

DEPARTMENT OF SERVICES FOR CHILDREN, YOUTH AND THEIR FAMILIES

**UNATTENDED CHILDREN'S CENTER (UCC) – ESF 6 (MASS CARE)
POLICIES AND STANDARD OPERATING PROCEDURES**

Preliminary Plan 10.08.08

ITEMS HIGHLIGHTED IN YELLOW ARE PENDING COMPLETION

UNATTENDED CHILDREN'S CENTER

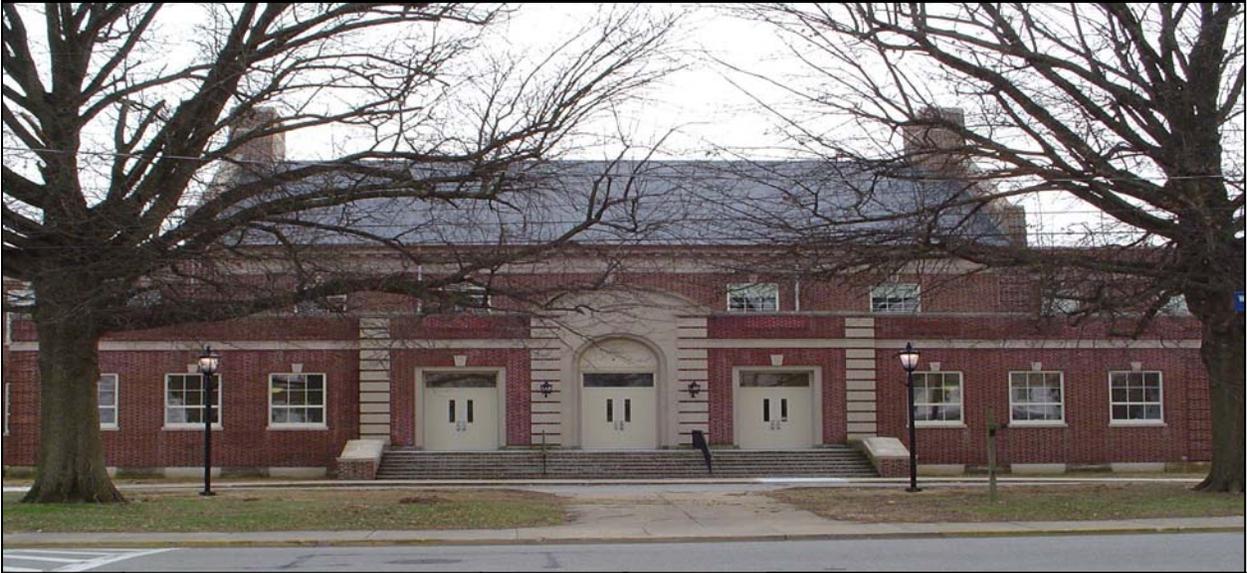


Table of Contents

	<u>Page Number</u>
Executive Summary	5
Charts	
I. Flow Chart	6
II. UCC Table of Organization	7
III. Shelter Operations Chart	8
Purpose Statement	10
Activation Conditions	10
Location	10
Authorities and References	10
Policy Statements	11
Chain of Command	12
Mobilization	12
I. Decision to Open	12
II. Staff Notification	13
III. Supplies and Equipment	13
Standard Operating Procedures:	14
I. Leader Responsibilities	14
A. Establish/Maintain Safe, Temporary Environment	14
B. Receive and Order Supplies	15
C. Assign Staff	15
D. Communication	15
E. Fiscal Oversight	16
F. Manage Demobilization	16
II. Intake/Triage:	16
A. Identification	17
B. Personal item check-in and storage	17
C. Transition to child care	18
D. Case file	18
III. Child Care Procedures	18
A. Child Care Supervisor	18
B. Child Care Workers	19
IV. Treatment:	21
A. Public Health	21
B. Mental Health	22
V. Case Management	23
A. Reunification Activities	23
B. Reunification Documentation	24
VI. Search of Databases	25
VII. Demobilization	25

	<u>Page Number</u>
VIII. Hot Wash	26
IX. Critical Incident Stress Management	26
UCC Support Functions	27
I. Planning	27
II. Logistics	27
A. Human Resources	28
B. Non-Human Resources	28
C. Finance/Administration	28
Attachments (UCC Forms)	
1. Intake	30
2. Master Registration List and Instructions	34
3. Hourly Head Count	37
4. Child Tracking Sheet	38
5. Child Care Shift Note	39
6. Incident Report	40
7. Infant Shift Record	41
8. Survivor Needs – Initial Emotional Assessment	48
9. Psychological First Aid Provided (Progress Note)	49
10. Request for Database Research	50
11. Family Reunification Questionnaire and Instructions	51
12. Discharge Verification Form	53
13. Discharge Form	54
ICS Attachments (Forms)	
1. ICS 201, Page 4 – Resource Summary	55
2. ICS 214 – Unit Log	56
Appendices	
A. DSCYF Interim Continuity of Operations (COOP)	57
B. Administrative Starter Kit	59
C. Child Comfort Kits	60
D. Supplies and Warehoused Equipment – Lists and Budgets	61
E. Description of UCC Positions, Functions and Qualifications	77
F. Parent Tips for Helping Infants and Toddlers After Disasters	84
G. Parent Tips for Helping Preschool-Age Children After Disasters	86
H. Parent Tips for Helping School-Age Children After Disasters	88
I. Parent Tips for Helping Adolescents After Disasters	90
J. Child Care Guidelines	92
K. UCC Memorandum of Understanding	96
L. History of the Unattended Children’s Center	99
M. Authors of the Unattended Children’s Center Plan	100

	<u>Page Number</u>
Glossary	102
Phone Numbers	108

Executive Summary

The Unattended Children's Center (UCC) will be activated during emergencies to (1) provide short-term caring environment/shelter for unattended children who become separated from their parents, custodians, or legal guardians during emergencies, (2) locate and reunite parents, custodians, or legal guardians with the unattended children as quickly as possible, and (3) follow established state procedures when the parents, custodians, legal guardians, or other relatives have not been located

The UCC will be collocated with other shelter(s), such as the American Red Cross (ARC) for the general population, the Division of Public Health (DPH) for non-acute medical needs and the Department of Agriculture for companion animals. These have been identified in public or private schools located throughout the State.

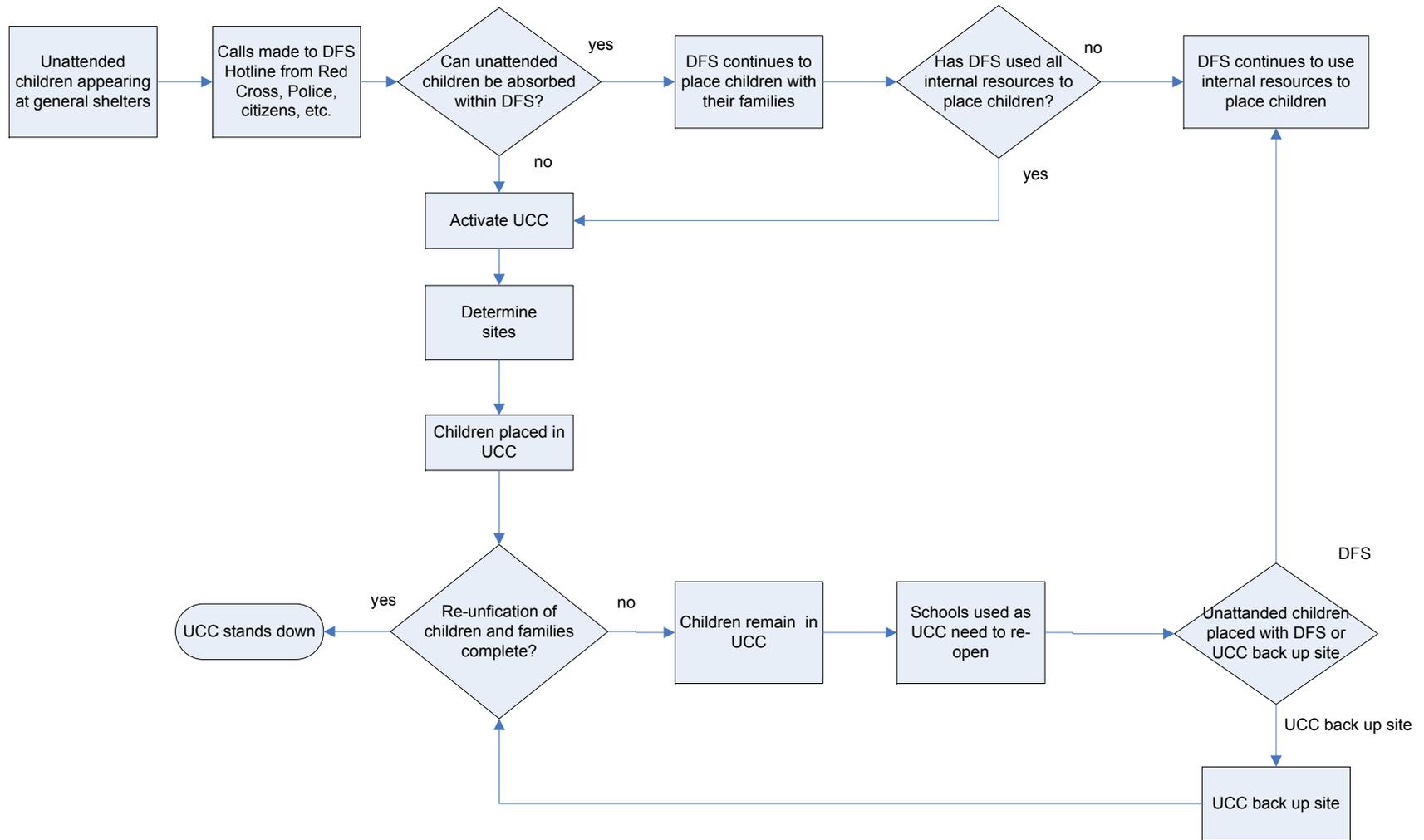
Authorization to activate the UCC is made by the Director of the Division of Family Services (DFS) at the request of the Department of Health and Social Services, Division of Public Health individual responsible for ESF – 6 (Mass Care) or by request of the Director of DFS. The UCC will be managed and will operate utilizing staff who are employees of the Department of Services for Children, Youth and Their Families (DSCYF) and other community volunteers that meet acceptable criteria for working with children. DSCYF staff that is assigned to UCC positions must qualify for the positions in accordance with their job classifications and the knowledge, skills, and abilities specific to the UCC position.

UCC positions include Leader, Deputy Leader, Intake/Triage, Case Manager, Child Care Supervisor, Child Care Worker, and Treatment (medical and mental health). The Leader is responsible for the overall functioning of the UCC. Her/his role is to assure that UCC and DSCYF policies and procedures are observed and that staff have what they need in order to do their work. This position is a bridge between the general population of the ARC community shelter, the Unattended Children's Center, and the Leadership of the Department of Services for Children, Youth and their Families. The Deputy Shelter Leader is responsible for assisting the UCC Leader in facilitating a team that will fulfill all functions of the UCC. The Intake/Triage worker will receive the child into the UCC, screen for medical and emotional needs, and obtain information that will assist in timely reunification with primary caretakers. If there are indications that the child has medical needs, the Intake/Triage worker will contact the Public Health Nurse (PHN). If the child's emotional reaction to the current emergency is beyond normal limits, the Intake/Triage worker will seek assistance from the UCC Treatment worker who is providing mental health services. The Case Manager will be responsible for reunifying the child with their legal caretaker and, when that is not possible, to find a temporary out-of-home placement in accordance with Division of Family Services (DFS) policies and procedures. At the start of each shift, the UCC Leader will assign a Child Care Supervisor who will be responsible for all Child Care workers and act as their back-up when needed. The Child Care worker will be primarily responsible for a group of children for the full shift and will assure eyes-on supervision of these children at all times. All medical decisions and treatment of the child will be made by Public Health. This includes on-site treatment and decisions to transport to a medical facility. The function of the mental health treatment professional in the UCC is to provide psychological first aid and to support and provide consultation to UCC staff. Critical Incident Stress Management intervention will be available to UCC staff while the UCC is operating and after the emergency event has concluded.

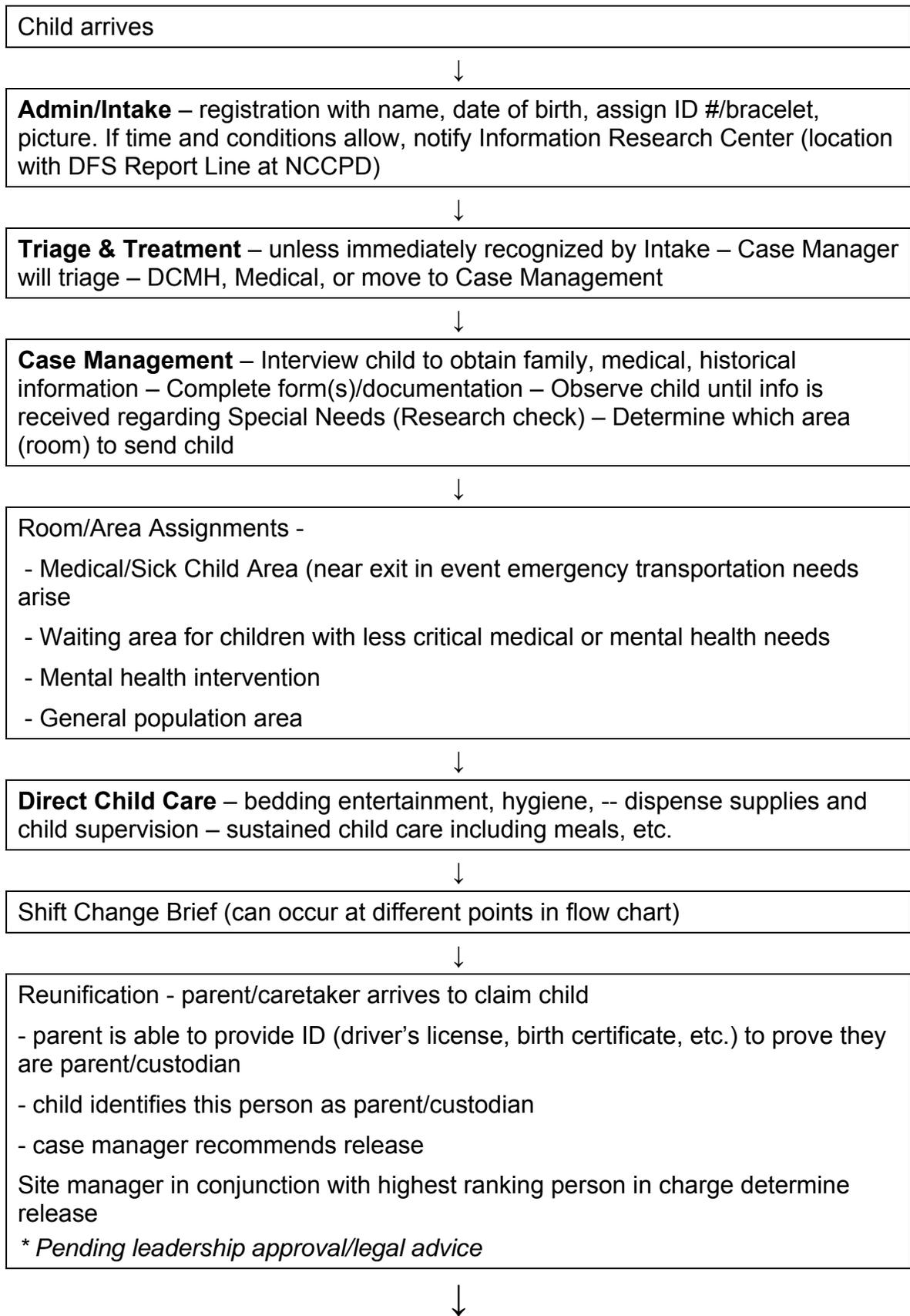
The emergency shelter policies and procedures of Unattended Children's Center (UCC) will be consistent with the Federal Emergency Management Agency (FEMA) Incident Command System (ICS). These include the Chain of Command, Mobilization, Planning, Logistics, Demobilization, and Hot Wash.

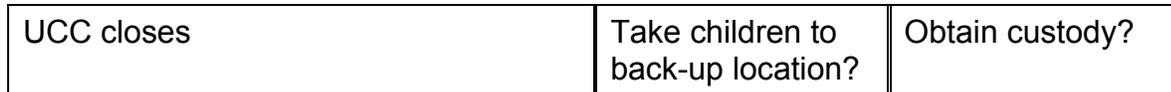
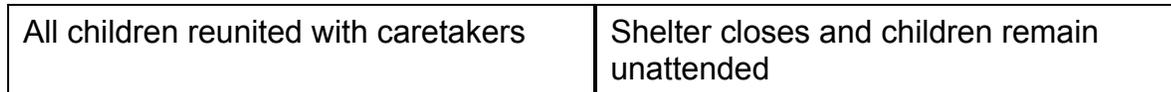
State of Delaware – Department of Services for Children, Youth and Their Families

Unattended Children Center Flowchart

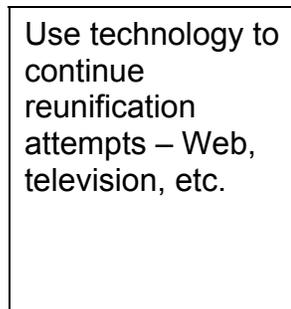


**STATE OF DELAWARE – DSCYF
UCC STANDARD OPERATING PROCEDURES**

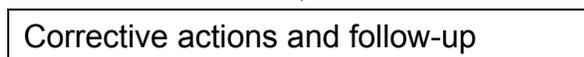
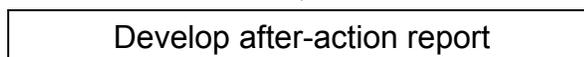
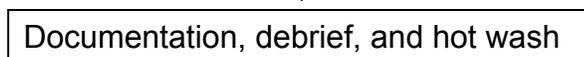
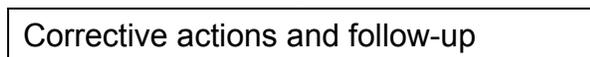
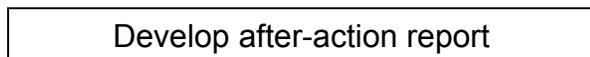




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Purpose Statement

Unattended Children's Centers (UCC) will be activated during emergencies

- To provide short-term caring environment/shelter for unattended children who become separated from their parents, custodians, or legal guardians during emergencies
- To locate and reunite parents, custodians, or legal guardians with the unattended children as quickly as possible
- To follow established state procedures when the parents, custodians, legal guardians, or other relatives have not been located

Source: Delaware Emergency Operations Plan (DEOP) – ESF 6 (Mass Care), Appendix 1, Subsections 2.1-2.3

Activation Conditions

The American Red Cross (ARC) is unable to accept minor children that are unaccompanied or unattended by an adult into a general population emergency shelter.

Consideration to activate a UCC will be based on the following conditions:

1. An evacuation of the public has occurred and is expected to last more than eight (8) hours.
2. Notice by the Department of Services for Children, Youth and Their Families (DSCYF) that the influx of unattended children has exceeded their regular capability.
3. Notice by agencies managing public shelters that there have been attempts to register children into the shelter or leave children unattended in the care of the public shelter staff.

Source: Delaware Emergency Operations Plan (DEOP) – ESF 6 (Mass Care), Appendix 1, Subsections 4.3.1-4.3.3

Location

The UCC will be collocated with other shelter(s), such as the American Red Cross (ARC) for the general population, the Division of Public Health (DPH) for non-acute medical needs and the Department of Agriculture for companion animal. These have been identified in public or private schools located throughout the State.

Authorities and References

1. Abuse of Children, 16 Del. C., Chapter 9
2. American Federation of State, County and Municipal Employees (AFSCME) – Council 81
3. Child Abuse Prevention and Treatment Act (CAPTA) as amended by the Keeping Children and Families Safe Act of 2003 (P.L. 108-36)

4. Child and Family Services Improvement Act of 2006 (P.L. 109-288)
5. Child Welfare, 31 Del. C., Chapter 3
6. Courts and Judicial Procedure, 10 Del. C., Chapter 9
7. Department of Health and Social Services, 16 Del.C., Chapter 1 and 29 Del. C., Chapter 79
8. Delaware Hospital for the Chronically Ill, 31 Del.C., Chapter 28
9. Department of Services for Children, Youth and Their Families, 29 Del. C., Chapter 90
10. Education, 14 Del. C., Chapters 2, 13, and 41
11. Education of Homeless Children and Youth, 14 DE. Admin. Code Chapter 9
12. Emergency Management, 20 Del.C., Chapter 31
13. ESF-6 (Mass Care)
14. Family Educational Rights and Privacy Act (FERPA), 34 C.F.R., Part 99
15. Health Insurance Portability and Accountability Act of 1996 (HIPAA) (P.L. 104-191)
16. Local Boards of Health, 16 Del.C., Chapter 3
17. The American National Red Cross Governance Modernization Act of 2007 (P.L. 110-26)
18. The Public Health and Welfare/Chapter 119 – Homeless Assistance Subchapter VI – Education and Training/Part B – Education for Homeless Children and Youths, 42 U.S.C. § 11431 to § 11435
19. State of Delaware Executive Order 77

Policy Statements

- A. The policies and procedures of Unattended Children’s Center (UCC) will be consistent with the Incident Command System (ICS).
- B. The UCC will operate using staff who are employees of the Department of Services for Children, Youth and Their Families (DSCYF) and other community volunteers. DSCYF staff assigned to UCC positions must qualify for the positions in accordance with their job classifications and the knowledge, skills, and abilities specific to the UCC position.
- C. The UCC staff will be activated only in accordance with the Mobilization protocol below and comply with all requirements set forth in personal accountability procedures.
- D. An individual hard copy case file shall be maintained for each child admitted to the UCC containing all records recorded by UCC staff about the child. The case file will be maintained according to DSCYF archival procedures.
- E. Under no circumstances shall a child be turned over to an adult without appropriate relationship verification.

