

BEST PRACTICES CHECKLIST FOR CHILDCARE

Introduction

The goal of this document is to offer best practices for improving disaster preparedness in child-serving institutions by using suggestions and resources to achieve indicators of community resilience. This checklist was created by cross-walking actions items with questions from the Community Preparedness Index (CPI) from Save the Children. The best practices and resources are not the only way to help address gaps in the CPI assessment, and some suggestions may be constrained by local or state regulations or laws. The best practices can help guide discussions and plans of which organizations should take on responsibility of improving preparedness in childcare serving facilities. One of these organizations that is referred to throughout the best practices is the “lead organization.” A lead organization is responsible for safeguarding the childcare facilities to be more prepared for emergencies and create policy, guidance, and technical assistance to help with the preparations. A designated lead organization implies an organization, such as an agency, has a mission and the capacity to directly improve the element of preparedness. A de facto lead organization fills the same role as a lead organization but isn’t specifically accountable for the element of preparedness.

Intended Audience

This series of best practices for child-serving institutions are mainly targeted for decision and policy makers. The best practices serve to provide suggestions about what has worked for other localities and states on how to improve preparedness in child serving institutions. Coalitions are encouraged to provide this information to stakeholders to understand how preparedness can be improved, specifically using the metric of the CPI.

How to Guide

1. Read and fill out the Community Preparedness Index by collaborating with organizations who work in each of the sectors outlined.
 - a. E.g., work with a Child Welfare Agency to know what is required in licensing childcare centers
2. After receiving the score, review the results to determine where the gaps are in CPI. Sections that were not filled out or received a “Don’t Know” response will be considered a 0.
 - a. E.g., not sure if there is lead organization for sheltering-in-place.
3. Check if any of the missing components or “Don’t Know” responses do have programs from the state and/or local government in place.
 - a. E.g., GIS data is privately held by an agency not directly relevant to childcare.
4. Understand the gaps and form a community resilience coalition of child-serving institutions based on who are good partners and where the areas for improvement are.
 - a. Look at the How to Guide for Community Resilience Coalitions in the Toolkit
5. Provide these best practices to decision and policy makers and give expertise in helping them understand what can be done to improve it.
 - a. E.g., see if the licensing agency for childcare centers can modify the requirements.
6. Check off specific components of elements of preparedness as new standards are set and childcare centers improve their emergency preparedness.

Elements of Preparedness

Evacuation (Q.8) (A)

- Established a formal or informal agreement with a designated or de facto lead organization for policy, go-to guidance, and technical assistance that helps with preparing for evacuations in advance of an emergency (Q. 7a) (1)**
 - Should be based on the organization having a mission that directly applies to evacuation in emergencies, having the ability to mobilize support and resources in the case of emergencies, and the organization being willing to take on the responsibility.¹ A potential example of an agency for this might be an Office or Department of Emergency Services.
- Created procedure/process to make a “Go vs. Stay” decision (Q. 8a) (2)**
 - Example of a plan that incorporates this would include considering procedures for different types of disasters. An example of this could include guidance for evacuating vs. sheltering-in-place for different disasters and ensuring that avenues of communication with emergency managers is readily available.² This plan should establish clear leadership and roles and also distinguish between a building or site evacuation (i.e., leaving the area where the childcare center is entirely or just leaving the building).³
- Established a primary evacuation location site and route (Q. 8b & 8c) (3)**
 - Examples of an appropriate evacuation plan can include a location being far enough from the building to be away from a potential hazard, a simple route that doesn’t require moving children near obstacles or hazards like a major roadway, and include a backup location in case the first site is too risky.⁴
- Established a secondary evacuation location site and route (Not mentioned in CPI) (4)**
 - This should be a site that is further away from the facility, in case the emergency incident affects a larger area. Consider a community center or school that is in the neighboring jurisdiction
- Provided evacuation location sites to one or more of the following organizations: (Q. 8d) (5)**
 - Emergency management agency**
 - Law enforcement**
 - First Responders (Firefighters and EMS)**
 - Child welfare agencies** (e.g., Office of Child and Family Services or Department of Social Services)
 - Managers of local GIS systems**
 - Part of the role of the coalition is to share information between different sectors and avoid siloing. Including these agencies in data sharing can improve future coordination.
- Ensured adequate food and water for children and staff at evacuation locations for up to 72 hours (Q. 8e) (6)**

