Best Practices Checklist for Family Child Care Homes

Intro: The goal of this document is to offer best practices for improving disaster preparedness and child protection in Family Child Care Homes by using suggestions and resources to achieve community resilience. This checklist was created by cross-walking action items with questionnaire items from the Community Preparedness Index (CPI) developed by the National Center for Disaster Preparedness and Save the Children. These best practices and resources are tools to help address gaps in child-focused emergency planning. Some suggestions may be constrained by local or state regulations or laws, however, these guidelines can assist in developing best practices within the Family Child Care Home sector. These best practices can help guide discussions and inform plans to delineate responsibilities to improve child protection and response in Family Child Care Homes. Identification of "lead organizations" is referred to throughout the best practices. A lead organization is responsible for safeguarding the Family Child Care Homes to prepared for emergencies and create policy, guidance, and technical assistance to help with preparation and planning. A designated lead organization implies an organization, such as an agency, that 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 is not mandated or accountable for the element of preparedness.

Intended Audience: This set of best practices for Family Child Care Homes is directed to decision-makers, policy makers, and emergency planners in both governmental and non-governmental positions. The best practices serve to provide suggestions about what has worked for other localities and states on how to improve preparedness and child protection/safety in Family Child Care Homes. Local planning coalitions are encouraged to provide this information to stakeholders to explore how preparedness can be improved. Please note that the best practices presented in this checklist are orientated to the *sector* level, rather than individual homes.

Approach to Action: There are 3 major ways to achieving the best practices detailed below and improving the CPI score for care for children in Family Child Care Homes.
1. State Regulation
2. County or local regulations
3. Best practices through coalition

As you go through the best practices, check off items that are adequately addressed in current Family Child Care plans at the sector level. Keep in mind that legal requirements or guidelines handed down by a lead organization carry more weight in terms of preparedness than an unregulated practice.

Before You Get Started: Before going through the best practices, identify the Family Child Care Home licensing and/or regulatory requirements and lead authorities for your community. This function may be provided by the local licensing agency such as the department of child and family services or your local Childcare Resource and Referral (CCR&R) agency. Whole Community planning is encouraged in order to develop a comprehensive and appropriate plan for the unique needs of each jurisdiction and its children.

Disclaimer: The question identifiers that begin with "Q" (e.g. Q1, Q2, etc.) located next to some of the checklist items correspond to the question number in the Community Preparedness Index (CPI) questionnaire. This reference point is for those who are utilizing this tool alongside the CPI. The item lettering to track individual items within this document only. For more information about the CPI please email rcrc@columbia.edu. This document was last updated on **08/18/2021.** The referenced hyperlinks will not be maintained beyond this date but are listed for your reference.

Elements of Preparedness

A. Evacuation *(Q.8)*

☐ (1) **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)*
The lead organization designation is based the organization which has a mission that directly applies to *evacuation* in emergencies, having the ability to mobilize support and resources in the case of emergencies, and willingness to take on the responsibility of pre-disaster planning.[1] A potential example of an agency for this might be an Office/Department of Emergency Services, and often along with local Fire Departments.
☐ **Lead Organization Name:** _____

☐ (2) **Created a procedure/process to make a "Go vs. Stay" decision.** *(Q. 8a)*
This plan element should establish clear leadership and roles and distinguish between a building evacuation versus a site evacuation (i.e., leaving the building where the child care home is located compared to leaving the neighborhood).[2] A plan element that incorporates a "Go vs. Stay" decision matrix would also include considerations for specific evacuation processes 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 management are readily available.[3]

☐ (3) **Established a primary evacuation location site and route.** *(Q. 8b & 8c)*
The primary evacuation site should be located far enough from the Family Child Care Home to be safe from a potential hazard. A simple route should be identified that does not require moving children near obstacles or hazards (such as a major roadway) and include a backup location in case the first site is too risky. Alternate transportation should be identified and tested.

