phone numbers significant to the trip (including children's emergency contact information and 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.
- Director will contact parents and give update of actions being taken; indicate meeting locations or pick-up times at the facility.
- Director will report incident to child care licensing (*phone number on page 3*).
- Director will complete a written incident report (*Appendix D*). Incident reports are stored _____ (*where*).
- Director will call insurance company (if needed).

Injuries in Transit

Each vehicle used to transport children should have the following:

- Copy of the "Injuries in Transit" Driver Procedure.
- Facility Information posted: address, phone, and director's name
- First Aid Kit
- Cell Phone
- Emergency Contact Information and Treatment Consent form for all children being transported
- Attendance log of children in the vehicle
- Map or written list of intended route and pick up/drop off locations (i.e. schools, field trip locations)

Note: Cell phones will not be used by the driver unless the vehicle is parked.

Driver Procedure:

- Stop immediately and check to see if anyone is hurt.
- Call 911.
- Administer First Aid (as needed).
- Call _____ (*name of person*) at facility to report accident, location and injured children.
- Stay with the vehicle and children and give accident information to police.
- Send the injured child's **Emergency Contact** and **Treatment Consent** form along with them to the hospital.

Back at Facility:

- Send two staff to the accident location (maintain ratio at the facility); one to take uninjured children to the original destination (e.g. school, center) and one to accompany children to the hospital, if necessary.
NOTE: DO NOT take any uninjured child/ren from the accident site without the approval of the paramedics.
- Immediately call all injured children's parents and then notify all other parents of the children in transit.
- Contact the schools, if necessary, to inform them the children will be late or not coming at all.
- _____ (*name of person*) will fill out an Incident Report form (*Appendix D*) that describes the incident and any injured children or staff.
- _____ (*name of person*) will fill out an Incident Report (*Appendix D*) for each child or staff who was injured. (*Copies of the report will be given to parents, placed in the injured person's file and in the "Incident Report" file.*)
- Director will report incident to child care licensing (*phone number on page 3*).
- Director will contact vehicle insurance company (*phone number on page 3*).

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
 - Type of background noise
 - Cell phone or land-line
- Note the following: Time: _____ Date: _____
- Try to get the attention of another staff member and have them initiate the next steps.
- Notify Center Director.
- Call 911.
- Initiate a lockdown (follow *Lockdown procedure* in this plan).
- Confer with fire and police about evacuation.
- Have floor plan ready for police/fire personnel (see *appendix C*).
- Have teachers and staff glance around their area for suspicious items (DO NOT MOVE SUSPICIOUS ITEMS).
- If the decision is made to evacuate, follow *Building and Site Evacuation procedure* in this plan.
- Director will notify parents if evacuated or moved to alternate location.
- Director will report incident to child care licensing (*phone number on page 3*).
- Director will complete a written incident report (*Appendix D*). 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 staff and children present in the room at the time of the incident to provide to local health authorities and the police.
- Director will inform all parents of the incident.
- Director will report incident to child care licensing (*phone number on page 3*).
- Director will complete a written incident report (*Appendix D*). Incident reports are stored _____ (*where*).

Appendices

Appendix A: Sample Parent Letter

Date

Dear Parents:

Attached please find a copy of our “Emergency Preparedness Handbook” – or - Near the sign-in desk you will find a copy of our “Emergency Preparedness Handbook”.

Please take the time to read and become familiar with our procedures. With the implementation of this handbook, you can rest assured we will do everything we can to protect 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 center.
- Explain that if you are unable to pick them up quickly, the staff will care for them until you or your emergency contact comes to get them.
- Please do not immediately telephone the center. Telephone lines will be needed for emergency personnel.
- Listen to _____ (*name of station*) radio and/or television for updates.
- Provide an emergency/comfort kit for your child.
- Include an out-of-state contact number for your family with your kit.
- Provide a 72-hour supply of any medication or medical supplies/equipment that your child may need.

The child care staff 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 the card. We will also utilize the phone numbers on the emergency release card should we need to re-locate to our alternate site.

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

Thank you for your attention to this matter. Please feel free to contact us if you have any questions regarding our Emergency Preparedness handbook. After reading this plan, parents should complete the following page and return it to the center director.

Keeping your children safe,

Child Care Director

Sample Parent Communication Form

Dear Parent or Family,

During a disaster, communication may become challenging. It may be easier to contact a long-distance phone number than a local or cell number. If possible, please provide us with an out-of-area phone number so that we can get information to you about your child through this person should local calls become challenging.

We encourage you to familiarize yourself with the emergency plans and policies established for our early childhood facility. 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 the facility's Emergency Preparedness Plan.

I understand that this facility has established policies to respond appropriately to an emergency or disaster.

Signature: _____ Date: _____

Please provide the following information for our emergency records:

Child's name: _____

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

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

Local contact ("nearest" contact): _____

Appendix B: Emergency Supply Lists and Disaster Checklist

Our Emergency Kits contain the following items:

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

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:

- 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 soy 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 120)

DAY ONE		
MEAL	FOOD	PORTION SIZE
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
DAY TWO		
MEAL	FOOD	PORTION SIZE
Breakfast	Cornflakes Applesauce Milk (dry milk powder)	½ cup ½ cup
Lunch	Canned Chili Corn 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
DAY THREE		
MEAL	FOOD	PORTION SIZE
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

Bottled water: 1 gallon per person per day

3 Day Menu Grocery List for Child Care Facilities (serves 120)

Protein Group		
CN Labeled Chili *	15 oz. can = 4 servings	5--#10 cans
Canned Beef Stew *	15 oz. can = 4 servings	5--#10 cans
Canned Ravioli (CN Label) *	15 oz. can = 4 servings	5--#10 cans
Canned Spaghetti/Meatballs *	15 oz. can = 4 servings	5--#10 cans
Water packed tuna	12 oz. can = 6 servings	32—6 12/ oz. cans
Baked Beans	28 oz. can = 6 servings	5--#10 cans

