

**SAN DIEGO UNIFIED DISASTER COUNCIL (VIRTUAL MEETING)
MEETING MINUTES
April 16, 2020**

1. CALL TO ORDER

Jeff Toney called the meeting to order at 9:00 am and roll call was taken.

2. ROLL CALL

MEMBER

CARLSBAD
CHULA VISTA
CORONADO
DEL MAR/ENCINITAS
EL CAJON
LEMON GROVE
ESCONDIDO
LA MESA
IMPERIAL BEACH
NATIONAL CITY
OCEANSIDE
POWAY
SAN DIEGO
SAN MARCOS
SANTEE
SOLANA BEACH
VISTA
OES

David Harrison
Jim Geering
James Lydon
Mike Stein
Steve Swaney
Steve Swaney
Rick Vogt
Steve Swaney

Walter Amedee
Rick Robinson
Susy Turnbull
Colin Stowell

John Garlow
Mike Stein
Ned Vander Pol
Jeff Toney

3. CALL FOR PUBLIC INPUT

There was none.

4. APPROVAL OF MINUTES

ACTION: The minutes of February 20, 2020 were unanimously approved.

5. UDC BUDGET RECOMMENDATION – Kevin Preston, OES

The UDC Budgeted Revenue for next Fiscal Year is \$307,071. This revenue consists of three equal shares from the County, State Homeland Security Grant Program, and the 18 cities. The 18 cities membership share is a weighted population and assessed property taxes. Which is the same methodology used in previous years to calculate membership shares. The population figures are from the 2019 Population estimates from the State of California Department of Finance Demographics Research Unit. The assessed property values are from the County of San Diego Tax Rates, Useful Information for Taxpayers for the Fiscal Year 2018-19.

ACTION: A motion was made to approve the UDC Budget for Fiscal Year 2020-21 and was unanimously approved.

6. EXECUTIVE REPORT – Jeff Toney, OES

- A. Legislative review – Because of the COVID-19 Pandemic, we have heard the bills that we have been tracking will not go forward this year.
- B. The Regional Tabletop Exercise (TTX) scheduled for June will be delayed. No date has been selected for rescheduling.

- C. Disasters within a disaster – During the COVID response, Other disasters presented themselves –earthquakes and flooding. While the EOC has been activated at Level 1 (highest level), we have been managing responses for flooding and earthquakes. A survey was sent out for those affected with damage due to flooding. All are encouraged to complete the survey of damage in order to meet the threshold for possible Small Business Administration low interest loans for those uninsured or underinsured for flooding damages. We will send out an email with a link for the survey to each jurisdiction.
- D. COVID-19 Update – The Emergency Operations Center merged with the Medical Operations Center in activation at Level 1 (highest level) to meet the needs of the Pandemic on March 16, 2020. The hours of operation are 0700-1700. Each day a SitRep is produced at 1700. The personnel working in the EOC are required to have face coverings and participate in medical screenings daily and comply with social distancing. Last Sunday EOC personnel participated in a virtual day using various technologies to communicate such as Microsoft Teams and other programs. All 18 cities proclaimed emergency declarations. There is a weekly Emergency Manager call at noon every Thursday. 2,000 hotel rooms have been secured to isolation and quarantine. A Federal Medical Station is due to arrive at Palomar Medical Center. There is a big push on testing in San Diego County.

NEXT SCHEDULED MEETING – June 18, 2020, 0900-1100 am
SD County OES 5580 Overland Avenue, Suite 100, San Diego, CA 92123

MEETING ADJOURNED – 9:34 AM

APPROVE AND AUTHORIZE THAT A
DISASTER SERVICE WORKER VOLUNTEER
MAY SUBSCRIBE TO THE OATH THROUGH
SELF-CERTIFICATION IF GUIDED TO DO SO
BY THEIR LOCAL SPONSORING AGENCY
DURING A LOCAL EMERGENCY OR PUBLIC
HEALTH EMERGENCY.



& WILDFIRE SAFETY

PSPS 2020 Updates

UDC Update



2020 PSPS/Wildfire Assumptions **SDGE**

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- COVID-19 will resurface with Flu season in the October timeframe
- Policies, procedures, and protocols that are in place for current COVID-19 response will be applicable
- Planning for PSPS/Wildfire with COVID-19 conditions
 - Social distancing
 - Potential workforce shortage
- SDG&E will be activating a virtual EOC
 - CalOES & County OES liaisons will be virtual
 - SDG&E will provide virtual liaisons if requested



PSPS Notification Timeline



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Public Safety Power Shutoff Process

7-10 days ahead	3-6 days ahead	2-3 days ahead	1 day ahead	Day of power shutoff	Power restored
 <p>When forecasts indicate the potential for extreme weather, SDG&E monitors weather to assess potential impact.</p>	 <p>Fire weather forecasts are refined accordingly.</p>	 <p>Communication starts with customers affected by possible Public Safety Power Shutoff including State, County, City, Critical Customers and Medical Baseline Customers.</p>	 <p>Continued monitoring, communications and coordination with first responders and communities impacted by weather conditions.</p>	 <p>Notify all affected communities, government and all public agencies that power has been shutoff.</p>	 <p>Once the weather conditions become safe, SDG&E will start the restoration of power by using field crews and aerial resources to patrol overhead power lines and make sure there are no damages from high winds.</p>

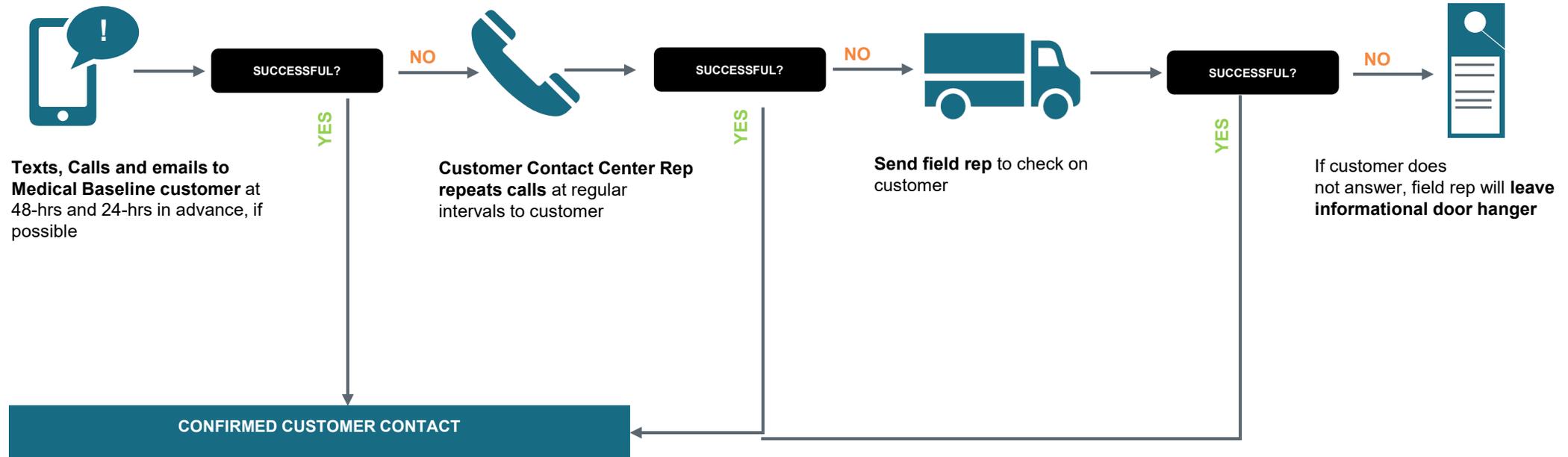
Timeline of notifications (when possible)



Notifications: Medical Baseline & Life Support Customers

If a PSPS event is called, we take additional steps to reach customers who are enrolled in our Medical Baseline program or who have identified they need electricity for life support needs.

During an Event:



For Medical Baseline notifications, the notification is considered successful if the customer has answered a phone call, responded to a text message, opened an email or clicked on a link included in an email.

Field reps will notify customer of Public Safety Power Shutoff and encourage them to spend time with a friend or family member, if needed. If customer is experiencing a medical emergency, rep will offer to dial 911 and wait with the customer until emergency services arrive.

2020 PSPS Impact Reductions

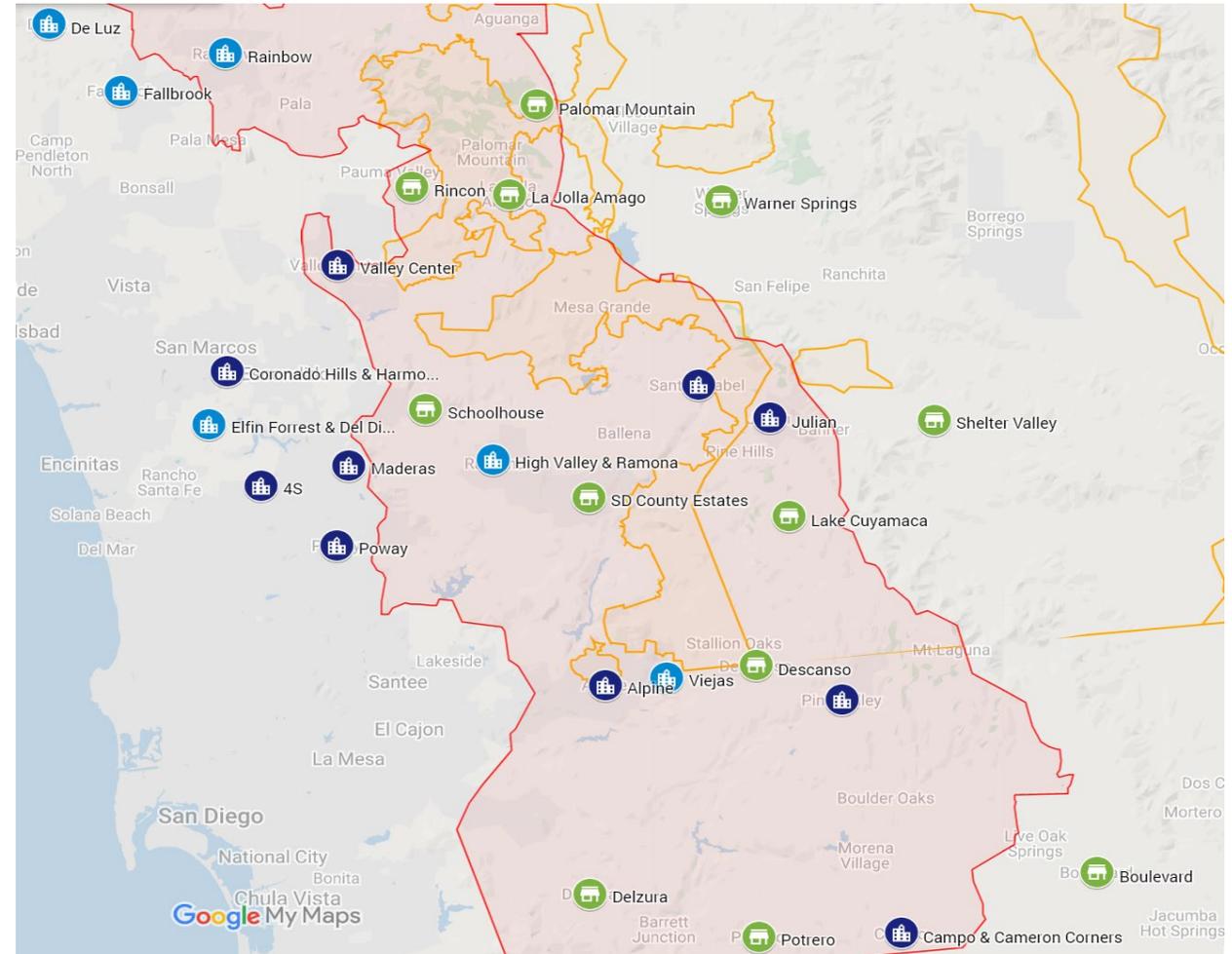


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Solutions		Impact Reduction (confirmed/weather dependent*)
29	Sectionalizing Devices	7,127 / 12,455*
27	Weather Stations	
30.47	Miles of Undergrounding	1,595
2	Reconfigurations / Operations	75 / 453*
4	Microgrids	245
300	Local Generation	300
		9,342 / 15,048*

-  29 Communities
-  10 Schools
-  8 Fire Stations
-  1 Police Stations

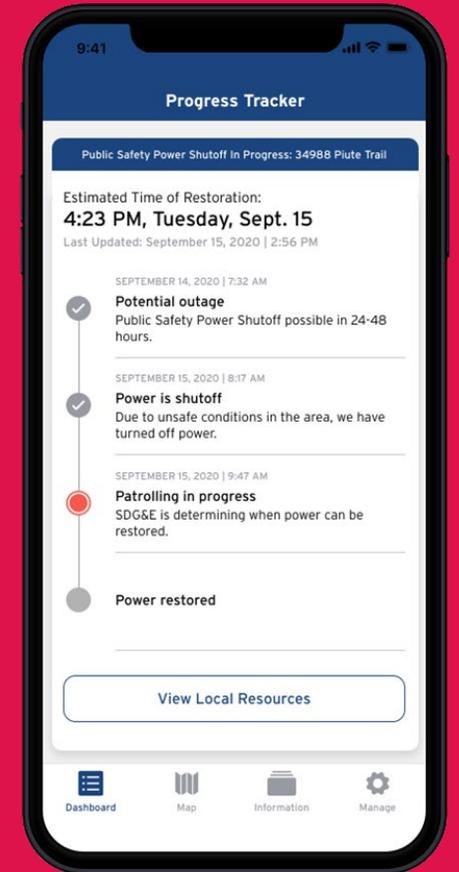
-  1 Urgent Care Facility
-  62 Communication Sites
-  8 Water Facilities



