

**REPORT TO CONGRESS ON  
HEAD START PROGRAM  
EMERGENCY PREPAREDNESS**

U.S. Department of Health and Human Services  
Administration for Children and Families  
Office of Head Start

# TABLE OF CONTENTS

Executive Summary .....	i
Head Start Report to Congress on Program Emergency Preparedness.....	1
I. Overview of Head Start .....	1
II. Improving Head Start for School Readiness Act of 2007 .....	1
III. Head Start Activities Addressing Emergency Planning and Preparedness .....	2
IV. Overview of the Head Start/Early Head Start Emergency Preparedness Survey .....	4
V. Head Start/Early Head Start Emergency Preparedness Survey Findings .....	6
VI. Communication with Parents, Staff, and Volunteers.....	9
VII. Staff Training on State and Local Emergency Protocols .....	11
VIII. Head Start/Early Head Start Grantee Coordination with Federal, State, Local, and Non-Governmental Emergency Management Agencies/Organizations .....	17
VIV. Continuity of Operations .....	19
X. Localized Emergencies .....	20
XI. Conclusions and Next Steps .....	22
Addendum : Impact of Superstorm Sandy to Head Start.....	22
Appendix 1: Improving Head Start for School Readiness Act of 2007 .....	26
Appendix 2: Head Start Program Performance Standards relevant to emergency preparedness .	28
Appendix 3: Office of Head Start Issuances in support of Head Start programs in response to with Statestate Hurricanes Katrina and Rita .....	38
<b>Appendix 4:</b> Office of Head Start Emergency Preparedness Webcast Evaluation Results.....	45
<b>Appendix 5:</b> State Emergency Preparedness and Response Requirements for Child Care Settings Applicable to Head Start .....	47
Appendix 6: Federal Emergency Preparedness, Response, and Recovery Regional Staff.....	48
<b>Appendix 7:</b> ACF Office of Human Services Emergency Preparedness and Response .....	49

Appendix 8: Head Start/Early Head Start Emergency Preparedness Survey ..... 50

Appendix 9: Head Start/Early Head Start Emergency Preparedness Survey

Program Instruction ..... 67

## LIST OF FIGURES

1. Large-Scale Emergencies Experienced By Grantees from January 2000 to January 2010 .....	7
2. Grantee Assessments of Potential Risks to Head Start Facility .....	8
3. Methods Grantees Use for Communicating with Parents .....	10
4. Staff Participation in Training on State and Local Evacuation and Emergency Protocols .....	13
5. Trainers of State and Local Evacuation and Emergency Protocols .....	14
6. Focus of Grantee Emergency Preparedness and Response Drills .....	15
7. Methods to Test Large-Scale Emergency Procedures .....	11
8. Preparedness and Response Drills for Large-Scale Emergencies.....	17
9. Communication and Coordination with Emergency Management Agencies/Organizations in the Event of a Large-Scale Emergency.....	18
10. Grantee Focus of Localized Emergency Preparedness Drills.....	21

## Executive Summary

In December 2007, the Head Start program was reauthorized and modified through the Improving Head Start for School Readiness Act of 2007, Public Law 110-134. One of the provisions of this law added subsection 649(m) of the Head Start Act (42 U.S.C. 9844) (Act), entitled “Program Emergency Preparedness,” to address the preparedness of Head Start to respond in the event of a large-scale emergency.

The Report to Congress on Head Start Program Emergency Preparedness is responsive to the requirements of section 649(m)(2) of the Act, which required that: “The Secretary shall evaluate the Federal, State, and local preparedness of Head Start programs, including Early Head Start programs, to respond appropriately in the event of a large-scale emergency, such as the hurricanes Katrina, Rita, and Wilma, the terrorist attacks of September 11, 2001, or other incidents where assistance may be warranted under the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5121 et seq.).”

To comply with this evaluation requirement, the Office of Head Start (OHS), with assistance from the Administration for Children and Families’ (ACF) Office of Planning, Research and Evaluation (OPRE), developed and conducted a survey of the 1,622 current Head Start and Early Head Start grantees to learn what procedures grantees had in place for dealing with large-scale<sup>1</sup> emergencies. In particular, the survey sought to collect information to respond to the three evaluation requirements described at section 649(m)(3)(B)-(D) of the Act:

“(B) an evaluation of the procedures for informing families of children in Head Start programs about the program protocols for response to a large-scale emergency, including procedures for communicating with such families in the event of a large-scale emergency;

“(C) an evaluation of such procedures for staff training on State and local evacuation and emergency protocols;

“(D) an evaluation of procedures for Head Start agencies and the Secretary to coordinate with appropriate Federal, State, and local emergency management agencies in the event of a large-scale emergency and recommendations to improve such procedures.”

In addition to providing the results of the survey, this report also describes the Head Start Program Performance Standards related to emergencies and specific activities OHS has taken in recent years to help grantees prepare for and respond to emergencies, such as issuing Information Memoranda and Program Instructions and providing technical assistance resources.

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<sup>1</sup> In the survey, a *large-scale emergency* refers to such circumstances as hurricanes Katrina, Rita, and Wilma; the terrorist attacks of September 11, 2001; or other incidents where assistance may be warranted under the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5121 et seq.).

## ***OHS Program Performance Standards, Issuances, and Emergency Preparedness Grantee Resources***

Head Start and Early Head Start grantee and delegate agencies are regulated at the federal level through the Head Start Program Performance Standards (45 CFR 1301-1311). These standards do not refer specifically to *large-scale emergencies* as defined in the statute, however, they require planning and preparedness for emergencies that may impact Head Start centers in general (e.g., posting emergency evacuation routes, staff training).

After Hurricanes Katrina and Rita, OHS issued a series of Information Memoranda, Program Instructions, and Policy Clarifications to Head Start grantees and delegate agencies. The purpose of these issuances was to provide programs with guidance on resources (e.g., inform programs they could make their facilities available to displaced families) and program changes that allowed greater flexibility in support of children and families (e.g., any family that declared they were forced to leave their home because of Hurricane Katrina automatically was considered income-eligible to receive Head Start services). The issuances also encouraged grantees and program directors “to make themselves and their relationships in the community” available to support other federal, state, and local relief efforts.

In response to hurricane Katrina in 2005, an OHS Emergency Preparedness Workgroup assessed gaps, surveyed training and technical assistance providers to assess needs, and developed an emergency preparedness toolkit that was posted to the Head Start website in 2006. Based on this work, OHS developed a Head Start specific resource, the *Head Start Emergency Preparedness Manual*, to provide grantees with tools and resources to guide their large-scale emergency planning process (including planning, impact, and relief and recovery). The *Manual* was distributed in hard copy to all grantees in late 2009 and is available electronically on the Early Childhood Learning and Knowledge Center (ECLKC).<sup>2</sup>

In December 2009, OHS presented a live national webcast on emergency preparedness for Head Start and Early Head Start grantees. The webcast covered key components of emergency preparedness and what Head Start and Early Head Start programs can do to keep children, families, and staff safe and healthy. The webcast remains available on the ECLKC.<sup>3</sup>

### ***Head Start/Early Head Start Emergency Preparedness Survey***

The Head Start/Early Head Start Emergency Preparedness Survey was fielded using the Head Start Enterprise System, which is an interactive web-based application that is used by Head Start grantees for reporting purposes, from October 2009 to January 2010. The response rate for the survey was 94.2 percent (1,528<sup>4</sup> of 1,622 current grantees).

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<sup>2</sup> [http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/health/ep/Head\\_Start\\_Emergency\\_Preparedness\\_Manual.pdf](http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/health/ep/Head_Start_Emergency_Preparedness_Manual.pdf)

<sup>3</sup> <http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/health/ep/EmergencyPrepare.htm>

<sup>4</sup> Twenty-five Migrant and Seasonal and 123 American Indian- Alaska Native grantees completed the survey.

### *Grantee Experience of Large-Scale Emergency*

Close to 75 percent of grantees that completed the survey reported that they had experienced at least one large-scale emergency within the last ten years.<sup>5</sup> Ice storms<sup>6</sup> (40.5 percent) were the most frequently cited large-scale emergency that grantees experienced, followed by widespread loss of electrical power (34.2 percent).

### *Large-scale Emergency Preparedness Plans*

Approximately 90 percent of Early Head Start and Head Start grantees reported having large-scale emergency preparedness policies and procedures and close to 60 percent update these policies once a year. A majority of grantees reported that their state and/or locality requires a written emergency preparedness and response plan. Within these plans, specific emergencies are addressed, such as severe weather events (90 percent); pandemic influenza or other outbreak of infectious disease (66.5 percent); and/or flood (57 percent).

A majority of grantees do not have Federal (53.4 percent) and/or non-federal (67.3 percent) resources dedicated to emergency preparedness in their program budgets; however, when these line-items are present, supplies and the cost of training are where funds are directed. Many grantees (67.8 percent) have emergency preparedness services, equipment, supplies, facilities, or financial resources donated or contributed to them.

### *Communication of Emergency Plans and Procedures to Parents, Staff, and Volunteers*

In the event of a large-scale emergency, a majority of grantees have plans for how they will communicate with parents (90.3 percent) and/or staff (89 percent) with the most common mode of contact being the telephone (including text messages; 83.9 percent and 93 percent respectively). A majority of grantees have policies and procedures in place for communicating with parents (79.3 percent) and/or staff (80.3 percent) during the response and recovery stage of an emergency. The majority of grantees maintain contact information for communicating with parents (98.5 percent) and/or staff (98.8 percent) in the event of an emergency. A majority of grantees report that they have policies and procedures for designating and maintaining access to critical records in the event of an emergency requiring evacuation (79.3 percent) and/or shelter-in-place (69.7 percent).

A majority of grantees inform parents and/or staff about the types of emergencies for which they will be contacted (69.9 percent and 70.9 percent, respectively); how they will be contacted in an emergency (61.9 percent and 67.5 percent); and if changes have been made to the large-scale emergency procedures (60 percent and 74.7 percent). Of all responding grantees, the majority provides copies of their emergency preparedness plan to their staff (88.5 percent); smaller percentages provide the plans to parents (43.9 percent), community partners (30.4 percent), and/or volunteers (29.5 percent). Grantees typically provide these plans during training/orientation or at the beginning of the program year.

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<sup>5</sup> Grantees were asked to report the number of large-scale emergencies they had experienced between January 1, 2000 and the time that they completed the survey (October 2009-January 2010).

<sup>6</sup> Grantees were not provided with definitions for each of the response categories (e.g., ice storm) for a large-scale emergency, thus they were able to interpret them based on their own experiences.

### *Staff Training*

Of the programs that have emergency preparedness policies and procedures, the majority (91.5 percent) have incorporated *required* emergency drills and training into their policies and plans. More than half of grantees (55.1 percent) train staff on local (jurisdiction) evacuation and emergency protocols and/or State protocols (43.2 percent). Of those grantees that have policies and procedures for staff training on State and local emergency protocols, a majority provide training once a year (state (77.8 percent) and/or local (76.5 percent)).

Grantees use a variety of methods to test their procedures for large-scale emergencies with “simulated events” (e.g., fire drills, evacuation drills, shelter-in-place) being the most common method used. The drills that grantees hold primarily focus on evacuation (91.6 percent). Some grantees provide training to staff on the effects of traumatic events and/or the provision of mental health support during the response and recovery period of an emergency for children (31.3 percent and 39.3 percent, respectively), families (27.5 percent and 37.2 percent), and/or staff (33.3 percent and 40.9 percent).

Whereas many grantees conduct drills, fewer grantees use drills that simulate or involve actual communication or coordination with federal, state, local, or non-governmental emergency management agencies/organizations. Similarly, the majority of grantees (67.1 percent) do not report including relief agencies and other response and recovery resources in their emergency preparedness drills (simulated or actual communication/coordination).

### *Policies for Communication/Coordination with External Agencies/Organizations*

A majority of grantees (76.9 percent) have policies and procedures for communication and coordination with some external agencies or organizations in the event of a large-scale emergency. Many more grantees report having policies and procedures for communicating with local emergency management agencies (68.1 percent) than they do with similar state (27.6 percent) or federal agencies (19 percent). Similarly, more grantees report having policies and procedures for coordinating with local emergency management agencies (47.1 percent) than they do with similar state (17.4 percent) or federal agencies (10.7 percent).

### *Continuity of Operations*

The majority of programs (70.6 percent) have policies and procedures in place for continuity of operations after the event of a large-scale emergency. For example, grantees maintain back-up systems for computer files (on-site 63.6 percent; off-site 71.4 percent) and provisions for temporary relocation of program classrooms and other center-based services (40.8 percent). Grantees range in how many days of pre-positioned emergency supplies they have available for staff and children, but the majority have at least one day of the following supplies: water (62.6 percent), food (67.3 percent), batteries for flashlights and radios (78.3 percent), and/or personal care/toiletry items (67.1 percent). Supplies are located on-site predominately.

### *Support for Emotional Response to Trauma*

The majority of programs have staff or consultants that are trained to deal with the emotional response to trauma in children (89 percent), families (87.3 percent), and/or staff (87.7 percent) in the case of a large-scale emergency. However, less than half of the grantees report

having partnerships or agreements with individuals/practices in the medical community to provide services to children (45 percent), parents (36.6 percent), or staff (41.4 percent).

### *Localized Emergencies*

While the focus of this report is on large-scale emergencies, the Head Start/Early Head Start Emergency Preparedness Survey also assessed how grantees are experiencing, planning for, and training for localized emergencies, emergencies that happen either within the center or on a smaller scale than a large-scale emergency. Since January 1, 2000, 46.8 percent of grantees have experienced at least one localized emergency with the most frequently reported emergencies being infrastructure failure (23.3 percent). A majority of grantees (93.2 percent) reported having a localized emergency preparedness and response plan that most grantees (68.5 percent) update once a year. The majority of grantees' (91.2 percent) localized emergency preparedness and response policies and procedures require that they conduct drills.

### *Conclusion and Next Steps*

This report highlights the Office of Head Start's response to large-scale emergencies, such as Hurricanes Katrina and Rita as well as localized emergencies experienced by many agencies. The activities of OHS and Head Start/Early Head Start grantees are consistent with the recommendations of the Commission on Children and Disasters in its *2010 report to the President and Congress* regarding Child Care and Early Education.<sup>i</sup>

OHS will continue to work with grantees through training and technical assistance, and written guidance such as Information Memoranda and Policy Instructions on emergency preparedness and response. In addition, OHS will continue to improve communication with federal, state and local emergency management agencies and encourage grantees to improve communication with and recordkeeping regarding parents and staff of its Head Start center(s).

# **Head Start Report to Congress on Program Emergency Preparedness**

## *I. Overview of Head Start*

Established in 1965, Head Start was started as an eight-week summer program providing health, education, and social services to over 560,000 children and families in low-income populations. Since then, through the Administration for Children and Families (ACF) within the Department of Health and Human Services (HHS), Head Start has grown into a national program with approximately 1,600 grantees that in FY 2010 served 965,196 children through a variety of program operating options. Head Start promotes school readiness by enhancing the social and cognitive development of children through the provision of educational, health, nutritional, social and other services to enrolled children and families. The Head Start program provides grants to local public and private non-profit and for-profit agencies to provide comprehensive child development services to economically disadvantaged children and families. In FY 1995, the Early Head Start program was established to serve pregnant women and children from birth to three years of age in recognition of the mounting evidence that the earliest years matter a great deal to children's growth and development.

## *II. Improving Head Start for School Readiness Act of 2007*

In December 2007, the Head Start program was reauthorized and modified through the Improving Head Start for School Readiness Act of 2007, Public Law 110-134. Congress addressed the preparedness of Head Start to respond in the event of a large-scale emergency in section 649(m) of the Head Start Act (Act), entitled “Program Emergency Preparedness.”

Section 649(m)(2) of the Act requires that: “The Secretary shall evaluate the Federal, State, and local preparedness of Head Start programs, including Early Head Start programs, to respond appropriately in the event of a large-scale emergency, such as the hurricanes Katrina, Rita, and Wilma, the terrorist attacks of September 11, 2001, or other incidents where assistance may be warranted under the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5121 et seq.)” (see Appendix 1). To comply with this evaluation requirement, the Office of Head Start (OHS), with assistance from ACF’s Office of Planning, Research and Evaluation (OPRE), developed and conducted a survey of the 1,622 current Head Start and Early Head Start grantees to learn what procedures grantees had in place for dealing with large-scale emergencies. In particular, the survey sought to collect information to respond to the following three evaluation requirements described at section 649(m)(3)(B)-(D) of the Act:

“(B) an evaluation of the procedures for informing families of children in Head Start programs about the program protocols for response to a large-scale emergency, including procedures for communicating with such families in the event of a large-scale emergency;

(C) an evaluation of such procedures for staff training on State and local evacuation and emergency protocols;

(D) an evaluation of procedures for Head Start agencies and the Secretary to coordinate with appropriate Federal, State, and local emergency management agencies in the event of a large-scale emergency and recommendations to improve such procedures.”

The grantees’ responses to this survey helped to provide background for the response to the requirement at section 649(m)(3)(A) of the Act for HHS to submit a Report to Congress containing the results of the evaluations mentioned above and “recommendations for improvements to Federal, State, and local preparedness and response capabilities to large-scale emergencies, including those that were developed in response to hurricanes Katrina, Rita, and Wilma, as they relate to Head Start programs, including Early Head Start programs, and the Secretary’s plan to implement such recommendations.”

This Report to Congress is responsive to the requirements of section 649(m) of the Act, and also describes the Head Start Program Performance Standards related to emergencies and specific activities OHS has taken in recent years to help grantees prepare for and respond to emergencies, such as issuing Information Memoranda, Program Instructions, and Policy Clarifications, as well as providing technical assistance resources.

### *III. Head Start Activities Addressing Emergency Planning and Preparedness*

#### **a. Head Start Program Performance Standards**

Head Start and Early Head Start grantee and delegate agencies are regulated at the federal level through the Head Start Program Performance Standards (45 CFR 1301-1311, see Appendix 2). The current Head Start Program Performance Standards (HSPPS)<sup>7</sup> do not require grantees to undertake planning and preparedness specifically for *large-scale emergencies*, however they do require planning and preparedness for emergencies impacting centers including:

1. posting locations and telephone numbers of emergency services;
2. posting emergency evacuation routes;
3. creating policies and procedures that include the presence of readily available, up-to-date family contact information and methods of notifying parents in the event of an emergency involving their child;
4. training staff on emergencies that require rapid response on the part of staff, other safety procedures for emergencies (e.g., fire or weather-related), and methods of notifying parents in the event of an emergency involving their child;
5. providing parents with the opportunity to learn the principles of safety practices for use in the classroom;
6. providing family support services including emergency or crisis assistance with food, housing, clothing, and transportation; and

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<sup>7</sup> The Head Start Program Performance Standards were implemented in 1996.