GRAIN/BREAD GROUP		
Cheerios	20 oz. box = 20 servings	20—20 oz. boxes
Corn Flakes	24 oz. box = 20 servings	10—24 oz. boxes
Saltine crackers	16 oz. box = 38 servings	10—16 oz. boxes
Graham crackers	14.4 oz. box = 13 servings	4—16 oz. boxes
Triscuit crackers	13 oz. box = 22 servings	6—13 oz. boxes
Granola bars	12 per box	20 boxes

FRUIT/VEGETABLE GROUP		
Canned Orange Juice	46 oz. can = 10 servings	12- 46 oz. cans
Canned Pineapple Juice	46 oz. can = 10 servings	12—46 oz. cans
Canned Apple Juice	46 oz. can = 10 servings	24—46 oz. cans
Canned Green Beans	14.5 oz. can = 6 servings	3--#10 cans
Canned Peaches	29 oz. can = 7 servings	8--#10 cans
Canned Apricots	29 oz. can = 7 servings	4--#10 cans
Canned Applesauce	48 oz. jar = 9 servings	3--#10 cans
Canned Corn	15 oz. can = 7 servings	3--#10 cans
Canned Pineapple chunks	20 oz. can = 5 servings	4--#10 cans
Canned Mandarin oranges	11 oz. can = 5 servings	4--#10 cans
Canned Pears	29 oz. can = 7 servings	4--#10 cans
Canned Fruit cocktail	30 oz. can = 8 servings	4--#10 cans
Dried Prunes	24 oz. bag = 18 servings	16# prunes

MILK GROUP		
Nonfat Dry Milk Powder **		5 Boxes

* CN Label = Child Nutrition Program approved product

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

EXPIRATION DATES:

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

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 staff and children in your count. Store your water in a cool place. Put some in your freezer if you have space, where it can help to keep food cold in a power outage.

You can purchase water or collect it yourself. If you choose to collect your own water, make sure it comes from a safe source and is stored in bottles previously used for 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. Do not rely on the water heater as your only source of water.

DISASTER PREPAREDNESS CHECKLIST
Interior & Exterior Safety



PUBLIC HEALTH Every One.
Every Day.
Every Where.

This checklist is designed to assist you in conducting a thorough review of your facility. Items are designated below as Y (yes/criteria met), N (no/criteria not met), N/A (not applicable), or N/O (not observed). Remember that you are most familiar with your building and conditions change from day to day. Thus, you may be able to find additional items not included on this checklist.

Facility Name: _____ Date: _____

1. Equipment and Furnishings

Y N N/A N/O

- A. Are cabinets, bookcases, cubbies, and shelves attached to the wall or braced by being anchored together?
- B. Are appliances or heavy pieces of equipment latched or tethered to the wall when not in use?
- C. Are carts on wheels secured so they cannot roll or tip (e.g. television carts that are top-heavy)?
- D. Are television sets, computers, and similar items restrained so they will not fall?
- E. Are furnishings or large items near exits secured to prevent them from blocking the way out?
- F. Are fish tanks and heavy animal cages secured?
- G. Are sharp or fragile items secured on shelves so they will not fall?
- H. Are crock pots used and secured in a way to prevent spillage in classroom(s)?
- I. Are ledge barriers or other methods used to prevent books and toys from toppling off shelves?
- J. Are heavy objects or toys stored on the lowest shelves?
- K. Are pictures and other wall hangings attached to the wall stud with wire and closed hangers or with other appropriate devices?
- L. Are hanging plants, lamps, or objects secured to prevent them from swinging free or breaking windows?

Equipment and Furnishings (continued)

Y N N/A N/O

- M. Are fire extinguishers secured so they will not fall from wall brackets?
- N. Are chemicals such as bleach and cleaners securely stored so they will not spill?
- O. Other: _____

2. Sleeping Area

- A. Are cribs located away from the top of stairs and other places where rolling could pose a danger to the child in the crib or to others?
- B. Are crib wheels locked or secured?
- C. Are cribs, beds, or napping locations situated away from windows that could shatter or are windows protected in some way from shattering?
- D. Are cribs, beds, or napping locations arranged so that heavy items cannot fall on sleeping children?
- E. Is an emergency evacuation crib available if center has more than 2 infants?
- F. Other: _____

3. Kitchen

- A. Are tall refrigerators attached to the wall or otherwise secured from tipping?
- B. Are cupboards secured so that dishes stay in?
- C. Are heavy items (e.g. microwave, stand mixer) stored on lower shelves or secured to the countertop?
- D. Are knives and other sharp objects stored in a secure area?
- E. Other: _____

4. Overhead Elements

- A. Are suspended ceilings secured to structural framing?
- B. Are suspended light fixtures attached to structural framing with safety cables?
- C. Do fluorescent lights have transparent sleeves to keep broken glass pieces from scattering?

Y N N/A N/O

- D. Are battery-powered emergency lights secured to walls?
- E. Are blackboards or projection screens securely mounted to the wall or hung safely from the ceiling?
- F. Other: _____

5. Partitions

- A. Are lightweight panels (rather than shelving units or other tall furnishings) used to divide rooms?
- B. Are heavy or tall dividers braced by interconnecting them in an L-formation or in a zigzag?
- C. Are partitions that extend only to the suspended ceiling supported by a sturdy structure (especially if the partitions are used to anchor heavy objects in the room)?
- D. Other: _____

6. Utilities and Mechanical Equipment

- A. Are large windows or transoms safety-glazed or otherwise protected from breakage?
- B. Do partitions have plastic or safety glass panels, rather than ordinary glass?
- C. Other: _____

7. Exterior

- A. Are all trees in good health and showing no signs of leaning?
- B. Are there no overhangs, chimneys, decks, or other structures present that could block your exit?
- C. Is the structure free of external brick (e.g. chimney, façade) that could fall and cause injury?
- D. Is the building bolted to the foundation?
- E. Have load-bearing walls been identified?
- F. Is firewood stored away from the structure?
- G. Are pine needles and leaves cleaned regularly from the roof and gutter

