

Emergency Preparedness Webcast

(links for viewing and download at end of transcript)

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Yvette Fuentes: Hello and thank you for taking part in the Office of Head Start Web cast on emergency preparedness. I'm Yvette Sanchez Fuentes, Director of the Office of Head Start. From time to time, communities around the country face catastrophic natural and man-made disasters. The wildfires in California, the hurricanes on the Gulf Coast, the H1N1 Flu, and the attacks of September 11, 2001, are all examples of disasters in recent years that have garnered national attention.

They also highlight the fact that an emergency can occur suddenly, with little or no warning; depriving families of even the most basic food and shelter; and having significant social and emotional impacts that linger long after the event. Head Start can play an important role in supporting children and families in their local communities before, during, and after an emergency. With that in mind, it's important that all Head Start programs have an effective, well-practiced emergency preparedness plan in place.

As you'll hear today -- planning is more than paperwork. Emergency preparedness is an ongoing process of assessment, planning, and implementation. Planning teams should gather and revisit emergency preparedness using their multiple areas of expertise to ensure comprehensive planning for various contingencies. Now I know that we are all dealing with limited resources -- that's why it's critical to utilize and build off of your community partnerships.

To aid you in developing and improving your emergency preparedness plan, the Office of Head Start has developed this Head Start Emergency Preparedness Manual to provide Head Start programs with tools and resources to guide their planning process. The Manual not only provides information on the emergency preparedness cycle but it also has resources from the Federal Emergency Management Agency and the Centers for Disease Control and Prevention on natural disasters, health emergencies, terrorism and random acts of violence, and technical hazards.

You can download a copy of the Head Start Emergency Preparedness Manual by visiting the Early Childhood Learning and Knowledge Center. Thank you for participating in this important discussion and for the work that you do every day on behalf of children and families.

Robin Brocato: Thank you, Yvette. And welcome again to all of you in our viewing audience. My name is Robin Brocato and I'm the Health Program Specialist at the Office of Head Start. I'll be the moderator for today's discussion. Joining us today are panelists who are here to share their varied experiences in emergency preparedness. Amanda Bryans is the Director of the Educational and Partnerships Division at the Office of Head Start.

In addition to Amanda's considerable Federal experience, her work in emergency preparedness includes 10 years of working with a local Head Start Program, first as a Disability Services and Education Coordinator and then as a Director. Barry Marx is the Senior Medical Advisor for the Office of Head Start and a practicing pediatrician. As a medical professional, Dr. Marx offers guidance to Head Start programs on issues related to health and safety including information about prevention, treatment, medical homes, and safety.

Amanda Schwartz is a Head Start Consultant and the author of the Head Start Emergency Preparedness Manual that she will refer to throughout our Webcast today. From 2005 -- 2007, she and I facilitated the Office of Head Start Emergency Preparedness Workgroup. And Almata Keys is the Executive Director of the Edward C. Mazique Parent-Child Center in Washington, D.C. Almata is also the former Director of a Head Start program located in St. Mary's Parish, Louisiana.

Her program served many of the evacuees from New Orleans after Hurricanes Katrina and Rita and she'll talk with us

about the importance of planning and partnerships in coping with any possible crisis. Welcome Amanda, Barry, Amanda, and Almeta. Throughout the Webcast today, you may hear us use words you are unfamiliar with. When you do, you will see a "jargon alert" message at the bottom of the screen and a definition of the word we are using.

A complete glossary of these words and other items related to today's Webcast can be downloaded by clicking on "Viewer's Resource Guide" located at the lower portion of your screen. Based on feedback we have received from viewers of previous Webcasts, we know that you really value the opportunity to ask questions of our panelists about the content being covered.

In response to this, we will be breaking three times for questions during today's Webcast. We encourage you to write in by simply typing your question into the Q and A field on the right side of your browser. In addition to your questions, we want to hear your feedback. Tomorrow, you will receive a brief evaluation by e-mail. We ask that you complete the evaluation so we can continue to develop Webcasts that meet your needs.

Finally, an archive of this Webcast will be available "on demand" on the ECLKC and will include answers to the questions we don't have time for this afternoon. Also, if you would like to provide additional feedback or suggestions, please send your comments to the e-mail address you see on your screen now: OHS Webcast at ESI dash DC dot com.

I'd like to start off our discussion today with Amanda Bryans. Amanda, I know that several years ago you experienced first-hand a situation that really shaped your perspective on the importance of emergency preparedness. Could you share this with us?

Amanda Bryans: Sure. For me, emergency preparedness is really about being ready for the unexpected. You can't know everything that is going to happen to you or your program, but you can think about various possibilities and how you could manage them. If you can imagine what might happen and how you and your staff would deal with it, you'll be in a better position to cope. All of this can seem overwhelming. It's a heavy weight to have to think about tomorrow when you're just trying to make sure you've done everything you need to do today.

If you can remember that you aren't alone--that you're a part of a network of professionals who can help--you'll be prepared to handle virtually any emergency that comes your way. I learned this lesson when I was the new director of a Head Start program. As I was still becoming oriented to my job and beginning to feel more comfortable with my role, an incident of community violence took place that directly impacted our program. Program operations were put at a stand-still and the emotional well-being of staff, children, and families were dramatically affected.

In the midst of our crisis, we had a network of collaborators who were able to support us in getting back on our feet. Our relationships with other organizations in our community helped us cope and rebuild. In fact, we had one volunteer who took on significant new responsibilities to help us restore continuity in the lives of the children we served. (Mrs. Mack, if you're still out there, Thank you!)

My experience taught me three important things that I carry with me to this day. And I think they are important for you to keep in mind as you work in Emergency Preparedness. First, as you heard in my story, I never anticipated the emergency that took place. So, on top of being new to my job, I was unprepared for the crisis I faced. If I had anticipated all of the worst possibilities, I may have been in a better position to deal with what happened.

Luckily, I had a network of support to help me through the situation, which brings me to my second point: relationships, both within and outside of your program, are essential to helping you manage all of the contingencies you might face. My last point is about the importance of focusing on children in times of crisis. Children may ask a lot of questions to try and understand what's happened and why it occurred. They may look for a way to cope. And some children may not really say much at all. When looking for a way to answer the questions and to talk with children who are not really saying a lot, I think of what Fred Rogers used to say.

When something bad has happened and there is no way to explain the actual event to children, Mr. Rogers would say, "Tell the children: Look for the helpers. You will always find someone helping." In my situation, we were lucky enough to have a volunteer who knew how important continuity is to children in times of crisis. She was their helper

and showed them that no matter what happens, there will always be someone -- there will always be adults there to help. In a time of crisis, we need to make sure that children know that there will always be someone to help them.

Today we'll be providing you with some important information about how to prepare for the unexpected and learn about some resources and tools to make it more manageable. Ultimately, the most important thing to remember while you are planning--or coping with disaster--is the role you play for children and families. If your program is prepared in a comprehensive way, you can be that safe haven they so desperately need.

Robin: Thanks so much, Amanda. As you said, emergency preparedness really is about being ready for the unexpected. Before we move on, I'd like to ask everyone in the viewing audience to think about an emergency that has occurred in your own program. It could be H1N1 or another disease outbreak, a weather-related emergency, or a situation of community violence. What did you do and what did your other staff do? What kinds of resources and collaborations did you use? Is there anything you could have done better to be better prepared?

