Attachment L

DIVISION OF CHILD AND FAMILY SERVICES

NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES

DISASTER /COOP PLAN

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I. PLAN SUMMARY

A. INTRODUCTION

The state of Nebraska performs essential functions and services that may be adversely impacted in the event of a natural or man-made disaster. In such events, all government departments and agencies should have plans to continue operations, operate their core missions and assure the health, safety and well-being of consumers. This plan provides guidance to the Division of Children and Family Services and serves as the division's plan for maintaining essential functions and services during an influenza pandemic as well as all-hazards COOP Planning.

Natural or human-made disasters such as floods, hurricanes and tornadoes, fires, and chemical spills can occur at any time and any place. Disasters may occur on a local scale or be widespread and affect multiple counties and/or states.

Pandemic flu is another emergency event that would have a dramatic impact on the delivery of services. Experts predict a severe pandemic flu outbreak could result in up to 1.9 million deaths in the United States, approximately 9.9 million Americans needing to be hospitalized, and an economic recession with losses of over $680 billion to the U.S. Gross Domestic Product.

Pandemic planning for children in the child welfare system and/or out-of-home placement is based on the following assumptions about pandemic disease:

- Susceptibility to the pandemic influenza subtype will be universal.
- The clinical disease attack rate will be 30 percent in the overall population. Illness rates will be highest among school-aged children (about 40 percent) and decline with age. Among working adults, an average of 20 percent will become ill during a community outbreak.
- Children will shed the greatest amount of virus and therefore are likely to pose the greatest risk for transmission.
- In an effected community, a pandemic outbreak will last about six to eight weeks. At least two pandemic disease waves are likely. Following the pandemic, the new viral subtype is likely to continue circulating and contribute to seasonal influenza.
- Rates of absenteeism will depend on the severity of the pandemic. In a severe pandemic, absenteeism attributable to illness, the need to care for ill family members and the fear of infection may reach 40 percent during the peak weeks of a community outbreak.

Children are not simply small adults, especially when it comes to medical concerns. The fact that H5N1 has been disproportionately impacting children and adolescents should is a major concern. Children tend to be major vectors. They are inherently more at-risk for contagious

respiratory diseases because they have limited pre-existing immunity, often spend lots of time in groups, and tend to share germs easily.

Regardless of the size and scope of the disaster or emergency, the impact may result in a major disruption of normal operations. In the event of a disaster, essential child welfare services to children, youth and families could be disrupted or seriously compromised. Therefore, it is especially important for agencies caring for vulnerable populations, such as foster children, to do what they can to prepare for a disaster and any subsequent disruption of child welfare services.

On March 15, 2007, Governor Dave Heineman signed into law Legislative Bill 296, which merged the three agencies of the Health and Human Services System into one Department of Health and Human Services. The change became effective July 1, 2007.

The organizational structure of the Department of Health and Human Services includes a Director Executive Officer who is appointed by the Governor and subject to confirmation by a majority vote of the members of the Legislature.

The department has six divisions: Behavioral Health, Children and Family Services, Developmental Disabilities, Medicaid and Long-Term Care, Public Health, and Veterans' Homes. The directors of the divisions are also appointed by the Governor and subject to confirmation by a majority vote of the members of the Legislature. The division directors report to the CEO. A Director Operating Officer, in charge of Operations that support the Department, also reports to the CEO.

The Division of Children and Family Services merges the former Offices of Protection and Safety and Economic and Family Support.

This merger brings together approximately 2,392 employees who provide services that make a difference in the lives of Nebraska's children and families. It includes the areas of child abuse, foster care, adoption, domestic violence, Employment First, ADC, Medicaid eligibility, refugee resettlement, energy assistance, childcare subsidy, child support enforcement, food stamps, economic assistance, resource development, quality assurance and parole and community-based juvenile services.

The five Service Areas and the two Youth Rehabilitation and Treatment Centers in Kearney and Geneva are also part of this division.

Each Service Area in Nebraska and each of the Rehabilitation and Treatment Centers have a developed disaster plan and assigned staff to the plan. The Service Areas in Nebraska are identified as the Western Service Area, Central Service Area, Northern Service Area, Southeast Service Area and Eastern Service Area. Each Service Area disaster plan designates who is in charge during a disaster or an emergency. The plan identifies essential functions (mission-critical activities) requiring continuous performance during a disaster or emergency, and designate managers and alternate staff to oversee these functions. These Service Area Plans falls under the umbrella of a larger disaster plan, the **Division of**

Children and Family Services Disaster Plan. This plan is folded into the larger Nebraska Health and Human Services Continuity of Operations Planning (COOP). Together, these plans compose the disaster planning efforts for Nebraska Health and Human Services.

The Nebraska Disaster plan also include procedures for contacting and maintaining links with Nebraska Emergency Management Agency (NEMA) officials, who have overall responsibility for managing major and catastrophic disasters. NEMA officials have firsthand knowledge of state-coordinated disaster recovery efforts, and up-to-date information that can be shared with child welfare managers and assist them in responding to the needs of children and families impacted by the disaster. NEMA may activate the state's Emergency Operations Center (EOC) located in the Agency headquarters, situated in the underground bunker. The EOC becomes the center for any state response. Depending upon the nature of the emergency, state teams can be dispatched to the disaster area.

In the event of an emergency, the role of the Division of Children and Family Services (CFS) is to support consumers and service providers in the provision of safe and healthy service alternatives for families during and after disasters or emergencies. CFS' Disaster Plan provides specific actions that the Division may take in emergency situations. This includes provisions for: the coordination and communication in the event of a disaster or emergency, coordination in the relocation of children in affected child care settings, the assessment of the ability of CFS/partner agencies to function, the assessment of providers' needs, and provision for the establishment of temporary child placement.

In summary, local and state Child and Family Services (CFS) planning details the procedures to be followed in caring for children, youth and families in the event of a disaster or emergency; and focus on planning and procedures for the continued care and supervision of all children served by child welfare, both during and after the disaster.

The Division of Children and Family Services (CFS) has developed this plan to support providers and give families safe and healthy alternatives for the care of their children during and after disasters. These aims tie in to "common functions" outlined in the latest State of Nebraska Emergency Operations Plan such as "mass care." This plan provides information to instruct staff regarding emergency preparedness, disaster response, and disaster recovery.

B. PLANNING ASSUMPTIONS

- The division will be operational during a disaster or pandemic influenza outbreak.
- All division components have identified critical functions and capabilities.
- Alternative facilities may be activated for use during a disaster. The division may make alternative facilities, along with other locations, available to be used as a precaution to separate staff i.e. implement social distancing protocols. A pandemic influenza event does not necessarily require the use of alternate facilities however, how facilities are used may change to prevent the speed of disease in a pandemic influenza event.
- Essential functions, division operations and support requirements will continue to be people-dependent. Most activities require human interactions to be carried out, however, many

interactions may not require face-to-face contact or can be conducted with precautionary measures.

- Travel restrictions, such has limitations on mass transit, implemented by Federal, State, local and/or Tribal levels will affect the ability of staff to get to work and conduct business activities.
- Increased absenteeism will occur. Additionally, employees may be absent to provide care to infected family members.
- Due to the open nature of the work environment, social distancing and other precautionary measures may be implemented to limit the spread of influenza virus.

C. PURPOSE

The primary purpose of this document is to ensure that DHHS Division of Children and Family Services Office of Protection and Safety as an organization must survive a disaster and to continue normal business operations. In order to survive, the organization must assure that critical operations can resume/continue normal processing. Throughout the recovery effort, this plan establishes clear lines of authority and prioritizes work efforts.

- To ensure that the Division of Children and Family Services, including the Office of Juvenile Services, can deliver critical services to children and families as it did prior to the incident;
- Provide services to newly identified children and families to assure that children are safe from present an impending danger threats;
- Provide for the safety, physical care and well-being of children served on DHHS premises and in contracted placements;
- Continue critical business operations
- Minimize the duration of a serious disruption to operations and resources (both information processing and payments);
- Establish management succession and emergency powers;
- Facilitate effective coordination of recovery tasks; and
- Identify critical lines of business and supporting functions.
- To establish and implement a management system for coordinating with State agencies,' Federal agencies,' private and non-governmental agencies' responses using the multi-agency coordination structure in the State Disaster COOP Plan.

D. CHILD AND FAMILY SERVICES IMPROVEMENT ACT

The Child and Family Services Improvement Act of 2006 amended the requirements for a state to have a compliant Title IV-B State Plan by adding section 422 (b)(16) to require that all states have in place by October 1, 2007, procedures for responding to a disaster, including how the state will:

- Identify, locate, and continue availability of services for children under state care or supervision who are displaced or adversely affected by a disaster;
- Respond to new child welfare cases in areas adversely affected by a disaster, and provide services in those cases;

- Remain in communication with caseworkers and other essential child welfare personnel who are displaced because of a disaster;
- Preserve essential program records; and coordinate services and share information with other states.

In general, the intent of the legislation was to ensure that child welfare agencies across the country have plans in place to address natural disasters, man-made crisis, or medical events that can affect the routine ways child welfare agencies operate and serve children, youth and families. The federal child welfare disaster planning requirements specifically apply to children under state care or supervision served by programs funded by Title IV-B and Title IV-E.

A key component is that each Service Area have its own disaster plan in place to be able to respond to, at a minimum, the four areas of planning expressly set forth in section 422 (b)(16) above. Failure to meet this requirement could result in the loss of Title IV-B funding for child welfare programs.

In order to meet the federal requirement for disaster planning, the Nebraska Division of Children a Family Services requires each Service Area to develop and maintain a written child welfare disaster plan and submit it for review annually. Such plans must focus on local district planning and procedures for the continued care and supervision of all children served by child welfare agencies, in the event of a disaster. In preparation for a disaster or other emergency, local service areas may already have written disaster or business continuity plans in place. All Service Area disaster plans must be developed in accordance with the criteria set forth by the federal government and the additional guidelines provided in this memo.

E. DIVISION OF CHILDREN AND FAMILY SERVICES ESSENTIAL FUNCTIONS AND SUPPORTING PROGRAMS

Priority	Essential Functions	Supporting Programs	
Child Welfare Unit	•Foster Care •Adoption/Guardianship •Central Register/Policy-CPS & APS •Employment Checks •Expungements •ICPC •Family Preservation •Transitional Youth Services •IV-E •Domestic Violence •ICWA •Social Service Block Grant for Families	Child & Adult Abuse/Neglect	•Hotline (Centralized) •Expungements •CR Employment checks •Domestic Violence •CAPTA •CJA •Child Protective Services •Adult Protective Services
		Foster Care/Adoption	•Foster Care •Adoption/Guardianship •Subsidies •ICPC •IVE •Websites/Exchanges •Adoptive Tech

			•Adoption Consortium
		Family Preservation & Independent/ Transitional Living	•Service Array Implementation •Non-Court Youth/Families •In-home Services •Medical •Mental /Behavioral Health •Aftercare •Prevention/Early Intervention •Former Ward •ETV •Records •Gov's Youth Councils •Positive YD •Transition Services
		Child Care/NHAP/Refugee Program/CSBG	•Child Care Subsidy •Inter-agency Coordination •State-wide coordination of Homeless activities •Process grants statewide/ coordination of Refugee activities •Policy Support •CSBG oversight of Community agencies •Social Services Block Grant for Families
		Indian Child Welfare Act/Tribal Liaison	•ICWA •Tribal contracts for CPS •Training
Comprehensive Quality Improvement/ Operations	• Quality Assurance •Contact Monitoring •Data Analysis//Reporting •Utilization/Capacity Management •Audits •Case Reviews •Federal/State Compliance Reviews	Quality Assurance	•QA in Service Areas •Contract Monitoring •Data Analysis/Reporting •Accuracy Reviews •Improvement/Corrective Action Plans •Utilization/Capacity Management •Case Reviews •Process Reviews •Compliance Reviews
		Operations/CFSR	•Contracts

			•Audits •Budget •NFOCUS/CHARTS •Fed/State Reports •Child and Family Service Review (CFSR) •Program Improvement Plan (PIP) •Policy Management •Training •Grant Management
Office of Juvenile Services	•YRTC Operation •Parole/Direct Commit •ICJ •Detention billings •YLS/CMI	Youth Rehabilitation &Treatment Centers (YRTCs) Geneva and Kearney	•YRTC Geneva & Kearney Operations •AR's & OM's •Contracts for Services •Programming •Discipline •Grievances •ACA Accreditation •PbS Monitoring •Monitoring Releases •Review/Monitoring Physical Interventions •Maintenance/Renovation of structures -monitoring
		Parole/Direct Commitments	•Community re-entry from YRTC's •Triage Center/Crisis/Re-entry evaluations •Revocation of Parole •ICJ •Detention Billing •Community-Based programs •Graduated Sanctions
Economic Assistance/Child Support Enforcement Unit	•Economic Assistance •Food Stamps •Food Distribution •ADC •Employment First •Child Support Enforcement •AABD •LIHEAP •Service Area Policy Support •N-FOCUS Business Support	Public Assistance	•AABD Eligibility/Policy Support •Low Income Energy •Service Area Policy Support •Corrective Action •Processing Medicaid Applications for:-New Applicants-Regional Office Releases-Corrections Releases-Women Cancer

			Program •Medicare Part D Assistance •TMA Premiums •Process all new Kids Connect applications for Omaha/Lincoln
		Food Stamps& TANF	•Food Stamp Program Eligibility/Policy Support •ADC Eligibility/Policy Support •Employment First Policy Support •Employment & Training (FSP) •Policy Support •Facilitates CA Meetings w/SA
		Child Support Enforcement	•CSE Finance •CSE Policy •CSE Field Operations •Paternity Establishment •Court Order Establishment •Current Collection of Support •Collection of Arrears •Federal Compliance Reviews
		N-FOCUS Business	•Data Imaging and On-line Application •Initiate new N-FOCUS Automation Initiatives •Support Policy Teams
		Food Distribution	•Carrier Contracts •Warehouse Contracts •Food Processing contracts •Commodity Delivery to 500 entities •TEFAP Program

F. EMERGENY PREPAREDNESS

The Division of Children and Family's emergency preparedness efforts include:

1. Training of disaster teams, dialogue with foster parents about their roles, update of disaster plan, and communications encouraging providers to prepare their own disaster plans;
2. Ongoing development of partnerships with emergency response agencies;
3. Year-round training of the CFS Disaster plan, recognition of **CFS Management Team members and** distribution of alerts about responding to potential disasters;
4. Annual review of each CFS units COOP template to be maintained and updated by the Administrators of those units;
5. Annual review of Service Area Disaster Plans;
6. Develop plans for delegation of authority for each CFS unit and Service Area that are at least three deep per responsibility where possible in key positions,
7. Development of call down phone trees for CFS field staff communication;
8. Coordinating with key partners—an orientation towards looking outward and working closely with others is critical in all of the agency's work. Particular partnerships important to both disaster preparedness and ongoing performance are those with other public agencies, service providers, and with courts.
9. Strengthening internal and external communication systems;
10. Supporting statewide, automated information systems;
11. Establishing ongoing support services to help staff deal with the day-to-day trauma of child welfare work; and
12. Providing critical information to staff, families and providers and staying in touch with these partners.

