

EMERGENCY MANAGEMENT PLANNING CRITERIA FOR ADULT DAY CARE FACILITIES

The following criteria are to be used for the development of Comprehensive Emergency Management Plans (CEMP) for Adult Day Care (ADC). The criteria will serve as a recommended plan format for the CEMP, and will also serve as the compliance review document for county emergency management agencies upon submission for review and approval pursuant to Chapter 252, F.S.

These minimum criteria satisfy the basic emergency management plan requirements of Chapter 429, Part III and Chapter 58A-6.011, F.A.C. for Adult Day Care Centers.

These criteria are not intended to limit or exclude additional information that centers may decide to include in their plans in order to satisfy other requirements, or to address other arrangements that have been made for emergency preparedness. Any additional information which is included in the plan will not be subject to approval by county emergency management personnel, although they may provide informational comments.

This form must be attached to the center's comprehensive emergency management plan upon submission for approval to the county emergency management agency. Use it as a cross-reference to your plan, by listing the page number and paragraph where the criteria are located in the plan on the line to the left of each item. This will ensure accurate review of the center's plan by the county emergency management agency.

I. INTRODUCTION

A. Provide basic information concerning the center to include:

- ___ 1. Name of center, address, telephone number, emergency contact telephone number, pager number (if available), fax number, type of center, and license.
- ___ 2. Owner of center, address, telephone (private or corporate ownership).
- ___ 3. Year center was built, type of construction and date of any subsequent construction.
- ___ 4. Name of Administrator, address, work/home telephone, number of his/her alternate.
- ___ 5. Name, address, work and home telephone number of person implementing the provisions of this plan, if different from the Administrator.
- ___ 6. Name, work and home telephone number of person(s) who developed this plan.
- ___ 7. Organizational chart, identifying phone numbers, with key management positions.

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- ___ B. Provide an introduction to the Plan which describes its purpose, time of implementation, and the desired outcome that will be achieved through the planning process. Also provide any other information concerning the center that has bearing on the implementation of this plan.

II. AUTHORITIES AND REFERENCES

- ___ A. Identify the legal basis for plan development and implementation to include statutes, rules and local ordinances, etc.
- ___ B. Identify reference materials used in the development of the plan.
- ___ C. Identify the hierarchy of authority in place during emergencies. Provide an organizational chart, if different from the previous chart required.

III. HAZARD ANALYSIS

- ___ A. Describe the potential hazards that the center is vulnerable to such as hurricanes, tornados, flooding, fires, hazardous materials, transportation accidents, proximity to a nuclear power plant, power outages during severe cold or hot weather, gas leaks, etc. Indicate past history and lessons learned.
- B. Provide site specific information concerning the center to include:
 - ___ 1. Licensed capacity.
 - ___ 2. Maximum number of staff on site.
 - ___ 3. Identify types of participants served by the center:
 - ___ a. Participants with dementia
 - ___ b. Participants requiring special equipment or other special care, such as oxygen or dialysis
 - ___ c. Participants who are non-ambulatory
 - ___ d. Participants who require assistance
 - ___ e. Participants who do not require assistance
 - ___ f. Other - list types
 - ___ 4. Identify hurricane evacuation zone.
 - ___ 5. Identify which flood zone as identified on a Flood Insurance Rate Map.
 - ___ 6. Number of miles center is located from a railroad or major transportation artery.

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- ___ 7. Identify if center is located within 10 mile or 50 mile emergency planning zone of a nuclear power plant.

IV CONCEPT OF OPERATIONS

This section of the plan defines the policies, procedures, responsibilities and actions that the center will take before, during and after any emergency situation. At a minimum, the center plan needs to address: direction and control; notification; and evacuation and sheltering.

A. Direction and Control

Define the management function for emergency operations. Direction and control provide a basis for decision making and identify who has the authority to make decisions for the center.