7. maintaining ongoing collaborative relationships with community organizations to promote the access of children and families to community services that are responsive to their needs. Partners include health care providers, such as clinics, physicians, dentists, and other health professionals; mental health providers; nutritional service providers; individuals and agencies that provide services to children with disabilities and their families; and any other organizations or businesses that may provide support and resources to families (see Appendix 2 for referenced Head Start Program Performance Standards: Child Health and Safety; Family Partnerships; and Community Partnerships).

**b. Office of Head Start Issuances (Information Memoranda, Program Instructions, Policy Clarifications) developed in response to Hurricanes Katrina and Rita and other large-scale emergencies**

In 2005, the effects of Hurricanes Katrina and Rita created large-scale emergencies for the gulf coast region and a majority of the Head Start and Early Head Start centers located there. In response to these large-scale emergencies, OHS issued a series of Information Memoranda, Program Instructions, and Policy Clarifications to Head Start grantees and delegate agencies (see Appendix 3 for a complete list of all Information Memoranda and Program Instructions released in response to Hurricanes Katrina and Rita). The purpose of these issuances was to provide programs with guidance on the use of resources and inform them of program changes that allowed greater flexibility in support of children and families. For example, programs were encouraged to make their facilities, such as kitchens, bed spaces, and showers available to displaced families. OHS also explained that any family that declared they were forced to leave their home because of Hurricane Katrina automatically could be considered income-eligible to receive Head Start services. Another issuance authorized waivers to Head Start facilities serving displaced children and families to exceed class size requirements specified at 45 CFR 1306.32(a).

Additionally, these issuances encouraged grantees and program directors “to make themselves and their relationships in the community” available to support other Federal, State and local relief efforts. For example, grantees were asked to look to community partnerships and professional assets, such as physicians, social workers, and mental health personnel, to determine how they might assist displaced families. Head Start staff from closed centers that were ready and available to work was encouraged to provide assistance, under the auspices of the Head Start program, to enrolled families that had been displaced by the hurricane, such as by working temporarily as home visitors or family child care providers. Grantees also were given the option to deploy employees to assist neighboring Head Start programs. For Head Start employees who themselves had been displaced by the storm and were unable to work, grantees were encouraged, if their personnel and other policies permitted, to put staff on paid administrative leave.

**c. Office of Head Start Emergency Preparedness Manual**

In response to hurricane Katrina in 2005, OHS directed selected national contractors to identify emergency preparedness resources appropriate for use by Head Start grantees. As a result, an OHS Emergency Preparedness Workgroup was formed, which assessed resources, conducted a gap analysis, surveyed training and technical assistance providers to assess needs,

and developed an emergency preparedness toolkit that was posted to the Head Start website in 2006. These efforts led the workgroup to recommend that OHS develop resources specific to Head Start that would assist grantees in planning for emergencies. In response, OHS developed the *Head Start Emergency Preparedness Manual* to provide grantees with tools and resources to guide their large-scale emergency planning process. The *Manual* was distributed in hard copy to all grantees in late 2009 and is available electronically with active links on the Head Start website, the Early Childhood Learning and Knowledge Center (ECLKC).<sup>8</sup> The *Manual* provides information on the emergency preparedness cycle (planning, impact, and relief and recovery) and guidance to programs for addressing each of these areas within their emergency preparedness plans.

#### **d. Office of Head Start Emergency Preparedness Webcast**

On December 3, 2009, OHS presented a live national webcast on emergency preparedness for Head Start and Early Head Start grantees. The webcast covered key components of emergency preparedness, including planning, impact, relief, and recovery, and what Head Start and Early Head Start programs can do to keep children, families, and staff safe and healthy. Webcast viewers included 2,754 individuals in 1,504 viewing sites. Following the webcast, viewers were offered the opportunity to provide feedback (see Appendix 4.) The archived webcast is available online.<sup>9</sup>

#### ***IV. Overview of the Head Start/Early Head Start Emergency Preparedness Survey***

Prior to the 2007 reauthorization of the Act, there were not specific Head Start requirements for emergency preparedness and response planning for large-scale emergencies. Thus, no uniform information had been collected on whether Head Start programs have developed policies and procedures for large-scale emergency preparedness. To respond to the statutory evaluation requirements described earlier, OHS developed and obtained approval from the Office of Management and Budget (OMB) to conduct the Head Start/Early Head Start Emergency Preparedness Survey (OMB Control No. 0970-0368).

OHS, with assistance from OPRE, developed and implemented a survey of the 1,622 current grantees to learn what procedures grantees had in place for dealing with large-scale emergencies. The development process was informed by reviews of the actions OHS had taken in response to Hurricanes Katrina and Rita (see Appendix 3); state child care licensing regulations in the area of emergency preparedness (see Appendix 5); recommendations for emergency preparedness from governmental and private sources; a review of regional federal Emergency Preparedness and Recovery personnel (see Appendix 6); the directives of the ACF Office of Human Services Emergency Preparedness and Response (see Appendix 7); and examples of OHS grantees' emergency preparedness plans provided to the OHS Senior Medical Advisor. The structure and response times to complete the survey were pilot tested with a group of eight Head Start fellows who are Head Start program administrative staff within their respective programs.

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<sup>8</sup>[http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/health/ep/Head\\_Start\\_Emergency\\_Preparedness\\_Manual.pdf](http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/health/ep/Head_Start_Emergency_Preparedness_Manual.pdf)

<sup>9</sup><http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/health/ep/EmergencyPrepare.htm>

The objective of this survey was to provide an overview of how Head Start programs determined the need for emergency preparedness and response planning for large-scale emergencies; the policies and procedures for emergency preparedness and response that programs developed; and how such policies and procedures are operationalized within the program. In the survey, a *large-scale emergency* refers to such circumstances as Hurricanes Katrina, Rita, and Wilma; the terrorist attacks of September 11, 2001; or other incidents where federal disaster assistance may be warranted under the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5121 et seq.).

The survey includes the following sections (see Appendix 8):

- Section A: Presence of a large-scale emergency plan and emergencies included
- Section B: Drills of your emergency preparedness plan, policies and procedures
- Section C: Communication of your emergency preparedness plan, policies and procedures for staff, parents, and others
- Section D: Financial support of your emergency preparedness plan
- Section E: Connecting your program with state and local (jurisdictions) evacuation and emergency protocols
- Section F: Coordination with emergency management agencies and organizations
- Section G: Preparing for response and recovery from large-scale emergencies
- Section H: Emergency preparedness and response planning for localized emergencies

The Head Start/Early Head Start Emergency Preparedness Survey was fielded using the Head Start Enterprise System (HSES). The HSES is an interactive web-based application that is used for data collection, consolidation, business process management, and management reporting. OHS uses HSES as the primary interactive repository for data that informs the effective management and oversight of Head Start grants. Each Head Start/Early Head Start grantee has access to this system, and grantees and their delegates routinely enter data into the system. The HSES allowed for uniform collection across grantees, including a validation process that examined missing or inappropriate item responses and required grantee resolution prior to the survey being marked as “complete.” The system also tracked surveys completed.

Head Start/Early Head Start grantees were notified about the survey on HSES through the issuance of Program Instruction Log No. ACF-PI-HS-09-09 “Head Start/Early Head Start Emergency Preparedness Survey” on October 6, 2009 (see Appendix 9). Additionally, information about the survey was posted on the Early Childhood Learning and Knowledge Center and a link to the survey became the home page for the HSES.

Reminders to complete the survey were customized and both emailed and posted in the HSES system to alert individual grantees. Reminders for survey completion were sent to grantees on November 20, 2009, December 22, 2009, and January 5, 2010. Regional status

reports were sent to Regional Program Managers throughout the survey period so that they could encourage the grantees in their region to complete the survey. The survey remained on the HSES until January 31, 2010. The response rate was 94.2 percent with 1,528<sup>10</sup> of 1,622 grantees completing. Of those grantees that participated in the survey, 1,499 completed the entire survey, while the remaining 29 grantees omitted at least one of the eight sections. Any survey questions completed by the 29 grantees were included within the data analysis.

## *V. Head Start/Early Head Start Emergency Preparedness Survey Findings*

### *Grantee Experience of Large-Scale Emergency*

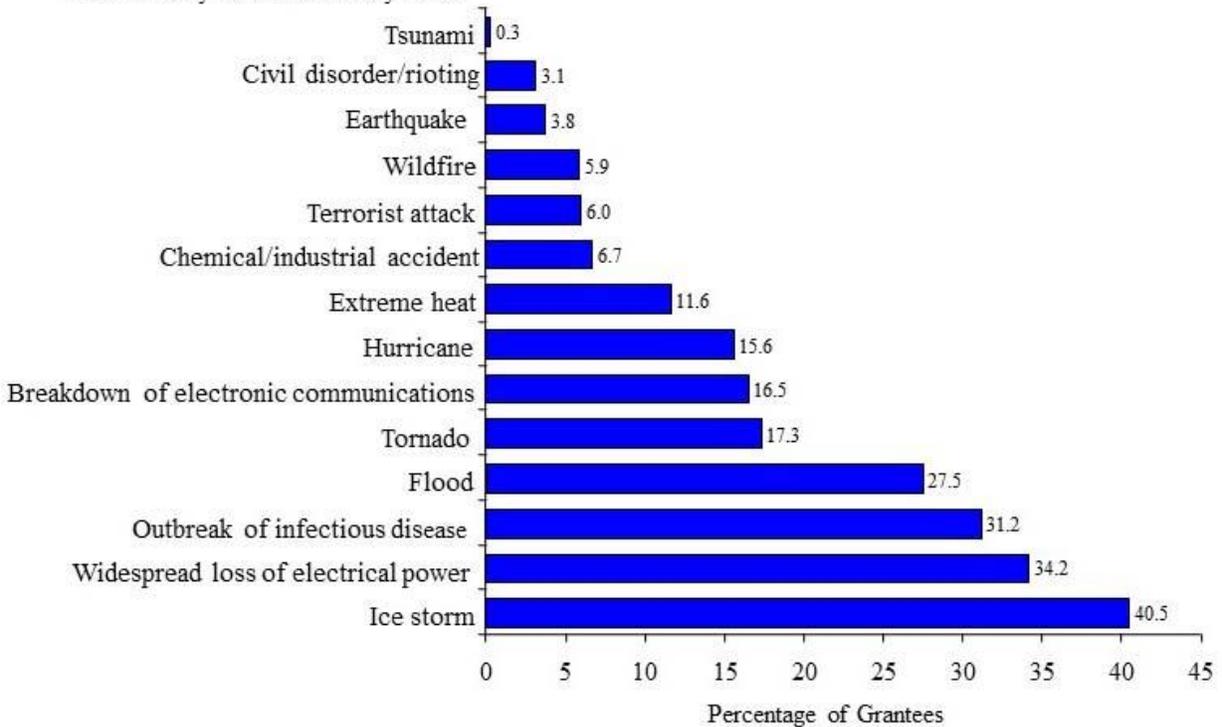
Figure 1 shows the number of grantees that have experienced at least one of the designated large-scale emergencies (e.g., ice storm, tornado, earthquake, wildfire). Close to 75 percent of grantees that completed the survey reported that they had experienced at least one large-scale emergency within the last ten years.<sup>11</sup> The number of large-scale emergencies grantees reported experiencing ranged from one to 49 with the majority reporting one (16.75 percent), two (16.32 percent), or three (11.55 percent) emergencies. Ice storms (40.5 percent) were the most frequently cited large-scale emergency that grantees experienced, followed by widespread loss of electrical power (34.2 percent). Grantees were not provided with definitions for each of the response categories for a large-scale emergency, thus they were able to interpret the terms' meanings based on their own experiences. For instance, the types of illnesses included in the category "outbreak of infectious disease" category were not specified.

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<sup>10</sup> Twenty-five Migrant and Seasonal and 123 American Indian-Alaska Native grantees completed the survey.

<sup>11</sup> Grantees were asked to report the number of large-scale emergencies they had experienced between January 1, 2000 and the time that they completed the survey (October 2009-January 2010).

Figure 1: Large-scale Emergencies Experienced by Head Start and Early Head Start Grantees from January 2000 to January 2010



Note: This figure shows the percentage of grantees that have experienced at least one of the listed large-scale emergencies.

N = 1,528

### *Large-scale Emergency Preparedness Plans*

Approximately 90 percent of Early Head Start and Head Start grantees have large-scale emergency preparedness policies and procedures. Within these plans, grantees address specific emergencies, such as severe weather events (90 percent); pandemic influenza or other outbreak of infectious disease (66.5 percent); flood (57 percent); widespread loss of electrical power (55.8 percent); and/or chemical/industrial accidents that affect areas beyond the facility (55.3 percent).

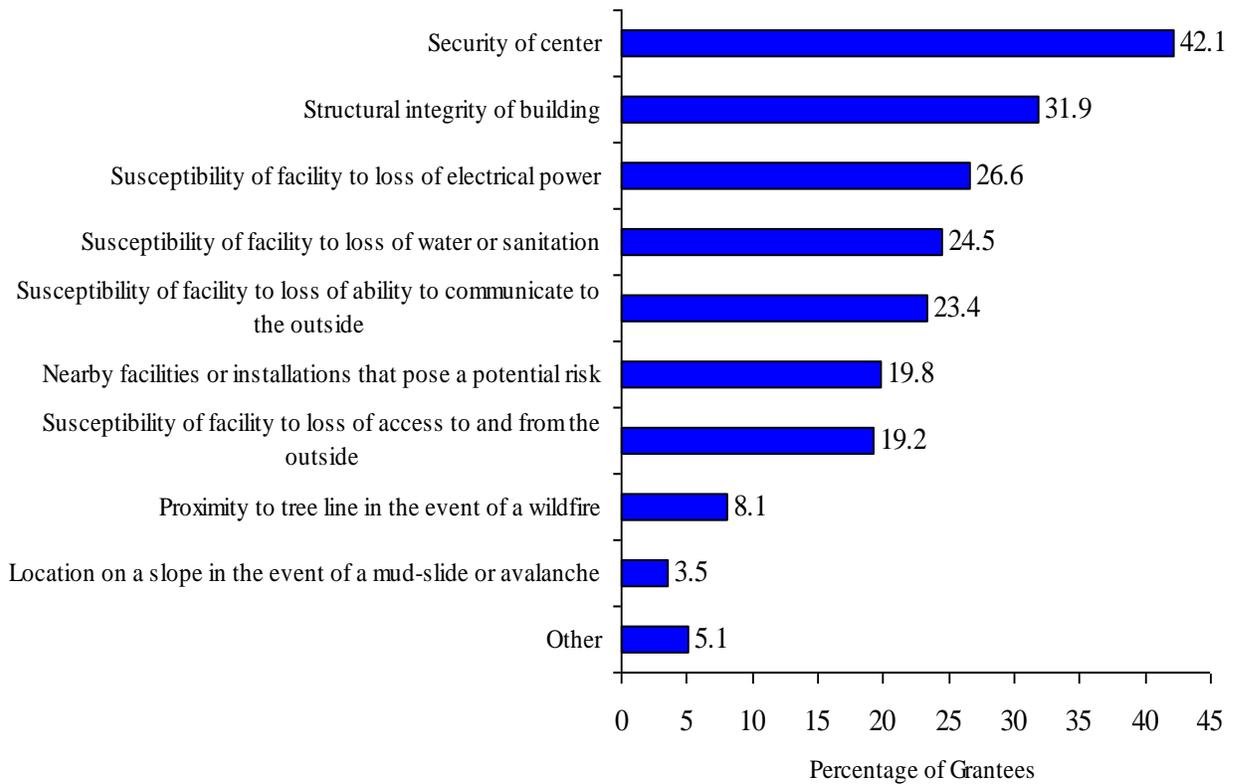
Twenty-three percent of grantees reported that their state does not require a written emergency preparedness and response plan, and 20.5 percent of grantees reported that their locality does not require such a plan. For programs that *are* required by their state or locality to have a plan, the large-scale emergencies that are required to be included within the plan most often include severe weather (e.g., tornado, hurricane, ice storm, extreme heat) (51.1 percent); pandemic influenza or other outbreak of infectious disease (32.2 percent); and/or flood (27.5 percent).

In response to the question on frequency of plan updates, close to 60 percent of grantees update them once a year, while eight percent of grantees have never updated their plans. Nineteen percent of respondents noted “other” for the frequency of plan updates.

### *Assessment of Risks*

Many grantees (57 percent) have conducted an assessment of potential risks to their Head Start facilities. Specific assessments grantees reported conducting are shown in Figure 2. Grantees most frequently assessed the security of the center (42.1 percent) and/or the structural integrity of the building (31.9 percent).

Figure 2: Grantee Assessments of Potential Risks to Head Start Facility



Note: "Nearby facilities or installations that pose a potential risk" include dams, nuclear power plants, and chemical plants.

N= 1,528

### *Financial Support for Emergency Preparedness*

The Head Start/Early Head Start Emergency Preparedness survey asked grantees to report on the financial support they have for developing and implementing their emergency preparedness plan. The majority of grantees do not have federal (53.4 percent) and/or non-federal (67.3 percent) resources dedicated to emergency preparedness in their program budgets. For those grantees that do have federal and/or non-federal dedicated resources in their budget, the majority are designated for supplies (federal 82.5 percent, non-federal 56.6 percent) and the costs of training (federal 78.8 percent, non-federal 67.3 percent).

Many grantees (67.8 percent) have emergency preparedness services, equipment, supplies, facilities, or financial resources donated or contributed to them. Of those that receive donations and contributions, 74.4 percent receive services (e.g., training of Head Start staff and

volunteers, broadcast of emergency messages); 64 percent receive facilities (e.g., evacuation space, off-site storage of supplies, back-up records); and 53.9 percent receive materials (e.g., emergency supplies, such as bottled water, long shelf-life foods, equipment such as walkie-talkies). Close to nine percent of grantees receive financial resources for their program's emergency preparedness.

## *VI. Communication with Parents, Staff, and Volunteers*

### *Communicating Emergency Plans and Procedures to Parents*

A majority of grantees report informing parents of some of their emergency preparedness procedures in advance of an emergency. For example, close to 70 percent of grantees tell parents about the types of emergencies for which they will be contacted and approximately 62 percent let parents know how they will be contacted in an emergency.

