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STATE OF ILLINOIS  
**DEPARTMENT OF NUCLEAR SAFETY**

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DOCKET NUMBER

**PRM 50-79**  
**(67FR 66588)**

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OFFICE OF SECRETARY  
RULEMAKINGS AND  
ADJUDICATIONS STAFF

Secretary  
U.S. Nuclear Regulatory Commission  
Washington, DC 20555-0001  
Attention: Rulemakings and Adjudications Staff

RE: Docket No. PRM-50-79.  
Comments on Petition by Lawrence T. Christian, et. al, relative to  
emergency planning for Day Care Centers and Nursery Schools.

Dear Secretary:

The Illinois Department of Nuclear Safety (IDNS), as a state agency with specific responsibilities for public protection in the event of a radiological emergency, appreciates the opportunity to comment on the petition referenced above.

This Department is not convinced that the arguments raised by the petitioners require additional rulemaking by the Commission to ensure the concerns are addressed. The Commission is aware that the substantive issues relative to treatment of day care providers under Radiological Emergency Preparedness (REP) plans has been raised before Atomic Safety and Licensing Boards (ASLB) numerous times over the past 15 years. In particular, this issue was explored in depth during ASLB testimony in the Seabrook Station licensing case a decade ago. The record in that case sets forth not only many of the same issues raised by the petition in this instance but also planning methodology developed to address those concerns.

The planning requirement set forth in Criterion J.10.d, NUREG-0654/FEMA-REP-1, Rev. 1, states that emergency plans should provide the "means for protecting those persons whose mobility may be impaired due to such factors as institutional or other confinement."



Template = SECY-067

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The Federal Emergency Management Agency (FEMA) issued guidance in the mid-1980s intended to address immobile populations (FEMA GM-24). At that time, the primary focus was on planning for school children and some handicapped groups. FEMA guidance has consistently made a distinction by requiring detailed procedures to address schools, hospitals, nursing homes, jails and other "institutional" populations.

Existing REP plans generally identify those day care providers and nursery school facilities that are organized, i.e., those that have been approved by state and local licensing agencies or have some institutional affiliation either with a public or private school system, church, or corporate entity. Approved REP plans must designate reception centers where all evacuated children are taken and ensure that parents are aware of their location.

Yet, the changes that have occurred in our society since the FEMA guidance was initially written include dramatic growth in the number of homes with two working parents, and concurrently a rapid increase in the number of home-based day care service providers. Mr. Lawrence's petition suggests that FEMA guidance should be revisited and strengthened to ensure this situation is addressed in the planning process.

State and local day care licensing agencies could be required to provide emergency planning officials with updated listings of registered providers on a periodic basis to ensure plans are adequately maintained. Moreover, such licensing agencies could be required to inform day care providers of the existence of REP plans and given the necessary information on who to contact to ensure the licensed facility is included in those plans. Licensing regulations for such providers contain dozens of stipulations relative to health and safety, and inclusion in local REP plans could and should be one of those provisions.

Reasonable and proactive steps could be taken to improve the planning approach to the identification and inclusion of day care providers in emergency plans starting with a program to educate these service providers about their role in the emergency plans, ensuring that they inform their clientele of the arrangements made for the appropriate protection of the minor children involved.

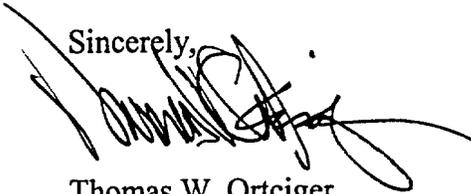
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We are not convinced that some of the specific requirements requested, such as child safety seats, individual child identification, and toll-free or 911 numbers, should be mandated in federal planning guidance. We believe the issues raised and the remedies proposed should be considered in the context of the specific circumstances of each EPZ. In particular, we have serious reservations about the proposed use of Potassium Iodide (KI) by day care providers given the difficulty in administering the appropriate dosage for young children and the liability associated with the potential for health risks due to overdosing.

It is the Department's position that the Commission need not resort to rulemaking to address the issues posed by the petition, but instead should consider tasking the Federal Radiological Preparedness Coordinating Committee (FRPCC) to examine the merits of the petitioners' concerns and the consistency with which FEMA evaluates existing emergency plans as they relate to the needs of such population groups.

If you have questions concerning these comments, please feel free to contact me or Mike Sinclair, Chief, Division of Planning and Preparedness, Office of Mitigation and Response at (217) 524-0888.

Sincerely,



Thomas W. Ortziger  
Director

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