There are several things to keep in mind as you reflect on Emergency Preparedness and how it affects you and your program. One of the first things to remember is that you need to take care of yourself so that you are mentally and physically able to care for others. As you contemplate your experiences with an emergency, think about how personal responsibility came into play.

Maybe you planned ahead to determine who would cover you at work if you had to stay home to prevent the spread of a contagious illness. Ultimately, personal responsibility allows you to be calm but cautious during an emergency. This brings me to our next point: people have different reactions to crisis. Some people are able to jump into action immediately and will process and cope later. Others may be too shocked or upset to respond effectively. Knowing how you usually handle a crisis can help you get yourself ready.

You can either plan to give yourself a few minutes to adapt, or find others who can balance you out. Self-awareness is the first step in preparing yourself emotionally and physically. Another thing to keep in mind is that emergency preparedness is an ongoing process. It isn't a document you put together once and put in a drawer. Planning means gathering members of your program, practicing your emergency response, and making appropriate revisions so that no matter what happens, you are ready.

Throughout today's Webcast, we will be referring to the new Head Start Emergency Preparedness Manual. Print copies of the manual will be sent out to all grantees this month. And, you may have already noticed that an electronic version of the manual is available for downloading right now -- just click on the link at the bottom of your viewing screen. The manual contains tools and resources to help you at any stage of emergency. Most importantly, it aims to reduce some of the anxiety you may feel about emergency preparedness.

We believe that preparing for the unknown offers you some control over the consequences that may affect you and your program. The manual is the outgrowth of the Office of Head Start Emergency Preparedness Workgroup. After Hurricanes Katrina and Rita, the Office of Head Start saw an immediate need for resources for Head Start programs that were rebuilding or serving evacuees, such as Almeta's program. A group of Federal staff and contractors was convened to review and disseminate information.

However, when the workgroup gathered, we decided that programs needed more than just resources for responding to these natural disasters. We realized that you needed resources to help you cope with a wide array of emergencies including community and family violence, health emergencies, and technical hazards. Technical Hazards include chemical spills, electrical hazards, and other environmental concerns.

And, because programs can be affected either directly or indirectly by various emergencies, we also wanted to give you guidance about the intensity of emergencies. For example, the situation Amanda described affected not only children and families, but her entire Head Start program. Yet, emergencies like the H1N1 outbreak affect neighborhoods, states, and regions. Knowing how to collaborate within and between these levels will help you prepare for a wide array of possibilities.

Finally, we thought you needed guidance specific to Head Start that offered a comprehensive means of planning, encompassing all the systems and services that are part of your everyday work. Amanda Schwartz, can you talk a little about how the manual is organized and lead us into the discussion about the first phase we are going to cover today?

Amanda Schwartz: Of course, Robin. The manual is broken into four phases of preparedness: planning, impact, relief, and recovery. Our panelists will share their expertise and experiences in coping with specific emergencies as we discuss each phase today. To begin, we're actually going to start with a discussion about the second phase: "impact". But don't worry, we'll come back to the planning phase later in the Webcast.

The impact phase refers to the period during and immediately after an emergency. It is important to keep in mind that when you are working with emergency preparedness professionals, you may hear them group the terms "impact" and "relief" into one phase which they label "response". There are several key points to know when you are in the impact phase. Most importantly, your local Emergency Management Office and Health Department will take the lead on any emergency within your community.

They are your first source of information and will provide you with guidance for how to react. Partnering with other local organizations is essential as well. Local education agencies may have emergency supplies they can share in exchange for support from your program. Local churches or community centers may offer a safe place to shelter during an evacuation. It is important to think creatively when building these partnerships. One program I encountered had a partnership with a local hotel which offered a conference room for an evacuation location.

As you will hear throughout our Webcast today, regional, state, and tribal leaders also serve as great resources for developing local collaborations. These individuals are able to broker relationships and cut through red tape to ensure your program has what you need when you need it.

Robin: Thanks Amanda. Remembering the key points you just went over will ensure that the work programs do during impact will support the safety and well-being of the children and families they serve. To demonstrate these points, we want to talk specifically about an emergency situation that we are all facing in our country, the H1N1 virus. Dr. Barry Marx is here to offer medical information to help your program plan for the impact of this outbreak. Dr. Marx?

Barry Marx: Thank you, Robin. As H1N1 spreads and you are confronted by news story after news story, we have put together a list of some of the most important things Head Start and Early Head Start programs need to know about the virus and how to handle it. To start, H1N1 is definitely here and is an ongoing issue. While we speak in terms of people diagnosed with 2009 H1N1, most people assumed to be infected are not actually tested, or are tested with in-office laboratory tests that do not specifically identify infection with the 2009 H1N1 virus.

The CDC recommends specific testing for the 2009 H1N1 virus only for certain individuals rather than for all persons with influenza-like illness. Testing is recommended for people who are hospitalized with suspected flu and people such as pregnant women or those with weakened immune systems, or for whom a specific diagnosis of H1N1 influenza will help their doctors make a decision about their care.

For this reason, the number of sick individuals reported as confirmed positive for the 2009 H1N1 virus significantly under represents the total number of infected individuals. There are several authoritative information sources that provide the most current information about the H1N1 pandemic. Flu.gov, cdc.gov, and your state, local, or tribal health department will have the information you need to make decisions. These resources will assist you in knowing what to expect as you face the impact of H1N1 in your community.

Your local or tribal health department may also make decisions about closures and modifications of services that your program will need to follow. These information sources will also have information about preventive measures such as hand hygiene and respiratory etiquette. While always important, teaching and using hand washing and the "cover when you cough" techniques are even more essential to reduce the spread of illness in times of pandemic. Soap and water are best for hand washing, as required in the Head Start Program Performance Standards.

Alcohol-based hand sanitizers or wipes may be used if soap and water are not available. In addition, the CDC has said

that hand sanitizers that do not contain alcohol may also be useful. The CDC's website offers a wide array of ideas and tools that you can use to help educate staff, families, and children about these preventive measures.

Robin: Dr. Marx, earlier in the Webcast today, I mentioned the importance of personal responsibility. How does that play out in the H1N1 outbreak? Dr. Marx: I'm glad you asked that, Robin, because personal responsibility is an incredibly important component of reducing the spread of infection.

While staff and families may feel obligated to come to the center to participate in program activities, it's very important to minimize contact between sick and well individuals. You should be sure to develop policies and communication strategies that encourage staff and volunteers to be responsible and stay home if they are sick. Also, remind parents to keep their children home if they are sick. If children or staff become sick while at the center, move them to an isolated, supervised space which separates them from others by at least 6 feet.

You may provide a surgical mask to sick staff members if they can tolerate wearing one. There are immunizations for influenza, both for seasonal influenza and for 2009 H1N1. The CDC recommends that people get both, even if they've already had an influenza-like illness. This will assure that, regardless of the actual cause of the previous illness, they'll have protection against either flu this year. As issues and questions have been raised by individuals and groups regarding the H1N1 vaccine, the CDC has responded.