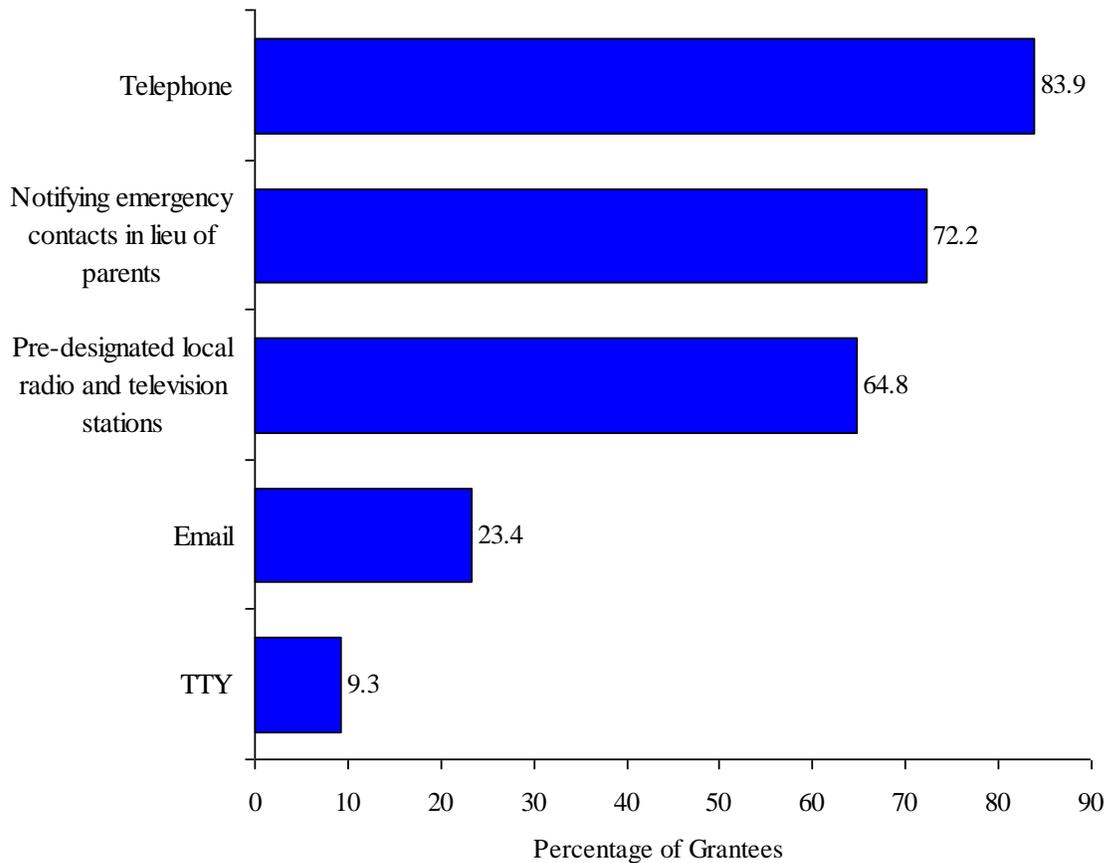
One way that grantees may inform parents of their large-scale emergency procedures is by providing parents with a copy of their plan (43.9 percent of grantees do this). Grantees typically provide copies of these plans during orientation (45.6 percent) or at the beginning of the program year (42.9 percent). Sixty percent of grantees inform parents of changes to the grantee's large-scale emergency policies and procedures when changes are made.

The majority of grantees (90.6 percent) have made special accommodations for communicating emergency procedures within their centers. Of those that have made accommodations, 84.7 percent have posted emergency information in English and in other languages representative of the languages spoken by staff, parents, and volunteers, and 79.1 percent have posted pictograms (such as diagrams of evacuation routes, locations of essential equipment or supplies) to aid in communicating emergency procedures. When asked about procedures for communicating with particular populations of program participants, 30 percent of grantees reported having specific procedures for communicating with parents of limited English proficiency and 11.8 percent have specific procedures for communicating with homeless families.

### *Communicating with Parents in the Event of an Emergency*

Communication with parents during or after a large-scale emergency is of great importance for Early Head Start and Head Start grantees. The majority of grantees (90.3 percent) report using at least one method of communicating with parents in the event of a large-scale emergency (see Figure 3). The most common method of communicating with parents is by telephone, including cell phone text messages (83.9 percent). Approximately 10 percent of grantees report that they do not have policies or procedures for communicating with parents in the event of a large-scale emergency. Close to 79 percent of grantees have policies and procedures for communicating with parents during the response and recovery stages of a large-scale emergency.

Figure 3: Methods Grantees Use for Communicating with Parents in the Event of a Large-scale Emergency



Note: "Telephone" also includes cell phone text messaging. "TTY" is a telecommunications device for individuals with hearing difficulties.

9.7 percent of grantees have no policies or procedures for communication with parents.

N= 1,524

### *Parental Contact Information*

In order for grantees to communicate with parents they first must have their contact information and the vast majority of grantees (98.5 percent) keeps this information. Grantees vary in how this information is kept. Parental information most commonly is found in hard copy (93.7 percent) and/or electronic files (69.5 percent).<sup>12</sup> Sixty-four percent of grantees store parent contact information off-site. Of those that keep parent contact information off-site, 61.5 percent keep the information in hard copy and 70.9 percent use electronic backups. A majority of grantees report that they have policies and procedures for designating and maintaining access to critical records in the event of an emergency requiring evacuation (79.3 percent) and/or shelter-in-place (69.7 percent).

Updating contact information is very important for ensuring communication between grantees and parents. Nearly 99 percent of those grantees report updating their parental contact information, with most doing so upon program entry (57.3 percent). The beginning of the year is another common time for grantees to update parental contact information (43 percent) while other grantees reported updating “as needed”<sup>13</sup> (38.2 percent). While 99 percent of grantees report updating parental contact information periodically, as noted, the majority report doing so during program entry and/or at the beginning of the year, which may not capture changes in parental information throughout the year.

#### *Communication with Staff*

Along with communicating with parents, the majority of grantees (89 percent) have plans for how they will communicate with their staff in the event of a large-scale emergency. Of those that have plans for communicating with staff, 93 percent will use telephone (including cell phone text messaging) and/or, to a lesser extent, pre-designated local radio and television stations (68.6 percent).

Grantees typically inform staff about emergency preparedness policies and procedures in advance. The majority of grantees (74.7 percent) alert staff to changes in the program’s emergency preparedness policies and procedures at the time the changes are made. Staff in 70.9 percent of grantees is informed about the types of emergencies for which the program will contact them and 67.5 percent are informed about how they will be contacted in the event of a large-scale emergency. A majority of grantees (80.3 percent) have policies for communicating with staff during the response and recovery stages of a large-scale emergency.

In order to communicate with staff, grantees need to keep contact information for their staff and most do (98.8 percent). When this information is kept, it is in hard copy in the office (95.9 percent) and/or in an electronic format (70.4 percent). A majority of grantees (66.5 percent) keep staff contact information off-site; off-site information is maintained in hard copy format (70.3 percent) and/or in an electronic format (66.7 percent). Approximately 99 percent of grantees update their staff contact information, with most doing so during staff training/orientation (51.7 percent) and/or at the beginning of the school year (51 percent). Eleven grantees reported never updating staff contact information.

#### *Communication with Volunteers*

The majority of grantees (88.8 percent) keep contact information for volunteers. For those that keep volunteer contact information, most grantees (91.4 percent) keep this information in hard copy in program offices, while 42.5 percent have access to this information off-site. Volunteer contact information is updated for most grantees when the volunteer enters the program (45.6 percent) and/or during volunteer training/orientation (45.2 percent).

## *VII. Staff Training on State and Local Emergency Protocols*

### *Provision of Emergency Plans and Procedures to Staff and Others*

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<sup>13</sup> Grantees self reported “as needed” in the response category “other.”

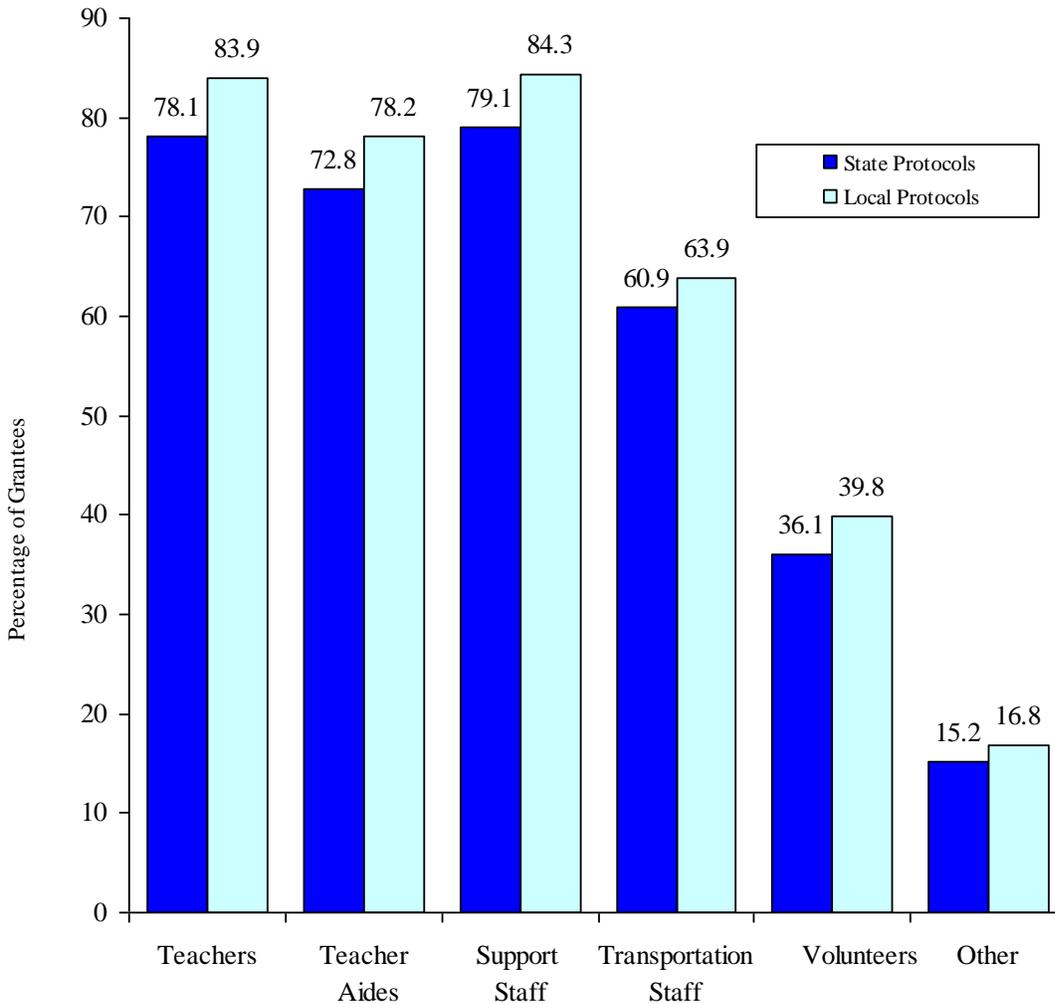
Of all responding grantees, the majority (88.5 percent) provide copies of their emergency preparedness plan to their staff. Almost one-third of grantees provide the plan to volunteers (29.5 percent) and/or community partners (30.4 percent). When grantees do provide their emergency plans to staff, they do so during staff training/orientation (65.9 percent) and/or at the beginning of the program year (48.5 percent). Volunteers receive the plan during volunteer training/orientation (57.7 percent) and/or at initial involvement with the program (36.1 percent). Of grantees that provide community partners with copies of their plan, the majority do so during the beginning of the program year (33.8 percent) and/or at their partners' initial involvement with the program (33.8 percent).

#### *Staff Drills and Training in Emergency Preparedness Response*

Training staff on the procedures and policies for large-scale emergencies is critical for emergency preparation. Of the grantees that have emergency preparedness policies and procedures, the majority (91.5 percent) report that they have incorporated *required* emergency drills into their policies. More than half (55.1 percent) of grantees train staff on local (jurisdiction) evacuation and emergency protocols; fewer do so for state protocols (43.2 percent). Of those grantees that report having policies and procedures for staff training on state and local emergency protocols, a majority reported providing training once a year (state (77.8 percent) and/or local (76.5 percent)).

Frontline staff, including teachers, teacher aides, and support staff, are trained more frequently in state and local evacuation and emergency protocols than transportation personnel and volunteers (see Figure 4). In addition to drills and trainings for program staff, it is important to have an individual designated as responsible for each part of the emergency preparedness and response plan for large-scale emergencies, a vast majority of grantees (94.6 percent) have an individual identified for this role.

Figure 4: Staff Participation in Training on State and Local Evacuation and Emergency Protocols



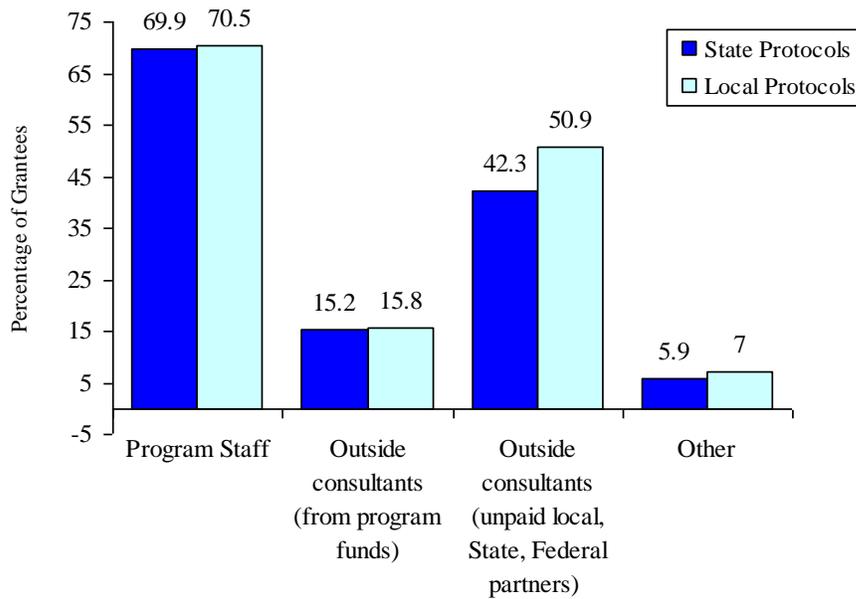
Note: This figure only includes grantees who report that they provide staff training in state and/or local protocols.

N= 823 for State

N= 1,002 for Local

Staff training most often is conducted by grantee program staff for state (69.9 percent) and/or local (70.5 percent) evacuation and emergency protocols (see Figure 5). Outside consultants, unpaid local, state, or federal partners also are used by grantees to provide training on state (42.3 percent) and/or local (50.9 percent) evacuation and emergency protocols for staff.

Figure 5: Trainers of State and Local Evacuation and Emergency Protocols

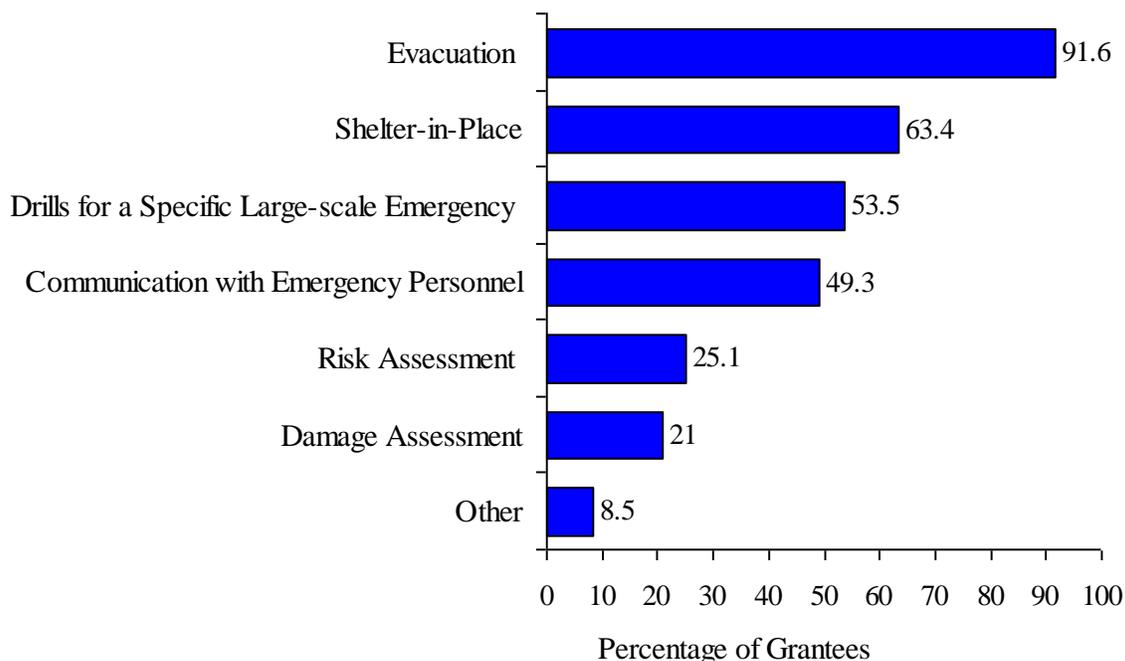


N= 823 for State  
 N = 1.002 for Local

*Focus of Large-Scale Emergency Drills*

As previously noted, a majority of grantees (91.5 percent) that have emergency preparedness and response policies and procedures reported that these policies *require* drills to be conducted. Of those that are required to have drills, the drills primarily focus on evacuation (91.6 percent; see Figure 6). Some grantees (5 percent) reported that they were not required to conduct drills, but conducted drills nevertheless.

Figure 6: Focus of Grantee Emergency Preparedness and Response Drills

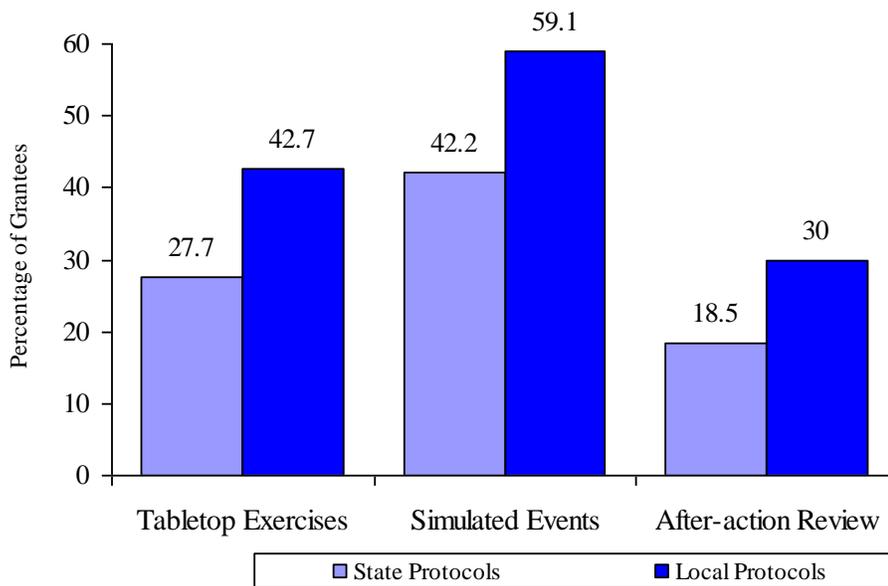


Note: This figure only includes grantees that are *required* to conduct drills in their emergency preparedness and response policies and procedures for large-scale emergencies.