- F. Financial records of expenditures and reimbursements will be kept in accordance with FEMA, DEMA and DSCYF procedures.
- G. The operational components of UCC will be reviewed by DSCYF UCC Committee on a yearly basis to ensure continuity of operations.
- H. All agreements with partner organizations will be facilitated by Delaware Emergency Management Agency (DEMA) in collaboration with DSCYF.
- I. External communication is solely the responsibility of the ICS Public Information Officer (PIO) who may collaborate with the DSCYF PIO.
- J. Confidentiality of children's information will be protected by Federal, State, DSCYF and professional standards Services.
- K. Under no circumstances will UCC staff accept donations or gifts of any kind or including food, clothing, money, etc. unless authorized by the Shelter Leader.
- L. Under no circumstances will UCC staff remove any shelter equipment or supplies for their own use outside the UCC.

Chain of Command

- I. The Incident Commander is the individual responsible for the management of all incident operations at the incident site.
- II. DSCYF Leadership includes the Cabinet Secretary, Division Directors, Deputy Directors and/or other designees. In a significant emergency, they will be located at the Children's Emergency Operations Center (ChilOC). ChilOC is a pre-designated facility established by the County/State Emergency Operation Command (EOC). Its purpose is to coordinate the overall DSCYF response and support during an emergency involving children.
- III. The UCC Leader is the individual responsible for the management of the UCC. All staff of the UCC report to the Leader.

Mobilization

The UCC may or may not be open when the State or county Emergency Operations Centers have been activated. Nevertheless, the DSCYF will be included in the broadcast about an event. Also, the decision to activate the ChilOC is not contingent on UCC activation. Please refer to the DSCYF Interim Continuity of Operations (COOP) plan in Appendix A that describes how an emergency event will be broadcast and ChilOC activation.

- I. Decision to Open a UCC

A. Request to DSCYF

When ARC notifies the ESF-6 Administrator that unattended children have entered the general population shelter, the ESF-6 Administrator will contact the DFS 24/7 Report Line (800.292.9582). The Report Line will contact the DFS Statewide Services Administrator. If it appears that DFS will be unable to accommodate the number of unattended children utilizing routine DFS policies and procedures regarding dependent children, the DFS Director will be contacted. Authorization to activate the UCC is made by the DFS Director. If this decision is made, the Director or her/his designee will notify the individual(s) charged with activating the staff notification procedures listed in Section II. below.

B. Request from DSCYF

Whenever DFS is unable to accommodate a large influx of children, the DFS Supervisor will go up the DFS chain of command to determine the need to open a UCC. Authorization to activate the UCC is made by the DFS Director. If this decision is made, the Director or her/his designee will notify the ESF-6 Administrator. The DFS Director will also notify the individual(s) charged with activating the staff notification procedures listed in Section II. below.

II. Staff Notification

When the DFS Division Director makes a decision to open an Unattended Children's Center s/he will notify the Cabinet Secretary. The Delaware Emergency Notification System (DENS) will be activated by DEMA. The DFS Division Director will request that DEMA be contacted by one of the following to activate DENS:

- DCMH – Quality Improvement Director
- DFS Program Manager – Intake & Investigation
- DYRS Senior Social Services Administrator

As a back-up, DSCYF will also maintain a telephone list of DSCYF staff that have volunteered and been qualified and trained to work in the UCC on the DSCYF computer drive in a protected access subfolder labeled Unattended Children's Center.

III. Supplies and Equipment (Need more info from partners – DPH, etc.)

A. Administrative Starter Kit

Each potential UCC Leader will keep a fully supplied kit in an easily accessible location at all times. This will include UCC shelter floor plans for all potential locations. A back-up Administrative Starter Kit will be kept at ChilOC. (See Appendix B)

B. Child Comfort Kits or Child Go Packs

Child Comfort Kits will be stored and transported with the Go Packs. (Appendix C).

C. UCC Go Packs

UCC Go-Packs are pre-staged supplies and equipment that will be stored in each county as follows: Ferris School for Boys in New Castle, Silver Lake Residential Treatment Center in Kent County, and Stevenson Detention Center in Sussex. The Go Packs will be transported to the UCC by [insert responsible DSCYF staff]. (Appendix D -3).

D. Warehoused Supplies and Equipment

Additional supplies and equipment will be stored at [insert location]. The supplies and equipment will be transported to the UCC by [insert responsible agency] (Appendix D - 4).

See Appendix D for individual budgets for the Administrative Starter Pack (D – 2), Child Comfort Packs (D – 6,7, 8), UCC Go-Packs (D -3), and a Master List (D -1) that is the combined budgets of all needed supplies and equipment.

Standard Operating Procedures (SOP)

I. Leader responsibilities

The Leader is responsible for the overall functioning of the UCC. Her/his role is to assure that policies and procedures are observed and that staff have what they need in order to do their work.

A. Establish and maintain a safe, temporary environment

1. The UCC area must be returned to its original condition upon demobilization. The Leader will assure that photographs are taken of the spaces at the beginning of the set-up process to use as a guide during the demobilization process. As a part of this process, the Leader will walk through the designated UCC spaces with a school representative.
2. Direct the arrangement of the activity spaces within the shelter according to the following principles:
 - a) Identify all entrance/egress points.
 - b) Identify one main entrance point where Triage/Intake will be located.
 - c) Assure that all other entrance/egress points are secured and that the set-up of other activities, e.g. MH screening and treatment, case manager location, etc. will be located near

these points, to provide staff security beyond what is provided through the police, national guard, etc.

- d) Locate sleeping areas as far away from entrance/egress points as possible.
 - e) When possible, sleeping areas will be separate from waking activity areas. Children who wish to sleep at any point may go to the sleeping area. Efforts to maintain reasonable quiet in that area will be made.
 - f) When possible, a small storage area accessible to both the sleeping area and the activity area will be arranged for children to put any possessions they have brought with them.
- B. Receive and order supplies and equipment and log sources on Resources Summary Form (ICS Attachment 1). A separate sheet will be used for supplies and equipment ordered and a separate sheet will be used for supplies and equipment received.
- C. Assign staff and assure that every child admitted to the UCC is fully attended at all times.
- 1. At the start of each shift, assign a child-care worker to each group of five children.
 - 2. At the start of each shift, assign a lead child-care worker who will act as back-up to the primary caretaker volunteer(s) on a rotating basis. This volunteer will act as supervisor and be a roving child-care worker.
 - 3. At the start of each shift, assign Intake/triage workers as needed.
 - 4. At the start of each shift, assign case managers as needed.
- D. Communication
- 1. Provide regular updates to team members
 - 2. Establish and maintain effective communications with DSCYF Leadership, DEMA, Red Cross and others as needed
 - 3. Conduct de-briefings with outgoing staff to identify any supply needs, treatment issues, etc.
 - 4. Conduct briefings with incoming staff to communicate any changes and to clarify expectations.

5. Communicate to incoming Supervisor status of UCC, including issues regarding child care, incidents that may have occurred, supplies and equipment needed, etc. (ICS – Attachment 2)

E. Oversight of fiscal operations

The Leader will have responsibility of incurring costs on behalf of the UCC during the emergency period up to the limit of **[\$insert dollar amount]**.

1. Maintain an accurate record of purchases approved, including date, time and reason for purchase.
2. Sign for all deliveries to the UCC
3. Track inventory of supplies and equipment.
4. Maintain chronological file for receipts and invoices which may be involved with fiscal activities around UCC operation.
5. Maintain a list of donations provided by approved sources during the emergency period for later acknowledgment by the Department.

F. Manage the demobilization

1. Oversee the packing up of unused supplies and equipment and inventory against records of deliveries. Provide written estimates of supplies and materials that should be reordered.
2. Oversee the cleanup and replacement of all existing furniture, supplies and equipment to their original location(s). Compare to photographs taken at start-up.
3. Assure that all client records are complete and delivered to DFS.
4. Assure that all fiscal documents, receipts, etc. are delivered to DSCYF Fiscal Office.
5. Assure that staff sign-in and sign-out sheets are delivered to the DSCYF Personnel Office.
6. Assure that there are “after” photographs of the UCC space following cleanup.

II. Intake/Triage

At the first point of contact with the child, UCC Intake/Triage worker will receive him/her into the UCC, screen for medical and emotional needs, and obtain information that will assist in timely reunification with primary caretakers. If there are indications that the child has medical needs, the Intake/Triage worker will contact the Public Health Nurse (PHN). If the child’s emotional reaction to the

current emergency is beyond normal limits, the Intake/Triage worker will seek assistance from the UCC Treatment worker who is providing mental health services.

A. Identification

1. The purpose of gathering this information is to be able to locate a child's caretaker as soon as possible. The UCC intake worker is to complete and sign the UCC Intake Form (Attachment 1)
2. Photograph – Take a head and shoulders photograph of the child. Name the file using the following convention [First Name, Last Name, DOB]. Affix copy of the picture to file if there is print capacity.
3. Finger/foot print – Each child over the age of 12 months will be fingerprinted. Each infant under the age of 12 months will have a footprint taken.
4. Wrist Band – Write with permanent marker, the child's identifying information: Name, age and UCC Identification (ID) Number. Attach to the child's right wrist.
5. UCC intake worker will add the child's information on the UCC Master Registration List. (Attachment 2)

B. Personal item check-in and storage

1. All items brought in by child are inspected.
2. The child has a right to keep personal items but may store valuables. Items taken for storage, excluding those in # 4 below will be returned to the child's caretaker upon reunification or will follow the child to the next placement.
3. All medication in the possession of the child, including over-the-counter medication, will be collected by the PHN who will store and administer according to Public Health own policies and procedures.
4. All items that may pose a risk to self or others will be confiscated and stored with the child's name. Items such as cigarette lighters, matches, tobacco products, aerosol (air compressed) containers, laser lights, etc. must be stored.
5. Any potential weapons such as guns and knives including pen knives, box cutters, and scissors, and illegal substances will be turned over to the UCC Leader and/or on-scene law enforcement officer.

6. Any item taken from the child will be documented on the UCC Intake Form (Attachment 1).

C. Transition to Child Care

The child is to be personally introduced by the UCC Intake/Triage worker to the assigned Child Care worker or the Child Care Supervisor. (See Section III. - Child Care Procedures below).

D. Case File

A signed copy of the Intake Form (Attachment 1) will be given to a Case Manager for follow-up (See Section V. - Case Management below).

The Case File will be stored in the appropriate file box. Any access to the locked file box or key must be made in-person between authorized UCC staff. The key shall not be shuttled between persons using an unauthorized individual.

III. Child Care Procedures

A. Child Care Supervisor

1. At the start of each shift, the UCC Leader will assign a child care supervisor who will be responsible for all child care workers and act as their back-up when needed. The child care supervisor will also be a roving child care worker that assures that all areas have the supervision of at least one adult when children are present.
2. The child care supervisor will maintain an hourly accounting of all children and child-care workers and document this on the Hourly Child/Staff Count Form. (Attachment 3) This check will also include the children and child care workers who are on the sign-out sheet. The child care supervisor will report to the UCC Leader immediately, if any individual is not accounted for.
3. The Child Care Supervisor will maintain a temporary sign-out sheet for any child who leaves the child care area of the UCC. This record will include the name of the child care worker or person accompanying the child, their destination, time left, expected time of return, and actual time returned.
4. The Child Care Supervisor will assure that there is waking supervision during the night and, when necessary, will schedule sleeping and waking times of child-care worker.
5. The Child Care Supervisor will make a check on a regular basis but no less than every two hours that all points of entrance/egress are secured either by lock or by UCC shelter security.

B. Child Care Workers

The Child Care worker will be the primarily responsible for a group of children for the full shift and will assure eyes-on supervision of these children at all times.

1. At the start of each shift, the Child Care Supervisor will assign a child-care worker to each group of five children.

Consideration should be given to keeping sibling groups together. Otherwise, the division of age groups will be dependent upon space available, but recommended as follows:

- a. Infants -Newborn to 12 months
 - b. Toddlers -13 months to 36 months
 - c. Preschoolers - 3 years to 5 years
 - d. School-Age - 6 years to 12 years
 - e. Adolescents - 13 years to 17 years
2. Child Care workers will be expected to be with children at all times including mealtimes, activities, and bedtime.
 3. When a Child Care worker has the consent of the UCC Deputy Leader to accompany a child outside the perimeters of the UCC, a Child Tracking Sheet will be completed by the Child Care worker upon the departure and return to the UCC. (Attachment 4)
 4. Sanitation Procedures
 - a. A disinfectant solution (consisting of one-fourth (1/4) cup of household bleach to each gallon of water or one (1) tablespoon per quart), which is prepared daily and date labeled should be used to wash and disinfect the following items or surfaces after each use:
 - 1) Potty chairs which have first been emptied into a toilet
 - 2) Sinks and faucets used for hand washing after the sink is used for rinsing a potty chair
 - 3) Diapering surfaces
 - 4) Food preparation and eating surfaces such as counters, tables, and high chair trays
 - 5) Toys mouthed by children
 - 6) Mops used for cleaning
 - 7) Bibs
 - b. Staff should wash and disinfect any items or surfaces in the UCC at least daily, including but not limited to: diaper pails and lids and play tables.

- c. Staff and children should wash their hands regardless of glove usage with soap and running water and use single service towels for drying hands:
 - 1) Before and after eating or handling food
 - 2) After toileting or diapering
 - 3) After coming into contact with blood, fecal matter, urine, vomit, nasal secretions or other body secretions
 - 4) After outdoor play
 - 5) After cleaning
 - 6) After taking out the garbage

- d. Diapering
 - 1) Use clean, washable and non-absorbent surface and when possible, within easy access to a hand-washing sink
 - 2) Use sealed container that can be sanitized for soiled disposable diapers
 - 3) Check diapers at least hourly including visually inspecting children's diapers at least every two (2) hours
 - 4) Wash and dry each child during each diaper change with an individual disposable sanitary wipe or single service washcloth
 - 5) Clean and sanitize the diaper changing area with a disinfectant solution.

5. Standard Precautions

Staff should employ standard precautions for protection from disease and infection. Spills of body fluids (i.e. urine, feces, blood, saliva, nasal discharge, eye discharge, and injury or tissue discharges) shall be cleaned up immediately, as follows:

- a. For spills of vomit, urine, and feces on any surface including the floors, walls, bathrooms, tabletops, toys, and diaper-changing tables should be cleaned with soap and water and disinfected

- b. For spills of blood or blood-containing body fluids and injury and tissue discharges, the area should be cleaned with soap and water and disinfected. Non-porous gloves should be used in these situations

- c. Staff involved in cleaning contaminated surfaces should avoid exposure of open skin sores or mucous membranes to blood or blood-containing body fluids and injury or tissue discharges by using non-porous gloves to protect hands when cleaning contaminated surfaces

- d. Blood-contaminated material and diapers should be disposed of in a sealed plastic bag with a secure tie; and
 - e. Mops should be cleaned, rinsed, disinfected, wrung dry and hung to dry.
- 6. In the case of accident, injury, or illness of any kind, refer immediately to the Public Health Nurse.
- 7. Safe sleeping practices for infants
 - a. Infants should be placed on their backs when putting them down to sleep unless there is known medical condition that is authorized by a licensed health care provider that states the appropriate sleeping position for that child.
 - b. Each infant should sleep in a crib or playpen without pillows, bumper pads, quilts, comforters, sheepskin, stuffed toys, and any other soft products.
- 8. Child Care Record – The Child Care Record is part of the child's Case File. It contains the documentation of the care of the child:
 - a. Shift Note – (Attachment 5) This is a summary of the child's status during the shift. This includes any concerns about eating, sleeping, social interactions, etc.
 - b. Incident Report – (Attachment 6) This is a description of any significant event (e.g. referral to the Public Health Nurse or mental health staff, or a significant behavior issue).
 - c. Infant Shift Record – A form (Attachment 7) that records the nutritional intake and output of infants and toddlers will be maintained

IV. Treatment

A. Public Health Nurse

- 1. In the case of accident, injury, or illness of any kind, refers immediately to the Public Health Nurse.
- 2. All medical decisions and treatment of the child will be made by Public Health. This includes on-site treatment, and decisions to transport to a medical facility.
- 3. Procurement and administration of medications will be made by the Public Health Nurse.

4. A copy of the all medical records generated in the UCC by the Public Health Nurse will be kept in the case file.

B. Division of Child Mental Health Staff

The function of the mental health professional in the UCC is to provide psychological first aid and to support and provide consultation to UCC staff, using methods outlined in the document “Psychological First Aid Field Operations Guide” published by the National Child Traumatic Stress Network.

At least one employee of the Division of Child Mental Health Services who has volunteered to provide this function in the UCC will be scheduled for each shift as long as the shelter is in operation.

In addition, the DCMHS crisis service in the affected part of the state will respond in an emergency if called. This usually would be at the point of start-up, when/if the center leader finds that there are children presenting before there are sufficient numbers of UCC volunteers to assist with psychological first aid.

1. Conduct a Survivor Needs Assessment (Attachment 8) for each child.
2. Psychological First Aid - a supportive intervention to be used immediately after a disaster or a traumatic event. The mental health volunteer will not provide a formal “assessment” at the point of intake but rather will circulate within the milieu to interact with the children and informally assess their emotional states while providing the core activities outlined in the *Field Operations Guide* of the National center for Post traumatic Stress Disorder.
 - a. Provide individual and group activities, support and counseling.
 - b. Assist with management of behavior as needed
 - c. Assist in psychological emergencies as needed.
DCMHS Crisis – North of the Canal – 302-633-5128
DCMHS Crisis – South of the Canal – 302-424-4357
2. Assist case manager in the reunification process
 - a. Work with children to clarify identifying information as needed to match children with parents.
 - b. Assist with interviewing parents if needed to provide psychological first aid to them. Handouts from Field Operations Guide that might be useful to take home.

- Appendix F “Parent Tips for Helping Infants and Toddlers after Disasters”
 - Appendix G “Parent Tips for Helping Pre-School Children after Disasters”
 - Appendix H “Parent Tips for Helping School-Age Children after Disasters”
 - Appendix I “Parent Tips for Helping Adolescents after Disasters”
3. Assist with referrals for follow-up treatment for trauma as is appropriate. Handouts that might be appropriate would be the current DCMHS Brochure.
 4. Write a progress note for each child contact where appropriate (Attachment 9)

V. Case Management

The Case Manager will be responsible for reunifying the child with their legal caretaker and, when that is not possible, to find a temporary out-of-home placement in accordance with Division of Family Services (DFS) policies and procedures. In addition, the Case Manager is responsible for approving temporary sign-out of the child outside the child care area of the UCC, e.g. visiting the Companion Animal Shelter.

A. Reunification Activities

1. Case managers will immediately begin the process of locating legal caretakers starting with information collected at Intake which may provide sufficient information to locate legal caretakers.
2. If the Intake information does not provide sufficient information for reunification, the Case Manager will access all available databases including but not limited to FACTS, DELJIS, DOE, MCI, DHSS-DPH, Medicaid, Child Support, and the Internet.
3. If the above databases are not available at the UCC, the Case Manager will complete the Request for Database Research Form (Attachment 10).
4. Verification of Relationship
 - a. For children not in Departmental care or custody, including active but intact DSCYF families, the following guidelines for verification should be used:
 - 1) Adult identification – While government (e.g., Driver’s License) or employer issued picture identification is

preferable, the Case Manager will work with the claiming adult to verify their identity.

- 2) The claiming adult should be able to match the address, phone number, birth date, school, grade, etc. as listed on the Intake Form.
 - 3) The claiming adult must be able to give similar responses to information provided by the child on the Family Reunification Questionnaire (Attachment 11).
 - 4) Family pictures may be used to help verify the relationship.
 - 5) The child should be returned to the adult caretaker where they resided on the Intake Form.
 - 6) For infants and other children who are not adequate reporters, additional information from the claiming adult may be required such as identity verification from a third party such as the primary care physician. When verification is uncertain, the Case Manager will consult with the Department of Justice.
 - 7) If the child is an adequate reporter, the child should be able to identify the claiming adult and their relationship.
 - 8) It would be helpful if the claiming adult had a family picture which includes the child.
- b. For children in DFS custody and placed in out-of-home care, all DFS procedures will apply. The Case Manager should request information about the child's level of care needs, especially medical and behavioral, including known mixing information.
 - c. For children in another Departmental residential program (e.g., residential treatment, detention, Interstate Compact), the Case Manager will contact the appropriate Division to develop a plan of return.

B. Reunification Documentation

1. Child not active with DSCYF

- a. The Case Manager should make a photocopy of the relationship identification. If making photocopy is not possible due to resources, the Case Manager at a minimum will write the complete identification information on the Discharge Verification Form (Attachment 12).

- b. The Case Manager should document on the Discharge Verification Form that s/he agrees the picture is a match or has accepted the proof provided.
- c. A full head and shoulders photograph of the child will be taken and filed with the fingerprints card.
- d. If the adult/family member has already obtained temporary housing, the Case Manager should be asked for the address and phone number.
- e. The claiming adult should be requested to sign a Discharge Form indicating the date and time the child was discharged from the UCC. This form should be witnessed by the Case Manager. A full head and shoulder photograph of the claiming adult will be taken and filed in the child's case file.
- f. All reunification documentation should be filed in the appropriate section of the case file.

2. Child active with the DSCYF

- a. A Progress Note shall be entered into FACTS indicating the child was received into the UCC. The note shall be specific with regards to condition of child and any attempts to contact parents or foster parents. Additionally, other relevant information may be included in the child's FACTS record.
- b. Continuing activity of a relevant nature shall be documented in the child's FACTS record.