	<u>Y</u>	<u>N</u>	<u>N/A</u>	<u>N/O</u>	
H.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are the undersides of aboveground decks enclosed with noncombustible material to prevent the buildup of leaves and debris?
I.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the facility located away from high-voltage power lines?
J.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the facility located away from water towers or water tanks?
K.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the facility not located in a flood zone or on a hill susceptible to mudslides?
L.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the facility located away from transportation routes of vehicles carrying hazardous materials (e.g. freeways, railroad tracks)?
M.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are exits clearly marked and evacuation routes posted?
N.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other: _____

8. Other Preparations

- A.** Are emergency supplies stored in an area where they will be easily accessible in a disaster?
- B.** Have “drop, cover, and hold” locations been identified in each room including the office, staff room, and kitchen?
- C.** Have meeting places been designated outside of the building?
- D.** Are there no concerns regarding evacuation routes and areas (e.g. busy roads)?

Appendix C: Post-Damage Assessment List

Following an earthquake or other major disaster, this list will be used to evaluate the building to determine whether it is safe to re-enter. This diagram is also important for identifying where utility controls and chemicals are in your facility. *(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 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 center normally cares for: _____

Number of staff members normally present: _____

After a disaster, begin your assessment outside the building:

Using the diagram on the previous page, walk around the outside of the building 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 building that we will check include:

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

Determine if the facility is structurally safe to enter. If unsure, wait for assistance.

If it is determined that it is safe to enter, send a team of two staff persons into the building to check the interior, again using the diagram on the previous page. Begin by entering the facility 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:

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

Using this information, determine if it is safe to move all staff and children back into the building. If unsure, wait for assistance before entering. Send in a cleanup team prior to children re-entering the facility.

Appendix D: Sample Forms

Our facility's incident reports are kept for _____ (where and for how long).

Included in this section are sample report forms:

- Injury Report Form Page 50
- Incident Report Form Page 51
- Child Care Situation Report Form Page 52
- Child Care Situation/Conversation Log Page 53
- Emergency Drill Form Page 54

Fill out the form completely and leave no blank spaces. If the information is unknown, state that in the blank. Also included is a form to log emergency 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 facility 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 emergency or crisis response. It will become very important when multiple individuals are responding to the situation.

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

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

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

Injury Report Form

Child's Name (first, last): _____

Staff Name: _____

Date: ___/___/___

Time of Incident: ___:___ a.m. or p.m.

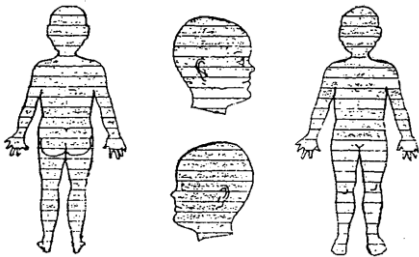
Name of Parent/Guardian notified: _____ Time: ___:___ a.m. or p.m.

EMS (911) or other medical professional: not notified notified ___:___ a.m. or p.m.

1. TYPE OF INJURY

- | | | |
|--|--|--|
| <input type="checkbox"/> Scrape/minor cut | <input type="checkbox"/> Sprain | <input type="checkbox"/> Foreign object/splinter |
| <input type="checkbox"/> Deep cut/puncture | <input type="checkbox"/> Burn | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Bump/bruise | <input type="checkbox"/> Human bite | <input type="checkbox"/> Tooth injury |
| <input type="checkbox"/> Broken bone/dislocation | <input type="checkbox"/> Insect bite/sting | <input type="checkbox"/> Other: _____ |

2. BODY PART AFFECTED: _____



Description: _____

3. ACTIVITY AT TIME OF INCIDENT:

- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Free play | <input type="checkbox"/> Meal/snack | <input type="checkbox"/> Toileting |
| <input type="checkbox"/> Circle time/group activity | <input type="checkbox"/> Transition time | <input type="checkbox"/> Other: _____ |

4. LOCATION (e.g. playground, bathroom): _____

5. TREATMENT provided by: _____

Treatment (check all that apply):

- | | | |
|---|---|--|
| <input type="checkbox"/> No treatment | <input type="checkbox"/> Band aid or dressing | <input type="checkbox"/> Phone call to parent |
| <input type="checkbox"/> Cleaned injured site | <input type="checkbox"/> Child rested | <input type="checkbox"/> Referral to physician |
| <input type="checkbox"/> Ice pack applied | <input type="checkbox"/> Given comfort | <input type="checkbox"/> Other: _____ |

6. CONTRIBUTING FACTORS (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> None | <input type="checkbox"/> Fall from(record height): _____ |
| <input type="checkbox"/> Object on floor/ground | <input type="checkbox"/> Improper use of object/equipment/toy |
| <input type="checkbox"/> Broken/faulty equipment/furniture | <input type="checkbox"/> Pushed/hit/bit by another child |
| <input type="checkbox"/> Wet/sandy/slippery floor | <input type="checkbox"/> Object thrown |
| <input type="checkbox"/> Window/door/gate | <input type="checkbox"/> Other (specify): _____ |

7. ADDITIONAL INFORMATION: _____

Signature of staff member: _____ Date: ___/___/___

Signature of Parent/Guardian: _____ Date: ___/___/___

Name of official/agency notified _____

Date: ___/___/___



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INCIDENT REPORT FOR CHILD CARE

This form may be used to maintain a record of each child's illnesses, accidents, injuries, signs of abuse, etc.
 Share a completed copy with parents and keep the original in your files.