G. CFS DISASTER FUNCTIONS

The Division of Children and Family Services has identified the following as activities it *will* carry out during or after a disaster to make sure that children remain safe and healthy:

1. Communicating with partners and customers during, after, and in anticipation of emergencies;
2. Working with service providers to ensuring that children are relocated off-site if hazardous materials, fire, or another emergency poses a threat to their safety while they are in out-of-home care;
3. Assessing whether the Division's capacity to carry out its roles has been affected by the disaster and making provision for the continuation of core Division functions (e.g., abuse/ neglect investigations, funding of child welfare services);
4. Maintaining a database to track clients who have called in and those who are in unknown circumstances;
5. Conduct an initial assessment of locations and needs of families, providers and youth in independent living situations;
6. Offering assistance assessing facilities' damages and needs resulting from a disaster;
7. Facilitating the development of temporary child placement arrangements;
8. Possibly activating special licensing policies and reestablishing safe and healthy service provision;
9. Assuring the continuation of child abuse and neglect investigations; and

10. Other assistance tailored to specific disaster needs.

Provide additional programs/services to children, youth and families affected by the disaster, such as:

1. Provide information, support, and services for these families, and coordinate services with other agencies;
2. Facilitate access to immediate trauma services for children, youth and families;
3. Assistance for medically fragile children and their caregivers;
4. Assist in finding child care for families seeking help; and
5. Extra assistance needed by foster families to provide for their own children.
6. Identify children separated from their families, and provide services to them.
7. Relocate services to alternate locations as required by the scale of the disaster.
8. Locate services close to where families and children are—disaster assistance centers along with other service providers, if possible, and/or use mobile units, neighborhood centers, or coordinated outreach to provide access.
9. Make services culturally competent by providing services, and information about them, in the language client's use, and in a culturally appropriate way.
10. Compile and distribute to staff and clients lists of other disaster-related services and programs available through statewide emergency management efforts and/or other agencies.

During disasters, agencies can draw on relationships they have established with key partners to communicate as necessary about the situation. This includes:

1. Statewide emergency management staff: Make contact between agencies, discuss location of emergency services, get information on the agency's role in response, and advocate for needs of child welfare clients, staff and volunteers.
2. Liaisons in other jurisdictions: Contact liaisons in other counties or States for assistance, or to consult and share information on families leaving or coming into the area.
3. Contractors: Make sure roles and responsibilities are functioning as needed between the agency and various contractors.
4. Service providers: Consult about status of current services and plans for services to be delivered after the disaster.
5. Courts: Coordinate efforts with courts to locate children and workers. Communicate about any necessary delay in court proceedings and on emergency placements of children. Consult on a process to transfer jurisdiction across State lines when the child and foster family have relocated and the family has no plans to return. For others, institute ICPC requests as appropriate.
6. Federal partners: Maintain contact with federal partners to share information and communicate about federal requirements and local needs.
7. Volunteers: Draw on any trained or available volunteers.

Coordinate with Communication and Legislative Services (CLS) for communication with consumers, staff and organizations.

1. Use the internal communication system to broadcast messages about the disaster to staff in all locations.
2. Ensure that toll free phone numbers are working or are available as soon as possible.
3. Post critical information on websites and keep updated.
4. Implement the media plan.
5.

II. DISASTER PLANNING/ PREPAREDNESS

A. STATE DISASTER COORDINATION

The Nebraska Emergency Management Agency is responsible for general emergency planning and agency coordination in support of the State Emergency Operations Plan. The Nebraska Emergency Management Agency Director has been designated to act as the State Disaster Coordinator by Nebraska Governor Dave Heineman.

NEMA has prepared The State Emergency Operations Plan which establishes the policies, plans, guidelines and procedures that will allow all our emergency planning, response, recovery or mitigation responsibilities to function effectively, as a team, when disaster strikes.

Before, during and after a disaster or emergency, the Department of Health and Human Services (DHHS) Management Team or DHHS CFS Director will notify a **CFS Management Team** representative when has been activated. This designee will contact the CFS Policy Director; if not the person receiving the report, to relay the activation, and phone all CFS emergency Management Team members and other requested staff members letting them know the situation. This communication will continue during the disaster or emergency. Decisions will be made at the Division level by a **CFS Management Team** assembled by the Division Director.

If called upon, CFS Management Team members will be asked to report to a designated location to ensure coverage of shift assignments. Emergency contact information will be collected on all CFS employees that include history of previous work experiences within DHHS and any special expertise for assignments. The specific role of CFS staff members will be clarified during the assignment of specific activities. **CFS Management Team** members will coordinate with other DHHS Disaster Team members (ESF-8) who are overseen by the coordinating Director.

The CFS Policy Director or a member of the **CFS Management Team** will determine which disaster teams to activate and which functions in the Division's Disaster Plan are to be carried out. CFS field staff and central office-based staff and partner agencies will be called upon, as needed, to assist in making decisions and/or facilitating responses. CFS staff may also be temporarily reassigned to carry out specific duties.

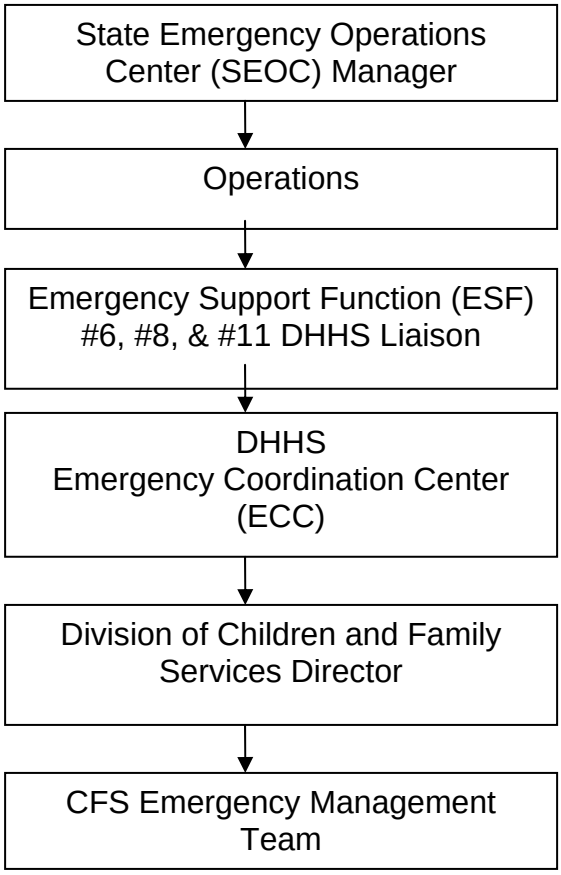
The preparation phase will begin when it is determined a disaster is imminent. A disaster is considered imminent when the CFS emergency response plan is activated. The Division's Policy Director will notify all members of the **CFS Management Team** of any alert or activations.

B. COORDINATION IN DISASTER RESPONSE FUNCTIONS

The **CFS Management Team** will make important decisions about emergency strategies, policies, and resources and will serve primarily as the Division's lead in the event of a disaster.

CFS will use a team structure to plan and oversee its disaster response. The CFS Management team will provide oversight, and specific disaster response tasks will be assigned to specific *disaster function teams* as developed by the CFS Management Team. Service Area coordination and collaboration across functions will be managed by service area disaster teams know as the *Service Area Disaster Teams*.

The Division of Children and Family Services or designee will collaborate with other agencies on disaster response activities through the state emergency response team. The Director or his/her designee will participate in any statewide emergency planning processes and make strategic decisions about coordination with other agencies.



For the Division of Children and Family Services, in an emergency, the plan is activated by the Director of the Division of Children and Family Services. For each unit (intake, on-going, adult services, income maintenance), the emergency response specifies:

- The role of the supervisor-charged with determining whether it is safe for the unit to do its work and with activating phone tree to contact staff; and
- Mobilizing staff into specific roles needed specific to the emergency.

Disaster response provides guidance for foster families, calls for residential and in-home providers to implement their emergency plans and includes direction for ICPC, staff support, backing up information systems, and making emergency payments.

In an emergency, the division maintains its regular on-call procedures (already established for night and weekend work) to assure there is no interruption in services to families in need. These on-call workers would also respond, with law enforcement or other responders, to incidents where children are displaced from parents by the disaster.

Communication is critical in an emergency. Whenever possible, staff will use cellular phones to stay in communication. If that avenue is unavailable, staff will "pony express" messages, carrying them from person to person until an operable communication method is found. Local emergency management staff will use ham radio operators to communicate, when necessary, and this would be available to protection and safety workers in emergencies.

Where approved, program personnel may access NFUSE/CITRIX from remote locations. NFUSE/CITRIX allows access to DHHS services to include an individual's electronic documents, files, and email from remote locations via the internet. Access can also be established for program specific data bases as well. Access to the web based Outlook is also available to individuals who only need access to email. Access to NFUSE/CITRIX must be set up in advance. Appendix E lists staff that currently have access to NFUSE/CITRIX from their homes in the event of a disaster.

CFS administrators are responsible for:

- Identifying individuals who currently have access to NFUSE/CITRIX, the system that allows remote access to DHHS servers.
- Securing access to NFUSE for individuals who may have the potential for working at home or at a remote location and have a need to access work related documents prior to a pandemic influenza event.
- Establish reliable access and security protocols.
- Ensuring individuals have the necessary equipment (i.e. computer, fax, printer, internet connection) at the remote location.

C. DISASTER FUNCTIONS

The Division of Children and Family Services could undertake the following disaster functions in order to fulfill the Division's role in supporting service providers and providing families with safe and healthy alternatives for services during and after disasters or emergencies.

CFS will use multiple **disaster function teams** to carry out specific disaster response/ recovery activities and deploy resources to meet specific needs. A team leader and co-leader or alternate team leader are designated for each disaster function, and key roles are assigned to the appropriate team members in advance. Disaster function team leaders will report to **CFS' Management Team**.

Service Area Disaster teams will be used to facilitate communication and collaboration among CFS and partner agencies at the Service Area level, as well as promote clear communication between Service Area and state levels.

Disaster Function Team	CFS section/staff responsible for function	Partner agencies who may play a role
Planning and Emergency Preparedness CFS preparations, including disaster plan update/training	**CFS Emergency Management Team** and assigned personnel	DHHS Emergency Response Coordinator Nebraska Emergency Management Agency (NEMA)
Communications Making the public/partners aware of CFS assistance; facilitating communication among partners to improve disaster response and recovery ;	Director's Office Communication and Legislative Services	NEMA/local EM, Service Area Directors DHHS Chief Medical Director
Operations and Coordination Including identification and verification of safety and availability of all employees in making work assignments; and temporally ceasing some non-critical operations, evaluating COOP templates	**CFS Emergency Management Team**	DHHS Human Resources
Assistance with Location Verification and Relocation of Children Off-Site if a disaster strikes while children are in out-of-home care	DHHS Public Health Licensure Unit Director's Office Administration Service Areas	NEMA/CFS Management Team DHHS Emergency Response Coordinator
Facilitating the Development of Temporary Child Placement and Services Help establish to: 1) keep children safe during and immediately after disasters; 2) expand capacity/ access to child placement.	DHHS Public Health Licensure Unit Director's Office	Red Cross/EM personnel DHHS Emergency Response Coordinator
Continuation of Abuse/Neglect Investigations	Intake Staff	Local DHHS CFS office – Child and Family Specialists
Legal Requirements Of Children And Family Services	DHHS Legal	
Interstate Compact On The Placement Of Children	ICPC and ICJ Staff	
Office of Juvenile Service	OJS Staff	Courts
Continuing the Reimbursement Child Welfare Services Enable providers who offer subsidized care to continue to get reimbursed after a disaster	CFS Administration Subsidy Services	Automation contacts DHHS Finance and Support Office

Other Assistance – solutions tailored to the disaster, Assessment of Child Care Providers' Damages and Needs	Director's Office Other sections, TBD	TBD

III. DISASTER FUNCTION TEAMS

A. PLANNING ANDEMERGENCY PREPAREDNESS

1. Regular Review and Update of Disaster Plan: The CFS Disaster COOP Plan will be reviewed annually. The CFS Management Team will oversee the annual review of the plan, which will involve review by disaster function and service area teams (with input from partner agencies), updating of team member and partner lists as needed, and development of recommended changes for Management Team's review. After Management Team decides on changes, the plan will be finalized and the revised version distributed to CFS staff and partners.

2. Training of CFS Staff and Partners: Distribution of Plan Materials – All CFS staff will be provided with computer access to the CFS Disaster Plan and CFS' emergency procedures. New staff will be directed to the plan as part of their general orientation with the CFS personnel representative. All CFS staff members will also be provided with a short emergency procedures document that explains what to do in case of emergencies/disasters that take place during the workday. CFS' key partners will be provided with copies of CFS' disaster plan or referenced to a web site from which to view/download the plan.

Disaster-related team lists including work and home contact information will be updated and revisions distributed to team members on a quarterly basis. Each team list will be shared only with its own team members, the Disaster Team Leaders, CFS Management Team members, and CFS Disaster Coordinator. CFS may choose to share management team member contact information with key partners.

Orientation for staff with disaster preparedness/response roles – Orientation sessions will be tagged onto existing meetings, where possible, for all disaster teams.

Training **CFS Emergency Management** team members – Team leaders and management team members may be asked to participate in emergency drills or attend meetings to discuss disaster roles or procedures.

Disaster scenario drills – Prior to the update of the Disaster Plan each year, the teams (including partners to the extent possible) may be asked to walk through a given disaster scenario and identify the steps they would take to respond to the situation. A designated staff, with feedback from the Division's Director, would plan and facilitate the "table-top" drills. After the drill, each disaster team would discuss the challenges it faced and how, in a real disaster, the "response" could be improved. Teams would be encouraged to use the disaster scenario drills to test their procedures and develop recommendations to improve the plan.

B. COMMUNICATIONS

Disseminating timely and accurate information to public health officials, medical care providers, the media, and the general public is clearly one of the most important facets of preparedness and response. Nebraska Communication and Legislative Services (CLS) has an established Crisis and Emergency Risk Communication Plan in place to coordinate all communications for DHHS. This section describes the procedures for assisting in communications to ensure that service care providers, the public, and partners are aware of CFS and other agencies' assistance. Coordination with other DHHS divisions will occur to facilitate communication among partner agencies to improve collaboration and avoid duplication.