Included in the information is that the 2009 H1N1 vaccine is made using the same procedures as for seasonal influenza vaccine. It's also important to make sure children are following the schedule for "routine" immunizations. Keep in mind that a leading cause of influenza-related hospitalization and death is a bacterial infection such as pneumonia on top of influenza. The most common bacteria (*Streptococcus pneumoniae*) is one against which all children in the United States are routinely immunized.

Head Start's emphasis on assisting parents in keeping their children up to date on immunizations has added this additional level of protection for children against one of the most common severe complications of influenza.

Robin: Almeta, you and I were talking earlier and I believe you had a question regarding H1N1 and high risk children? Almeta Keys: Thank you, Robin. Dr. Marx, I get a lot of questions from staff and parents about the CDC guidance on H1N1 and high risk children. How does this relate to the children in our program?

Dr. Marx: That's an excellent question, Almeta. And the answer is that all of the children we serve in Head Start are in the high-risk category, but at varying levels of risk of complications from influenza. Children under the age of five generally are described as being at high risk, while children under the age of two are at even higher risk. Infants under 6 months of age are at the greatest risk, in part because they are too young to receive either influenza vaccine.

Finally, children with high risk health conditions are at greater risk of complications of influenza including a worsening of their underlying health condition. Since children in all of these categories are a part of the population we serve in Head Start, the efforts we make to prevent the spread of disease, and ensure each child has a medical home, are crucial.

Included within the importance of having a medical home is that the parents and child have access to their health care provider to advise them on whether the child needs to be examined in the office, whether the child should be treated with antiviral medications, and whether any other preventive measures or treatment are indicated.

It's important as part of your program's planning to review your policies and procedures around medication administration, consents, updated medication and other care plans from clinicians, equipment and supplies, and staff training. Your Health Services Advisory Committee can be helpful to you when looking at these policies.

Robin: Thank you, Dr. Marx. I know that some people may be wondering why we have begun today's discussion with impact. We wanted to show you that Emergency Preparedness is a cycle which you can enter at any stage, and we devised the manual to facilitate your work at any stage. Amanda Schwartz is going to demonstrate this by showing one tool in the Head Start Emergency Preparedness Manual section on Impact. She will discuss how this tool can help you

plan to cope with the H1N1 virus, even while in the midst of the outbreak. Amanda?

Amanda Schwartz: Thank you, Robin. We designed the Head Start Emergency Preparedness Manual so that you can use it flexibly. The goal is that when you're in the midst of a crisis, you'll have information and worksheets to help guide you through that emergency. Using our current situation with the H1N1 outbreak, you're probably trying to determine what you need to do, what resources are available to you, and how you can work with the broader community to cope. Most importantly, you need to do this quickly.

In the manual, we talk about building decision trees. These are either outlines or graphics that you can refer to quickly to make decisions. As you can see, this decision tree format starts with a question that is followed by an answer. The answer will lead to an action which either resolves the problem or leads to another question. You are probably already doing something like this verbally as a team, but taking the time to write it down allows you to communicate it to the broader community and formalizes the process.

Throughout the impact phase, you should be working as a team to consider each concern you face and have a plan of action for how to address it. Having detailed versions of these decision trees at your fingertips reduces the stress of the crisis and lets people know exactly what to do. Robin: Amanda Bryans, do you know of programs that use decision trees like this?

Amanda Bryans: Well, as a matter of fact, I do. I have seen a lot of programs which use tools that are similar to this. This type of decision tree can be very useful as it allows programs to go through their emergency response plans step-by-step in a methodical way and easily spot any potential gaps in services.

I also know of a number of programs who don't use a written decision tree format, but who follow a similar verbal process. During team meetings, these programs start with a question, brainstorm possible answers, and then determine action steps based on those answers. This also allows programs to go through emergency plans in a step-by-step, methodical way to identify potential gaps in services.

Robin: Thanks, Amanda. It seems clear that having a process like creating a decision tree can make emergency situations less stressful for staff and families. And building them with community partners will help make them even more comprehensive. Now, we're going to take a short break. When we return we will answer some questions specifically about the impact phase of emergency preparedness. We'll see you in 2 minutes...

[Break: ends at 30:13]

Robin: Welcome back. Our first question is from John from New York and here's what he wants to know: "What can we do if we are in the middle of an emergency that we didn't anticipate?" Almeta, I think I'll start with you. Almeta: All right, Robin, I'll take that question. I think that in Head Start we've already put our disaster-preparedness plan, you know, into action and now it's just time to follow the plan. I think that we should just be ready when an emergency comes up.

Robin: Okay. Okay. Barry, do you have anything that you would like to add to that? Dr. Marx: I think that there are some very basic steps, I think. First is to identify the threat. Robin: Okay.

Dr. Marx: Second is to understand the threat as it impacts upon your program. Third is to identify what your critical information needs are and then to select from those plans and policies and procedures that you've already developed for other circumstances those that are most appropriate to the situation that you find yourself in.

Robin: Okay, great. So it sounds like, what I think I'm hearing from the both of you, is that if you have a plan and you've practiced it, you've communicated it with everyone that regardless of the type of emergency, you should be in pretty good shape. Is that right? Almeta: Yes, that's right.

Amanda: Robin, could I add a little? Robin: You sure could. Amanda: I was thinking about what Almeta said and thinking that I think she's really correct. Most programs have experienced some kind of emergency. It's the nature of

the work we do in Head Start.

Unless you're a very new program, I'm certain that there's been an event, and it may have been an event that affected one family, one classroom or more likely it was an event that affected at least your whole program and likely your community, and that whether you had a formal plan or not you reacted and became a place that people turned for resources and for help.

And so the first thing, maybe, people should do is look back at their history, think about times they've responded to emergencies, and how that experience can inform, you know, a more formal planning process. I think that's a really important reminder. Almeta: Right. Amanda, that's so true because we've already discussed the "What ifs", the worst-case scenarios, and so now we are just ready to put the plan into action.

Amanda: Great. Robin: Okay, great. We have another question and this question is from Ellen in Florida. Her question is this: "In the midst of an emergency, some parents' first impulse may be to go get their children. This may, in fact, put parents at risk. What can we do to make sure that everyone is safe?" Amanda?

Amanda: Well I appreciate you asking me, Robin, because as you know, I have a daughter who's a little bit over four years old and I have wrestled with this a lot. I also live in Washington, D.C., I was here on 9/11 and my daughter goes to childcare in Washington, D.C. And my impulse is to say, "If anything happens, I'm going to get her." What has reassured me and helped me kind of rethink that strategy is that the center where she goes has a plan.

They have a shelter-in-place plan about what they could do if the building they're in is still safe but there was an emergency nearby and they have a plan about if they needed to move the children out of the building they're in and what, you know, about where they would go, how they would get there, and how parents can find them.

They also have made sure that they have emergency packs with child information and cell phone contact capacity -- their own cell phones and the numbers of the parents in case cell service goes down, as it did in 9/11. So that is tremendously reassuring and makes me think I have to keep myself safe in order to be able to get to my daughter when it's safe to do so.