*Some mitigations have PSPS reductions that are weather dependent

Planning Enhancements

- Newly identified medical facilities and shelters have been added to the critical facilities list
- Connecting with all existing critical facilities to ensure updated contact information
- Outreach and coordination with local government & fire community stakeholders will incorporate pandemic planning
- Additional customer outreach from Customer Care & Medical Baseline in HFTD have all been contacted to update their information
- Update PSPS Website and outreach materials to include COVID Preparedness
- PSPS App
 - Soft launch end of June
 - “Pizza tracker” functionality
 - Can sign up for multiple addresses
- Registrar of Voters
 - Met with Michael Vu
 - Mostly mail-in ballots
 - Voting supercenters – they will share a GIS layer of locations so we can overlay HFTD



Situational Awareness – Fire Safe 3.0

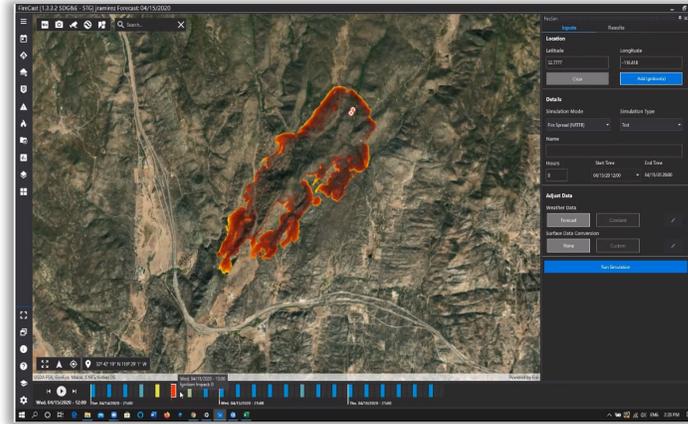


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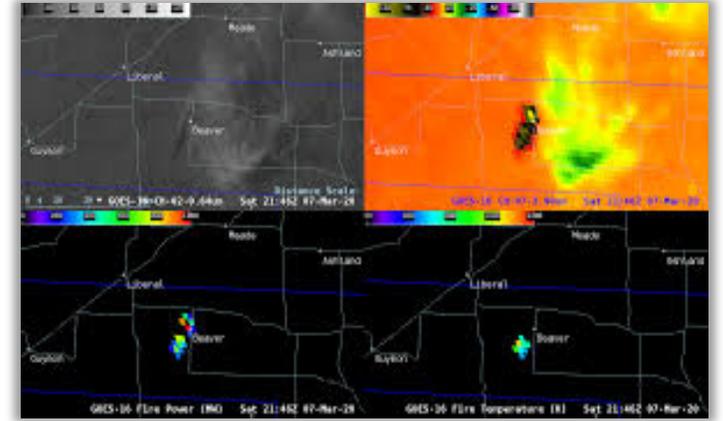
30 additional Weather Stations –
enabling 30-second data reporting



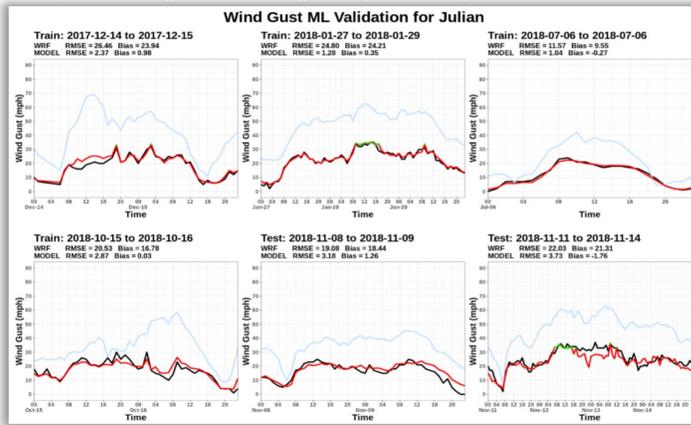
Improved Wildfire Modeling – new fuels, vegetation & fire growth algorithms



Satellite Wildfire Detection - fire alert notifications in 20-30 seconds.

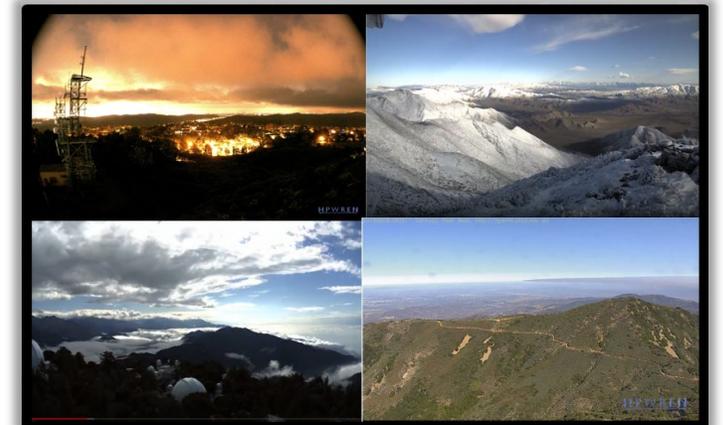


AI-Based Forecasting System –
improving alerting capability



New Academic Partnerships –
moving fire science forward

Additional Cameras – increasing
real-time situational awareness



Planned Outreach and Engagement



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To Public Safety Partners, Community Partners and local jurisdictions



Tabletop Exercises

7/22 – IT Equip. test
8/7 – Tabletop exercise
9/22 – Tabletop exercise with external partners



Virtual EOC Tours

Scheduled for June and July for all external stakeholders



Joint Planning

Working with County OES, CalOES, and CalFIRE



Govt. & Agency Briefings

Ongoing on WMP, PSPS and pandemic preparation



AFN Outreach

Email campaign, virtual presentations and expanded CBO partnerships



PSPS Webinars

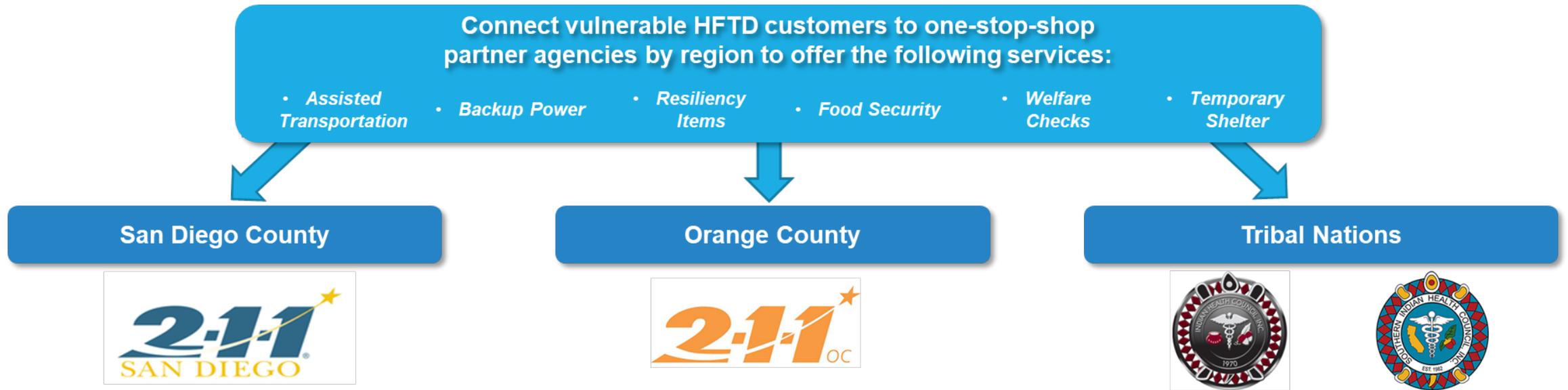
Scheduled for June and July for Public Safety Partners and Community Partners



AFN Support Model



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✓ Leverage strategic partnerships, by region, to reach vulnerable populations.

✓ 2-1-1 San Diego, 2-1-1 Orange County and Tribal partners well positioned to support vulnerable populations.

✓ Proactive support outside of the fire season.

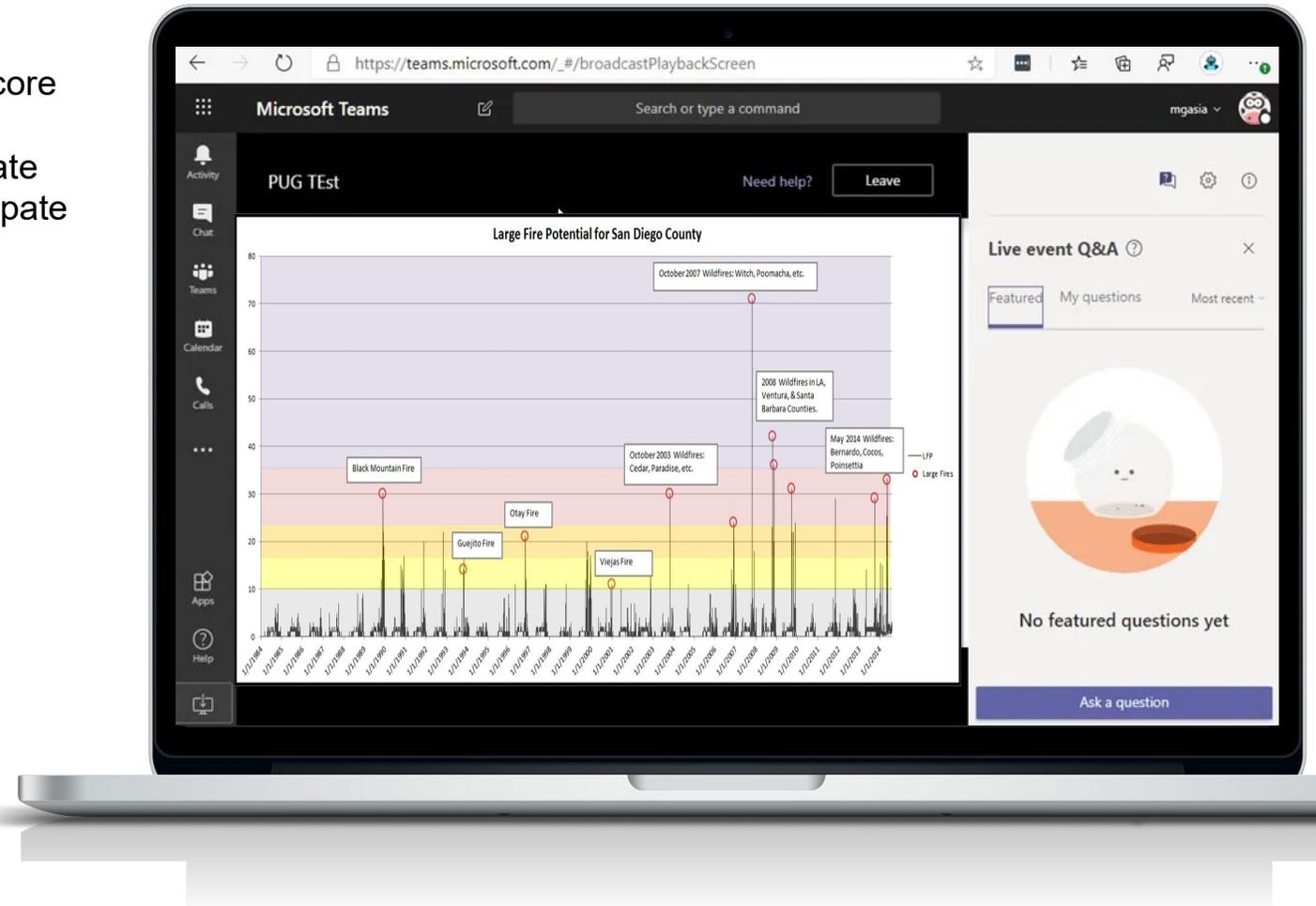
✓ Working closely with telecommunications providers on backup power strategies.

Wildfire Resilience Webinars

Bringing the Open House Home

Four webinars planned for Summer 2020, incorporating all core elements of Open House events of years past. Leveraging Microsoft Teams Live, subject matter experts will help educate our communities live all while residents can view and participate from the comfort and safety of their own homes.

- External Stakeholders to include:
 - Fire Safe Councils
 - CalFire
 - CERT
- Webinar Dates to include:
 - June 23rd
 - June 25th
 - June 30th
 - July 2nd



Drive Through Safety Fairs



Educating and Preparedness “to-go”

Keeping consistent with 2019 wildfire safety fair success, SDG&E will take the show on the road to help protect public safety and maintain social distancing guidelines.

- Participants invited include:
 - 211
 - CalFire
 - CERT
 - CNF
 - Red Cross
 - BLM
 - Forest Service
 - County Fire
- Drive through event dates to include:
 - July 11th held in Ramona
 - July 18th held in Julian
 - September 12th held in Mountain Empire
 - September 26th held in Alpine at Viejas



GIS Reporting

- GIS Reporting
 - By Circuit
 - Critical Care and/or Medical Baseline Customer Count
 - Energization Status
 - Monitoring
 - De-energized
 - Patrolling
 - Re-energized
 - County
 - Community Name
 - Critical Infrastructure/Essential Customers
 - Total Customers



Aerial Inspection, Patrol and Firefighting Enhancements



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- Additional Airbus H-135 helicopter to ensure sufficient air inspection and patrol resources:
 - Pre-Event
 - Prior to Re-Energizing
 - Supplements existing H-145 platform
- Additional back-up Blackhawk firefighting helicopter:
 - Ensures no interruption of response capability due to maintenance requirements
 - Augments the existing Blackhawk and Air Crane firefighting platforms



Thank you

Questions

Mona Freels

Emergency Operations Manager

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2019 Public Safety Power Shutoff Overview



EVENT DETAILS	OCT 10-11	OCT 24-25	OCT 30-31
METERS IMPACTED	395	19,000	27,700
CIRCUIT SEGMENTS	4	62	84
AVGERAGE METERS PER SEGMENT	99	333	304
AVERAGE OUTAGE DURATION	20 HRS	24 HRS	24 HRS
LONGEST OUTAGE DURATION	23 HRS	57 HRS	33 HRS
PEAK WINDS MPH	47	78	68
COMMUNITY RESOURCE CENTERS (CRCs) & COMMUNITY INFORMATION CENTERS (CICs) OPEN	2 CRCs	7 CRCs & 2 CICs	7 CRCs & 2 CICs
DAMAGE/ HAZARDS	0	5	10



CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY

Mass Care and Shelter Guidance in a COVID-19 Environment



American Red Cross



Cal OES
GOVERNOR'S OFFICE
OF EMERGENCY SERVICES

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Fire Season Care & Shelter Guidance During a Pandemic – COVID 19

Introduction

In Response to Novel Coronavirus Disease (COVID-19), the President declared a National Emergency on March 13, 2020. Since this declaration, all 50 States, as well as the District of Columbia and all territories, have declared states of emergency. Current mitigation measures have resulted in business closures, reductions in commercial travel, grocery supply shortages, and medical supply shortages for items such as personal protective equipment (PPE).