N = 1,265

Grantees use a variety of methods to test their procedures for large-scale emergencies. The most common method is “simulated events” (e.g., fire drills, evacuation drills, shelter-in-place) with close to 82 percent of grantees using this method. “Tabletop exercises” where staff discusses assigned roles, responsibilities and actions in the event of an emergency are conducted by approximately 49 percent of grantees. Thirty-six percent of grantees conduct “after-action reviews” where the effectiveness of the procedures that would be used in an actual event is reviewed. These three methods also are used by grantees to test their procedures for carrying out State and local evacuation protocols, with the majority of grantees using the methods to test local rather than state protocols (see Figure 7). Of those that use these methods, simulated events are the most common training method for testing state (56.3 percent) and/or local (78.9 percent) procedures. It should be noted that 20.8 percent of grantees report that they do not test procedures for carrying out state and local evacuation and emergency protocols and 4.3 percent of grantees report that there are no state or local protocols.

Figure 7: Methods to Test Large-scale Emergency Procedures



Note:

"Tabletop exercises" refer to staff discussion of specific assigned roles, responsibilities and actions in the event of an emergency.

"Simulated events" include fire drills, evacuation drills, and shelter-in-place.

"After-action review" refers to a review of the effectiveness of procedures that were used during an actual event.

20.8 percent of grantees do not test procedures to be used in the event of a large-scale emergency for State and local protocols.

N= 1,522

### *Staff Training on Trauma and Mental Health*

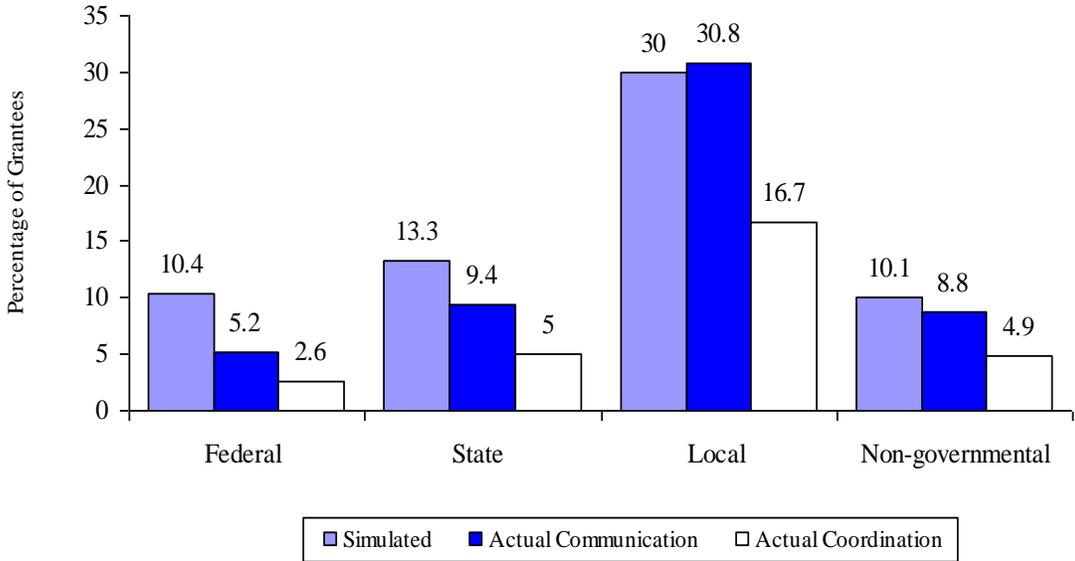
The majority of grantees (53.5 percent) do not include training to staff on the effects of traumatic events on children, families, and staff in their emergency preparedness and response policies and procedures. However, about one-third of grantees provide training to staff on the effects of traumatic events on children (31.3 percent), families (27.5 percent), and/or staff (33.3 percent). Slightly more grantees provide training on the provision of mental health support during the response and recovery period after a large-scale emergency for children (39.3 percent), families (37.2 percent), and/or staff (40.9 percent).

*VIII. Head Start/Early Head Start Grantee Coordination with Federal, State, Local, and Non-Governmental Emergency Management Agencies/Organizations*

*Emergency Preparedness Drills and Coordination/Communication with External Agencies/Organizations*

As discussed in the previous section, many Head Start and Early Head Start grantees participate in emergency preparedness and response drills. Figure 8 shows the percentage of grantees that use drills that simulate and/or involve actual communication or coordination with federal, state, local, and/or non-governmental emergency management agencies/organizations. Grantees reported that more drills simulate or involve local rather than Federal, state, and/or non-governmental emergency management agencies. Forty-six percent of grantees report that they do not have any drills that simulate or involve actual communication or coordination with Federal, state, local, and/or non-governmental emergency management agencies/organizations.

Figure 8: Preparedness and Response Drills for Large-Scale Emergencies Using Simulated and/or Actual Communication and Coordination with Emergency Management Agencies



Note: 46 percent of grantees reported no simulated or actual communication and/or coordination with external agencies or organizations in their drills.

N= 1,524

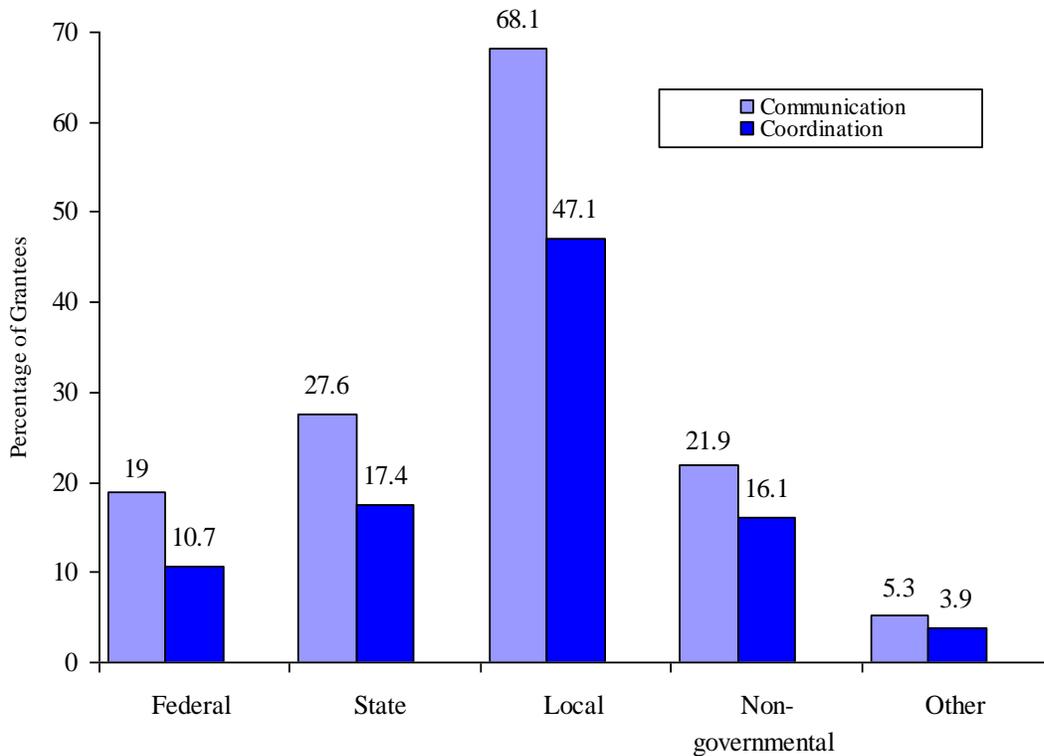
Grantees also were asked to report on their drills that include communication and coordination with relief agencies and other response and recovery resources after the immediate impact of the emergency has passed. The majority of grantees (67.1 percent) did not report including relief agencies and other response and recovery resources in their emergency preparedness drills (simulated or actual communication/coordination). Those that reported inclusion of these groups noted that simulated coordination/communication is conducted for medical organizations or agencies (46.7 percent), mental health providers/organizations/agencies

or crisis counselors (35.9 percent), and/or the Red Cross (33.9 percent). Actual communication/coordination is conducted for medical organizations or agencies (42.7 percent), mental health providers/organizations/agencies or crisis counselors (43.1 percent), and/or the Red Cross (32.7 percent).

*Policies for Communication/Coordination with External Agencies/Organizations*

A majority of grantees (76.9 percent) reported having policies and procedures for communication and coordination with some external agencies or organizations in the event of a large-scale emergency. Many more grantees reported having policies and procedures for communicating/coordinates with local emergency management agencies than they do with similar state or federal agencies (see Figure 9). Some grantees have included contact information and identified individual(s) by title or name for the response and recovery stages of an emergency in their communication procedures and policies from local (48.3 percent), state (15.3 percent), federal (8.4 percent), and/or non-governmental (18.1 percent) emergency management agencies.

Figure 9: Communication and Coordination with Emergency Management Agencies/Organizations in the Event of a Large-Scale Emergency



Note: 23.1 percent of grantees reported no policies or procedures for communication or coordination with external agencies or organizations in the event of a large-scale emergency.

N= 1,519

Nearly half of the grantees indicated that their policies and procedures for communicating and coordinating with emergency management agencies were developed specifically for their Head Start/Early Head Start program (44.4 percent). Other grantees (42.4 percent) noted that their policies and procedures were developed as part of a larger system of which Head Start/Early Head Start is a part (e.g., school system). For some grantees, external agencies/organizations were involved in the development of the policies and procedures for communicating and coordinating. Grantees reported that local emergency management agencies were involved the most (55.2 percent), followed by state (22.3 percent), non-governmental (16.3 percent), and/or federal (10.5 percent) emergency management agencies/organizations. Close to 8 percent of grantees did not have other emergency agencies or organizations involved in developing their communication and coordination policies and 4.6 percent of grantees did not know if these groups were involved in policy development.

Some grantees have informed emergency management agencies about their policies and procedures for communicating and coordinating with them in the event of a large-scale emergency. The majority of grantees provided this information to local agencies (54.1 percent), followed by state (17.9 percent), non-governmental (14.3 percent), and/or federal (7.8 percent) emergency management agencies/organizations.

#### *Knowledge of State and Local Evacuation and Emergency Protocols*

An important aspect of emergency preparedness is being aware of state and local evacuation and emergency protocols. Close to 92 percent of responding grantees use one or more of the following methods to keep current on state and local evacuation and emergency protocols: e-mail (63.9 percent), direct communication with state and local emergency preparedness representatives (57.6 percent), mailings (52.5 percent), staff participation in workshops given by state and local emergency preparedness and response agencies (45.2 percent), and local and/or state listservs (40.4 percent).

#### *VIV. Continuity of Operations*

The majority of grantees (70.6 percent) have policies and procedures in place for continuity of operations after the event of a large-scale emergency. Those who have such policies report having resources including back-up systems for computer files (on-site: 63.6 percent; off-site: 71.4 percent), a list of vendors who can provide critical repair or replacement when needed (48.7 percent), transportation (45 percent), provisions for temporary relocation of program classrooms and other center-based services (40.8 percent), and/or identification of key equipment for the safe operation of the facility (35 percent).

#### *Training and Identification of Resources*

Some grantees reported including identification of resources and/or training in their emergency preparedness and response policies and procedures that would assist with the response and recovery stage of a large-scale emergency. Approximately 31 percent of grantees have identified resources for notifying financial entities, such as insurance carriers, funding agencies, and/or the Federal Emergency Management Agency (FEMA), and 8.7 percent have

provided training in this area. About one-quarter of grantees have identified resource needs (26.1 percent) and prioritized resource needs (23 percent) to resume program operations; some grantees have conducted training on identifying resource needs (8.5 percent) and/or on prioritizing resource needs (8.2 percent). However, the majority of grantees (58.9 percent) have not conducted training or identified resources for preparing for response and recovery in their emergency preparedness and response policies and procedures.

### *Emergency Supplies*

Grantees range in how many days of pre-positioned emergency supplies they have available for staff and children. The majority of grantees have at least one day of the following supplies: water (62.6 percent), food (67.3 percent), batteries for flashlights and radios (78.3 percent), and/or personal care/toiletry items (67.1 percent). The vast majority of these supplies are stored on-site. Those that do not have water, food or other supplies pre-positioned most frequently responded that their facility would not be isolated for more than one day, or that they did not have enough money and/or space to store these supplies.

### *Support for Emotional Response to Trauma*

The majority of grantees have individuals on staff or in a consulting capacity that are trained to deal with the emotional response to trauma in children (89 percent), families (87.3 percent), and/or staff (87.7 percent) in the case of a large-scale emergency. However, less than half of the grantees report having partnerships or agreements with individuals/practices in the medical community to provide services to children (45 percent), parents (36.6 percent), and/or staff (41.4 percent).

## *X. Localized Emergencies*

While the focus of this report is on large-scale emergencies, it also is important to assess how grantees are experiencing, planning for, and training for localized emergencies, which are defined as emergencies that happen either within the center or on a smaller scale than a large-scale emergency. Since January 1, 2000, 46.8 percent of grantees have experienced at least one localized emergency. The most frequently reported localized emergencies were infrastructure failure (23.3 percent), violence in the center (11.1 percent), and on-site fire (9.4 percent).<sup>14</sup> The number of localized emergencies grantees experienced ranged from one to five, with the majority of grantees experiencing one emergency (68.9 percent).

### *Localized Emergency Preparedness and Response Plan*

A majority of grantees (93.2 percent) reported having a localized emergency preparedness and response plan. The specific emergencies included within these plans are on-site fire (96.8 percent), violence in the center (77.2 percent), infrastructure failure (55.1 percent) hostage situation in the center (54.6 percent), and/or abduction/attempted abduction (54.3 percent). Most grantees (68.5 percent) reported updating their localized emergency plans once a year.

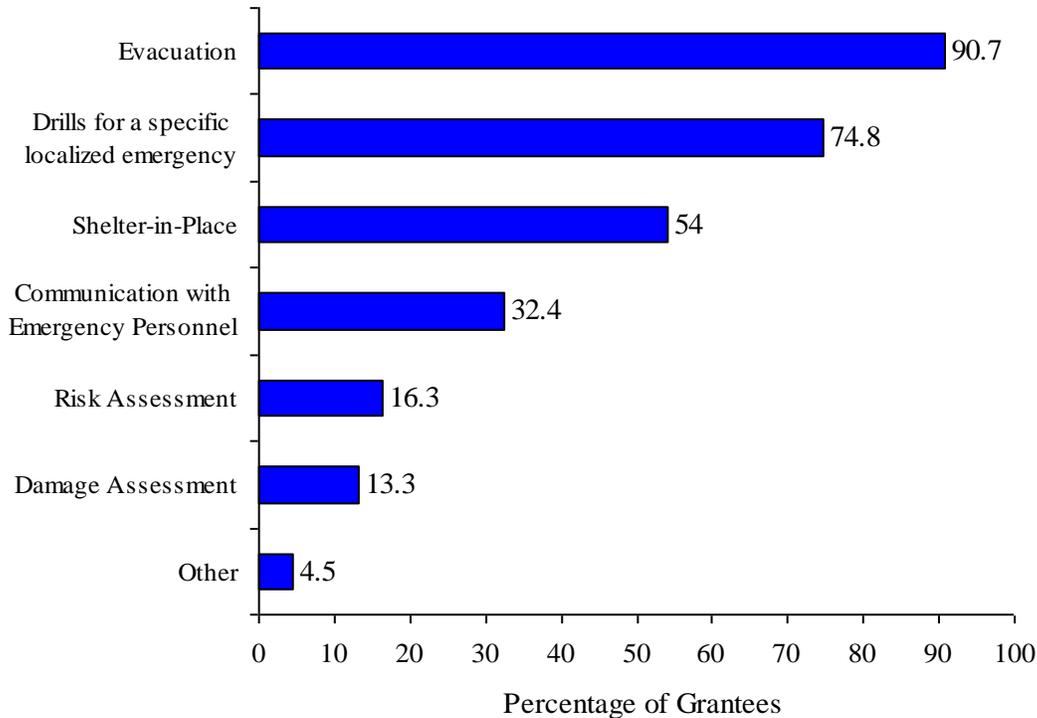
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<sup>14</sup> Some grantees (18.7 percent) reported “other” when asked which localized emergencies they had experienced.

### *Drills for Localized Emergency Preparedness*

The majority of grantees' (91.2 percent) localized emergency preparedness and response policies and procedures require that they conduct drills. More grantees reported requiring drills for localized emergencies than large-scale emergencies (83 percent compared to 53.5 percent). The focus of the localized emergency preparedness drills can be seen in Figure 10. Evacuation (90.7 percent) and drills for a specific localized emergency (74.8 percent) were noted most frequently by grantees.

Figure 10: Grantee Focus of Localized Emergency Preparedness Drills



Note: This figure represents only those grantees that require localized drills to be conducted.

N = 1,384

Grantees use a variety of methods to test their procedures for localized emergencies. The most common method is “simulated events” (e.g., fire drills, evacuation drills, shelter-in-place) with close to 87 percent of grantees using this method (grantees reported 82 percent for large-scale emergencies). “Tabletop exercises” where staff discusses assigned roles, responsibilities, and actions in the event of an emergency are conducted by approximately 53.8 percent of grantees (in comparison to 49 percent for large-scale emergencies). Close to 39 percent of grantees conduct “after-action reviews” where the effectiveness of the procedures that would be used in an actual event are reviewed (36 percent of grantees did this for large-scale emergencies).

### *Communication with Parents and Staff in the Event of an Emergency*

The majority of grantees have policies and procedures for how they will communicate with parents and staff in the event of a localized emergency, with the majority planning to use the telephone, including cell phone text messaging (89.8 percent and 88.2 percent, respectively)

and/or pre-designated local radio and television stations (68.6 percent and 65.5 percent, respectively). A majority of grantees (76.9 percent) also report having emergency contacts pre-designated and authorized by the parent/guardian to receive information regarding the child in the event of a localized emergency. Some grantees have policies for communicating with homeless families (11.9 percent), while more grantees (31.6 percent) report having specific procedures for communicating with parents of limited English proficiency in the event of a localized emergency.

## *XI. Conclusions and Next Steps*

This report highlights the Office of Head Start's response to large-scale emergencies such as Hurricanes Katrina and Rita as well as preparation and response for large-scale and localized emergencies that may be experienced by grantees. OHS has consulted with the Commission on Children and Disasters and the activities of OHS and Head Start/Early Head Start grantees are consistent with the recommendations of the Commission in its 2010 report to the President and Congress regarding Child Care and Early Education.