☐ (4) **Established a secondary evacuation location site and route.**
A secondary site should be identified further away or in a different direction than the primary evacuation site and is to be used in the event that the emergency incident

affects a larger area or compromises the primary evacuation site. Consider a community center or school that is in the neighboring jurisdiction.[4]

☐ (5) **Provided evacuation location sites and plans to all the following agencies:** *(Q. 8d)*
☐ **Emergency Management**

☐ **Law Enforcement** (e.g. Police, Sherriff, Highway Patrol, etc.)

☐ **First Responders** (e.g. Fire Department and EMS)

☐ **Child Welfare/Social Services** (e.g. Office of Child and Family Services or Department of Social Services)

☐ **Managers of local GIS systems**

- Local GIS systems which are utilized during emergencies may be managed by the local Emergency Management agency, 911 Call Center, and Fire Departments. It is highly encouraged for these evacuation sites, routes, and plans be shared with and made accessible to first responders. Integration of these plans with the 911 Computer Aided Dispatch System (CAD) is also advised.
- Centrally accessible data which are shared between sectors will avoid 'siloing' of critical information. Including these agencies in data sharing can improve future coordination. (S*iloing defined at end of document)*

☐ (6) **Ensured adequate food and water for children and staff at evacuation locations for up to 72 hours.** *(Q. 8e)*
Disaster supplies have been created and contain all necessary supplies at each evacuation site. See references for an example of a shelter-in-place kit checklist [5] [6]. Replace food and water at least every six months and include date stored and expiration dates. [7]

☐ (7) **Ensured adequate sanitary facilities at the evacuation sites.**
Basic guidance on hygiene at evacuation sites and shelters found in references. [8]
☐ **Considered scenarios without running or potable water.**
Other key considerations include whether the evacuation site has flushing toilets and other sanitary conditions. [9] [10]

☐ (8) **Secured child medications and portable medical equipment for prompt evacuation.** *(Q. 8f)*
Prescription medication and life sustaining medical equipment must be considered for inclusion, tracking, and administration in the evacuation plan. These items can be included in with the disaster supply kits, or if used on a regular basis may be accessed quickly. Transportation options should accommodate the portable medical equipment. If children have a need for specialized equipment, the child's physician or specialist should provide a set of instructions.**Error! Bookmark not defined.**

☐   **(9)**   **Secured child medical records for prompt evacuation.** *(Q. 8g)*
Children's medical records should be included in the disaster supply kit in a waterproof, fireproof, and portable container.

☐   **(10)**   **Established procedures to obtain transportation for children during a community-wide emergency.** *(Q. 8h)*
Coordinate with public and private transportation authorities to develop partnerships and MOUs if personal transportation is not sufficient or available. Backup transportation options must also be included in the plan.[11]

☐   **(11)**   **Ensured evacuation procedures include consideration of children with disabilities or access and functional needs, infants and toddlers, children with chronic health issues, or other special health care needs.**
- Take an inventory of vehicles which will be used to transport children and consider which can safely transport children with disabilities or access and functional needs. Also consider the evacuation routes and amenities which will be available at the evacuation sites. Children with disabilities or access and functional needs should have separate forms that contain individualized medical information and include it with other emergency forms. See references for an example.[12]
- Designated evacuation vehicles should be supplied with emergency supplies including maps and communications equipment and designated drivers for each evacuation vehicle and rosters identifying which children should be transported in each vehicle. This process should be tested as part of any required exercise or drill.

☐   **(12)**   **Created signed emergency releases from parents/guardians permitting emergency transportation of their children.**
Parents should be asked to sign an emergency release form. An example can be found in the references. [13] [14]

☐   **(13)**   **Established procedures to ensure continuous qualified adult supervision of all children during the entire evacuation process.** *(Q. 8i)*
- 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 who can be called upon to assist during an emergency.

☐   **(14)**   **Ensured emergency contact info for children is readily available or is in to-go bags or a ready-to-go file.**
- Emergency contact info for all children should ideally be on a card that is accessible and 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.[15]

- Create identification badges (stickers or on lanyards) that can be placed on each child when evacuating.
- Establish a secure cloud-based child and family contact information database that can be accessed remotely or on a mobile device as well as offline.