So I think that the best thing that programs can do is really make sure that you've communicated to parents, you've listened to all their questions and you've reassured them that you have a plan to keep their children safe in the event of an emergency, that they know where they can meet up with you when it's appropriate to do so and they know that you will, as the providers or the teachers, contact them as soon as you can do so and that's been helpful. And I think that's really the important thing for programs to do.

Robin: Okay, thanks, Amanda. Almeta, would you like to comment on that?

Almeta: Well I was just thinking as I heard Amanda speak it's so great that parents have an active role in their children's education in Head Start and as we are developing these plans and as we're developing training, parents are right there at the table with us in the discussion. I think that parents trust Head Start. They know that Head Start is going to be there in the time of an emergency, they have already received those contact numbers in advance and so they know what to do when an emergency comes up.

Robin: Okay thank you, panelists. That last question leads us into the next part of our Webcast, focusing on the relief and recovery phases. The "relief" phase refers to the days or weeks right after an emergency occurs when programs are simply trying to meet essential needs of the people affected. The priorities are food, water, clothing, shelter, and safety. The "recovery" phase is the period of time after the basic needs are met.

It is the time during which people and programs rebuild their lives and return to a typical everyday existence. And the duration of these two phases depends on the emergency itself. In the case of an illness like H1N1, the relief and recovery phases may last just a few days. Yet, for other emergency situations such as natural disasters, relief may last several weeks or months and recovery can be an even longer process.

For example, Hurricanes Katrina and Rita involved a relief period of weeks and months -- and in some cases, recovery is still ongoing four years later. We're going to focus on this extreme case while talking about relief and recovery because Head Start programs across the country learned so many valuable lessons from that experience. Let's look back and see what Head Start programs and families experienced.

[Video begins] Pearlie H. Elloie: You cannot...You cannot even...I can't tell you in words what Katrina did to people. We're still going through it. There are no services, there are no drug stores, there are no gas stations, there are no schools for children in all of Orleans' parish. Katrina has turned our lives upside down.

James Evans, Jr.: I've never heard it this quiet. At this time of day you normally would have the children out on the yard, playing, interacting with each other, interacting with the staff, the neighbors are lining the scenes, would be sitting out on the porch enjoying the day, just watching the children, a lot of just traffic passing back and forth.

You don't have that. In the classrooms you'd hear music and the children interacting, again, with each other and, again, this is just totally devastated this area as well as the entire community. [Music]

Unknown woman: All right, Ms. Copeland, I look forward to working with you. Ms. Copeland: Thank you. Unknown woman: Thank you. Ooo, it's beginning to smell like Head Start.

Pearlie: I had people beginnin' to call me from all across this region, i;½When are you goin' back? When is Head Start goin' to reopen?i;½ Than meant that they were getting ready to come back home. I am determined that Head Start is goin' to remain strong in this community.

I am determined that nothing will destroy this program. I am determined that we will have more quality than we ever had before and I think the kind of determination that I have, the people that I work with also have and that's what keeps you goin'. [Reading to children] Then I'll do it myself said the little red hen, and she did.

Pearlie: For awhile we're goin' to be a smaller Head Start, but we're gonna to be a better Head Start.

Maxine Marshall: This center here will be the first Head Start program that will open for Total Community Action. This Head Start will set the tone for the other centers that will come immediately after this one because once we've set this center up we will proceed on to the next Head Start center makin' sure that children receive a good beginning.

Iilona Lastrap: We need Head Start because a lot of our parents needs to get the stable back in there and the children need to be stable and the parents need to be stable and right now Head Start takes some of the burden off of us. Trenice: Oh, I love it. I'm glad it's open. [Video ends]

Robin: No matter how many times I see that video I'm just so touched. And I'm just so proud to be part of Head Start. As I noted earlier, Almeta was the Director of a Head Start program in St. Mary's Parish, Louisiana, during Hurricanes Katrina and Rita. Having experienced previous hurricanes and severe weather, she and her staff developed strong emergency plans and relationships with other community organizations.

Her story is a testament to the importance of planning and collaboration for relief and recovery efforts. Almeta, please share your story with us.

Almeta: Yes, Robin, I would be glad to share my story and I'm touched by the video that I saw just now. Over the years, Head Start program staff in the Gulf Coast region have had many storm stories to tell. Whether it was Betsy in 1965, or Ivan, Charlie, and Frances in 2004, we've lived through many terrible storms. However, we never experienced anything on the scale of Hurricanes Katrina and Rita, which came to shore in 2005 on August 29th and September 24th.

In Head Start, we understand how important it is to work closely with families who are thrust into an adverse situation for whatever reason. Consequently, when disasters occur, we serve as safe havens for Head Start families and staff and community residents. We help provide them with the relief they need to get back on their feet and move forward to

some type of normalcy.

As Head Start Director for St. Mary's and Vermilion Parishes' during those two hurricanes, I had the opportunity to join the Executive Director, Almetra Franklin, and other agency staff, volunteers, and local and national partners in an intensive joint relief and recovery campaign. Our Emergency Preparedness Disaster-Related Team was already in place long before Katrina and Rita came to shore.

This team included leaders from health and social service agencies, representatives from civic organizations, elected officials, school board members, and religious leaders, just to name a few. We met several times throughout the year to develop our emergency plan and identify local resources. Our team also created lists of disaster team members and emergency phone numbers and contacts, identified news outlets to tune into, and created a tip sheet on protecting property left behind. We developed contingency plans and discussed worst-case scenarios.

In short, when Katrina and Rita struck, we already had an organized system in place to help us cope. We only had to wait and see if our planning was enough. On August 26, 2005, four days before Hurricane Katrina hit, the administrative staff of our Community Action Agency and Head Start Program met at City Hall in Patterson (Patterson, Louisiana) with the other members of our Emergency Preparedness and Disaster-Related Team. We were meeting one last time just to discuss the anticipated location of the hurricane's landfall and to make sure that there were no gaps in our system.

I remember thinking about how unexpected it was to receive such a severe warning as the one we were getting, especially on the heels of such a successful school opening. After all, it was only one week into the school year that we were being told to evacuate immediately. I also remember feeling very prepared, because in our program, we had a "head start" on making preparations to get our families and clients to higher ground.

Hurricane Andrew had pounded our parish in 1992, so we were well aware of the devastation that hurricanes can bring and we knew better than to ignore the glaring signs of this one. As we listened attentively, we heard loud and clear "this was going to be a big one," and we were very happy to be a part of an Emergency Disaster Preparedness Team that was strategizing to save lives and offer help to stranded residents.

I remember after the meeting, we quickly went back to our agency to begin enacting the emergency plan. We immediately notified staff and parents, outlining how Head Start intended to handle the upcoming crisis situation. In collaboration with our public school, we released the children to their parents early, and then gave staff an early release so that they could go home to take care of their families. Our management team stayed behind to ensure that buildings and properties were properly secured. Then we too went home to secure things, and, in most cases, to evacuate to higher ground.

After the storm, our management team returned to work to assess the damage and determine next steps. We met with the other members of the Emergency Preparedness Team and celebrated the fact that we in St. Mary's Parish were spared the true wrath of Katrina even though we were thoughtful and mindful of our neighboring communities. We came away with only minimal damage -- but then, there was something else. We were informed that we needed to get ready for an influx of evacuees coming from New Orleans.