Overall CFS responsibilities:

a) Help develop and disseminate emergency preparedness information, Nebraska Health and Human Services maintains an internet for employees and consumers with up-to-date information on Nebraska Emergency Preparedness. Employees routinely receive information when this site is up-dated. This web site located at: http://www.hhs.state.ne.us/emergency_preparedness/disasterplanning.htm. The web-site for information on pandemic flu is located at: http://www.hhs.state.ne.us/pandemic/

b) Develop a management plan to post information for CFS staff, families, providers and youth on a designated website, and update it regularly (disaster updates, alternate transportation routes, toll-free numbers and other contact information);

c) Disseminate information staff that will encourage consumers, child care providers and birth families of placed children and families receiving in-home services to develop and update family disaster plans, and provide them with emergency preparedness information and CFS emergency contact numbers that they can call.

d) To check on the safety and status of state wards and their families after a disaster or evacuation.

e) Help disseminate information about available service and other types of assistance to parents in affected areas in the event of a disaster;

f) Collect and share information on response/recovery efforts with CFS partners (act as a central clearinghouse to reduce the chance of duplication).

g) Post information for CFS staff, families, providers and youth on a designated DHHS website, and update it regularly (disaster updates, alternate transportation routes, toll-free numbers and other contact information);

h) Directly communicate with agencies likely to be involved in running emergency shelters to help locate displaced children and families after a disaster.

1. Before a Disaster

a) The **CFS Management Team**, in conjunction with the Service Area Administrators develops a plan for information to convey to CFS staff, partners, service providers, and families in preparation for emergencies.

b) The **CFS Management Team** works with other Service Area Directors and the Disaster Coordinator to develop and disseminate information to CFS staff and partners.

c) Request that all contracted and licensed child welfare and child care providers have an on-site written plan detailing the procedures to be followed in caring for children in the event of an emergency or disaster. In addition, each provider will be requested to quarterly update the Department with emergency contact name and numbers.

d) The **CFS Management Team** and Service Area Teams will develop and collect information to share with providers to encourage them to be prepared for disasters.

e) Develop a management plan to activate and post toll-free telephone numbers or reserve numbers for CFS staff, families, youth, and foster care and other service providers to contact during and after a disaster;

3. Implement Response

a) Declaration of state of emergency by the President of the United States, Governor of Nebraska, or other leader(s). Because disasters may require immediate action, the Director or designee has full authority to activate disaster functions and temporarily reassign staff as needed to carry out response functions.

b) The DHHS Communications and Legislative Services (CLS) will take the lead in reviewing press releases, disaster updates, and other written communications regarding the disaster. The **CFS Management Team** designee assigns all communications responsibilities and, as appropriate, asks for help from other Service Areas. **CFS Management Team** and the leaders of disaster function teams will work closely with the Team Leader, making the Team Leader aware of perceived communications needs.

c) If children need to be relocated from child care facilities facing potential dangers, the **CFS Management Team** might work with CFS field staff, Emergency Management personnel, and/or providers to obtain information about the relocation and assist as needed in contacting parents.

d) The Nebraska Division of Children and Families Services will timely notify all Native American Indian tribes involved in Nebraska child welfare cases via the Indian Child Welfare Act. The tribes shall be notified of the nature of the emergency or disaster and whether the child described by the Indian Child Welfare Act has been affected by the emergency or disaster. As deemed appropriate, the Division of Children and Family Services will coordinate identified services with the tribe to ensure continued health and safety of the child.

e) The CFS Director or DHHS Disaster Communications Team Leader asks DHHS' Communications and Legislative Services office to help disseminate information via media

outlets in the affected areas. DHHS CLS has pre-developed web pages and are able to work with video production to stream important video messages on the internet. If it necessary, the CLS will request activation of the planned public information hotline.

f) The Division of Children and Family Services shall contact all Federal partners involved in the delivery of child welfare services and notify partners of the emergency or disaster. Child welfare personnel shall place an emphasis on the sharing of necessary information with the Federal partners to promote the continuity of service delivery during the emergency or disaster.

g) The DHHS Communications office will update CFS' web site to include pertinent information that needs to be disseminated to providers.

h) Service Area team leaders serve as the funnel for general information between the local and state levels, and among regions. (Service Area Team Leaders communicate with field staff, the CFS Policy Director, and each other.)

As coordinated by the CFS Policy Director or his designee, CFS will ask partners to assist the DHHS Communication and Legislative efforts, and will in turn seek opportunities to make partners' activities known to child and family service providers and families. CFS will work with local departments of social services, state health agencies, the Division of Emergency Management, and other partners to determine what information related to their disaster efforts should be disseminated to providers.

4. Communication Center:

A Division Communication Center will be established so that in the event of a disaster the division has a location where communication between the service areas, satellite offices, and other divisions and Emergency Management Team can be centralized. The Center will be located at 301 Centennial Mall South, Lincoln, Nebraska 68509.

The Division Director or his/her designee activates the Center when a specific disaster results in major damage in one or more counties and when the division resources to support its disaster response and recovery efforts generally exceed normal operations. It is anticipated the center may be activated in preparation for a major disaster. During many disasters, the impact or the event may not exceed the division capacity to respond using the personnel normally assigned to support a city or county involved in a specific disaster. In these situations, the division would rely on normal personnel assignments and communications channels in a disaster response.

The utilization of telecommunication pathways (land line and cell phone) will be the primary means of communications during a pandemic where the threat of contracting influenza exists. The utilization of teleconferences/video conferences will be maximized and group meetings/conferences will be minimized or eliminated during a pandemic event. Alternate communications modalities will include the internet, satellite telecommunications, satellite radio, local 800 mhz trunk radios (Local communications), Blackberry/PDA's, and where necessary, media outlets. All DPH communications equipment is interoperable with the Nebraska Emergency Management Agency.

The use of laptops, high-speed telecommunications links, Personal Digital Assistants (PDAs), flash drives, and other systems will also enable employees performing mission essential functions and services to communicate and maintain connectivity with internal organizations, external partners, and critical customers.

It is the responsibility of CFS Administrators to identify all individuals that may work from alternate facilities or home and ensure that they have the telecommunications equipment necessary to perform essential job functions. Where internet connectivity is required for essential job functions, CFS Administrators must ensure this as well. Essential communications/IT resource needs are included in COOP Program Templates.

Administrative staff should be made available to assist with requisitions for any supplies, equipment, copying or printing needs, and arranging for specific phone numbers to be assigned to the center. Personnel may be also be tasked with arranging for conference call-in numbers for county briefings.

A minimum of three division employees are assigned to be contact persons at the center. These individuals include two local support managers and at least one employee from the Economic Assistance Section. The Economic Assistance Section employee will serve as the Disaster Food Stamps Program liaison. Additional staff may be assigned as needed.

Conference calls with the affected counties are to be held on an established scheduled. Conference calls should be scheduled daily during center operations unless otherwise noted. The Division should notify counties and service area by e-mail or post on the intranet the activation of the center, contact persons, telephone numbers, e-mail address, conference call numbers and schedule. The division should also distribute information to the department and other divisions regarding contacts, phone numbers and department briefings.

5. Division Liaisons with Service Areas.

In order to provide continuity of information and planning for the Division in its role to support counties during a disaster, the Division will work with identified service area staff to be the liaison with Division staff assigned to counties. A staff person will have the responsibility for communicating with one or more counties. The number of counties that an individual has responsibility for depends on the nature of the disaster, the extent of the disaster geographically, and the number Division staff available to staff the Communications Center. To the extent possible, all communications should go through the identified specific staff person assigned to the service area. This will help the Division maintain a clear picture of what the situation is like in one or several counties and how to best support a specific geographic area. It also provides for tracking of requests from and responses to counties. This method of operation does not preclude other Division staff and Division management from communication with counties as may be necessary such as during conference calls.

Depending on the nature of the disaster, it may be necessary to assign one or more staff to act as the liaison to a specific service area if staffing is needed for periods of time that is impractical for one individual to handle. A normal assignment would be 48 hours, but not to exceed 72 hours unless there is no means to relieve.

C. OPERATIONS AND COORDINATION

Sustaining operations will be performed until normal business activity can be reconstituted; this may take longer than 30 days. The principal focus in making this determination will be the minimization of the effects of the disaster on consumers, staff and operations. In the event of a pandemic flu, operations will emphasize and implement procedures such as social distancing techniques, infections control and person hygiene and telework to sustain operations. Based on the event, the Division Director or designee will make the final determine what essential positions/skills are needed to maintain division operations based on division priorities and identified functions that must be maintained as identified by Unit/Program COOP templates

This disaster function team reviews the COOP templates and coordinates strategies for ensuring that critical everyday functions of each operating program core function are identified and maintained in the presence of the disaster or expected staffing levels of a pandemic event. In the event of a pandemic flu, programs will be reviewed to take in account the need to perform essential functions beyond the traditional 30-day COOP requirement.

Under the CFS Emergency Plan, there are five service areas. If there is an identified disaster any one region or area of the state, all Service Area Administrators can be deployed.

Deployment begins with a request from the local emergency management or a state agency for involvement.

1. The CFS Director decides to activate the needs assessment function and determines whether, given the disaster scenario, field or Lincoln staff should take the lead.

2 If the CFS field staff is given the lead role:

- At the direction of Service Area Directors, assigned staff gather information they can about licensed providers and foster homes in their area.
- With the help of their partners if needed, staff give information they gather to their supervisors and indicate which programs may require additional follow-up. The supervisors assure that the Lincoln office has up-to-date information. (Note: The disaster function team leader will establish how frequently information should be reported.)
- A team in Lincoln helps follow up to complete the needs assessment by making phone calls to child service providers whom local consultants or partners could not reach.

3. If the CFS Lincoln office is given the lead role:

- A team in Lincoln conducts the initial survey of programs in affected area(s) by making phone calls to providers.
- The disaster function team leader identifies programs for which information is incomplete and asks assigned staff to fill in the missing information.

- As requested by their supervisors, staff will track down as much information as they can (e.g., visiting programs that could not be reached by phone) to fill in the missing information.

- The designated database/spreadsheet manager uses a database or spreadsheet to update the status of affected programs as the information from various sources is consolidated.

- The disaster function team leader shares the data gathered through the needs assessment with Management Team. Management Team uses this information to help determine what types of disaster responses may be needed.

- Assessments should be continued or repeated periodically until most, if not all, child service providers have resumed normal operations.

4. Continuity of Operations

The **CFS Emergency Management team** establishes a chain of command and procedures to signal altering specific operations of Children and Family Services (e.g., shutting down non-critical operations or operations in affected areas or concentrating resources on critical activities), as well as returning to normal operations

5. Relocation of Offices

If the Lincoln area were impacted by the emergency, the Division Director would work with the members of Management Team to identify any impacts on Lincoln-based staff, the Division office, and computer/phone systems – and what resources may be needed to address negative impacts. The key personnel of the CFS Lincoln based staff would relocate to the identified near alternate site in the Lincoln area or the distant alternate site. The next alternative site location would be Omaha at 1313 Farnam, then Grand Island at 208 North Pine Street, then Kearney at 24 W 16th St, then Lexington at 800 N. Washington in progressive order across the interstate following west to Gering at 1600 10th Street. Offices would relocate east to the west in opposing order in the event of a disaster in a western office. Offices to the North or South of the interstate 80 would come to offices close to the interstate.

The division shall rely on DAS building division logistical support, services, and infrastructure systems at CFS facilities that remain open (for greater than 30 days), to include alternate operating facilities in the event of an incident concurrent with a pandemic influenza outbreak. This support includes:

- Prioritization/determination of accessible facilities/buildings (as alternative to relocating to remote facility)
- Necessary building support staff
- Sanitation
- Essential Services

Partners such as ITS (Information Technology Services) may also be called upon to help with the assessment, and could be asked to help the Division develop solutions.

Service Area Directors would activate phone trees to determine how their field staff have been affected, what resources would be needed to enable the field staff to resume operations, and any information the field staff know about the status of partners in their areas. The CFS Central Office phone contact list is located at I:\Disaster Planning\ COOP Template 031207#2.xls.

If the Lincoln office were so severely impacted that Lincoln-based staff were unavailable to assume leadership roles in the immediate aftermath of the emergency, the Eastern Service Area Director could play the primary leadership role for the Division until Lincoln staff were available to reassume these responsibilities. The Eastern Service Area Director would coordinate with the team members and the other Service Area Team Leaders to carry out the assessment of CFS functionality and the status of staff.

CFS' Management Team members would work with the DHHS Emergency Response Coordinator and other staff as needed to collect information about the nature of the threat, the geographic area involved, service providers who may be at risk and the number of children and adults who should be relocated. If time allows, providers in the affected area could be polled to determine whether they have child seats/vehicles that could be used to transport children and adults to safety.

Service care providers in the threatened area(s) would be alerted about the relocation and told what key supplies and child records to gather. CFS staff will be in contact with other management team members to determine whether state or local emergency personnel are contacting child care facilities. If so, CFS will ensure that emergency personnel have the latest information on location of child care facilities, and find out where emergency personnel are directing facilities to relocate. CFS and partners could then assist providers in locating transportation, if needed. If emergency personnel are not contacting facilities, CFS will find out from state or local emergency personnel where providers could relocate, if needed. CFS will enlist partners to assist in calling child care facilities to alert them of the relocation, and to share information from emergency personnel on relocation sites. CFS and partners could also assist providers in locating transportation, if needed.

To the extent possible, CFS staff or partners would work with service care providers throughout the relocation to coordinate records on the location and status of children/adults who were evacuated. Information would be made available to parents as quickly as possible concerning where their children are and how/when the parents could pick up their children (if applicable). CFS will keep other management team members or local emergency personnel informed of providers who have relocated with the affected children. Strict procedures would be established to make sure that children are released only to adults who have been authorized by each child's parent/ guardian and that the names/contact information of these authorized persons is recorded and taken to the relocation/evacuation site.

Depending on the nature of the relocation, CFS staff could work with the Division of Behavioral Health and Developmental Disabilities to offer mental health services to children who might have been traumatized by the evacuation. The Division of Behavioral Health also maintains this web-site for information: http://www.disastermh.nebraska.edu/

Assessments should be continued or repeated periodically until the Division and key partners have returned to normal operations. The **CFS Emergency Management Team** and State Emergency Response Team members would be provided with the latest information on needs in order to develop appropriate responses.

6. Pandemic Flu

In the event of pandemic influenza, businesses and other employers will play a key role in protecting employees' health and safety as well as limiting the negative impact to the economy and society. DHHS has a special responsibility to plan for continued operation in a crisis and should plan accordingly. In the event of a pandemic flu, employee absences of 30-40% are possible and to be predicted.