- ___ 1. Identify by title who is in charge during an emergency and one alternate, should that person be unable to serve in that capacity.
- ___ 2. Identify the chain of command to ensure continuous leadership and authority in key positions.
- ___ 3. State the procedures that ensure timely activation and staffing of the center during emergency incidents.
- ___ 4. State the operational and support roles for all center staff (This will be accomplished through the development of Standard Operating Procedures, which must be attached to this plan).
- ___ 5. State the procedures to ensure the following needs are supplied:
 - ___ a. Emergency power and, if applicable, natural gas or diesel. If natural gas, identify alternate means should loss of power occur (which would effect the natural gas system). What is the capacity of the fuel tank for the emergency power system?
 - ___ b. Transportation (may be covered in the evacuation section)
 - ___ c. Food and water
 - ___ d. Oxygen, if required for participants

B. Notification

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Procedures must be in place for the center to receive timely information on impending threats and the alerting of the center's decision makers, staff and participants of potential emergency conditions.

- ___ 1. Describe how the center will receive warnings.
- ___ 2. Describe how staff will be alerted.
- ___ 3. Describe the procedures and policy for staff reporting to work.
- ___ 4. Describe how participants will be alerted and the precautionary measures that will be taken.
- ___ 5. Identify alternative means of notification should the primary system fail.
- ___ 6. Identify procedures for notifying those facilities (for which mutual aid agreements are in place) to which participants will be evacuated.
- ___ 7. Identify procedures for notifying families of participants that the center is being evacuated or closed.

C. Evacuation

Describe the policies, roles, responsibilities and procedures for the evacuation of participants from the center.

- ___ 1. Identify the staff position responsible for determining if and when evacuation is required.
- ___ 2. Identify the staff position responsible for implementing center evacuation procedures.
- ___ 3. Identify all arrangements made through mutual aid agreements, memorandums of agreement or understandings that will be used to evacuate participants (copies of the agreements must be updated annually and attached in the appendix).
- ___ 4. Describe transportation arrangements for logistical support to ensure essential records, medications, treatments, and medical equipment remain with the participant at all times.
- ___ 5. Identify the pre-determined locations to which participants will be evacuated.
- ___ 6. Provide a copy of the mutual aid agreement that has been entered into with a facility to receive participants (current, signed annually).

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- ___ 7. Identify evacuation routes that will be used and secondary routes that would be used should the primary route be impassable.
- ___ 8. Specify the amount of time it will take to successfully evacuate all participants to the receiving facility.
- ___ 9. Describe the procedures to ensure that the center's staff will accompany evacuating participants.
- ___ 10. Identify procedures that will be used to keep track of participants once they have been evacuated (to include a log system).
- ___ 11. Establish procedures for responding to family inquiries about participants who have been evacuated.
- ___ 12. Establish procedures for ensuring that all participants are accounted for.
- ___ 13. Specify at what point the mutual aid agreements and the notification of alternate facilities will begin.

D Re-Entry

Once a center has been evacuated, procedures need to be in place for allowing participants to re-enter the center.

- ___ 1. Identify who is the responsible person(s) for authorizing re-entry to occur.
- ___ 2. Identify procedures for inspection of the center to ensure it is structurally sound.

V. INFORMATION, TRAINING AND EXERCISES

This section identifies the procedures for increasing employee and participant awareness of possible emergency situations and providing training on their emergency roles before, during and after a disaster.

- ___ A. Identify how and when staff will be trained in their emergency roles during non-emergency times.
- ___ B. Identify a training schedule for all employees and identify the provider of the training.
- ___ C. Identify the provisions for training new employees regarding their disaster related role(s).
- ___ D. Identify a schedule for exercising all or portions of the disaster plan on an annual basis.
- ___ E. Establish procedures for correcting deficiencies noted during training exercises.

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- ___ F. Describe the method by which family members of participants will be made aware of the center's emergency plan prior to a disaster.
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APPENDIX

The following information is required, yet placement in an APPENDIX is optional, if the material is included in the body of the plan.