VI. Search of Databases (need additional information from DOE and DHSS)

When a UCC is activated, the Departments of Education (DOE) and Health and Social Services (DHSS) will have staff available to take requests from the UCC Case Managers to search their own client databases. Information from these databases may be needed to confirm the identity of a child and/or parents, custodians, family members, or other emergency contact information. To obtain information from DOE, the UCC Case Manager will [insert contact process and number]. To obtain information from DHSS, the UCC Case Manager will fax a completed Database Research Form (Attachment 10) to [insert contact and number].

VII. Demobilization

When the order to stand-down is received, all UCC staff on that shift will be expected to assist in break-down.

- A. Custody of remaining children - the Case Manager will work with DFS to establish dependency and placement until caretakers are located.
- B. Break-down of UCC
 1. Pack up unused supplies and equipment and inventory against records of deliveries.
 2. Sweep the floors.
 3. Make sure trash is in bags and is deposited in the appropriate location.
 4. As much as possible, arrange original furniture and equipment back to their original location(s). Wipe down as necessary
 5. Assure that all client records are complete and put the in the location indicated by the Leader
 6. Assure that all fiscal documents, receipts, etc. are complete and put the in the location indicated by the Leader.
 7. Assure that staff sign-in and sign-out sheets are complete and put the in the location indicated by the Leader
 8. With the Leader, inspect the area and complete break-down before leaving.

VIII. Hot Wash

A Hot Wash is a performance review that is held after an emergency exercise. After an emergency event involving the stand-up of a UCC, a hot wash will be conducted by DEMA for a local event or FEMA for a regional or larger event. The DSCYF Cabinet Secretary and all Division Directors will participate in the performance review.

IX. Critical Incident Stress Management (CISM)

Critical Incident Stress Management is an intervention protocol developed specifically for dealing with traumatic events. It is a formal, structured, and professionally recognized process for helping individuals involved in a critical incident to share their experiences, vent their emotions, learn about stress reactions and provide referrals for further help if required. CISM is a confidential, voluntary, and educative process.

DSCYF has several employees who have been trained and certified by The International Critical Incident Stress Foundation, Inc. (ICISF) to provide critical incident intervention to DSCYF employees who have experienced tragedies on their caseloads or in the workplace.

There are several types of CISM interventions that can be used depending on the situation. For purposed of the UCC, *defusing* and *debriefing* will most likely be utilized.

Defusing is a short, less formal intervention that is best utilized within one to four hours after a critical incident. The main purpose is to stabilize people affected by the incident so that they can return to their normal activities without the usual stress. The American Red Cross will provide trained individuals to conduct these interventions while the UCC is operational.

Debriefing is a proactive intervention involving a group meeting or discussion about a particularly distressing critical incident and to assist the persons in recovery from the stress associated with the event. The DSCYF CISM Team will conduct debriefing between 24 and 72 hours after the demobilization of the UCC. This voluntary intervention will be available to all UCC volunteers. The DSCYF CISM Team will determine the location and number of sessions based on the needs of the volunteer staff and their geographic location.

UCC Support Functions

- I. Planning Responsibilities
 - A. Development and maintenance of policies and procedures
 - B. Development and maintenance of forms and directions.
 - C. Printing and distribution of policies, procedures, forms, directions as needed.
 - D. Establishment of schedule of periodic practices and drills
 - E. Separately and in collaboration with DEMA, engage in periodic practices and drills. Make and implement necessary recommendations rising from these drills.
 - F. Identification of training opportunities and communication of these to DSCYF staff UCC “volunteers.”
- II. Logistics
 - A. Human Resources **(need procedures)**
 1. Assure that there continues to be an sufficient number of UCC “volunteers” from the complement of DSCYF staff to be ready if the UCC is activated.
 2. Track training obtained from the aforementioned
 3. Staff the first shift of the UCC

4. Assure that the first shift will have relief
5. Personal accountability – In conjunction with DEMA, assign UCC badges that contain UCC training completed and emergency information (medications, emergency contact information). Also, coordinate sign-in/out protocols with the ARC general population shelter and the UCC Leader.

B. Non-Human Resources

1. Supplies and Equipment

- a. Assure that all supplies and equipment, with the exception of the Administrative Starter Kit below, is delivered to the UCC
 - Administrative Starter Kit (Appendix B)
 - Child Comfort Kits (Appendix C)
 - UCC Go Packs (Appendix D - 3)
 - Warehoused Supplies and Equipment (Appendix D -4)
- b. Assure that all supplies and equipment are replenished after use.
- c. Respond to request from UCC Leader to procure needed supplies during the emergency.
- d. Assist with demobilization by returning all supplies and equipment to their original storage areas.
- e. Coordination with other shelter components (such as American Red Cross for feeding schedule, etc.)
- f. Coordination with all partner organizations (need phone lists, contact info, etc., for partners) volunteers, other supplies

C. Finance/Administration (section needs review and procedures for first 3 bullets)

1. Work with FEMA/DEMA to recover federal funds if possible.

Project management begins when a disaster occurs and does not end until an applicant has received final payment for the project. Good project management ensures expedited payment of funds, and more efficient disbursement of Federal Emergency Management Association (FEMA) Public Assistance Program grants. Potential applicants should begin the record keeping process before a disaster is declared by the President. To ensure that work performed both before and after a disaster declaration is well documented, potential applicants should:

- designate a person to coordinate the compilation and filing of records;
- establish a file for each site where work has been or will be performed; and
- maintain accurate disbursement and accounting records to document the work performed and the costs incurred.

FEMA has a set of six optional summary forms which have been developed to assist government entities in organizing project documentation. The summary forms are:

- **Force Account Labor Summary** (FEMA Form 90-123) Used to record personnel costs
- **Force Account Equipment Summary** (FEMA Form 90-127) Used to record equipment use costs
- **Materials Summary Record** (FEMA Form 90-124) Used to record the supplies and materials taken out of stock or purchased
- **Rented Equipment Summary Record** (FEMA Form 90-125) Used to record the costs of rented or leased equipment
- **Contract Work Summary Record** (FEMA Form 90-126) Used to record the costs of work you have done by a contractor
- **Applicant's Benefits Calculation Worksheet** (FEMA Form 90-128) Used to record fringe benefit pay for employees

Using the above forms will enable DSCYF to track the above activities in compliance with already established federal guidelines and assist DSCYF in recovering as much expended funds as is possible in the event a Presidential Disaster is eventually declared for the area. Benefits reimbursements should be coordinated with the sitting Public Assistance Officer for Delaware, normally a Delaware Emergency Management Association (DEMA) employee.

2. Provide payment for expenditures incurred by the UCC as needed (**need procedures**)

ATTACHMENT 1

STATE OF DELAWARE
DEPARTMENT OF SERVICES FOR CHILDREN, YOUTH AND THEIR FAMILIES
UNATTENDED CHILDREN'S CENTER (UCC)
INTAKE

Date _____ Time _____ AM/PM WR # _____
Child's Name _____ Age _____ Date of Birth _____
Address _____ Phone _____

School _____ Language if not English _____ Needs interpreter

Person who brought the child to the UCC _____
Agency _____ Phone Number _____
Where/in what circumstances was the child picked up? _____
Is there anything known about the child? _____
Was there an adult caretaker left behind Yes No
If yes, what do you know about the caretaker? _____

Father's Name _____	Mother's Name _____
<input type="checkbox"/> Needs interpreter	<input type="checkbox"/> Needs interpreter
<input type="checkbox"/> Address same as above.	<input type="checkbox"/> Address same as above.
Telephone _____	Telephone _____
E-Mail _____	E-Mail _____
Other Caretaker's Name _____	Other Relative's Name _____
<input type="checkbox"/> Address same as above.	Address _____
Telephone _____	Telephone _____
Other Relative's Name _____	Other Relative's Name _____
Address _____	Address _____
Telephone _____	Telephone _____

Medications _____ taken for _____

If the child arrives at the UCC with medication, or is in need of medication while at the UCC, consult the Public Health Nurse.

Any other medical conditions, including injuries _____

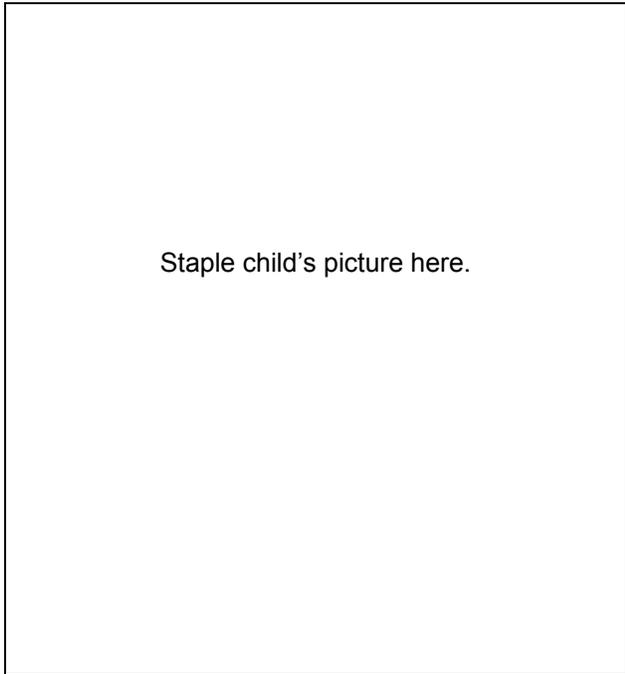
In the event the child tells about a chronic illness, e.g., diabetes, or other serious illness that is potentially contagious, the Public Health Nurse should be consulted.

No known medications, medical conditions, or injuries.

PH nurse consulted. Disposition _____

Emotional reactions to current emergency are within normal limits. [CMH worker will circulate among all children in UCC and provide psychological first aid. Child can wait for this assistance.]

Emotional reactions are intense and severe. Child's emotional state is such that immediate assistance is needed. Mental Health Worker consulted.



- Child's name not in FACTS
- Child's name is in FACTS, and
 - Active with DFS DFS Custody
 - Active with CMH
 - Active with YRS
 - Not now active with DSCYF

Child's name is in DELJIS
 Detail _____

If child is known to have charges that could pose a danger to others in the UCC, consult the UCC Leader and other team members to develop a plan for safety.

Plan for safety if needed :

**STATE OF DELAWARE
DEPARTMENT OF SERVICES FOR CHILDREN, YOUTH AND THEIR FAMILIES
UNATTENDED CHILDREN'S CENTER (UCC)
INSTRUCTIONS FOR INTAKE FORM**

Except for the discharge date, this form is to be completed by the Intake/Triage worker upon a child's admission to the UCC.

All information should be neatly printed and legible. No spaces may be left blank. Every question must be asked. If no answer is available enter ADK (Asked - don't know) on the space.

Page 1

Date	Enter the date the child presents and is admitted to the UCC
Time	Hours and minutes when the child is admitted to the UCC. Circle AM or PM.
WR #	WR means wrist band. Enter the pre-printed number of the wrist-band as you affix the band to the child's wrist.
Child Name:	Print as much of the child's name as is known.
Age	Enter the child's age in years if known. If unknown enter Abt. (about) and the age guesstimate.
Date of Birth	enter as much of this information as the child is able to give.
Address	This is the address where the child currently lives. Enter as much of the street, city, state, zip and the child can provide.
Phone	Enter the phone number the child currently uses at his/her home.
School	Enter the full name of the school.
Language	If the child does not appear to speak English as a first language, enter the language he/she speaks (if possible) Check "needs interpreter" if it appears too difficult to communicate with the child without an interpreter. Notify the Leader if an interpreter is needed.

FIRST BOX

Completion of this box may be crucial to locating the primary caretaker for the purpose of reunification. Capture as much information from the person who brought the child to the UCC as possible.

SECOND BOX

Gather as much information of possible as to the names, address, telephone numbers, e-mail addresses that the child can provide. Ask for cell phone numbers as well as land lines. The case manager will use this information to try to locate the parents/guardians for the purposes of reunification.

Page 2

FIRST BOX – Medical Screening

Ask the child if he/she takes any medication at all and what is for (if they know)
Observe the child for obvious injuries that may need attention.
Ask the child if he has illnesses like diabetes that he/she knows about.

If the child reports no medication or medical condition, check the first box
If the child reports any medication or medical condition or if the child has need for medical attention contact the Public Health Nurse. And check the second box **IMPORTANT NOTE:** Remember to "close the loop" by writing on the lines a short summary of what happened as a result of referral to the nurse.

SECOND BOX

Observe the child's affect (emotional behavior). It would not be surprising that a child would be upset in a crisis especially if separated from parents or caretakers. If emotional reactions appear to be consistent with what would be normal in the circumstances and considering the developmental level of the child check the first box.

If the child's emotional reaction is beyond what would be expected in the circumstances given the developmental level of the child, consult the mental health worker right away and check the second box.

THIRD BOX

Take a picture of the child with the digital camera. If printing capacity exists, print out the picture and affix to the page. (Don't worry too much about the size).

LAST SECTION

The Intake/Triage worker should do a quick screening in FACTS and DELJIS if these are available. Check all the boxes that would apply to the current status of the child in relationship to DSCYF.

Page 3

The purpose of this page is to gather as much information from the child that would be intimate enough that only a primary caretaker/parent/guardian would know the answers to the question.

Case managers will not return a child to any claiming adult unless there is ample evidence that the adult has the right to take the child. This is for the safety of the child.

These sets of questions may be asked of the child in conversational tones. Record as clearly as possible what the child says in the second column on the page. Be sure to include extraneous information that they might add that might be helpful.

Intake/Triage worker may leave the third column blank for later use.

THIRD COLUMN

The case manager or other UCC staff assigned to talk to the claiming adult should ask the set of questions and record the adult's responses, including extraneous comments the adult might give.

Page 4

The purpose of this page is to assure that a record of the child's belongings is kept if necessary.

If the child keeps all his/her belongings, check the first box.

If the child is required to check belongings for safety reasons, check the second box and list each item being checked.

Write the number of the wrist band and check to acknowledge this action.

Call the assigned child care worker and gently introduce him/her to the child. List the name of this person on the space provided.

If the Intake/Triage worker took any other action on behalf of the child, note this under "Other Actions."

The Intake worker should print his/her name and then sign and date.

ATTACHMENT 2

DEPARTMENT OF SERVICES FOR CHILDREN, YOUTH AND THEIR FAMILIES
UNATTENDED CHILDREN'S CENTER (UCC)
MASTER REGISTRATION LIST

Center Location _____

Sign In Order	Child Name	WR #	Age	M/F	Admission Date	Discharge Date
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
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21						
22						
23						
24						
25						

DEPARTMENT OF SERVICES FOR CHILDREN, YOUTH AND THEIR FAMILIES
UNATTENDED CHILDREN'S CENTER (UCC)
MASTER REGISTRATION LIST

Center Location _____

Sign In Order	Child Name	WR #	Age	M/F	Admission Date	Discharge Date
26						
27						
28						
29						
30						
31						
32						
33						
34						
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**DEPARTMENT OF SERVICES FOR CHILDREN, YOUTH AND THEIR FAMILIES
UNATTENDED CHILDREN'S CENTER (UCC)
INSTRUCTIONS FOR MASTER REGISTRATION LIST**

Except for the discharge date, this form is to be completed by the Intake/Triage worker upon a child's admission to the UCC.

All information should be neatly printed and legible. Names are to be entered in chronological order and no spaces may be skipped.

- Child Name: Print as much of the child's name as is known.
- WR # WR means wrist band. Enter the pre-printed number of the wrist-band as you affix the band to the child's wrist. Note: if multiple UCCs are open, the child's identification number will be the first two letters of the shelter (e.g., school – SA for Salesianum) plus the pre-printed number of the wrist band.
- Age Enter the child's age in years if known. If unknown enter Abt. (about) and the age guesstimate.
- M/F Print either "M" for male or "F" for female.
- Admission Date Enter DD/MM/YY that the child has been admitted to the UCC.
- Discharge Date Enter DD/MM/YY that the child was officially returned to parent/guardian. This should correspond to the date on the discharge form. .

STATE OF DELAWARE
DEPARTMENT OF SERVICES FOR CHILDREN, YOUTH AND THEIR FAMILIES
UNATTENDED CHILDREN'S CENTER
CHILD TRACKING SHEET

Child Name	Adult Accompanying	Destination	Date/Time Out	Date/Time Returned

STATE OF DELAWARE
DEPARTMENT OF SERVICES FOR CHILDREN, YOUTH AND THEIR FAMILIES
UNATTENDED CHILDREN'S CENTER (UCC)

CHILD CARE SHIFT NOTE

Child's Name _____ WB # _____ DOB _____

Date of Shift _____ Shift Start Time _____ AM/PM
Shift End Time _____ AM/PM

Below please write (legibly) a brief summary of the child's status in the UCC during this shift. Remember to communicate any concerns about medical, emotional, behavioral issues and/or eating and sleeping concerns so that incoming child care staff will be able to continue to address them. (Bring any serious incident to the immediate attention of the Child Care Supervisor and/or the UCC Deputy Leader.)

Name of Child Care Worker _____

Signature of Child Care Worker _____

STATE OF DELAWARE
DEPARTMENT OF SERVICES FOR CHILDREN, YOUTH AND THEIR FAMILIES
UNATTENDED CHILDREN'S CENTER (UCC)

INCIDENT REPORT

Child's Name _____ WB # _____ DOB _____

Date of Incident _____ Time of Incident _____ AM/PM

Please note any unusual event or incident that involved the child, especially with regard to his/her health and safety. (Use back of page or attach pages as needed).

What was the incident?

UCC staff involved:

UCC Children involved:

How was the incident resolved?

Describe current status of the child.

Signature of staff writing note _____

Co-Signature of UCC leader _____

STATE OF DELAWARE
DEPARTMENT OF SERVICES FOR CHILDREN, YOUTH AND THEIR FAMILIES
UNATTENDED CHILDREN'S CENTER (UCC)

INFANT SHIFT RECORD

Date:	Child's First Name	Child's Last Name	Age of Child	Name of Caregiver
Shift Time:				

Instructions for Feeding and Care:

Liquids/Foods: (Note typical formula, milk, juices, cereal/grains, vegetables, fruits previously consumed or able to eat)

Any known food reactions or allergies:

Care: (Note specific behaviors/mood (content, fussy, scared, easy going), personal preferences (i.e., pacifier, blanket, toy, stuffed animal, book); needs (i.e. rashes, teething, medications/illness (for Public Health Nurse); information for next caregiver

Daily Record

Time: Note Start Time	Awake (Yes/No)	Nap/Sleep (Yes/No)	Diapering/Toileting (Note: Wet, BM -describe)	Feeding –Liquid and Solids (Note: Amount and type)
12:00AM (Midnight)				
12:15AM				
12:30AM				
12:45AM				
1:00AM				
1:15AM				
1:30AM				
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12:00PM (Noon)				
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10:45PM				
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11:15PM				
11:30PM				
11:45PM				

**STATE OF DELAWARE
DEPARTMENT OF SERVICES FOR CHILDREN, YOUTH AND THEIR FAMILIES
UNATTENDED CHILDREN'S CENTER**

Survivor Needs – Initial Emotional Assessment

Child Name _____ Age _____

Date _____ Mental Health Worker _____

BEHAVIORAL	EMOTIONAL
<input type="checkbox"/> Extreme disorientation <input type="checkbox"/> Appearance of being high on drugs or alcohol <input type="checkbox"/> Isolation or withdrawal <input type="checkbox"/> Currently exhibiting high-risk behavior <input type="checkbox"/> Acting far younger than stated age <input type="checkbox"/> Shaking, trembling, hyperventilating <input type="checkbox"/> Violent behavior <input type="checkbox"/> Other _____	<input type="checkbox"/> Acute stress reactions <input type="checkbox"/> Acute grief reactions <input type="checkbox"/> Sadness, tearfulness <input type="checkbox"/> Irritability, anger <input type="checkbox"/> Acting numb and disconnected <input type="checkbox"/> Will not talk to anyone. (except where there has been hearing loss or if the child does not speak English) <input type="checkbox"/> Other _____
<input type="checkbox"/> None of these apply	<input type="checkbox"/> None of these apply

Check all that are known to apply:

- Past or pre-existing trauma, psychological problems or substance abuse
- Was injured as a result of the current emergency
- Was at risk of losing life during the current emergency
- Loved one (including pets) known to have died during the emergency Explain _____
- Witnessed the death or serious injury of a loved one (including pets) during the emergency Explain _____
- Separated from parent/primary caretaker
- Witnessed destruction of his/her own home or that of others

Please make note of any other information that might be helpful during the time in the UCC

Note anything the child needs right now _____

Any actions taken _____

Signature of MH worker _____ Date _____

**STATE OF DELAWARE
DEPARTMENT OF SERVICES FOR CHILDREN, YOUTH AND THEIR FAMILIES
UNATTENDED CHILDREN'S CENTER**

Psychological First Aid Provided (Progress Note)

Child Name _____ Age _____

Date _____ Mental Health Worker _____

Type of session: individual group family Time spent _____

Providing Safety and Comfort

<input type="checkbox"/> Attended to physical comfort <input type="checkbox"/> Assisted with concern over separation from parents/caretakers	<input type="checkbox"/> Encouraged social engagement <input type="checkbox"/> Assisted with behavior issues <input type="checkbox"/> Gave information about the disaster/risks
---	---

Coping with the Trauma

<input type="checkbox"/> Talked with child about stress reactions <input type="checkbox"/> Taught simple relaxation techniques <input type="checkbox"/> Assisted with developmental concerns <input type="checkbox"/> Addressed negative emotions <input type="checkbox"/> Assisted with acute grief reactions	<input type="checkbox"/> Addressed substance abuse issues <input type="checkbox"/> Helped with anxiety <input type="checkbox"/> Gave information about coping <input type="checkbox"/> Assisted with anger management <input type="checkbox"/> Assisted with social support <input type="checkbox"/> Engaged in recreational activities
--	--

Assisting with Reunification - Linkage with Follow-on Service

<input type="checkbox"/> Assisted parents through reunification process <input type="checkbox"/> Provided link to additional services	<input type="checkbox"/> Provided handouts (list)
--	---

Other relevant issues addressed during the contact.