OHS will continue to work with grantees through training and technical assistance, and written guidance such as Information Memoranda and Policy Instructions on emergency preparedness and response. In addition, OHS will continue to improve communication with Federal, State, and local emergency management agencies and encourage grantees to improve communication with and recordkeeping regarding parents and staff of its Head Start center(s).

## **Addendum**

### **Impact of Superstorm Sandy to Head Start**

#### ***Grantees***

Superstorm Sandy made landfall in New Jersey on October 29, 2012. Sandy is the largest Atlantic hurricane in terms of size and it is the second-costliest hurricane in the nation's history. The storm impacted numerous Atlantic Region States from Virginia to Maine, with the heaviest impacts on the States of New Jersey and New York. In the days following the superstorm, approximately 120 Head Start and Early Head Start centers providing services to approximately 1,100 children and pregnant women were closed or provided limited services. Of the 120 centers, 9 centers suffered catastrophic damages and 45 needed major repairs.

In addition to significant damage to centers, Head Start programs may have experienced trauma to staff and families, minimal to extended closure, disruption of services, difficulty

locating staff and families, environmental concerns, loss of community resources, and community evacuations.

### ***The OHS Central and ACF Regional Offices***

Superstorm Sandy required an unprecedented response by the Office of Head Start (OHS) and ACF Regional Offices. The storm impacted the grantees of Region I (headquarter in Boston), Region II (headquarter in New York) and Region III (headquarter in Philadelphia).

Prior to Superstorm Sandy's impact, Central Office staff contacted Regional Office leadership to discuss the possibilities of program impacts. The Regional Project Managers (RPMs) worked with Central Office staff and their respective grantees and administrators to ensure preparedness practices and program flexibilities were understood.

Superstorm Sandy's impact caused damage to the Region II New York City office and it was rendered inaccessible, leading to a closure of the Regional Office for over a week.

## **OHS Response to Superstorm Sandy**

### ***The OHS Central and ACF Regional Offices***

The closure of the Region II office resulted in the first activation of ACF's Continuity of Operations Plan (COOP) which triggered devolution of critical functions to the ACF Region I office for a short period of time, including answering phone calls for Region II and getting the requests back to the Regional Administrator for Region II.

Even with the challenge presented by the closure of Region II office, approximately 800 centers in the impact zone were contacted immediately following impact of Hurricane Sandy by either Region II staff working remotely, R0 I staff or Central Office staff. Central Office staff developed a centralized database for Regional Offices to send regular updates on damage to Head Start centers and service interruptions.

A few weeks after impact, OHS began development of a Head Start Program Assessment Guide to work with Head Start/Early Head Start Directors to identify mental health-related needs impacting the program, the children and families served, and the community. This guide was used to inform the deployment of resources and staff.

OHS deployed staff to the FEMA Joint Field Office to coordinate efforts in responding to the needs of children affected by the disaster. OHS also worked with FEMA Headquarters to update the FEMA Public Assistance for Child Care Services Fact Sheet that was provided to State Administrators.

President Obama signed the Sandy Disaster Relief Appropriations Act of 2013 on Jan. 29, 2013, appropriating supplemental funds for OHS. The Office of Head Start received \$95 million for Hurricane Sandy recovery.

The following events were led by Central Office to address the unprecedented event, to allow programs flexibility to broadly serve families, and to provide additional support for families including mental health resources in crisis. Regional Offices were pivotal in their collaborative effort, input, and support to grantees in the recovery to the damage caused by Superstorm Sandy.

- 10/30/12 – Immediately after impact, Central Office requested and received a map from FEMA showing impact of the Superstorm. This map was overlaid with locations of Head Start centers to build a list of centers in the affected area.
- 11/02/12 – OHS developed an information collection tool to obtain contact information, assess the disruption of service, and to assess how quickly a program could fully or partially resume Head Start services. OHS provided daily updates on the affected centers to ACF.
- 11/06/12 – OHS released two Information Memorandums (IMs)
  - To provide information and guidance to grantees in the affected area to assist them in meeting the needs of children and families affected by Hurricane Sandy, especially newly homeless children and families.
  - To identify resources to assist programs in working with families to provide stability, safety, and access to resources, including addressing the social and emotional needs of children and families.
- 4/9/13 – OHS hosted a conference call with grantees located in NY and NJ to discuss the anticipation of the release of relief funds for Hurricane Sandy.
- 4/15/13 – OHS released a Program Instruction (PI) outlining the availability, coverage, limitations, and funding application process for eligible grantees to request Hurricane Sandy disaster relief funds. The PI addressed five categories of funding: 1) Facilities, 2) Materials, Supplies and Equipment, 3) Program Operations, 4) Mental Health Services and 5) Training and Technical Assistance.
- 4/16/13 – OHS held a planning meeting in partnership with Commissioner Allison Blake from the New Jersey Department of Children and Families. The meeting focused on opportunities for service enhancements related to operations and mental health support for children, parents, and staff. Grantees impacted by Hurricane Sandy participated.
- 7/11/13 – OHS hosted a webinar on *Environmental Quality*. It focused on indoor and outdoor air and environmental quality, including how to contract with a qualified environmental testing service. Remediation of identified environmental issues, including HVAC system impacts and use of HEPA filters, was addressed.
- 10/30/13 – OHS hosted a webinar on *Hurricane Sandy: A year After Webinar*. The webinar provided valuable information and resources to grantees to support their continued work with children, families, and staff that may be experiencing recurring trauma. Additional information was provided on the importance of integrating mental health supports after a traumatic event and service enhancements that can support children, families, and staff.

## ***Sandy Disaster Relief Appropriations***

A team of federal staff, health and mental health professionals, and property and facilities experts (OHS Sandy Team) was formed and headquartered in the ACF Region II Office in New York City. The OHS Sandy Team hosted grantee calls, provided webinars, developed instructional and planning materials, and worked closely with grantees to provide training and technical assistance to support effective responses to the social and emotional needs of children and families and the material damage to property caused by Hurricane Sandy. In addition to assisting grantees, the OHS Sandy Team reviewed applications, and monitored grantee use of funds, including non-duplication of funds, conducted project inspections and reviews and maintained a monitoring and project progress database for major facilities projects.

## ***Grantees***

Grantees impacted by Hurricane Sandy received an Information Memorandum on Nov. 6, 2012 that provided program flexibility to keep their doors open while meeting the needs of children and families affected by the Superstorm, especially newly homeless children and families. For example, a family could provide a signed statement attesting to the child's age if a family did not have documentation ordinarily required for new enrollees, and OHS would authorize waivers to grantees to exceed class size requirements as long as grantees maintained appropriate adult to child ratios and comply with state and local licensing requirements.

Some programs with severely damaged or destroyed Head Start or Early Head Start centers substituted home-based services or temporarily moved services to a leased alternate location. Head Start programs played a critical role in providing stability, safety, nurturing, and access to resources for the children affected by the Superstorm and its aftermath. The Hurricane Sandy relief funds provided emergency funding for recovery, relief, and resiliency efforts in areas affected by Hurricane Sandy. Head Start agencies in Connecticut, Delaware, the District of Columbia, Maryland, Massachusetts, New Hampshire, New Jersey, New York, Ohio, Pennsylvania, Rhode Island, Virginia, and West Virginia could be eligible for emergency relief funds if their programs were directly impacted by Hurricane Sandy. Grantees submitted applications for review in order to receive these funds.

By late 2013, most programs had fully resumed services to children. There are still ongoing repairs for Head Start centers damaged by Hurricane Sandy. OHS anticipates some residual damage to initial patchwork repairs particularly related to water damage and mold.

## **Policy/Procedure Changes Since Sandy**

### ***Trained ERRF staff***

OHS deployed a handful of staff to Region II to assist in conducting field assessments of program impacts and operating status, and to provide emergency technical assistance to programs and grantees. These staff later received Emergency Response Readiness Force (ERRF) training.

The ERRF training was established to provide a cadre of individuals to support the response and recovery efforts in the event of an emergency or disaster. OHS is now equipped with ERRF trained staff in the event of another disaster.

### ***Resources and materials for HS staff and parents***

As a result of Superstorm Sandy, resources and materials developed by OHS National Centers were updated. New information on how the materials related to a disaster such as Superstorm Sandy was released. Additionally, the OHS National Center of Health compiled a list of external and internal resources on social emotional support for children and adults, as well as resources on disaster recovery for families and Head Start programs.

The Office of Head Start is now better equipped with resources on preparedness (e.g. how to assemble a disaster kit, preparing for disaster for people with disabilities and other special needs, financial planning: a guide for disaster preparedness) and recovery (e.g. caring for children after a disaster, programmatic steps to take to after disasters) in the event of another disaster. The resources are available to all Head Start programs and the public on the OHS Early Childhood Learning and Knowledge Center (ECLKC) website at <http://eclkc.ohs.acf.hhs.gov/hslc>.

### ***Ongoing redesign of resources and materials***

OHS is continuing to redesign and update resources and materials related to preparedness and recovery from an emergency or disaster including the Head Start Emergency Preparedness Manual scheduled to be released in 2014. Some of these redesigns focus on best practices related to mental and environmental stressors. They also incorporate backup plans in the event of complete community devastation to ensure that programs have the capacity to respond to such an event.

## **Appendix 1 Head Start Act Sec. 649 Research, Demonstrations and Evaluations**

(m) Program Emergency Preparedness-

(1) PURPOSE- The purpose of this subsection is to evaluate the emergency preparedness of the Head Start programs, including Early Head Start programs, and make recommendations for how Head Start shall enhance its readiness to respond to an emergency.

(2) STUDY- The Secretary shall evaluate the Federal, State, and local preparedness of Head Start programs, including Early Head Start programs, to respond appropriately in the event of a large-scale emergency, such as the Hurricanes Katrina, Rita, and Wilma, the terrorist attacks of September 11, 2001, or other incidents where assistance may be warranted under the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5121 et seq.).

(3) REPORT TO CONGRESS- Not later than 18 months after the date of the enactment of the Improving Head Start for School Readiness Act of 2007, the Secretary shall prepare and submit to Committee on Education and Labor of the House of Representatives and the Committee on Health, Education, Labor, and Pensions of the Senate a report containing the results of the evaluation required under paragraph (2), including--

(A) recommendations for improvements to Federal, State, and local preparedness and response capabilities to large-scale emergencies, including those that were developed in response to Hurricanes Katrina, Rita, and Wilma, as they relate to Head Start programs, including Early Head Start programs, and the Secretary's plan to implement such recommendations;

(B) an evaluation of the procedures for informing families of children in Head Start programs about the program protocols for response to a large-scale emergency, including procedures for communicating with such families in the event of a large-scale emergency;

(C) an evaluation of such procedures for staff training on State and local evacuation and emergency protocols; and

(D) an evaluation of procedures for Head Start agencies and the Secretary to coordinate with appropriate Federal, State, and local emergency management agencies in the event of a large-scale emergency and recommendations to improve such procedures.

**Appendix 2**  
**Head Start Program Performance Standards**  
**relevant to emergency preparedness**

**§ 1304.22 Child health and safety.**

(a) Health emergency procedures. **Grantee and delegate agencies operating center-based programs must establish and implement policies and procedures to respond to medical and dental health emergencies with which all staff are familiar and trained. At a minimum, these policies and procedures must include:**

(1) Posted policies and plans of action for emergencies that require rapid response on the part of staff (e.g., a child choking) or immediate medical or dental attention;

(2) Posted locations and telephone numbers of emergency response systems. Up-to-date family contact information and authorization for emergency care for each child must be readily available;

(3) Posted emergency evacuation routes and other safety procedures for emergencies (e.g., fire or weather-related) which are practiced regularly (see 45 CFR 1304.53 for additional information);

(4) Methods of notifying parents in the event of an emergency involving their child; and

(5) Established methods for handling cases of suspected or known child abuse and neglect that are in compliance with applicable Federal, State, or Tribal laws.

(b) Conditions of short-term exclusion and admittance.

(1) Grantee and delegate agencies must temporarily exclude a child with a short-term injury or an acute or short-term contagious illness, that cannot be readily accommodated, from program participation in center-based activities or group experiences, but only for that generally short-term period when keeping the child in care poses a significant risk to the health or safety of the child or anyone in contact with the child.

(2) Grantee and delegate agencies must not deny program admission to any child, nor exclude any enrolled child from program participation for a long-term period, solely on the basis of his or her health care needs or medication requirements unless keeping the child in care poses a significant risk to the health or safety of the child or anyone in contact with the child and the risk cannot be eliminated or reduced to an acceptable level through reasonable modifications in the grantee or delegate agency's policies, practices or procedures or by providing appropriate auxiliary aids which would enable the child to participate without fundamentally altering the nature of the program.

(3) Grantee and delegate agencies must request that parents inform them of any health or safety needs of the child that the program may be required to address. Programs must share information, as necessary, with appropriate staff regarding accommodations needed in accordance with the program's confidentiality policy.

(c) Medication administration. Grantee and delegate agencies must establish and maintain written procedures regarding the administration, handling, and storage of medication for every child. Grantee and delegate agencies may modify these procedures as necessary to satisfy State or Tribal laws, but only where such laws are consistent with federal laws. The procedures must include:

(1) Labeling and storing, under lock and key, and refrigerating, if necessary, all medications, including those required for staff and volunteers;

(2) Designating a trained staff member(s) or school nurse to administer, handle and store child medications;

(3) Obtaining physicians' instructions and written parent or guardian authorizations for all medications administered by staff;

(4) Maintaining an individual record of all medications dispensed, and reviewing the record regularly with the child's parents;

(5) Recording changes in a child's behavior that have implications for drug dosage or type, and assisting parents in communicating with their physician regarding the effect of the medication on the child; and

(6) Ensuring that appropriate staff members can demonstrate proper techniques for administering, handling, and storing medication, including the use of any necessary equipment to administer medication.

(d) Injury prevention. Grantee and delegate agencies must:

(1) Ensure that staff and volunteers can demonstrate safety practices; and

(2) Foster safety awareness among children and parents by incorporating it into child and parent activities.

(e) Hygiene.

(1) Staff, volunteers, and children must wash their hands with soap and running water at least at the following times:

(i) After diapering or toilet use;

(ii) Before food preparation, handling, consumption, or any other food-related activity (e.g., setting the table);

(iii) Whenever hands are contaminated with blood or other bodily fluids; and

(iv) After handling pets or other animals.

(2) Staff and volunteers must also wash their hands with soap and running water:

(i) Before and after giving medications;

(ii) Before and after treating or bandaging a wound (nonporous gloves should be worn if there is contact with blood or blood-containing body fluids); and

(iii) After assisting a child with toilet use.

(3) Nonporous (e.g., latex) gloves must be worn by staff when they are in contact with spills of blood or other visibly bloody bodily fluids.

(4) Spills of bodily fluids (e.g., urine, feces, blood, saliva, nasal discharge, eye discharge or any fluid discharge) must be cleaned and disinfected immediately in keeping with professionally established guidelines (e.g., standards of the Occupational Safety Health Administration, U.S. Department of Labor). Any tools and equipment used to clean spills of bodily fluids must be cleaned and disinfected immediately. Other blood-contaminated materials must be disposed of in a plastic bag with a secure tie.

(5) Grantee and delegate agencies must adopt sanitation and hygiene procedures for diapering that adequately protect the health and safety of children served by the program and staff. Grantee and delegate agencies must ensure that staff properly conduct these procedures.

(6) Potties that are utilized in a center-based program must be emptied into the toilet and cleaned and disinfected after each use in a utility sink used for this purpose.

(7) Grantee and delegate agencies operating programs for infants and toddlers must space cribs and cots at least three feet apart to avoid spreading contagious illness and to allow for easy access to each child.

(f) First aid kits.

(1) Readily available, well-supplied first aid kits appropriate for the ages served and the program size must be maintained at each facility and available on outings away from the site. Each kit must be accessible to staff members at all times, but must be kept out of the reach of children.

(2) First aid kits must be restocked after use, and an inventory must be conducted at regular intervals.

#### **§ 1304.40 Family partnerships.**

(a) Family goal setting.

(1) Grantee and delegate agencies must engage in a process of collaborative partnership-building with parents to establish mutual trust and to identify family goals, strengths, and necessary services and other supports. This process must be initiated as early after enrollment as possible and it must take into consideration each family's readiness and willingness to participate in the process.

(2) As part of this ongoing partnership, grantee and delegate agencies must offer parents opportunities to develop and implement individualized family partnership agreements that describe family goals, responsibilities, timetables and strategies for achieving these goals as well as progress in achieving them. In home-based program options, this agreement must include the

above information as well as the specific roles of parents in home visits and group socialization activities (see 45 CFR 1306.33(b)).

(3) To avoid duplication of effort, or conflict with, any preexisting family plans developed between other programs and the Early Head Start or Head Start family, the family partnership agreement must take into account, and build upon as appropriate, information obtained from the family and other community agencies concerning preexisting family plans. Grantee and delegate agencies must coordinate, to the extent possible, with families and other agencies to support the accomplishment of goals in the preexisting plans.

(4) A variety of opportunities must be created by grantee and delegate agencies for interaction with parents throughout the year.

(5) Meetings and interactions with families must be respectful of each family's diversity and cultural and ethnic background.

(b) Accessing community services and resources.

(1) Grantee and delegate agencies must work collaboratively with all participating parents to identify and continually access, either directly or through referrals, services and resources that are responsive to each family's interests and goals, including:

(i) Emergency or crisis assistance in areas such as food, housing, clothing, and transportation;

(ii) Education and other appropriate interventions, including opportunities for parents to participate in counseling programs or to receive information on mental health issues that place families at risk, such as substance abuse, child abuse and neglect, and domestic violence; and

(iii) Opportunities for continuing education and employment training and other employment services through formal and informal networks in the community.

(2) Grantee and delegate agencies must follow-up with each family to determine whether the kind, quality, and timeliness of the services received through referrals met the families' expectations and circumstances.

(c) Services to pregnant women who are enrolled in programs serving pregnant women, infants, and toddlers.

(1) Early Head Start grantee and delegate agencies must assist pregnant women to access comprehensive prenatal and postpartum care, through referrals, immediately after enrollment in the program. This care must include:

(i) Early and continuing risk assessments, which include an assessment of nutritional status as well as nutrition counseling and food assistance, if necessary;

(ii) Health promotion and treatment, including medical and dental examinations on a schedule deemed appropriate by the attending health care providers as early in the pregnancy as possible; and

(iii) Mental health interventions and follow-up, including substance abuse prevention and treatment services, as needed.

(2) Grantee and delegate agencies must provide pregnant women and other family members, as appropriate, with prenatal education on fetal development (including risks from smoking and alcohol), labor and delivery, and postpartum recovery (including maternal depression).

(3) Grantee and delegate agencies must provide information on the benefits of breast feeding to all pregnant and nursing mothers. For those who choose to breast feed in center-based programs, arrangements must be provided as necessary.

(d) Parent involvement--general.