The **CFS Management Team** will work with Service Area Divisions to identify through employee data staff that have been cross-trained in multiple areas. The **CFS Management Team** with coordination of DHHS Human resources will give direction on establishing flexible worksite options (e.g. telecommuting) and flexible work hours (e.g. staggered shifts) when appropriate for planned social distancing.

The CFS Management Team will also designate employee positions that are essential and nonessential. The CFS Management Team what functions are critical to your business operation and what staff are essential to those functions. One staff member will be assigned to be responsible for each critical function. Assign staff to report to each critical function leader. Assign one person to be in charge of overall operations, and designate a back up to that person.

All staff will be required to report immediately their own possible influenza illness during a pandemic. Prompt action by Supervisors can prevent/minimize the spread of pandemic influenza. Among white collar workers, culture of "presenteeism" – workers are expected to come to the office even if sick – could encourage spread of disease. In the event an employee is identified as having potentially contracted influenza while at the workplace, administrators/supervisors shall grant the individual sick leave and ask that they go home. If an individual exhibits any of the above signs/symptoms and refused to leave the workplace during pandemic influenza event, the individuals shall be referred to workplace medical services if available. If an individual continues to refuse to leave the workplace, next level supervisors and human resources shall be contacted to provide direction on removal of a potentially infected employee.

The CFS Management Team will also set up a process to track and deploy workers recovering from influenza to perform high-risk essential services.

Unit and Service Area Administrators are responsible for the accountability of all employees who:

- Are ill due to influenza or other illness or injury;
- Working from home or alternative location due to pandemic event;
- On leave status due to the pandemic influenza event;
- Employees that have contracted the flu and recovered and immune from a second wave; and
- Have been reassigned to other functional areas due to the pandemic event.

Necessary documentation shall be in accordance with guidance from Human Resources and/or appropriate personnel policies.

7. Security for workplace sites will take on different consequences. **The CFS Management Team** may want to consider the following:

- Visitor restrictions
  - When?
  - How?
  - Exceptions?
  - Who can authorize?
- Visitor/vendor screening
  - When?
  - How?
- Training of staff in all security policies

D. ASSISTANCE WITH LOCATION VERIFICATION AND RELOCATION OF CHILDREN OFF-SITE

Location verification is a critical task in preventing child wards dispersing to unknown locations. Verification and location of all state wards and families is a critical task in making vaccines and antiviral drugs available to vulnerable populations. Contact with youth and families assists in the identification of immediate behavioral health needs and social adjustment following a disaster.

In the event of a pandemic flu, CFS will track and maintain a database of children, youth and adults served by CFS that have contracted the disease and recovered to aid in surveillance of the outbreak. Surveillance is the process by which public health monitors illness and disease. It involves the collection, analysis, interpretation and dissemination of data (about illness and disease) within communities. Data collection will aid in management decisions for the protection and safety of wards.

1. *"Relocation" (also known as "off-site evacuation") refers to the movement of children away from regulated out-of-home facilities to a safer location during an emergency.*

The Division does have the authority to require service care providers to relocate children, but will assist providers, parents, and emergency personnel as needed when current placement agreements exist. The Division requests that all contracted and licensed service care providers will have a plan

for relocating children as part of their emergency procedures. Each Service Area will request these contacts and plan and keep them on file in the Service Area office. The Division recommends that providers designate in advance the site where children would be relocated, periodically notify parents of this relocation site, and plan for safely transporting the children. Providers are expected to follow instructions from local authorities regarding when to relocate children.

The Division's role in case of relocation will be to serve as a central point of contact to:

1. Ensure that that all state wards are safety accounted for and to assist in their evaluation/relocation to safety if they are currently placed with a child serving agency.
2. Maintain a centralized report for each Service Area of all children by designated type of placement, physical address and contact phone number. This report is located: http://bf200s47/businessobjects/Enterprise115/InfoView/logon.aspx?action=logoff, under Other Reports/ Supervisor Report. A report for youth in foster care placements
3. Ensure that emergency personnel who may be activating the evacuation/relocation have accurate information so that they can find all the providers in the area
4. Ensure that all providers in the area being relocated by local authorities are aware of evacuation
5. Inform providers, as needed, of sites designated by local authorities where they might relocate
6. Assist providers, as needed, in locating transportation to relocate children
7. Obtain information as to where evacuating providers are relocating and when they leave (to relay to parents or emergency personnel as needed)
8. Remind providers who are relocating children of safe transportation procedures so that there is the safe accounting for every child
9. Identification and relocation of unaccompanied minors;
10. Inform other providing services agencies and/or local child care resource and referral agencies of providers who are relocating and whether they need assistance
11. Enlist other providing service agencies and/or local child care resource; and
12. referral agencies in contacting providers or parents as needed, or in helping to transport children as needed

2. Assistance with Relocation of Children and Families in the Community under the receiving In-home Safety Services:

   Individuals and their families will have primary responsibility for being prepared for and surviving disasters. This responsibility extends to caregivers for specials needs populations. Local governments and/or the American Red Cross provide assistance as their capacities allow during disasters. During disasters, most people needing to move from harm's way seek shelter with relatives, friends, and neighbors or in hotels or other commercial residential options. If those options are not available, general public shelters may be available under emergency conditions. CFS staff will help provide information to individual and families on how to access and seek emergency assistance.

   After the disaster or emergency, recovery functions will be put into place. Assessment should continue periodically thereafter until CFS determines that service providers impacted by the disaster or emergency are able to offer families safe and healthy child care

E. ASSESSMENT OF CHILD PROVIDERS' DAMAGES AND NEEDS

A key part of operations will be to determine how CFS and/or key partners' ability to function has been affected by the emergency. It will be critical to determine how CFS staff, equipment, and offices may have been affected by the emergency in order to develop appropriate Division responses.

F. FACILITATING THE DEVELOPMENT OF TEMPORARY CHILD CARE AND SERVICES

The Division of Children and Families Services will work with partners to ensure that healthy and safe child care arrangements are accessible to meet the needs of children and parents. Definition of "temporary child care" for the purposes of this plan: organized supervision of unrelated children that may ordinarily be subject to child care licensure, but due to the severity of a disaster, may be allowed to operate without a license for a limited amount of time. Temporary child care arrangements would be allowed to protect the health and safety of children, as well as promote families' efforts to recover from the disaster.

As a special emergency preparedness activity, the Temporary Child Care disaster function team works with the partners listed above to make them aware of conditions under which temporary services may be allowed and encouraged:

- Existing licensed providers are temporarily or permanently unable to continue providing services (i.e., overall supply of child care in the community is no longer sufficient, as determined through the needs assessment/other sources);
- Families need child care while they are seeking disaster assistance or living in temporary housing/shelters so they can focus on recovering from the disaster and their children can get special attention; and/or
- Emergency workers with young children need child care to be able to report for duty.

1. Service Provision

   a) CFS' Director, or at the Director's request, the entire Management Team decides whether service provision arrangements are needed to supplement existing capacity or make more easily accessible to families affected by the disaster or assisting with the relief effort. For example, in the event of a pandemic flu, schools will be closed. School is a primary source of food for poor and needy families. If temporary arrangements are needed, the Director determines the appropriate scope of CFS involvement.

   b) Using information on family needs gathered with the **CFS Management Team** representatives, the Director will determine what kind of temporary service arrangements may be allowed and encouraged.

G. CONTINUATION OF ABUSE/NEGLECT INVESTIGATIONS

Theories from the fields of sociology, psychology, and family science lead to the prediction that an increase in family violence could be expected to follow catastrophic events, because when natural disasters occur and social connections are disrupted, individuals are more likely to exhibit antisocial conduct. Data from previous disasters has been analyzed to determine whether the hypothesized increase in child abuse could be documented through examination of recorded data. Based on the analysis of numbers, rates, and proportions, child abuse reports appeared to be disproportionately higher in the quarter-year and half-year following two of the three disasters: Hurricane Hugo and the Loma Prieta earthquake. Most of the evidence indicated that child abuse does escalate after major disasters.

If Child Abuse and Neglect reports are received concerning child care facilities in areas affected by a disaster, service area intake staff will make every reasonable effort to process the report. If service area staff need assistance and if other staff trained in Intake and Safety Assessment procedures are available to provide assistance, the CFS Child Abuse/Neglect Manager may temporarily give the backup staff intake assignments. If the disaster prevents intake staff from processing reports within the normal time frame, the Service Area Director will inform the Director of CFS.

Throughout the disaster, the Children and Family Services Division will deploy CFS staff to provide a variety of services to the aforementioned children to include, but not be limited to the following:

- Intake staff shall be assigned to designated identified shelters to process the initial intake and registration of unaccompanied minors, as well as make efforts to reunify said children with their parents, legal guardians or responsible relatives in accordance with regulations and legislation governing child welfare practice, if needed.

- Intake staff shall be assigned to be available for 24 hour, 7 day emergency standby to conduct child and abuse and neglect referral investigations as reported to the CPS hotline and/or on behalf of families. During a declared disaster event, only Priority One allegations will be investigated.

- Intake staff will work with law enforcement and local emergency response teams to receive referrals and to get authorization to enter a physical disaster area to provide services.

- Intake staff shall provide pre-placement preventative services and/or foster care placement services, as needed, and as regulated by current legislation, regulations and Agency policies guiding child welfare practice.

- Intake staff shall ensure ongoing case management duties are fulfilled on behalf of all dependent children and their families as applicable to current legislation, regulations and Agency policies guiding child welfare practice.

- Intake staff will make all reasonable efforts to provide supportive services to all children under its care, custody and control, those under its temporary care and supervision and the children's care providers during the disaster.

- Intake staff will respond to emergencies with other emergency personnel as requested and as applicable to their roles and duties (i.e. law enforcement, Probation, Parole, Fire).

H. LEGAL REQUIREMENTS OF CHILDREN AND FAMILY SERVICES

Federal and state child welfare laws have been enacted to improve the timeliness and quality of care determinations. The Adoption Assistance and Child Welfare Act of 1980, 42 §§ 620-629, 470-477, as amended by the Adoption and Safe Families Act (ASFA) is the principle federal legislation governing foster care and permanent planning for dependent and neglected children. ASFA necessitates more timely, decisive and substantive hearings, and more frequent court and administrative reviews.

These include:

- Reviews at least every six months;
- Permanency hearings at least once every 12 months; and
- Petitions for the termination of parental rights by the time a child had been in foster care for 15 out of the most recent 22 months.

Other legal deadlines commonly found in the state statutes or court rules include:

- Deadlines for hearings to determine whether to continue children's removal from home;
- Deadlines for filing child abuse or neglect petitions;
- Deadlines for the completion of the hearing to decide whether the allegations of the petition are true and the court will therefore assert its authority over the child;
- Deadlines for the completion of the hearing to decide whether the state will be given the custody of the child for placement into foster care; and
- Deadlines for the completion of termination of parental rights proceedings (TPR).

DHHS Legal will review applicable Nebraska statues and give recommendation on which, if any, could be waived in the event of a disaster or pandemic flu.

I. INTERSTATE COMPACT ON JUVENILES

The Nebraska Division of Children and Family Services will identify all youth currently placed in Nebraska through an ICPC or ICJ. Service Area Disaster coordinators will communicate with ICPC and ICJ Program Specialists regarding the need for evacuation and the overall well-being of the youth. The Policy Section staff will initiate communication with child welfare and juvenile service workers to notify them of the disaster. The continued coordination of services shall be discussed for purposes of minimizing any disruption in services.

In the event that a child placed via the ICPC or ICJ is affected by the emergency or disaster, a determination shall be made with the home/sending state regarding the continued placement and disposition of the child/juvenile.

J. CONTINUING REIMBURSEMENT FOR CHILD WELFARE SERVICES

The Operations Team will ensure that service providers who offer services are reimbursed as quickly as possible.

The first day of disruption, the disaster function team leader calls together the team. The team determines the extent and estimated duration of the disruption. If the Child Welfare Reimbursement System is down throughout the state and it is not anticipated that the system can be reestablished within two weeks, the disaster function team identifies procedures for service areas to follow in the interim. Staff members contact agencies to make them aware of new procedures. In the event that phone, fax, and email communications are disrupted, staff will make contact on-site if it possible to travel. If the Subsidized Child Welfare Reimbursement System experiences only partial disruption and the Lincoln system is not affected, the disaster function team continues automated procedures with unaffected counties.

The Disaster Team will identify the needs of families' currently receiving subsidy services, establish processes that there is no disruption in services and implement procedures to process new applications for families needing assistance as a result of the emergency.

Based on information provided by CFS staff, partners, or statewide disaster reports, the CFS Director or the Director's designee determines that emergency child welfare procedures are needed. CFS Division Director or the alternate verifies that state funding is available for emergency service provision.

IV. DISASTER RESPONSE

A. DISASTER RESPONSE ACTIVATION/EMERGENCY PREPARATION PROCESS

The Division will have the following responsibilities:

Notify counties and/service areas that have been declared under the alert status. The purpose of this communication will be to discuss Division specific issues and to obtain information not provided through Emergency Management. The initial call will notify counties of an imminent disaster and give information on if and when the CFS Communication Center will be activities.

Notification will also provide:

1. Alternative Communication methods in the event that telephone service is interrupted;
2. Update the directory of changes and telephones using e-mail, conference calls and web intra-net; and
3. Notify state and field staff assigned to disaster response and review responsibilities.

Each Service Area will have the following responsibilities:

1. Provide any changes to the directory;
2. Review the Service Areas plan with staff;
3. Coordinate with local Emergency Management; and
4. Notify Central Office of any needed personnel, equipment, forms or supplies.

B. RESPONSE TO AN IDENTIFIED DISASTER EVENT

Response will begin as soon as communication can be established between the Division and local departments immediately following the event.

The Division will have the following Management responsibilities:

1. Contacting the counties/Service Areas known to have been impacted by the event to determine immediate needs. This will be accomplished through use of Emergency Management Communications systems and the regularly scheduled conference call with the agency director or his/her designee. In addition, communication for changes in written procedures may be transmitted via e-mail and the state division computer systems at pre-arranged intervals as required.
2. Responding to requests by counties/Service Areas for specific needs. This will include coordination of multi-agency resources.
3. Determining the need to provide to staff as necessary to assist the city/county operations.
4. Implementing plan to assign staff to special duties as required, making adjustments to these assignments as necessary based on event's impact on staff;
5. Serving as a clearinghouse for cities and counties volunteering to share with staff;
6. Providing a list of shelters, their capacity, and availability to out of county residents to be updated on conference call and EMS information.