Name of Child	Age
Details of Incident	

Date	Type
	<small>(accident, illness, etc.)</small>
Time	Place
	<small>(Kitchen, playground, etc.)</small>

Describe Incident :

Injuries :

Medical Services Provided:

Parent/Guardian/Other Notified

Name	Time	Date
Name	Time	Date

Witnesses

Name

Name

Staff _____ **Date** _____
(Print Name)



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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:

Emergency Drill Form

Child Care Facility: _____

Year: _____

Smoke Detector/Fire Alarm Inspection

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Date												
Time												
Results												

Emergency Drills

		JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Fire 12 per year	Date												
	Time												
Tornado 4 per year	Date	X	X								X	X	X
	Time	X	X								X	X	X
Other	Date												
	Time												

Fire Extinguisher Inspection

Date of annual inspection:

Employee/Family Information Updated

		JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Employee	Date												
	Time												
Family	Date												
	Time												



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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. 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:

Mourning Hope	4919 Baldwin Ave. Lincoln, NE 68504	402-488-8989
Charlie Brown's Kids	4340 S 46 th St. Lincoln, NE 68516	402-483-1845

Appendix F: Policy on Parents Transporting Their Children

In operating my child care business my first responsibility is to protect the health and safety of the children in my care. When parents drop off and pick up their children, I want to make sure their children are transported safely. When a parent transports children under the influence of alcohol or drugs or fails to use an appropriate car seat, it creates an unsafe transportation situation for the children. If, in my opinion, a child cannot be safely transported to or from my home, I will ask the parent not to transport the child and will propose the alternatives listed below. (If the parent refuses to agree to one of the alternatives and insists on transporting the child, I will immediately call the police and report the unsafe driving situation.)

1) I will call someone to pick up the child from the following list of people who are authorized to do so:

Name Phone number

Name Phone number

Name Phone number

2) I will call a cab to pick up the child and the parent. The parent will pay the cab fare.

3) If the parent has failed to bring an appropriate car seat for the child, I will ask the parent to drive home without the child and return with an appropriate car seat installed in the car.

I ___ will / ___ will not charge a late pickup fee under these circumstances.

4) Other acceptable alternatives proposed by the parent: _____

Parent

Provider

This handout was produced by Resources for Child Caring (www.resourcesforchildcare.org). For additional family child care business publications, contact Resources for Child Caring's publishing division, Redleaf Press, at 800-423-8309 or visit www.redleafpress.org

Appendix G: Nebraska Child Abuse Laws

Nebraska Revised Statute 28-707

Child abuse; privileges not available; penalties.

- (1) A person commits child abuse if he or she knowingly, intentionally, or negligently causes or permits a minor child to be:
 - (a) Placed in a situation that endangers his or her life or physical or mental health;
 - (b) Cruelly confined or cruelly punished;
 - (c) Deprived of necessary food, clothing, shelter, or care;
 - (d) Placed in a situation to be sexually exploited through sex trafficking of a minor as defined in section [28-830](#) or by allowing, encouraging, or forcing such minor child to engage in debauchery, public indecency, or obscene or pornographic photography, films, or depictions;
 - (e) Placed in a situation to be sexually abused as defined in section [28-319](#), [28-319.01](#), or [28-320.01](#); or
 - (f) Placed in a situation to be a trafficking victim as defined in section [28-830](#).
- (2) The statutory privilege between patient and physician, between client and professional counselor, and between husband and wife shall not be available for excluding or refusing testimony in any prosecution for a violation of this section.
- (3) Child abuse is a Class I misdemeanor if the offense is committed negligently and does not result in serious bodily injury as defined in section [28-109](#) or death.
- (4) Child abuse is a Class IIIA felony if the offense is committed knowingly and intentionally and does not result in serious bodily injury as defined in section [28-109](#) or death.
- (5) Child abuse is a Class IIIA felony if the offense is committed negligently and results in serious bodily injury as defined in section [28-109](#).
- (6) Child abuse is a Class IIA felony if the offense is committed negligently and results in the death of such child.
- (7) Child abuse is a Class II felony if the offense is committed knowingly and intentionally and results in serious bodily injury as defined in such section.
- (8) Child abuse is a Class IB felony if the offense is committed knowingly and intentionally and results in the death of such child.
- (9) For purposes of this section, negligently refers to criminal negligence and means that a person knew or should have known of the danger involved and acted recklessly, as defined in section [28-109](#), with respect to the safety or health of the minor child.

28-711 Child Abuse Reporting

- (1) When any physician, any medical institution, any nurse, any school employee, any social worker, the Inspector General appointed under section [43-4317](#), or any other person has reasonable cause to believe that a child has been subjected to child abuse or neglect or observes such child being subjected to conditions or circumstances which reasonably would result in child abuse or neglect, he or she shall report such incident or cause a report of child abuse or neglect to be made to the proper law enforcement agency or to the department on the toll-free number established by subsection (2) of this section. Such report may be made orally by telephone with the caller giving his or her name and address, shall be followed by a written report, and to the extent available shall contain the address and age of the abused or neglected child, the address of the person or persons having custody of the abused or neglected child, the nature and extent of the child abuse or neglect or the conditions and circumstances which would reasonably result in such child abuse or neglect, any evidence of previous child abuse or neglect including the nature and extent, and any other information which in the opinion of the person may be helpful in establishing the cause of such child abuse or neglect and the identity of the perpetrator or perpetrators. Law enforcement agencies receiving any reports of child abuse or neglect under this subsection shall notify the department pursuant to section [28-718](#) on the next working day by telephone or mail.
- (2) The department shall establish a statewide toll-free number to be used by any person any hour of the day or night, any day of the week, to make reports of child abuse or neglect. Reports of child abuse or neglect not previously made to or by a law enforcement agency shall be made immediately to such agency by the department.

Appendix H:

Suspected Child Abuse Policy

POLICY

Every Child Care Program, Child Care Center, Family Child Care I & II, Head Start, etc., will have a written policy about child abuse/neglect.

All child care providers will comply with the NEBRASKA CHILD ABUSE LAWS. All child care providers are by law to report all cases of suspected child abuse and/or neglect to the proper authorities. A child care facility will report any suspected abuse by the staff to the proper authorities. Nebraska Child Abuse Law 28-7111

When any physician, medical institution, nurse, school employee, social worker, or other person has reasonable cause to believe that a child has been subjected to abuse or neglect or observes such child being subjected to conditions or circumstances which reasonably would result in abuse or neglect, he or she shall report such incident or cause a report to be made to the proper law enforcement agency or to the department on the toll-free number 1-800-652-1999.