Advanced planning is a necessary part of ongoing efforts to prepare for the potential impacts during this pandemic. Fire season increases demand for Mass Care response and resources. Scarce resources for items such as PPE, Americans with Disabilities (ADA) showers, ADA toilets, etc. if not addressed will hinder response efforts. Steps need to be taken to ensure that both the ability to sustain an effective response and the safety of all personnel will continue to remain a priority.

This guidance provides a range of possible sheltering options, many of which will require conversations at executive levels within your operational area. It is recommended to begin these conversations now in order to gain consensus on an approach and implementation of a plan.

Fire Season Care & Shelter Guidance

The provision of Mass Care to evacuees during the 2020 fire season will be made more difficult due to the ongoing COVID-19 pandemic. Traditional approaches to congregate sheltering will need to be adjusted to account for the guidance and best practices put forth by the Centers for Disease Control (CDC), California Department of Public Health (CDPH), and the Wildland Fire Response Plan COVID-19 Pandemic. The following outlines options and considerations that Operational Areas will want to consider when planning for how best to accommodate the needs of their population if and when shelter operations need to be established.

Planning Assumptions

- COVID-19 may still be spreading in communities, and isolation / shelter-in-place orders may still be in effect during fire season. This could impact the ability of volunteer organizations to field volunteers to support shelter operations.
- PPE will be limited and there may be challenges associated with procurement.
- Traditional pools of trained shelter volunteers may be unavailable for placement in shelters and the County and State will be relied on to provide personnel to work at shelter facilities.
- Shelter-in-place and social distancing will still be the best practice being implemented to curb the spread of COVID-19.
- Evacuations will require individuals with confirmed cases of COVID-19 to leave their quarantine / isolation facilities, either at home or in a County / State supported site.
- A congregate sheltering environment will increase the potential for infection of non-infected or recovered community members.
- The ability to staff shelters may be limited due to the widespread nature of COVID-19's impacts. Additionally, a large portion of the American Red Cross (ARC) volunteer pool considered an 'at risk' population due to their age and/or underlying medical conditions, which will limit some volunteers ability to deploy, hampering the ability of the Red Cross to deploy.
- Due to social distancing and isolation efforts, there will be a reluctance for evacuees to want to shelter in a congregate environment.
- Residents with pets/animals may have greater reluctance to evacuate.
- Residents who are considered "higher risk" will have greater reluctance to evacuate.
- Evacuations for individuals who are transportation disadvantaged, including those who rely on public transit will be more challenging because of evacuees' possible reluctance to ride busses and similar transportation.
- Accessible transportation options may be limited for individuals presenting with COVID-19 symptoms or who have tested positive.

Operational Area Planning Partners

Here is a list of departments / agencies that should be involved in advanced planning conversations for sheltering:

- California Department of Social Services
- Governor's Office of Emergency Services
- Procurement (Department of General Services, Public Works, Department of Finance)
- California Department of Public Health
- Emergency Medical Services Authority
- Departments of Behavioral / Mental Health
- Departments of Environmental Health
- Health and Human Services
- Offices of Emergency Management
- Elected officials (as deemed appropriate)
- Operational areas should also reach out to Community-based Organizations (such as, Independent Living Centers, Regional Centers, Deaf/hard of hearing groups, etc.)

General Planning Questions

- How does the CDPH/Medical Health Operational Area Coordinator (MHOAC)/Public Health Officer want to approach sheltering? How does it differ from traditional sheltering? What gaps will exist due to this change?
- How much PPE is available in your Operational Area? What is the supply chain for procuring more look like? What kind of delays will you encounter? Under what circumstances would alternate forms of PPE be permitted?
 - Typical PPE
 - N95 Masks (users must be fit-tested)
 - Procedure masks or surgical masks
 - Gloves
 - Gowns
 - Eye protection (face shields or non-vented/indirectly vented goggles)
- What role does the Department of Environmental Health play in helping evaluate and set up shelter operations?
- How has your local ARC chapter been incorporated into planning efforts to date?

- How is the physical accessibility of sites and resources (e.g. ADA cots) being evaluated/determined?
- What accessible wrap-around services will be available (e.g. assistance feeding clients)?
- How would the operational area(s) obtain access to functional assessment service team (FAST)?
- Based on this shelter guidance document, which types of shelters do you believe your Operational Area will utilize?
 - Who will be responsible for initiating a dialogue with the owners regarding the possible use of their facility?
- Which decision-makers need to be involved in gaining buy-in / approval on this revised sheltering approach?

Evacuations and Temporary Evacuation Points

Due to the preference of placing evacuees into non-congregate settings: hotels, motels, dorms, etc. and the limit on the number of clients allowed in congregate sheltering sites, organizing how evacuees will get from their homes to their “shelter” needs to be thought through as a part of the planning process.

The goal is to implement an efficient process that funnels evacuees from a centralized evacuation point to their shelter location, in an effort to limit sites being overrun and to make tracking of evacuees possible.

An approach to facilitating this would be to establish Temporary Evacuation Points (TEPs). TEPs are large parking lots that act as reception and staging areas for evacuees. If implemented, included in evacuation orders would be direction to go to one of these TEPs with the goal being to funnel people to a centralized area to control the flow of people going to identified shelter sites.

At a TEP, evacuees would undergo a health screening, participate in the shelter registration process, and be provided a safe place to stage while a decision about where they will be sheltered can be determined. This can be done while maintaining the social distancing practices that protect mass care personnel and evacuees.

More information about Temporary Evacuation Points will be shared with Operational Areas in the coming weeks.

If TEPs are not to be utilized, strong consideration should be given to how evacuees will flow to sheltering sites, how those sites will be communicated to the general public, and what protocols will be established to ensure sites aren't overrun.

Resources

- [Sheltering in COVID-19 Affected Areas](#)
- ARC Video – [Mass Care Activities in Shelter in the COVID environment](#)
- [Feeding in COVID-19 Congregate Shelters](#)
- [Mass Care Activities in Sheltering in the COVID Environment – Congregate Shelters](#)
- [Using Personal Protective Equipment \(PPE\)](#)
- [ARC “Everyone is Welcome” training](#)
- [California Statewide Multi-Agency Coordination System Guide](#)
- [CDC Interim Guidance for General Population Disaster Shelters During the COVID-19 Pandemic](#)
- [CDC Environmental Health Practitioner guides](#)
- [Coronavirus Disease 2019 \(COVID-19\)](#)

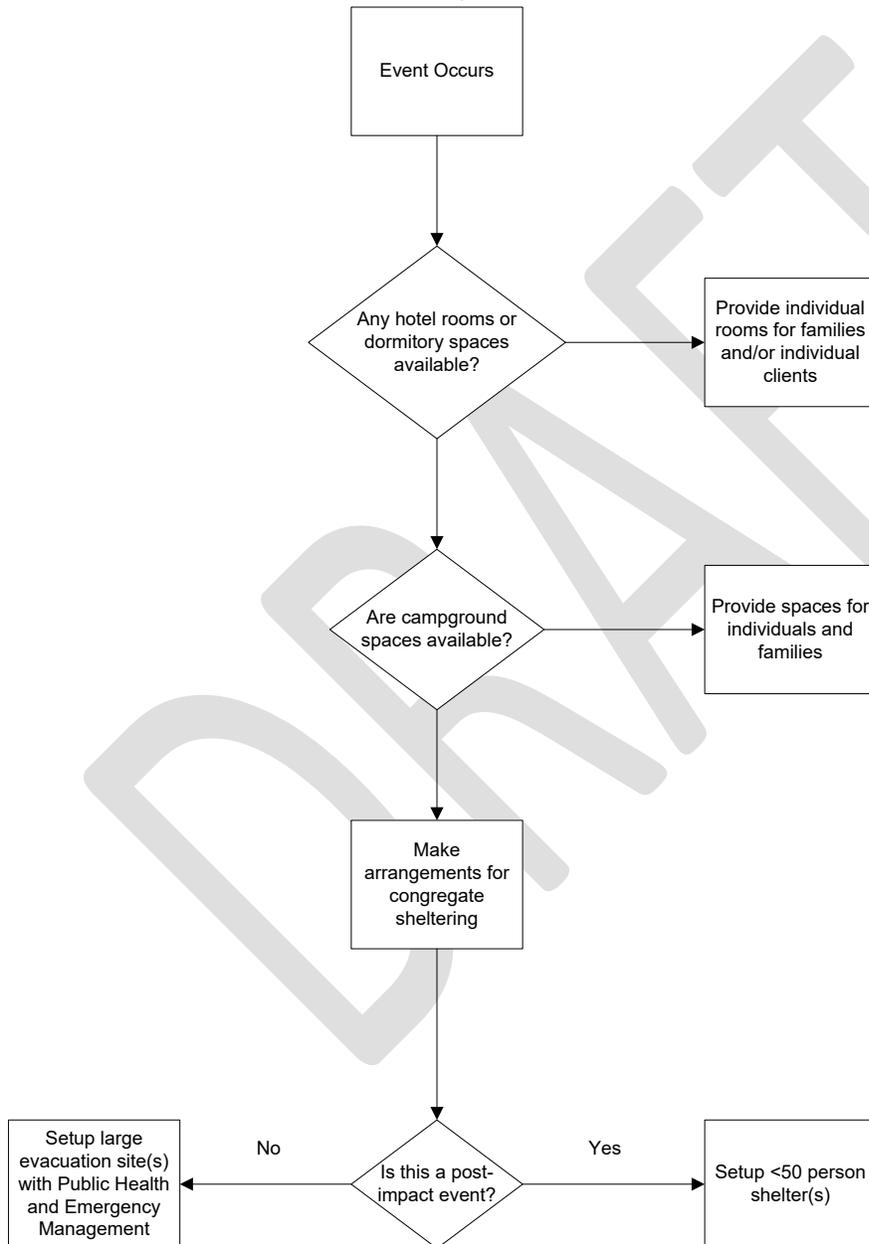
Sheltering for an Incident (Fire, Earthquake, Flood, etc.) During COVID-19

Opening and operating shelters in a COVID-19 environment requires an adjustment to standard procedures in order to support the safety of clients and workers.

- Shelters will continue to provide a safe space for clients impacted by disasters.
- Adjustments should always follow CDC guidance and best practices to protect clients and workers from contracting and spreading COVID-19.
- In all sheltering environments, whether providing sheltering in hotels or congregate facilities, it is important to maintain contact with public health and emergency management before, during and after shelter operations.

Shelter Options

Based on the guidance put forth by CDC and the CDPH, hosting shelter clients in non-congregate settings is preferred. This is to ensure that social distancing is maintained, it will reduce the possible cross-contamination that could happen in congregate environments, and because many people are asymptomatic, it will work to curb the accidental spread of the virus.



*****Regarding hotels, all ADA rooms need to be prioritized for individuals with disabilities. Further, all ground floor and easily accessible rooms need to be prioritized for individuals with access or mobility issues.**

This algorithm outlines the process for identifying primary, secondary, and tertiary sheltering options, each option will be expanded upon in this document.

Individuals at greatest risk of infection, serious illness, and death:

- Individuals over 65 years of age;
- Individuals with compromised immune systems and certain underlying health conditions, including those significantly impacted by the conditions in the places where they live, learn, work, and play (i.e. social determinants of health); and,
- Individuals living and working in congregate settings

Description of Shelter Types

Shelter Type	Description
<p>Option One: Hotel/Dormitory Mass Care Sheltering (Non-Congregate)</p>	<p>Advantageous because of private rooms and facilities for feeding, recreation, laundry, and meetings with individual clients.</p> <ul style="list-style-type: none"> • Private rooms reduce risk of transmission. • Common spaces can be used for multiple functions. • All clients will be screened before entering. <p>Hotels are preferable to dormitories because they already have bedding and towels, televisions, and phone systems, and may have housekeeping workforce available. May require multiple hotel sites.</p>
<p>Option Two: Campgrounds as Shelters (Outdoor Sheltering)</p>	<ul style="list-style-type: none"> • Clients stay in separated RVs, camp cabins, tents. • Many campsites are in remote areas. • Office space, supply storage, and necessary equipment lacking at many camps and must be brought to site. • Many campsite locations have rustic or limited toilet and shower access. • RVs and camp cabins may not be ADA compliant or physically accessible for clients with disabilities. • All clients will be screened before entering. <p>Many evacuees will have little with them and will require a tent/setup.</p>
<p>Option Three:</p>	<ul style="list-style-type: none"> • There may be times when shelter is necessary, and the only approach is a congregate setting. • All clients will be screened before entering.