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- Consider preparing disaster supply kits to have everything consolidated and ready to go in an emergency. An example of a checklist can be seen in the references.⁵ Replace food and water every six months and include date stored and expiration dates.⁶
 - Prepared child medications and portable medical equipment for prompt evacuation *(Q. 8f) (7)***
 - These items can be included in with the disaster supply kits. Transportation should also be able to accommodate portable medical equipment. If children have a need for specialized equipment, the child’s physician or specialist should provide a set of instructions.⁴
 - Formed procedures to obtain transportation for children during a community-wide emergency *(Q. 8h) (8)***
 - Evacuation procedures include consideration of children with disabilities or access functional needs, infants and toddlers, chronic health issues, or other special health care needs**
 - An action item can include taking inventory of vehicles that would be used to transport children and consider which can safely transport children with special needs. It can also include considering the evacuation routes and the plans of facilities where those children will go to. Children with special needs should have separate forms that contain individualized medical information and include it with other emergency forms (example can be seen in references).⁷
 - Designated evacuation vehicles supplied with emergency supplies including maps and communications equipment.
 - Designated drivers for each evacuation vehicle and rosters identifying which children should be transported in each vehicle.
 - Signed emergency releases from parents/guardians permitting emergency transportation of their children**
 - Confirmed adequate sanitary facilities at the evacuation sites *(Not mentioned in Evacuation) (8)***
 - Considered scenarios without running or potable water**
 - Establish protocols for diapering, hand washing, confirming ample supplies for cleaning, and cleaning common areas in shelters.¹
 - Established procedures to ensure continuous qualified adult supervision of all children during the entire evacuation process *(Q. 8i) (9)***
 - Include a specific breakdown in the evacuation plan of how many children will be assigned to each adult
 - Establish a roster of background checked volunteers.
 - Emergency contact info for children is readily available or is in to go bags or ready-to-go file *(Not mentioned in evacuation) (10)***
 - Emergency contact info for all students would ideally be on a card that is accessible, easy to transport (e.g., putting the cards in a box), and should also contain up to date information. An example of a card can be found in the references.⁸
 - Consider producing identification badges (stickers or on lanyards) that could be placed on each child when evacuating.
 - Back up information on a secure server that could be accessed from another location.

Basic medical records are readily available or is in to go bags (Not mentioned in evacuation) (11)

- The medical records can include information on acute or chronic health conditions such as allergies or diabetes.
- At the instruction of local authorities, or when necessary, the center must be prepared to lock down the facility. (12)**
 - The center should have a program-wide method of communicating warnings and alerts to all adults on site when lockdown is required and when it is safe to move about, leave and/or reopen the facility.
 - In compliance with the local fire code, the center must have a system for immediately locking all center entrances, interior doors, and windows when lockdown is required.

Sheltering-in-Place (Q.9) (B)

- Established a formal or informal agreement with a designated or de facto lead organization for policy, go-to guidance, and technical assistance that helps with preparing for sheltering in place in advance of an emergency (Q. 7b) (1)**
 - Should be based on the organization having a mission that directly applies to shelter and management of facilities in emergencies. The organization should also have the ability to mobilize support and resources in the case of emergencies, and the organization being willing to take on the responsibility.¹
- Ensured adequate sanitary facilities on site (Q. 8a) (2)**
 - Considered scenarios without running or potable water**
 - Establish protocols for diapering, hand washing, confirming ample supplies for cleaning, and cleaning common areas in shelters.¹
- Certified adequate food and water for children and staff (took into account dietary and medical needs) for up to 72 hours (Q. 8b) (3)**
 - Depending on age of children this can include baby formula and non-perishable items such as canned foods. In addition to ensuring that supplies are routinely replaced in the shelters, a list of suppliers of child food items and methods of transportation of these items in an emergency can ensure there is ample supply.¹
- Ensured staff is properly trained to administer all medications required by children if parents/guardians cannot (Note: some jurisdictions cannot accomplish this) (Q. 8c) (4)**
 - After documenting children's medications and methods of applications, there should also be contact information for the doctors and parents to confirm details. As a backup, there should also be a contact for medical consultants for the childcare center that could answer questions.⁹
- Ensured staff are properly trained to operate all medical equipment required by children if parents/guardians cannot (Note: some jurisdictions cannot accomplish this) (Q. 8d) (5)**
 - Work with emergency responders and parents to know what additional assistance may be needed in a disaster to use necessary medical devices.⁶

Communicating with parents/guardians, emergency responders and staff before, during, and after emergencies (Q.10) (C)