Signature of MH Worker _____ Date _____

**STATE OF DELAWARE
DEPARTMENT OF SERVICES FOR CHILDREN, YOUTH AND THEIR FAMILIES
UNATTENDED CHILDREN'S CENTER (UCC)
REQUEST FOR DATABASE RESEARCH**

Instructions: Please complete all known information in the checked boxes. This information will be used to confirm the identity of the child and the identities of the child's parents or caretakers.

Date _____ **Time of Request** _____ AM PM

Name of Case Manager/DSCYF Division _____

Checks are requested by the following Departments: [Research by, date, and time]

- DEPARTMENT OF EDUCATION
 DELSIS _____
- E School _____
- HEALTH AND SOCIAL SERVICES – DIVISIONS OF
 Alcoholism, Drug Abuse and Mental Health _____
- Child Support Enforcement _____
- Management Services – Birth to Three Program _____
- Mental Retardation _____
- Public Health (ChildWatch, ISIS) _____
- Services for Aging and Adults with Physical Disabilities _____
- Social Services (Food Stamps, TANF, Medicaid) _____
- Visually Impaired _____
- Vocational Rehabilitation _____

Child's Name _____ Age ____ Date of Birth _____

Address _____ Phone _____

School _____ County _____

Language if not English _____ Medications needed _____

Mother's Name _____

Address _____

Father's name _____

Address _____

Custodian if not the parent _____

Relationship to Child _____

Address _____

ATTACHMENT 11

**STATE OF DELAWARE
DEPARTMENT OF SERVICES FOR CHILDREN, YOUTH AND THEIR FAMILIES
UNATTENDED CHILDREN'S CENTER (UCC)
INTAKE
FAMILY REUNIFICATION QUESTIONNAIRE**

Child's Name _____ Age _____ Date of Birth _____

QUESTION	CHILD'S RESPONSE	CARETAKER'S RESPONSE
1. Who else lives with you in your house? Tell me something about them.		
2. Where do you sleep in your house? Can you tell me about what that room looks like?		
3. Do you have a pet? What kind of an animal is it? What does he look like? What is its name?		
4. Does your family have a car? What color is it?		
5. Who cooks in your house? What is your favorite meal?		
6. What do you like to do most when you can do anything you want?		
7. Do you and your family go to church? What is the name of the church?		
8. Do you have any aunts and uncles? Can you name some of them? Do they live close or far away?		
9. Did you go out for Halloween last year? If so what were you?		
10. How did it happen		

**STATE OF DELAWARE
DEPARTMENT OF SERVICES FOR CHILDREN, YOUTH AND THEIR FAMILIES
UNATTENDED CHILDREN'S CENTER (UCC)
DISCHARGE VERIFICATION FORM**

Date _____ Time _____ AM/PM WR # _____

Child's Name _____ Date of Birth _____

Address _____ Phone _____

Describe how child's identity was confirmed: _____

Name of person child discharged to: _____

Address: _____

Relationship to child: _____

Describe how relationship was confirmed (e.g., databases researched or other methods).
Indicate how the databases researched confirmed the child will be safe upon discharge:

Name of Case Manager Date

Name of Leader/Deputy Leader Approving Discharge Date

ATTACHMENT 13

**STATE OF DELAWARE
DEPARTMENT OF SERVICES FOR CHILDREN, YOUTH AND THEIR FAMILIES
UNATTENDED CHILDREN'S CENTER (UCC)
DISCHARGE FORM**

Date _____ Time _____ AM/PM WR # _____

Child's Name _____ Date of Birth _____

Name (Print) of person child discharged to: _____

Signature of person receiving child _____

Signature of Case Manager _____

ICS ATTACHMENT 1

APPENDIX A

DSCYF INTERIM CONTINUITY OF OPERATIONS (COOP)

Broadcast

The broadcast is communication that an emergency event is taking place or is anticipated. The broadcast is initially generated by the State or county Emergency Operation Centers (EOC).

The e-mail is received by the following positions:

- Cabinet Secretary
- Division Directors (4)
- Division Deputy Directors (4)
- DCMH – Quality Improvement Director
- DFS Program Manager – Intake & Investigation
- DFS Report Line Statewide Services Administrator
- DFS Office of Childcare Licensing Administrator (OCCL)
- DYRS Senior Social Services Administrator

The fax will be sent to (insert one 24/7 DSCYF location).

General Emergency/Disaster Activation Levels

Level 1 – Corresponds with ICS Incident Type 1, and FEMA Region III RRCC Level 1 activation. Any catastrophic disaster or emergency that requires the full application of state assets, along with significant external assets (i.e., other states' or federal assets). State and local government is clearly overwhelmed. The State EOC will be fully operational, fully manned on a 24-hour basis.

Level 2 – Corresponds with ICS Incident Type 2, and FEMA Region III RRCC Level 2 activation. Any large scale emergency or disaster that involves a full state response and it appears that it may escalate to the point where federal disaster assistance might be required. The State EOC will be fully activated and staffed on a 24-hour basis. The ICS staffing pattern may be fully or partially fleshed out.

Level 3 – Corresponds with ICS Incident type 3, and FEMA Region III RRCC Level 3 activation. Any emergency or event that is likely to require the substantial application of state response assets. The required primary and support agencies are notified and placed on standby, and the State EOC is staffed with a Planning cell. Partial activation may be required to include core emergency agencies. The ICS staffing pattern is partially fleshed out as necessary to accomplish the mission. Limited federal involvement (if any).

Level 4 – Corresponds with ICS Incident Type 4 or 5. Normal, daily operations. Involves down time or periods during any incidents that do not require significant state emergency response (i.e. beyond standard public safety agencies, etc.)

ChilOC Activation

When an emergency event occurs or is anticipated that requires the opening of any county Emergency Operations Center and involves the services of the DSCYF, the call will be made to the DFS Report Line (1.800.292.9582). The DFS Statewide Services Administrator for the Report Line will contact the DFS Director who will contact the DSCYF Cabinet Secretary. The Cabinet Secretary will authorize the opening of ChilOC. ChilOC will be opened and occupied by the Cabinet Secretary and the Division Directors.

- The Division Directors may direct the location of their Deputies and the staff support to the following locations: DFS Report Line, ChilOC second floor auxiliary space (pending approval), SHOC (State Health Operations Center) that is located in Smyrna on the grounds of the Hospital for Chronically Ill.
- The DSCYF and DFS PIOs (Public Information Officers) will be located with the Cabinet Secretary and DFS Director.

The ChilOC may also be activated at the request of the DSCYF Cabinet Secretary or designee.

Division Directors will implement their respective Division plans for evacuation or sheltering in place of children in State or contracted out-of-home care (including Interstate Compact homes) or child care facilities. The Division plans include procedures for Contractors to report their status during and immediately following (within 72 hours) of an emergency.

APPENDIX B

**STATE OF DELAWARE
DEPARTMENT OF SERVICES FOR CHILDREN, YOUTH AND THEIR FAMILIES
UNATTENDED CHILDREN'S CENTER (UCC)**

ADMINISTRATIVE STARTER KIT

The ring binder, sheet protectors, and label dividers will be used to create the UCC Policy and Standard Operating Procedures (SOP) Manual prior to an emergency event. All potential UCC Leaders will have immediate access (home or work) to a tote bag that contains the manual and other listed supplies.

Manual

- 2" Round Ring Binder (375 sheet)
- OD Non-Glare, Standard, Top Loading Sheet Protectors
- Computer Printable Label Dividers, 12 Tab Set

Tote Bag and Supplies

- Tote Bag
- Perforated 8 1/2x11 3/4 White Writing Pads
- 2-part Carbon Receipt Book
- Tyvek Numbered Wrist Bands- Blue
- Tyvek Numbered Wrist Bands- Red
- OD Grip Ballpoint Pens, Medium Tip, Black

**STATE OF DELAWARE
DEPARTMENT OF SERVICES FOR CHILDREN, YOUTH AND THEIR FAMILIES
UNATTENDED CHILDREN'S CENTER (UCC)**

CHILD COMFORT KITS (CONTENTS)

Adolescent

- Toothbrush
- Toothpaste
- Anti-bacterial wipes
- Soap
- Bath towel
- Deodorant
- Wide tooth comb
- Lotion
- Disposable razor
- Shaving cream
- Socks
- Tissues
- Activity book w/pen
- Glow stick
- Playing cards
- Yo-yo

Child

- Toothbrush
- Toothpaste
- Anti-bacterial wipes
- Soap
- Wide tooth comb
- Lotion
- Tissues
- Towel
- Socks
- Activity book w/crayons
- Glow stick
- Stuffed animal
- Yo-yo

Baby

- Baby comb
- Baby lotion
- Baby wipes
- Pacifier
- Receiving blanket
- Socks
- Stuffed animal

APPENDIX D

STATE OF DELAWARE
DEPARTMENT OF SERVICES FOR CHILDREN, YOUTH AND THEIR FAMILIES
UNATTENDED CHILDREN'S CENTER (UCC)

SUPPLIES AND EQUIPMENT - COST ANALYSIS

- D – 1 Master List - All Needed Supplies and Equipment
- D – 2 Administrative Starter Kit
- D – 3 Pre-Staged Supplies and Equipment stored by DSCYF
- D– 4 Pre-Staged Supplies and Equipment stored by UCC Partners
- D – 5 Supplies provided by ARC and VOAD at the UCC
- D – 6 Teen Go Pack
- D – 7 Child Go Pack
- D – 8 Toddler Go Pack

Note: All lists are based on April 2008 prices.

Will ARC or UCC partners provide Alternate External Defibrillators (AED) and CPR mouth guards?

UCC MASTER LIST – All Needed Supplies and Equipment

APPENDIX D-1

<i>Item #</i>	<i>Description</i>	<i>Unit</i>	<i>Price/Unit</i>	<i>Quantity</i>	<i>Total cost</i>	<i>Comment</i>
1	Kodak Easy Share 8.2 Megapixel Digital Camera	1	\$99.99	1	\$99.99	
2	HP 4x6 Glossy Photo Paper	100	\$12.99	1	\$12.99	
3	Perforated 8 1/2x11 3/4 White Writing Pads	12	\$20.36	1	\$20.36	
4	Arched Clipboard- Letter Size	1	\$8.59	2	\$17.18	For Observation Sheets
5	Office Depot (OD) Sticky Notes	12	\$16.99	1	\$16.99	
6	2-part Carbon Receipt Book	1	\$3.95	1	\$3.95	
7	OIC Clipboard	2	\$4.58	1	\$4.58	For Sign in Sheets
8	4-part Folder, Letter Size, 2" Expansion	1	\$3.40	40	\$136.00	Case Records
9	6-part Folder, Letter Size, 2" Expansion, 2 Pocket	1	\$5.47	40	\$218.80	Option for Case Record
10	12-divider Expanding Wallet File	1	\$8.99	1	\$8.99	Extra Forms
11	Hanging Folders, No Tabs	25	\$17.95	1	\$17.95	
12	2" Round Ring Binder (375 sheet)	1	\$9.45	18	\$170.10	Policy Manuals
13	OD Non-Glare, Standard, Top Loading Sheet Protectors	100	\$12.99	10	\$129.90	For each page of Policy Manual
14	Computer Printable Label Dividers, 12 Tab Set	5	\$42.01	4	\$168.04	For Policy Manual
15	Tyvek Numbered Wrist Bands- Blue	100	\$11.95	1	\$11.95	
16	Tyvek Numbered Wrist Bands- Red	100	\$11.95	0.33	\$3.94	
17	OD Duct Tape- 60 yds	1	\$7.04	1	\$7.04	
18	OD Classic Stapler	1	\$8.99	3	\$26.97	
19	OD Standard Staples	5000	\$2.39	1	\$2.39	
20	OD 2-3 hole Adjustable Punch	1	\$13.50	1	\$13.50	
21	OD Straight Scissors	1	\$6.00	2	\$12.00	
22	OD Rubber Bands, Assorted Sizes	1/4 lb	\$1.35	1	\$1.35	
23	OD Binder Clips- Assorted Sizes	90	\$11.99	1	\$11.99	
24	OD Tape with Dispenser, 3/4 "x300"	4	\$3.60	1	\$3.60	
25	OD Grip Ballpoint Pens, Medium Tip, Black	24	\$3.99	1	\$3.99	
26	OD Correction Tape, Rt or Lft Handed, 394"	2	\$7.96	3	\$23.88	

Item #	Description	Unit	Price/Unit	Quantity	Total cost	Comment
27	Sharpie Retractable, Black	12	\$31.08	1	\$31.08	
28	Sharpie Retractable, Red	12	\$31.08	1	\$31.08	
29	Post-It Repositional Whiteboard	36x24	\$34.65	1	\$34.65	
30	Expo Fine Point Dry Erase Markers, Assorted Colors	4	\$5.83	1	\$5.83	
31	Ativa Power Strip/Surge Protector- 6 outlet	1	\$17.99	1	\$17.99	
32	Ativa Indoor/Outdoor 40' Extension Cord	1	\$29.99	1	\$29.99	
33	Eveready Flashlight w/Batteries (D-Cell)	2	\$6.35	1	\$6.35	
34	Energizer Folding Florescent Lantern (4 D-cell)	1	\$19.99	1	\$19.99	
35	Eveready D Cell Batteries	8	\$15.14	2	\$30.28	
36	Eveready AA Cell Batteries	24	\$13.88	1	\$13.88	
37	OD 158-Piece 1st Aid Kit	1	\$32.99	1	\$32.99	
38	Vinyl Gloves, No Powder, Medium	100	\$15.89	1	\$15.89	
39	OD Trash Bags, 45 gal	24	\$14.99	1	\$14.99	
40	OD Trash Bags, 13 gal	120	\$17.99	1	\$17.99	
41	OD Paper Towels- Recycled	15	\$29.99	1	\$29.99	
42	Liquid Dial Antimicrobial Soap	7.5 oz	\$3.55	1	\$3.55	
43	24 oz Sprayer Bottle	3	\$7.89	1	\$7.89	
44	Clorox Bleach	96 oz	\$3.06	1	\$3.06	
45	Lysol Sanitizing Wipes	80	\$8.60	1	\$8.60	
46	Palmolive Dish Soap	25 oz	\$7.17	1	\$7.17	
47	O-Cel-O Sponges	4	\$2.75	1	\$2.75	
48	Tide Ultra Liquid	100 oz	\$16.15	1	\$16.15	
49	OD Tissues, 120 Sheets	6	\$9.99	1	\$9.99	
50	Plastic Locking File Drawer- 12 3/8"H x14 3/4"W x 18 1/8"D	1	\$29.99	1	\$29.99	
51	Fingerprint Cards	100	\$24.14	1	\$24.14	
52	Fingerprint Ink	1	\$6.75	2	\$13.50	
53	Nextemp Disposable Thermometers	100	\$11.54	1	\$11.54	
54	UCC Vests	1	\$14.95	15	\$224.25	
55	Large Wheeled Tote- 90 quart	1	\$13.99	1	\$13.99	
56	Motorola XTN-XV-100 2-Way Radio	1	\$139.95	10	\$1,399.50	

Item #	Description	Unit	Price/Unit	Quantity	Total cost	Comment
57	Multi-Unit Radio Chargers	1	\$209.00	2	\$418.00	
58	Radio Holster	1	\$15.00	10	\$150.00	
59	Radio Batteries	1	\$27.99	10	\$279.90	
60	Laptop Computer- Dell	1	\$1,365.15	1	\$1,365.15	
61	Laptop Batteries	1	\$199.99	1	\$199.99	
62	Dell 926 All in One Printer	1	\$136.31	1	\$136.31	
63	Jump Drive	1	\$24.99	1	\$24.99	
64	Air Card	1		1	\$0.00	
65	Printing					Pending
66	Pampers Swaddlers- Newborn	96	\$24.99	1	\$24.99	
67	Pampers Swaddlers- Size 2	184	\$38.99	1	\$38.99	
68	Pampers Cruizers- Size 4	140	\$38.99	1	\$38.99	
69	Pampers Sensitive Wipes	420	\$12.49	1	\$12.49	
70	Baby Bjorn Toilet Trainer, Fully Adjustable	1	\$29.99	1	\$29.99	
71	DaVinci Contor Changing Pad	31"x16"	\$32.99	1	\$32.99	
72	Boudreaux's Butt Paste	4oz	\$7.99	1	\$7.99	
73	Safety 1st Comfy Bath Center	1	\$14.99	1	\$14.99	
74	Lander Baby Powder, 14oz	12	\$14.63	0.33	\$4.83	
75	Johnson's Head to Toe Wash- 28 oz	2	\$9.99	1	\$9.99	
76	Freshscent Baby Lotion- 2oz	96	\$34.93	0.33	\$11.53	
77	Gerber Hooded Towel & Washcloth	1	\$7.99	5	\$39.95	
78	Evenflo Tribute 5 Convertible Baby Seat- Dayton	1	\$59.99	1	\$59.99	
79	Onesie- Velcro closure- 6 - 9 months	3	\$7.48	3	\$22.44	
80	Evenflo Legrand Playard (pack-n-play)	1	\$39.99	1	\$39.99	
81	Koala Baby Traveyard Sheet	1	\$6.98	3	\$20.94	
82	Rosebud Bunny Flannel Receiving Blanket	4	\$6.98	1	\$6.98	
83	Kids Line Malawi Fleece Blanket	1	\$6.90	2	\$13.80	
84	Wee Smiles Sock Set	3	\$8.48	3	\$25.44	
85	Playtex Drop-Ins Holder- 4oz	3	\$11.99	1	\$11.99	
86	Playtex Drop-Ins Liners- 4oz	100	\$7.99	1	\$7.99	

Item #	Description	Unit	Price/Unit	Quantity	Total cost	Comment
87	Playtex Drop-Ins Holder- 8oz	3	\$11.99	1	\$11.99	
88	Playtex Drop-Ins Liners- 8oz	100	\$7.99	1	\$7.99	
89	Playtex Silicone Nipples, Variable Flow	2	\$4.29	1	\$4.29	
90	Playtex 1st Sipsters Trainers- 7oz	2	\$7.49	2	\$14.98	
91	Gerber Soft Bite Spoon	6	\$5.99	1	\$5.99	
92	The 1st Years Quick Serve Bottle Warmer	1	\$19.99	1	\$19.99	
93	Sassy Feeding Bowl Set w/ Lids	3	\$5.49	2	\$10.98	
94	Safety 1st Infant Comb & Brush Set	1	\$2.99	5	\$14.95	
95	Playtex Newborn Silicone Pacifier- Newborn	2	\$3.99	2	\$7.98	
96	Gerber Silicone Pacifier- Size 2	2	\$4.19	1	\$4.19	
97	Bright Starts Child & Teethe Teether	3	\$2.99	1	\$2.99	
98	Munchkin Disposable Bibs	24	\$6.95	1	\$6.95	
99	Munchkin Disposable Diaper Changing Pads	10	\$6.95	2	\$13.90	
100	TKS Boys 1/2 Cushion Crew Socks	6	\$6.98	1	\$6.98	
101	TKS Toddler Boy 1/2 Cushion Crew Socks	6	\$6.98	2	\$13.96	
102	Hanes T-Shirt- Small	3	\$8.99	3	\$26.97	
103	Hanes T-Shirt- Large	3	\$8.99	3	\$26.97	
104	Youth ComfortBlend Sweatpants- Small	2	\$14.04	5	\$70.20	
105	Youth ComfortBlend Sweatpants- Large	2	\$14.04	5	\$70.20	
106	Tagless Cotton Rich Sweatshirts (Youth)- Small	1	\$6.00	8	\$48.00	
107	Tagless Cotton Rich Sweatshirts (Youth)- Large	1	\$6.00	8	\$48.00	
108	Adult T-Shirt- Medium	12	\$19.89	1	\$19.89	
109	Adult T-Shirt- X Large	12	\$19.89	1	\$19.89	
110	Adult Sweatshirt- Medium	1	\$7.04	8	\$56.32	
111	Adult Sweatshirt- X Large	1	\$7.65	8	\$61.20	
112	Adult Sweatpants- Medium	1	\$7.04	8	\$56.32	
113	Adult Sweatpants- X Large	1	\$7.65	8	\$61.20	
114	Adult Tube Sock- White	12	\$7.95	1	\$7.95	
115	Pillow- Half Size	10	\$37.63	1	\$37.63	
116	5 1/2" Capped Shorty Toothbrush	144	\$11.99	0.33	\$3.96	