(1) In addition to involving parents in program policy-making and operations (see 45 CFR 1304.50), grantee and delegate agencies must provide parent involvement and education activities that are responsive to the ongoing and expressed needs of the parents, both as individuals and as members of a group. Other community agencies should be encouraged to assist in the planning and implementation of such programs.

(2) Early Head Start and Head Start settings must be open to parents during all program hours. Parents must be welcomed as visitors and encouraged to observe children as often as possible and to participate with children in group activities. The participation of parents in any program activity must be voluntary, and must not be required as a condition of the child's enrollment.

(3) Grantee and delegate agencies must provide parents with opportunities to participate in the program as employees or volunteers (see 45 CFR 1304.52(b)(3) for additional requirements about hiring parents).

(e) Parent involvement in child development and education.

(1) Grantee and delegate agencies must provide opportunities to include parents in the development of the program's curriculum and approach to child development and education (see 45 CFR 1304.3(a)(5) for a definition of curriculum).

(2) Grantees and delegate agencies operating home-based program options must build upon the principles of adult learning to assist, encourage, and support parents as they foster the growth and development of their children.

(3) Grantee and delegate agencies must provide opportunities for parents to enhance their parenting skills, knowledge, and understanding of the educational and developmental needs and activities of their children and to share concerns about their children with program staff (see 45 CFR 1304.21 for additional requirements related to parent involvement).

(4) Grantee and delegate agencies must provide, either directly or through referrals to other local agencies, opportunities for children and families to participate in family literacy services by:

(i) Increasing family access to materials, services, and activities essential to family literacy development; and

(ii) Assisting parents as adult learners to recognize and address their own literacy goals.

(5) In addition to the two home visits, teachers in center-based programs must conduct staff-parent conferences, as needed, but no less than two per program year, to enhance the knowledge and understanding of both staff and parents of the educational and developmental progress and activities of children in the program (see 45 CFR 1304.21(a)(2)(iii) and 45 CFR 1304.40(i) for additional requirements about staff-parent conferences and home visits).

(f) Parent involvement in health, nutrition, and mental health education.

(1) Grantee and delegate agencies must provide medical, dental, nutrition, and mental health education programs for program staff, parents, and families.

(2) Grantee and delegate agencies must ensure that, at a minimum, the medical and dental health education program:

(i) Assists parents in understanding how to enroll and participate in a system of ongoing family health care.

(ii) Encourages parents to become active partners in their children's medical and dental health care process and to accompany their child to medical and dental examinations and appointments; and

(iii) Provides parents with the opportunity to learn the principles of preventive medical and dental health, emergency first-aid, occupational and environmental hazards, and safety practices for use in the classroom and in the home. In addition to information on general topics (e.g., maternal and child health and the prevention of Sudden Infant Death Syndrome), information specific to the health needs of individual children must also be made available to the extent possible.

(3) Grantee and delegate agencies must ensure that the nutrition education program includes, at a minimum:

(i) Nutrition education in the selection and preparation of foods to meet family needs and in the management of food budgets; and

(ii) Parent discussions with program staff about the nutritional status of their child.

(4) Grantee and delegate agencies must ensure that the mental health education program provides, at a minimum (see 45 CFR 1304.24 for issues related to mental health education):

(i) A variety of group opportunities for parents and program staff to identify and discuss issues related to child mental health;

(ii) Individual opportunities for parents to discuss mental health issues related to their child and family with program staff; and

(iii) The active involvement of parents in planning and implementing any mental health interventions for their children.

(g) Parent involvement in community advocacy.

(1) Grantee and delegate agencies must:

(i) Support and encourage parents to influence the character and goals of community services in order to make them more responsive to their interests and needs; and

(ii) Establish procedures to provide families with comprehensive information about community resources (see 45 CFR 1304.41(a)(2) for additional requirements).

(2) Parents must be provided regular opportunities to work together, and with other community members, on activities that they have helped develop and in which they have expressed an interest.

(h) Parent involvement in transition activities.

(1) Grantee and delegate agencies must assist parents in becoming their children's advocate as they transition both into Early Head Start or Head Start from the home or other child care setting, and from Head Start to elementary school, a Title I of the Elementary and Secondary Education Act preschool program, or a child care setting.

(2) Staff must work to prepare parents to become their children's advocate through transition periods by providing that, at a minimum, a staff-parent meeting is held toward the end of the child's participation in the program to enable parents to understand the child's progress while enrolled in Early Head Start or Head Start.

(3) To promote the continued involvement of Head Start parents in the education and development of their children upon transition to school, grantee and delegate agencies must:

(i) Provide education and training to parents to prepare them to exercise their rights and responsibilities concerning the education of their children in the school setting; and

(ii) Assist parents to communicate with teachers and other school personnel so that parents can participate in decisions related to their children's education.

(4) See 45 CFR 1304.41(c) for additional standards related to children's transition to and from Early Head Start or Head Start.

(i) Parent involvement in home visits.

(1) Grantee and delegate agencies must not require that parents permit home visits as a condition of the child's participation in Early Head Start or Head Start center-based program options. Every effort must be made to explain the advantages of home visits to the parents.

(2) The child's teacher in center-based programs must make no less than two home visits per program year to the home of each enrolled child, unless the parents expressly forbid such visits, in accordance with the requirements of 45 CFR 1306.32(b)(8). Other staff working with the family must make or join home visits, as appropriate.

(3) Grantee and delegate agencies must schedule home visits at times that are mutually convenient for the parents or primary caregivers and staff.

(4) In cases where parents whose children are enrolled in the center-based program option ask that the home visits be conducted outside the home, or in cases where a visit to the home presents significant safety hazards for staff, the home visit may take place at an Early Head Start or Head Start site or at another safe location that affords privacy. Home visits in home-based program options must be conducted in the family's home. (See 45 CFR 1306.33 regarding the home-based program option.)

(5) In addition, grantee and delegate agencies operating home-based program options must meet the requirements of 45 CFR 1306.33(a)(1) regarding home visits.

(6) Grantee and delegate agencies serving infants and toddlers must arrange for health staff to visit each newborn within two weeks after the infant's birth to ensure the well-being of both the mother and the child.

#### **§ 1304.41 Community partnerships.**

(a) Partnerships.

(1) Grantee and delegate agencies must take an active role in community planning to encourage strong communication, cooperation, and the sharing of information among agencies and their community partners and to improve the delivery of community services to children and families in accordance with the agency's confidentiality policies. Documentation must be maintained to reflect the level of effort undertaken to establish community partnerships (see 45 CFR 1304.51 for additional planning requirements).

(2) Grantee and delegate agencies must take affirmative steps to establish ongoing collaborative relationships with community organizations to promote the access of children and families to community services that are responsive to their needs, and to ensure that Early Head Start and Head Start programs respond to community needs, including:

(i) Health care providers, such as clinics, physicians, dentists, and other health professionals;

(ii) Mental health providers;

(iii) Nutritional service providers;

(iv) Individuals and agencies that provide services to children with disabilities and their families (see 45 CFR 1308.4 for specific service requirements);

(v) Family preservation and support services;

(vi) Child protective services and any other agency to which child abuse must be reported under State or Tribal law;

(vii) Local elementary schools and other educational and cultural institutions, such as libraries and museums, for both children and families;

(viii) Providers of child care services; and

(ix) Any other organizations or businesses that may provide support and resources to families.

(3) Grantee and delegate agencies must perform outreach to encourage volunteers from the community to participate in Early Head Start and Head Start programs.

(4) To enable the effective participation of children with disabilities and their families, grantee and delegate agencies must make specific efforts to develop interagency agreements with local education agencies (LEAs) and other agencies within the grantee and delegate agency's service area (see 45 CFR 1308.4(h) for specific requirements concerning interagency agreements).

(b) Advisory committees. Each grantee directly operating an Early Head Start or Head Start program, and each delegate agency, must establish and maintain a Health Services Advisory Committee which includes Head Start parents, professionals, and other volunteers from the community. Grantee and delegate agencies also must establish and maintain such other service advisory committees as they deem appropriate to address program service issues such as community partnerships and to help agencies respond to community needs.

(c) Transition services.

(1) Grantee and delegate agencies must establish and maintain procedures to support successful transitions for enrolled children and families from previous child care programs into Early Head Start or Head Start and from Head Start into elementary school, a Title I of the Elementary and Secondary Education Act preschool program, or other child care settings. These procedures must include:

(i) Coordinating with the schools or other agencies to ensure that individual Early Head Start or Head Start children's relevant records are transferred to the school or next placement in which a child will enroll or from earlier placements to Early Head Start or Head Start;

(ii) Outreach to encourage communication between Early Head Start or Head Start staff and their counterparts in the schools and other child care settings including principals, teachers, social workers and health staff to facilitate continuity of programming;

(iii) Initiating meetings involving Head Start teachers and parents and kindergarten or elementary school teachers to discuss the developmental progress and abilities of individual children; and

(iv) Initiating joint transition-related training for Early Head Start or Head Start staff and school or other child development staff.

(2) To ensure the most appropriate placement and services following participation in Early Head Start, transition planning must be undertaken for each child and family at least six months prior to the child's third birthday. The process must take into account: The child's health status and developmental level, progress made by the child and family while in Early Head Start, current and changing family circumstances, and the availability of Head Start and other child development or child care services in the community. As appropriate, a child may remain in

Early Head Start, following his or her third birthday, for additional months until he or she can transition into Head Start or another program.

(3) See 45 CFR 1304.40(h) for additional requirements related to parental participation in their child's transition to and from Early Head Start or Head Start.

**Appendix 3**  
**Office of Head Start Issuances in support of Head Start programs**  
**in response to Hurricanes Katrina and Rita**

**Information Memorandum**

Log No. ACYF-IM-HS-05-03 Issuance Date: **09/02/2005**

**SUBJECT:** Hurricane Katrina

**INFORMATION:**

We have all been moved by the tragedy which has befallen Americans living along the Gulf Coast in the aftermath of Hurricane Katrina, and many of us have wanted to find some way to assist those whose lives have been so dramatically disrupted. From a community perspective, Head Start is uniquely positioned to reach out to many of these families and help ease some of their suffering. ACF and Head Start leadership urge you to begin taking immediate steps to join the national relief effort targeted at affected families and other individuals from the Gulf region.

Specifically, we are asking all Head Start grantees, particularly those in Alabama, Louisiana, Mississippi, Arkansas, Texas, Florida, Georgia and Tennessee, to open your doors to those displaced families who have sought refuge in your community and to seek new ways to support children, parents and others affected by this disaster.

Head Start programs are encouraged, for example, to provide Head Start services to any displaced pre-school children and their families who are now living in your community. Head Start programs are further encouraged to open your doors to refugee families and extend to them available facilities including kitchens, bed space and showers. In addition, ACF and Head Start leadership encourage grantees and program directors to make themselves and their relationships in the community available to support other federal, state and local relief efforts.

You may wish to begin this task by conducting a quick inventory of the services and resources you currently have and asking yourself how they might be deployed to assist victims of this disaster. Please look particularly to physical resources (room space and facilities) and professional assets (physicians, social workers, mental health personnel) that might be of use.

ACF and the Head Start Bureau will assist you in every way possible. National and regional ACF staff will be available to help coordinate services among the Head Start programs in your state as well as the federal, state and local entities with which you partner.

We are here to empower you as you take part in one of the most critical human services relief efforts in our Nation's history. Please let us know how we can support your work to assist those in need. Please contact your ACF Regional Office to discuss your agency's participation in this effort.

Wade F. Horn, Ph.D.  
Assistant Secretary for Children and Families

**Information Memorandum**

Log No. ACYF-IM-HS-05-04 Issuance Date: **09/07/2005**

**SUBJECT:** Waivers and Funding Related to Hurricane Katrina

**INFORMATION:**

Many Head Start grantees have seen large numbers of families moving into their community in the aftermath of Hurricane Katrina. The Administration for Children and Families (ACF) continues to urge all affected programs to do all they can to be of service to these families. ACF is moving aggressively to remove any impediments to making such assistance possible. Following is a discussion of those areas in which ACF will be seeking to make your job easier as you reach out to meet the needs of evacuee children and families.

**Funding**

ACF is making available \$15 million to cover costs incurred over the next 30 days by those Head Start grantees providing services to evacuee children and families. There will be no non-federal share required for any of these funds. As necessary and appropriate, contact your responsible ACF Regional Office to discuss any funding needed by your agency to serve these children. We will advise you should additional funding become available through supplemental appropriations.

**Eligibility**

Any family which declares it has been forced to leave its home because of Hurricane Katrina should be considered an evacuee. As such, the pre-school age children of these families are to be considered as income eligible for Head Start. If a family does not have a child's birth certificate, programs should accept the family's information about the child's birth date. A note should be included in each such child's file that age and/or income eligibility was determined based on information provided by the child's family.

**Facilities**

As programs strive to meet the needs of displaced children and families, facility space will clearly be an issue. In order to allow grantees to optimize the use of any space they may currently have access to, we will authorize waivers to grantees to exceed the class size requirements of 45 CFR Part 1306.32(a), so long as the grantee maintains appropriate adult to child ratios and complies with state and local licensing requirements. We will also, on an interim basis, authorize any impacted grantee to serve children in a double session model and to waive the requirements of 45 CFR Part 1306.32(c)(2) so that these children can be served five days a week.

**Teacher Credentials**

Some programs will likely choose to serve Katrina evacuees by adding additional classrooms. If

you are unable to find teachers with Head Start required credentials (i.e., at least a Child Development Associate (CDA)), to staff new classes, you should inform your Regional Office. Any displaced Head Start teachers in your community should be given priority when hiring new classroom staff.

### **Hours of Service**

Should grantees find that their specific circumstances warrant a waiver from the minimum home visit time (i.e., 1 ½ hours) or the minimum classroom time (i.e., 3 hours) such requests should be submitted to their Regional Office, together with an explanation as to why the waiver is being requested.

### **Health Services**

In recognition of the impact of enrolling evacuee children in your program, we understand there could be delays in meeting some of the requirements of 45 CFR Part 1304.20 that mandate the delivery of health services within prescribed time periods. We will work with your program to assure all evacuee children are provided required health services as quickly as possible. Programs should, where possible, acquire any relevant records about health services previously provided to any enrolled child and share those records with appropriate health providers. (Programs should also, where possible, try to acquire the Individualized Education Plan (IEPs) of formerly enrolled Head Start children.)

### **Early Head Start**

As together we strive to serve these children and families, we must be sure to do so in ways that will not put any children at risk. Accordingly, only Head Start programs which currently have an Early Head Start program will be authorized to serve infant- and toddler-age children. Programs without Early Head Start should refer any such children to the child care programs in their community. Particularly in these vulnerable times, it is important to assure that only those with expertise in serving the youngest of our children are authorized to do so.

As other issues come to our attention, we will provide whatever support we can to assist all of you in serving the children and families impacted by Hurricane Katrina. Should you have any questions on anything related to helping evacuee families in your community, please contact your ACF Regional Office.

Thank you for doing all you can to help those families who have lost so much.

Wade F. Horn, Ph.D.  
Assistant Secretary for Children and Families

## **Information Memorandum**

Log No. ACYF-IM-HS-05-05 Issuance Date: **09/09/2005**

**SUBJECT:** Serving Evacuee Children Impacted by Hurricane Katrina

### **INFORMATION:**

Many Head Start grantees have seen evacuee children and families impacted by Hurricane Katrina moving into their communities. As we together strive to serve these children and families it is important that we have the most complete and current data available on the extent of Head Start services being provided to Katrina evacuees. Accordingly, we have asked each of our Regional Offices to contact all the grantees in its Region to collect the following data:

1. How many evacuee children are you serving in your Head Start program?
2. How many of these children were enrolled in a Head Start program in their home community?
3. How many of these children are new to Head Start?

We are asking that these data be collected on a daily basis.

Please contact your ACF Regional Office if you have any questions on this request.

Thank you for continuing to do all you can to help those who have been so greatly impacted by Hurricane Katrina.

Frank Fuentes  
Acting Associate Commissioner  
Head Start Bureau

## **Information Memorandum**

Log No. ACYF-IM-HS-05-062. Issuance Date: **09/21/05**

**SUBJECT:** HS Staff Impacted by Hurricane Katrina

### **INFORMATION:**

Hurricane Katrina has caused the closure of approximately 150 Head Start centers, leaving many Head Start staff without work for unknown periods of time.

Head Start and Early Head Start grantees should consider steps to assist their staff who are currently not able to work because of the impact of Hurricane Katrina and further consider ways to use these staff to continue Head Start services, even on a limited basis, until it is possible to resume full services.

All staff should be paid any wages due to them for time worked before Hurricane Katrina forced the closing of their program. Any Head Start staff from closed centers who are ready and available to work should be encouraged to provide assistance, under the auspices of the Head Start program, to enrolled families that have been displaced by the hurricane (e.g., work temporarily as home visitors or family child care providers) or be employed for other Head Start-related purposes with their original program. Grantees may also wish to deploy employees to assist neighboring Head Start programs. For Head Start employees who themselves have been displaced by the storm and are unable to work, we are encouraging grantees, if their personnel and other policies permit, to put staff on paid administrative leave through the end of September 2005.

Thank you for your continued assistance in helping the evacuee children and families impacted by Hurricane Katrina.

Wade F. Horn, Ph.D.  
Assistant Secretary for Children and Families

### **Program Instruction**

Log No. ACYF-PI-HS-05-04 Issuance Date: **10/04/05**

**SUBJECT:** Facilities Damaged in Hurricanes Katrina and Rita

### **BACKGROUND:**

Hurricane Katrina caused damage to more than 200 Head Start facilities. Nearly 100 of these facilities were so significantly damaged that they are still closed and most will require replacement or extensive repair. While no data are yet available, we can only assume that the damage caused by Hurricane Rita will add to this number.

Each Head Start grantee with one or more damaged centers should be working with its Administration for Children and Families (ACF) Regional Office to develop a facility strategy that will, as quickly as possible, allow the grantee to start again serving Head Start children.

In those cases where facilities were leased by the Head Start program, the cost of repairs and who will pay for them need to be part of a discussion between the Head Start grantee, the building owner and the responsible ACF Regional Office. Grantees wishing to stay in centers that can be repaired are expected to work with the property owner and fully explore such issues as FEMA and insurance reimbursement as part of any proposal submitted to their ACF Regional Office for one-time supplemental funding. Regional Offices will consider each supplemental funding request on its own merits, but ACF, in reviewing these requests, will need to fully understand the extent to which resources have been or will be made available to the facility owner to restore the damaged property. In cases where the grantee believes it to be preferable to relocate to a new facility, conversations should be had regularly with your Regional Office so that together you can explore those options which will work best for your program. ACF understands that finding alternate facilities may require one-time funds to, for example, renovate

a building to make it suitable for serving Head Start children. All such requests for supplemental funding will need to include a full discussion of what the grantee is proposing and the reason for its request.