Because we were the first functioning parish west of New Orleans, we knew that we would receive a huge number of evacuees on their way to Texas or north Louisiana, but we never imagined that the number would eventually climb to over 5,000 families. Immediately, we went into high gear and our operations changed from a parish service delivery agency to a state-wide evacuation command post. We were thrust into the front lines and began taking the lead in the entire parish's emergency relief and recovery efforts.

We watched how quickly our agency's mission of "people helping people...touching children...reaching families" came to life. Literally, there were hundreds of families in distress who came to our doors fleeing the hardest hit areas of Mississippi, Louisiana and Texas and Alabama and we were able to serve all of them.

Robin: Almetra, thank you so much for sharing your story. Your passion and compassion really come through when

you speak those words. I can't even imagine what it was like and I'm just amazed at the heroism that took place as a result. I think it speaks to each of the key points in today's discussion. You truly experienced the role that personal responsibility plays and how different people can react to emergencies. Do you think that planning you did in advance helped you prepare emotionally?

Almeta: Most definitely, Robin. The advance planning helped us tremendously from an emotional standpoint! We knew that if we had not adequately prepared, we would not have been as effective as we were. Someone once said "those who forget the past will in all likelihood repeat the past." The experiences we had in 1992 when Hurricane Andrew took us by surprise taught us valuable lessons. But the most valuable lesson was that we had to be prepared for the next hurricane, whether it was big or small.

After Andrew, we began meeting with local partners and planning for the "next one". We thought that if there wasn't a "next one," then there was nothing lost, and at best, we could demonstrate that we would all be ready. But if there was a "next one," we wouldn't panic. We would be ready to put our plans into action and gear up to help our community get back to normalcy. We remembered the past, Robin, and had no intentions of repeating it.

Dr. Marx: You know, I think it's very important to acknowledge the different ways people may feel during the periods of relief and recovery. After an emergency has occurred and we're in the immediate relief phase, many of us go into survival mode. Our immediate need is to assure that everyone is safe and secure. The urgency of that need can lead some people to panic but it can also lead some people to go into problem-solving mode, as you did, Almeta.

As Robin said in the beginning of our webcast, people handle emergency situations differently and we need to be aware of this as we support each other. Robin: Thanks Barry. It is so important to keep in mind that people react differently to emergency situations. And, whatever your reaction might be, the manual can help you think through the relief phase. It gives you some ideas and tools that will help you find solutions by reaching out to partners.

For example, during an emergency situation your local health department is a good source of information about what has occurred and what your immediate next steps should be. Social services agencies can offer support for families and Head Start partner organizations can target areas where they can assist such as providing shelter, food, or clothing. In addition, the ACF Regional Office and State Collaboration Office staff can also offer support when needed.

The recovery phase is slightly different, because it's the phase in which you're rebuilding your program and trying to help people rebuild their lives. There can be mixed emotions during this phase and it can last significantly longer than relief. While some people may feel despair that their lives may never be the same again, support and guidance from proper planning can help them see the light at the end of the tunnel and feel hopeful again.

The manual includes several questions that will help you work with your staff and families to rebuild and instill hope. These questions include: What do programs need to rebuild services and resume comprehensive services? What do programs need to support families as they recover? How will programs maintain communication with evacuated children, families, and staff to assist their return to the community? And, what kinds of mental health and social services should programs make available?

By focusing on these questions, you'll be able to pinpoint specific needs and look to your partners for assistance. And, as Almeta's story attests, partnerships are essential to building strong plans for all stages of preparedness, but particularly for the phases of relief and recovery. Amanda, the manual guides programs through this process of planning for relief and recovery. Can you tell us more about the action checklists and long term recovery plans that programs can use during these phases?

Amanda Schwartz: Sure. As you explained, relief and recovery are the phases that occur after the emergency has passed. Programs coping with emergencies during these phases are asking themselves, "what do I need to do to help families get what they need to survive?" and "what do I need to do to rebuild and help families resume their lives?" In the manual, we talk about creating action checklists for the relief phase -- basically, these are quick action plans that will address immediate needs such as food, water, clothing, shelter, safety, health, and mental health concerns.

Using Almeta's experiences during Katrina, this is an example of an action checklist that a program might devise to deal with a natural disaster. Don't worry if you can't read everything on your screen. A copy of this sample action checklist is available in the Viewer's Resource Guide for today's webcast. This example isn't comprehensive, but it begins to address some of the needs that people served by a Head Start program might have.

The "need" column names a basic need, followed by an action to meet that need. Then resources are listed. These should be identified by your planning team and any collaborative partners within your community. Your Head Start Program Specialist, your Regional Administrator, or your Regional Emergency Management Specialist can help you build those partnerships. When you're in the relief and recovery phases, your partners may be able to help your families access services faster.

Finally, for each need and action listed, your checklist should identify a person responsible and a realistic timeline. During an emergency, needs are immediate and relief efforts are usually fast-paced, so identifying these individuals in advance is important. When looking at the recovery phase, planning is more about long-term rebuilding. Therefore, needs and actions are less immediate and you can take more time to consider them. In addition, long-term recovery planning requires periodic assessment and a completion date in addition to a time frame.

This is an example of a long-term recovery plan, but it's only one example of the long-term actions that might need to take place. Again, this sample chart is available in the Viewer's Resource Guide. Like the action checklist, the long-term plan lists needs, actions, resources, and individuals responsible, but programs can use this tool to take on bigger goals and reach out to broader resources.

Once again, your relationship with your Program Specialist and the other ACF Regional Office staff will help you to accomplish larger tasks and implement broader services to help children and families resume their lives in healthy ways.

Ultimately, your team's work during the relief and recovery stages is to implement actions efficiently to limit loss of service and disruption in the lives of the children and families you serve. The manual offers you these and other resources to help you use the systems and services your program already has in place. In fact, Robin, I think most programs simply build on what they are already doing well to meet the needs of families in crisis.

Robin: Thanks, Amanda. I think that's true. Good emergency preparedness is simply building on effective program planning to meet needs during extraordinary times. And effectively building these short- and long-term plans will assure each program can do so. Before we move on, we'd like to take some questions. We'll take another quick break, and when we return, our panelists will address your questions about relief and recovery.

[Break: ends at 56:14]

Robin: Welcome back. First we have a question from Megan in Alabama. And her question is this: "Are there guidelines or recommendations about storing supplies?" We hear this question a lot. I'm going to ask Amanda Schwartz to respond to Megan's question.

Amanda Schwartz: Sure. I wanted to refer to some resources that are available to you in the manual. First, we have supply and material lists in our guide that will tell you exactly what you can expect to need in an emergency situation. We also have some tip sheets from FEMA about non-perishable food and water and it suggests that you keep them for three...you have three days worth.

It also suggests that you review these materials on a regular basis because nonperishable food and bottled water both have expiration dates and you need to make sure that you're offering your families the freshest resources available.