The Division will have the following Service Responsibilities:

1. Conducting an initial assessment of locations and needs of families, providers and youth based on the location and scope of the disaster;
2. Activating computer mechanisms to identify and serve children separated from parents;
3. Providing information, support and services to families, providers and youth disrupted or severely impacted by the disaster;
4. Planning with other service providers for the provision of additional programs/services for children, youth and families affected by the disaster;
5. Maintaining a central database of displaced or youth not found by location;
6. Maintaining a central database of youth and family members infected with the flu and their recovery;
7. Establishing emergency field offices and information sites and relocating services to alternate locations as required;
8. Activating staff re-assignment to critical designed job functions;
9. Ensure communications and information-sharing channels remain open with all external stakeholders. Provide continuous updates concerning business recovery of the disaster and/or next pandemic wave preparedness efforts.

10. Activating additional toll-free numbers that may be released to the general public to secure CFS assistance and/or services; and
11. Designating public access websites for disaster information sharing and enrollment for benefits; for example, where to go for emergency assistance.

The Service Area/CFS Division Unit and each section will have the following responsibilities:

1. Activating immediately the service area/service unit disaster plan;
2. Determining any changes needed to assignments as a result of the disaster;
3. Notifying the state of any special needs;
4. Providing updated data through the intranet web-site and participation in scheduled conference calls; and
5. Coordinating with local Emergency Management for all requests for assistance other than personnel needs.

C. VACCINES AND ANTIVIRALS

Vaccines against bird flu are already being made and tested. Experts are also testing new ways of making vaccine quickly. Flu viruses change constantly so there's little time to prepare a vaccine in advance. This new virus would be different from the current bird flu virus. So although it's possible there is a bird flu vaccine, it's also possible it may not work on the pandemic flu virus. It's also difficult to make large amounts of vaccine without knowing the exact pandemic flu virus.

The long-term goal is to have enough vaccine for everyone. However, if there's a vaccine, it will likely be in short supply during the early stages of a pandemic. Today, it could take a year to produce enough vaccine for everyone in the U.S. Current techniques require months to make and test vaccines, and there are only two U.S. producers of flu vaccine.

There are also medicines, called antivirals, approved for use in the U.S. to prevent and treat flu. These "antiviral" medicines fight many kinds of flu. Health experts think antivirals could provide some protection against pandemic flu but it will depend on the virus. Antivirals are most effective when used as soon as possible after symptoms appear. The federal government has a national stockpile of antiviral medicines. Despite the stockpiling effort, there may not be enough for everyone.

Nebraska's Division of Public Health has used their knowledge and experience to make recommendations about who will get the vaccine first in a pandemic as part of the state plan. Their recommendations have been passed on to the Governor. The vaccine will be used where it can effectively prevent illness and death. People who perform essential services, like healthcare providers, will be vaccinated first. Other groups will be identified for vaccination based on the pandemic.

Nebraska has a plan to distribute vaccine quickly. Informing people where to go for vaccine is part of that plan. Other systems are also in place such as the Strategic National Stockpile (SNS). The SNS is a national resource of medicine and medical supplies and equipment.

D. RECOVERY EFFORTS AFTER THE EVENT

Recovery begins once normal operations have been resumed.

The Division will have the following responsibilities:

1. Developing a format used to debrief staff;
2. Debrief staff, including state, Service Area and county;
3. Analyzing debriefing data and modify procedures accordingly; and
4. Recognizing staff as appropriate.

The Service Area and each section will have the following responsibilities:

1. Debriefing staff and evaluating the results to determine any necessary changes in the Service Area disaster plan.

V. SERVICE AREA/ DIVISION SERVICE UNIT PLANNING

A. DISASTER PREPAREDNESS

1. The Service Area Administers, management team members, and the designed staff identify information that may be helpful for management team members to have at the Emergency Operations Center to assist with relocation of children.

2. Service Area Directors and Licensing Supervisors determine the specific information Emergency Management Coordinators in their areas may desire to have in advance of a disaster – e.g., lists of service care providers in their areas, estimates of the number of children/adults at each facility, and contact information for primary contacts for each facility.

3. Each child welfare agency contracting for services will be requested to have a written plan detailing the procedures to be followed in caring for children in the event of an emergency or disaster, such as fire, earthquake, pandemic flu, flood or energy failure.
4. In addition, Nebraska Health and Human Services requires and assists foster families and other child care providers to develop a disaster plan, update the plan on a regular basis, and store it in a safe and easily accessible location.

B. SERVICE AREA DISASTER PLANS

1. Each Service Area in Nebraska has policy and procedures for responding to an emergency or disaster. The Service Areas in Nebraska are identified as the Western Service Area, Central Service Area, Northern Service Area, Southeast Service Area and Eastern Service Area. Each Service Area designates who is in charge during a disaster or an emergency. The Division of Children and Family Services (CFS) plan will provide an administrative plan for responding to a disaster in the child welfare system across all services areas for Nebraska. Each DHHS Division and Operations maintains a larger disaster plan identified as the Continuity of Operations Planning (COOP) plan. Together, these plans compose the disaster planning efforts for Nebraska Health and Human Services.

2. Communication Plan

   a) Identify a Service Area Disaster Coordinator to assume responsibility for collecting Service Areas Disaster Plan, updating and disseminating emergency contact information and providing quarterly disaster training (e.g. e-mail information). Contact information for staff should include a listing of previous positions held with DHHS to assist in temporary work reassignment, if necessary.

   b) For each Service Area, in the event of a Disaster, the plan should specify:

   - The specific staff charged with determining whether it is safe for the unit to do its work and with activating phone tree to contact staff; and
   - Mobilizing staff into specific roles needed specific to the emergency.
   - Plan to assure that each Service Area has access to current list of foster parents, group homes and other congregate care settings and corresponding emergency contact numbers (home, business, cell, emergency backup numbers);

3. A Service Area must develop plan that describes how all CFS Specialists' in an identified Service Area will advise and encourage families receiving in-home services, including families of children in out-of-home placement, to develop and update family disaster plans. CFS staff will provide families with emergency preparedness information on our state web-site and through NEMA. CFS staff will provide emergency contact numbers for families to call and check on the safety and status of their children following a disaster or evacuation.

4. Each service area will work with foster families to develop disaster plans that include, but not limited to:

   - Where the foster family, provider children and youth would go in an evacuation (if possible, identify 2 alternate locations);
   - Personal telephone numbers and contact information (for example, cell phone numbers, fax numbers, e-mail address);
   - Emergency contact information for individuals who may know where they are currently (for example, out-of-area relatives or friends);
   - A list of critical items to take when evacuating with children/youth, including identification for the child (birth certificate, SSN, citizenship documentation), the child(ren)'s medical information (including health insurance card), medication and/or medical equipment, educational records, and existing court orders dealing with who has legal authority over the child; and
   - Normal contact, emergency contact or toll free telephone numbers for CFS agency personnel, including foster parents and agency based foster providers.
   - Stockpiling necessary medicines, food and water.

5. Each Service Area must have a plan that includes, but not limited to:

a.) Means to access information to identify and locate all children in the custody of the state of Nebraska in that service area, that is, children in foster care or alternative placement settings such as group homes, relative placements and pre-adoptive placements, both within the county and across county or state lines. Priority will be given to medically fragile children, physically impaired children, youth with cognitive and/or developmental deficits and youth participating in independent living arrangements or other vulnerable group.

b). Direction for staff and/or supervisors to contact all youth and families on assigned caseloads and immediately notify the **CFS Emergency Response Team** the name of any individual that cannot be contacted or found. Staff will also follow all procedures for reporting any reported or known deaths. Service staff will work to identify families needing emergency services and to prevent unknown dispersion of children and families.

6. Each service area must have access to phone numbers for emergency contacts, which includes, but is not limited to:

- Access to current personnel lists and corresponding emergency contact numbers (home, business, cell and emergency backup numbers) and means to contact and verify availability of all employees;
- Access to current list of foster parents, group homes and other congregate care settings and corresponding emergency contact numbers (home, business, cell, emergency backup numbers);
- Management plan to activate and post toll-free telephone numbers or reserve numbers for CFS staff, families, youth, and foster care and other service providers to contact during and after a disaster;

7. Each service area must have designated disaster plan that include:

- Encouraging staff to develop personal disaster plans and keep them updated;
- Supervisors will keep a book logging staff emergency contact information;
- Requiring staff to check in after disasters and provide information on how to do so;
- Keeping emergency supplies in the office (including satellite offices);
- Training all staff on the CFS disaster plan and having them participate in drills;
- Establishing personal and professional support services for staff; and
- Developing expectations of and support for staff in the event of a disaster or emergency.

8. Disaster Plan that includes processes, to:

- Conducting an initial assessment of locations and needs of families, providers and youth based on the location and scope of the disaster;
- Activating computer mechanisms to identify and serve children separated from parents;
- Providing information, support and services to families, providers and youth disrupted or severely impacted by the disaster;

- Communication plan for working with agencies likely to be involved in running emergency shelter to help locate displaced children and families after a disaster;
- Planning with other service providers for the provision of additional programs/services for children, youth and families affected by the disaster;
- Establishing emergency field offices and information sites and relocating services to alternate locations as required;
- Activating staff re-assignment to critical designed job functions;
- Activating additional toll-free numbers that may be released to the general public to secure CFS assistance and/or services; and
- Designating public access websites for disaster information sharing and enrollment for benefits; for example, where to go for emergency assistance.

9. Procedures that Detail the Protection of Equipment and Records

Procedures requiring protecting data and equipment from environmental factors (For example, covering/bagging computers and office equipment, installing surge protectors);

C. DISASTER RESPONSE

1. Each Service Area will activate the relocation function to assist service care facilities once it is learned that local authorities are requiring public schools in an area to be evacuated, or that individual service providers may face health/safety concerns due to the emergency. Team Leaders work with Management Team to determine which roles CFS may play in offering guidance to providers or giving information to parents during relocation.

2. **CFS' Management team** members and Service Area Administrator would work with the DHHS Emergency Management Team, the DHHS Emergency Response Coordinator and other staff as needed to collect information about the nature of the threat, the geographic area involved, service providers that may be at risk, and the number of children and adults who should be relocated. If time allows, providers in the affected area could be polled to determine whether they have child seats/vehicles that could be used to transport children and adults to safety.

c. The **CFS management team** member on duty would immediately discuss the needs with the DHHS Emergency Response Coordinator and request help from emergency management resources.

d. Service care providers in the threatened area(s) would be alerted about the relocation and told what key supplies and child records to gather. CFS staff will be in contact with other Management team members to determine whether state or local emergency personnel are contacting service care facilities. If so, CFS will ensure that emergency personnel have the latest information on location of child care facilities, and find out where emergency personnel are directing facilities to relocate. CFS and partners could then assist providers in locating transportation, if needed. If emergency personnel are not contacting facilities, CFS will find out from state or local emergency personnel where providers could relocate, if needed. Service Area Directors and Licensing Supervisors

will be alerted so that they will know and pass the information that is being communicated to providers and families.

e. To the extent possible, CFS staff or partners would work with service providers throughout the relocation to coordinate records on the location and status of children/adults who were evacuated. Information would be made available to parents as quickly as possible concerning where their children are and how/when the parents could pick up their children, if appropriate. CFS will keep other Management Team members or local emergency personnel informed of providers who have relocated with the affected children. Strict procedures would be established to make sure that children are released only to adults who have been authorized by each child's parent/ guardian and that the names/contact information of these authorized persons is recorded and taken to the relocation/evacuation site.

f. Depending on the nature of the relocation, CFS staff could work with the Division of Behavioral Health, Developmental Disabilities, and Substance Abuse Services to offer mental health services to children who might have been traumatized by the evacuation.

V. TRAINING

Testing, training and exercising as essential to assessing, demonstrating and improving the ability of organizations to maintain their essential functions and services. CFS shall conduct annual disaster/pandemic flu exercises to examine the impact on agency essential functions, to familiarize agency personnel with their responsibilities and to validate the effectiveness of COOP planning.

VI. PRESERVATION OF RECORDS

DHHS Information Systems and Technology (IS&T) is responsible for the security of electronic records. Protection and back up of electronic records is completed per IS&T policies and protocols that include regular back up, alternate servers, and storage of electronic documents. The IS&T procedures addresses processes essential to the safety and security of electronic documents/records. All vital data/documents utilized on a daily basis shall be accessed and stored on DHHS servers and not stored locally on individual desk top computers.

Nebraska's child welfare records are largely computerized. In the event of a disaster, relocated staff can access these records from any authorized Nebraska DHHS computer site across the state with the appropriate log-in name and passwords. This allows staff to continue to serve consumers at a variety of sites or at newly established sites during a period of recovery.

Where approved, program personnel may also access NFUSE/CITRIX from remote locations. NFUSE/CITRIX allows access to DHHS services to include an individual's electronic documents, files, and email from remote locations via the internet. Access can also be established for program specific data bases as well. Access to the web based Outlook is also available to individuals who only need access to email. Access to NFUSE/CITRIX must be set up in advance.

Child and Family Services disaster plan includes, but is not limited to, the following information and planned activities:

- The protection of vital records; establishing off-site backup for information systems with case and client records (for example, adoption subsidy and foster care payments systems);
- Procedures requiring protecting data and equipment from environmental factors
- (for example, covering/bagging computers and office equipment, installing surge protectors);
- Communication plan to initiate contact with federal partners;
- Cross training of multiple staff in ICPC and ICJ arrangements in handling timely transfers of youth across states in the event of an emergency in our state or other state;
- Assessing the critical nature of paper records, prior to a disaster, and then determining what steps may be necessary to protect such records from potential damage in a disaster (for example, use of fire-safe metal filing cabinets);

IX. RECONSTITUION

Reconstitution embodies the ability of an organization to recover from a catastrophic event and consolidate the necessary resources that allow it to return to a fully functional entity. Reconstitution procedures will begin when authorized person has determined that the emergency situation has ended and unlikely to recur. Once the person has made this determination in coordination with other authorities, one or a combination of the following options may be implemented, depending on the situation.

- Continue to operate from the alternative site locations with support, if necessary;
- Begin and orderly return to established office and rebuild/support office from remaining resources;
- Collaborate with Department of Health on re-credentialing and licensure assurance of facilities impacted by the disaster;
- Begin or establish a new office in some other facility as identified;
- Make available EAP for staff to receive additional support.

Replacement of employees that are unable to return to work is the responsibility of DHHS Human Resources in accordance with applicable State policies and in coordination with DPH program areas. In areas that are critical to operations of the division where priority is given for replacement of employees, the following considerations should be made in expediting the hiring process either on a temporary or permanent basis:

- Contracting with external entities to perform job functions
- Hiring temporary employees
- Hiring retired state employees on a temporary basis
- Waiving regulations regarding hiring processes to expedite the filling of vacant positions.