In any case in which a severely damaged or destroyed center was grantee owned, the grantee should pursue appropriate options with its insurance company and with FEMA, as well as keeping its Regional Office fully apprised of its situation. ACF will work with each such grantee to explore appropriate options for finding replacement facilities as soon as possible.

Grantees are also expected to work with their Regional Office, as their situations permit, to find temporary ways to provide Head Start services to children and families still in the community. Such approaches as home-based services or family child care may be appropriate options until the grantee is able to address its facility needs.

On a related matter, all Head Start grantees are strongly encouraged to reach out to those families displaced by Hurricane Rita in the same manner so many of you did, and continue to do, in helping those impacted by Hurricane Katrina. We would urge you to provide Head Start services to any eligible families which have temporarily relocated to your community. We will, at a minimum, reimburse you for those costs incurred in the first 30 days of serving these children and families. As with Katrina, we will share additional funding information with you as it becomes available. We will also waive all of those requirements which were waived as part of serving Katrina children and families (Please see Information Memorandum ACYF-IM-HS-05-04). Please inform your Regional Office on an on-going basis of any children displaced by Hurricane Rita that you are serving in your program.

Thank you again for all each of you is doing to help those impacted by these two natural disasters.

Wade F. Horn, Ph.D. Assistant Secretary  
for Children and Families

## Policy Clarification

### OHS – PC – B – 005

**Has a plan for Head Start grantees been developed should there be an outbreak of pandemic influenza? If a program has to shut down and home visits are not allowed, what kind of services can a local Head Start program provide? Would a program's funding level change as a result of being shut down temporarily?**

The Centers for Disease Control and Prevention is in the process of developing guidance for Child Care centers to follow in the event of an outbreak of pandemic influenza. This guidance is applicable to Head Start programs. When it is finalized, it will be available at the official pandemic flu web site: [www.pandemicflu.gov](http://www.pandemicflu.gov).

Decisions about closing Head Start centers need to be made by local officials (state licensing, state and/or local health departments) and must be followed by Head Start programs.

If a Head Start program is shut down and/or home based services are prohibited, Head Start programs can provide support to families by making telephone calls and/or sending information to families through the mail.

If a Head Start program is shut down due to an outbreak of pandemic flu, decisions about the program's funding level would be made on a case by case basis reflecting the particular circumstances of each grantee and the period of time the program will remain closed.

Informal Guidance

June 12, 2007

## Policy Clarification

### OHS – PC – J – 002

**If a Head Start agency experiences an event such as a severe hurricane or tornado, that disrupts the ability of the program to operate for a significant amount of time, can the grantee apply for a compliance waiver of the requirement for 128 (or 160) days of class operations per year?**

Yes. In accordance with 45 CFR 1306.36, a Head Start agency may apply for a compliance waiver to the Director of the Office of Head Start. The request should describe the efforts made by the grantee to comply with the "number of days" requirement, an explanation of why compliance is not currently possible, and the grantee's plans to assure it will be able to meet Head Start standards in its next program year. The request should be accompanied by relevant supporting evidence, and a copy of the entire request should be sent through your Regional Office Program Manager.

Requirement

45 CFR 1306.36

April 25, 2007

## **Appendix 4**

### **Office of Head Start Emergency Preparedness Webcast Evaluation Results**

The purpose of the post-Webcast evaluation is to determine the general reaction of the Head Start/Early Head Start field to the Emergency Preparedness Webcast. The feedback received also provides an opportunity for ESI to gather recommendations on how to improve future Webcasts.

#### **Question 1: Did the information on the Webcast change your ideas about emergency preparedness for your program?**

- **51%** of respondents indicated the Webcast changed their ideas about emergency preparedness.
- **29%** of respondents indicated the Webcast did not change their ideas; however, it reinforced their emergency preparedness plans.
- **13%** of respondents included responses such as “somewhat,” “not really,” and “a little.”

#### **Question 2: Explain what information was most useful to you and how you will use it to support your work.**

- **35%** of respondents indicated the Webcast resource materials: Emergency Preparedness Manual, Action Checklist, “Grab and Go” tool kit, and the Decision Tree.
- **30%** of respondents indicated Emergency Cycle and/or one or all of its four stages (planning, impact, recovery and relief).
- **24%** of respondents indicated information on facilitating external involvement and connections from groups such as community partnerships; REMs; parents; networking; and first responders.
- Other responses included: H1N1 information.

#### **Question 3: Explain what information was least useful to you and any recommendations you would suggest.**

- **35%** of respondents had no comment to this question.
- **30%** of respondents indicated that everything discussed in the Webcast was useful and informative.
- **14%** of respondents indicated that the personal life stories (i.e. Katrina) were not useful.
- Other responses included: H1N1; a need for more detailed information on the Emergency Preparedness Manual; more explanation on the worksheets/resource guide materials; having the Emergency Preparedness Manual ahead of time.

#### **Question 4: What made participating in this experience via internet helpful or unhelpful? Please explain.**

- **65%** of respondents indicated that Webcasts are helpful because they are cost-effective, convenient, concise, and easy to access.
- **15%** of respondents indicated that the Webcast provided them with great information on Emergency Preparedness.
- **10%** of the respondents thought the Q&A was helpful.

### **Question 5: What topics should future Webcasts address?**

- **50%** of respondents had no specific suggestions for future Webcasts.
- Suggestions included:
  - More webcasts on emergency preparedness
  - Health and nutrition
  - Facility and transportation safety
  - Children with disabilities/disorders or atypical behaviors in Head Start and Early Head Start
  - Grant writing
  - Program Information Report (PIR)
  - Monitoring review
  - Parent and community involvement
  - ERSEA
  - Performance Standards
  - Professional development
  - Homelessness amongst children in Head Start and Early Head Start

### **Question 6: How can we make Webcasts more effective learning experiences for you?**

- Suggestions included:
  - Make the PowerPoint slides, reference materials, and Viewer's Guide available prior to and after the Webcast.
  - Presentation should be less scripted and canned.
  - Provide an opportunity for viewers to continue to ask questions after the Webcast airs.
  - Shorten the length of the Webcast.
  - Include more reference materials.
  - Include more visuals such as videos, charts, graphs, and photos.

### **Additional Comments**

- Content:
  - Excellent presentation.
  - Well done!
  - Thank you!
  - The Webcast was very helpful, and the details of the personal experiences were very powerful.
  - This particular training topic seems to have been offered at a good time. There is an emphasis at this time on emergency preparedness, and we have had some close calls ourselves. Fortunately none have demanded worst case scenarios.
  - The Head Start Emergency Preparedness Plan is a wonderful resource to help us review and revise our own Emergency Plan.
- Format:
  - It is wonderful that OHS is providing training in the Webcast format
  - Webcasts are very effective tools and are an excellent way to reach a large number of people throughout the country.

## **Appendix 5**

### **State Emergency Preparedness and Response Requirements for Child Care Settings Applicable to Head Start**

In addition to federal regulations through the Head Start Program Performance Standards (HSPPS), Head Start grantee and delegate agencies are required to follow state, Tribal, or local statutes, regulations, and policies when those are more stringent than the requirements under the HSPPS. In the absence of a specific federal Head Start requirement for preparedness and response planning for large-scale emergencies, programs may be operating within states or other jurisdictions with such requirements for licensed child care facilities/providers. Where such requirements exist, programs must be in compliance.

From: “Emergency Preparedness in Licensed Child Care Facilities and K-12 Schools,” Prepared for Save the Children - 2009 by Sue Buckley, Brown, Buckley, Tucker  
[http://healthyamericans.org/reports/bioterror09/pdf/SaveTheChildren\\_EmergencyPreparednessandChildren\\_June2009.pdf](http://healthyamericans.org/reports/bioterror09/pdf/SaveTheChildren_EmergencyPreparednessandChildren_June2009.pdf)

Summary of review of state child care licensing laws and regulations for the 50 states and the District of Columbia:

- 41% (21/51) require all licensed child care facilities to have a multi-hazard written evacuation and relocation plan
- 29% (15/51) requiring all licensed child care facilities to have a written plan to notify parents of an emergency
- 22% (11/51) require a written plan for accommodating all children with special needs during an emergency evacuation and relocation
- 29% (15/51) have licensing regulations that mandate more stringent disaster planning and preparation for child care centers than family home child care providers

(For additional information, see Appendix A of the source document.)

## **Appendix 6**

### **Federal Emergency Preparedness, Response, and Recovery Regional Staff**

The Department of Health and Human Services (HHS) has a cadre of regionally-based personnel who work with State and local authorities on a variety of public health and medical initiatives, including preparedness and response to major events. It is important for public health and medical planners to understand the roles of these regionally-based personnel and to establish working relationships with them during preparedness planning to facilitate federal support in a crisis. Brief descriptions of key regional personnel and their respective roles in preparedness, response, and recovery are summarized below.

- **Regional Director (RD):** An HHS political appointee at the regional level, the RD is the Secretary's regional representative and the primary spokesperson for HHS in his/her region, except in times of emergency. During normal daily operations, the RD reports pertinent information on regional issues and implications to HHS leadership. The RD promotes preparedness by coordinating regional resources through a Regional Advisory Council. During a response, the RD serves as the point of contact (POC) for elected officials and consults with an IRCT deployed to his/her region.
- **Regional Health Administrator (RHA):** Oversees HHS public health programs at the regional level and coordinates with State Health Directors. The RHA builds relationships with state and local public health officials as well as other federal departments in his/her region. During a response, the RHA may serve in a public health advisory role supporting the Regional Emergency Coordinator, and as a liaison to State Health Directors. The HHS Secretary also may call on the RHA to serve as the SHO, if needed.
- **Regional Emergency Coordinator (REC):** Leads the HHS regional preparedness effort in his/her region by working with medical and public health planners to determine precisely what their response capability is, when they might need to ask for federal support, and how they would integrate federal assets into their ICS. The REC also is the HHS lead for regional response and typically serves as the IRCT Leader.
- **Regional Administrator (RA):** Serves as the ACF liaison and advisor to the REC for coordination of Human Services issues (Emergency Services Function (ESF) #6 under the National Response Framework) and participates in regional planning activities. During an event, the RA assesses and coordinates the ACF response and provides a liaison to the IRCT.
- **Senior Management Official (SMO):** Represents the HHS Centers for Disease Control and Prevention (CDC) in the state health department and coordinates technical support to local and state public health agencies. During a response, the SMO advises the State on the effective use of CDC assets and provides technical assistance and guidance.

## **Appendix 7**

### **ACF Office of Human Services Emergency Preparedness and Response**

The Administration for Children and Families (ACF) within HHS is responsible for Federal programs that promote the economic and social well-being of families, children, individuals, and communities. During recognized or declared large-scale emergency, Head Start programs report their status to the Head Start Regional Program Manager. The Head Start Regional Program Manager reports to the ACF Regional Administrator, who coordinates the ACF response.

In addition, ACF created the Office of Human Services Emergency Preparedness and Response (OHSEPR) in 2007 to focus attention on human services preparedness and response. Through our work with state, individuals, families, and special needs populations are assisted prior to, during, and after disasters.

One of OHSEPR's primary goals is to promote self-sufficiency by providing access to health care, mental health services, emergency aid, and recovery assistance. Additional OHSEPR goals include to:

1. Promote human services emergency planning with state, Tribes, grantees, and territories.
2. Build human services emergency preparedness capacity.
3. Promote inclusion of special needs in disaster preparedness, response, and recovery.
4. Support long-term recovery through HHS human services programs in cooperation with and support of the Regional Health Administrators.
5. Facilitate comprehensive disaster case management and technical assistance.

ACF developed its disaster case management model through collaboration with FEMA, the HHS Office of the Assistant Secretary for Preparedness and Response (ASPR), the HHS Administration on Aging, Voluntary Organizations Active in Disaster (VOAD), and states.

ACF, in partnership with FEMA, administers the Federally-funded Disaster Case Management Program (DCMP), which falls under Emergency Services Function (ESF) #6 of the National Response Framework. In the event of a Presidentially-declared disaster that includes Individual Assistance, the Governor of the impacted state may request the DCMP through direct Federal services administered by ACF and/or a Federal grant. When direct Federal assistance is approved by FEMA and a mission assignment is routed to ASPR, this process activates ACF and its partners to deploy within 72 hours of notification to the impacted state.

## Appendix 8

### Head Start/Early Head Start Emergency Preparedness Survey

**Directions:**

Please complete the following questions to the best of your ability. The Office of Head Start is interested in learning about your programs emergency preparedness policies and plans for large-scale emergencies. If you come across a question that you can not answer, please consult with others in your program to obtain the answer. The information you provide is very helpful for the Office of Head Start and we thank you for your attention and participation.

For the purposes of this study a large-scale emergency refers to circumstances of hurricanes Katrina, Rita, and Wilma; the terrorist attacks of September 11, 2001; or other incidents where assistance may be warranted under the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5121 et seq.).

#### **Section A: Presence of a large-scale emergency plan and emergencies included**

1. Has your program developed emergency preparedness and response policies and procedures for large-scale emergencies?

- Yes (please go to question 1A)
- No (please go to question 2)

1A. Which of the large-scale emergencies below are currently included within your program's emergency preparedness and response plan's policies and procedures? Check all that apply.

- Wildfire
- Flood
- Chemical/industrial accident (beyond the facility)
- Severe weather event (for example, tornado, hurricane, ice storm, extreme heat)
- Earthquake
- Tsunami (tidal wave)
- Civil disorder/rioting
- Terrorist attack (such as nuclear/biological/chemical)
- Pandemic influenza or other outbreak of infectious disease
- Widespread loss of electrical power
- Breakdown of electronic communications (such as widespread failure of phone networks)
- None of the above
- Other \_\_\_\_\_
- Other \_\_\_\_\_

1B. How often is your large-scale emergency preparedness and response plan updated?

- Monthly
- Four times a year
- Twice a year
- Once a year
- Other \_\_\_\_\_
- We have not updated our large-scale emergency preparedness and response plan

2. Which of the large-scale emergencies below has your program been affected by from January 1, 2000 to the present? Check all that apply.

	None	One	Two	Three	Four	Five	Six or more
Wildfire	<input type="checkbox"/>						
Flood	<input type="checkbox"/>						
Chemical/industrial accident (beyond the facility)	<input type="checkbox"/>						
Tornado	<input type="checkbox"/>						
Hurricane	<input type="checkbox"/>						
Ice storm	<input type="checkbox"/>						
Extreme heat	<input type="checkbox"/>						
Earthquake	<input type="checkbox"/>						
Tsunami (tidal wave)	<input type="checkbox"/>						
Civil disorder/rioting	<input type="checkbox"/>						
Terrorist attack (for example, a nuclear, biological, or chemical attack, or the attacks of September 11, 2001)	<input type="checkbox"/>						
Outbreak of infectious disease in the community	<input type="checkbox"/>						
Widespread loss of electrical power	<input type="checkbox"/>						
Breakdown of electronic communications (such as widespread failure of phone networks)	<input type="checkbox"/>						
Other 1	<input type="checkbox"/>						
Other 2	<input type="checkbox"/>						

If you have indicated "Other" – please describe

Other 1: \_\_\_\_\_

Other 2: \_\_\_\_\_

3. Which of the large-scale emergencies below are required by your state or local statutes, regulations or policies to be in your written emergency preparedness and response plans? Check all that apply.

- Wildfire
  - Flood
  - Chemical/industrial accident (beyond the facility)
  - Severe weather event (for example, tornado, hurricane, ice storm, extreme heat)
  - Earthquake
  - Tsunami (tidal wave)
  - Civil disorder/rioting
  - Terrorist attack (such as nuclear/biological/chemical)
  - Pandemic influenza or other outbreak of infectious disease
  - Widespread loss of electrical power
  - Breakdown of electronic communications (such as widespread failure of phone networks)
  - Other \_\_\_\_\_
- If you responded to any of the emergencies above, please go to question 4
- No written plan is required by our state statutes, regulations or policies (please go to question 3A)
  - No written plan is required by our local statutes, regulations or policies (please go to question 3A)
  - Don't Know (please go to question 4)

3A. If your state or local statutes, regulations or policies do not require your program to have a written emergency preparedness and response plan for large-scale emergencies (for example, hurricanes, tornadoes, wildfires, floods, industrial accidents, terrorist attacks, etc.), what are the reasons for which you developed your own policies and procedures? Check all that apply.

- Our program experienced a large-scale emergency
- Our community experienced a large-scale emergency
- Our community is making an effort to plan for a large-scale emergency
- Other programs experienced a large-scale emergency
- Our program wanted to be prepared
- There is a grant opportunity that we pursued for emergency preparedness
- Develop or maintain a collaborative relationship with other programs/agencies
- Other \_\_\_\_\_
- Other \_\_\_\_\_
- Other \_\_\_\_\_
- Other \_\_\_\_\_
- We have not developed a plan.

**Section B: Drills of your emergency preparedness plan, policies and procedures**

4. Do your program policies and procedures designate the position of the person (example: Director, lead teacher, program supervisor, etc.) who is responsible for each part of the emergency preparedness and response plan?

- Yes
- No
- Does not apply, currently no emergency preparedness policies/procedures for large-scale emergencies

5. Do your program’s emergency preparedness and response policies and procedures require that you conduct drills?

- Yes (if yes, please go to question 5A)
- No (if no, please go to question 6)
- No emergency preparedness and response policies and procedures exist (please go to question 6)

5A. What do your large-scale emergency preparedness drills focus on? Check all that apply.

- Drills for a specific large-scale emergency
- Evacuation
- “Shelter-in-place”
- Damage assessment
- Risk assessment
- Communication with emergency personnel
- Other\_\_\_\_\_

6. Which of the following methods does your program use to test procedures to be used in the event of a large-scale emergency? Check all that apply.

- “Tabletop” exercises (staff discussion of specific assigned roles, responsibilities and actions in the event of an emergency)
- Simulated events (fire drills, evacuation drills, shelter-in-place)
- “After-action review” (review of the effectiveness of communication procedures that were used during an actual event)
- Other:\_\_\_\_\_
- No method for testing of these procedures is conducted

7. Do your emergency preparedness and response drills include simulated or actual communication and coordination with the following? Check all that apply.

	Simulated	Actual Communication	Actual Coordination
Federal emergency management agencies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
State emergency management agencies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local emergency management agencies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-governmental emergency management organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No emergency preparedness and response drills conducted (please go to question 9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. Do your emergency preparedness and response drills include simulated or actual communication and coordination with relief agencies and other response and recovery resources (after the immediate impact of the emergency has passed)? Check all that apply.

	Simulated	Actual Communication	Actual Coordination
Medical organizations or agencies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health providers/organizations/agencies, crisis counselors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Red Cross	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insurance consultants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
None of the above	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Section C: Communication of your emergency preparedness plan, policies and procedures for staff, parents, and others**

9. Who receives copies of your emergency preparedness and response plan? Check all that apply.

- Staff
- Volunteers
- Parents
- Community Partners
- Other \_\_\_\_\_
- No plans are provided (please go to question 10)

9A. How often is your emergency preparedness and response plan provided to others?