Item #	Description	Unit	Price/Unit	Quantity	Total cost	Comment
117	Naturemint Toothpaste, 0.60oz	144	\$21.80	0.33	\$7.19	
118	Antimicrobial Wipes, 6"x8"	1000	\$61.90	0.33	\$20.43	
119	BB Wrapped Antibacterial/Deodorant Soap, 3oz	144	\$36.76	0.33	\$12.13	
120	Bob Barker Deodorant- 0.50 oz	144	\$50.95	0.33	\$16.81	
121	5" Pocket Comb	144	\$4.05	0.33	\$1.34	
122	Freshscent Baby Lotion- 2oz	0	\$0.00	0	\$0.00	Baby supplies has enough for all
123	Classic Pocket Tissues	192	\$41.55	0.33	\$13.71	
124	Bath Towel 20"x40"	12	\$13.42	3	\$40.26	
125	Freshscent Baby Shampoo, 4oz	60	\$39.31	0.66	\$25.94	2 Statewide
126	Wash Cloth 12"x12"	12	\$2.23	3	\$6.69	
127	Baby Powder, 4oz	48	\$22.51	0.66	\$14.86	2 Statewide
128	Disposable Razors	120	\$16.27	0.33	\$5.37	
129	Quick Shave Shave Gel 0.25oz	100	\$15.37	0.33	\$5.07	
130	Sta-Rite Ponytail Holders	12	\$1.25	2	\$2.50	
131	Maxithins Sanitary Napkins	250	\$24.91	0.33	\$8.22	
132	Playing Cards	12	\$6.75	1	\$6.75	
133	UNO Cards	1	\$5.56	1	\$5.56	
134	Checkers	1	\$2.70	3	\$8.10	
135	Blankets	1		35	\$0.00	Provided at Event
136	Sleeping Mats	4	\$26.95	7	\$188.65	
137	Coloring Book	72	\$8.95	0.33	\$2.95	
138	Crayons, 6pk	48	\$7.95	0.66	\$5.25	2 Statewide
139	Mini Activity Book	72	\$9.95	15	\$149.25	
140	Pencils	144	\$13.95	0.33	\$4.60	
141	Pencil Sharpener	48	\$4.95	0.66	\$3.27	2 Statewide
142	AA Battery Powered Cell Phone Charger	1	\$19.99	1	\$19.99	
143	1 QT Baggies	22	\$2.49	2	\$4.98	
144	1 Gal Baggies	17	\$2.49	2	\$4.98	
145	Toddler Toothbrush	6	\$3.59	2	\$7.18	
146	Huggies Pull Ups, Disposable Training Diapers, Girl, 32-40	40	\$17.79	1	\$17.79	

Item #	Description	Unit	Price/Unit	Quantity	Total cost	Comment
	lbs					
147	Huggies Pull Ups, Disposable Training Diapers, Girl, 38+ lbs	33	\$17.79	1	\$17.79	
148	Huggies Pull Ups, Disposable Training Diapers, Boy, 32-40 lbs	40	\$17.79	1	\$17.79	
149	Huggies Pull Ups, Disposable Training Diapers, Boy, 38+ lbs	33	\$17.79	1	\$17.79	
150	Similac Infant Formula, Ready to Feed, Soy with Iron	32 oz	\$5.99	5	\$29.95	Provided at Event
151	Similac Advance Infant Formula, Ready to Feed with Iron	32 oz	\$6.29	5	\$31.45	Provided at Event
152	Similac Infant Formula, Ready to Feed, Hypoallergenic with Iron	32 oz	\$9.19	5	\$45.95	Provided at Event
153	Gerber Stage 2 Baby Food, Protein	4 oz	\$0.89	10	\$8.90	Provided at Event
154	Gerber Stage 2 Baby Food, Fruit Vegetable	4 oz	\$0.55	10	\$5.50	Provided at Event
155	Gerber Barley Cereal	8 oz	\$1.69	2	\$3.38	Provided at Event
156	Spring! Water- 16 oz	24	\$4.99	1	\$4.99	Provided at Event
157	Totes	1	\$5.29	17	\$89.93	For Manager "Go Packs"-min 50
	Total Per UCC				\$7,955.13	
	Statewide Total				\$23,865.40	

ADMINISTRATOR GO KIT

APPENDIX D-2

<i>Item #</i>	<i>Description</i>	<i>Unit</i>	<i>Price/Unit</i>	<i>Quantity</i>	<i>Total cost</i>	<i># Per Go Pack</i>	<i>Comment</i>
3	Perforated 8 1/2x11 3/4 White Writing Pads	12	\$20.36	1	\$20.36	2	
6	2-part Carbon Receipt Book	1	\$3.95	1	\$3.95	1	
12	2" Round Ring Binder (375 sheet)	1	\$9.45	18	\$170.10	1	Policy Manuals
13	OD Non-Glare, Standard, Top Loading Sheet Protectors	100	\$12.99	10	\$129.90		For each page of Policy Manual
14	Computer Printable Label Dividers, 12 Tab Set	5	\$42.01	4	\$168.04		For Policy Manual
15	Tyvek Numbered Wrist Bands- Blue	100	\$11.95	1	\$11.95	5	
16	Tyvek Numbered Wrist Bands- Red	100	\$11.95	0.33	\$3.94	5	
25	OD Grip Ballpoint Pens, Medium Tip, Black	24	\$3.99	1	\$3.99	2	
157	Totes	1	\$5.29	17	\$89.93	1	For Manager "Go Packs"- min 50

PRE-STAGED SUPPLIES AND EQUIPMENT STORED BY DSCYF

APPENDIX D-3

Item #	Description	Unit	Price/Unit	Quantity	Total cost	Comment
1	Kodak Easy Share 8.2 Megapixel Digital Camera	1	\$99.99	1	\$99.99	
2	HP 4x6 Glossy Photo Paper	100	\$12.99	1	\$12.99	
3	Perforated 81/2x113/4 White Writing Pads	12	\$20.36	1	\$20.36	
4	Arched Clipboard- Letter Size	1	\$8.59	2	\$17.18	For Observation Sheets
5	Office Depot (OD) Sticky Notes	12	\$16.99	1	\$16.99	
6	2-part Carbon Receipt Book	1	\$3.95	1	\$3.95	
7	OIC Clipboard	2	\$4.58	1	\$4.58	For Sign in Sheets
9	6-part Folder, Letter Size, 2" Expansion, 2 Pocket	1	\$5.47	40	\$218.80	Option for Case Record
10	12-divider Expanding Wallet File	1	\$8.99	1	\$8.99	Extra Forms
11	Hanging Folders, No Tabs	25	\$17.95	1	\$17.95	
12	2" Round Ring Binder (375 sheet)	1	\$9.45	18	\$170.10	Policy Manuals
13	OD Non-Glare, Standard, Top Loading Sheet Protectors	100	\$12.99	10	\$129.90	For each page of Policy Manual
14	Computer Printable Label Dividers, 12 Tab Set	5	\$42.01	4	\$168.04	For Policy Manual
15	Tyvek Numbered Wrist Bands- Blue	100	\$11.95	1	\$11.95	
16	Tyvek Numbered Wrist Bands- Red	100	\$11.95	0.33	\$3.94	
17	OD Duct Tape- 60 yds	1	\$7.04	1	\$7.04	
18	OD Classic Stapler	1	\$8.99	3	\$26.97	
19	OD Standard Staples	5000	\$2.39	1	\$2.39	
20	OD 2-3 hole Adjustable Punch	1	\$13.50	1	\$13.50	
21	OD Straight Scissors	1	\$6.00	2	\$12.00	
22	OD Rubber Bands, Assorted Sizes	1/4 lb	\$1.35	1	\$1.35	
23	OD Binder Clips- Assorted Sizes	90	\$11.99	1	\$11.99	
24	OD Tape with Dispenser, 3/4 "x300"	4	\$3.60	1	\$3.60	
25	OD Grip Ballpoint Pens, Medium Tip, Black	24	\$3.99	1	\$3.99	
26	OD Correction Tape, Rt or Lft Handed, 394"	2	\$7.96	3	\$23.88	

Item #	Description	Unit	Price/Unit	Quantity	Total cost	Comment
27	Sharpie Retractable, Black	12	\$31.08	1	\$31.08	
28	Sharpie Retractable, Red	12	\$31.08	1	\$31.08	
29	Post-It Repositional Whiteboard	36x24	\$34.65	1	\$34.65	
30	Expo Fine Point Dry Erase Markers, Assorted Colors	4	\$5.83	1	\$5.83	
31	Ativa Power Strip/Surge Protector- 6 outlet	1	\$17.99	1	\$17.99	
32	Ativa Indoor/Outdoor 40' Extension Cord	1	\$29.99	1	\$29.99	
33	Eveready Flashlight w/Batteries (D-Cell)	2	\$6.35	1	\$6.35	
34	Energizer Folding Florescent Lantern (4 D-cell)	1	\$19.99	1	\$19.99	
35	Eveready D Cell Batteries	8	\$15.14	2	\$30.28	
36	Eveready AA Cell Batteries	24	\$13.88	1	\$13.88	
37	OD 158-Piece 1st Aid Kit	1	\$32.99	1	\$32.99	
38	Vinyl Gloves, No Powder, Medium	100	\$15.89	1	\$15.89	
50	Plastic Locking File Drawer- 12 3/8"H x14 3/4"W x 18 1/8"D	1	\$29.99	1	\$29.99	
51	Fingerprint Cards	100	\$24.14	1	\$24.14	
52	Fingerprint Ink	1	\$6.75	2	\$13.50	
53	Nextemp Disposable Thermometers	100	\$11.54	1	\$11.54	
54	UCC Vests	1	\$14.95	15	\$224.25	
55	Large Wheeled Tote- 90 quart	1	\$13.99	1	\$13.99	
56	Motorola XTN-XV-100 2-Way Radio	1	\$139.95	10	\$1,399.50	
57	Multi-Unit Radio Chargers	1	\$209.00	2	\$418.00	
58	Radio Holster	1	\$15.00	10	\$150.00	
59	Radio Batteries	1	\$27.99	10	\$279.90	

PRE-STAGED SUP & EQUIP STORED BY UCC PARTNERS APPENDIX D-4

Item #	Description	Unit	Price/Unit	Quantity	Total cost
39	OD Trash Bags, 45 gal	24	\$14.99	1	\$14.99
40	OD Trash Bags, 13 gal	120	\$17.99	1	\$17.99
41	OD Paper Towels- Recycled	15	\$29.99	1	\$29.99
42	Liquid Dial Antimicrobial Soap	7.5 oz	\$3.55	1	\$3.55
43	24 oz Sprayer Bottle	3	\$7.89	1	\$7.89
44	Clorox Bleach	96 oz	\$3.06	1	\$3.06
45	Lysol Sanitizing Wipes	80	\$8.60	1	\$8.60
46	Palmolive Dish Soap	25 oz	\$7.17	1	\$7.17
47	O-Cel-O Sponges	4	\$2.75	1	\$2.75
48	Tide Ultra Liquid	100 oz	\$16.15	1	\$16.15
49	OD Tissues, 120 Sheets	6	\$9.99	1	\$9.99
66	Pampers Swaddlers- Newborn	96	\$24.99	1	\$24.99
67	Pampers Swaddlers- Size 2	184	\$38.99	1	\$38.99
68	Pampers Cruizers- Size 4	140	\$38.99	1	\$38.99
69	Pampers Sensitive Wipes	420	\$12.49	1	\$12.49
70	Baby Bjorn Toilet Trainer, Fully Adjustable	1	\$29.99	1	\$29.99
71	DaVinci Contor Changing Pad	31"x16"	\$32.99	1	\$32.99
72	Boudreaux's Butt Paste	4oz	\$7.99	1	\$7.99
73	Safety 1st Comfy Bath Center	1	\$14.99	1	\$14.99
74	Lander Baby Powder, 14oz	12	\$14.63	0.33	\$4.83
75	Johnson's Head to Toe Wash- 28 oz	2	\$9.99	1	\$9.99
76	Freshscent Baby Lotion- 2oz	96	\$34.93	0.33	\$11.53
77	Gerber Hooded Towel & Washcloth	1	\$7.99	5	\$39.95
78	Evenflo Tribute 5 Convertible Baby Seat- Dayton	1	\$59.99	1	\$59.99
79	Onesie- Velcro closure- 6 - 9 months	3	\$7.48	3	\$22.44
80	Evenflo Legrand Playard (pack-n-play)	1	\$39.99	1	\$39.99
81	Koala Baby Travelyard Sheet	1	\$6.98	3	\$20.94
82	Rosebud Bunny Flannel Receiving Blanket	4	\$6.98	1	\$6.98
83	Kids Line Malawi Fleece Blanket	1	\$6.90	2	\$13.80
84	Wee Smiles Sock Set	3	\$8.48	3	\$25.44
85	Playtex Drop-Ins Holder- 4oz	3	\$11.99	1	\$11.99
86	Playtex Drop-Ins Liners- 4oz	100	\$7.99	1	\$7.99
87	Playtex Drop-Ins Holder- 8oz	3	\$11.99	1	\$11.99
88	Playtex Drop-Ins Liners- 8oz	100	\$7.99	1	\$7.99
89	Playtex Silicone Nipples, Variable Flow	2	\$4.29	1	\$4.29
90	Playtex 1st Sipsters Trainers- 7oz	2	\$7.49	2	\$14.98
91	Gerber Soft Bite Spoon	6	\$5.99	1	\$5.99
92	The 1st Years Quick Serve Bottle Warmer	1	\$19.99	1	\$19.99
93	Sassy Feeding Bowl Set w/ Lids	3	\$5.49	2	\$10.98
94	Safety 1st Infant Comb & Brush Set	1	\$2.99	5	\$14.95
95	Playtex Newborn Silicone Pacifier- Newborn	2	\$3.99	1	\$3.99
96	Gerber Silicone Pacifier- Size 2	2	\$4.19	1	\$4.19
97	Bright Starts Child & Teethe Teether	3	\$2.99	1	\$2.99
98	Munchkin Disposable Bibs	24	\$6.95	1	\$6.95

Item #	Description	Unit	Price/Unit	Quantity	Total cost
99	Munchkin Disposable Diaper Changing Pads	10	\$6.95	2	\$13.90
100	TKS Boys 1/2 Cushion Crew Socks	6	\$6.98	2	\$13.96
101	TKS Toddler Boy 1/2 Cushion Crew Socks	6	\$6.98	2	\$13.96
102	Hanes T-Shirt- Small	3	\$8.99	3	\$26.97
103	Hanes T-Shirt- Large	3	\$8.99	3	\$26.97
104	Youth ComfortBlend Sweatpants- Small	2	\$14.04	5	\$70.20
105	Youth ComfortBlend Sweatpants- Large	2	\$14.04	5	\$70.20
106	Tagless Cotton Rich Sweatshirts (Youth)- Small	1	\$6.00	8	\$48.00
107	Tagless Cotton Rich Sweatshirts (Youth)- Large	1	\$6.00	8	\$48.00
108	Adult T-Shirt- Medium	12	\$19.89	1	\$19.89
109	Adult T-Shirt- X Large	12	\$19.89	1	\$19.89
110	Adult Sweatshirt- Medium	1	\$7.04	8	\$56.32
111	Adult Sweatshirt- X Large	1	\$7.65	8	\$61.20
112	Adult Sweatpants- Medium	1	\$7.04	8	\$56.32
113	Adult Sweatpants- X Large	1	\$7.65	8	\$61.20
114	Adult Tube Sock- White	12	\$7.95	1	\$7.95
115	Pillow- Half Size	10	\$37.63	1	\$37.63
116	5 1/2" Capped Shorty Toothbrush	144	\$11.99	0.33	\$3.96
117	Naturemint Toothpaste, 0.60oz	144	\$21.80	0.33	\$7.19
118	Antimicrobial Wipes, 6"x8"	1000	\$61.90	0.33	\$20.43
119	BB Wrapped Antibacterial/Deodorant Soap, 3oz	144	\$36.76	0.33	\$12.13
120	Bob Barker Deodorant- 0.50 oz	144	\$50.95	0.33	\$16.81
121	5" Pocket Comb	144	\$4.05	0.33	\$1.34
123	Classic Pocket Tissues	192	\$41.55	0.33	\$13.71
124	Bath Towel 20"x40"	12	\$13.42	3	\$40.26
125	Freshscent Baby Shampoo, 4oz	60	\$39.31	0.66	\$25.94
126	Wash Cloth 12"x12"	12	\$2.23	3	\$6.69
127	Baby Powder, 4oz	48	\$22.51	0.66	\$14.86
128	Disposable Razors	120	\$16.27	0.33	\$5.37
129	Quick Shave Shave Gel 0.25oz	100	\$15.37	0.33	\$5.07
130	Sta-Rite Ponytail Holders	12	\$1.25	2	\$2.50
131	Maxithins Sanitary Napkins	250	\$24.91	0.33	\$8.22
132	Playing Cards	12	\$6.75	1	\$6.75
133	UNO Cards	1	\$5.56	1	\$5.56
134	Checkers	1	\$2.70	3	\$8.10
136	Sleeping Mats	4	\$26.95	7	\$188.65
137	Coloring Book	72	\$8.95	0.33	\$2.95
138	Crayons, 6pk	48	\$7.95	0.66	\$5.25
139	Mini Activity Book	72	\$9.95	15	\$149.25
140	Pencils	144	\$13.95	0.33	\$4.60
141	Pencil Sharpener	48	\$4.95	0.66	\$3.27
142	AA Battery Powered Cell Phone Charger	1	\$19.99	1	\$19.99
143	1 QT Baggies	22	\$2.49	2	\$4.98
144	1 Gal Baggies	17	\$2.49	2	\$4.98
145	Toddler Toothbrush	6	\$3.59	2	\$7.18
146	Huggies Pull Ups, Disposable Training Diapers, Girl, 32-40 lbs	40	\$17.79	1	\$17.79

Item #	Description	Unit	Price/Unit	Quantity	Total cost
147	Huggies Pull Ups, Disposable Training Diapers, Girl, 38+ lbs	33	\$17.79	1	\$17.79
148	Huggies Pull Ups, Disposable Training Diapers, Boy, 32-40 lbs	40	\$17.79	1	\$17.79
149	Huggies Pull Ups, Disposable Training Diapers, Boy, 38+ lbs	33	\$17.79	1	\$17.79

SUPPLIES PROVIDED BY ARC AND VOAD AT THE UCC

APPENDIX D-5

Item #	Description	Unit	Price/Unit	Quantity	Total cost
135	Blankets	1		35	\$0.00
150	Similac Infant Formula, Ready to Feed, Soy with Iron	32 oz	\$5.99	5	\$29.95
151	Similac Advance Infant Formula, Ready to Feed with Iron	32 oz	\$6.29	5	\$31.45
152	Similac Infant Formula, Ready to Feed, Hypoallergenic with Iron	32 oz	\$9.19	5	\$45.95
153	Gerber Stage 2 Baby Food, Protein	4 oz	\$0.89	10	\$8.90
154	Gerber Stage 2 Baby Food, Fruit Vegetable	4 oz	\$0.55	10	\$5.50
155	Gerber Barley Cereal	8 oz	\$1.69	2	\$3.38
156	Spring! Water- 16 oz	24	\$4.99	1	\$4.99

TEEN GO PACK

APPENDIX D - 6

Item #	Description	Unit	Price/Unit	Quantity	Total cost	# Per Go Pack
76	Freshscent Baby Lotion- 2oz	96	\$34.93	0.33	\$11.53	1
114	Adult Tube Sock- White	12	\$7.95	1	\$7.95	1
116	5 1/2" Capped Shorty Toothbrush	144	\$11.99	0.33	\$3.96	1
117	Naturemint Toothpaste, 0.60oz	144	\$21.80	0.33	\$7.19	1
118	Antimicrobial Wipes, 6"x8"	1000	\$61.90	0.33	\$20.43	1
119	BB Wrapped Antibacterial/Deodorant Soap, 3oz	144	\$36.76	0.33	\$12.13	1
120	Bob Barker Deodorant- 0.50 oz	144	\$50.95	0.33	\$16.81	1
121	5" Pocket Comb	144	\$4.05	0.33	\$1.34	1
123	Classic Pocket Tissues	192	\$41.55	0.33	\$13.71	1
124	Bath Towel 20"x40"	12	\$13.42	3	\$40.26	1
125	Freshscent Baby Shampoo, 4oz	60	\$39.31	0.66	\$25.94	1
126	Wash Cloth 12"x12"	12	\$2.23	3	\$6.69	1
127	Baby Powder, 4oz	48	\$22.51	0.66	\$14.86	1
132	Playing Cards	12	\$6.75	1	\$6.75	1
139	Mini Activity Book	72	\$9.95	15	\$149.25	1
140	Pencils	144	\$13.95	0.33	\$4.60	1
141	Pencil Sharpener	48	\$4.95	0.66	\$3.27	1
143	1 QT Baggies	22	\$2.49	2	\$4.98	1
144	1 Gal Baggies	17	\$2.49	2	\$4.98	1

CHILD GO PACK

APPENDIX D - 7

Description	Unit	Price/Unit	Quantity	Total cost	# Per Go Pack
Freshscent Baby Lotion- 2oz	96	\$34.93	0.33	\$11.53	1
TKS Boys ½ Cushion Crew Socks	6	\$6.98	2	\$13.96	1
5 1/2" Capped Shorty Toothbrush	144	\$11.99	0.33	\$3.96	1
Naturemint Toothpaste, 0.60oz	144	\$21.80	0.33	\$7.19	1
Antimicrobial Wipes, 6"x8"	1000	\$61.90	0.33	\$20.43	1
BB Wrapped Antibacterial/Deodorant Soap, 3oz	144	\$36.76	0.33	\$12.13	1
5" Pocket Comb	144	\$4.05	0.33	\$1.34	1
Classic Pocket Tissues	192	\$41.55	0.33	\$13.71	1
Bath Towel 20"x40"	12	\$13.42	3	\$40.26	1
Freshscent Baby Shampoo, 4oz	60	\$39.31	0.66	\$25.94	1
Wash Cloth 12"x12"	12	\$2.23	3	\$6.69	1
Baby Powder, 4oz	48	\$22.51	0.66	\$14.86	1
Coloring Book	72	\$8.95	0.33	\$2.95	1
Crayons, 6pk	48	\$7.95	0.66	\$5.25	1
1 QT Baggies	22	\$2.49	2	\$4.98	1
1 Gal Baggies	17	\$2.49	2	\$4.98	1

TODDLER GO PACK

APPENDIX D - 8

Item #	Description	Unit	Price/Unit	Quantity	Total cost	# Per Go Pack
101	TKS Toddler Boy 1/2 Cushion Crew Socks	6	\$6.98	1	\$6.98	1
117	Naturemint Toothpaste, 0.60oz	144	\$21.80	0.33	\$7.19	1
121	5" Pocket Comb	144	\$4.05	0.33	\$1.34	1
123	Classic Pocket Tissues	192	\$41.55	0.33	\$13.71	1
124	Bath Towel 20"x40"	12	\$13.42	3	\$40.26	1
125	Freshscent Baby Shampoo, 4oz	60	\$39.31	0.66	\$25.94	1
126	Wash Cloth 12"x12"	12	\$2.23	3	\$6.69	1
127	Baby Powder, 4oz	48	\$22.51	0.66	\$14.86	1
137	Coloring Book	72	\$8.95	0.33	\$2.95	1
138	Crayons, 6pk	48	\$7.95	0.66	\$5.25	1
143	1 QT Baggies	22	\$2.49	2	\$4.98	1
144	1 Gal Baggies	17	\$2.49	2	\$4.98	1
145	Toddler Toothbrush	6	\$3.59	1	\$3.59	1

APPENDIX E

STATE OF DELAWARE
DEPARTMENT OF SERVICES FOR CHILDREN, YOUTH AND THEIR FAMILIES
UNATTENDED CHILDREN'S CENTER
DESCRIPTION OF UCC POSITIONS, FUNCTIONS AND QUALIFICATIONS

I. SHELTER LEADER

Incumbents at this level are typically DSCYF Manager's or Supervisors

A.. Scope

The shelter leader is responsible for facilitating a team that will fulfill all functions of the UCC. This position is a bridge between the general population of the community shelter, the Unattended Children's Center and the Leadership of the Department of Services for Children, Youth and their Families.