☐ (15) **Ensured basic medical records are readily available or are in to-go bags.**
The medical records should include information on acute or chronic health conditions such as allergies or diabetes.

☐ (16) **Ensured the home is prepared to lock down the facility at the instruction of local authorities, or when necessary.**
- The home should have a 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 home must have a system for immediately locking all home entrances, interior doors, and windows when lockdown is required.

B. Sheltering in place *(Q.9)*

☐ (1) **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)*
The lead organization should have 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 should be willing to take on the responsibility. **Error! Bookmark not defined.**
☐ **Lead Organization Name:** _____

☐ (2) **Ensured adequate sanitary facilities on site.** *(Q. 9a)*
☐ **Considered scenarios without running or portable water.**
Establish protocols for diapering, hand washing, confirming ample supplies for cleaning, and cleaning common areas in shelters. **Error! Bookmark not defined.** [8] [10]

☐ (3) **Ensured adequate food and water for children and staff (considering dietary and medical needs) for up to 72 hours.** *(Q. 9b)*
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]

☐   (4)   **Ensured staff are properly trained to administer all medications required by children if parents/guardians cannot (Note: some jurisdictions cannot accomplish this).** *(Q. 9c)*

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 Family Child Care Homes who can answer questions. [16]

☐   (5)   **Ensured staff are properly trained to operate all medical equipment required by children if parents/guardians cannot (Note: some jurisdictions cannot accomplish this).** *(Q. 9d)*

Work with emergency responders and parents to know what additional assistance may be needed in a disaster to use necessary medical devices. [6]

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

☐   (1)   **Established a formal or informal agreement with a designated lead or de facto lead organization that sets policies and guidelines for <u>communicating with parents/guardians, emergency responders and staff</u> before, during and after emergencies.** *(Q. 7c)*

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 could also be a children's issues coordinator in the Emergency Operations Center. A "Lead coordinator for children's needs" ensures the needs of children are considered when establishing an Emergency Operations Center (EOC). An example of how this can be integrated at the federal level is included in the references.[17] This should also be integrated at the state and local levels if it is not already. A description of possible responsibilities can be found in references. [18]

     ☐ **Lead Organization Name:** _____

☐   (2)   **Pre-identified and located emergency notification resources.** *(Q. 10)*

These resources could include social media, local and state government websites, local broadcast channels, automated calling/text (i.e. reverse 911), or other specialized communication channels.

☐   (3)   **Ensured specified equipment or systems receive official emergency warnings and alerts.** *(Q. 10a)*

- One potential avenue for emergency communication is use of NOAA All-Hazards radio system[19], which can provide quick information to Family Child Care Homes. [20] Local or state systems for emergency warnings and alerts may be preferential in most cases, if available.

- Hand crank radios are another example of equipment that would be reliable in receiving official emergency warnings and information. Hand crank radios do not require batteries.
- Use weather apps on phones (NOAA, AccuWeather, Red Cross App).
- Sign up for local emergency alerts.

☐ (4) **Ensured adequate telecommunications equipment to remain in contact with parents/guardians, staff, and local response agencies.** *(Q. 10b)*
Coordinators and administrators have working cell phones, landlines (not cable lines), laptops and other necessary equipment to ensure that communication can be maintained in emergencies. [21]

☐ (5) **Ensured the ability to track the whereabouts of children at all times.**
Providers have a system in place, paper or otherwise, for tracking the movement of children if they change locations before, during or after an emergency. The information should be shared with others in case of an emergency, ideally including the jurisdiction's Emergency Operations Center.

☐ (6) **Created 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)*
Set up an agreement or a memorandum of understanding (MOU) between organizations and agencies to ensure that children with special needs are attended to during and after a disaster. [7] [22] [23]

☐ (7) **Established family reunification procedures.** *(Q. 10e)*
Collaborate with local law enforcement, Social Services, and the National Center for Missing and Exploited Children or other local organizations 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] [24]

☐ (8) **Involved families in planning for evacuation and/or sheltering in place reunification before disasters occur.** *(Q. 10e)*
- Wallet cards for adults and children can help improve families' involvement in emergency planning and provide more information. An example of wallet cards can be found in the references. [25] [15]
- Pre-establish communication channels for parents, guardians, and families to acquire unification location and details as they become available (i.e., parents are aware of the phone number, website, or overall policy to find out where they can find their child).

