

## Best Practices Checklist for Child Care Centers

**Intro:** The goal of this document is to offer best practices for improving disaster preparedness in child care centers by using suggestions and resources to achieve indicators of 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, but these guidelines can assist in developing best practices within the Child Care sector. These best practices can help guide discussions, aid in center plan development, and delineate responsibilities to strengthen the preparedness, and ultimately resilience of child care centers throughout a community. One of the organizations that is referred to throughout the best practices is the “lead organization.” A lead organization is responsible for setting the policies and guidelines for child care center(s) to be more prepared for emergencies. Within the child care sector, this is likely the licensing authority and/or department or office of children and family services. These lead organizations create policy, guidance, and technical assistance to help with planning and preparedness for all licensed child care facilities. 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 isn’t formally accountable for the element of preparedness.

**Intended Audience:** This set of best practices for the child care center sector is directed to decision-makers, policymakers, and emergency planners at the sector level. While these guidelines may be useful for individual child care center plans, this document is not intended to serve as a child care center emergency operations checklist, but rather as a planning guide across a local jurisdiction. The best practices serve to provide suggestions about what has worked for other localities and states on how to improve preparedness in child care centers. Local planning coalitions are encouraged to provide this information to stakeholders to explore how preparedness can be improved.

**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 child care centers.

1. State Regulation
2. County or local regulations
3. Best practices through coalition action

As you review these best practices, check off items that are adequately addressed in your jurisdiction’s child care center plan requirements. Keep in mind that legal requirements or guidelines handed down by a lead organization carry more weight in terms of preparedness than an unregulated best practice.

**Before You Get Started:** Before going through the best practices, identify the child care center licensing and regulatory authorities and requirements for your community. In addition to local government offices, the local or regional Child Care Resource and Referral (CCR&R) agency may be a central partner in this review and improvement process. Coordination with the local office of emergency management is suggested, especially for the provision of technical assistance. Whole Community planning is encouraged in order to develop a comprehensive and contextually 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 numbers are to track individual items within this document only. For more information about the CPI please email [rcrc@columbia.edu](mailto:rcrc@columbia.edu). This document was last updated on **2/12/2021**. 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)**

This agreement is ideally based on the organization’s 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.<sup>1</sup> A likely example of an agency who holds this responsibility might be an Office/Department of Emergency Services/Management.

**Lead Organization Name:** \_\_\_\_\_

- (2) **Created procedure/process to make a “Go vs. Stay” decision. (Q. 8a)**  
An example of a plan that incorporates this tool would include procedures for different types of disasters or hazards. An example could include guidance for evacuating vs. sheltering in place for different disaster scenarios and ensuring that avenues of communication with emergency managers is readily available – including redundant communications systems.<sup>2</sup> This plan should establish clear leadership, roles, and responsibilities, and distinguish between a building or site evacuation (i.e. leaving the area where the child care center is entirely or just leaving the building).<sup>3</sup>

- (3) **Established a primary evacuation location site and route.** *(Q. 8b & 8c)*

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 does not require moving children near obstacles or hazards like a major roadway and include a backup location in case the first site is too risky. <sup>4</sup>
- (4) **Established a secondary evacuation location site and route.**

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. Ensure the receiving entity is aware of the agreement and can safely receive children during an emergency.
- (5) **Provided evacuation location sites to one or more of the following organizations:** *(Q. 8d)*
  - Emergency management agency**
  - Law enforcement** (e.g. police, sheriff, highway patrol)
  - First Responders** (e.g. Firefighters and EMS)
  - Child welfare agencies** (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 ‘siloeing’ of critical information. Including these agencies in data sharing can improve future coordination. *(Siloing 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)*

Consider preparing disaster supply kits to have everything consolidated and readily accessible an emergency. See references for an example of a checklist. <sup>5</sup> Replace food and water every six months and include date stored and expiration dates. <sup>6</sup>
- (7) **Prepared child medications and portable medical equipment for prompt evacuation.** *(Q. 8f)*

These items can be included as items within the disaster supply kits and go-kits, if feasible. 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.<sup>4</sup> Consider power requirements and accessibility issues for all children.
- (8) **Prepared child medical records for prompt evacuation.** *(Q. 8g)*

Medical records of children should be included in the disaster supply kit, or go-kit, in a waterproof, fireproof and portable container.