- Established a formal or informal agreement with a designated lead or de facto lead organization that sets policies and guidelines for communicating with parents/guardians, emergency responders and staff before, during and after emergencies (Q. 7c) (1)**
 - This lead organization could include an emergency management representative who will create programs to educate children and adults on how to respond in a disaster, the emergency manager will also include a children’s issue coordinator in an Emergency Operations Center.
- Pre-identified and located emergency notification resources (Q. 10) (2)**
 - These resources could include social media, local and state government websites, local broadcast channels, automated calling/text, or other specialized communication channels.
- Own specified equipment or systems to receive official emergency warnings and alerts (Q. 10a) (3)**
 - One potential avenue for emergency communication would include the use of [NOAA All-Hazards radio system](#) to provide quick information to childcare facilities.¹⁰ Local or state systems for emergency warnings and alerts may be preferential in most cases if available.
 - Hand radios are another example of equipment that would be reliable in receiving official emergency warnings.
 - Weather apps on phones (NOAA, AccuWeather, Red Cross)
 - Signed up for local emergency alerts
- Own adequate telecommunications equipment to remain in contact with parents/guardians, staff and local response agencies (Q. 10b) (4)**
 - Coordinators and administrators should have working cell phones, landlines (not cable lines), and laptops to ensure that communication can be maintained in emergencies.¹¹
- Have standard procedures to communicate urgent child and staff health needs directly to either local law enforcement, the local EOC or the local emergency services/emergency management agency. (Q. 10c & 10d) (5)**
 - Set up an agreement or a memorandum of understanding between organizations and agencies to ensure that children with special needs are attended to during and after a disaster. Templates can be found in the references.^{6 12}
- Created family reunification procedures (Q. 10e) (6)**
 - Collaborate with local law enforcement and the [National Center for Missing and Exploited Children](#) to create procedures to reunite families after a disaster which can include creating a tracking program so children can be easily identified and found.^{1 13}
- Involved families in planning for evacuation and/or sheltering in place reunification before disasters occur (Q. 10e) (7)**
 - Wallet cards for the adults and children can also help with improving family’s involvement and providing more information. An example of wallet cards can be found in the references.¹⁴

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- Pre-established communication channels for parents, guardians, and families to acquire unification location and details as they become available. E.g., parents are aware of the phone number, website, or overall policy to find out where they can find their child.

Pediatric emergency medical situations (Q.11) (D)

- Established a formal or informal agreement with a designated or de facto lead organization for policy, go-to guidance, and technical assistance that helps with preparing for pediatric emergency medical situations (Q. 7d) (1)**
 - An agency that provides technical guidance and assistance to childcare facilities to prepare for pediatric emergencies.
- Transportation of children including their medical records to hospitals and other treatment facilities (Q. 11b) (2)**
 - In addition to having tracking information on all the children being evacuated, an inventory of the vehicles can also include capacity to handle certain disasters (snow, water, etc.) and if they have the room for records. A supplement to this could include requesting parents and guardians having backup copies of medical records.

Emergency mental/behavioral health services for children (Q.11) (E)

- Established a formal or informal agreement with a designated or de facto lead organization for policy, go-to guidance, and technical assistance that helps with emergency/behavioral health services for children (Q. 7e) (1)**
 - An agency or organization that oversees or are the direct service providers the mental health and general services in the community. This could include a regional crisis team or the State Agency that has the most expertise on this.
- Trained school staff to recognize child behavioral symptoms that warrant obtaining professional mental/behavioral health services (Q. 11a) (2)**
 - Teachers could look at SAMHSA Disaster Behavioral Health Information Series, which includes information on how teachers can recognize and help address mental health symptoms and resources on how to train for helping address it.^{14 15} Training staff in psychological first aid may also help staff respond to mental health needs in a disaster.¹⁶

Facility continuity of operations (Q.12) (F)

- Established a formal or informal agreement with a designated or de facto lead organization for policy, go-to guidance, and technical assistance that helps with continuity of operations for facilities in advance of an emergency (Q. 7f) (1)**
 - The lead organization will likely include the organization that is the manager of emergency services in the state or locality to ensure that Continuity of Operations Plans (COOP) are up to par and can have the resources to coordinate the response. (e.g., chambers of commerce)