<p>Congregate Sheltering/ Modified Congregate Sheltering</p>	<ul style="list-style-type: none"> • Space must be allocated for screening area and isolation care area. • The dormitory must allocate a minimum of 110 sq. ft per client. • Facility has separate isolation care area with physical separation from dormitory. • Barriers to accessibility must be addressed/removed. • Recommend air purifier and partitions if available. • Screening and shelter entrance/exit must be controlled and staffed 24/7. • Based on weather and air quality, tents can be set up for additional sheltering options. <ul style="list-style-type: none"> ○ Utilize school sporting fields: football fields, soccer fields, baseball field. All sites must meet, or be modified to meet, ADA accessibility requirements. ○ Creates isolated environments for individuals who do not want to be amongst the general population within the shelter.
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Option Three Expanded: Congregate Sheltering

Shelter Size	Description
<p>Less Than 50 People</p>	<ul style="list-style-type: none"> • Safer to congregate fewer people – can add additional sites as needed. • Likely available closer to incident/home location than large site. • Intended for <14 days following Tornado/Flood/Apartment Fire, etc. • Smaller facility needed (gymnasium + classrooms).
<p>Large evacuation site (max population determined by Public Health)</p>	<ul style="list-style-type: none"> • Requires significant planning and support from all agencies. • Intended for <7 days for Hurricane, Earthquake, Wildfire evacuation • Must transfer shelter operations to < 50-person shelter(s) within 7 days or as directed by Public Health.

Hotels for Shelters (Non-Congregate) Planning Considerations

- Begin outreach to hotels, motels, and colleges (dormitories).
- Ensure Heating, Ventilation, and Air Conditioning (HVAC) system is not centralized (reduces infection rate).
- Ensure facility has ADA compliant rooms. It is critical for hotels to prioritize and reserve the accessible rooms for people who justifiably need them. If there are limited non-congregate care options, priority will be given to clients at high risk for COVID. Further, all ground floor and easily accessible rooms need to be prioritized for individuals with access or mobility issues.
- Complete facility agreement if necessary and implement mass care process for hotel support. See this document for reference: [Non-Congregate Sheltering: Using Hotels and Motels as shelter sites](#). Arrange with government partners to provide accessible transportation for clients as necessary.
- Work with hotel to ensure availability of:
 - Janitorial staff;
 - Garbage collection;
 - Room cleaning frequency (minimum 2-3 times per week, ideally once per day);
 - Inter-room or inter-site communications;
 - Hallway or common area monitoring capability;
 - Access control and security staff – engage contract security staff if necessary;
 - Additional rooms or space for support services.
- Issue appropriate documentation and room allocation to clients after screening.
- Determine separate food delivery access point to shelter and feeding plan.
- Notify Incident Command leadership, public health, law enforcement, and Emergency Management Agency/Emergency Operations Center (EMA/EOC).

Possible Shelter Locations

Schools and Universities/Colleges - Prior to the beginning of the next scholastic year (through July)

- Have multiple rooms / buildings to support a separation of client populations;

- Come equipped with hygiene facilities with ADA considerations in mind;
- Have cafeteria facilities on site;
- Have the ability to control access.
- Hotels (under contract or that were used in support of immediate COVID response);
- Fairgrounds and Expos;
- Churches, community halls, etc. - thorough site assessments will be needed as each facility needs to meet ADA requirements;
- Sports Complex.

If Congregate Shelter is the Only Option Available:

- Select an available and suitable congregate shelter with separate areas for
 - Isolation care area,
 - Dormitory/living space, and
 - Screening;
- Select an available and suitable congregate shelter with ADA considerations in mind
- Notify facility ownership;
- Complete facility agreement;
- Implement logistics and mass care process for shelter support, including personal protective equipment and cleaning supplies;
- Deploy shelter team;
- Arrange to transport clients with AFN when required;
- Notify public health, law enforcement, and EMA/EOC.

Shelter staffing

Due to the nature of their roles and responsibilities, the safety of those working in shelters caring for both the well and the ill is critical.

- Test and re-test all staff/clients (if testing is available)
- Screen staff and volunteers for infection symptoms upon arrival for work each day with health screening questionnaire and temperature check.
- Instruct staff and volunteers not to report to work if experiencing any symptoms.
- If feasible, confirm vaccinations are up to date for any workers placed in a sheltering environment.

- Ensure all staff are educated on what PPE is required to safely conduct their work, how often PPE needs to be changed, and the protocols to follow should they begin feeling ill.

Shelter Registration

All clients seeking mass care services at a sheltering location must go through a registration process. This intake is done to track who is on-site and gathers a preliminary personal history to aid in case management if / when necessary. During this process it needs to be determined if the individual will be utilizing the facility for shelter or if they are on-site to make use of available resources. Effective communication (including sign language interpretation and foreign language translation) is a key step for registration, as well as other aspects of sheltering.

- Handouts should be in multiple languages, large print, interpreting support e.g., using pictograms, plain language, low literacy, plain language, clear signage.
- Ensure plans in place to ensure the availability of American Sign Language (ASL) interpreters and foreign language translators.
- Access to the interior sheltering area should be limited to those only using that area. During site setup, create a space where services and programs can be housed apart from the main dormitory area.

A Health Screening should be conducted of each client and family member upon registration.

- Do you have a cough?
- Do you have a sore throat?
- Are you experiencing a new loss of taste or smell?
- Are you feeling feverish?
- Are you experiencing muscle pain?
- Do you have difficulty breathing (worse than usual)?
- Take temperature—if higher than 100.4, place client and any accompanying family members in isolation for further testing.

Ultimately, the final recommendation is up the local county health officer for health criteria's and procedures that are implemented.

Actions based on screening results

- If, it is determined that a client needs testing based on the health screen, the client should be escorted to a testing room near, but isolated from, shelter registration.
 - Testing should be conducted in a room/tent with cots separated by privacy screens, if testing is available. Personnel in the testing room should wear appropriate PPE based on CDPH droplet protocols, and in conjunction with guidance provided by local health jurisdictions. Clients with disabilities should not be separated from their support networks (e.g. personal care attendant, service animal, etc.)
- Clients should be kept in the testing room until results are known, clients should be taken to COVID-19 isolation or to isolation tents for influenza-like illnesses.
 - Possible isolation sites: hotels, isolation tents on-site, field hospitals, regular healthcare settings.
 - If testing for COVID-19 isn't available, it is recommended to transfer any client presenting with COVID-like symptoms to the appropriate isolation facility.

If during the health screening there are no symptoms present that would require testing, the individual should be allowed into the shelter with a face covering in place.

Testing Site / Waiting Area Standards

If, during the health screening, it is determined that a client needs testing for COVID-19 or an influenza-like illness (ILI), the client should be escorted to a testing room near, but isolated from, shelter registration.

Testing should be conducted in a room/tent with cots separated by privacy screens and should adhere to the 110 sq. ft of space recommended by the Red Cross. Medical Staff in the testing room should wear appropriate PPE based on CDPH protocols, and in conjunction with guidance provided by local health jurisdictions.

- Cots setup at least 6' apart
- All clients should be required to wear cloth face coverings when inside the facility
- Special considerations may be required for older adults, individuals with disabilities, or others with an access or functional need.
- Privacy screens between each of the cots

- Ensure PPE and sanitation supplies for the isolation area is easily accessible by the site supervisor and staff:
 - Hand hygiene supplies (sanitizer, foams, etc.)
 - Gloves
 - Gowns
 - Masks and Face Shields
 - Shoe Covers
 - Bleach
- Supply tables manned by security with the appropriate testing supplies (flu, Noro, COVID-19 swabs)
- A transportation link and local lab with testing capabilities will need to be identified to get the samples tested.
- A communications protocol needs to be established to quickly communicate results to the shelter sites.
- WIFI availability.

Healthy Shelter Facility Standards

- Cots spaced 6' apart.
- Health screening conducted 3 times a day (9am / 3pm / 9pm).
- Dedicated cleaning staff on-site.
- Pre-package meals handed out to all shelter clients.
- Medical / Behavioral / Mental Health professionals on site.
- Dedicated hygiene assets only to be used by “well” individuals.
- Special considerations may be required for older adults, individuals with disabilities, or others with an access or functional need.
- WIFI availability.

If COVID testing supplies are unavailable, then it is recommended that any client presenting with COVID-like symptoms be transferred to the appropriate isolation facility.

Influenza-Like Illness Facility Standards

- Isolation tent or building that is completely separated from main shelter to house ill occupants
- Staff dedicated to the isolation area who do not “float” between isolation and “well” areas
- Dedicated hygiene assets only to be used by “well” individuals.
 - Dedicated cleaning staff

- Allow one adult family member to accompany children into the isolation area, appropriate PPE will need to be provided.
- Allow service animals and personal care attendants to accompany individuals with access or functional needs, appropriate PPE will need to be provided.
- Isolation occupants cannot leave the isolation tent until the local health department determines the individual is no longer contagious.
- Ensure infection control resources needed for outbreaks area available and managers and staff know locations:
 - Hand hygiene supplies
 - Gloves
 - Gowns
 - Masks and Face Shields
 - Shoe Covers
 - Bleach
- Pre-packaged meals to be handed out to all isolation clients, with considerations for clients with various cultural, dietary, and nutritional needs.
- Comfort kits provided to each client upon entering the isolation tent.

Pets

For clients arriving at shelters with pets / household animals, they should be housed in a co-located or standalone facility as space permits. Restrictions on the ability for owners to interact with their pets will need to be put in place to reduce the possible spread of communicable disease. Outreach to County Animal Response Teams or other Non-Profit who normally supports household pet sheltering in your OA should be done now to ensure close coordination of this important aspect of sheltering operations.

Service Animals

Service animals are not pets. Ensure individuals with disabilities or access and functional needs are not separated from assistive devices, service animals, or personal care assistants during evacuation and transportation. Separation from these resources will jeopardize the health, safety, and independence of survivors with an access or functional need.

Cleaning

The current guidance on how to disinfect and sanitize surfaces at shelter sites to mitigate the spread of influenza-like illnesses and COVID-19 is having cleaning teams on-site 24 hours / day. Companies like ServePro and can be requested for Bio-Cleaning at each activated shelter, this includes dedicated ServePro technicians stationed at each shelter where Bio-clean is requested; these teams conduct an hourly cleaning service disinfecting all surfaces with a cleaner designed to mitigate the spread of communicable disease. Additionally, spot cleaning of known issues, spills, and accidents are also covered in the statement of work. These teams dispose of all trash associated with cleaning / disinfecting.

After a proclamation is issued, the Department of General Services can execute an emergency contract for the specific event. This contract can only be activated if the Operational Areas do not have the financial means to enter into a contract with their local ServePro affiliate or their affiliate lacks the capabilities required to support Bio-Clean level service.

Security

Controlling access to the footprint of the shelter site will be of great importance. If fencing isn't available, procuring fencing to control access will be needed around the perimeter.

Security in the testing site will be needed at all times to ensure testing kits, and any medical supplies are not tampered with.

Security for the isolation tents should be made available but should not be utilized unless there is a need.

Older Adults, Persons with Disabilities, and Individuals with Access or Functional Needs

When providing shelter to the general public, ensuring that consideration is given to older adults, individuals with disabilities, or access or functional needs will be required. Shelter managers should include accessible parking, wheelchair access, and have interpreting services available. Ask individuals what they may need to accommodate their stay at a shelter. Individuals may come with their own durable medical equipment but may require provisions to find replacements. Some individuals will be unable to bring their own equipment and will need resources provided for them at the shelter.

Some considerations for sheltering include:

Self-Determination: People with disabilities are the most knowledgeable about their own needs.

Equal Access: People with disabilities must be able to access and benefit from emergency programs, services, and activities equal to the general public.

Effective Communication: People with disabilities must be given information that is comparable in content and detail to that given to the general public. It must also be accessible, understandable, and timely.

Program Modifications: People with disabilities must have equal access to emergency programs and services, which may entail modifications to rules, policies, practices, and procedures. Ensuring equal access to physical and programmatic services in accordance with the Americans with Disability Act (ADA).

Within Congregate Settings:

- Availability of personal services assistants (PSA) specific to the activities of daily living (e.g., aiding in restrooms, assistance getting dressed, grooming, bathing, etc.).
- Allowance of caregivers or accompanying PSA and the provision of protective equipment for individuals who accompany clients/patients.
- Providing access to certified ASL interpretation, either through an ASL or Disaster Response Interpreting (DRI) interpreter or via Video Remote Interpreting (VRI) services to assist individuals who are deaf or hard of hearing.
- An established process and place for shelter clients to request Access and Functional Need-specific, resources such as Durable Medical Equipment, privacy screens, quiet room, etc.
- Handouts should be in multiple languages, large print, interpreting support e.g., using pictograms, plain language, low literacy, plain language, clear signage.
- Ensuring a process of delivering/facilitating Individual Assistance (IA) programs and services for individuals with access and functional needs.
- Utilization of the California Department of Social Services (CDSS) Functional Assessment Service Teams (FAST) to evaluate unmet needs
- Feeding plans that account for dietary needs (e.g., allergies, restricted diets, soft foods, etc.) and culturally appropriate foods.
- Provision of transportation/paratransit for clients to arrive and return home.

Additionally, pharmaceutical medications and consumable medical equipment may be necessary to maintain the health and safety of the client. Some members of the community maintain their independence through the use of an In-home caregiver, planning for the utilization of In-Home Support Service (IHSS) staff or a personal care attendant to assist with the activities of daily living may will be necessary.

Partnering with whole community stakeholders' results in more inclusive and integrated emergency planning. Coordinate with your local Independent Living Centers, Regional Centers, Areas on Aging, Agencies serving the Deaf and Hard of Hearing, Family Resource Centers, Paratransit providers, and other community organizations that support individuals with access or functional needs.

Influenza-Like Illness Facility Standards

- Isolation tent or building that is completely separated from main shelter to house ill occupants
- Staff dedicated to the isolation area who do not “float” between isolation and “well” areas
- Dedicated hygiene assets only to be used by “well” individuals.
 - Dedicated cleaning staff cleaning to the bio-level standard.
- Allow one adult family member to accompany children into the isolation area, appropriate PPE will need to be provided.
- Allow service animals and personal care attendants to accompany individuals with access or functional needs, appropriate PPE will need to be provided.
- Clients in isolation cannot leave until the local health department determines the individual is not contagious.
- Ensure infection control resources required for the isolation area are easily accessible by the managers and staff.
 - Hand hygiene supplies
 - Gloves
 - Gowns
 - Masks and Face Shields
 - Shoe Covers
 - Bleach
- Pre-packaged meals to be handed out to all isolation clients, with considerations for clients with various cultural, dietary, and nutritional needs.
- Comfort kits provided to each client upon entering the isolation tent.
- WIFI availability

COVID-19 Facility Standards

Local Public Health Officer / Medical Health Operational Area Coordinator will determine approach to handling isolation of confirmed cases of COVID-19 amongst evacuees.