B. Essential Functions

1. Responsible for all activities and functions until delegated and assigned to staff
2. Assesses need for staff, manage the staff and ensure proper coverage
3. Provides overall leadership of the unattended children's shelter
4. Delegates authority to others
5. Approves Case Manager's decisions
6. Resolves operational and service delivery issues as necessary
7. Establishes and maintains a safe environment
8. Assures staff have the equipment and resources needed
9. Maintains inventory of supplies and equipment

C. Knowledge, Skills, Abilities

1. Knowledge of shelter policies and procedures
2. Knowledge of the principles and practices of supervision
3. Skill in dealing with a variety of personalities and behaviors and eliciting cooperation
4. Ability to work under pressure and adapt to rapidly changing situations
5. Ability to perform evaluative thinking and reasoning., develop appropriate courses of action and select the most appropriate course to meet the needs
6. Ability to communicate effectively

D. Job requirements and training expectations

1. Criminal Background Check
2. Experience in staff supervision
3. DELJIS access
4. Suicide Awareness Training
5. UCC Orientation
6. ICS100
7. ICS 200
8. ICS 300
9. ICS 700
10. ICS 800A
11. Red Cross Shelter Management Training

II. DEPUTY SHELTER LEADER

Incumbents at this level are typically DSCYF Manager's or Supervisors

A.. Scope

The deputy shelter leader is responsible for assisting the UCC Leader in facilitating a team that will fulfill all functions of the UCC.

B. Essential Functions

1. Assists in the supervision of all activities and functions until delegated and assigned to staff
2. Assists in the assessment of need for staff and manages staff to ensure proper coverage of all functions.
3. Supports and provides leadership of the unattended children's shelter
4. Assists in the resolution of operational and service delivery issues as necessary
5. Assists in the establishment and maintenance of a safe environment
6. Assists in the maintenance of inventory of supplies and equipment

C. Knowledge, Skills, Abilities

1. Knowledge of shelter policies and procedures
2. Knowledge of the principles and practices of supervision
3. Skill in dealing with a variety of personalities and behaviors and eliciting cooperation
4. Ability to work under pressure and adapt to rapidly changing situations
5. Ability to perform evaluative thinking and reasoning., develop appropriate courses of action and select the most appropriate course to meet the needs
6. Ability to communicate effectively

D. Job requirements and training expectations

12. Criminal Background Check
13. Experience in staff supervision
14. DELJIS access
15. Suicide Awareness Training
16. UCC Orientation
17. ICS100
18. ICS 200
19. ICS 300
20. ICS 700
21. ICS 800A
22. Red Cross Shelter Management Training

III. CASE MANAGER

Incumbents at this level are typically DSCYF case management staff. They are preferably from DFS.

A. Scope

The case manager is responsible for the coordination of services following intake and assessment. The position will be responsible for locating parents/guardians, assuring requirements of reunification are met, arranging for reunification, documenting pertinent information for each child.

B. Essential Functions

1. Obtain information about the child needed for reunification
2. If available does a FACTS, DELJIS check
3. Locate parent/guardian and arrange for reunification
4. Perform necessary tasks for DFS to take custody if necessary.

C. Knowledge, Skills, Abilities

1. Knowledge of human behavior
2. Knowledge of casework principles and practices
3. Knowledge of interviewing techniques
4. Ability to exercise good judgment
5. Ability to communicate effectively
6. Skill in counseling
7. Skill in eliciting information
8. Skill in coordinating activities

D. Job requirements and training expectations

1. Criminal Background Check
2. FACTS proficient
3. Experience in case management
4. DELJIS access
5. Suicide Awareness Training
6. UCC Orientation
7. ICS100
8. ICS 700
9. ICS 800A
10. CPR
11. First Aide
12. AED

IV. INTAKE/TRIAGE

Incumbents at this level are typically DSCYF staff with experience with talking to and interviewing children/youth. They could be teachers, caseworkers, etc.

A. Scope

The intake volunteer is responsible for receiving each child and admitting them to the UCC. While collecting identifying and evaluative information from each child they must provide support and comfort.

B. Essential Functions

1. Determines whether a child needs of immediate medical attention and obtains this when appropriate
2. Determines whether a child needs immediate attention from the mental health worker and obtain this when appropriate
3. Completes the UCC Intake Form
4. Introduces child to a child care worker

C. Knowledge, Skills, Abilities

1. Ability to interact empathically with individuals in crisis
2. Knowledge of human behavior
3. Knowledge of interviewing techniques
4. Knowledge of basic photograph equipment
5. Ability to communicate effectively with children/youth

D. Job Requirements and training expectations

1. Criminal Background Check
2. Demonstrated proficiency in FACTS, DELJIS and MCI
3. Suicide Awareness Training
4. UCC Orientation
5. ICS100
6. ICS 700
7. ICS 800A
8. CPR
9. First Aide
10. AED

V. CHILD CARE WORKER

Incumbents at this level are DSCYF employees and/or Community Volunteers

A. Scope

The Child Care Worker is responsible for the supervision of youth in the Unattended Children's Shelter.

B. Essential Functions

1. Observes and monitors the behavior of children
2. Oversees the activities of the children
3. Ensures the needs of the child are met
4. Is responsible for the safe supervision of children assigned and performs regular headcount checks.
5. Facilitates and participate in activities for the children

C. Knowledge, Skills, Abilities

1. Knowledge of child and adolescent behavior and basic development
2. Ability to supervise youth
3. Ability to communicate effectively with children and/or youth
4. Ability to exercise good judgment
5. Skill in coordinating activities for children

D. Job Requirements and training expectations

1. Criminal Background Check
2. Suicide Awareness Training
3. UCC Orientation
4. ICS100
5. ICS 700
6. ICS 800A
7. CPR
8. First Aide
9. AED

VI. MENTAL HEALTH WORKER

Incumbents at this level are employees of the Division of Child Mental Health Services

A. Scope

The mental health professional provides psychological first aid and to support and provide consultation to UCC staff, using methods outlined in the document "Psychological First Aid Field Operations Guide" published by the National Child Traumatic Stress Network.

B. Essential Functions

1. Conducts a survivor needs assessment on each child
2. Provides psychological first aide for each child
3. Provides individual and group activities, support and counseling as needed
4. Assists with management of behavior as needed
5. Assists in mental health emergencies as needed
6. Assists case manager in the reunification process as needed
7. Assists with referrals for follow-up treatment for trauma as is appropriateOU

C. Knowledge, Skills, Abilities

1. Knowledge of child and adolescent behavior and development
2. Knowledge of methods of psychological first aide and assessment
3. Knowledge of potential follow-up treatment services and crisis services
4. Ability to assess mental status, including suicidality
5. Ability to counsel children and adolescents
6. Ability to write progress notes
7. Ability to exercise good judgment

D. Job Requirements and training expectations

1. Must possess a minimum of a master's degree on a mental health discipline (Clinical psychology, clinical social work, counseling)
2. Criminal Background Check
3. UCC Orientation
4. ICS100
5. ICS 700
6. ICS 800A
7. CPR
8. First Aide
9. AED

PARENT TIPS FOR HELPING INFANTS AND TODDLERS AFTER DISASTERS

IF YOUR CHILD . .	UNDERSTAND	WAYS TO HELP
<p>. . has problems sleeping, doesn't want to go to bed, won't sleep alone, wakes up at night screaming.</p>	<p>▶ When children are scared they want to be with people who help them feel safe, and they worry when you are not together. ▶ If you were separated during the disaster, going to bed alone may remind your child of that separation. ▶ Bedtime is a time for remembering because we are not busy doing other things. People often dream about things they fear and can be scared of going to sleep.</p>	<p>▶ If you want, let your child sleep with you. Let him know this is just for now. ▶ Have a bedtime routine: a story, a prayer, cuddle time. Tell him the routine (every day), so he knows what to expect. ▶ Hold him and tell him that he is safe; that you are there and will not leave. Understand that he is not being difficult on purpose. This may take time, but when he <u>feels</u> safer, he will sleep better.</p>
<p>. . worries something bad will happen to you. (You may also have worries like this.)</p>	<p>▶ It is natural to have fears like this after being in danger. ▶ These fears may be even stronger if your child was separated from loved ones during the disaster.</p>	<p>▶ Remind your child and yourself that right now you are safe. ▶ If you are not safe, talk about how you are working to keep her safe. ▶ Make a plan for who would care for your child if something did happen to you. This may help you worry less. ▶ Do positive things together to help her think about other things.</p>
<p>. . cries or complains whenever you leave him, even when you go to the bathroom. . . can't stand to be away from you.</p>	<p>▶ Children who cannot yet speak or say how they feel may show their fear by clinging or crying. ▶ Goodbyes may remind your child of any separation you had related to the disaster. ▶ Children's bodies react to separations (stomach sinks, heart beats faster). Something inside says, "Oh no, I can't lose her." ▶ Your child is not trying to manipulate or control you. He is scared. ▶ He may also get scared when other people (not just you) leave. Goodbyes make him scared.</p>	<p>▶ Try to stay with your child and avoid separations right now. ▶ For brief separations (store, bathroom) help your child by naming his feelings and linking them to what he has been through. Let him know you love him and that this goodbye is different, you'll be back soon. "You're so scared. You don't want me to go because last time we weren't together you didn't know where I was. This is different, and I'll be right back." ▶ For longer separations have him stay with familiar people, tell him where you are going, why, and when you will come back. Let him know you will think about him. Leave a photo or something of yours and call if you can. When you come back, tell him you missed him, thought about him, and did come back. You will need to say this over and over.</p>
<p>. . has problems eating, eats too much or refuses food.</p>	<p>▶ Stress affects your child in different ways, including her appetite. ▶ Eating healthy is important but focusing too much on eating can cause stress and tension in your relationship.</p>	<p>▶ Relax. Usually, as your child's level of stress goes down, her eating habits will return to normal. Don't force your child to eat. ▶ Eat together and make meal times fun and relaxing. ▶ Keep healthy snacks around. Young children often eat on the go. ▶ If you are worried, or if your child loses a significant amount of weight, consult a pediatrician.</p>
<p>. . is not able to do things he used to do (like use the potty) . . does not talk like he used to</p>	<p>▶ Often when young children are stressed or scared, they temporarily lose abilities or skills they recently learned. ▶ This is the way young children tell us that they are not okay and need our help. ▶ Losing an ability after children have gained it (like starting to wet the bed again) can make them feel ashamed or embarrassed. Caregivers should be understanding and supportive. ▶ Your child is not doing this on purpose.</p>	<p>▶ Avoid criticism. It makes him worried that he'll never learn. ▶ Do not force your child. It creates a power struggle. ▶ Instead of focusing on the ability (like not using the potty), help your child feel understood, accepted, loved and supported. ▶ As your child feels safer, he will recover the ability he lost.</p>

IF YOUR CHILD . .	UNDERSTAND	WAYS TO HELP
. . is reckless, does dangerous things.	▶ It may seem strange, but when children feel unsafe, they often behave in unsafe ways. ▶ It is one way of saying, "I need you. Show me I'm important by keeping me safe."	▶ Keep her safe. Calmly go and get her and hold her if necessary. ▶ Let her know that what she is doing is unsafe, that she is important, and you wouldn't want anything to happen to her. ▶ Show her other more positive ways that she can have your attention.
. . is scared by things that did not scare her before	▶ Young children believe their parents are all-powerful and can protect them from anything. This belief helps them feel safe. ▶ Because of what happened, this belief has been damaged, and without it, the world is a scarier place. ▶ Many things may remind your child of the disaster (rain, aftershocks, ambulances, people yelling, a scared look on your face), and will scare her. ▶ It is not your fault – it was the disaster.	▶ When your child is scared, talk to her about how you will keep her safe. ▶ If things remind your child of the disaster and cause her to worry that it is happening again, help her understand how what is happening now (like rain or aftershocks) is different from the disaster. ▶ If she talks about monsters, join her in chasing them out. "Go away monster. Don't bother my baby. I'm going to tell the monster boo, and it will get scared and go away. Boo, boo." ▶ Your child is too young to understand and recognize how you did protect her, but remind yourself of the good things you did.
. . seems "hyper," can't sit still, and doesn't pay attention to anything.	▶ Fear can create nervous energy that stays in our bodies. ▶ Adults sometimes pace when we are worried. Young children run, jump, and fidget. ▶ When our minds are stuck on bad things, it is hard to pay attention to other things. ▶ Some children are naturally active.	▶ Help your child to recognize his feelings (fear, worry) and reassure your child that he is safe. ▶ Help your child get rid of nervous energy: stretching, running, sports, breathing deep and slow. ▶ Sit with him and do an activity you both enjoy: throw a ball, read books, play, draw. Even if he doesn't stop running around, this helps him. ▶ If your child is naturally active, focus on the positive. Think of all the energy he has to get things done, and find activities that fit his needs.
. . plays in a violent way. . . keeps talking about the disaster and the bad things he saw.	▶ Young children often talk through play. Violent play can be their way of telling us how crazy things were or are, and how they feel inside. ▶ When your child talks about what happened, strong feelings may come up both for you and your child (fear, sadness, anger)	▶ If you can tolerate it, listen to your child when he "talks." ▶ As your child plays, notice the feelings he has and help him by naming feelings and being there to support him (hold him, soothe him). ▶ If he gets overly upset, spaces out, or he plays out the same upsetting scene, help him calm down, help him feel safe, and consider getting professional help.
. . is now very demanding and controlling. . . seems "stubborn" insisting that things be done her way.	▶ Between the age of 18 months to 3 years, young children often seem "controlling." ▶ It can be annoying, but it is a normal part of growing up and helps them learn that they are important and can make things happen. ▶ When children feel unsafe, they may become more controlling than usual. This is one way of dealing with fears. They are saying "things are so crazy I need control over something."	▶ Remember your child is not controlling or bad. This is normal, but may be worse right now because she feels unsafe. ▶ Let your child have control over small things. Give her choices over what she wears or eats, games you play, stories you read. If she has control over small things, it can make her feel better. Balance giving her choices and control with giving her structure and routines. She will feel unsafe if she "runs the show." ▶ Cheer her on as she tries new things. She can also feel more in control when she can put her shoes on, put a puzzle together, pour juice.
. . tantrums and is cranky. . . yells a lot – more than usual.	▶ Even before the disaster, your child may have had tantrums. They are a normal part of being little. It's frustrating when you can't do things and when you don't have the words to say what you want or need. ▶ Now, your child has a lot to be upset about (just like you) and may really need to cry and yell.	▶ Let him know you understand how hard this is for him. "Things are really bad right now. It's been so scary. We don't have your toys or T.V., and you're mad." ▶ Tolerate tantrums more than you usually would, and respond with love rather than discipline. You might not normally do this, but things are not normal. If he cries or yells, stay with him and let him know you are there for him. Reasonable limits should be set if tantrums become frequent or are extreme.

IF YOUR CHILD . .	UNDERSTAND	WAYS TO HELP
<p>. . says go away, I hate you! . . says this is all your fault.</p>	<p>► The real problem is the disaster and everything that followed, but your child is too little to fully understand that. ► When things go wrong, young children often get mad at their parents because they believe they should have stopped it from happening. ► You are not to blame, but now is not the time to defend yourself. Your child needs you.</p>	<p>► Remember what your child has been through. He doesn't mean everything he is saying; he's angry and dealing with so many difficult feelings. ► Support your child's feeling of anger, but gently redirect the anger towards the disaster. "You are really mad. Lots of bad things have happened. I'm mad too. I really wish it didn't happen, but even mommies can't make hurricanes not happen. It's so hard for both of us."</p>
<p>. . doesn't want to play or do anything. . . seems to not really have any feelings (happy or sad).</p>	<p>► Your child needs you. So much has happened and he may be feeling sad and overwhelmed. ► When children are stressed, some yell and others shut down. Both need their loved ones.</p>	<p>► Sit by your child and keep him close. Let him know you care. ► If you can, give words to his feelings. Let him know it's OK to feel sad, mad, or worried. "It seems like you don't want to do anything. I wonder if you are sad. It's OK to be sad. I will stay with you." ► Try to do things with your child, anything he might like: read a book, sing, play together.</p>
<p>. . . cries a lot.</p>	<p>► Your family may have experienced difficult changes because of the disaster, and it is natural that your child is sad. ► When you let your child feel sad and provide her with comfort, you help your child even if she remains sad. ► If you have strong feelings of sadness, it may be good for you to get support. Your child's well-being is connected to your well-being.</p>	<p>► Allow your child to express feelings of sadness. ► Help your child name her feelings and understand why she may feel that way. "I think you're sad. A lot of hard things have happened, like . . ." ► Support your child by sitting with her and giving her extra attention. Spend special time together. ► Help your child feel hopeful about the future. It will be important to think and talk about how your lives will continue and the good things you will do, like go for a walk, go to the park or zoo, play with friends. ► Take care of yourself.</p>
<p>. . . misses people you are no longer able to see after the disaster.</p>	<p>► Even though young children do not always express how they feel, be aware that it is difficult for them when they lose contact with important people. ► If someone close to your child died, your child may show stronger reactions to the disaster. If the reactions appear to be strong and to last longer than two weeks, it may be helpful to seek help from a professional. ► Young children do not understand death, and may think that the person can come back.</p>	<p>► For those that have moved away, help your child say in touch in some way (for example, sending pictures or cards, calling) ► Help your child talk about these important people. Even when we are apart from people, we can still have positive feelings about them by remembering and talking about them. ► Acknowledge how hard it is to not be able to see people we care for. It is sad. ► Where someone has died, answer your child's questions simply and honestly.</p>
<p>. . misses things you have lost because of the disaster.</p>	<p>► When a disaster brings so much loss to a family and community, it is easy to lose sight of how much the loss of a toy or other important item (blanket) can mean to a child. ► Grieving for a toy is also your child's way of grieving for all you had before the disaster.</p>	<p>► Allow your child to express feelings of sadness. It is sad that your child lost her toy or blanket. ► If possible, try to find something that would replace the toy or blanket that would be acceptable and satisfying to your child. ► Distract your child with other activities.</p>

Taken from Psychological First Aid, 2nd Edition, published by the national Child traumatic Stress Network <http://www.nctsn.org>

PARENT TIPS FOR HELPING PRESCHOOL-AGE CHILDREN AFTER DISASTERS

IF YOUR CHILD . . .	UNDERSTAND	WAYS TO HELP
<p><u>Helplessness and Passivity:</u> Young children know they can't protect themselves. In a disaster they feel even more helpless. They want to know their parents will keep them safe. They might express this by being unusually quiet or agitated.</p>	<p>► Provide comfort, rest, food, water, and opportunities for play and drawing. ► Provide ways to turn spontaneous drawing or playing from traumatic events to include something that would make them feel safer or better. ► Reassure your child that you and other grownups will protect them.</p>	<p>► Give your child more hugs, hand holding, or time in your lap. ► Make sure there is a special safe area for your child to play with proper supervision. ► In play, a four year old keeps having the blocks knocked down by hurricane winds. Asked, "Can you make it safe from the winds?" the child quickly builds a double block thick wall and says, "Winds won't get us now." A parent might respond with, "That wall sure is strong" and explain, "We're doing a lot of things to keep us safe."</p>
<p><u>General Fearfulness:</u> Young children may become more afraid of being alone, being in the bathroom, going to sleep, or otherwise separated from parents. Children want to believe that their parents can protect them in all situations and that other grownups, such as teachers or police officers, are there to help them.</p>	<p>► Be as calm as you can with your child. Try not to voice your own fears in front of your child. ► Help children regain confidence that you aren't leaving them and that you can protect them. ► Remind them that there are people working to keep families safe, and that your family can get more help if you need to. ► If you leave, reassure your children you will be back. Tell them a realistic time in words they understand, and be back on time. ► Give your child ways to communicate their fears to you.</p>	<p>► Be aware when you are on the phone or talking to others, that your child does not overhear you expressing fear. ► Say things such as, "We are safe from the hurricane now, and people are working hard to make sure we are okay." ► Say, "If you start feeling more scared, come and take my hand. Then I'll know you need to tell me something."</p>
<p><u>Confusion about the danger being over:</u> Young children can overhear things from adults and older children, or see things on TV or just imagine that it is happening all over again. They believe the danger is closer to home, even if it happened further away.</p>	<p>► Give simple, repeated explanations as needed, even every day. Make sure they understand the words you are using. ► Find out what other words or explanations they have heard and clarify inaccuracies. ► If you are at some distance from the danger, it is important to tell your child that the danger is not near you.</p>	<p>► Continue to explain to your child that the hurricane has passed and that you are away from the flooded area ► Draw, or show on a map, how far away you are from the disaster area, and that where you are is safe. "See? The hurricane was way over there, and we're way over here in this safe place."</p>
<p><u>Not talking:</u> Being silent or having difficulty saying what is bothering them.</p>	<p>► Put common feelings of children into words, such as anger, sadness, and worry about the safety of parents, friends and siblings. ► Do not force them to talk, but let them know they can talk to you any time.</p>	<p>► Draw simple "happy faces" for different feelings on paper plates. Tell a brief story about each one, such as, "Remember when the water came into the house and had a worried face like this?" ► Say something like, "Children can feel really sad when their home is damaged." ► Provide art or play materials to help them express themselves. Then use feeling words to check out how they felt. "This is a really scary picture. Were you scared when you saw the water?"</p>
<p><u>Fears the disaster will return:</u> When having reminders--seeing, hearing, or otherwise sensing something that reminds them of the disaster.</p>	<p>► Explain the difference between the event and reminders of the event. ► Protect children from things that will remind them as best you can.</p>	<p>► "Even though it's raining, that doesn't mean the hurricane is happening again. A rainstorm is smaller and can't wreck stuff like a hurricane can." ► Keep your child from seeing television, radio, and computer images of the disaster that can trigger fears of it happening again."</p>

IF YOUR CHILD. .	UNDERSTAND	WAYS TO HELP
<u>Sleep problems:</u> fear of being alone at night, sleeping alone, waking up afraid, having bad dreams.	▶ Reassure your child that s/he is safe. Spend extra quiet time together at bedtime. ▶ Let the child sleep with a dim light on, or sleep with you for a limited time. ▶ Some might understand an explanation of the difference between dreams and real life.	▶ Provide calming activities before bedtime. Tell a favorite story with a comforting theme. ▶ At bedtime say, "You can sleep with us tonight, but tomorrow you'll sleep in your own bed." ▶ "Bad dreams come from our thoughts inside about being scared, not from real things happening."
<u>Returning to earlier behaviors:</u> Thumb sucking, bedwetting, baby-talk, needing to be in your lap	▶ Remain neutral or matter-of-fact, as best you can, as these may continue a while after the disaster.	▶ If your child starts bedwetting, change her clothes and linens without comment. Don't let anyone criticize or shame the child by saying, "You're such a baby."
<u>Not understanding about death:</u> Preschool age children don't understand that death is not reversible. They have "magical thinking" and might believe their thoughts caused the death. The loss of a pet may be very hard on a child.	▶ Give age-appropriate consistent explanation--that does not give false hopes--about the reality of death. ▶ Don't minimize their feelings over a loss of a pet or a special toy. ▶ Take cues from what your child seems to want to know. Answer simply and ask if he has any more questions.	▶ Allow children to participate in cultural and religious grieving rituals. ▶ Help them find their own way to say goodbye by drawing a happy memory or lighting a candle or saying a prayer for them. ▶ "No, Pepper won't be back, but we can think about him and talk about him and remember what a silly doggy he was." ▶ "The firefighter said no one could save Pepper and it wasn't your fault. I know you miss him very much."