PROCEDURE

If abuse or neglect is suspected, no matter where the abuse/neglect may have occurred, will be reported as follows:

Complete the Suspected Child Abuse Reporting Form

Notify Child Protective Services (CPS) at 1-800-652-1999 or local law enforcement at _____

Send a copy of the Suspected Child Abuse Reporting Form to the agency you notified (optional)

Place a copy in the child's file

If the parent/guardian of the child is suspected of abuse/neglect, the child care provider will follow the guidance of the agency notified.

If a co-worker is the person suspected of child abuse/neglect, all the previous steps will be completed and the Child Care Inspection Specialist will be notified. The phone number of the child Care Inspection specialist is _____

The Child Care Center's Policies will determine if the staff person suspected of child abuse/neglect will be A) removed from direct care of children; B) given suspension with/without pay; or C) terminated.

The parent/guardian of the child(ren) suspected of being abused will be notified.

I Am Safe With You- Child Abuse and Neglect, It Could Happen to You

Appendix I: Suspected Child Abuse Reporting Form

Suspected Child Abuse Reporting Form

Child Abuse Reporting Hotline 1-800-652-1999

Time of report a.m. p.m.		Time of call to CPS or Law Enforcement a.m. p.m.		Date of report:	
Name of child				Date of birth:	
Street Address		City	State	Zip	Phone
Name of parent/guardian					
Street Address		City	State	Zip	Phone
Name of person making report					
Name of Child Care Facility					
Street Address		City	State	Zip	Phone

Physical Indicators*:

Behavior Observed:

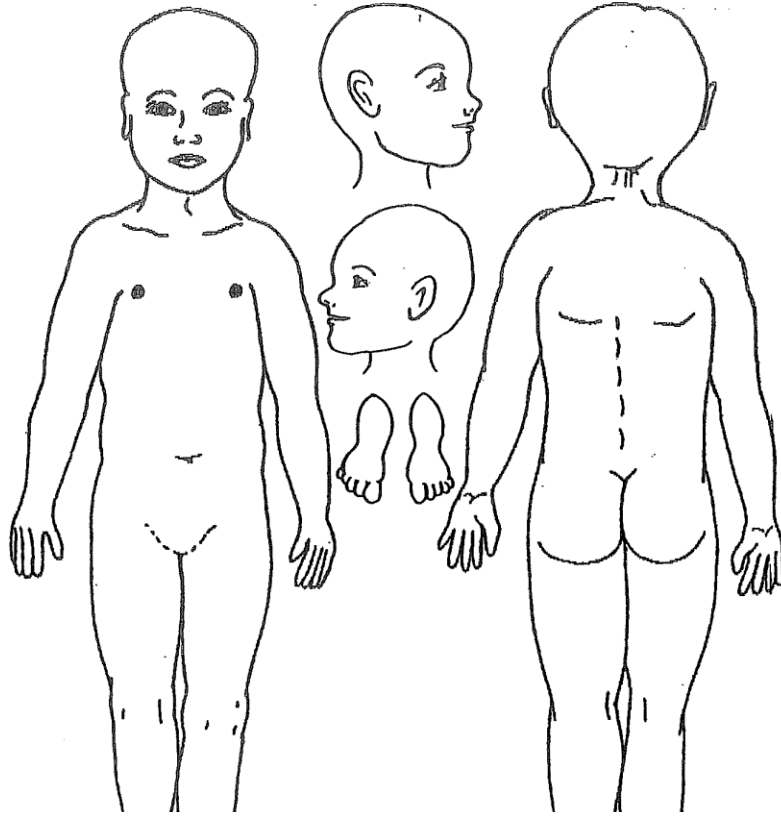
Comments from child: **Child may volunteer information, do not interrogate.**

* If needed, use Head and Body Injury Sheets.

I Am Safe With You – Child Abuse and Neglect, It Could Happen to You

These materials were developed, in part, with federal Child Care and Development Fund resources. This was a collaborative project of the Nebraska Department of Education's Early Childhood Training Center and the Nebraska Department of Health and Human Services.

Head and Body Injury Sheet



Appendix J: Life Threatening and Urgent Care Conditions

Life Threatening Emergency

Call 911 - Emergency Medical Services (EMS) immediately if:

- You believe the child's life is at risk or there is a risk of permanent injury.
- The child is acting strangely, much less alert, or much more withdrawn than usual.
- The child has difficulty breathing, is having an asthma exacerbation, or is unable to speak.
- The child's skin or lips look blue, purple, or gray.
- The child has rhythmic jerking of arms and legs and a loss of consciousness (seizure).
- The child is unconscious.
- The child is less and less responsive.
- The child has any of the following after a head injury: decrease in level of alertness, confusion, headache, vomiting, irritability, or difficulty walking.
- The child has increasing or severe pain anywhere.
- The child has a cut or burn that is large, deep, and/or won't stop bleeding.
- The child is vomiting blood.
- The child has a severe stiff neck, headache, and fever.
- The child is significantly dehydrated: sunken eyes, lethargic, not making tears, not urinating.
- Multiple children affected by injury or serious illness at the same time.
- When in doubt, call 911 (Emergency Medical Services).

Urgent Care Conditions

Get medical attention within one hour for:

- Fever* in any age child who looks more than mildly ill.
- Fever* in a child less than two months of age.
- A quickly spreading purple or red rash.
- A large volume of blood in the stools.
- A cut that may require stitches.
- Any medical condition specifically outlined in a child's care plan requiring parental notification.

**Fever is defined as a temperature above 101°F (38.3°C) orally, above 102°F (38.9°C) rectally, or 100°F (37.8°C) or higher taken axillary (armpit) or measured by an equivalent method.*

Appendix K: Food Allergy Action Plan



Name: _____ D.O.B.: _____

Allergic to: _____

Weight: _____ lbs. Asthma: Yes (higher risk for a severe reaction) No



NOTE: Do not depend on antihistamines or inhalers (bronchodilators) to treat a severe reaction. USE EPINEPHRINE.