Options may include, but are not limited to:

- On-site isolation tents to accommodate positive COVID-19 cases;
- Dedicated facilities pre-identified to handle individuals who test positive for COVID-19;
 - Transportation link from shelter testing tents to off-site isolation facilities will need to be established.
 - Appropriate PPE will need to be provided for all who are transported.

Vehicles will need to be cleaned before and after every trip – recommend plastic-seats.

Isolation

COVID -19 Positive Clients

If the client or family member tests positive for COVID-19, the individual or group should be escorted to an isolation tent for COVID-19 positive clients only. This isolation tent / facility will act as its own mini shelter complete with its own hygiene assets (toilets, showers, handwashing stations, waste and janitorial support, etc). The staff and clients in this isolation area are not to move from the area.

Daily health screenings should be conducted of each client in isolation to track / monitor their symptoms. While in isolation, it should be the goal of shelter management, in conjunction with CA-ESF 6 and Emergency Management at the OA and State levels to identify an alternate care site for the individual to convalesce while waiting out the remainder of their 14-day quarantine.

Influenza-Like Illness (ILI) Positive Clients

For clients who test positive for flu or similar ailments, a separate isolation tent(s) should be setup and like the COVID-19 isolation, should have dedicated staff, hygiene assets, etc. to support their operations. The difference is that once the client has received treatment or they are symptom free based on guidance from the local health jurisdiction, they would be moved into the main congregate shelter.

Symptom-Free Clients

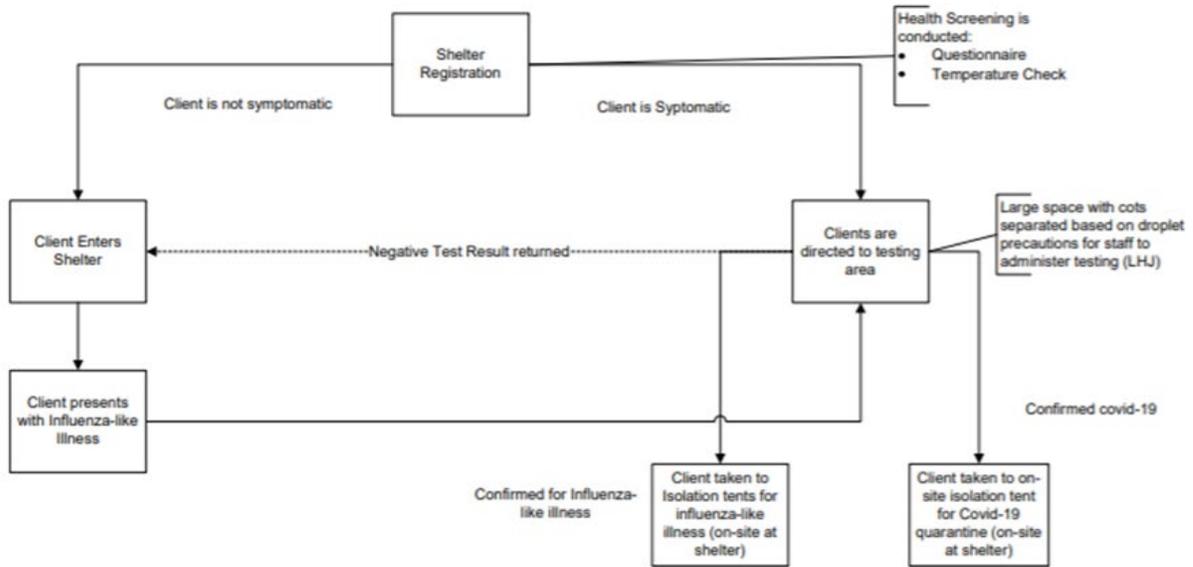
For clients who show no illness or symptoms should be allowed into the congregate sheltering site. Operations of this building would run much like a regular shelter, with greater space considerations for each cot, and an enhanced public health / medical presence to monitor shelter clients for symptoms of illness. For more on shelter considerations and setup please refer to: [COVID-19 Operational Decision-Making / Shelter Facility Opening Checklist](#). The symptom-free shelter would have its own set of hygiene assets, staff, and janitorial services.

Congregate Sheltering Approaches

Due to a range of factors influencing how the execution of sheltering takes place in your Operational Area: available workforce, facility availability, current course of action for COVID positive citizens, etc. two congregate sheltering options are presented below. These are meant to be a starting point, where Operational Areas customize the basic concept presented in each based on the unique needs of their communities and needs.

DRAFT

Covid-19 and Congregate Sheltering Algorithm – Option 1*

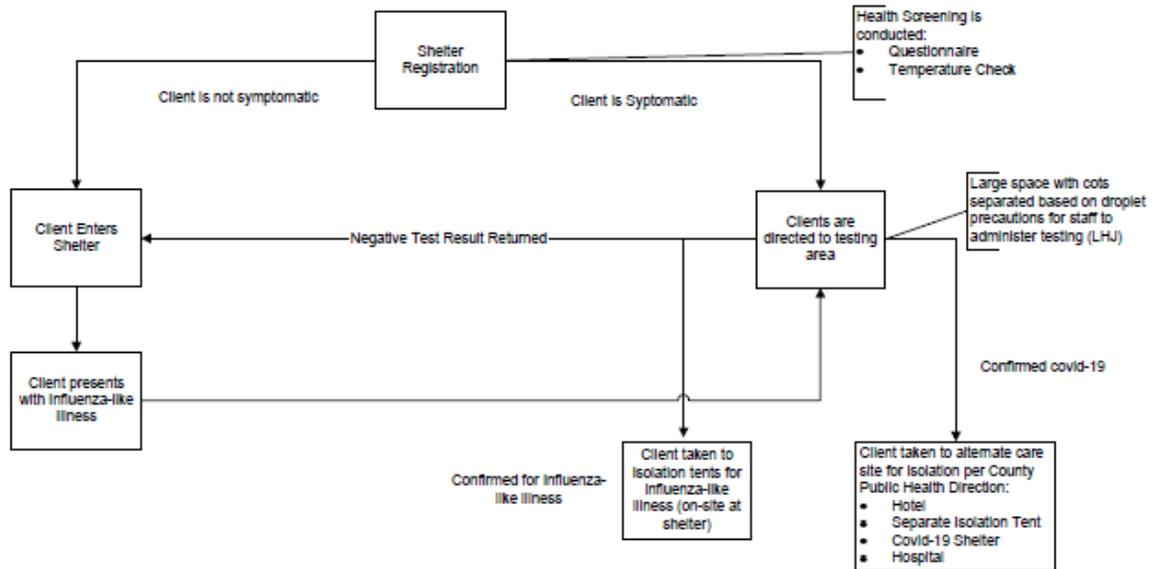


***This approach assumes that there are resources available to support separate isolation facilities in multiple sheltering locations.**

Option 1 focuses on keeping all shelter clients at the same site. This option will only work if there are multiple facilities or ample space to set up isolation tents to accommodate COVID positive clients, those who test positive for influenza-like illnesses, as well as accommodating those who are symptom free.

This option will also require more staffing and logistical support as it is essentially 3 shelters at one site. Given the current limitations on commodities and resources, this configuration may not be possible.

**Covid-19 and Congregate Sheltering Algorithm –
Option 2***



***This approach assumes that the Operational Area will have established a dedicated Covid-19 isolation facility where all confirmed cases will isolate.**

Option 2 would isolate any client who tests positive for COVID-19 and place them in a non-congregate setting. These non-congregate settings could be: hotels/motels, a separate COVID-only facility, a hospital (if needed), or other identified site. The key is that this would be a site or facility not co-located with the shelter.

Transportation and logistics would need to be planned for to move clients from one site to another, but this would provide the greatest protection of clients at the shelter and provide the greatest mitigation against the accidental spread of the virus.

For those clients that test positive for an influenza-like illness, they would convalesce on-site in a separate isolation tent.

American Red Cross of San Diego and Imperial Counties

Operational Update to San Diego County UDC 6-18-20



American Red Cross
San Diego and Imperial Counties

Wildfire Evacuation – Covid-19 Environment

Primary

Non-Congregate Lodging:

1. Hotel/Motels
2. Dormitories
3. RV Campgrounds

Secondary

Traditional Congregate Shelters
of no more than 50 individuals
each



*"There have been 246 wildfires in the past
week in California"*

Gov. Newsom 5/13/20 Press Conference



American Red Cross
San Diego and Imperial Counties

Our Efforts in Support of Non-Congregate Lodging

- Identified 90 hotels/motels in San Diego County suitable for disaster lodging
 - Established partnerships
 - All pet friendly
 - Most room doors open to outside
 - Some wrap around services may need to be contracted
 - Not already contracted by OES (30)

Dormitories

- Either still in use or not suitable



Our Efforts in Support of Non-Congregate Lodging (cont')

- RV Parks
 - For evacuees with RV and Trailers
 - Prioritized 4 County Operated, 4 State Operated
 - Coordination with OES Duty Officer/Cal OES for spaces
 - Would have to contract wrap around services: propane, holding tank dumping, cleaning/sanitizing of common areas, restrooms, showers



How do we Lodge Families in a Large Scale Evacuation?

“Temporary Evacuation Point (TEP)”

– A site with limited resources and staffing as its primary purpose is to provide evacuees with a safe and protected place to congregate temporarily until people can return home or relocate to another facility.”

SD County EOP, Annex G - Care and Shelter



American Red Cross
San Diego and Imperial Counties

Feeding in Non-Congregate Lodging

- Restaurant Caterers
- Fast Food
- Delivery
 - Vendor
 - Other delivery services
 - ARC Pickup
- Door drop



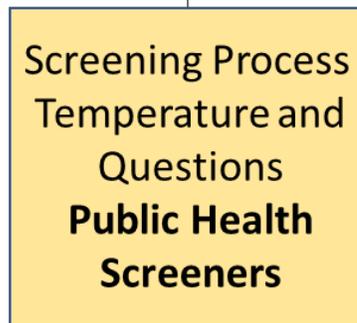
Congregate Sheltering in Covid

Tornado/Flood/Fire

Event caused need for emergency sheltering

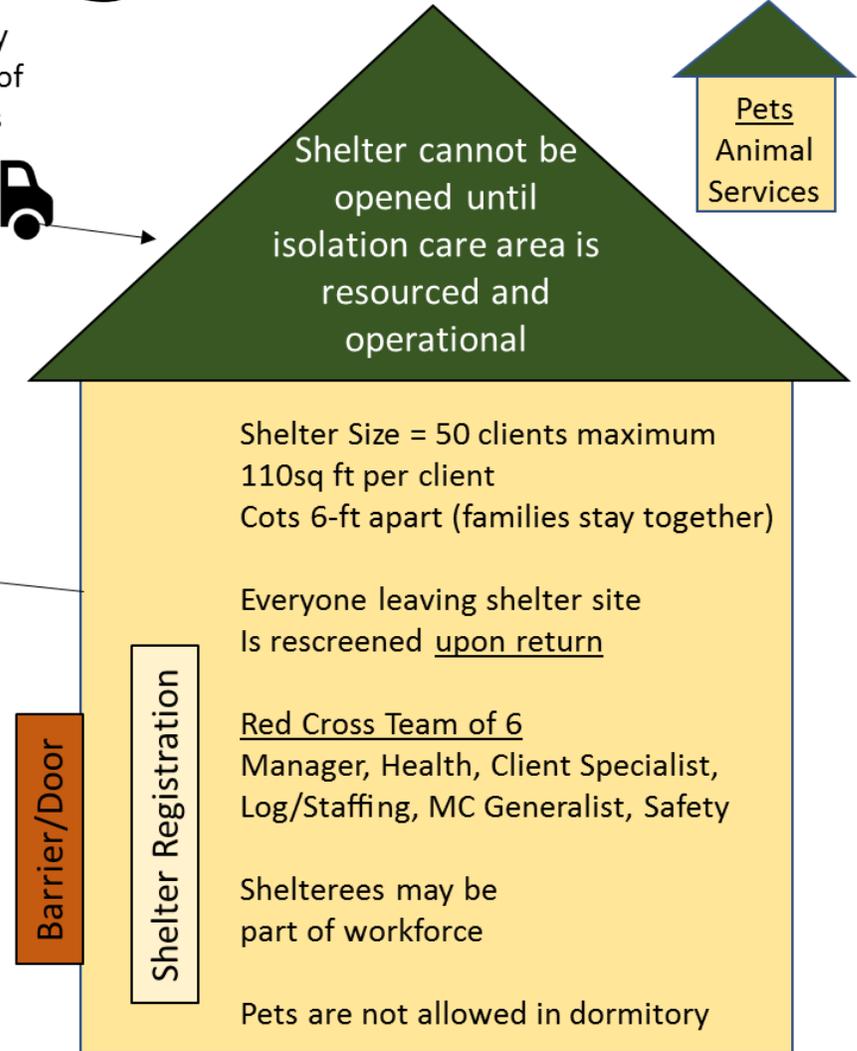
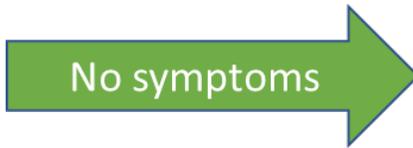
Plan for less than 14 days

Align with Public Health guidance



Symptomatic

Symptomatic



American Red Cross
San Diego and Imperial Counties

Other Services in Large Scale Disaster

- Distribution of Emergency Supplies
 - Drive up Points of Distribution or Door Drop, as appropriate
- Reunification
 - Safe & Well website
 - Virtual workers
- Recovery Casework
 - Shelter/Lodging Resident Transition Casework/Financial Assistance - Virtual
 - Fatality, Health, Mental Health Financial Assistance - Virtual
 - On line (self or assisted) application, with Red Cross or Govt Damage Assessment



Questions?