DIVISION OF CHILDREN AND FAMILY SERVICES

DISASTER PLAN
Appendices

APPENDIX A

CFS Emergency Management Team Members

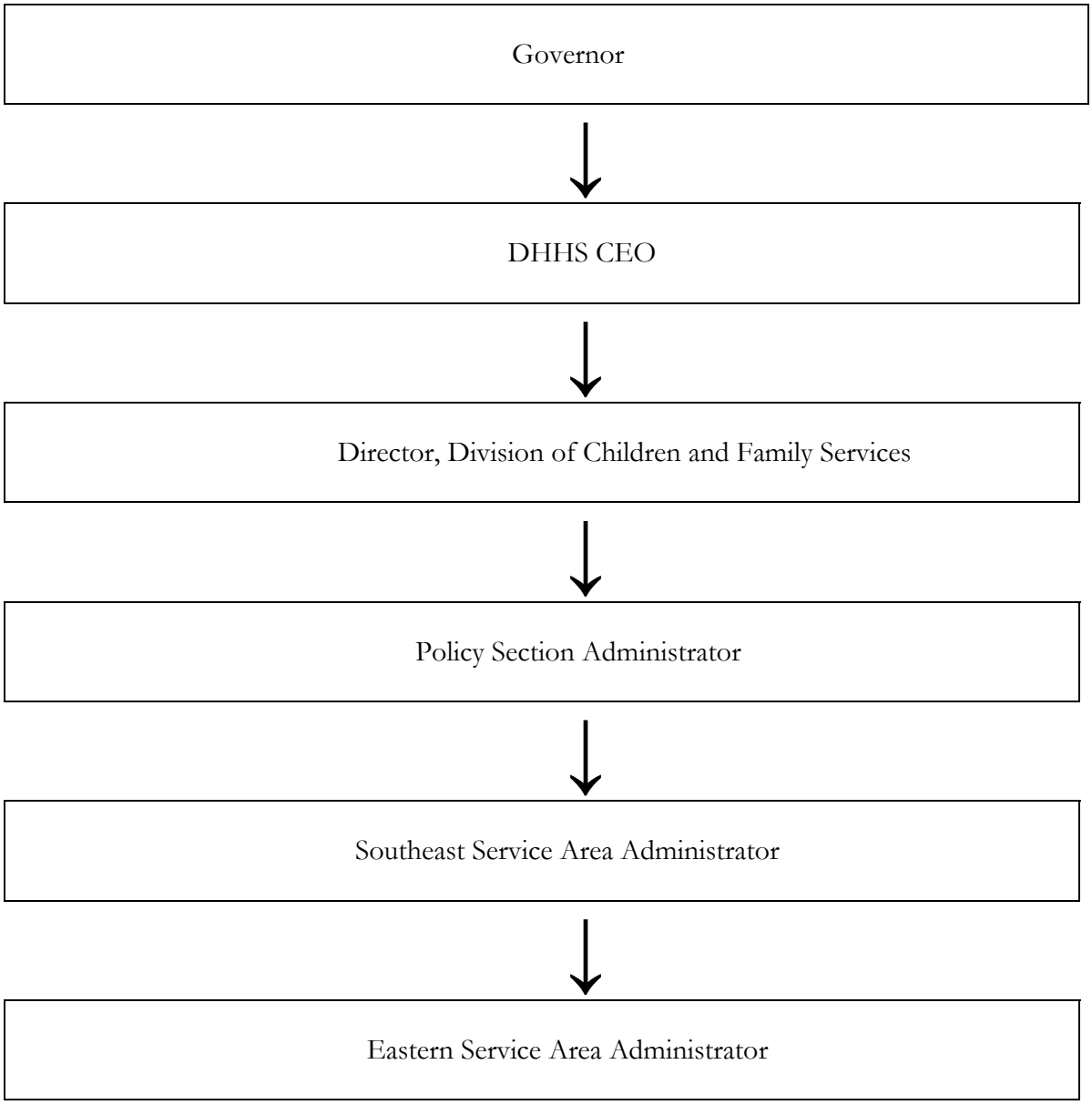
NAME	TITLE
Todd Reckling	Division Director
	Policy Section Director
Sherri Haber	Comprehensive Quality Improvement/Operations Administrator
Chris Hanus	Child Welfare Unit Administrator
Terri Nutzman	Office of Juvenile Services Administrator
Lori Harder	Child and Adult Abuse/Neglect Administrator
Margaret Bitz	Foster Care and Adoption Administrator
	Child Care/NHAP/Refugee Program/CSBG Administrator
	Economic Assistance/Child Support Enforcement Unit
George Kahlandt	Public Assistance
	Food Stamps and TANF
Byron Van Patten	Child Support Enforcement
Claire Speedin	N-Focus Business
Julia West	Food Distribution
Dan Scarborough	Youth Rehabilitation &Treatment Centers (YRTCs) Geneva
Tim O'Dea	Youth Rehabilitation &Treatment Centers (YRTCs) Kearney
Mike Puls	Northern Service Area Administrator
Jeff Schmidt	Southeast Service Area Administrator
Yolanda Nuncio	Central Service Area Administrator
Nathan Busch	Western Service Area Administrator
Barry DeJong	Eastern Service Area Administrator

APPENDIX B

CFS Delegation of Authority/Decision Making

Succession to office is critical in the event CFS leadership is debilitated or incapable of performing their legal authorized duties, roles and responsibilities. The following pre-determined orders of succession are designed to allow for an orderly and pre-defined, transition of leadership within CFS.

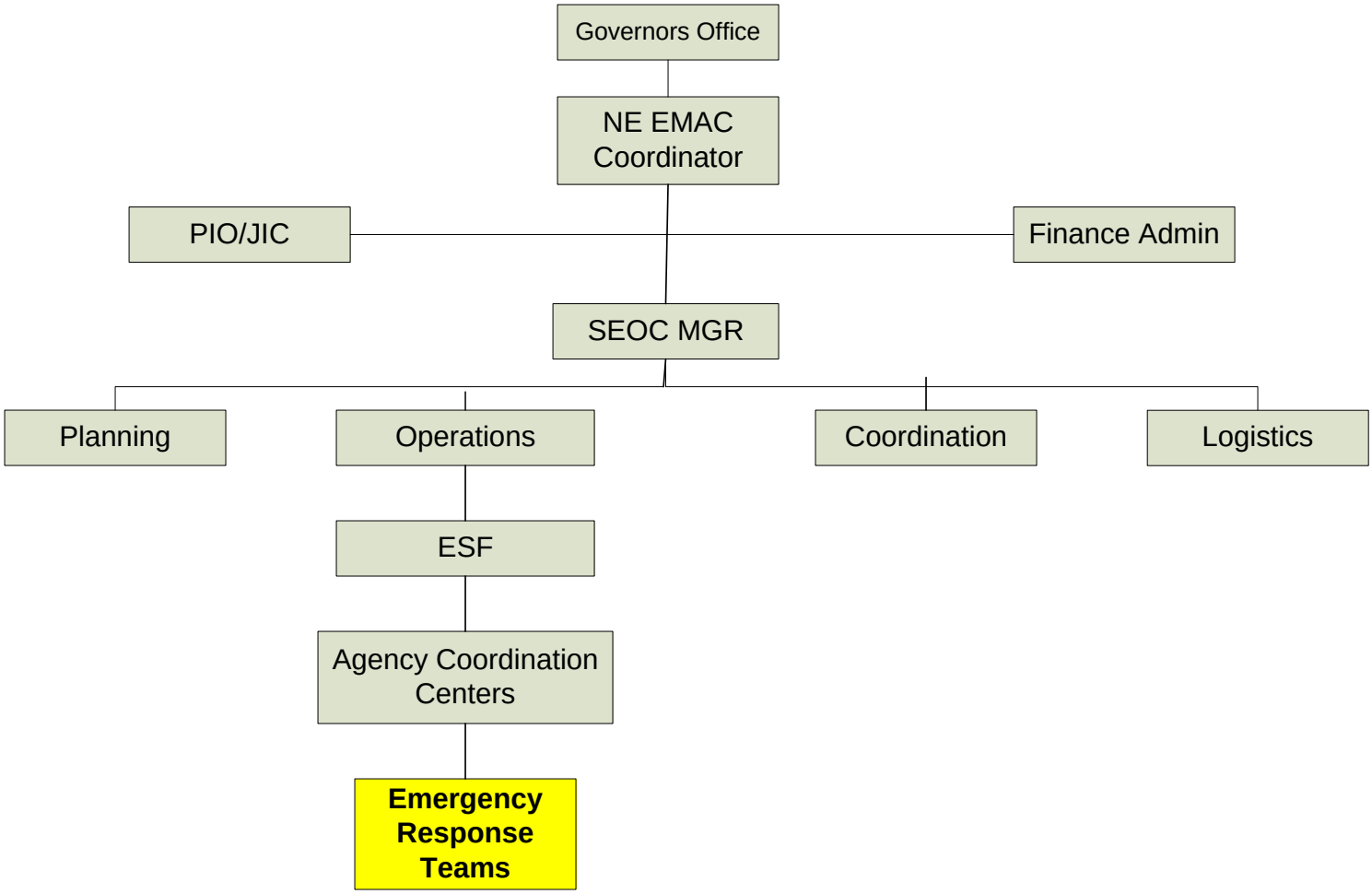
In the absence of an appointment made by the Governor or DHHS CEO, Division of Children and Family Services senior leadership chain of command for delegation of authority is as follows:



APPENDIX C

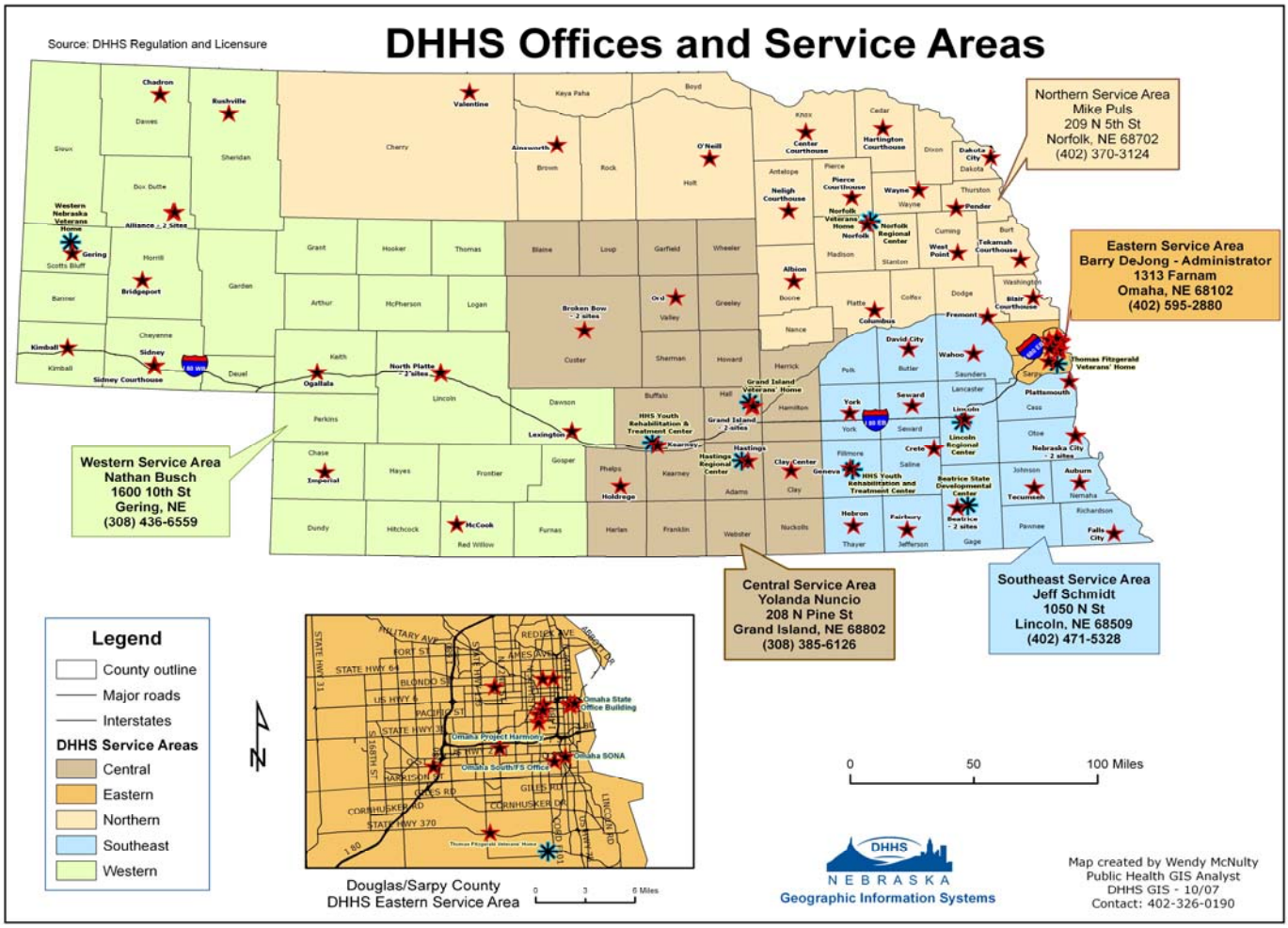
Emergency Response Teams in the Nebraska Emergency Management Structure

Below is a simplified organizational chart representing placement of deployed emergency response teams in the Nebraska emergency management structure.



APPENDIX D

Nebraska Services System Service Areas



APPENDIX E

Communications with Federal Department of Health and Human Services (DHHS) Partners during a Disaster

If Nebraska is affected by either a natural or man-made disaster that affects the children, youth and families receiving services through the Child Welfare Unit of the Department or inhibits the ability of the Unit to provide services, the following communication steps shall be followed:

♦ The Director of the Nebraska Department of Health and Human Services Children and Families Division or his/her designee(s), Policy Section Administrator or the Child Welfare Unit Administrator shall call Mary McKee, the state's Program Specialist in the DHHS Service Area Office, at her office (816) 426-2263 or her cell phone at (816) 590-1181

♦ If Ms. McKee is unavailable, the Director or designee shall call the main number at the DHHS Service Area Office at (816) 426-3981.

♦ If there is no response from the Service Area Office, the Director or designee shall call the Children's Bureau at (202) 205-8618.

♦ The content of the call shall be a summary of the situation and a request for any assistance that may be necessary or appropriate.

Communications with Other State and National Organizations

If Nebraska is affected by either a natural or man-made disaster that affects the children, youth and families receiving services through the Child Welfare Unit of the Department or inhibits the ability of the Unit to provide services, the following communication steps shall be followed related to notification of other states and national groups:

♦ The Director of the Nebraska Department of Health and Human Services Children and Families Division or his/her designee(s), Policy Section Administrator or the Child Welfare Unit Administrator shall call The Nebraska Emergency Management Agency at **(**402) 471-7421.