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

☐   (1)   **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 <u>pediatric emergency medical situations</u>.** *(Q. 7d)*
          Establish this agreement with an agency that provides technical guidance and assistance to Family Child Care Homes to prepare for pediatric emergencies. Examples include regional pediatric disaster coalitions[26] [27], local Emergency Medical Services (EMS)[28], pediatric hospitals, and the American Academy of Pediatrics [29].
          ☐ **Lead Organization Name:** _____

☐   (2)   **Created a plan for the transportation of children, including their medical records, to hospitals and other treatment facilities.** *(Q. 11b)*
          In addition to having tracking information on all the children being evacuated, an inventory of vehicles can also include capacity to handle certain disasters (snow, water, etc.) and if they have room for medical records. A supplement to this plan could include requesting parents and guardians have backup copies of medical records.

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

☐   (1)   **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 <u>emergency/behavioral health services for children</u>.** *(Q. 7e)*
          Establish this agreement with 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 local or regional crisis team or the state agency that has the most expertise on emergency health services for children.
          ☐ **Lead Organization Name:** _____

☐   (2)   **Ensured there are trained school staff to recognize child behavioral symptoms that warrant obtaining professional mental/behavioral health services.** *(Q. 11a)*
          Teachers could review the 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. [30] Training staff in psychological first aid[31] may also help staff respond to mental health needs in a disaster. [32]

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

☐ (1) **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 <u>continuity of operations for facilities</u> in advance of an emergency.** *(Q. 7f)*
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 have the resources to coordinate the response (e.g., Chambers of Commerce). COOP planning resources can be found in the references.[33]
☐ **Lead Organization Name:** _____

☐ (2) **Identified the agency's essential functions and planned to ensure continuity of essential functions.** *(Q. 12a)*
Each facility/home 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, establishment of recovery time objectives, contacts for certain specific issues, and what to do in certain disasters (i.e., link to emergency operations plan). [33] [34]

☐ (3) **Established protocols to notify licensing authority and local law enforcement of move from normal operating location.** *(Q. 12b)*
Emergency Operations Plans should include protocols on changing operation locations and who to inform about alternative locations. See references for an example of relocation planning. [35]

☐ (4) **Created protocols to properly screen temporary volunteers in order to protect children.** *(Q. 12c)*
Ensured that background checks are standard for all volunteers and make sure that volunteers have undergone some training to deal with disasters. Local law enforcement can help by providing a list of individuals who would be cleared to work with children ahead of a disaster to create a roster of trusted individuals. Suggested policies and procedures for background checks and fingerprinting can be found in the references. [36]

☐ (5) **Continuity of Operations Plans are standardized to guidance by the lead organization.**
Lead agency or organization should have a COOP to understand more about how to coordinate the resumption of critical services internally as well as through its licensed homes. A template of a COOP plan and guidance for non-federal entities can be found in the references. [33] [37]

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

☐ **(1)** **Practiced periodic functional exercises of emergency response plans.** *(Q. 13)*
Periodic functional exercises can vary in scale from a full exercise to a tabletop version and should include an evaluation of performance to assess shortcomings develop improvement plans. [38]

☐ **(2)** **Functional exercise addressed the following:** ***(Q. 14)***
☐ **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 special needs children to help map out best methods of evacuation to consider the respective special needs. [39] [40]
Collaborate with the local disabilities service office for specific guidance.