Robin: Thanks, Amanda. Almeta, I want to ask you the same question because I can imagine that that came up during your experience. Almeta: Right. Robin, I think collaboration is key, you know, the key answer to the question that you asked, and it's not about building relationships during a crisis, during an emergency; but it's about having those relationships in advance of the emergency.

We already knew our medical director, Dr. Gary Wilkes, at Tesh Action Clinic. The mayor of Franklin and the parish council were already at the table during the emergency preparedness meeting, so these... the social service agencies, the help, the hospitals -- all of these partners were partners that we had established early on. So I think that, in terms of your storing supplies, and just for whatever needs you have during the emergency, collaboration is the key.

Robin: Okay, thank you. Our next question is from Donna in Miss... Missouri, excuse me, and her question is this: "How can we make certain that we can provide for the care of children with chronic health conditions during relief and recovery?" Barry, could you answer that for us?

Dr. Marx: Sure. I think that there really are two elements to this. I think that, first of all, hopefully, during the period of impact, then into relief and recovery, families have been able to stay connected with their child's source of health care, but if not, then programs can help families get re-connected.

I think the other aspect of this is what takes place within the program or center, and there, it's making certain that the health care needs of the child are understood, and that center staff have the resources they need in terms of medications, equipment and supplies, and the appropriate training, so that they can provide the appropriate care for the needs of that child who has some underlying health care condition.

Robin: Okay, good. Amanda? Amanda Schwartz: One of the resources that FEMA recommends people -- individuals -- have, is a "grab and go" kit, and in that "grab and go" kit would be the child's medical history. If it's a child with a disability, their Individualized Education Plan or their Individualized Family Service Plan, and any individualized health plans.

Those records are going to be crucial to have "at the ready" to go, and then to have at the next center so they have all the paperwork to start services immediately.

Robin: Okay, thank you. So that brings us to the planning phase. As we noted earlier, emergency preparedness is cyclical, so planning can happen at any time. While it is best done in advance of any emergency situation, there may be times when it is your last step because you did not have time to plan before impact occurred. Planning is based on two key elements: mitigation and preparedness. Mitigation simply means identifying and reducing risks. Preparedness means developing plans.

While collaborating with emergency preparedness professionals, you may hear them refer to mitigation and preparedness in the same way that we are referring to planning. As Amanda Schwartz will explain, the manual will help you conduct mitigation planning, which consists of organizing your resources, assessing risks, developing a plan to reduce or eliminate those risks, implementing the plan, and monitoring your progress. Almeta, in your experience, how have these activities helped reduce fears and anxiety for people in your programs?

Almeta: I think that most people's anxiety comes from facing the unknown. If you've done work ahead of time to think about all of the risks your program might face and taken steps to reduce or eliminate those risks, it can definitely help program staff feel more in control, Robin.

Robin: Yes, I agree. And building on that, planning encourages staff and partners to enhance what Head Start already does. I think you have seen throughout our discussion today that good emergency preparedness is simply using the systems and services you already have in place--and the collaborations you have built in your community--to provide services to families in crisis. Amanda, can you tell us more about the planning phase and what the manual has to offer in this area?

Amanda Schwartz: Of course, Robin. The manual was designed to capitalize on the strong systems, services, and collaboration approaches that all Head Start programs use to meet the requirements of the Head Start Program Performance Standards. Therefore, when you read the manual you will see systems, services, and collaboration throughout. But you will find an emphasis on them in the planning section. This is so you can see that emergency preparedness is part of what you do on a regular basis.

Let's take a look at planning in the manual. As Robin mentioned, planning has two components: mitigating risk and organizing your program to cope with an emergency. Before you do either, you need to pull together a team that we have referred to earlier in this webcast as your planning team. On page 181 of the manual you'll find a list of the types of individuals that should be included on the team.

These are your Program Director; Fiscal Specialist; Service Area Managers, including the Professional Development Lead; Policy Council and Health Services Advisory Committee; and first responders.

Dr. Marx: You know, this may be a good time to clarify what the term "first responder" means. First Responders are police, fire, emergency medical, public works, and other rescue professionals who are trained to handle emergencies in your community. I also think it is important to mention that Head Start programs are not expected to be first responders, but to work with them.

Amanda Schwartz: Thanks Barry. Once you have established your planning team, you are ready to begin your mitigation activities. There are several mitigation tools in the manual to help you determine what emergencies might occur and what your program's risk level might be. These tools include a community hazard risk assessment worksheet, a probability of occurrence worksheet, a materials review checklist, a nonstructural safety checklist, a training checklist, a mitigation action plan, and several fact sheets on different emergencies that might affect your program.

You and your team can use these tools to prioritize your planning efforts and take steps to reduce risk. Each of them was developed--and is used--by other organizations working with young children. They were included in the manual because they offer a means to organize information as you assess risk. I'd like to walk you through the use of one of these tools: the Mitigation Action Plan. This is an action plan to help you reduce risk to your program. You'll find a copy in the Viewer's Resource Guide.

In this sample Mitigation Action Plan, we identified earthquakes as a threat to our Head Start program. We noted some areas of challenge, including refreshing supplies, concerns about cabinet safety, health training for staff, and need for classroom safety kits, and we listed resources needed, individuals responsible, and completion dates. You can use this kind of Mitigation Action Plan to reduce or eliminate any risks your program might face.

You should also conduct a needs assessment to determine how you can use your existing systems and services to plan. The manual contains lists of things to keep in mind for the different systems and services your program already has in place. Using this information, you can brainstorm how to build on what you are already doing to cope with possible emergencies. This goes back to what Almata was saying -- having tools in place to deal with risks before an emergency happens offers staff peace of mind.

Like the mitigation tools, the manual has planning tools to help you and your team organize your thoughts and build on frameworks that are already in place in your program. These tools include a Head Start systems and services needs analysis, a list of program areas to explore, a needs analysis worksheet, an emergency preparedness planning worksheet, a disaster plan checklist, and an emergency plan outline.

Let's take a quick look at one of these tools: the Emergency Preparedness Planning Worksheet. A copy of this worksheet can be found in the Viewer's Resource Guide. This tool pulls together ideas you have brainstormed so that you can build your emergency plan. In our sample worksheet, the threat we identified was "trespasser." This is something that could happen--and has happened--to many Head Start programs.

By identifying the problem and developing a plan to use the systems and services that you already have in place, you can help everyone cope with this emergency if and when it happens. This worksheet will help you devise a plan that utilizes all of your program strengths and allows you to determine how to partner with other organizations in your community. Your plan should be organized in a way that staff, families, and partners can easily access and understand.

Two tools to help you build a plan that will work for you are the Disaster Plan Checklist and the Emergency Plan

Outline. Your ACF Regional Office can also provide technical assistance to help you build a comprehensive plan that will meet your program's needs.

The planning stage is the time for your team to think through different possibilities and begin to grapple with the realities that will come during the impact, relief, and recovery phases. It is also a time to emotionally prepare staff and families for emergencies, helping to build an atmosphere of calm caution that will help you get through any possibility.

Amanda Bryans: Planning definitely is a great time for brainstorming and reflection and I want to emphasize the importance of it being a component of a cycle. If we revisit the emergency planning cycle, we see the constant flow between each phase. There is always a time when you are going to need to reflect on the work you have done during impact, relief, and recovery. This reflection helps you reduce anxiety by getting a handle on the unknown. It allows members of your program to think through how they will feel and act as things occur.