Extremely reactive to the following allergens: _____
THEREFORE:
 If checked, give epinephrine immediately if the allergen was **LIKELY** eaten, for **ANY** symptoms.
 If checked, give epinephrine immediately if the allergen was **DEFINITELY** eaten, even if no symptoms are apparent.

**FOR ANY OF THE FOLLOWING:
SEVERE SYMPTOMS**

 LUNG Shortness of breath, wheezing, repetitive cough	 HEART Pale or bluish skin, faintness, weak pulse, dizziness	 THROAT Tight or hoarse throat, trouble breathing or swallowing	 MOUTH Significant swelling of the tongue or lips
 SKIN Many hives over body, widespread redness	 GUT Repetitive vomiting, severe diarrhea	 OTHER Feeling something bad is about to happen, anxiety, confusion	OR A COMBINATION of symptoms from different body areas.

↓ ↓ ↓

- 1. INJECT EPINEPHRINE IMMEDIATELY.**
- 2. Call 911.** Tell emergency dispatcher the person is having anaphylaxis and may need epinephrine when emergency responders arrive.
 - Consider giving additional medications following epinephrine:
 - » Antihistamine
 - » Inhaler (bronchodilator) if wheezing
 - Lay the person flat, raise legs and keep warm. If breathing is difficult or they are vomiting, let them sit up or lie on their side.
 - If symptoms do not improve, or symptoms return, more doses of epinephrine can be given about 5 minutes or more after the last dose.
 - Alert emergency contacts.
 - Transport patient to ER, even if symptoms resolve. Patient should remain in ER for at least 4 hours because symptoms may return.

MILD SYMPTOMS

 NOSE Itchy or runny nose, sneezing	 MOUTH Itchy mouth	 SKIN A few hives, mild itch	 GUT Mild nausea or discomfort
--	---------------------------------	---	---

FOR MILD SYMPTOMS FROM MORE THAN ONE SYSTEM AREA, GIVE EPINEPHRINE.

FOR MILD SYMPTOMS FROM A SINGLE SYSTEM AREA, FOLLOW THE DIRECTIONS BELOW:

1. Antihistamines may be given, if ordered by a healthcare provider.
2. Stay with the person; alert emergency contacts.
3. Watch closely for changes. If symptoms worsen, give epinephrine.

MEDICATIONS/DOSES

Epinephrine Brand or Generic: _____

Epinephrine Dose: 0.1 mg IM 0.15 mg IM 0.3 mg IM

Antihistamine Brand or Generic: _____

Antihistamine Dose: _____

Other (e.g., Inhaler-bronchodilator if wheezing): _____

PATIENT OR PARENT/GUARDIAN AUTHORIZATION SIGNATURE _____ DATE _____ PHYSICIAN/HCP AUTHORIZATION SIGNATURE _____ DATE _____
 FORM PROVIDED COURTESY OF FOOD ALLERGY RESEARCH & EDUCATION (FARE) (FOODALLERGY.ORG) 5/2020

<https://www.foodallergy.org/living-food-allergies/food-allergy-essentials/food-allergy-anaphylaxis-emergency-care-plan>



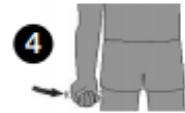
HOW TO USE AUVI-Q® (EPINEPHRINE INJECTION, USP), KALEO

1. Remove Auvi-Q from the outer case. Pull off red safety guard.
2. Place black end of Auvi-Q against the middle of the outer thigh.
3. Press firmly until you hear a click and hiss sound, and hold in place for 2 seconds.
4. Call 911 and get emergency medical help right away.



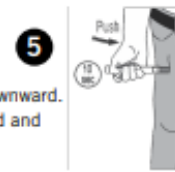
HOW TO USE EPIPEN®, EPIPEN JR® (EPINEPHRINE) AUTO-INJECTOR AND EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF EPIPEN®), USP AUTO-INJECTOR, MYLAN AUTO-INJECTOR, MYLAN

1. Remove the EpiPen® or EpiPen Jr® Auto-Injector from the clear carrier tube.
2. Grasp the auto-injector in your fist with the orange tip (needle end) pointing downward. With your other hand, remove the blue safety release by pulling straight up.
3. Swing and push the auto-injector firmly into the middle of the outer thigh until it 'clicks'. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
4. Remove and massage the injection area for 10 seconds. Call 911 and get emergency medical help right away.



HOW TO USE IMPAX EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF ADRENALICK®), USP AUTO-INJECTOR, AMNEAL PHARMACEUTICALS

1. Remove epinephrine auto-injector from its protective carrying case.
2. Pull off both blue end caps: you will now see a red tip. Grasp the auto-injector in your fist with the red tip pointing downward.
3. Put the red tip against the middle of the outer thigh at a 90-degree angle, perpendicular to the thigh. Press down hard and hold firmly against the thigh for approximately 10 seconds.
4. Remove and massage the area for 10 seconds. Call 911 and get emergency medical help right away.



HOW TO USE TEVA'S GENERIC EPIPEN® (EPINEPHRINE INJECTION, USP) AUTO-INJECTOR, TEVA PHARMACEUTICAL INDUSTRIES

1. Quickly twist the yellow or green cap off of the auto-injector in the direction of the "twist arrow" to remove it.
2. Grasp the auto-injector in your fist with the orange tip (needle end) pointing downward. With your other hand, pull off the blue safety release.
3. Place the orange tip against the middle of the outer thigh at a right angle to the thigh.
4. Swing and push the auto-injector firmly into the middle of the outer thigh until it 'clicks'. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
5. Remove and massage the injection area for 10 seconds. Call 911 and get emergency medical help right away.