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

Planning for the needs of children with disabilities, access, or functional needs should include active collaboration, not just with local agencies and community-based organizations who special in working with this population, but with the families and children themselves in a developmentally appropriate manner. See references from other elements of preparedness for further resources:
- American Academy of Pediatrics Emergency Information Form (EIF) [12]
- US DHHS, Administration for Children & Families [41]
- Centers for Disease Control and Prevention [39]**Error! Bookmark not defined.**
- DHHS Office of Assistant Secretary for Preparedness and Response [40]

Other

I. Governance

☐ **(1)** **State, county, or local municipal government reviews emergency plans and provides substantive feedback at least once every two years.** *(Q. 5)*
Many states have laws that require reviewing emergency plans periodically. County and local governments should also review plans on a periodic basis to understand more about how to best coordinate at the local level. The generally recommended rule is to review and exercise the plan every 6 months.[42]

☐ (2) **Prepared Family Child Care Homes for the following in advance of an emergency:** *(Q.4 & 6)*

☐ **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 Family Child Care Homes to have an emergency operations plan. They may also be the points of contact for updating regulations about specific requirements of what Family Child Care Homes should be prepared for in a disaster. See references for examples of regulations. [43]

☐ (3) **Reported changes to your normal place of operations to a supervisory agency or other organization.** *(Q. 18)*

Licensing agencies or Departments of Health and/or Human Services can make sure that Family Child Care Homes are required to report changes in location.

☐ (4) **Reported changes to your intended evacuation sites to a supervisory agency or other organization.** *(Q. 19)*

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. See references for examples of regulations. [44]

J. Data and Databases

☐ (1) **Ensured state, county, or local agencies maintain a database of Family Child Care Homes. The database contains the following information for Family Child Care Homes:** *(Q. 15)*

☐ **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 is not readily available, state agencies should standardize data collection to include information of location of the Family Child Care Homes.
- 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 Family Child Care Homes can be used to help assist reunification procedures.

Relevant Definitions:

Siloing: "A system, process, department, etc. that operates in isolation from others." (Oxford Dictionaries)[1]. This can mean agencies that have similar mission but do not coordinate on an issue or having teams duplicate work due to a lack of communication.

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[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 the unique needs of children.
 https://cha.com/wp-content/uploads/2019/02/Children-in-Disasters-Planning-Guide.pdf

[2] 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.
https://training.fema.gov/emiweb/is/is36/handouts%20-sample%20plans/eap_sample.pdf

[3] 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.
https://www1.nyc.gov/site/em/ready/get-prepared.page

[4] FEMA - Sample Childcare Emergency Action Plan (page 2). This emergency action plan is a template for child care and provides an example of different evacuation sites according to the type of hazard, which may require evacuating outside of the area where the childcare is located.
https://training.fema.gov/emiweb/is/is36/handouts%20-sample%20plans/eap_sample.pdf

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[5] Save the Children – Disaster Checklist for Child Care Professionals – This checklist for child care professionals provides the basic action steps to ensure the wellbeing and safety of children during an emergency, which includes what child care professionals should include in their emergency plans, what to consider for developing a communication plan and creating a disaster kit, including medical supplies, food and water and other essential items that help children cope with emergencies.
https://www.savethechildren.org/content/dam/usa/reports/emergency-prep/GRGS-Parent-1-Sheet-Pros.pdf

[6] California Childcare Health Program, UCSF – Emergency Supplies Checklist – This checklist provides a checklist for basic supplies that should be in a "ready-to-go" kit as well as for a 72-hour emergency for child care providers, including food and water, first aid and safety supplies, personal care and hygiene, clothing and bedding items. It also includes a list of important documents to be included.
https://cchp.ucsf.edu/sites/g/files/tkssra181/f/Emergency-Supplies-Checklist.pdf

[7] Illinois Department of Public Health (IDPH) & Lurie Children's Hospital of 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 (pg. 41).
https://www.luriechildrens.org/globalassets/documents/emsc/resourcesguidelines/guidelines-tool-and-other-resources/practice-guidelinestools/emergencyreparednessguideforchildcare20162019.pdf

[8] Centers for Disease Control and Prevention – Guidance on safe personal hygiene practices during emergencies that require evacuation and/or sheltering,
https://www.cdc.gov/disasters/floods/sanitation.html

[9] Centers for Disease Control and Prevention - Recommendations for sanitation practices during emergencies that require evacuation and/or sheltering, including guidance for situations without access to running water.
https://www.cdc.gov/disasters/commshelters.html