We encourage programs to take time to regularly practice their plans, review how they work, and make revisions as needed. Amanda, doesn't the manual offer tools to assist programs in implementing this component of preparedness?

Amanda Schwartz: Absolutely. As Amanda mentioned, there is an essential component to preparedness that we refer to as the "practice, review, and revise" cycle. As the manual outlines, you should regularly practice your plan for each emergency you have identified as a risk. Often times, your community will have its own schedule of emergency drills that you can become a part of rather than conducting your practice sessions in isolation.

Once your program has practiced your plan, your planning team can ask for written or verbal feedback from participants to determine areas of strength and challenge in the plan. Using this information, your team can then make revisions to the plan. The manual discusses who should be involved, the timeline for a comprehensive practice schedule, and ways to solicit feedback and revisions. It also has some suggestions for communication and training strategies that your program can use.

Robin: Thank you, Amanda. I have always believed that this "practice-review-revise" cycle is what makes a plan capable of addressing any kind of circumstance that might arise. It helps you deal with the overwhelming nature of emergencies by giving you ways to handle the unknown. And by involving the community, you'll be able to lean on your partners for support. Connecting to the Regional Office is another way of ensuring that your program is prepared for a wide array of emergencies.

Earlier, we had the opportunity to talk with David Lett about the Regional Office perspective on Emergency Preparedness. David is the Administration for Children and Families Regional Administrator for Region III. We asked him to share with us a little bit about how Regional Offices support Head Start programs throughout the Emergency Preparedness Cycle.

David Lett: Emergency preparedness is a key issue for all ACF Regional Offices. For the past two and a half years, each Regional Office has had a full-time Regional Emergency Management Specialist--or "REMs"--who works with all of the ACF programs located in each region. The REMs work with ACF Regional Program Managers as well as with state and local emergency managers and voluntary sector leaders to carry out ACF's Emergency Preparedness and Response Mission.

That mission is to provide leadership in human services preparedness and response, and to promote the self-sufficiency of individuals, families, and special needs populations prior to, during, and after disasters. To that end, we at the Regional Offices are available to work with Head Start programs in two ways: we can provide technical assistance to help you develop and test your emergency preparedness plans, and we can play a convening and facilitating role to help you make important community and state emergency management connections.

Our REMs work in consultation with Head Start Program Specialists to deliver several different types of services. Upon request of your Program Specialist, the REMs can provide direct consultation to your Head Start program in answering questions; help you start off on the right foot in developing your emergency preparedness plans; and review your draft plans, giving suggestions for strategies as well as approaches to reduce any gaps that your program might

face.

Another way our REMs can help is by providing emergency preparedness training to Head Start staff in clusters or at state and regional association meetings. There are a range of approaches they can use, including in-person training workshops, video conferences, or conference calls.

Since REMs work with emergency management officials at the state and local levels, with voluntary agencies, and with human service professionals at the state level, they also can facilitate networking, communication, and collaboration to develop and enhance collaborations between Head Start programs and other partners.

The REMs and your Regional Administrators want to help your program coordinate with state and local officials to reduce red tape and streamline services throughout emergency situations. I think it is important to acknowledge that Head Start is part of a larger community including an array of programs funded by ACF as well as a broader local community including first responders. I want to make it clear that Head Start programs are not first responders.

Instead, you work with first responders such as fire departments, police departments, and health departments to communicate about needs and actions that are necessary in an emergency situation. As you have probably experienced, first responders need information from you about who, what, where, and when in order to do their job effectively. In return, they will also provide you with information about safe ways to operate your program before, during, and after an emergency has taken place.

This is particularly important as you expand your emergency preparedness plans to encompass such emergencies as floods, hurricanes, terrorist events, and even earthquakes. Your plans need to incorporate communications and interactions with State Emergency Management Agencies and other local, state, and federal agencies. With their wide experience in responding to disasters, the REMs can serve as a valuable resource to you during this process.

We are able to broker relationships with these professionals for your program. Additionally, we can help you build the kind of community response that Almeta spoke of when discussing her experience after Hurricanes Katrina and Rita. Our job is to help you assure continuity of services by helping you mitigate disruptions to services and implement strategies for recovery.

By serving as a connector to resources within your state and community, we can help organize community support from other ACF programs and help you and your partner organizations target individual services to the families you serve. Finally, I want to emphasize that your first source of support from the Regional Office is always your Program Specialist. It is also important for us to hear from you to determine how we might help you leverage other service areas.

This allows us to target our support to areas that need it most. Remember, your program is not alone. Your Program Specialist has access to the REMs and all other resources within the ACF Regional Office while you are in each stage of emergency. We are here to help! And we want to be helpful.

Robin: I think David's last point is important to acknowledge. Working in a program trying to cope with all of the different issues that arise can be very isolating. But you're not alone. You're part of the broader ACF world. We also want to address the fact that two of our regions serve very specialized populations, the American Indian/Alaska Native Head Start Branch and the Migrant and Seasonal Head Start Branch.

To learn more about how emergency preparedness may differ for these programs, let's hear from a couple of experts. First, we'll hear from Nina McFadden, Regional Program Manager of the American Indian/Alaska Native Region.

Nina McFadden: Emergency preparedness has always been a priority for tribal programs, particularly as we have faced serious incidents over the years, from weather-related disasters seriously affecting tribes in Alaska last year, to the unfortunate community violence that took place in Minnesota several years ago. We have always been involved in working with programs to plan for and cope with emergencies.

All tribal governments have developed a community-based response by creating emergency plans that utilize strong collaborations between service organizations. These plans establish lines of communication between all organizations, define roles and responsibilities for all participants, and serve as a web of collaboration to implement specific tasks during emergencies. Head Start has been -- or should be -- part of that planning process.

Each program should have a key contact to connect the Head Start program with the tribal emergency preparedness team. Your program's community assessment should contain all of this information as well as a definition of your roles and responsibilities in the emergency preparedness process. We know the importance of Head Start in serving tribal children and families, particularly in times of crisis, so we encourage your program to get involved as much as possible.

Finally, I want to leave you with this thought: we are all here to support one another. If an emergency occurs, tell your Program Specialist as soon as you can. This will allow us to pull together resources to ensure you will be able to support your tribe, your staff, and most importantly, the children and families you serve. We know from experience how important it is to have the right kinds of support from those who care.

Robin: And now let's hear from Sandra Carton, Regional Program Manager of the Migrant and Seasonal Region.

Sandra Carton: Migrant and Seasonal Head Start classrooms face some specific issues related to emergency preparedness that are different from other classrooms. Most obviously, our children, families, staff, and volunteers are usually bilingual or monolingual Spanish speakers. Therefore, emergency preparedness plans must be posted not only in English, but also in Spanish and any other languages the families speak. Exits must also be marked in the children and families' home languages. This is because in an emergency, people operate by instinct.

We think and read in our respective home languages first. When seconds count, we need to be able to understand and process information immediately. Migrant and Seasonal classrooms also face challenges in communicating with families during emergencies. Typically, our families do not have cellular or home phones. They work in the fields and are nowhere near a phone if an emergency happens, and someone at the center needs to contact them.