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American Red Cross
San Diego and Imperial Counties



Child Care Disaster Council



Subject: Emergency Child Care Plan in Response to COVID-19
Date: April 2020

Vision

The Vision of the Child Care Disaster Council is to support the child care needs of the essential workforce in response to the COVID19 global pandemic.

Background

During an emergency, the availability of child care for children ages birth to 12 is critical to sustain San Diego's essential workforce. Child care enables our first responders, law enforcement, fire, emergency services, military services, frontline healthcare workers, and those working in the food industry and other functions identified as essential to perform their critical functions.

Additionally, child care providers are part of our essential workforce as they care for the children of other essential workers. Child care providers are making great sacrifices to continue to operate during this pandemic, adjusting to stringent public health guidelines, operating on decreased revenue, and putting themselves and their families at risk of exposure to COVID-19.

Those on the front lines fighting COVID-19 are risking their lives to keep us safe and alive. In the midst of their exhausting work, those with young children have the added burden of arranging and paying for child care. Due to countywide school closures and many workers now asked to work extended and off-hours shifts, affording this added expense is driving critical workers out of the workforce and putting the health of our community at risk. The demands on these workers will intensify significantly in the next few weeks as the epidemic takes hold throughout our region.

Current Child Care Landscape

The County of San Diego has a large and diverse child care infrastructure, much of which is still open and available to serve children of essential service workers. Five weeks into the current COVID-19 crisis, 50% of child care centers and 98% of family child care homes are still open with over 6,000 slots available to immediately serve families. The YMCA Child Care Resource Service is tracking available care and referring families to available opportunities. Since the onset of this crisis, over 444 referrals have been provided to the San Diego Community.

Although child care capacity exists, the high cost of care continues to be a barrier to accessing services. Recent guidance from the Governor and the California Department of Education (<https://www.cde.ca.gov/sp/cd/ci/mb2006.asp>) waives income eligibility requirements for accessing state subsidized child care for essential service workers. This creates an opportunity to identify open state funded child care slots and fill them with the children of essential service workers should the type/hours of care meet their needs.



Child Care Disaster Council



Additionally, guidance provided by CDE and HHS on March 27, 2020:

<https://www.cde.ca.gov/ls/he/hn/documents/caresupervisionguidance.docx> provides the opportunity for school districts to consider opening emergency child care at school facilities to address the school age child care needs of essential workers.

The following executive order N-26-20, provides further guidance to LEAs should they close schools to respond to the COVID-19 crisis:

<https://www.gov.ca.gov/wp-content/uploads/2020/03/3.13.20-EO-N-26-20-Schools.pdf>

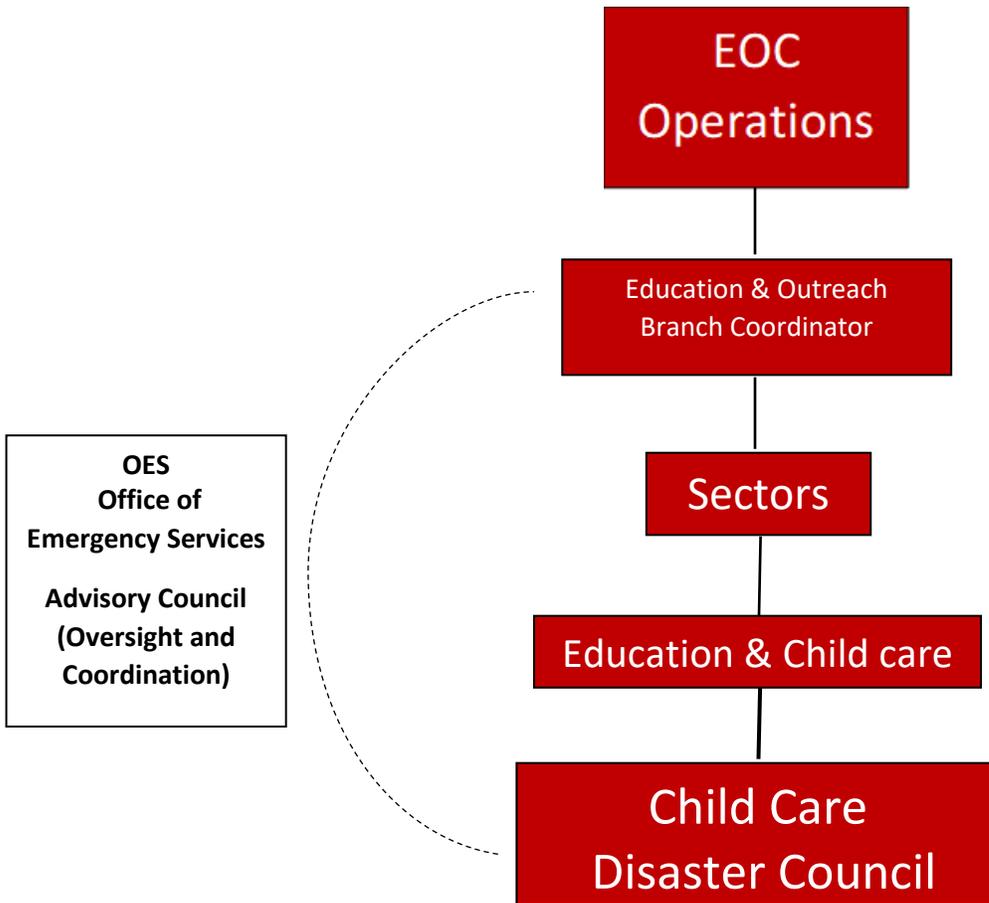
The Child Care Disaster Council

The Child Care Disaster Council (The Council) is coordinated through the Office of Emergency Services (OES) and Emergency Operations Center (EOC) disaster response plan in collaboration with subject matter experts from local and supporting agencies. The purpose of the Council is to **assess the child care needs and capacity** during disaster responses, **support the child care community** in service continuity during a disaster, and **advise the OES and EOC** on recommended courses of action around child care. The council meets on a regular basis to plan the support of the various needs related to child care throughout the disaster cycle: **mitigation, preparedness, response, and recovery.**

The following is the flow chart demonstrating the Council's representation and the communication flow within the County of San Diego EOC. The coordination and oversight of the Council is led by the OES. The flow chart also outlines the representatives that make up the Council.



Child Care Disaster Council



- Kim McDougal- YMCA CRS, R&R (**Chair**)
- Alethea Arguilez- HHSA, First 5 San Diego (**Co-Chair**)
- Lucia Garay- SDCOE EOC Liaison
- Kimberly Hall- CCL Liaison
- Dr. Porchia Rich- HHSA, CA Children’s Services
- Dr. Thomas Coleman-HHSA, MCHS
- Katherine Gordon- HHSA Community Health
- Jessica Williams- OES
- Dave Sheppard- Child Care and Development Planning Council/LEA
- Dezerie Martinez - Child Care and Development Planning Council Coord.
- Kathleen Kenshur- Family Care Provider
- Lynn Twork- Private Childcare Provider
- Kathryn Owen – Higher Education Provider
- Damon Carson- Head Start Provider
- Rick Richardson- Alternative Payment/ CDE Provider
- Aaron Laff –Southern Indian Health Council





Child Care Disaster Council



Child Care Disaster Council Representation

Representation on the Council is determined by the County of San Diego's OES informed by the diverse areas of expertise required to provide emergency child care in the event of a disaster.

Agency	Representative	Service Sector	Council Responsibility
YMCA CRS	Kim McDougal	Resource and Referral Agency	Chair
First 5 San Diego	Alethea Arguilez	Early Care and Education	Co-Chair
COSD - OES	Jessica Williams	Emergency Services	Coordination, Planning, and Oversight
SDCOE	Lucia Garay	Early Care and Education	Planning Committee
COSD - EOC	Katherine Gordon	Education Sector Lead	Planning Committee
COSD - HHSA PHS	Dr. Porchia Rich	Public Health SME	Representative
COSD - HHSA	Dr. Thomas Coleman	Public Health SME	Representative
Community Care Licensing	Kimberly Hall	Licensing	Representative
Kids on the Go	Lynn Twork	Private Provider	Representative
SD County Family Child Care Association	Kathleen Kenshur	FCC Provider	Representative
UCSD Early Childhood Ed. Ctr.	Kathryn Owen	Institution of Higher Education	Representative
Child Care & Dev. Planning Council	David Sheppard	Early Care and Education	Representative
Child Care & Dev. Planning Council	Dezerie Martinez	Early Care and Education	Liaison
Southern Indian Health Council	Aaron Laff	Community Public Health	Representative
Neighborhood House Association	Damon Carson	CDE/Head Start Provider	Representative
Child Development Associates	Rick Richardson	CDE / AP Provider	Representative
Business Continuity and Recovery Agency	TBD	Business/Commerce	Representative



Child Care Disaster Council



Child Care Disaster Council Purpose

Currently, the Council is working toward providing guidance and support in response to COVID19, a global pandemic. The Council will assess the effects to the region's child care infrastructure, assess the current state of child care, and support child care providers to continue operations under CDC guidelines pertaining to social distancing, and hygiene requirements, as well as guidance from the Federal Government, the CA Department of Education (CDE) and Community Care Licensing (CCL) to support a coordinated approach during a time of crisis.

Additionally, the Council will coordinate an assessment of child care needs and capacity during disaster responses, support the child care community in service continuity during a disaster advise the OES and EOC on recommended courses of action around child care. The Council encourages coordination of activities and collaboration for mitigation, planning, response, and recovery.

The Council has convened in response to the need for a formally recognized body to advise the County of San Diego on child care status in light of the COVID19 event and formalize communication channels between the child care community and the County (See Appendix D - Communication Flow Chart).

Child Care Disaster Council Responsibilities

OES ensures child care is included in disaster mitigation, planning, response, and recovery. It connects the Council to disaster response resources, and provides a communication channel between the County, first responders and child care.

The YMCA Childcare Resource Services acts as a clearinghouse for child care providers to receive updated information from state and local authorities, collect and report child care needs and capacity data, and act as the designated child care resource and referral agency for the County. The YMCA CRS provides enhanced referrals to essential sector employees, ensuring families have quick access to available child care. YMCA CRS participates on the Resource Task Force (RTF), and distributes along with Child Development Associates child care stipends for essential sector workers. The YMCA CRS reports data on child care availability to the California State Department of Social Services on an ongoing basis during a disaster.

The Child Care and Development Local Planning Council (LPC) serves as a resource and support for the planning of local countywide child care services. LPC staff will provide resources and information to families of essential workers, at-risk populations, and providers during the declared State of Emergency related to COVID-19. The LPC includes a diverse group representing a broad range of experience and expertise to assess ongoing local child care needs, prioritizing the needs of essential workers and at-risk populations. LPC staff will also ensure partnership in planning with the local R&R, local Quality Counts California consortium, local CCL Regional Office, local Alternative Payment contractors, direct contract programs, child care provider organizations, First 5 Commission, and nonprofit partnerships.



Child Care Disaster Council



The Council monitors child care supply and demand data for the County of San Diego and makes recommendations.

Child Care Programs' Responsibilities include, but are not limited to:

- Each child care program's Emergency Child Care plan in response to COVID-19, should include a communication hub with a staff member assigned as the communication coordinator with parents, guardians.
- Follow all local Public Health Guidelines set forth by the State of California as well as the County of San Diego.
- Follow all directives during a disaster from the Federal Government, State of California Community Care Licensing Division and the California Department of Education.
- Establish procedures to ensure children and staff who come to the child care center sick or become sick while at your facility are sent home as soon as possible
- Follow CDC guidance on how to disinfect your facility if someone is sick.
- System to ensure/obtain hygiene supplies during COVID-19 to remain operational within CDC guidelines for Child Care Programs
- Sign up to receive notifications and updates from the R&R, YMCA CRS (text CRSNEWS to 59925) and County of San Diego (text COSD COVID19 to 468311)

Full CDC guidelines are available at : <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-child-care/guidance-for-child-care.html>

Emergency Child Care Plan

The purpose of the Emergency Child Care Plan (**The Plan**) during COVID-19 is twofold. First, to provide an **assessment of the existing child care need and capacity in the County and propose solutions** to meet the needs of the essential service workforce. Second, **to assess the needs of child care programs currently operating and coordinate efforts to meet those needs.**

The Plan relies on the pre-existing child care system capacity, consisting of a mix of care providers and care settings including:

- Licensed Private child care centers
- Licensed State subsidized child care centers
- Licensed Federal subsidized Head Start and Early Head Start programs
- Licensed Family child care programs, also known as home-based child care
- Preschool (aka Pre-kindergarten) programs at private and public schools
- Before and after school care programs at private and public schools
- License-exempt care by family, friend or neighbor (Trustline)

Temporary (i.e. pop up sites) child care centers that were not previously licensed with ad hoc staff are the least desirable type of care in a crisis and should be avoided in favor of pre-established care programs.



Child Care Disaster Council



State funded alternative payment program allocating subsidy vouchers provide a flexible means for at risk populations to afford child care in the above programs.

The local Resource and Referral agency provides the critical function of helping families find child care options near home or work. They also assist child care providers with resources and information.

Prioritization for Emergency Child Care Utilizing Existing Child care Capacity

In accordance to guidance received from the CA Department of Education, Management Bulletin 20-06, April 2020, the prioritization of emergency child care for the following state subsidized programs: CAPP, CSPP, CCTR, and CFCC, is as follows:

- Families determined to be **At Risk**.
- Families that are part of the **Essential Workforce** and are not able to work remotely and meet income eligibility criteria.
- Families with children with **disabilities or special healthcare needs** whose IEP or IFSP include ELC Services.
- Families that are part of the **Essential Workforce** and are not able to work remotely and assets do not exceed \$1,000,000.