- A. Roster of employees and companies with key disaster related roles.
- ___ 1. List the names, addresses, telephone numbers of all staff.
- ___ 2. List the name of the company, agency, organization, contact person, telephone number and address of emergency service providers such as transportation, emergency power, fuel, water, police, fire, rescue, Red Cross, emergency management, etc.
- B. Agreements and Understandings
- ___ Provide copies of any mutual aid agreements, memorandums of agreement or any other understandings entered into pursuant to the fulfillment of this plan. This is to include reciprocal host center agreements, transportation agreements, current vendor agreements or any other agreement needed to ensure the operational integrity of this plan.
- C. Evacuation Route Map
- ___ A map of the primary and secondary evacuation routes and description of how to travel to receiving facility(ies).
- D. Support Material
- ___ 1. Any additional material needed to support the information provided in the plan.
- ___ 2. Copy of the center's fire safety plan that is approved annually by the local fire department, or an annual letter of approval from the fire department.

**COUNTY EMERGENCY MANAGEMENT OFFICES
AND
DIRECTORS**



A				
COUNTY	NAME	ADDRESS	PHONE	FAX
<u>Alachua</u>	<u>Chief Will May</u> , Emergency Services Director	1100 SE 27th Street Gainesville, 32602- 0548	352-384- 3116	352-264- 6565
B				
COUNTY	NAME	ADDRESS	PHONE	FAX
<u>Baker</u>	<u>Adam Faircloth</u> , Director	56 North Second Street Macclenny, 32063	904-259- 6111	904-259- 6114
<u>Bay</u>	<u>Mark Bowen</u> , Director	644 Mulberry Avenue Panama City, 32401	850-784- 4017	850-784- 4010
<u>Bradford</u>	<u>Brian K. Johns</u> , Director	945-B North Temple Avenue Starke, 32091	904-966- 6336/6337	904-966- 6169
<u>Brevard</u>	<u>Robert S. Lay</u> , Director	1746 Cedar Street Rockledge, 32955	321-637- 6670	321-633- 1738
<u>Broward</u>	<u>Lori Vun Kannon</u> , Director	201 Northwest 84 Avenue Plantation, 33324	954-831- 3900	954-382- 5805
C				
COUNTY	NAME	ADDRESS	PHONE	FAX
<u>Calhoun</u>	<u>Don A. "Sonny"</u> <u>O'Bryan</u> , Director	20859 Central Avenue East, Room G-40 Blountstown, 32424	850-674- 8075	850-674- 4667
<u>Charlotte</u>	<u>Wayne Sallade</u> , Director	26571 Airport Road Punta Gorda, 33982	941-8233- 4000	941-833- 4081
<u>Citrus</u>	<u>Captain Joseph</u> <u>Eckstein</u> , Director	3425 West Southern Street Lecanto, 34461	352-746- 6555	
<u>Clay</u>	<u>James H. Corbin, Jr.</u> , Director	1 Doctors Drive Green Cove Springs,	904-284- 7703	904-529- 2273

		32043-3128		
Collier	Dan E. Summers , Director	3301 Tamiami Trail East; Bldg. F Naples, 34112	239-252- 8000/8445	239-252- 5008
Columbia	Ronnie McCardle , Director	Post Office Box 1787 Lake City, 32056-1787	386-758- 1125	386-752- 9644
D				
COUNTY	NAME	ADDRESS	PHONE	FAX
DeSoto	Catherine Furr , Director	115 East Oak St.; Room B-1 Arcadia, 34266	863-993- 4831	863-993- 4840
Dixie	Tim Alexander , Director	6575 North W Street Cross City, 32628-2009	352-498- 1240 ext. 224	352-498- 1244
Duval	Lorin L. Mock , Chief, Director	515 North Julia St. Jacksonville, 32202	904-630- 2472	904-630- 0600
E				
COUNTY	NAME	ADDRESS	PHONE	FAX
Escambia	Janice Kilgore , CEM	6575 North W. Street Pensacola, 32505	850-471- 6411	850-476- 3984
F				
COUNTY	NAME	ADDRESS	PHONE	FAX
Flagler	Nathan McCollum , Director	1769 E. Moody Blvd#3 Bunnell, 32110	386-313- 4240	386-313- 4241
Franklin	Wilburn "Butch" Baker , Director	28 Airport Road Apalachicola, 32320	850-653- 8977	850-653- 4795
G				
COUNTY	NAME	ADDRESS	PHONE	FAX
Gadsden	Shawn Wood , Director	Post Office Box 1709 Quincy, 32351-1709	850-875- 8870	850-875- 8643
Gilchrist	Carlos Perez , Director	Post Office Box 367 Trenton, 32693-0367	352-463- 3134	352-463- 3488
Glades	Angela Snow , Director	PO Box 68 Moore Haven, 33471	863-946- 6020	863-946- 1091
Gulf	Marshall Nelson , Director	1000 Cecil G Costin, Sr. Blvd.; Bldg. 500 Port St. Joe, 32456	850-229- 9110	850-229- 9115
H				
COUNTY	NAME	ADDRESS	PHONE	FAX
Hamilton	Roger Ehlert , Director	1133 US Hwy 41 NW Jasper, 32052	386-792- 6647	386-792- 6648
Hardee	Richard S. Shepard , Director	404 West Orange Street Wauchula, 33873-2831	863-773- 6373	863-773- 9390
Hendry	M. Lupe Taylor , Director	305 E. Cowboy Way or P.O. Box 358	863-675- 5255	863-674- 4040