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- Identified agency essential functions and planned to ensure continuity of essential functions (Q. 12a) (2)**
 - Each facility should have their own planning for continuing operations in a disaster including protection of information (physically and electronically), assets, and insurance coverage. This will include the consideration of all services that will be disrupted in certain scenarios, who are the contacts for certain issues, and what to do in certain disasters. ¹⁷
 - Possess protocols to notify licensing authority and local law enforcement of move from normal operating location (Q. 12b) (3)**
 - Lead agency or organization should have a COOP to understand more about how to coordinate a response, how to prepare for an emergency, and how to bring operations back to normal. The COOP should include information on changing operation locations and who to inform about alternative locations. A template of a COOP plan for non-federal entities can be found in the references. ¹⁸
 - Have protocols to properly screen temporary volunteers in order to protect children (Q. 12c) (4)**
 - Ensure that background checks are standard in all volunteers and making sure that volunteers have undergone some training to deal with disasters. Local law enforcement can help out by providing a list of individuals who would be cleared to work with children.
 - It is recommended that COOP plans are standardized to guidance by the lead organization. (Not mentioned in CPI) (5)**

Conducting exercises and drills (Q.13 & Q.14) (G)

- Periodic functional exercises of emergency response plans are required by a lead organization or are practiced regardless. (Q. 13) (1)**
 - Periodic functional exercises can vary in scale from a full exercise to a tabletop version, but it should also include an evaluation of performance to see where shortcomings are. ¹⁹
- Functional exercise addresses: (Q. 14) (2)**
 - Evacuation of children with physical and cognitive disabilities or access and functional needs (including infants and toddlers)**
 - Evacuation of children with chronic health conditions or other special health care needs**
 - Evacuation of children with limited English speaking ability**
 - Evacuation of children who rely upon service animals**
 - Exercises can also include community organizations for respective special needs for children to help map out best methods of evacuation to consider the respective special needs. ^{20 21}

The needs of children with disabilities or access and functional needs in a disaster (H)

- See references from other elements of preparedness for further resources.
 - [American Academy of Pediatrics Emergency Information Form \(EIF\)](#) ⁷
 - [US DHHS, Administration for Children & Families](#) ²³
 - [Centers for Disease Control and Prevention](#) ²⁰
 - [DHHS Office of Assistant Secretary for Preparedness and Response](#) ²¹

Other

Governance (I)

- State, county, or local municipal government reviews emergency plans and provides substantive feedback at least once every 24 months (Q. 5) (1)**
 - Many states have laws that they will review emergency plans periodically. County and local governments should also review on a periodic basis to understand more about how to best coordinate at the local level. The general recommended rule is to review and exercise the plan every 6 months.²²
- State, county, or local municipal law or regulation requires childcare centers to be prepared for the following in advance of an emergency (Q.4 & 6) (2)**
 - Evacuation
 - Sheltering-in-place
 - Communicating with parents/guardian, emergency responders and staff before, during and after emergencies
 - Pediatric emergency medical situations
 - Emergency mental/behavioral health services for children
 - Facility continuity of operations
 - Conducting exercises and drills
 - The needs of children with disabilities or access and functional needs in a disaster**
 - Licensing agencies or Departments of Health and/or Human Services are generally the ones who implement regulations in childcare centers to have an emergency plan. They may also be the points of contact for updating regulations about specific requirements of what childcare centers should be prepared for in a disaster. Examples of regulations can be found in the references.²³
- Childcare centers are legally required to report changes to their normal place of operations to a supervisory agency or other organization (Q. 18) (3)**
 - If legal requirements for informing agencies of change in location aren't clear, licensing agencies or Departments of Health and/or Human Services can make sure that childcare centers are required to do so.

Childcare centers are legally required to report their intended evacuation sites to a supervisory agency or other organization (Q. 19) (4)

- In addition to written emergency plans, licensing agencies or Departments of Health and/or Human Services can make sure that emergency plans also include evacuation routes and locations. Examples of regulations can be seen in the references. ²⁴

Data and Databases (J)

State, county, or local agencies maintain a database of childcare centers. The database contains the following information for childcare centers: (Q. 15) (1)

Normal operating location

- Normal operating days and hours
- Contact Information (Landline and Cell Phone)
- Number of children the facility is licensed for

Intended evacuation locations

Children with special healthcare needs

Children with disabilities and access and functional needs

Children with limited English-speaking ability

Age distribution of children

Gender distribution of children

Database also allows mapping of the normal operating locations using GIS locations (Q. 16)

- If mapping information isn't readily available, state agencies should standardize data collection to include information of location of the childcare centers.
- If tracking of children already exists, data can be shared with relevant agencies such as the Departments of Health and/or Human Services. If tracking information is not available, the first steps should be to create a system to track children in the event of disasters and include information of special needs.
- Using this data for an online tracking system for children in childcare centers can be used to help assist reunification procedures.