	Monthly	Twice a year	At initial involvement with program	At the beginning of the program year	During orientation/training	Not applicable
Staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Volunteers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community Partners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (from 9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. What accommodations for communicating emergency procedures have you made? Check all that apply.

- Posted emergency information in English and in other languages representative of the languages spoken by staff, parents, and volunteers
- Pictograms (such as pictures or diagrams of evacuation routes, locations of essential equipment or supplies)
- Audible pre-recorded instructions (for vision-impaired staff or volunteers)
- Tactile guides for evacuation routes for the visually impaired
- Other \_\_\_\_\_
- No accommodations for communicating emergency procedures have been made

11. What are your programs policies and procedures for how to communicate with parents and staff in the event of large-scale emergency? Check all that apply.

	Parents	Staff
Telephone (including cell phone text messaging)	<input type="checkbox"/>	<input type="checkbox"/>
TTY (text telephone devices for the hearing impaired)	<input type="checkbox"/>	<input type="checkbox"/>
Email	<input type="checkbox"/>	<input type="checkbox"/>
Emergency contacts in lieu of parents (pre-designated and authorized to receive information regarding the individual child)	<input type="checkbox"/>	<input type="checkbox"/>
Pre-designated local radio and television stations	<input type="checkbox"/>	<input type="checkbox"/>
Specific procedures for communicating with parents of limited English proficiency	<input type="checkbox"/>	
Specific procedures for communicating with homeless families	<input type="checkbox"/>	
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>
No policies and procedures for communication exist	<input type="checkbox"/>	<input type="checkbox"/>

12. How do you keep contact information for parents, staff, and volunteers? Check all that apply.

	Hard copy in office	Hard copy kept off site	Electronic	Electronic backup off site	Information not kept
Parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Volunteers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13. How often do you update your contact information for:

	Monthly	Twice a year	When entering the program	At the beginning of the year	During training	No updates are made
Parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Volunteers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. What information are parents and staff informed of in advance?

	Parents	Staff
The types of emergencies that they will be contacted about?	<input type="checkbox"/>	<input type="checkbox"/>
How they will be contacted in the event of a large-scale emergency?	<input type="checkbox"/>	<input type="checkbox"/>
Changes to the programs large-scale emergency policies and procedures when they are made?	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>
None of the above	<input type="checkbox"/>	<input type="checkbox"/>

**Section D: Financial support of your emergency preparedness plan**

15. Does your program budget include Federal and/or non-Federal-share resources dedicated to emergency preparedness? Check all that apply.

	Costs of training	Supplies	Equipment	Facilities	No resources are provided
Federal	<input type="checkbox"/>				
Non-Federal	<input type="checkbox"/>				
Other	<input type="checkbox"/>				

16. Are costs/expenses associated with your program’s emergency preparedness planning represented as a line item(s) in your program’s budget?

- Yes
- No

17. Are any emergency preparedness services, equipment, supplies, facilities, or financial resources donated or contributed to your program? Check all that apply.

- Services (ex. training of Head Start staff and volunteers, broadcast of emergency messages)
- Materials (ex. emergency supplies such as bottled water, long shelf-life foods, equipment such as walkie-talkies, weather radios)
- Facilities (evacuation space, off-site storage of supplies, back-up records)
- Financial resources (ex. grants)
- Other \_\_\_\_\_
- No donations or contributions have been made

18. How many days of pre-positioned emergency supplies do you have to provide for staff and children, if necessary? Check one response for each row.

	None	1 Day	2 Days	3 Days	4 Days	5 Days	More than 5 days
Water	<input type="checkbox"/>						
Food	<input type="checkbox"/>						
Medications	<input type="checkbox"/>						
Batteries for flashlights and radios	<input type="checkbox"/>						
Personal care/toiletry items	<input type="checkbox"/>						
Other: _____	<input type="checkbox"/>						

If you have responded “None” to any of the above in #18, please complete question 18A.

18A. If you have indicated “None” for water, food, medications, batteries for flashlights and radios, and/or personal care/toiletry items, how was this decision made? Check all that apply.

	Water	Food	Medications	Batteries for flashlights and radios	Personal care/toiletry items
Not enough money to provide supplies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not enough space to store supplies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not enough staff time to manage the inventory and track expiration dates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not identified as likely that the facility would be isolated for more than a day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not a priority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

19. Where are these pre-positioned emergency supplies stored? Check all that apply.

	On-site	Off-site	Other 1	Other 2	No supplies
Water	<input type="checkbox"/>				
Food	<input type="checkbox"/>				
Medications	<input type="checkbox"/>				
Batteries for flashlights and radios	<input type="checkbox"/>				
Personal care/toiletry items	<input type="checkbox"/>				
Other: _____	<input type="checkbox"/>				

If you have indicated “other” (ex. an arrangement for access to emergency supplies with a community partner) – please describe

Other 1: \_\_\_\_\_

Other 2: \_\_\_\_\_

**Section E: Connecting your program with state and local (jurisdictions) evacuation and emergency protocols**

20. Which of the following methods does your program use to keep up to date on state and local (jurisdictions) evacuation and emergency protocols? Check all that apply.

- Mailings
- E-mail
- Listserv (through local/state authorities)
- Direct communication from representatives of local and state emergency preparedness and response agencies or workgroups
- Program staff participation on local or state emergency preparedness and response agencies or workgroups
- Other \_\_\_\_\_
- No methods used

21. Does the program have policies and procedures for staff training on state and local (jurisdictions) evacuation and emergency protocols?

	state protocols	Local (jurisdictions) protocols
Yes	<input type="checkbox"/>	<input type="checkbox"/>
No	<input type="checkbox"/>	<input type="checkbox"/>

22. How often does your program provide staff training on State and local (jurisdictions) evacuation and emergency protocols (check all that apply):

	Once a year	Twice a year	Four times a year	When changes are made to evacuation and emergency protocols	No training provided
Staff training – State protocols	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff training – Local (jurisdictions) protocols	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If no training provided for both state and local (jurisdictions) protocols please go to question 23.

22A. Who conducts staff training on state and local (jurisdictions) evacuation and emergency protocols? Check all that apply.

	State protocols	Local (jurisdictions) protocols
Program Staff	<input type="checkbox"/>	<input type="checkbox"/>
Outside consultants (paid by Program funds)	<input type="checkbox"/>	<input type="checkbox"/>
Outside consultants (unpaid local, State or Federal partners)	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>
Not applicable	<input type="checkbox"/>	<input type="checkbox"/>

22B. Which staff participates in the training on state and local (jurisdictions) evacuation and emergency protocols? Check all that apply.

	Teachers	Teacher aids	Support staff	Transportation personnel	Volunteers	Other	Not applicable
Staff training – State protocols	<input type="checkbox"/>						
Staff training – Local (jurisdictions) protocols	<input type="checkbox"/>						

If you have indicated “other”– please describe

Other State: \_\_\_\_\_

Other Local (jurisdictions): \_\_\_\_\_

23. Which of the following methods are used to test the procedures for carrying out state and local (jurisdictions) evacuation and emergency protocols? Check all that apply.

	State	Local (jurisdictions)
“Tabletop” exercises (staff discussion of specific assigned roles, responsibilities and actions in the event of an emergency)	<input type="checkbox"/>	<input type="checkbox"/>
Simulated events (fire drills, evacuation drills, shelter-in- place)	<input type="checkbox"/>	<input type="checkbox"/>
“After-action review” (review of the effectiveness of communication procedures that were used during actual event)	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>
There are no state or local (jurisdictions) evacuation and emergency protocols	<input type="checkbox"/>	<input type="checkbox"/>
No methods are used to test procedures for carrying out these protocols	<input type="checkbox"/>	<input type="checkbox"/>

**Section F: Coordination with emergency management agencies and organizations**

24. Which emergency management agencies/organizations does your program have policies and procedures for communicating and coordinating with in the event of a large-scale emergency? Check all that apply.

	Communicating	Coordinating
Federal emergency management agencies	<input type="checkbox"/>	<input type="checkbox"/>
State emergency management agencies	<input type="checkbox"/>	<input type="checkbox"/>
Local emergency management agencies	<input type="checkbox"/>	<input type="checkbox"/>
Non-governmental emergency management organizations	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>
We have no such policies or procedures	<input type="checkbox"/>	<input type="checkbox"/>

25. Were your program’s policies and procedures for communicating and coordinating with emergency management agencies developed for your program or a larger system? Check all that apply.

- For your Head Start program specifically
- For a larger system of which the program is a part (ex. school system)
- Other \_\_\_\_\_
- We have no such policies or procedures (please go to question 26)

25A. Which of the agencies/organizations below were directly involved in developing your policies and procedures for communicating and coordinating between your program and the emergency management agencies? Check all that apply.

- Federal emergency management agencies
- State emergency management agencies
- Local emergency management agencies
- Non-governmental emergency management organizations
- Other \_\_\_\_\_
- No such agencies or organizations were involved
- Don't know

25B. Did you or your program inform any of the following agencies/organizations about your policies and procedures for communicating and coordinating with them? Check all that apply.

- emergency management agencies
- State emergency management agencies
- Local emergency management agencies
- Non-governmental emergency management organizations
- Other \_\_\_\_\_
- Don't know
- No such agencies/organizations were informed

**Section G: Preparing for response and recovery from large-scale emergencies**

26. Does your program have policies and procedures for designating and maintaining access to critical records (for example, medication logs, consent forms, etc.) in the event of an emergency requiring evacuation or shelter-in-place?

	Evacuation	Shelter-in-place
Yes	<input type="checkbox"/>	<input type="checkbox"/>
No	<input type="checkbox"/>	<input type="checkbox"/>

27. Does your program have policies and procedures for communicating with parents and staff during the response and recovery stages of a large-scale emergency (after the immediate impact of the emergency has passed)?

	Parents	Staff
Yes	<input type="checkbox"/>	<input type="checkbox"/>
No	<input type="checkbox"/>	<input type="checkbox"/>

28. In the case of a large-scale emergency, does your program have partnerships or agreements with individuals/practices in the medical community to provide resources for your (check all that apply):

	Yes	No
Children	<input type="checkbox"/>	<input type="checkbox"/>
Parents	<input type="checkbox"/>	<input type="checkbox"/>
Staff	<input type="checkbox"/>	<input type="checkbox"/>

29. In your program communication procedures and policies for the response and recovery stages of a large-scale emergency what contact information for identified individuals (by name or by title) representing relief agencies and other resources are included? Check all that apply.

- Individuals in federal emergency management agencies
- Individuals in state emergency management agencies
- Individuals in local emergency management agencies
- Individuals from non-governmental emergency management organizations
- Other \_\_\_\_\_
- We have no such procedures or policies

30. Which of the following are included in your program emergency preparedness and response policies and procedures for Continuity of Operations planning (planning for the continuing delivery of program services once the immediate impact of the large-scale emergency has passed)?

- Back-up systems for computer files – on-site
- Back-up systems for computer files – off-site
- Provisions for temporary relocation of program classrooms and other center-based services
- Identification of key equipment for the safe operation of the facility
- A list of vendors who can provide critical repair or replacement when needed
- Transportation
- Other
- We have no policies or procedures for Continuity of Operations

31. Do program emergency preparedness and response policies and procedures include preparation through identification of resources and training in (check all that apply):

	Identification of resources	Training
How to conduct a facility damage assessment	<input type="checkbox"/>	<input type="checkbox"/>
Documentation of facility damage assessment	<input type="checkbox"/>	<input type="checkbox"/>
Identification of resource needs to resume program operation	<input type="checkbox"/>	<input type="checkbox"/>
Prioritization of resource needs to resume program operation	<input type="checkbox"/>	<input type="checkbox"/>
Notification of financial entities (insurance carriers, funding agencies, FEMA)	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>
We have no such polices or procedures	<input type="checkbox"/>	<input type="checkbox"/>

32. Do program emergency preparedness and response policies and procedures include training of staff in the:

	Children	Families	Staff
Effects of traumatic events such as large-scale emergencies upon:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provision of mental health support during response and recovery for:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### **Section H: Emergency preparedness and response planning for localized emergencies**

The next five (5) questions are based on your policies and plans for localized emergency preparedness and response. A localized emergency is one that happens either within the center or on a smaller scale than a large-scale emergency.

33. Which of the localized emergencies below are currently included within your program's emergency preparedness and response plan's policies and procedures? Check all that apply.

- Hostage situation in the center
- Abduction/attempted abduction
- Violence in the center
- On-site fire
- Infrastructure failure (e.g., roof collapse, major plumbing/flood)
- Other \_\_\_\_\_
- Other \_\_\_\_\_
- No localized plan exists (please go to question 34)

33A. How often is your localized emergency preparedness and response plan updated?

- Monthly
- Four times a year
- Twice a year
- Once a year
- Other \_\_\_\_\_
- We have not updated our localized emergency preparedness and response plan

34. Which of the localized emergencies below has your program experienced from January 1, 2000 to the present? If experienced more than once, please indicate by entering number of times this has occurred. Check all that apply.

- Hostage situation in the center \_\_\_\_
- Abduction/attempted abduction \_\_\_\_
- Violence in the center \_\_\_\_
- On-site fire \_\_\_\_
- Infrastructure failure (e.g., roof collapse, major plumbing/flood)
- Other \_\_\_\_\_
- Other \_\_\_\_\_
- No localized emergencies have occurred

35. Do your program's emergency preparedness and response policies and procedures require that you conduct drills?

- Yes (if yes, please go to question 35A)
- No (if no, please go to question 36)
- Not applicable (please go to question 36)

35A. What do your localized emergency preparedness drills focus on? Check all that apply.

- Drills for a specific large-scale emergency
- Evacuation
- "Shelter-in-place"
- Damage assessment
- Risk assessment
- Communication with emergency personnel
- Other \_\_\_\_\_

36. Which of the following methods does your program use to test procedures to be used in the event of an emergency? Check all that apply.

- "Tabletop" exercises (staff discussion of specific assigned roles, responsibilities and actions in the event of an emergency)
- Simulated events (fire drills, evacuation drills, shelter-in-place)
- "After-action review" (review of the effectiveness of communication procedures that were used during an actual event)
- Other: \_\_\_\_\_
- No methods are used to test the procedures.

37. What are your programs policies and procedures for how to communicate with parents and staff in the event of localized emergency? Check all that apply.

	Parents	Staff
Telephone (including cell phone text messaging)	<input type="checkbox"/>	<input type="checkbox"/>
TTY (text telephone devices for the hearing impaired)	<input type="checkbox"/>	<input type="checkbox"/>
Email	<input type="checkbox"/>	<input type="checkbox"/>
Emergency contacts in lieu of parents (pre-designated and authorized to receive information regarding the individual child)	<input type="checkbox"/>	<input type="checkbox"/>
Pre-designated local radio and television stations	<input type="checkbox"/>	<input type="checkbox"/>
Specific procedures for communicating with parents of limited English proficiency	<input type="checkbox"/>	<input type="checkbox"/>
Specific procedures for communicating with homeless families	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>
We have no policy and procedures for communication	<input type="checkbox"/>	<input type="checkbox"/>

38. Have you conducted an assessment of potential risks to your facility associated with an emergency, such as:

- Structural integrity of your building

- Susceptibility of your facility to loss of electrical power
- Susceptibility of your facility to loss of water or sanitation
- Susceptibility of your facility to loss of ability to communicate to the outside
- Susceptibility of your facility to loss of access to and from the outside
- Nearby facilities or installations that pose a potential risk (such as dams nuclear power plants, chemical plants, etc.)
- Proximity to tree line in the event of wildfire
- Location on a slope in the event of mud-slide or avalanche
- Security of center assessment
- Other \_\_\_\_\_
- No assessment of potential risks conducted

39 Does your program have individuals on staff or in a consulting capacity that are trained to deal with the emotional response to trauma for: (Check all that apply)

	Yes	No
Children	<input type="checkbox"/>	<input type="checkbox"/>
Families	<input type="checkbox"/>	<input type="checkbox"/>
Staff	<input type="checkbox"/>	<input type="checkbox"/>

**Appendix 9**  
**Head Start/Early Head Start Emergency Preparedness Survey**  
**ACF-PI-HS-09-09**

ACF  
Administration for Children and Families

U.S. DEPARTMENT  
OF HEALTH AND HUMAN SERVICES

1. Log No. ACF-PI-HS-09-09
2. Issuance Date: 10/06/2009
3. Originating Office: Office of Head Start
4. Key Words: Emergency Preparedness Survey

PROGRAM INSTRUCTION [See Attachment at the bottom]

TO: All Head Start and Early Head Start Grantees

SUBJECT: Head Start/Early Head Start Emergency Preparedness Survey

INSTRUCTION:

Section 649(m) of the Head Start Act requires that:

"The Secretary shall evaluate the Federal, state, and local preparedness of Head Start programs, including Early Head Start programs, to respond appropriately in the event of a large-scale emergency, such as the Hurricanes Katrina, Rita, and Wilma, the terrorist attacks of September 11, 2001, or other incidents where assistance may be warranted under the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5121 et seq.)."

There is currently no uniform information collected on how Head Start programs have or have not developed policies and procedures for such situations. Such information is crucial to the Office of Head Start (OHS) in responding to the Congressional requirements in the 2007 Act. For this purpose, the Office of Head Start developed and obtained OMB approval of the Head Start/Early Head Start Emergency Preparedness Survey (OMB Control No. 0970-0368). The survey is now available to grantees in the Head Start Enterprise System (HSES) in the tab titled "Emergency Preparedness." Grantees are required to complete and submit the survey no later than December 30, 2009. Submission questions can be directed to HSES Help at [hseshelp@acf.hhs.gov](mailto:hseshelp@acf.hhs.gov) or 1-866-771-4737.

It is essential that this survey accurately represent Head Start and Early Head Start program's emergency preparedness and response activities.

The Office of Head Start understands that programs are in various stages of planning and preparing for large-scale emergencies. It is important that the survey results capture this variability so that OHS can better plan for technical assistance and guidance.

Please direct any questions on this Instruction to your OHS Regional Office.

/Patricia E. Brown/

Patricia E. Brown  
Acting Director  
Office of Head Start

[Login to HSES to complete your survey](#)

Attachment:

Sample Emergency Preparedness Survey [PDF, 335KB]:  
[http://eclkc.ohs.acf.hhs.gov/hslc/standards/pi/2009/resour\\_pri\\_009\\_100609.html](http://eclkc.ohs.acf.hhs.gov/hslc/standards/pi/2009/resour_pri_009_100609.html)

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<sup>i</sup> <http://archive.ahrq.gov/prep/nccdreport/nccdreport.pdf>