- (9) **Formed procedures to obtain transportation for children during a community-wide emergency. (Q. 8h)**
  - 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 (see references for an example).<sup>7</sup>
    - 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.
    - Utilize the C-MIST framework when planning for the access and functional needs of individuals which includes children, but also staff. C-MIST stands for: C-Communication, M-Maintaining Health, I-Independence, S-Support & Safety, T-Transportation. <sup>8</sup>
    - Signed emergency releases from parents/guardians permitting emergency transportation of their children.
  
- (10) **Confirmed adequate sanitary facilities at the evacuation sites.**

Basic guidance on hygiene at evacuation sites and shelters found in references. <sup>9</sup>

  - Considered scenarios without running or potable water at evacuation site(s).**

Established protocols for diapering, hand washing, and feeding. Planned for ample cleaning supplies and cleaning common areas. Other key considerations include whether the evacuation site has flushing toilets and other sanitary conditions. <sup>10 11</sup>
  
- (11) **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 with approved background check protocols.

- (12) **Emergency contact info for children is readily available or is in to go bags or ready-to-go file.**

Emergency contact info for all students on an easily accessible card, easy to transport (e.g. cards in a box), and should also contain up-to-date information. See references for an example of a simple contact card that can be placed on or with a child as well as in the go-kit. <sup>12</sup>

  - Consider producing identification badges (stickers or on lanyards) that could be placed on each child when evacuating.
  - Back up information on a secure on-line server that could be accessed from another location.
- (13) **Basic medical records are readily available or is in go-bags.**

Medical records can include information on acute or chronic health conditions such as allergies or diabetes.
- (14) **At the instruction of local authorities, or when necessary, the center must be prepared to lock down the facility.**
  - 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. Consult your local fire and law enforcement agencies for specific guidance.

## 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)**

A Lead Organization should have a mission that directly applies to shelter and management of facilities in emergencies. Typically, the local emergency management authority will fill this role. 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.<sup>1</sup>

  - Lead Organization Name:** \_\_\_\_\_
- (2) **Ensured adequate sanitary facilities on site. (Q. 9a)**
  - Considered scenarios without running or potable water.**

Establish protocols for diapering, hand washing, confirming ample supplies for cleaning, and cleaning common areas.<sup>1 9 11</sup>

- (3) **Certified adequate food and water for children and staff (including dietary and medical needs) for up to 72 hours. (Q. 9b)**  
Depending on age of children this can include infant formula and non-perishable items such as canned foods. In addition to ensuring that supplies are routinely replaced, a list of suppliers of child food items and methods of transportation of these items in an emergency can ensure there is sufficient supply.<sup>1</sup>
- (4) **Ensured staff is properly trained to administer all medications required by children if parents/guardians cannot. (Note: some jurisdictions cannot accomplish this) (Q. 9c)**  
Document children's medications and methods of application and include contact information for the doctors and parents for additional questions. As a backup, there should also be a contact for medical consultants for the child care center that could answer questions. <sup>13</sup> The local health department may be able to assist in this regard.
- (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, nurses, and parents to know what additional assistance may be needed in a disaster to use and maintain necessary medical devices. <sup>13</sup>

## **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 communicating with parents/guardians, emergency responders and staff 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 management agency should include a children's issue coordinator in the Emergency Operations Center (EOC).  
 **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 on radio and TV, automated calling/text, or other specialized communication channels such as ham radios.

- (3) **Own specified equipment or systems to receive official emergency warnings and alerts.** *(Q. 10a)*
  - One potential avenue for emergency communication would include the use of [NOAA All-Hazards radio system](#) to provide quick information to child care facilities. <sup>14</sup> 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 since they do not require a battery.
  - Weather apps on phones (NOAA, AccuWeather, Red Cross App).
  - Signed up for local emergency alerts.
  