Furthermore, child care for essential workers is prioritized into three **Essential Worker Priority Areas**, (enroll in the order listed):

- **Essential Worker Priority 1:** Healthcare / Public Health and Emergency Service sectors.
- **Essential Worker Priority 2:** Food and agriculture, teachers, education staff, and providers of early learning and care services including custodial, kitchen staff, and other support staff, workers supporting critical infrastructure, state and local government workers, communications and information Technology (IT), energy, transportation and logistics, critical manufacturing, hazardous materials, financial services, and chemical sectors.
- **Essential Worker Priority 3:** All other fields listed on the Essential Critical Infrastructure Workers document, located at:

<https://covid19.ca.gov/img/EssentialCriticalInfrastructureWorkers.pdf>

To date, no formal guidance has been provided for prioritization of enrollment for school age child care in unsubsidized and CDE subsidized programs.

Assessment of Child Care Needs and Capacity

Collaboratively develop and support a needs assessment of essential sector workers, as well as work with the YMCA CRS to identify the existing child care capacity throughout San Diego County.



Child Care Disaster Council



Child Care Needs Assessment:

- Collaboratively developed, managed by The San Diego County Office of Education and deployed by Council members and partners to include:
 - Hospital Systems via Hospital Association & Labor Unions
 - Government and Public Health Sector Workers
 - Military via Navy Region Southwest
 - Fire, Police, and Emergency Medical Response Teams
 - Food Service Workers via Food Service Workers Union
 - Additional essential sector workforce via San Diego Workforce Partnership
 - Vulnerable and at-risk populations
 - County of San Diego OES sector contacts
 - Wide distribution through social media

Child Care Capacity Assessment:

- Completed by the YMCA Childcare Resource Services, the Resource and Referral agency for San Diego County.
- Maintain updated database of open child care providers throughout the County.
- Conduct regular outreach to the child care provider community to assess available child care slots.
- Maintain daily communication with Community Care Licensing and the California Resource and Referral Network to update closed provider list.
- Provide a weekly capacity and referral request data dashboard
- Provide the San Diego County Office of Education with zip code specific capacity reports.
- Maintain an updated child care supply map reflecting current county capacity.

Assessment of Child Care Provider Needs and Resource Access and Allocation

Assessment of Child Care Provider Needs:

- YMCA CRS collects child care provider need data via email surveys, a text-messaging platform, emergency phone messaging system, virtual provider forums, and through the Resource and Referral phone lines.
- The County of San Diego Office of Emergency Services in coordination with the Emergency Operations Center hosts weekly child care sector telebriefings to provide updates to the child care field and respond to provider needs. Questions submitted through the COVID Community Sector Webpage and fielded during the telebriefing are answered by representatives from County Public Health, Community Care Licensing, and First 5 San Diego.
- YMCA CRS generates daily provider and community updates and connection to local resources throughout the County of San Diego. Daily updates sent out via email blasts as well as hosted on the YMCA CRS website are translated into English and Spanish. Arabic and Somali translators on staff at the YMCA CRS support with additional translation.



Child Care Disaster Council



- San Diego Child Care and Development Planning Council communicates updates to its members, school systems, and the community.

Resource Access and Allocation:

Child care providers have shared a need for access to the following supplies:

- Cleaning supplies recommended by the Environmental Protection Agency(EPA):
<https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>
- Gloves
- Masks
- Spray bottles
- Bleach
- Soap
- Thermometers (ear or infrared)

Child care providers have expressed needed support with the following non-supply related needs:

- Advocacy to local grocery stores and big box stores to include child care providers in essential sector designations in order to purchase bulk foods such as eggs and milk.
- Support navigating resources available for small businesses impacted by the crisis as well as grant and foundation resources to cover lost wages.
- Support understanding current Public Health guidelines as they relate to the provision of child care as well as updated Public Information Notices from Community Care Licensing and the California Department of Education.

The Council has a **Resource Task Force (RTF)** focused on supply sourcing and distribution working in coordination with the County Office of Emergency Services. The RTF represents a group of community partners from child care, foundations, and community-based organizations that have come together during this disaster to streamline and advocate for access to child care in the following ways:

Supply Sourcing

- The Office of Emergency Services has connected the RTF with Volunteer Organizations Active in Disasters (VOAD) to access donations available through community organizations
- The RTF submitted a desired supply list to the California Child care Resource and Referral Network, Supplybank.org, and First 5 California.
- The YMCA CRS, as a member of the RTF, has requested and received waivers from the California Department of Education to reallocate unspent contract funds to purchase supplies. To date, a bulk supply order was placed for \$50,000 and another bulk supply order of approximately \$100,000 is planned.



Child Care Disaster Council



- The YMCA CRS as the County's Child Care Resource and Referral agency is the designated entity to distribute supplies to providers, as funded by Section 2 of Senate Bill 89 (Chapter 2, Statutes of 2020).
- The RTF advocated to the State of California for support with supplies and the Governor has allocated \$50M statewide to meet this need. Funds have yet to be allocated to Counties.
- First 5 California is in the process of allocating funds to the counties for diapers, wipes, and other needed support for child care providers
- The RTF has created Amazon wish lists so donors and VOAD members are able to purchase needed educational activities for children. Activity packets will be compiled for distribution at regional hubs. (See Appendix C).

Supply Distribution

- The RTF has established 5 regional hubs for supply distribution to child care providers (See Appendix B). With the support of the RTF, distribution hubs will receive supplies, sort, and organize supplies, and manage supply distribution.
- MOUs with the YMCA CRS and each regional hub have been created and executed (See Appendix C).
- VOAD members recruited to work at distribution sites as well as provide supply delivery to child care provider locations.

Post COVID-19 Child Care Recovery Plan

It is just as critical to coordinate countywide efforts during COVID-19 as it is to plan for the recovery phase post COVID-19. The Recovery plan will focus on the following but not limited to the: reopening of sites, addressing staffing shortages, financing, and business practices.

The recovery plan will be informed by the child care community through a countywide survey to assess child care provider needs.

Additionally, the following are **six key indicators** that will guide California's thinking for when and how to modify the stay-at-home and other orders during the COVID-19 pandemic.

The **six key indicators** are:

- The ability to monitor and protect our communities through testing, contact tracing, isolating, and supporting those who are positive or exposed
- The ability to prevent infection in people who are at risk for more severe COVID-19
- The ability of the hospital and health systems to handle surges
- The ability to develop therapeutics to meet the demand
- The ability for businesses, schools, and child care facilities to support physical distancing
- The ability to determine when to reinstitute certain measures, such as the stay-at-home orders, if necessary

Governor Newsom has stated that this is not a precise timeline for modifying the stay-at-home order, but that these six indicators will serve as the framework for making that decision.



Child Care Disaster Council



Key county health officer decisions may significantly impact the ability to provide child care and should be considered in recovery plans include group size limitations, PPE requirements for caregivers and children, and social distancing guidelines. Requirements to maintain proximity between children and caregivers are difficult or unachievable depending on the age of the children and the care setting.

The following link provides guidance from SDCOE on post COVID-19 recovery plan assumptions and recommendations for school districts.

[https://covid-19.sdcoe.net/Portals/covid-19/Documents/Pandemic%20Plan%20Resources/20-04-14 Recovery Plan Assumptions and Recommendations.pdf](https://covid-19.sdcoe.net/Portals/covid-19/Documents/Pandemic%20Plan%20Resources/20-04-14%20Recovery%20Plan%20Assumptions%20and%20Recommendations.pdf)

Post COVID-19 Disaster Preparedness Planning Beyond COVID-19

Post COVID-19, the county child care system should conduct an **After-Action Review (AAR)**. The AAR is a structured approach for reflecting on the work of a group and identifying strengths, weaknesses, and areas for improvement.

An AAR is centered on four questions:

- What was Expected to happen?
- What occurred?
- What went well and why?
- What can be Improved and how?

An AAR features:

- An open and honest professional discussion
- Participation by everyone on the team
- A focus on results of an event or project
- Identification of ways to sustain what was done well
- Development of recommendations on ways to overcome obstacles

The AAR process can include both written reports and surveys from stakeholders and an in-person forum to gather data.

Written Disaster Plans Required by Health and Safety Regulations

Each child care setting should have a written disaster plan. Licensed child care providers are required to have a written disaster and mass casualty plan of action and to conduct disaster drills at least every six months.

The Step-by-Step Guide to Plan for Emergencies by UCSF is available through this link:

<https://cchp.ucsf.edu/sites/g/files/tkssra181/f/Step-by-Step-Guide-Emergency-Disaster.pdf>

Resources:

<https://www.cdc.gov/coronavirus/2019-ncov/community/schools-child-care/guidance-for-child-care.html>



Child Care Disaster Council



Appendix A: Acronyms

AAR	After-Action Review
ASL	American Sign Language
CAPP	California Alternative Payment Program
CCDC	Child Care Disaster Council
CDE	California Department of Education
CCTR	General Child Care
CFCC	CA Family Child Care
CSPP	California State Preschool Program
EAS	Emergency Alert System
EOC	Emergency Operations Center
HHS	Health and Human Services
MOU	Memorandum of Understanding
OES	Office of Emergency Services
RTF	Resource Task Force
SDCOE	San Diego County Office of Education
UCSF	University of California, San Francisco
VOAD	Volunteer Organizations Active in Disasters
WEA	Wireless Alert System
YMCA CRS	YMCA Childcare Resource Services



Child Care Disaster Council



Appendix B: Regional Supply Distribution Hubs

Hub Locations, Dates, Receiving Addresses are subject to change. Wish List supplies available until exhausted.

Region	Hub Location	Address	Specific Drop-off Day and Time	Point of Contact	Phone Number	Email	Receiving address for Wish List:
North	Children's Paradise, Inc.	211 Main Street #205 Vista CA 92084	Tuesday 11am – 2pm	Rob Hicks	(858) 333-1788	RHicks@childrensparadise.com	700 Bobier Dr. Vista, CA 92084 or 1304 Melrose Dr. #C Vista, CA 92083 or 211 Main Street #100 Vista, CA 92084
South	Kids on the Go	2015 Birch Rd UNIT 201, Chula Vista, CA 91915	Wednesday 11am – 2pm	Lynn Twork	(619) 519-1957	lynn@kidsonthegochildcare.com	2015 Birch Road, Suite #201 Chula Vista, CA 91915
Central	The Chicano Federation	2138 Logan Ave, San Diego, CA 92113	Tuesday 10am – 12:30pm	Roberto Alcantar	(619) 316-9997	RAlcantar@chicanofederation.org	3180 University Avenue, Suite 400 San Diego, CA 92104
Central	Copley-Price YMCA	4300 El Cajon Blvd, San Diego,	Tuesday 2pm – 4pm	László Kelemen	(619) 666-7610	lkelemen@ymca.org	3708 Ruffin Road



Child Care Disaster Council



Region	Hub Location	Address	Specific Drop-off Day and Time	Point of Contact	Phone Number	Email	Receiving address for Wish List:
		CA 92105					San Diego, CA 92123
East	Cameron YMCA	10123 Riverwalk Dr, Santee, CA 92071	Thursday 2pm – 4pm	László Kelemen	(619) 666-7610	lkelemen@ymca.org	3708 Ruffin Road San Diego, CA 92123



Child Care Disaster Council



Appendix C: Regional Hub Memorandum of Understanding (MOU)

Draft MOU with Hub Partners for COVID19 Materials Distribution:

Whereby YMCA Childcare Resource Service (YMCA CRS) wishes to distribute materials supportive of preventing the spread of COVID19 infection from the novel coronavirus in child care settings, YMCA CRS enters into this agreement with _____ to coordinate efforts to receive, sort, and distribute cleaning and sanitation materials purchased by YMCA CRS.

As a Hub partner for materials distribution, _____ agrees to the following:

- Ensure sufficient space is available to receive, sort, store, and distribute materials based on allocations agreed upon by YMCA CRS and the Hub partner in collaboration with the ECE Task Force. It is anticipated that the first round of materials will be distributed approximately as such:
 - 80 kits of materials to Children's Paradise
 - 230 kits of materials to Kids on the Go
 - 150 kits of materials to Chicano Federation
 - 200 kits of materials to Copley Price YMCA
 - 90 kits of materials to Educational Enrichment Services, Inc.
 - X kits of materials to a YMCA in East County
- Allow YMCA CRS Staff onto the premises to receive the delivery to the Hub facility and ensure Hub staff are also available to receive the delivery and direct placement. In the event YMCA CRS staff are not present when a delivery is made, packing slips should be checked against the delivered materials to ensure receipt of all items and saved for YMCA CRS.
- Maintaining social distancing practices, sort delivered materials into kits including:
 - 1 12-oz hand sanitizer
 - 1 gallon bleach
 - 3 24-oz spray bottles and 3 triggers
 - 10 rags
 - 1 mesh bag
 - 1 bin
 - 18 rolls toilet paper
 - 6 rolls paper towels
- Maintain the secure storage of all materials until and during distribution.
- Distribute materials upon such a date and time as determined by the ECE Task Force and in accordance with distribution logistical guidelines established below.
- Distribute additional materials with the kits as available.
- Store any kits that are not distributed until such a time as another round of distributions can be planned and implemented.
- Implement additional distributions as planned with the ECE Task Force.