♦ The Child Welfare Administrator shall notify the Executive Director of NFAPA (402 476-2273) who in turn will notify the National Foster Parent Association.

♦The Director of the Nebraska Department of Health and Human Services Children and Families Division or his/her designee(s), Policy Section Administrator or the Child Welfare Unit Administrator shall call the administrative office of the American Public Human Services Association (APHSA) at 202/682- 0100 and the Child Welfare League of America (CWLA) at 703/412-2400.

APPENDIX F

CFS Employee Duty Coverage Procedures:

1. Whether the disaster occurs when employees are on or off duty:

    a) CFS personnel shall, upon learning of the disaster, contact their regularly assigned Supervisor for emergency response assignments. Personnel shall immediately report to their designated station and conduct their assigned duties and responsibilities. There may be situations wherein the normal chain of command (i.e. Policy Director). In those situations, personnel shall follow the directives of Managers and/or Administrators for other divisions of the Agency.
    b) If personnel are unsure of what to do or whether to check in, they should listen to local news broadcasts, Emergency Broadcast Station announcements and/or other media to determine the nature of the emergency.
    c) Unless otherwise directed or exhibiting symptoms of flu in the event of pandemic, all personnel are required to work their regularly scheduled work calendar and hours.

2. During or after a disaster, the status of children under the CFS' care will be determined as follows:

    a) If possible, during normal working hours, all CFS personnel with an assigned caseload will contact the children on their assigned caseloads via telephone and/or personal home visits, if deemed safe. The information needed (i.e. caretaker's name, address and telephone number for each child) is located in each case file. If the assigned CFS Specialist is not available, another assigned CFS Specialist shall make the contacts.
    b) Priority contacts will be made for children deemed medically fragile or vulnerable.
    c) Contacts will document the health status and safety of each child and family member and collected in a Service Area database.
    d) Caseload coverage shall be ensured by each CFS Supervisor, Supervisor or Administrator, in said order. Social Service Assistants may be assigned to help contact all of the children. Contacts must also be done on behalf of all children placed via the Interstate Compact on the Placement of Children and children residing in the state whereby courtesy supervision services are being provided.
    e) In the event other counties request courtesy safety home visits on behalf of their dependents, CFS personnel shall honor those requests only if Nebraska's dependents have been checked on first.
    f) The Service Area Administrator shall maintain a comprehensive list of all children under the care, custody and control of the CFS on a monthly basis utilizing a computer-generated report. This list can be accessed in the

event of an emergency wherein CFS personnel are not available and/or CFS is operating on a skeleton crew or after normal working hours. In that event, whomever is directed to be responsible for making the contacts will have an up to date list to utilize.

g) All attempted and completed contacts will be entered into N-FOCUS as soon as reasonably possible and in accordance with data entry procedures. Hand written notes shall be kept on every contact until the data can be entered into N-FOCUS

1. The following information, at minimum, shall be kept: child's name, caretaker's name, who the CFS Specialist spoke to (Staff must speak to the caretaker, child or approved secondary caretakers), information about the child's health, safety and welfare, the child's location throughout the disaster and any services the child may require. If required, all other documents or forms must be filled out by hand.

3. During or after a disaster, services shall be provided to children under the CFS' care as follows:

a) Active efforts to follow all Court Orders made prior to the disaster will be made. CFS personnel will require the approval of management to act in opposition to an existing Court Order and a Court Report will be filed as soon as possible explaining why the applicable Court Order could not be followed.
b) For any situation wherein emergency services on behalf of a child must be acquired (i.e. surgery, blood transfusion/testing, medical care), CFS personnel shall seek guidance from Supervisors and/or Administrators prior to giving consent for the procedures. Upon direction, CFS personnel may provide written consent for the emergency procedure. These situations must present a life threatening condition.
c) For non-life threatening emergencies, which may become life threatening and require consents above those typically reserved for caretakers and parents, CFS personnel must make every reasonable effort to obtain a Court Order for care. If one cannot be reasonably obtained, CFS personnel may approve the procedures in writing after consulting with a Supervisor and/or Manager.
d) All other rights given to caretakers and parents by Statute also will apply during a disaster situation.
e) If a child has died, CFS personnel shall follow the policies and procedures in relation to child deaths as soon as reasonably possible.
f) If the child and/or caretaker needs any other services (i.e. transportation, food, shelter, clothing, crisis counseling, water), CFS personnel shall make every reasonable effort to acquire the services via community-based providers and/or emergency shelters.
g) CFS personnel shall document all efforts, services, contacts and the results in N-FOCUS when reasonably possible, regardless of which child or family it is they come into contact with. Hand written notes shall be kept

until it is possible to enter the data. Any required documents or forms must be filled out by hand, if necessary.

4. The after-hours policies and procedures shall be followed during and after a disaster to ensure the Agency meets its mandatory 24 hour emergency response requirements. The Emergency Response Supervisor shall coordinate after-hours emergency response coverage to ensure staff and Supervisors are on call as scheduled.

a) All information shall be entered on documents and forms by hand if N-FOCUS is not available. Information shall be entered into N-FOCUS as soon as reasonably possible.
b) In the event the disaster results in a necessity for CFS personnel to be stationed at emergency shelters to handle intake and emergency response duties, staff shall be assigned to provide those services in a rotating manner. Otherwise, the services can be provided via the normal after-hours call in procedures.

5. Emergency Response services to the public shall continue during and after a disaster. Child abuse and neglect investigations shall be conducted in accordance with regulations, legislation and Agency policies and procedures active prior to the disaster. CFS personnel shall place children into protective custody as necessary and locate foster care placements on behalf of those children. Emergency relative and home approvals shall be done in accordance with agency procedure and policy during and after a disaster.

a) CFS personnel shall continue searching for placement on behalf of detained children until safe, suitable and approved/licensed placements are found and made. During the placement search, CFS personnel shall be assigned to rotating shifts for the care and supervision of detained children. The care and supervision site may be in a designated shelter or other facility that is safe and has food, water and proper sanitation for the children.
b) Court Reports must be prepared and filed within statutory guidelines during and after a disaster in the event the Court system is functioning. CFS is still held to statutory requirements for the detention of children if Court days are being counted in the County. All other legal and civil rights accorded to children and their families will also continue to apply during or after a disaster; therefore, CFS personnel will make active efforts to comply with those regulations.

6. CFS personnel shall assist “unaccompanied minors” resulting from the disaster. These children may be delivered to CFS personnel, sent to emergency shelters and/or must be responded to by CFS personnel in other areas of the service area. CFS personnel shall make every effort to locate the children’s parents, legal guardians and/or responsible relatives to release the children to during or after the disaster in accordance with the policy and procedure.

a) If children can be released safely, all efforts, services and contacts shall be entered into N-FOCUS as a referral and closed appropriately. Hand written notes, documents and forms shall be completed if N-FOCUS is not

available and the information shall be entered as soon as possible when N-FOCUS becomes available.

b) If children cannot be safely released or no one fitting the required caretaker description can be located on behalf of the child, CFS personnel shall treat the referral as a unaccompanied minor.

7. Staff who have recovered from the pandemic influenza virus, or have received a full course of vaccination against the pandemic strain and therefore considered unlikely to develop or transmit influenza (not likely during the first stages of a pandemic) should be prioritized for the care of children and families with pandemic influenza.

APPENDIX G

Strategies to Reduce Influenza in the Workplace

Social Distancing

Within the workplace, social distancing measures could take the form of: modifying the frequency and type of face-to-face employee encounters (e.g., placing moratoriums on hand-shaking, substituting teleconferences for face-to-face meetings, staggering breaks, posting infection control guidelines); establishing flexible work hours or worksite, (e.g., telecommuting); promoting social distancing between employees and customers to maintain three-feet spatial separation between individuals; and implementing strategies that request and enable employees with influenza to stay home at the first sign of symptoms.

If a face-to-face meeting with people is unavoidable, minimize the meeting time, choose a large room, and sit at least one yard away from each other.

Institute "ghost-shift changes" whenever possible, with workers going off duty leaving the workplace before the new shift enters.

"Snow Days/Weeks" and/or Furloughing Non-Essential Workers

Voluntary or mandatory closure of all nonessential businesses and/or furloughing all non-essential workers.

Reduce Workspace Germs

Cleaning employee work areas more frequently than normal, especially surfaces that harbor more germs (telephone, keyboard, computer mouse)

Eliminate face-to-face meetings

Avoid workplace cafeterias and introduce staggered lunchtimes. Avoid congregating in break rooms.

Minimize contact with others by using stairs instead of crowded elevators.

Bringing lunch and eating at your desk or away from others

Cancel Scheduled Public Events

Consider cancellation of indoor public gatherings which are considered "non-essential."

Sheltering In Place

Sheltering in place during a pandemic flu means to remain indoors and/or avoid congregating in order to save lives or prevent exposure to a deadly disease. In the event of a pandemic flu, if you hear media reports telling you to shelter in place, some of the things you may be asked to do are:

- Stay at home, especially if you are sick
- Avoid crowds or large groups of people
- Use the items in your emergency kit to avoid leaving your home
- Turn on the battery operated radio in your emergency kit and tune it to a designated news channel

Listen for messages from public health authorities telling you what to do

Isolation and Quarantine

The incubation period for H5N1 avian influenza may be longer than that for normal seasonal influenza, which is around two to three days. Current data indicate an incubation period of two to eight days, and possibly as long as 17 days.

*Health authorities will ask the public to voluntarily isolate any ill persons***.** The goal is to reduce transmission by reducing contact between persons who are ill and those who are not**.** Ill persons not requiring hospitalization will be requested to remain at home for the infectious period, approximately 7-10 days after onset of symptoms. This would usually be in their homes, but could be in a home of a friend or relative. Special consideration should be made for persons who live alone, as many of these individuals may be unable to care for themselves if ill.

*Health authorities will also ask the members of an ill person's family to voluntarily quarantine themselves from the ill household member***.** The goal is to reduce transmission from members of households in which there is an ill person. Members of households in which there is an ill person may be at increased risk of becoming infected with a pandemic influenza virus. Some of these persons may shed virus and present a risk of infection others in the community despite having no symptoms of their own. Thus, members of house holds with ill individuals may be recommended to stay home for an incubation period, 7 days following the time of symptom onset in the household member. If other family members become ill during this period, the recommendation is to extend the time of voluntary home quarantine for another incubation period, 7 days from the time that the last family member becomes ill.

APPENDIX H

Employee Issues in the event of a Pandemic

Issues All employees may experience:

- Illness and death among colleagues, family members, patients
- Fear of contagion and/or of transmitting disease to others
- Feelings of shock, confusion, or disbelief; extreme sadness, anger, or guilt
- Sense of ineffectiveness and powerlessness
- Difficulty maintaining self-care activities (e.g. getting sufficient rest)
- Prolonged separation from family
- Concern about children and other family members
- Constant stress and pressure to keep performing
- Domestic pressures (e.g. caused by school closures, disruptions in day care)
- Stress of working with sick or agitated persons and their families
- Concern about receiving vaccines and/or antiviral drugs before other persons

These issues may be exacerbated by:

- Lack of information
- Rumors, misconceptions, or conspiracy theories
- Lack of trust in health institutions, employers, or government leaders
- Belief that medical resources are not available or fairly distributed
- Economic and societal disruption)
- Restrictions on civil liberties
- Infection control procedures that limit personal contact or hinder communications

In addition to the issues faced by all response workers, **CFS staff** may experience:

- Increased risk of exposure to pandemic influenza
- Constant need to take special precautions to avoid exposure to the pandemic virus
- Stigmatization and discrimination associated with being perceived as a source of contagion
- Ethical dilemmas (e.g. conflicts between one's roles as social worker and
- parent/spouse)
- Increased difficulty/stresses on human resources pool
- Frustration regarding the need/expectation to maintain business as usual
- Physical isolation associated with use of infection control measures that limit
- interpersonal contact

The **families of healthcare workers** will face many challenges in addition to the fears and disruptions that everyone will face during a pandemic. For example:

- Staff might be frustrated, tired, irritable, restless, emotional, or distressed.
- Staff might be less understanding, energetic, or good natured than usual.

- Staff will likely face Increased emergency workloads that will make it difficult for them to communicate regularly with family members.
- Family members might experience stigmatization or discrimination.

Action Plan during a Pandemic Event

- Deliver psychosocial support services
- Administrators should make full use of techniques and communication tools that can help response workers manage emotional stress and family issues and build coping skills and resilience. These tools can include:
    - Deploying stress control/resilience teams who focus their efforts on supporting healthcare workers.
    - Rest and recuperation sites. Sites can be stocked with healthy snacks and relaxation materials (e.g. music, relaxation tapes, movies), as well as pamphlets or notices about workforce support services.
    - Provide access to activities that help reduce stress (e.g. rest, hot showers, light exercise).
    - Confidential telephone support lines staffed by behavioral health professionals (e.g. EAP).
    - Services for families. Services to families of employees who work in the field, work long hours, and/or remain in hospitals or other workplaces overnight might include:
        - Help with elder care and child care
        - Help with other issues related to the care or well-being of children
        - Provision of information via websites or hotlines
        - Access to expert advice and answers to questions about infection control measures and self care.
        - Information for commuters. Workers might need alternative transportation and scheduling (e.g. carpooling, employer-provided private transportation,
        - Alternate work schedules during off-peak hours) to avoid exposure to large groups of potentially infected persons.
        - Encouragement of telecommuting for positions that could work from home.
        - Services provided by community- and faith-based organizations. Activities of these organizations can provide relaxation and comfort during trying and stressful times.
        - Ensure that managers are supported so they're able to lead staff, with up-to-date information on pandemic issues and training in strategies for maintaining a supportive work environment.
        - As much as possible, rotate workers between low and high-stress deployments.

APPENDIX I

Guidance for Employees on Returning to Work after Influenza Illness

Overview of Influenza (Flu) Virus Symptoms
Flu viruses are spread from person to person primarily through respiratory droplet transmission (for example when an infected person coughs or sneezes in close proximity, normally 3 feet or less, to an uninfected person). The virus may also be spread through contact with infectious or contagious respiratory secretions on the hands of an infected person or by touching objects or surfaces contaminated with the virus.

The typical incubation period, the time between when a person is first exposed to an infectious disease to when signs and symptoms develop, for seasonal influenza is 1-4 days, with an average of 2 days. Adults can be infectious from the day before symptoms begin through approximately 5-7 days after illness onset. Children can be infectious for more than 10 days after the onset of symptoms.

Severely immunocompromised persons can be infectious for weeks or months.