- (4) **Own adequate telecommunications equipment to remain in contact with parents/guardians, staff, and local response agencies.** *(Q. 10b)*

Coordinators and administrators should have working cell phones, landlines (not cable lines), and laptops to ensure that communication can be maintained in emergencies. <sup>15</sup>
  
- (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, including the jurisdiction's Emergency Operations Center.
  
- (6) **Have standard procedures to communicate urgent child and staff health needs directly to either local law enforcement, the local EOC and/or the local emergency services/emergency management agency.** *(Q. 10c & 10d)*

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. See references for templates. <sup>16 17</sup>
  
- (7) **Created family reunification procedures.** *(Q. 10e)*

Collaborate with local law enforcement and the National Center for Missing and Exploited Children <sup>18</sup> to create procedures to reunite families after a disaster which can include creating a tracking program so children can be easily identified and found if they are displaced from your care. <sup>1 19</sup>
  
- (8) **Involved families in planning for evacuation and/or sheltering in place reunification before disasters occur.** *(Q. 10e)*
  - Emergency wallet cards for the adults and children can also help with improving family's involvement and emergency contact information. See references for an example of wallet cards. <sup>20</sup>
  - Pre-established communication channels for parents, guardians, and families to acquire reunification location and details as they become available.

(i.e. parents are aware of the phone number, website, or overall policy to find on how and when they can be safely reunited with 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 pediatric emergency medical situations. (Q. 7d)**

An agency that provides technical guidance and assistance to child care facilities to prepare for pediatric emergencies. This may local and regional hospitals or hospital association, pediatric healthcare coalitions, local first responders, and emergency management agencies.

**Lead Organization Name:** \_\_\_\_\_

- (2) **Created a plan for 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 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.

**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 emergency/behavioral health services for children. (Q. 7e)**

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, local mental health provider group, department of social services, or the state agency.

**Lead Organization Name:** \_\_\_\_\_

- (2) **Trained school staff to recognize child behavioral symptoms that warrant obtaining professional mental/behavioral health services. (Q. 11a)**

Teachers could explore 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.<sup>20 21</sup> Training staff in psychological first aid may also help staff respond to mental health needs in a disaster.<sup>22 23</sup>

**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 continuity of operations for facilities 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 can have the resources to coordinate the response. (e.g. Chamber of Commerce). COOP planning resources can be found in the references.<sup>24</sup>

**Lead Organization Name:** \_\_\_\_\_

- (2) **Identified agency essential functions and planned to ensure continuity of essential functions. (Q. 12a)**

Each facility should have their own plan 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).<sup>25</sup>

- (3) **Established protocols to notify licensing authority and local law enforcement of move from normal operating location. (Q. 12b)**

Communications plans include notifications to appropriate authorities for a new location of operations. 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. See references for a template of a COOP plan for non-federal entities.<sup>26</sup>

- (4) **Established protocols to properly screen temporary volunteers in order to protect children. (Q. 12c)**

Ensure that background checks are standard for 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 ahead of a disaster to create a roster of trusted individuals.

- (5) **Continuity of Operations plans are standardized to guidance by the lead organization.**

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

- (1) **Periodic functional exercises of emergency response plans are required by a lead organization or are practiced regardless. (Q. 13)**

Periodic exercises can vary in scale from a full scale functional exercise to a tabletop scenario-based discussion, but it should also include an evaluation of performance to see where shortcomings are.<sup>27</sup>
- (2) **Functional exercise addresses: (Q. 14)**
  - Evacuation of children with physical and cognitive disabilities or access & 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.<sup>28 29</sup> Collaborate with local office of disabilities 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 \(EIF\)](#)<sup>7</sup>
- [US DHHS, Administration for Children & Families](#)<sup>30</sup>
- [Centers for Disease Control and Prevention](#)<sup>28</sup>
- [DHHS Office of Assistant Secretary for Preparedness and Response](#)<sup>29</sup>

## Other

### I. Governance

- (1) **State, county, or local municipal government reviews emergency plans and provides substantive feedback at least once every 24 months. (Q. 5)**