		LaBelle, 33975-0358		
Hernando	Thomas Leto , Director	18900 Cortez Blvd. - EOC Brooksville, 34601	352-754- 4083	352-754- 4090
Highlands	Bill Nichols , Director	6850 W est George Boulevard Sebring, 33875	863-385- 1112	863-402- 7400
Hillsborough	Larry Gispert , Director	2711 East Hanna Avenue Tampa, 33610	813-276- 2385	813-272- 6878
Holmes	Wanda Stafford , Director	107 East Virginia Avenue Bonifay, 32425	850-547- 1112	850-547- 7002
I				
COUNTY	NAME	ADDRESS	PHONE	FAX
Indian River	John King , Director	1840 25th Street Vero Beach, 32960	772-567- 2154	772-567- 9323
J				
COUNTY	NAME	ADDRESS	PHONE	FAX
Jackson	Rodney Andreasen , Director	4447 Marion Street Marianna, 32448	850-482- 9678/718- 0007	850-482- 9683
Jefferson	Carol Ellerbe , Director	Post Office Box 45 Monticello, 32345-0045	850-342- 0211	850-342- 0214
L				
COUNTY	NAME	ADDRESS	PHONE	FAX
Lafayette	Alton Scott , Director	Post Office Box 344 Mayo, 32066-0344	386-294- 1950	386-294- 2846
Lake	Jerry Smith , Interim Director	315 West Main Street; PO Box 7800 Tavares, 34778-7800	352-343- 9420	352-343- 9728
Lee	John D. Wilson , Director	2665 Ortiz Ave Fort Myers, 33905	239-335- 1605	239-477- 3636
Leon	Richard R. Smith , Director	535 Appleyard Drive Tallahassee, 32304	850-488- 5921	850-487- 3770
Levy	Mark Johnson , Director	Post Office Box 221 Bronson, 32621-0221	352-486- 5213	352-486- 5152
Liberty	Rhonda Lewis , Director	Post Office Box 877; 11109 Northwest SR 20 Bristol, 32321-0877	850-643- 2339	850-643- 3499
M				
COUNTY	NAME	ADDRESS	PHONE	FAX
Madison	Jim Stanley , Director	823 SW Pinckney Street Madison, 32340	850-973- 3698	850-973- 4026
Manatee	Laurie Feagans , Chief	1112 Manatee Avenue	941-749-	941-741-

	of Emergency Management	West, Suite 525 Bradenton, 34205	3022	3539
Marion	Capt. Chip Wildy , Director	Post Office Box 1987 Ocala, 34478-1987	352-622- 3205	352-369- 6762
Martin	Keith Holman , Director	800 Monterrey Road Stuart, 34994	772-288- 5694	772-286- 7626
Miami-Dade	C. Douglas Bass , Contact/Director	9300 NW 41st Street Miami, 33178-2414	305-468- 5403	305-468- 5401
Monroe	Irene Toner , Director	490 63rd Street Marathon, 33050	305-289- 6065	305-289- 6333