¹ [Save The Children, Children in Emergencies](#) - A comprehensive guide that provides information for emergency managers and coordinators at local and state governments to include special needs of children.

² [NYC's Office of Emergency Management](#) - A page documenting what to include in a household disaster plan, when and where to go for evacuations, procedures for sheltering in place or evacuating, and sources of information for New York City.

³ [Federal Emergency Management Agency's Sample Emergency Action Plan](#) - A sample document for a childcare center's emergency action plan which includes emergency contacts, procedures for evacuation and shelter-in-place, and child and parent information sheets.

⁴ [Texas A&M and Texas Department of Family and Protective Services](#) - A write-up from a 2 hour course with 6 steps that helps establish emergency preparedness for child care providers in Texas.

⁵ [GSA's website](#) - This toolkit provides a checklist of emergency planning items to include in an emergency plan and forms for a child care center located in GSA controlled space.

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- ⁶ [Illinois DPH and Loyola University Chicago](#) - A list of guidelines and tools for child care centers in Illinois to improve emergency preparedness using the most current disaster literature. Includes a template for a memorandum of understanding.
- ⁷ [American Academy of Pediatrics Emergency Information Form \(EIF\)](#) - Emergency information form that includes contact information of physicians, past procedures and diagnoses, and medications and procedures that need to be used or avoided.
- ⁸ [Head Start – Coulee Region](#) - Emergency card for students that contains necessary information on each child that is left with teacher, the bus driver, and the teacher’s student files.
- ⁹ [Connecticut Office of Early Childhood](#) - Samples of potential policies, plans, and procedures for a child care center to be licensed in Connecticut.
- ¹⁰ [National Oceanic and Atmospheric Administration All-Hazards radio system](#) - NOAA Weather Radio is a single source for all weather and emergency information that coordinates with emergency managers at all levels of government. It also includes post-disaster information.
- ¹¹ [Nebraska Department of Health & Human Services](#) - Comprehensive disaster plan for the Division of Child and Family Service’s which includes licensed child care facilities.
- ¹² [Arkansas Department of Human Services](#) - Template of a child care facility’s emergency plan that meets all the requirements for licensing in Arkansas.
- ¹³ [National Center for Missing and Exploited Children](#) - The National Center for Missing and Exploited Children has the Unaccompanied Minors Registry (especially relevant in a disaster for reunification) and has some information on disaster preparedness.
- ¹⁴ [Emergency Plan Library from the University Of California San Francisco School Of Nursing](#) - Documents relevant to child care programs of forms that includes emergency wallet cards, checklists, flyers, and worksheets. Page 13 has wallet cards and page 65 contains typical issues children experience after a disaster and how to help them.
- ¹⁵ [Substance Abuse and Mental Health Services Administration](#) - A page that includes a variety of resources that can help children and professionals understand how to help children prepare and recover from disasters.
- ¹⁶ [National Child Traumatic Stress Network Psychological first aid](#) - The National Child Traumatic Stress Network created an operations guide and handouts on how to help children in the aftermath of a disaster.
- ¹⁷ [New Hampshire Child Development Bureau](#) - A guide to preparing for emergencies in New Hampshire which provides suggestions for how to respond to emergencies and how to reduce the risk of emergencies.
- ¹⁸ [Federal Emergency Management Agency](#) - Template for non-federal government continuity of operation plans.
- ¹⁹ [Federal Emergency Management Agency Preparedness Exercises](#) - A page on the types of emergency exercises, how to develop an exercise program, and resources.
- ²⁰ [Centers for Disease Control and Prevention Public Health Workbook](#) - A workbook that focuses on how to define, find, and reach vulnerable populations in an emergency.
- ²¹ [Department of Health and Human Services Office of Assistant Secretary for Preparedness and Response – At-risk Individuals](#) - A page that contains resources about at-risk individuals including fact sheets, videos, tools, reports, and other resources.
- ²² [National Association of Child Care Resources & Referral Agencies and Save the Children](#) - A report that recommends regulatory and licensing standards for child serving institutions.
- ²³ [Department of Health and Human Services, Administration for Children & Families](#) - A report that provides examples of current state regulations on emergency preparedness for child care institutions in the form of licensing requirements, guides, and trainings.
- ²⁴ [Department of Health and Human Services, Administration for Children & Families](#) – A report that compiles licensing regulations about emergency preparedness and response.