Current Criteria for Employees Returning to Work after Seasonal Influenza
Workers who have become ill with the flu should stay at home until all of the following criteria are met:

- At least 5 days have passed since the symptoms of
- illness began; AND
- Fever has resolved and has not been present for
- at least 24 hours; AND
- Cough is improving (decreasing in frequency and amount of secretions with no associated chest discomfort or shortness of breath)
- Upon returning to the work environment, employees should continue to follow cough etiquette and hand washing protocols. (See *Cover Your Cough*-Prevention sheet #2).

Criteria for Pandemic Influenza
Experts do not know whether the mode of transmission, incubation period, or contagious period of a pandemic flu virus will be similar to those of the regular seasonal influenza. Because of this, employers must be alert to specific recommendations from Nebraska Public Health Services during an influenza pandemic. Management of illness in the workplace, including when it is safe for workers to return to the work, will be communicated through various media as necessary.

APPENDIX J

Emergency Plan for Foster Parents

Natural or human-made disasters such as floods, hurricanes and tornadoes, fires, and chemical spills can occur at any time and any place. Disasters may occur on a local scale or be widespread and impact multiple counties and/or states. Regardless of the size and scope of the disaster or emergency, the impact may result in a major disruption of normal operations. In the event of a disaster, essential child welfare services to children, youth and families could be disrupted or seriously compromised. Therefore, it is especially important for agencies caring for vulnerable populations, such as foster children, to do what they can to prepare for a disaster and any subsequent disruption of child welfare services. In order to address safety issues of children in out of home care during an emergency situation, the following procedure has been established:

This procedure will be communicated to foster parents via the NFAPA newsletter, personal letter and face-face contact.

1. Foster parents are directed to develop and display a family emergency plan within the next 6 months. The plan will include:

- where the foster family, foster children and youth would go in an evacuation (if possible, identify 2 alternate locations);
- personal telephone numbers and contact information (for example, cell phone numbers, fax numbers, e-mail address);
- emergency contact information for individuals who may know where they are currently (for example, out-of-area relatives or friends);
- a list of critical items to take when evacuating with children/youth, including identification for the child, the child(ren)'s medical information (including health insurance card), medication and/or medical equipment; and
- normal contact and emergency contact or toll free telephone numbers for DHHS.

The plan will also include the Nebraska Child Abuse Neglect Hotline number, as well as contact information for service area staff.

2. Resource Development staff, along with NFAPA, will provide foster parents with a template (Appendix A) to complete. They will also work with foster parents to ensure that the plan is completed.

3. Once the plan is completed, foster parents will submit plan to their local resource development office to be made part of their licensing record.

*Note: Agency supported foster families will submit their plans to both the local resource development office and their supporting agency.

4. Once the plan is submitted, Resource Development staff will document the plan in the NFOCUS under Home Detail-Contact. Create a new narrative entitled "Disaster Plan".

5. Foster parents will review and update, if necessary with their foster children (age appropriate), the case worker and the Resource Development Staff every six months. The Resource Development staff person and the case worker will document the review date, as well as any changes.

6. Foster parents are also directed to assemble a disaster supply kit. Items to include in the kit:

- A three day supply of water (one gallon per person per day) and food that won't spoil.
- One change of clothing and footwear per person, and one blanket or sleeping bag per person.
- A first aid kit that includes your family's prescription medications.
- Emergency tools including a battery-powered radio, flashlight and plenty of extra batteries.
- An extra set of car keys and a credit card, cash or traveler's checks.
- Sanitation supplies
- Special items for infant, elderly or disabled family members.
- An extra pair of glasses.
-

These items should be stored in a waterproof container

In the event of a mandatory evacuation order, foster families must comply with the order insofar as they must ensure that their foster children are evacuated according to the plan and procedures set forth by the Nebraska Emergency Management Agency (NEMA).

1. Once they have reached safety, foster parents are directed to inform the Department of their whereabouts and contact information as soon as possible.

*In some instances, evacuation may not be necessary or possible; however, informing the Department of foster family and foster children whereabouts still remains necessary.

In the Central Service Area:
The foster parent must contact Marylyn Christenson, Resource Development Supervisor at 308-385-6141 or 308-850-7003, or 1-800-779-4855 as soon as possible.

In the event that the Resource Development Supervisor is not available the foster parent must contact, Resource Development Administrator at 308-385-6173 or 308-390-9436. [This position has yet to be selected]

The Resource Development Supervisor will relay information regarding children's emergency situations daily to the Resource Development Administrator who will then forward this information to: birth parents/relatives, Protection and Safety Administrator, Service Area Administrator, HHS Director and central office staff.

Foster parents are expected to communicate with the communication sites daily in an effort to keep families and HHS staff current on the well-being and safety of children in their care.

In the Northern Service Area:

Foster parents must call their local office and contact their RD worker, the child's CPS worker or the coverage CPS staff during normal working hours to inform DHHS of an emergency. After hours, they must use the CPS pager system and use that process in their local area to contact the CPS on-call worker. Foster parents need to be provided with the pager information along with daytime phone numbers for a "coverage" office if that is needed in the event of an emergency. If none of those numbers can be reached they should use the SIX system to contact their RD worker and the child's CPS worker and provide as much information as possible so that they can be contacted.

The CPS worker or coverage worker is responsible for contacting the birth parents if rights are intact. The worker will consult with their supervisor or the coverage supervisor informing them of the child's situation. The supervisor will create a list with where the child is located and any safety issues and provide that to their CPS Administrator within 24 hours. The CPS Administrator will report to central office.

If the CPS staff identify immediate safety issues communication will be at least daily until the child and foster family are safe. If the child and foster family are safe communication will be at least weekly.

In the Western Service Area:

Foster parent must attempt to call the local office to notify the assigned Protective Safety Worker or assigned Resource Developer to inform them of the emergency situation. If the PSW or RD is not available, the foster parent must request to speak with the Protection & Safety Administrator or the Resource Development Administrator.

If normal communication channels are down, the foster parent must follow the steps outlined by local emergency management personnel to communicate the emergency situation affecting the child/children in their care.

The DHHS personnel who receive the report from the foster parent will communicate as needed to families of origin, Service Area Administrator, Protection & Safety Administrator, DHHS Director and/or Central Office personnel regarding the emergency situation affecting the child/children in the foster home.

If the emergency situation continues more than one week, the foster parent will report the status of the effected child/children in their care at least one time per week. If at any time during the emergency situation the physical location of the child/children changes the foster parent immediately notify DHHS of such change

In the Eastern Service Area:

Foster Parents/ASFC Contractors are required to call the hotline with their required information when there is an emergency situation. Hotline staff will maintain a list of the foster parents, their location and the children in their care.

Foster Parents will be required to check in with designated communication site initially and if their location or situation changes.

In the Southeast Service Area:

Maria Lavicky will be the point person for information coming in. As information is gathered by staff, and an emergency situation has occurred with a youth, the critical incident process will be utilized to include contacting the birth parents. Both a coverage plan and calling tree procedure will be in place to aid this process.

Foster parents are directed to keep the Department informed of their situation as directed.

All foster parents/foster supported agencies have contact people within Resource Development as well as many have access to the SIX System. When phones are working Foster parents will be asked to call in or send an e-mail to report their current status.

* If the local offices are not accessible due to the emergency situation, the foster parent must call the DHHS Hotline at 800-652-1999 and report the emergency situation affecting the child/children in their care. If information is received by the DHHS Hotline staff, staff will communicate foster parents whereabouts to the local office using whatever tools are available (land line, cell phone, e-mail, etc).

In the event that the Child Abuse Neglect Hotline becomes overburden or unusable, the Child Welfare Unit Disaster Coordinator will work with the phone company to set up an alternative number for foster parents. The Coordinator will then work with the Nebraska Emergency Management Agency (NEMA) to get the number communicated via the state relay network that includes radio and television.

2. Foster parents will be contacted as soon as possible to determine what assistance is needed and to address any concerns that foster parents may have at the time.

3. If foster family has relocated to another state, local staff will inform ICPC Administrator as soon as possible.

4. The Child Welfare Administrator will notify the Executive Director of NFAPA of the foster parent's situation as soon as possible.

5. Local office staff will notify the courts, parents, attorneys and schools as soon as possible of child's whereabouts.

Phone lines for parents will be set up and designated for parents to obtain information about the welfare of their children. The number will be broadcast through NEMA.

Circumstances of the disaster and instructions provided will determine the frequency of contact.

This plan is subject to change. All changes will be communicated to foster parents within 7 days after changes have been approved.

APPENDIX K

Operational Disaster Kits for Managers could include:

- Laptop computer with extra batteries
- 1 gigabit USB thumb drive (with important documents loaded before a disaster)
- Phone lists, address book, with employee and management contact information
- Employee lists
- Cell phones, satellite phones, radios/walkie-talkies, wireless handheld devices
- Radios and extra batteries
- Disaster plans
- Maps, driving directions to alternate facilities
- Portable GPS devices (if available)
- Flashlight, lanterns, with extra batteries
- First aid kit
- Pocket knife or multi-tool
- Car chargers for laptop and cell phone
- Personal hygiene items

APPENDIX L

Emergency Plan for Families

Family's Last Name: _____ Phone: _____

Household Address: _____

Location of Disaster Supply Kit(s): _____

First Names of Family Members	Age	Social Security Number	Date of Birth	Medical Information (including allergies)

Emergency Plan Page __ of ___

Pets	Rabies Vaccination #	Vet Name and Number

Car Information:

Car 1: Make _____/ Model_____/ Year _____ License # _____

Car 2: Make _____/ Model_____/ Year _____ License # _____

Car 3: Make _____/ Model_____/ Year _____ License # _____

Household Phone(s): _____

Work Phone(s): _____ _____

Alternative Phone(s): _____ _____

E-mail Contact Information: _____

Day Care / Pre-School: _____

School(s) Phone(s): _____

Back-up Contacts: (include name/town or state)

Close Friend or Neighbor (someone that will know your whereabouts in case of an emergency: _____

Relative: _____

Out-of-State Contact: _____

Emergency Numbers: 911

Law Enforcement: City: _____

County: _____ Highway Patrol: _____

Emergency Plan Page __ of ___

Medical Contacts: **Doctor:** _____

Doctor: _____

Hospital: _____

Evacuations

In the event of a mandatory evacuation order, foster families must comply with the order insofar that they must ensure that their foster children are evacuated according to the plan.

Local

Household Fire: _____

_____

_____

_____

_____

Tornado or Severe Thunderstorm: _____

_____

_____

_____

_____

Winter Storm: _____

_____

_____

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_____

Earthquake: _____

_____

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_____

Medical Emergencies: _____

_____

_____

_____

_____

Community Disaster / Evacuation:

_____
_____
_____
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_____
_____

Evacuation plans should include:

- Two places to meet.
  - (1) Outside your home in case of a sudden emergency.
  - (2) Outside your neighborhood/community in case you can't return home or there is an evacuation.
  - Who will the contact person be and their phone number.

Insurance/Other Information (Health, auto/home/life)		
Name	**Policy #**	**Phone**

Emergency Plan Page __ of ___

APPENDIX M

Disaster Kit Content List

In Kit	Item	Perishable/Dated (Put expiration date.)
	Store at least 3 days of food and water for all family members	
	Change of Clothing for each person	
	Sleeping bag or bedroll for each child	
	Battery powered radio or television	
	Extra batteries	
	Flashlight	
	Sanitation supplies	
	Special Needs Items for each person **- Extra Medication, extra pair of glasses**	
	Names and numbers of Emergency Contacts	
	Copy of Emergency Plan	
	First Aid Supplies	
	Personal Document and ID	
	Money	
	Sanitary Supplies - Include extra toilet paper, feminine supplies, personal hygiene products, bleach, and any other personal products you may need in your preparedness kit.	
	Pet Supplies	
	Tools	

Overview: Consider the following when assembling or restocking your kit to ensure your family is prepared for any disaster:

- Keep your kit where it is easily accessible.
- Remember to check your kit every six months and replace expired or outdated items.

Emergency Plan Page __ of ___

This information is confidential and protected!

Minor and Special Needs Information:

Child/Individual's Name: _____
Date of Birth: _____

Medications / Reason:

(Dosage should be included / General Information, not diagnosis)

_____ / _____
_____ / _____
_____ / _____

Special Needs (allergies, no contact orders, ect.):

_____
_____
_____
_____
_____
_____
_____

Identifying Information:

Hair: _____Eyes: _____Height: _____ Weight: _____ Other: _____

Location Information:

❑ Babysitter ❑ Day Care ❑ Pre-School ❑ Elementary School ❑ High School
❑ Other: _____

Contact Person (Name, Contact Number, Alternative Number):

_____

Emergency Contact Information:

1st: _____ at _____

2nd: _____ at _____

3rd: _____ at _____

Child _____ of ____ in household.

Emergency Plan Page __ of ___

Critical Items to Bring in an event of an Evacuation:

	Item
	Birth Certificate
	Social Security Cards
	Citizenship Documentations/Letters of Entitlement
	Information of Medical History
	Health Insurance/Medicaid Card
	Extra Medication and any Medical Equipment
	Existing Court Orders
	Contact Information for DHHS
	Contact Information for Biological Parents (if know)

Emergency Plan Page __ of ___

Service Area Contact Info Here!

APPENDIX N

POST INCIDENT REVIEW QUESTIONNAIRE

Date _____ Time _____

Staff _____

Nature of the event. _____

_____

_____

_____

_____

_____

_____

_____

_____

Is there any threat to personal safety? Fallen shelves, slippery floor, falling tiles, exposed electrical hazards?

_____

_____

_____

_____

_____

Is there structural damage? Are utilities affected? Electricity, heat, air conditioning, telephone?

_____

_____

_____

_____

_____

What kinds of records are damaged?

_____

_____

_____

_____

_____

_____

_____

_____

Is there damage to furnishings, equipment, and computers?

_____

_____

_____

_____

What is the nature of the damage? Is the material damp or wet? Was the water muddy, oily, contaminated, or clean? Is there additional damage from fire, soot, or heat?

_____

_____

_____

_____

_____

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_____

Is the water in a flooded area contaminated? Water may be contaminated by soot, ash, sewage, or by having passed through a pipe or gutter.

_____

_____

_____

_____

_____

_____

How many and what type of records are affected? Identify the size of area affected as well as nearby area. Estimate the approximate number from the relative size of items and the length of shelving.

_____

_____

_____

_____

_____

Is the institution capable of maintaining services? Full or selective? Can areas be restricted on a selective basis if necessary?

_____

_____

_____

_____

_____

What equipment will be needed? Dehumidifiers, water vacuums, fans, book trucks, freezer trucks, sump pumps, packing crates, generators, other.

_____

_____

_____

_____

What mistakes were made during the response and salvage operations?

_____

_____

_____

_____

_____

_____

_____

How can staff better prepared for similar incidents in the future?

_____

_____

_____

_____

_____

_____

_____

What supplies were needed on hand, but were not readily available?

_____

_____

_____

_____