HOW TO USE SYMJEPI™ (EPINEPHRINE INJECTION, USP)

1. When ready to inject, pull off cap to expose needle. Do not put finger on top of the device.
2. Hold SYMJEPI by finger grips only and slowly insert the needle into the thigh. SYMJEPI can be injected through clothing if necessary.
3. After needle is in thigh, push the plunger all the way down until it clicks and hold for 2 seconds.
4. Remove the syringe and massage the injection area for 10 seconds. Call 911 and get emergency medical help right away.
5. Once the injection has been administered, using one hand with fingers behind the needle slide safety guard over needle.



ADMINISTRATION AND SAFETY INFORMATION FOR ALL AUTO-INJECTORS:

1. Do not put your thumb, fingers or hand over the tip of the auto-injector or inject into any body part other than mid-outer thigh. In case of accidental injection, go immediately to the nearest emergency room.
2. If administering to a young child, hold their leg firmly in place before and during injection to prevent injuries.
3. Epinephrine can be injected through clothing if needed.
4. Call 911 immediately after injection.

OTHER DIRECTIONS/INFORMATION (may self-carry epinephrine, may self-administer epinephrine, etc.):

Treat the person before calling emergency contacts. The first signs of a reaction can be mild, but symptoms can worsen quickly.

EMERGENCY CONTACTS — CALL 911

RESCUE SQUAD: _____

DOCTOR: _____ PHONE: _____

PARENT/GUARDIAN: _____ PHONE: _____

OTHER EMERGENCY CONTACTS

NAME/RELATIONSHIP: _____ PHONE: _____

NAME/RELATIONSHIP: _____ PHONE: _____

NAME/RELATIONSHIP: _____ PHONE: _____

FORM PROVIDED COURTESY OF FOOD ALLERGY RESEARCH & EDUCATION (FARE) (FOODALLERGY.ORG) 5/2020

<https://www.foodallergy.org/living-food-allergies/food-allergy-essentials/food-allergy-anaphylaxis-emergency-care-plan>

Appendix L: Child Care Weather Watch

<http://www.decal.ga.gov/documents/attachments/Weatherwatchchart.pdf>

Understand the Weather



Wind-Chill

- 30° is **chilly** and generally uncomfortable
- 15° to 30° is **cold**
- 0° to 15° is **very cold**
- -20° to 0° is **bitter cold** with significant risk of **frostbite**
- -20° to -60° is **extreme cold** and **frostbite** is likely
- -60° is **frigid** and exposed **skin will freeze** in 1 minute



Heat Index

- 80° or below is considered **comfortable**
- 90° beginning to feel **uncomfortable**
- 100° **uncomfortable** and may be **hazardous**
- 110° considered **dangerous**

All temperatures are in degrees Fahrenheit

Child Care Weather Watch

Wind-Chill Factor Chart (in Fahrenheit)

Air Temperature	Wind Speed in mph																			
	CALM	5	10	15	20	25	30	35	40	45	50	55	60	65	70	75	80	85	90	
50	50	48	40	36	32	30	28	27	26											
40	40	37	28	22	18	16	13	11	10											
30	30	27	16	9	4	0	-2	-4	-6											
20	20	16	4	-5	-10	-15	-18	-20	-21											
10	10	6	-9	-18	-25	-29	-33	-35	-37											
0	0	-5	-21	-36	-39	-44	-48	-49	-53											
-10	-10	-15	-33	-45	-53	-59	-63	-67	-69											
-20	-20	-26	-46	-68	-67	-74	-79	-82	-85											
-30	-30	-36	-58	-72	-82	-87	-94	-98	-102											

Comfortable for out door play

Caution

Danger

Heat Index Chart (in Fahrenheit)

Temperature (°F)	Relative Humidity (Percent)															
	15	20	25	30	35	40	45	50	55	60	65	70	75	80	85	90
110	108	112	117	123	130	137	143	150								
105	102	105	109	113	118	123	129	135	142	149						
100	97	99	101	104	107	110	115	120	126	132	138	144				
95	91	93	94	96	98	101	104	107	110	114	119	124	130	136		
90	86	87	88	90	91	93	95	96	98	100	102	106	109	113	117	122
85	81	82	83	84	85	86	87	88	89	90	91	93	95	97	99	102
80	76	77	77	78	79	79	80	81	81	82	83	85	86	86	87	88
75	71	72	72	73	73	74	74	75	75	76	76	77	77	78	78	79

Child Care Weather Watch

Watching the weather is just part of the job for child care providers. Planning for playtime, field trips, or weather safety is part of the daily routine. The changes in weather require the child care provider to attend to the health and safety of children in their care. What clothing, beverages, and sun screen are appropriate? Dress children to maintain a comfortable body temperature (warmer months - lightweight cotton, colder months - wear layers of clothing). Drinking beverages helps the body maintain a comfortable temperature. Water or fruit juices are best. Avoid high sugar content beverages and soda pop. Sunscreen may be used year around. Use a sunscreen labeled as SPF-15 or higher. Apply sunscreen generously and frequently. Read the label of the sunscreen product. You can also use sunscreen to block harmful rays from the sun. Look for sunscreen with UVB and UVA ray protection. Have children play in shaded areas or create shade in the play area.



Condition **GREEN** - Most children may play outdoors and be comfortable. Child care providers should watch for the child that becomes uncomfortable while playing outdoors.
INFANTS AND TODDLERS Infants/toddlers are unable to tell the child care provider if they are too hot or cold. The infant/toddler may become fussy when uncomfortable. Infants/toddlers tolerate shorter periods of outdoor play. Dress infants/toddlers in lightweight cotton or cotton-like fabrics during the warmer months. In cooler or cold months dress infants in layers to keep them warm. Protect infants from the sun by using sunscreen and playing in shaded areas. Give beverages while playing outdoors.
YOUNG CHILDREN Use precautions regarding clothing, sunscreen, and beverages. Young children need to be reminded to stop play and drink a beverage and apply more sunscreen.
OLDER CHILDREN Use precautions for clothing, beverages, and sunscreen. The older child needs a firm approach to wearing proper clothing for the weather (they may want to play without coats, hats or mittens). Apply sunscreen and give beverages while outdoors.