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PARENT TIPS FOR HELPING SCHOOL-AGE CHILDREN AFTER DISASTERS

IF YOUR CHILD INDICATES	UNDERSTAND	WAYS TO HELP
<u>Confusion about what happened</u>	▶ Give clear explanations of what happened whenever your child asks. Avoid details that would scare your child. Correct any information that your child is unclear or confused about regarding if there is a present danger. ▶ Remind children that there are people working to keep families safe and that your family can get more help if needed. ▶ Let your children know what they can expect to happen next.	▶ “I know other kids said that more hurricanes are coming, but we are now in a place that is safer from hurricanes.” ▶ Continue to answer questions your children have (without getting irritable) and to reassure them the family is safe. ▶ Tell them what’s happening, especially about issues regarding school and where they will be living.
<u>Feelings of being responsible:</u> School-age children may have concerns that they were somehow at fault, or should have been able to change what happened. They may hesitate to voice their concerns in front of others.	▶ Provide opportunities for children to voice their concerns to you. ▶ Offer reassurance and tell them why it was not their fault.	▶ Take your child aside. Explain that, “After a disaster like this, lots of kids—and parents too—keep thinking ‘What could I have done differently?’ or ‘I should have been able to do something.’ That doesn’t mean they were at fault.” ▶ “Remember? The firefighter said no one could save Pepper and it wasn’t your fault.”
<u>Fears of recurrence of the event and reactions to reminders</u>	▶ Help child to identify reminders (people, places, sounds, smells, feelings, time of day) and to clarify the difference between the event and the reminders that occur after it. ▶ Reassure them, as often as they need, that they are safe. ▶ Protect children from seeing media coverage of the event as it can trigger fears of the disaster happening again.	▶ When they recognize that they are being reminded, say, “Try to think to yourself, ‘I am upset because I am being reminded of the hurricane because it is raining, but now there is no hurricane and I am safe.’” ▶ “I think we need to take a break from the TV right now.”
<u>Retelling the event</u> or playing out the event over and over	▶ Permit the child to talk and act out these reactions. Let them know that this is normal. ▶ Encourage positive problem-solving in play or drawing.	▶ “I notice you’re drawing a lot of pictures of what happened. Did you know that many children do that?” ▶ “It might help to draw about how you would like your school to be rebuilt to make it safer.”
<u>Fear of being overwhelmed by their feelings</u>	▶ Provide a safe place for them to express their fears, anger, sadness, etc. Allow children to cry or be sad; don’t expect them to be brave or tough.	▶ “When scary things happen, people have strong feelings, like being mad at everyone or being very sad. Would you like to sit here with a blanket until you’re feeling better?”
<u>Sleep problems,</u> including bad dreams, fear of sleeping alone, demanding to sleep with parents.	▶ Let your child tell you about the bad dream. Explain that bad dreams are normal and they will go away. Do not ask the child to go into too many details of the bad dream. ▶ Temporary sleeping arrangements are okay; make a plan with your child to return to normal sleeping habits.	▶ “That was a scary dream. Let’s think about some good things you can dream about and I’ll rub your back until you fall asleep.” ▶ “You can stay in our bedroom for the next couple of nights. Then we will spend more time with you in your bed before you go to sleep. If you get scared again, we can talk about it.”
<u>Concerns</u> about the safety of themselves and others.	▶ Help them to share their worries and give them realistic information.	▶ Create a “worry box” where children can write out their worries and place them in the box. Set a time to look these over, problem-solve, and come up with answers to the worries.
<u>Altered behavior:</u> Unusually aggressive or restless behavior.	▶ Encourage the child to engage in recreational activities and exercise as an outlet for feelings and frustration.	▶ “I know you didn’t mean to slam that door. It must be hard to feel so angry.” ▶ “How about if we take a walk? Sometimes getting our bodies moving helps with strong feelings.”

<p><u>Somatic complaints</u>: Headaches, stomachaches, muscle aches for which there seem to be no reason.</p>	<ul style="list-style-type: none"> ▶ Find out if there is a medical reason. If not, provide comfort and assurance that this is normal. ▶ Be matter-of-fact with your child; giving these non-medical complaints too much attention may increase them. 	<ul style="list-style-type: none"> ▶ Make sure the child gets enough sleep, eats well, drinks plenty of water, and gets enough exercise. ▶ “How about sitting over there? When you feel better, let me know and we can play cards.”
<p><u>Closely watching a parent’s responses and recovery</u>: not wanting to disturb parent with their own worries.</p>	<ul style="list-style-type: none"> ▶ Give children opportunities to talk about their feelings as well as your own. ▶ Remain as calm as you can, so as not to increase your child’s worries. 	<ul style="list-style-type: none"> ▶ “Yes, my ankle is broken, but it feels better since the paramedics wrapped it. I bet it was scary seeing me hurt, wasn’t it?”
<p><u>Concern</u> for other victims and families.</p>	<ul style="list-style-type: none"> ▶ Encourage constructive activities on behalf of others, but do not burden with undo responsibility. 	<ul style="list-style-type: none"> ▶ Help children identify projects that are age-appropriate and meaningful (e.g., clearing rubble from school grounds, collecting money or supplies for those in need)

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PARENT TIPS FOR HELPING ADOLESCENTS AFTER DISASTERS

IF YOUR CHILD INDICATES.	UNDERSTAND	WAYS TO HELP
<u>Detachment, shame, and guilt</u>	▶ Provide a safe time to discuss with your teen the events and their feelings. ▶ Emphasize that these feelings are common, and correct excessive self-blame with realistic explanations of what actually could have been done.	▶ “Many kids—and adults—feel like you do, angry and blaming themselves that they couldn’t do more. You’re not at fault—remember; even the firefighters said there was nothing more we could have done.”
<u>Self-consciousness</u> about their fears, sense of vulnerability, fear of being labeled abnormal	▶ Help teens understand that these feelings are common. ▶ Encourage relationships with family and peers for needed support during the recovery period.	▶ “I was feeling the same thing. Scared and helpless. Most people feel like this when a disaster happens, even if they look calm on the outside.” ▶ “My cell phone is working again, why don’t you see if you can get a hold of Pete to see how he’s doing.” ▶ “And thanks for playing the game with your little sister. She’s much better now.”
<u>Acting out behavior</u> ; using alcohol and drugs, sexual acting out, accident-prone behavior.	▶ Help teens understand that acting out behavior is a dangerous way to express strong feelings (like anger) over what happened. ▶ Limit access to alcohol and drugs. ▶ Talk about the danger of high-risk sexual activity. ▶ On a time-limited basis, have them let you know where they are going and what they’re planning to do.	▶ “Many teens—and some adults—feel out of control and angry after a disaster like this. They think drinking or taking drugs will help somehow. It’s very normal to feel that way—but it’s not a good idea to act on it.” ▶ “It’s important during these times that I know where you are and how to contact you.” Assure them that this extra checking-in is temporary, just until things have stabilized.
<u>Fears of recurrence and reactions to reminders</u>	▶ Help to identify different reminders (people, places, sounds, smells, feelings, time of day) and to clarify the difference between the event and the reminders that occur after it. ▶ Explain to teens that media coverage of the disaster can trigger fears of it happening again.	▶ “When you’re reminded, you might try saying to yourself, ‘I am upset now because I am being reminded, but it is different now because there is no hurricane and I am safe.’” ▶ Suggest “Watching the news reports could make it worse, because they are playing the same images over and over. How about turning it off now?”
<u>Abrupt shifts in interpersonal relationships</u> : Teens may pull away from parents, family, and even from peers; they may respond strongly to parent’s reactions in the crisis.	▶ Explain that the strain on relationships is expectable. Emphasize that we need family and friends for support during the recovery period. ▶ Encourage tolerance for different family member’s courses to recovery. ▶ Accept responsibility for your own feelings.	▶ Spend more time talking as a family about how everyone is doing. Say, “You know, the fact that we’re crabby with each other is completely normal, given what we’ve been through. I think we’re handling things amazingly. It’s a good thing we have each other.” ▶ You might say, “I appreciate your being calm when your brother was screaming last night. I know he woke you up too.” ▶ “I want to apologize for being irritable with you yesterday. I am going to work harder to stay calm myself.”
<u>Radical changes in attitude</u>	▶ Explain that changes in people’s attitudes after a disaster are common, but will return back to normal over time.	▶ “We are all under great stress. When people’s lives are disrupted this way, we all feel more scared, angry—even full of revenge. It might not seem like it, but we all will feel better when we get back to a more structured routine.”

<p><u>Wanting premature entrance into adulthood:</u> (e.g., wanting to leave school, get married)</p>	<p>▶ Encourage postponing major life decisions. Find other ways to make the adolescent feel more in control over things.</p>	<p>▶ “I know you’re thinking about quitting school and getting a job to help out. But it’s important not to make big decisions right now. A crisis time is not a great time to make major changes.”</p>
<p><u>Concern for other victims and families</u></p>	<p>▶ Encourage constructive activities on behalf of others, but do not burden with undo responsibility.</p>	<p>▶ Help teens to identify projects that are age-appropriate and meaningful (e.g., clearing rubble from school grounds, collecting money or supplies for those in need).</p>

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**STATE OF DELAWARE
DEPARTMENT OF SERVICES FOR CHILDREN, YOUTH AND THEIR FAMILIES
UNATTENDED CHILDREN'S CENTER
CHILD CARE GUIDELINES**

The following guidelines are intended to assist UCC staff to provide as safe and sanitary environment as possible. It is understood that in an extreme emergency, UCC staff may not have total control over the environment.

Nutritional Needs

Nutritious and appropriately-timed meals and snacks meeting nutritional requirements are served in accordance with the following schedule which indicates number of hours child is present:

- 2 hours - 4 hours 1 snack
- 4 hours - 6 hours 1 meal and 1 snack
- 7 hours - 11 hours 2 meals and 1 snack/or 2 snacks and 1 meal based on time of the child's arrival
- 12 hours or more 3 meals and 2 snacks.

Basic food groups as follows:

- Milk: fluid pasteurized cow's milk
Children one (1) year to two (2) years shall have whole pasteurized cow's milk when not on formula or breast milk
- Proteins: meat, fish, poultry, eggs, yogurt, cheese, peanut butter, dried beans, peas, and nuts
- Fruits and vegetables: include a variety of fresh vegetables and fruits
- Grains: Whole grain and enriched products such as breads, cereals, pastas, crackers and rice.

Feeding of Infants

- Bottles and nipples should be washed and sanitized before use
- Each infant's bottle of formula should be individually labeled with the infant's name
- Bottles of formula should be warmed under running warm tap water or by placing them in a container of water that is no warmer than 120 degrees F and not be left in warm water for more than five (5) minutes;
- Bottles of formula should not be warmed or thawed in a microwave oven;
- Mixing formula with cereal, fruit juice or any other foods in a bottle shall be considered a modification of a basic meal pattern and require written documentation from an infant's health care provider permitting the modification
- Unused portions of formula in a bottle fed to an infant must be discarded after each feeding that exceeds a period of one (1) hour from beginning of feeding
- Unused bottles of formula should be dated as to when prepared
- Refrigerated, unused, prepared formula should be discarded after forty-eight (48) hours
- An infant too young to use a feeding chair or other age-appropriate seating apparatus should be held when fed food
- New foods should be introduced one at a time on a gradual basis with the intent of ensuring health and nutritional well being
- Infant foods should be warmed by placing them in a container of water that is no warmer than 120 degrees F and not be left in warm water for more than five (5) minutes
- Infant foods should not be warmed or thawed in a microwave oven;

- Foods for infants should be of a texture and consistency that promotes safe and optimal consumption
- Baby food for each infant should be served from a dish unless the entire contents of the jar will be served.

Toddlers and Older Children

- Breakfast served has at least one (1) item each from the milk (A), fruits and vegetables (C) and grain (D) food groups.
- Lunch or dinner served has one (1) item from each of the milk (A), protein (B) and grain (D) food groups and two (2) items from the fruit and vegetable (C) food groups
- Snack served has at least one (1) item from two (2) of the food groups. If milk or fruit juice is not included with a snack, water shall also be served with that snack.

Bathing Facilities

- If bathtubs and showers are used, they should be equipped to prevent slipping.
- Infants should be bathed in age-appropriate bathing facilities.
- Portable bathing facilities should be acceptable for bathing children before bedtime.
- A child should not be bathed in a sink used for cleaning dishes and/or utensils unless the sink has been fully sanitized.
- Each child should be bathed in a bathtub, shower or portable bathing equipment that has been cleaned and sanitized before each use.
- Children should be bathed individually and not be placed together in a bathtub or shower.
- Water temperature shall be checked to prevent burns or scalding, or for water that is too cold.
- Individual towels and washcloths should be provided for each child.
- No child should be left unsupervised while in a bathtub or shower.
- A child capable of bathing alone should be allowed to bathe in private. A staff member should respect that child's privacy but be immediately available to ensure the child's safety and to offer assistance when requested by the child.
- Combs, toothbrushes, brushes and other such personal items are marked with the owner's name and stored separately and used only by that child.

Napping/Sleeping Accommodations

Each child should have clean, age-appropriate individual rest equipment such as a crib, playpen, cot, bed or mat and bedding.

- A child's rest equipment should be labeled with the child's name and used only by the child while attending the child care area of UCC.
- Mattresses and sleeping equipment should be covered with non-absorbent, cleanable coverings.
- Cots, beds, mats and mattresses, and crib mattresses should be cleaned and sanitized when soiled or wet.
- Rest equipment and bedding should be cleaned and sanitized prior to being assigned to another child.
- Seasonably appropriate top and bottom coverings, such as sheets and blankets, should be provided for each child.
- Sheets and blankets or other bedding should be cleaned at least weekly and when soiled or wet.
- Rest equipment is placed at least one and one-half (1 ½) feet apart while in use with children sleeping in alternating body positions aligning their head to the feet of the child next to them.
- Sleeping mats are stored so that there is no contact with the sleeping surface of another mat or disinfected after each use.

Infant/Toddler:

- Each child under eighteen (18) months of age and not walking should sleep in a crib or playpen.
- Infants (newborn to 12 months) - placed on their backs when putting them down to sleep unless there is known medical condition that is authorized by a licensed health care provider that states the appropriate sleeping position for that child.
- Cribs and playpens should have slats so placed as to allow gaps of no larger than two and three-eighths (2-3/8) inches.
- Cribs and playpens should have top rails at least twenty (20) inches above the mattress with the mattress set at its lowest position and side rail locked in its highest position.
- Any latches on cribs or playpens should be safe and secured.
- Crib mattresses should be firm and tight-fitting.
- Soft surfaces such as soft mattresses, pillows, sofas and waterbeds should be prohibited as infant sleeping surfaces.
- All pillows, bumper pads, quilts, comforters, sheepskin, stuffed toys, and any other soft products should be removed from cribs while an infant is in the crib.
- Toys or objects hung over an infant in a crib should be held securely and be of a size and weight that would not injure an infant if the toy or object accidentally falls or if the infant pulls on the object.

General Care of Infants (newborn to 12 months):

A daily record of an infant's feeding, sleeping, and other routine activities will be kept. (See Attachment 9)

Interactions:

- Offer frequent face to face interaction with infants when they are awake, being held and carried
- Limit time spent, while awake, in any confining equipment such as a crib, infant seat, swing, high chair or play pen to less than one-half (1/2) hour immediately after which opportunities for freedom of movement in a sanitary area protected from foot traffic are provided;
- Talk with infants during play, feeding and routine care;
- Read to and look at books with infants while holding or sitting close to them;
- Provide varied materials, sights, sounds and other experiences for infants to explore with their senses;
- Respond to infants' actions, sounds and beginning language;
- Give names to objects and experiences in the infants' environment;
- Provide space and equipment to support infants' developing physical skills such as rolling over, sitting, scooting, crawling and standing; and
- Provide materials and encouragement for infants' beginning pretend play alone, with other children and with staff.

General Care of Toddlers:

Interactions

- Offer frequent face to face interactions with the toddlers;
- Have conversations with toddlers during play, feeding, and routine care;
- Read to and look at books with toddlers individually and in small groups;
- Encourage children to play with one another with adult help;
- Provide materials and encouragement for pretend play alone and with other children and adults;
- Provide varied materials, sights, sounds, and other experiences for toddlers to explore with all their senses;

- Provide opportunities for children to walk, run, climb, stack, balance, scribble, draw, and develop fine and large motor skills;
- Respond to toddlers' words and actions with interest and encouragement;
- Give names to objects and experiences in the toddlers' environment; and
- Support toddlers' development of independence and mastery of feeding, dressing, and other skills.

General Care of Preschoolers

Interactions

- Offer frequent face to face interactions with children;
- Have conversations with children during play, meals and routine care;
- Read to and look at books with children individually and in groups;
- Use rhymes, songs, and other ways to help children connect sounds and letters and develop
- Help children develop mathematical and scientific concepts through play, projects, and investigations of the environment;
- Support the development of social competence through play and cooperative work with other children;
- Provide materials and encouragement for more extended and complex pretend play alone and with other children and staff;
- Provide varied materials, sights, sounds, and other experiences for children to investigate and talk about;
- Provide opportunities for children to walk, run, climb, stack, balance, scribble, draw, write, and refine fine and large motor skills;
- Respond to children's words and actions with interest and encouragement;
- Give names to objects and experiences in the children's environment; and
- Support children's development of independence and mastery of skills.

Positive Behavior Management

All staff use positive developmentally appropriate methods of behavior management of children which encourage self-control, self-direction, positive self-esteem, social responsibility and cooperation.

- Staff should praise and encourage children for positive behavior and redirect or guide inappropriate behavior into more positive actions, rather than relying on punishment.
- Responses to a child's behavior shall be appropriate to the child's level of development and understanding.
- "Time-out", if used, should be employed as a supplement to, not a substitute for, other developmentally appropriate, positive methods of behavior management. "Time-out" shall be limited to brief periods – no more than one (1) minute for each year of a child's age. Before using "time-out", the staff member shall discuss the reason for the "time-out" in language appropriate to the child's level of development and understanding.
- Corporal punishment inflicted in any way on a child's body including shaking, hair pulling, biting, pinching, slapping or spanking is prohibited.
- Children shall not be yelled at, humiliated, frightened or verbally, physically or sexually abused by staff.
- Disparaging comments about a child's appearance, ability, ethnicity, family and other personal characteristics are prohibited.
- Children shall not be deprived of food or toilet use as a consequence of inappropriate behavior.
- Children shall not be tied, taped, chained, caged or placed in mechanical restraints as a consequence of inappropriate behavior.

- No punitive action shall be taken with children for not going to sleep, toileting accidents, failure to eat all or part of food or failure to complete a prescribed activity.