[10] Centers for Disease Control and Prevention – Recommendations for safe hygiene practices, including diapering, during emergencies with limited access to water.
 https://www.cdc.gov/healthywater/emergency/hygiene-handwashing-diapering/index.html

[11] Resilient Children/Resilient Communities (RCRC) Toolbox – The child care plan template and guidance resources offered in this resource, offer general guidance for child care providers to improve or develop comprehensive emergency operation plans. It includes a sample MOU that can be adapted by each provider for providing transportation of children during emergencies.
https://rcrctoolbox.org/toolbox/emergency-operations-child-care-centers

[12] 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.
https://www.acep.org/by-medical-focus/pediatrics/medical-forms/emergency-information-form-for-children-with-special-health-care-needs/

[13] Caring for Kids – Canadian Pediatrics Society – Child care providers can adapt this Consent form for emergency care and transportation and should be filled and signed by guardians/parents of children in your care and filed for reference during emergencies.
https://www.caringforkids.cps.ca/uploads/wellbeings/Emergency_Care_ENG_2016.pdf

[14] West Virginia Department of Health and Human Resources – This Emergency Information/Permission Form for Children in Child Care Settings is an example that includes the consent for emergency transportation in a broader emergency information form for children in child care settings.

https://dhhr.wv.gov/bcf/ece/Documents/ECE-CC-10E%20Emergency%20Info%20Form%203%2015.pdf

[15] Resilient Children/Resilient Communities (RCRC) Toolbox - Emergency contact card for students that contains necessary information on each child that is left with teacher, the bus driver, and the teacher's student files.
https://rcrctoolbox.org/toolbox/emergency-contact-card-for-children/

[16] Connecticut Office of Early Childhood - Samples of potential policies, plans, and procedures for a Family Child Care Home to be licensed in Connecticut.
https://www.ctoec.org/news/sample-policies-plans-and-procedures/

[17] Homeland Security for Children Act – This bill requires the Department of Homeland Security to review and incorporate feedback from organizations representing the needs of children into disaster preparedness and recovery policies.
https://www.congress.gov/bill/116th-congress/house-bill/2932

[18] Save the Children - Child Protection in Emergencies Coordinator's Handbook
https://resourcecentre.savethechildren.net/sites/default/files/documents/6226.pdf

[19] National Oceanic and Atmospheric Administration - NOAA Weather Radio All Hazards (NWR) is a nationwide network of radio stations broadcasting continuous weather information directly from the nearest National Weather Service office.
https://www.weather.gov/nwr/

[20] 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.
https://www.weather.gov/nwr/

[21] Nebraska Department of Health & Human Services - Comprehensive disaster plan for the Division of Child and Family Service's which includes licensed child care facilities.
http://dhhs.ne.gov/Documents/Disaster%20Plan.pdf#search=disaster%20plan

[22] Arkansas Department of Human Services - Template of a child care facility's emergency plan that meets all the requirements for licensing in Arkansas.
https://humanservices.arkansas.gov/wp-content/uploads/Child_Care_Emergency_Plan-1.pdf

[23] Resilient Children/Resilient Communities (RCRC) Toolbox – A guide to writing a Memorandum of Understanding (MOU), including the key questions to think about when establishing a collaboration agreement and an MOU template.
https://rcrctoolbox.org/toolbox/guide-to-writing-an-mou/

[24] National Center for Missing and Exploited Children - The National Center for Missing and Exploited Children provides resources for locating children who've been separated from their families. Here you'll find information about the National Emergency Child Locator Center and the Unaccompanied Minors Registry.
https://www.missingkids.org/ourwork/disasters

[25] 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 describes typical issues children experience after a disaster and how to help them.
http://cchp.ucsf.edu/sites/cchp.ucsf.edu/files/Emergency-Plan-Library.pdf

[26] National Pediatric Disaster Coalition (NPDC) - The NPDC provides technical guidance to advance community preparedness, mitigation, response and recovery for infants, children, and their families in disasters.
https://www.npdcoalition.org/