For this reason, programs need to have phone numbers for the growers and crew leaders, as well as cell phone numbers for designated family friends or co-workers. In addition, programs should predetermine radio stations that will broadcast emergency information, and should communicate that to the parents upon enrollment. Ideally, the stations should be ones that broadcast in the home languages of the families. The lack of phones can affect emergency preparedness for other reasons as well.

A few years ago in Florida, some migrant families drove through a hurricane because they were unaware of the danger they were in. Therefore, when families are transitioning out in a Head Start program, it is important to ask them where they are migrating to, and inform them if their route or destination has any anticipated weather conditions. If the family has a radio in their vehicle, program staff can provide them with lists of radio stations on their travel route that broadcast in a language they understand.

Or, if at least one person traveling has a cell phone or can purchase a prepaid phone card, programs can advise them to check in with someone along the way such as a crew leader, or a Head Start program person who speaks their language and can alert them to any impending dangers. Transportation is also an issue. Many of our Migrant and Seasonal Head Start families do not have personal vehicles, so programs need to consider this when developing emergency plans. If children need to evacuate the center, where will they go?

How will they get there? How will they be transported to reunite with their families? If a crew leader's bus can be used, is that person part of the planning and communication process? These are all issues that need to be worked out ahead of time. Other evacuation issues also have to be considered. Migrant and Seasonal Head Start programs serve high percentages of infants and toddlers, so programs must plan to evacuate non-walking and slow-walking children or to get them quickly to a "shelter-in-place."

At a minimum, programs must have sufficient evacuation cribs to carry the infants to safety, and must have evacuation

and shelter-in-place drills that prepare, but do not scare, the children. Safe, adequate housing is also a challenge for our families, even under the best of circumstances--with many families sharing a small unit or trailer. In weather-related disasters, that housing is often destroyed, and other housing is at a premium.

The program's Emergency Preparedness Team should work with growers and other community partners to formulate contingency housing plans for families. Finally, I'd like to touch on the issue of stress. The stress of any type of emergency usually lasts far longer than the emergency itself. Facilitating mental health interventions and post traumatic stress counseling for migrant and seasonal children and families poses a serious challenge because often they move on before interventions are initiated or completed.

In addition, access to culturally-competent, linguistically-appropriate mental health services for our families is a challenge--as is their ability to pay for those services, if they are available. And stress doesn't come just from natural disasters -- migrant farm workers may not always be welcomed in communities and sometimes family members may be detained for questioning by local authorities. Programs should have plans in place to minimize stress and social-emotional trauma should this occur.

They should discuss whether families should be encouraged to designate a legal guardian in case of a parent-child separation and should have specific social-emotional strategies in place to support the children if they are separated from their parents. Like all Head Start and Early Head Start programs, it's a matter of assessing the risks that our families face, developing plans well ahead of time, practicing those plans, and revising them as needed to keep our children and families as safe and healthy as we can.

Robin: As Nina and Sandra shared, it is so important to keep in mind that certain communities have special circumstances which require different practices. Now, we're going to take another quick break to collect questions regarding planning, the practice-review-revise cycle, or other content we've covered during our webcast today.

[Break: ends at 1:26:21]

Robin: Welcome back. We have a question from Kimberly in Maryland, and this is her question. "How can we emotionally prepare children and staff for emergencies?" You know, we've touched a little bit on this during today's web cast, but I think it's a great time for us to maybe go into a little more detail. Amanda Bryans, could you offer some words on this?

Amanda Bryans: Well, I think it's really important with regards to staff to help them think about their own individual emergency preparedness in terms of their family, so they know what they're gonna do, and how they're going to be available to help the children and families in the program. With regard to children, it is so important for children in Early Head Start and Head Start to know they can rely on the adults around them.

All of the adults -- Head Start and Early Head Start -- can strengthen the parent/child relationship and help parents assert themselves as that child's safekeeper and guardian, and we can also make sure that both the parents and children know that when the children are with us, they are safe, and that we will take care of them. We've planned for it, we know what to do, and they will be safe with us.

Robin: I want to thank everyone that has sent questions in today. Before we end the webcast, I'd like to ask each of the panelists to share one take-home message for the programs. We'll start with Amanda Bryans.

Amanda Bryans: Thank you, Robin. When I was listening to each of the panelists today, and the speakers on the little video clips: David Lett, Sandra Carton, Nina McFadden, and I think particularly hearing Almeta's comments, I was thinking that it was not just Head Start needing to connect with other communities -- providers -- as a resource, but the fact that, often, when there's been an emergency in a community, Head Start -- it takes the lead.

We're the leaders in providing services and support to families, and often not only to families from Head Start, but other families in the community, and I think the reason for that is that Head Start does form such close relationships with the families that we enroll, and that that's critical, and so I think planning -- really, our responsibility for planning

goes beyond the planning that we do for continuity of program operations, ...

... but extends to -- often -- taking the leadership position in communities that are rebuilding or recovering after some emergency has happened, and that's a big responsibility and an important one. It's one that historically where we've done very well, and I think that the continued attention to this area will serve us well into our future. Thank you.

Robin: Thank you, Amanda. Barry?

Dr. Marx: Extraordinary people are drawn to Head Start, and I think, with resources like the Emergency Preparedness Manual, their commitment and caring is supported by information, training and preparation so that they have the tools they need to keep our children and staff and families safe and secure. Robin: Okay, thank you. Amanda?

Amanda Schwartz: I just want to remind everyone that the Emergency Preparedness Manual has three appendices filled with information and tools that you can use to build on what you're already doing, so nothing that you're going to be doing in emergency preparedness should be revolutionary; it's just building on pre-existing systems, and making sure that you're serving children and families in crisis in ways that may be beyond what you do every day.

Robin: Okay, thank you. Almeta?

Almeta: Robin, I would just like to say, "Remember programs like Total Community Action Agency, and other Head Start programs and agencies that went through the disaster during Katrina and Rita," and I want to especially thank the Office of Head Start for this web cast, and also for the Emergency Preparedness Manual. I think that these are valuable tools that we have in Head Start, and I know, at the Edward C. Mazique Parent-Child Center -- that's the next-best place to home in Region 3 --

... we will (and all the rest of the regions) we will continue to do what's best for children in emergencies. Thank you.

Robin: Thank you, Almeta. So, in closing, I want to share a story with you -- it's kind of a true confession -- when we were preparing for this broadcast, I realized that my emergency preparedness plan was right up here [points to head], and now I really get it.

You know, I get that I need to write this down, I need to communicate it with my family, and I need to practice it, and so I want to encourage all of you to do the same. It's really about taking care of ourselves first before we can take care of others. So I want to thank all of you for joining us today on this web cast; I want to thank all of you for the hard work you do on behalf of the Head Start children and families that you serve. Thank you. [Music]

-- End of Video --

-- Premalink for viewing (requires Flash and javascript)

<http://videos.sorensonmedia.com/HEAD+START/000110-Emergency+Preparedness+Webcast-2009-SD360p/a6ace4d3d971bo44f83bee8N7c5412c9edfa>