Equipment

The play and educational equipment is recommended for the following age groups:

Under 18 months of age:

- Sensory supplies and equipment: crib mobiles, teething toys, busy boxes, baby mirrors, rattles, melody chimes, squeeze toys; or other comparable supplies or equipment;
- Language/dramatic play supplies and equipment: picture books, toy telephones, tapes or CD's, hand puppets, washable stuffed animals and dolls, photographs, or other comparable supplies or equipment;
- Manipulative supplies and equipment: squeeze and grip toys, boxes, sorting and stacking toys, three (3) or four (4) piece wooden inlay puzzles, puzzle blocks, simple threading toys, mobile pull toys, balls, or other comparable supplies or equipment;
- Building supplies and equipment: soft lightweight blocks, toy cars, trains and/or boats, figures of animals and people, stacking rings and/or cups, nesting toys, or other comparable supplies or equipment;
- Large muscle supplies and equipment: low climbers, slides, riding/rocking toys, foam or soft plastic balls, gym mats, play tunnels, or other comparable supplies and equipment; and
- Music supplies and equipment: rhythm instruments, tape or CD player and CDs and tapes; toys with musical tones, musical mobiles and/or busy boxes, drums, xylophones and/or pianos, or other comparable supplies or equipment.

Infants and toddlers should not have access to plastic bags, Styrofoam objects or toys, and objects with a diameter of less than one (1) inch.

Over 18 months of age:

- Language/literacy supplies and equipment: books, flannel board, upper and lower case letters, pictures for discussion, materials for recognition, identification, and/or classification, poetry, puppets, audio-visual materials, show and tell items, or other comparable supplies or equipment;
- Science and math supplies and equipment: plants and gardening equipment, aquarium with fish and/or other appropriate live animals, water table with supplies, sand table and supplies, cooking supplies, weather chart and/or thermometer, counting equipment, balance scale, or other comparable supplies or equipment;
- Manipulative supplies and equipment: puzzles, pegs and pegboards, lacing boards, building toys, stencils, dominoes, pounding bench, lotto games, or other comparable supplies and equipment;
- Large muscle equipment: rocking boat, wheel toys, climbers, slides, balance beam, barrels and/or large cartons, parachute, balls and beanbags, outdoor play equipment, gym mats, or other comparable supplies and equipment;
- Building activities: unit blocks (minimum of four (4) sizes), transportation toys, farm animals and/or play people, work bench and tools, building toys, building logs, or other comparable supplies and equipment;
- Art supplies and equipment: crayons, tempera paint, large brushes and newsprint, finger paint and finger paint paper, construction paper in assorted colors, paste or glue, blunt scissors, collage materials, non-toxic felt tip markers, easels, clay or play dough, or other comparable supplies and equipment;
- Music supplies and equipment: tape/CD player, tapes or CDs, piano and/or organ, guitar, rhythm sticks, drums, cymbals and bells, tape recorder, or other comparable supplies and equipment; and

- Dramatic play supplies and equipment: toy dishes, ironing board, telephones, occupational props and/or uniforms, dress-up clothes, housekeeping area (stove, sink, refrigerator), cradle or doll bed, doll carriage and dolls, puppets, play grocery store, post office or hospital, or other comparable supplies and equipment.

Toys, play equipment and other equipment used by the children should be of sturdy and safe construction and free from hazards such as causing entrapment, and having rough edges, sharp corners, pinch and crush points, splinters, exposed bolts, small loose pieces and are free from recall.

- For information on the recall of children's toys and equipment, please refer to the U.S. Consumer Product Safety Commission website at www.cpsc.gov. (This is not required of UCC staff during the emergency.)

Furniture is durable and child-sized or adapted to children's use.

APPENDIX K

COMMUNITY SHELTER MEMORANDUM OF AGREEMENT

Placeholder – The MOA includes the UCC. The signature of the MOA is pending November 2008.

APPENDIX L

HISTORY OF THE DELAWARE UNATTENDED CHILDREN'S CENTER (UCC)

In September of 2002, Lynn Jezyk, Social Services Administrator, from the Division of Family Services (DFS) Office of Childcare Licensing (OCCL) met with Robert Ross and Marie Renzi of the Office of Emergency Medical Services, Delaware Department of Health and Social Services, Division of Public Health who were working on plans for emergency child care – having child care available for those responding to emergencies. As the meeting progressed, other issues came up – emergency preparedness training for child care providers and the possibility of unattended children. Also, in November 2002, Lynn Jezyk received a request from Christiana Care Hospital about setting up emergency child care at the hospital for employees during a disaster.

OCCL responded to the U.S. Department of Health and Human Services Cabinet Secretary Tommy Thompson in March of 2003 requesting information on our Delaware's terrorism/bioterrorism preparedness plans for child care centers and smaller facilities. In 2003, OCCL added emergency preparedness information to their website and encouraged child care providers to create emergency preparedness plans. OCCL started looking into resources and training options for child care providers. In June 2003, an emergency planning workshop titled "Preparing for the Unexpected" was presented at the "Preventing Injury in the 21st Century (DHSS/DPH) Conference that was available to child care providers.

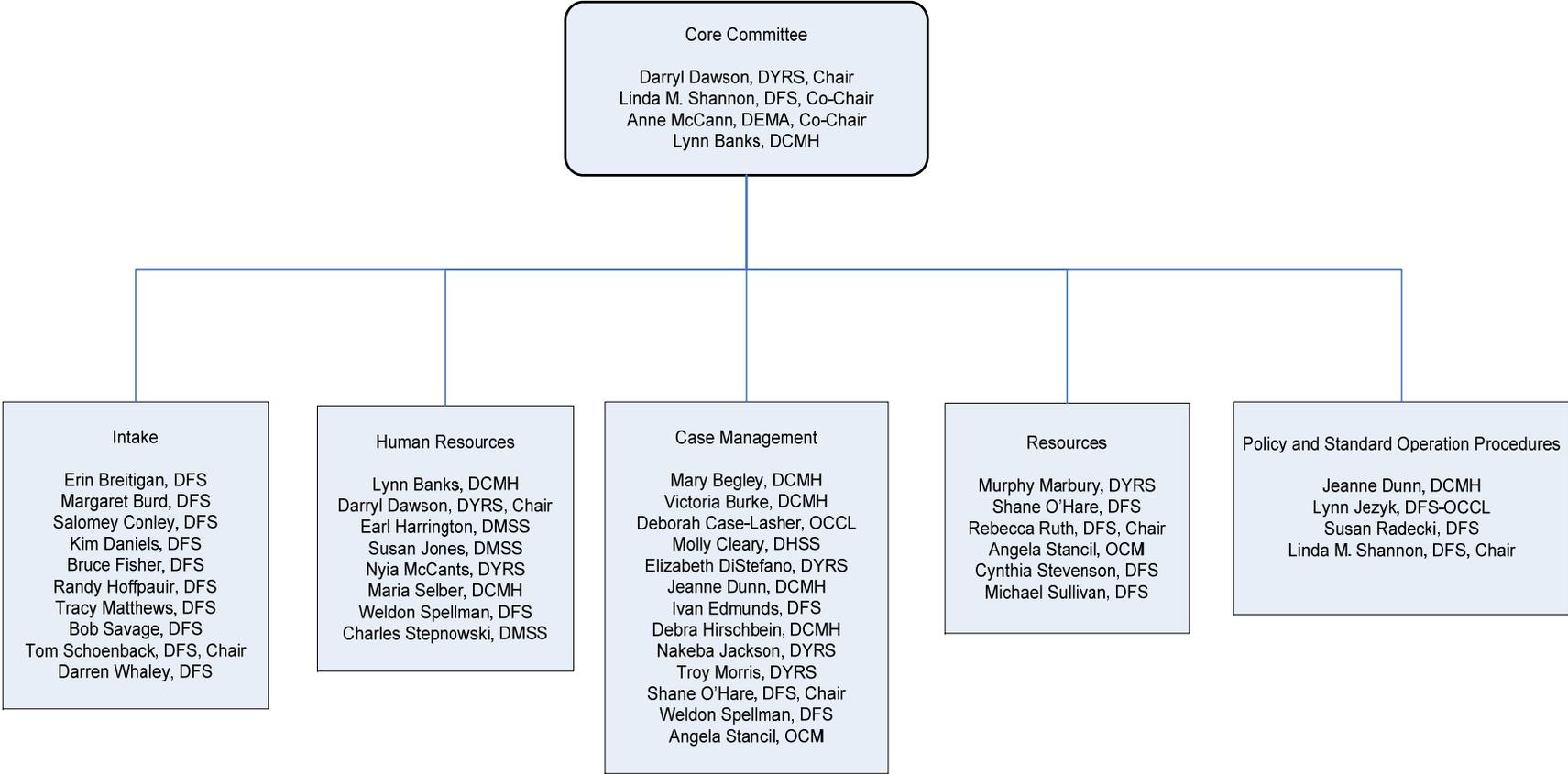
Then in January of 2004, OCCL had their first all day workshop on disaster planning offered by Beryl Cheal, of Disaster Training International. The next month they had the first meeting of Emergency Preparedness for Child Care. The main focus of that meeting was developing and offering workshops for child care facilities on Emergency Preparedness based on a more local focus. The issue of "locating children separated from parents" was listed on the April 2004 agenda after they were informed that the American Red Cross shelters did not accept children unaccompanied or unattended by adults.

The issue of unattended children came up again via the Emergency Preparedness for Child Care Meetings around January 2005. In April 2005, Linda Shannon, DFS Program Manager for Intake & Investigation, attended her first Emergency Preparedness meeting at the Delaware Emergency Management Agency (DEMA) to begin addressing the issue of unattended children. It quickly became clear that extensive planning beyond the realm of the child care providers would be needed to address this issue.

In late 2005, DEMA convened a large interagency group (state, non-profit, city, county) to discuss how the State of Delaware was going to handle "unattended minors" in the case of a disaster or emergency. A group of DSCYF administrators was assigned to this task and initially included: Roberta Ray and Marc Richman from the Division of Child Mental Health (DCMH), Linda Shannon and Lynn Jezyk from DFS, Darryl Dawson Greg Fuller, and Earl Harrington from the Division of Youth Rehabilitative Services (DYRS), and Andrew Cohen from the Office of Case Management (OCM). The scope of required activities needed to develop a comprehensive plan necessitated an expansion of the DSCYF planning group during 2007 to include statewide administrators and supervisors from all Divisions.

The Unattended Children's Center (UCC) ESF 6 (Mass Care) – Policies and Standard Operating Procedures (SOP) are the culmination of hundreds of hours of work by these dedicated individuals.

Authors of the Unattended Children Center Plan



GLOSSARY

Adequate reporter – A child who is developmentally able to provide reasonably accurate information about him or herself or family as determined by the UCC Team.

Administrative Starter Kit – This contains the basic materials the UCC Leader will need to begin management of the UCC.

Caretaker – A person with care, custody, or control as defined in Title 10 of the Delaware Code as a person or persons in a position of trust, authority, supervision or control over a child. It may include:

- a. a parent, guardian, or custodian;
- b. other members of the child's family or household, meaning persons living together permanently or temporarily without regard to whether they are related to each other and without regard to the length of time or continuity of such residence, and it may include persons who previously lived in the household such as paramours of a member of the child's household;
- c. any person who, regardless of whether a member of the child's household, is defined as family or relatives in this section or as an adult individual defined in §1009(b)(3)a of Title 10 of the Delaware Code;
- d. persons temporarily responsible for the child's well-being or care such as a healthcare provider, aide, teacher, instructor, coach, sitter, day care or child care provider, or any other person having regular direct contact with children through affiliation with a school, church, or religious institution, health care facility, athletic or charitable organization or any other organization whether such a person is compensated or acting as a volunteer; or
- e. any person who has assumed control of or responsibility for the child.

Case Management – The coordination of services following Intake at the UCC which include support, documentation, data collection, and reunification.

Child Comfort Kit - Small pre-packaged back packs or plastic bags containing comfort, hygiene and activity supplies appropriate to the age of the child.

ChilOC - Children's Emergency Operations Center is a predetermined facility for DSCYF leadership (Cabinet Secretary, Division Directors, Office of Case Management Administrator, DSCYF Public Information Officer) established by County/State Emergency Operations Command to coordinate the overall DSCYF response and support in an emergency. Planning is done in conjunction with Incident Command.

Custodian - Any person who is charged by law with or who has assumed responsibility for a child's care.

Custody – The legal planning responsibility for a child which resides with the parent unless otherwise awarded by Family Court to another person or to the DFS when a parent is unable or unwilling to provide adequate care for the child.

Dependency – Occurs when a person:

- a. Is responsible for the care, custody, and/or control of the child; and
- b. Does not have the ability and/or financial means to provide for the care of the child; and
 1. Fails to provide necessary care with regard to: food, clothing, shelter, education, health care, medical care or other care necessary for the child's emotional, physical or mental health, or safety and general well-being; or
 2. The child is living in a nonrelated home on an extended basis without the consent and approval of the DSCYF or any agency or court licensed or authorized to place children in a nonrelated home; or
 3. The child has been placed with a licensed agency which certifies it cannot complete a suitable adoption plan.

In making a finding of dependency under this section, consideration may be given to dependency, neglect, or abuse history of any party. A finding of dependency by the Family Court, results in the awarding of custody to DFS for planning and placement.

DELJIS – The Delaware Criminal Justice Data System provides access to authorized users of Delaware criminal history, warrants, driver information, and selective civil information. For the purposes of the UCC, DELJIS is a software tool which may assist in identifying a child and facilitate reunification.

DEMA – The Delaware Emergency Management Agency is the lead state agency of coordination of comprehensive emergency preparedness. DEMA is a division within the Department of Safety and Homeland Security.

DENS – The Delaware Emergency Notification system is the automated telephone notification of the public in the event of an emergency, which may adversely affect the health, safety, and welfare of Delaware residents. Designated officials in emergency response or emergency operations roles have the authority to direct activation of DENS.

Direct Care – After admittance to the UCC, Direct Care is the direct eyes on supervision and care of children at the UCC.

DSCYF – The Department of Services for Children, Youth and Their Families is a Government Department of the State of Delaware whose primary purpose is to provide and manage a range of services for children who have experienced abandonment, abuse, adjudication, mental illness, neglect, or substance abuse. Its services include prevention, early intervention, assessment, treatment, permanency and after care. DSCYF is composed of three service divisions (CMH, DFS, YRS) and one management support division (DMSS).

DCMHS – The Division of Child Mental Health Services provides voluntary mental health and substance abuse treatment services to children up to age 18. Services include crisis, outpatient, support, day treatment, residential treatment, hospital treatment.

DFS – The Division of Family Services is mandated by law to receive and investigate complaints of child abuse and neglect, assess safety of children in their homes, offer rehabilitative services to families, and provide foster care or a permanent alternative living arrangement for children who can not remain in their own homes.

DFS Report Line/Hotline - The DFS national toll free number (800-292-9582) maintained for the purpose of receiving reports of child abuse and neglect. The Report Line operates 24 hours per day, 365 days per year.

DMSS – The Division of Management Support Services provides administrative support and guidance to DSCYF. These supports include budget, fiscal, grants, human resources, maintenance and management information systems.

DYRS – The Division of Youth Rehabilitation services provides services, support and case management to delinquent or adjudicated youth in community, non-secure and secure care settings.

Emergency Operation Center (EOC) – A predesignated facility established by an agency or jurisdiction to coordinate the overall agency or jurisdictional response and support to an emergency. In Delaware, DEMA is responsible for managing the EOC and interfacing with the Federal Emergency Management Agency (FEMA).

ESF- 6 Mass Care – Emergency Support Function for Mass Care, Housing, and Human Services is the responsibility of the Delaware Department of Health and Social Services/Division of Social Services (DHSS/DSS) and American Red Cross of the Delmarva Peninsula (ARC). ESF – 6 establishes procedures, defines responsibilities and describes activities for agencies involved with the emergency provision of temporary shelters to include special needs sheltering, emergency mass feeding, coordinated distribution of bulk relief supplies in support of ESF - 6 activities, and disaster welfare information. In some instances, services also may be provided to emergency workers.

FACTS – Family and Child Tracking System is Delaware’s Statewide Automated Child Welfare Information System which operates on a 7 day a week, 24 hour per day basis.

Finance/ Administration Section – The Section responsible for all incident costs and financial considerations. Includes the Time Unit, Procurement Unit, Compensation/Claims Unit, and Cost Unit.

Go-pack – The essential equipment and supplies necessary to mobilize the UCC.

Hot Wash - a performance review, particularly after a training exercise or combat operation.

Incident Command System – A standardized on-scene emergency management construct specifically designed to provide for the adoption of an integrated organizational structure that reflects the complexity and demands of single or multiple incidents, without being hindered by jurisdictional boundaries. It is used for all kinds of emergencies and is applicable to small as well as large and complex incidents.

Incident Commander – Individual responsible for the management of all incident operations at the incident site.

Intake – For purposes of the UCC, the purpose of the intake function is to receive each child into the UCC and process them into the Center to include: identification, assessment and data base collection for each child.

Legal Guardian – Legal care and management of the person of a child during his/her minority awarded to an adult by the Family Court.

Liaison Officer – A member of the Command Staff responsible for coordinating with representatives from cooperating and assisting agencies.

Logistics Section – The Section responsible for providing facilities, services, and materials for the incident.

MCI - The Delaware Department of Health and Social Services unique identification number for Medicaid participants.

Mixing – The placement of any child charged with a felony or found to have committed any delinquent act in the same facility with dependent or neglected children. Delaware law and DSCYF policy have regulations to ensure that the placement of delinquents and non-delinquents is designed to protect the safety of all children in placement.

NCIC – National Crime Information Center is a computerized index of criminal justice information available to Federal, State and local law enforcement.

Operations Section – The Section responsible for all tactical operations at the incident. Includes Branches, Divisions and/or Groups, Task Forces, Strike teams and task forces, Single Resources, and Staging Areas.

Placement – A child is considered in placement if he or she is not living with a parent and the DFS has planning responsibility for the child by means of legal custody awarded by the Family Court.

Planning Section – Responsible for the collection, evaluation, and dissemination of tactical information related to the incident, and for the preparation and documentation of Incident Action Plans. The Planning Section also maintains information on the current and forecasted situation and on the status of resources assigned to the incident. Includes the Situation, Resource, Documentation, and Demobilization Units, as well as Technical Specialists.

Public Information Officer – A member of the Command Staff responsible for interfacing with the public and media or with other agencies requiring information directly from the incident. There is only one PIO per incident.

Safety Officer – A member of the Command Staff responsible for monitoring and assessing safety hazards or unsafe conditions and for developing measures for ensuring personnel safety.

Security - Function of the UCC that provides the law enforcement component for the protection and safety of shelter staff and occupants.

State Health Operations Center (SHOC) – Provides command and control for all public health and medical response and recovery functions, Emergency Support Function (ESF)-8 in a statewide or local emergency or disaster. The SHOC oversees and coordinates health and response operations including the operation of Neighborhood Emergency Help Centers (NEHCs), Acute Care Centers (ACCs), Medical Needs Shelters (MNS), and hospital coordination.

Standard Operating Procedures (SOP) – SOPs are established or prescribed methods to be followed routinely for the performance of designated operations or in designated situations (Source: Merriam-Webster Dictionary).

Stand Down – Close a community shelter or a special populations shelter such as a UCC.

Stand Up – Open a community shelter or a special populations shelter such as a UCC.

State of Emergency – A governmental declaration that may suspend certain normal functions of government, may work to alert citizens to alter their normal behaviors, or may order government agencies to implement emergency preparedness plans.

Triage and Treatment – The assessment of the physical and emotional state of each child brought to the UCC and prioritizing response according to need.

UCC – Unattended Children’s Center provides short term environmental/shelter for unattended children who become separated from their parents, custodians, or legal guardians during emergencies. The UCC is under the Operations Sections of the Incident Command System.

UCC Team – The team includes the UCC Leader, UCC Deputy Leader, Case Manager, Child Care Supervisor/Staff, Public Health Nurse, and mental health staff.

WR # - Wrist Band Number – This is the number that is pre-printed on the child’s wrist band when admitted. It becomes the child’s unique identifier for records management for the duration of the UCC stay.

PHONE NUMBERS

American Red Cross (ARC)	24 hours 800.777.6620
Children's Advocacy Center	302.741.2128
Department of Education	302.739-4602
Delaware Emergency Management Agency (DEMA)	24 hours 877.729-3362 Daytime 302.659.3362
Department of Justice (Civil Division)	
• New Castle	302.577.8400
• Kent	302.739-7641
• Sussex	302.856.5353
Department of Services for Children, Youth and Their Families	
• Division of Child Mental Health (DCMH) – 24 hour Crisis Intervention	
○ North of the Canal	302.633.5128
○ South of the Canal	302.424.4357
• Division of Family Services (DFS) – 24 hour Child Abuse Report Line and Unattended Children (Disasters)	800.292.9582
• Division of Youth Rehabilitative Services	302.633.2620
Department of Transportation	24 hours 302.659.2400
ESF 6 (Mass Care) Activation	
• DE Department of Health and Social Services	24 hours 302.247.4689
Family Court of the State of Delaware	
• New Castle	302.255.0359
• Kent	302.672.1101
• Sussex	302.855.7400
Hospitals	
• Alfred I. duPont Hospital for Children	302.651.4000
• Beebe Hospital	302.645.3300
• Christiana Care	302.733-1000
• Kent General	302.744-7482
• Nanticoke	302.629-6611
• Saint Francis	302.575.8260
• Wilmington	302.428.2229
National Weather Service	24 hours 609.261.6604
Police	
• Delaware State (Administrative Offices)	302.739.5900
• Dover	302.736.7111
• Georgetown	302.856.6613
• Middletown	302.378.2711
• Newark	302.366.7104
• New Castle County	302.573-2800
• Seaford	302.629.6644
• Smyrna	302.653-3431
• Wilmington	302.654.5151
State Health Operations Center (SHOC)	302.223.1720