

HEAD START EMERGENCY PREPAREDNESS SURVEY

OMB NO. 0970-0368

DIRECTIONS

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

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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
 No

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)
 Other: _____
 None of the above

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 the number of occurrences that apply.

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

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 are required by your State or local statutes.

- A written plan is **not** required by our **State** statutes, regulations, or policies
- A written plan is **not** required by our **local** statutes, regulations, or policies
- We **don't know** whether a written plan is required by our State or local statutes, regulations, or policies
- 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: _____

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: _____
- 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 for large-scale emergencies?

- Yes
 No
 We have **no** emergency preparedness policies and procedures for large-scale emergencies

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

- Yes
 No
 We have **no** emergency preparedness policies and procedures for large-scale emergencies

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: _____
 Currently we do **not** test procedures to be used for large-scale emergencies

7. Do your emergency preparedness and response drills for large-scale emergencies include simulated and/or actual communication and coordination with emergency management agencies?

Check all that apply.

Category	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"/>

- Our emergency preparedness and response drills for large-scale emergencies do **not** include simulated and/or actual communication and coordination with emergency management agencies

8. Do your emergency preparedness and response drills for large-scale emergencies include simulated and/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.

Category	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"/>

Our emergency preparedness and response drills for large-scale emergencies do **not** include simulated and/or actual communication and coordination with relief agencies and other response and recovery resources after the immediate impact of the emergency has passed.

SAMPLE

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: _____
 We do **not** provide copies of our emergency preparedness and response plan to staff, parents, or others.

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

Category	During orientation/training	At initial involvement with program	At the beginning of the program year	Twice a year	Monthly	Other
Staff	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>
Parents	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Community Partners	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other : _____	<input type="checkbox"/>	<input checked="" 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: _____
 We have **not** made accommodations for communicating emergency procedures.

11. What are your program's policies and procedures for how to communicate with parents and staff in the event of a large-scale emergency?

Check all that apply.

Category	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 pre-designated and authorized by the parent/guardian or staff person to receive information regarding the child or staff person on his/her behalf	<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"/>
<input type="checkbox"/> We do not have policies and procedures for how to communicate with parents and staff in the event of a large-scale emergency.		

12. How do you keep contact information for parents, staff, and volunteers?

Check all that apply.

Category	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:

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

Category	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 program's large-scale emergency policies and procedures when they are made	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> None of the above		

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.

Category	Costs of training	Supplies	Equipment	Facilities	No such resources are included in the budget
Federal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-Federal	<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"/>

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: _____
 Our program has **not** received any donations or contributions related to emergency preparedness services, equipment, supplies, facilities, or financial resources

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.

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

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.

Category	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 checked="" 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.

Category	On-site	Off-site	Other 1	Other 2
Water	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Medications	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Batteries for flashlights and radios	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal care/toiletry items	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 itself up-to-date on State and local (jurisdictions) evacuation and emergency protocols?

Check all that apply.

- Mailings
- Email
- 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: _____
- Our program uses **no** method to keep itself up-to-date on State and local evacuation and emergency protocols

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

Category	Yes	No
State protocols	<input type="checkbox"/>	<input type="checkbox"/>
Local (jurisdictions) protocols	<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.

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

22A. Who conducts staff training on State and local (jurisdictions) evacuation and emergency protocols?

Check all that apply.

Category	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"/>

22B. Which staff participates in the training on State and local (jurisdictions) evacuation and emergency protocols?

Check all that apply.

Category	Teachers	Teacher aids	Support staff	Transportation personnel	Volunteers	Other
Staff training – State protocols	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>

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.

Category	State	Local (jurisdictions)	Don't know
Tabletop exercises (staff discussion of specific assigned roles, responsibilities, and actions in the event of an emergency)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Simulated events (fire drills, evacuation drills, shelter in place)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
After-action review of the effectiveness of procedures for carrying out State and local evacuation and emergency protocols that were used during an actual event	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> There are no State or local (jurisdictions) evacuation and emergency protocols			
<input type="checkbox"/> Our program does not test procedures for carrying out State and local evacuation and emergency protocols			

SAMPLE

Section F: Coordination with emergency management agencies and organizations for large-scale emergencies

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.

Category	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"/>

Our program does **not** have policies or procedures for communicating and coordinating with emergency management agencies/organizations in the event of a large-scale emergency

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: _____
- Our program does **not** have policies or procedures developed for our program or a larger system for communicating and coordinating with emergency management agencies/organizations in the event of a large-scale emergency

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: _____
- Other agencies/organizations were **not** involved in developing policies or procedures for communicating and coordinating with emergency management agencies/organizations in the event of a large-scale emergency
- Don't know

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

Check all that apply.

- Federal emergency management agencies
- State emergency management agencies
- Local emergency management agencies
- Non-governmental emergency management organizations
- Other: _____
- Don't know
- Other emergency management agencies/organizations were **not** informed about our program's policies or procedures for communicating and coordinating with them in the event of a large-scale emergency

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?

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

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

Category	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 policies and procedures for the response and recovery stages of a large-scale emergency, what contact information for identified individuals representing relief agencies, by name or by title, is 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: _____
- Our program does **not** have policies or procedures for the response and recovery stages of a large-scale emergency that include contact information for identified individuals representing relief agencies

30. Which of the following are included in your program's 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: _____
- Our program does **not** have policies or procedures for Continuity of Operations planning

31. Do your program's emergency preparedness and response policies and procedures include preparation through identification of resources and training in:

Check all that apply.

Category	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"/>

Our program's emergency preparedness and response policies and procedures do **not** include preparation through identification of resources and training as above

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

Category	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"/>

Our program's emergency preparedness and response policies and procedures do **not** include such training of staff as above

SAMPLE

Section H: Emergency preparedness and response planning for localized emergencies

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: _____
- Our program does **not** have an emergency preparedness and response plan for localized emergencies

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

- Monthly
- Four times a year
- Twice a year
- Once a year
- Other: _____
- Our program's localized emergency preparedness and response plan has **not** been updated

34. Which of the localized emergencies below has your program been affected by from January 1, 2000, to the present? If affected by 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: _____
- Our program has **not** been affected by a localized emergency from January 1, 2000, to the present

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

- Yes
- No

35A. What do your localized emergency preparedness drills focus on?

Check all that apply.

- Drills for a specific localized 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 a localized 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 procedures that were used during an actual event)
- Other: _____
- No** methods are used to test the procedures

37. What are your program's policies and procedures for how to communicate with parents and staff in the event of a localized emergency?

Check all that apply.

Category	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 pre-designated and authorized by the parent/guardian or staff person to receive information regarding the child or staff person on his/her behalf	<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"/>
<input type="checkbox"/> Our program has no policies and procedures for how to communicate with parents and staff in the event of a localized emergency.		

38. Have your program 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
- Other: _____
- Our program has **not** conducted an assessment of potential facility risks associated with an emergency.

39. Does your program have individuals on staff or in a consulting capacity who are trained to deal with the emotional response to trauma for:

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