[27] National Advisory Committee for Children in Disasters – Healthcare Preparedness for Children in Disasters – This document provides the recommendations from the Healthcare Preparedness Working group, focused on coalition building, workforce development and readiness.
https://www.phe.gov/Preparedness/legal/boards/naccd/Documents/healthcare-prep-wg-20151311.pdf

[28] Illinois Emergency Medical Services for Children – These Pediatric Disaster Preparedness Guidelines for Hospitals are designed to help hospitals integrate pediatric components to their disaster planning and Emergency Operations Plans.
https://www.luriechildrens.org/globalassets/documents/emsc/resourcesguidelines/guidelines-tool-and-other-resources/practice-guidelinestools/00_peddisasterguide3ed_jan2019final.pdf

[29] American Academy of Pediatrics – A list of state and local chapters of the American Academy of Pediatrics, which can help child care providers locate appropriate community-based lead organizations.
https://services.aap.org/en/community/chapter-websites/

[30] 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.
https://www.samhsa.gov/dbhis-collections/children-and-youth-resource-collection?term=Children-Youth-2018-DBHIS

[31]Resilient Children/Resilient Communities (RCRC) Toolbox – The Psychological First Aid (PFA) Training Coordinator Guide is a tool to help you coordinate PFA training for agency staff and other public health preparedness and response partners.
https://rcrctoolbox.org/toolbox/psychological-first-aid-training-coordinator-guide/

[32] 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.
http://www.nctsn.org/content/psychological-first-aid

[33] Resilient Children/Resilient Communities (RCRC) Toolbox – Continuity of Operations Plan (COOP) Training Presentation, Guide, & Plan Templates - This training package will help ensure that critical services, organizational functions, and programs remain operational or are restored as soon as possible after a disaster. These materials are geared toward Community-based Human Service Organizations, and specifically those who serve children.
https://rcrctoolbox.org/toolbox/coop-planning-tools/

[34] 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.
https://www.dhhs.nh.gov/oos/cclu/documents/famcareprepguide.pdf

[35] Federal Emergency Management Agency (page 8)- Template for non-federal government continuity of operation plans. Includes a section on relocation planning.
https://www.fema.gov/pdf/about/org/ncp/coop/continuity_plan_non_federal.pdf

[36] National Commission on Children and Disasters – An appendix from the National Commission on Children and Disasters that provides suggestions of what vetting processes volunteers and employees working with children or other vulnerable populations should go through.
https://www.aasa.org/uploadedFiles/Resources/Other_Resources/Recommended-Guidelines-Background-Check-Volunteers.pdf

[37] Federal Emergency Management Agency - Template for non-federal government continuity of operation plans.
https://www.fema.gov/pdf/about/org/ncp/coop/continuity_plan_non_federal.pdf

[38] Federal Emergency Management Agency Preparedness Exercises (page 13) - A page on the types of emergency exercises, how to develop an exercise program, and resources.
https://www.ready.gov/business/testing/exercises

[39] 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.
https://emergency.cdc.gov/workbook/pdf/ph_workbookfinal.pdf

[40] 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.
https://www.phe.gov/Preparedness/planning/abc/Pages/atrisk.aspx

[41] Department of Health and Human Services, Administration for Children & Families – This guidance on How States and Territories Prepare to Support Special Populations in Emergencies and Disasters explores best practices to include the needs of children with special needs in child care disaster plans.
https://childcareta.acf.hhs.gov/resource/how-states-and-territories-prepare-support-special-populations-emergencies-and-disasters

[42] National Association of Child Care Resources & Referral Agencies and Save the Children - A report that recommends regulatory and licensing standards for child serving institutions.
http://www.floridahealth.gov/provider-and-partner-resources/emsc-program/_documents/protectchildreninchildcareduringemergencies.pdf

[43] 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.
https://childcareta.acf.hhs.gov/resource/emergency-preparedness-and-child-care-facility-lockdowns-examples-licensing-regulations

[44] Department of Health and Human Services, Administration for Children & Families – A report that compiles licensing regulations about emergency preparedness and response.
https://childcareta.acf.hhs.gov/sites/default/files/public/state_regulatory_requirements_for_emergency_preparedness_planning_final.pdf