Condition **YELLOW** means the child care provider must use caution and closely observe the children for signs of being too hot or cold while outdoors. Clothing, sunscreen, and beverages are important. Shorten the length of outdoor time.
INFANTS AND TODDLERS Child care providers should use the precautions outlined in Condition Green. Clothing, sunscreen, and beverages are important. Shorten the length of time for outdoor play.
YOUNG CHILDREN Use the precautions regarding clothing, sunscreen, and beverages. Younger children may insist they are not too hot or cold because they are enjoying playtime. Child care providers need to structure the length of time for outdoor play for the young child.
OLDER CHILDREN Use precautions for clothing, sunscreen, and beverages. Use a firm approach to wearing proper clothing for the weather (they may want to play without coats, hats or mittens), applying sunscreen and drinking liquids remain important while playing outdoors.



During condition **RED** most children should not play outdoors due to the health risk.
INFANTS/TODDLERS should play indoors and have ample space for large motor play.
YOUNG CHILDREN may ask to play outside and do not understand the potential danger of weather conditions.
OLDER CHILDREN may play outdoors for very short periods of time. Child care providers must be vigilant about proper clothing, beverages, and use of sunscreen

Child Care Weather Watch was produced by the Iowa Department of Public Health, Healthy Child Care Iowa. This guide was produced through federal grant (MCJ19T029 & MCJ19KCC7) funds from the US Department of Health & Human Services, Health Resources & Services Administration, Maternal & Child Health Bureau. For questions about health and safety in child care contact the Iowa Healthy Families line telephone 1-800-369-2229. Wind-Chill and Heat Index information is from the National Weather Service.

Understand the Weather

The weather forecast may be confusing unless you know the meaning of the words used by your weather forecaster.

- **Blizzard Warning:** There will be snow and strong winds that produce a blinding snow, deep drifts, and life-threatening wind chills. Seek shelter immediately.
- **Heat Index Warning:** How hot it feels to the body when the air temperature (in Fahrenheit) and relative humidity are combined.
- **Relative Humidity:** The percent of moisture in the air.
- **Temperature:** The temperature of the air in degrees Fahrenheit.
- **Wind:** The speed of the wind in miles per hour.
- **Wind Chill Warning:** There will be sub-zero temperatures with moderate to strong winds expected which may cause hypothermia and great danger to people, pets & livestock.
- **Winter Weather Advisory:** Winter weather conditions are expected to cause significant inconveniences and may be hazardous. If caution is exercised, these situations should not become life threatening.
- **Winter Storm Warning:** Severe winter conditions have begun in your area.
- **Winter Storm Watch:** Severe winter conditions, like heavy snow and ice are possible within the next day or two.

IN AN EMERGENCY TAKE ACTION



HOLD! In your room or area. Clear the halls.

STUDENTS

Clear the hallways and remain in room or area until the "All Clear" is announced
Do business as usual

ADULTS

Close and lock the door
Account for students and adults
Do business as usual



SECURE!

Get inside. Lock outside doors.

STUDENTS

Return to inside of building
Do business as usual

ADULTS

Bring everyone indoors
Lock outside doors
Increase situational awareness
Account for students and adults
Do business as usual



LOCKDOWN! Locks, lights, out of sight.

STUDENTS

Move away from sight
Maintain silence
Do not open the door

ADULTS

Recover students from hallway if possible
Lock the classroom door
Turn out the lights
Move away from sight
Maintain silence
Do not open the door
Prepare to evade or defend



EVACUATE! (A location may be specified)

STUDENTS

Leave stuff behind if required to
If possible, bring your phone
Follow instructions

ADULTS

Lead students to Evacuation location
Account for students and adults
Notify if missing, extra or injured students or adults



SHELTER! Hazard and safety strategy.

STUDENTS

Use appropriate safety strategy for the hazard

Hazard

Tornado
Hazmat
Earthquake
Tsunami

Safety Strategy

Evacuate to shelter area
Seal the room
Drop, cover and hold
Get to high ground

ADULTS

Lead safety strategy
Account for students and adults
Notify if missing, extra or injured students or adults

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IN AN EMERGENCY TAKE ACTION



HOLD



SECURE



LOCKDOWN



EVACUATE



SHELTER

Standard Response Protocol – Public Address	
Medical Emergency	Hold in your Room or Area. Clear the halls.
Threat Outside	Secure! Get inside. Lock outside doors.
Threat Inside	Lockdown! Locks, Lights, Out of Sight!
Bomb	Evacuate to (location) Shelter for Bomb!
Earthquake	Shelter for Earthquake!
Fire Inside	Evacuate to the (location)
Hazmat	Shelter for Hazmat! Seal your Rooms
Weapon	Lockdown! Locks, Lights, Out of Sight!
Tornado	Evacuate to (location) Shelter for Tornado!



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Resources

Standard Response Protocol (SRP)

Standard Response Protocol for schools for any incident: weather, fire, accidents, intruders and other threats. SRP manuals for K-12 and PK-2.

<https://iloveguys.org/>

Federal Emergency Management Agency

P.O. Box 2012

Jessup, MD 20794-2012

Publications: 1-800-480-2520

<http://www.fema.gov/>

American Academy of Pediatrics

141 Northwest Point Boulevard

Elk Grove Village, IL 60007-1098

Phone: 847-434-4000

<http://www.aap.org>

American Red Cross

National Headquarters

431 18th Street NW

Washington DC 20006

Phone: 202-639-3520

<http://www.redcross.org>

Child Advocacy Center

5025 Garland Street

Lincoln, NE 68504

Phone: (402) 476-3200

<http://www.smvoices.org/>

Caring for Our Children: National Health and Safety Performance Standards

Guidelines for Early Care and Education Programs

<http://nrckids.org/CFOC>

<http://nrckids.org/files/CFOC4%20pdf-%20FINAL.pdf>

Child Care Aware

1515 N. Courthouse Road

Arlington, VA 22201

Phone: (703)341-4100

<http://usa.childcareaware.org/> Search: Disaster Plan