N

COUNTY	NAME	ADDRESS	PHONE	FAX
Nassau	Nancy Freeman , Director	96135 Nassau Place, Suite 2 Yulee, 32097	904-548- 4980	904-491- 3628

O

COUNTY	NAME	ADDRESS	PHONE	FAX
Okaloosa	Randy McDaniel , Division Chief	11th Avenue Shalimar, 32579	850-651- 7560	850-651- 8082
Okeechobee	Michael Faulkner , Deputy Director	499 NW Fifth Avenue Okeechobee, 34972	863-763- 3212	863-763- 1569
Orange	Preston Cook , Director	Post Office Box 5879; 6590 Armory Court Winter Park, 32793	407-836- 9140	407-836- 9147
Osceola	David A. Casto , Director	320 North Beaumont Avenue Kissimmee, 34731	407-343- 7000	407-343- 6868

P

COUNTY	NAME	ADDRESS	PHONE	FAX
Palm Beach	Charles Tear , Director	20 South Military Trail West Palm Beach, 33415	561-712- 6330	561-712- 6464
Pasco	James D. Martin , Director	7530 Little Road New Port Richey, 34654	727-847- 8137	727-847- 8004
Pinellas	Sally Bishop , Director	400 South Fort Harrison Avenue; Ste. 111 Clearwater, 33756	727-464- 5550	727-464- 4024
Polk	Pete McNally , Director	1295 Brice Boulevard Bartow, 33831-1458	863-534- 5605	863-534- 5647
Putnam	Quin Romay , Director	120 Orié Griffin Boulevard Palatka, 32177-1416	386-329- 0379	386-329- 0897

S

COUNTY	NAME	ADDRESS	PHONE	FAX
Santa Rosa	Sheryl Bracewell , Director	4499 Pine Forest Road Milton, 32583	850-983- 5360	850-983- 5352
Sarasota	Edward J. McCrane , Chief of Emergency Management	1660 Ringling Boulevard, 6th Floor Sarasota, 34236	941-861- 5495	941-861- 5501
Seminole	Alan S. Harris , Acting Director	150 Bush Blvd Sanford, 32773	(407) 665- 5102	407-665- 5036
St. Johns	E.R. Ashton , Director	4455 Avenue "A"; Suite 102 St. Augustine, 32095	904-824- 5550	904-824- 9920
St. Lucie	Tom Christopher , E M Coordinator	101 North Rock Road Ft. Pierce, 34945	772-461- 5201	772-462- 1774
Sumter	Judd Wright , Interim Director	414 Lawrence Street Bushnell, 33513	352-569- 6000	352-569- 1222
Suwannee	John G. Wooley , Director	13354 NW 80th Terrace Live Oak, 32060	386-364- 3405	386-362- 0584

T

COUNTY	NAME	ADDRESS	PHONE	FAX
Taylor	Brenda Freund , Director	108 North Jefferson Perry, 32347	850-672- 0830	850-838- 3575

U

COUNTY	NAME	ADDRESS	PHONE	FAX
Union	James D. York , Director	58 Northwest 1st Street Lake Butler, 32054	386-496- 4300	386-496- 3226

V

COUNTY	NAME	ADDRESS	PHONE	FAX
Volusia	James R. Ryan , Director	49 Keyton Avenue Daytona Beach, 32124	386-254- 1500 x 1505	386-248- 1742

W

COUNTY	NAME	ADDRESS	PHONE	FAX
Wakulla	Scott Nelson , Director	15 Oak Street Crawfordville, 32327	850-926- 0861	850-926- 8027
Walton	Edwin Baltzley , Emergency Response Director	75 South Davis Lane DeFuniak Springs, 32435	850-892- 8065	850-892- 8382
Washington	Roger Hagan , Director	1331 South Boulevard Chipley, 32428	850-638- 6203	850-638- 63165

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