Child Care Disaster Council



Distribution Logistics

- YMCA CRS will send out the invitation to participate in distributions through its all-provider email, text message and phone systems. Hubs and others may additionally send out the information.
- Providers will register for distribution time windows on Event Brite or via phone call in order to limit congregation of recipients in one area at the same time. Windows will be available from 9-10, 10-11, and 11-12 on a Saturday. Providers will submit their child care license number as part of registration. Center-based providers will be asked to submit the number of children they are currently serving.
- Providers who are not able to pick up their kits may alternatively request a delivery. The Hub will coordinate with YMCA CRS and Voluntary Organizations Active in Disaster (VOAD) to implement a delivery process. Providers who select delivery will receive a disclaimer notifying them that their name and address will be shared with an organization other than YMCA CRS.
- Registration data will be sent to hubs by the end of day on the Thursday before distribution. Hubs will print the list in advance.
- At least one YMCA staff member and one staff member of the Hub should be present during distribution.
- FCC providers may receive one kit, and center-based programs will receive a kit distribution that aligns to the number of children they currently serve – estimated at one kit per 10 children, but to be determined with Hub partners after registrations are complete.
- Providers will give their program name upon arrival at distribution, and their name will be checked off the list. A kit will be brought near their car. Maintaining social distancing, the provider may then put the kit into their own car. Providers who use public transportation will also be asked to maintain social distancing as kits are brought to them.
- Providers that have not registered may receive any kits that are not reserved during the distribution windows. In addition, at 12:00 whatever kits that have not yet been distributed (including those which were reserved for registered participants who did not show up) may be distributed to additional child care providers. Unregistered providers should give their name and license number, and the staff should track that information on the printed list.
- At the end of distribution, the list should be scanned or photographed and sent to Kim Woodworth at kwoodworth@ymca.org.
- Any remaining kits should be securely stored at the Hub for future distributions as agreed upon by the ECE Task Force.

This agreement is entered into by:

Kim McDougal
YMCA Childcare Resource Service

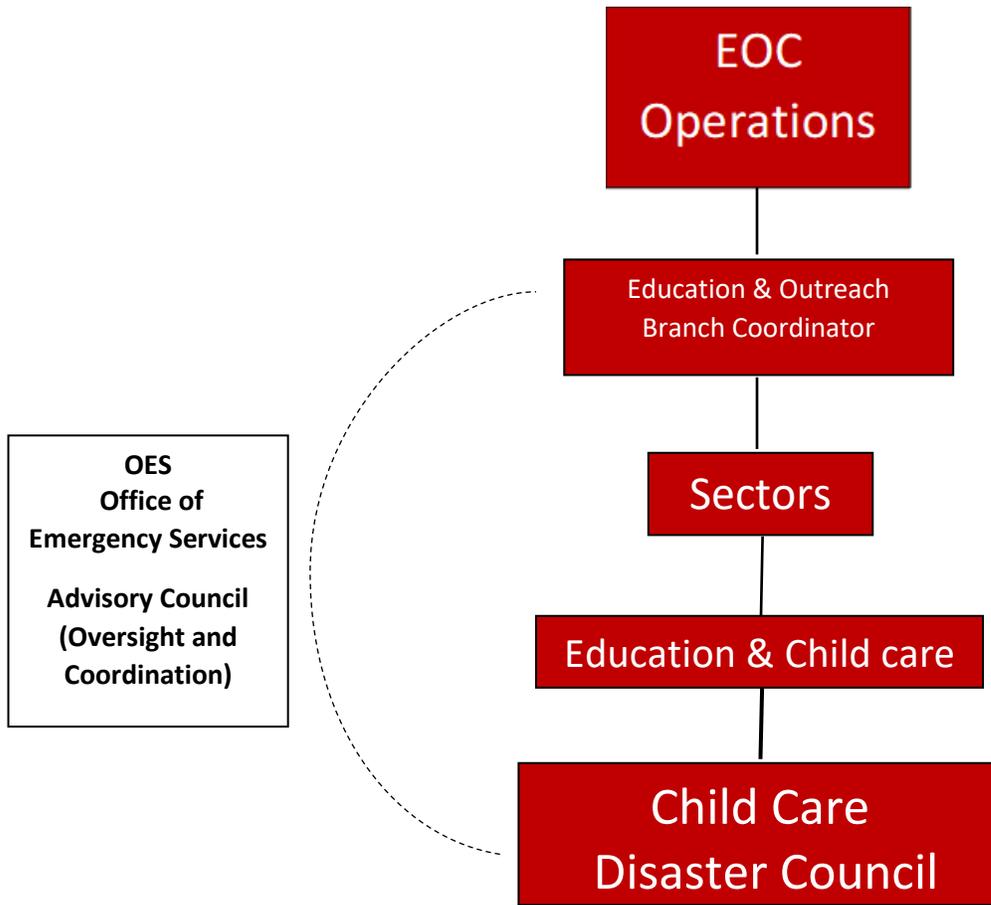
Name of Hub Lead
Name of Hub AGENCY



Child Care Disaster Council



Appendix D: Communication Flow Chart





Child Care Disaster Council



Appendix E: Communication Plan

Child care programs and local agencies can access designated radio, television, and online media centers that provide centralized public communications about the disaster to receive accurate and timely information. Disaster planning includes being connected to local media and other communication centers/hubs. Immediately responding to rumors with accurate information reduces the risk of spreading false information and minimizes unnecessary fear, worry, and stress.

Communications unique to the Child Care Disaster Council will be primarily through email, phone, and regular in person meetings. In the event of a disaster that the childcare infrastructure is affected or that the workforce essential to an event results in the childcare needs of a jurisdiction to be altered –the Child Care Disaster Council will be activated through these means to coordinate and advise leadership to the community’s needs.

In addition to an effective communications capability, government must have an effective means to provide alert and warning to the population impacted or at risk as the result of an emergency.

At the OA level, the OA EOC is activated by the County Office of Emergency Services (OES). Communication systems are critical for all of the OA Emergency Operations Plan (EOP) Annexes as well as specialized plans addressing subjects such as Reunification, Law Enforcement, Fire Services and Life Safety, and Evacuations.

Other communications systems provide links to nearby jurisdictions and to higher levels of the statewide emergency organization. The communications systems in the OA EOC include the radio systems licensed to the County. Such radio systems are augmented, in an emergency, by radio systems licensed to other governmental agencies, to private industry, and to individuals.

A vital part of the Unified Emergency Services Organization's responsibility during an emergency or disaster is providing the public with accurate information and instructions. The Office of Emergency Services (OES) and the Operational Area Media Team work closely with the news media, social media followers, the public and regional public information partners to accomplish this task

ADDITIONAL COMMUNICATION SYSTEMS

1. Emergency Alert System (EAS)
2. Wireless Emergency Alerts (WEA) utilized to quickly disseminate emergency alerts to mobile devices. WEA messages are intentionally short and should direct residents to take a specific action: EVACUATE, SHELTER IN PLACE, MONITOR THE NEWS FOR ADDITIONAL INFORMATION, ETC.
3. AlertSanDiego communications system enables emergency dispatchers to call residents, via a reverse 911 callout system, and alert them to emergency actions which may need to be taken. AlertSanDiego is also available in accessible formats. Accessible AlertSanDiego provides emergency management the capability of alerting and informing residents of San Diego County who are deaf, blind, hard of hearing, and deaf/blind



Child Care Disaster Council



before, during, and after a disaster. Accessible AlertSanDiego sends accessible alerts and information to internet and video capable devices, such as computers, cell phones, smart phones, tablet computers, and wireless Braille readers. These alerts are offered in American Sign Language (ASL) with English voice and text. The AlertSanDiego system, which is hosted by Blackboard Connect, has the capability of making thousands of calls per hour by using automated calling technology. OES, incorporated Cities or the Sheriff's Communications Center can activate AlertSanDiego.

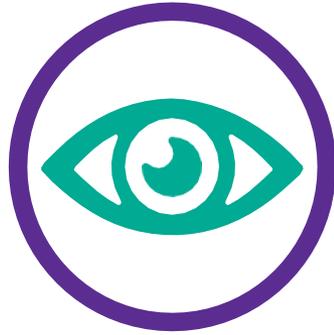


- 4. County of San Diego ongoing Communications including, Community Sector Support – Child Care Telebriefings and corresponding Webpage provides a central hub for web-based communications to the child care field:

https://www.sandiegocounty.gov/content/sdc/hhsa/programs/phs/community_epidemiology/dc/2019-nCoV/CommunitySectors/Childcare_Centers.html

- 5. YMCA CRS ongoing updates to providers countywide
- 6. California Department of Education Management Bulletins (MB)
- 7. Community Care Licensing Program Information Notices (PINs)





SUPPORTING OUR COMMUNITY THROUGH COVID-19



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA CHILDCARE RESOURCE SERVICE
CHILD CARE DISASTER COUNCIL (CCDC)

CHILDCARE DISASTER COUNCIL (CCDC)

Vision:

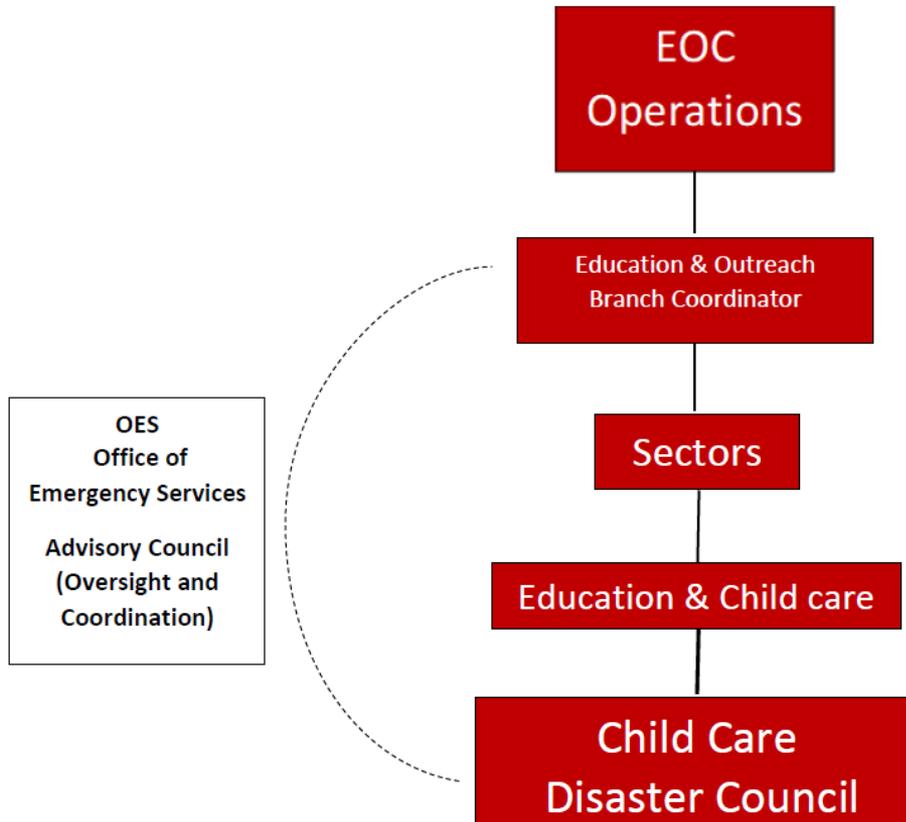
The Vision of the Child Care Disaster Council is to support the child care needs of the essential workforce in response to the COVID19 global pandemic.

Purpose:

- Assess child care needs and capacity
- Support child care community in service continuity
- Advise the OES and EOC on child care strategy
- Formal communication channel with child care field



Child Care Disaster Council



CCDC COVID RESPONSE

Utilize Existing Childcare Infrastructure to Serve Essential Sector Workers

Support Childcare Providers to Maintain Operations During COVID19

YMCA Childcare Resource Service

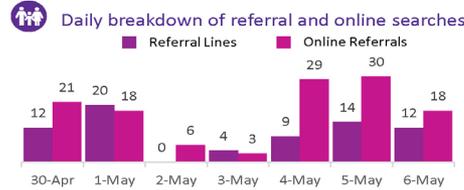
Weekly Summary April 30, 2020 to May 6, 2020



Referral Line vs. Online Searches

71

Number of parents who called the referral line this week



125

Number of parents who searched online this week

Totals Since March 14th
510 Referral Line **451** Online Searches

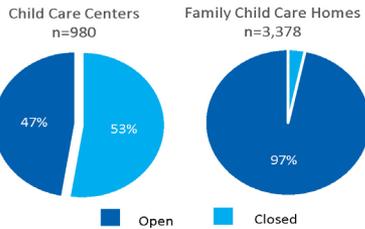
Availability of Child Care Services

627

Number of child care providers that have closed per Community Care Licensing



Breakdown of providers who have closed their child care business since March 14th



Timeline of closures among child care providers since San Diego County school shutdowns

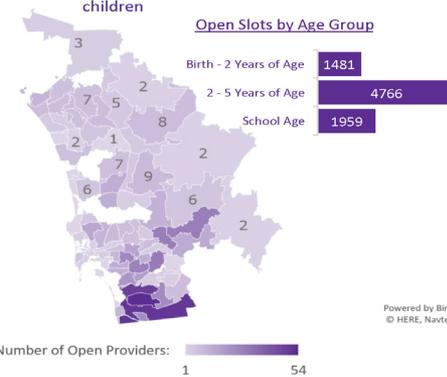


Number of child care providers that are open per Community Care Licensing

3,731



Out of 1,434 responses to YMCA CRS's Availability Survey, 771 San Diego County child care providers are open and accepting new children



OUR MISSION: The YMCA of San Diego County is dedicated to improving the quality of human life and to helping all people realize their fullest potential as children of God through the development of the spirit, mind and body.

CHILDCARE NEED & CAPACITY



MAINTAINING CHILDCARE OPERATIONS UNDER COVID19

Needs Assessment:

- Child Care Provider Surveys
- Daily Task Force Calls
- Weekly Calls with County HHSA and Eme Operations Center
- Weekly Virtual Provider Support Groups
- Input from Union Representation

Supply Sourcing & Distribution



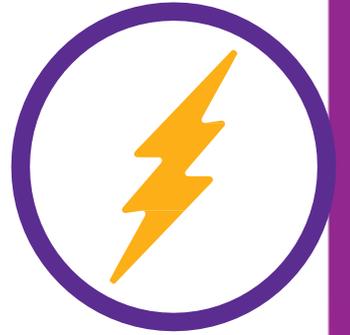
NEXT STEPS

COVID19
RECOVERY
PLAN

FORMAL
PLAN
ADOPTION



ALL
HAZARD
CC PLAN



QUESTIONS