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.<sup>31</sup> A review should also include technical assistance for plan improvement.
- (2) **State, county, or local municipal law or regulation requires child care centers to be prepared 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 responsible for enforcing child care center emergency plan regulations. They may also be the points of contact for updating regulations about specific requirements of what child care centers should be prepared for in a disaster. See references for examples of regulations.<sup>30</sup>
- (3) **Child care centers are legally required to report changes to their normal place of operations to a supervisory agency or other organization. (Q. 18)**

If legal requirements for informing agencies of change in location aren't clear, licensing agencies or Departments of Health and Human Services and/or CCR&R can make sure that child care centers are required to do so.
- (4) **Child care centers are legally required to report their 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 Human Services can require emergency plans also include evacuation routes and locations. See references for examples of regulations.<sup>32</sup>

## J. Data and Databases

- (1) **State, county, or local agencies maintain a database of child care centers. The database contains the following information for child care centers: (Q. 15)**
  - Critical information:**
    - Normal location of operation
    - Normal operating days and hours
    - Contact Information (Landline and Cell Phone)
    - Licensed capacity
    - Current enrollment
    - 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 child care centers.
    - If tracking of children already exists, data can be shared with relevant agencies such as the Departments of Health and 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 child care centers can be used to help assist reunification procedures.

### Relevant Definitions:

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

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<sup>1</sup> [Save The Children, Children in Emergencies](https://cha.com/wp-content/uploads/2019/02/Children-in-Disasters-Planning-Guide.pdf) - A comprehensive guide that provides information for emergency managers and coordinators at local and state governments to include special needs of children.  
<https://cha.com/wp-content/uploads/2019/02/Children-in-Disasters-Planning-Guide.pdf>

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<sup>2</sup> [NYC's Office of Emergency Management](https://www1.nyc.gov/site/em/ready/get-prepared.page) - 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>

<sup>3</sup> [Federal Emergency Management Agency's Sample Emergency Action Plan](https://training.fema.gov/emiweb/is/is36/handouts%20-sample%20plans/eap_sample.pdf) -A sample document for a child care 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](https://training.fema.gov/emiweb/is/is36/handouts%20-sample%20plans/eap_sample.pdf)

<sup>4</sup> [New York State Office of Children and Family Services' Family and Group Family Day Care Emergency Plan](https://ocfs.ny.gov/main/Forms/Day_Care/NewForms/OCFS-6011.docx) – A template plan from the New York State Office of Children and Family Services that establishes emergency preparedness for child care providers.

[https://ocfs.ny.gov/main/Forms/Day\\_Care/NewForms/OCFS-6011.docx](https://ocfs.ny.gov/main/Forms/Day_Care/NewForms/OCFS-6011.docx)

<sup>5</sup> [GSA's website](https://www.gsa.gov/graphics/pbs/Child_Care_Emergency_Preparedness_Toolbox.pdf) - 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.

[https://www.gsa.gov/graphics/pbs/Child\\_Care\\_Emergency\\_Preparedness\\_Toolbox.pdf](https://www.gsa.gov/graphics/pbs/Child_Care_Emergency_Preparedness_Toolbox.pdf)

<sup>6</sup> [Illinois DPH and Loyola University Chicago](https://ssom.luc.edu/media/stritchschoolofmedicine/emergencymedicine/emsforchildren/documents/disasterpreparedness/organizationalresources/childcarecenters/Emergence%20Preparedness%20Planning%20Guide%20for%20Child%20Care%20Centers%202016(2).pdf) - 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.

[https://ssom.luc.edu/media/stritchschoolofmedicine/emergencymedicine/emsforchildren/documents/disasterpreparedness/organizationalresources/childcarecenters/Emergence%20Preparedness%20Planning%20Guide%20for%20Child%20Care%20Centers%202016\(2\).pdf](https://ssom.luc.edu/media/stritchschoolofmedicine/emergencymedicine/emsforchildren/documents/disasterpreparedness/organizationalresources/childcarecenters/Emergence%20Preparedness%20Planning%20Guide%20for%20Child%20Care%20Centers%202016(2).pdf)

<sup>7</sup> [American Academy of Pediatrics Emergency Information Form \(EIF\)](https://www.acep.org/by-medical-focus/pediatrics/medical-forms/emergency-information-form-for-children-with-special-health-care-needs/) - 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/>

<sup>8</sup> [Public Health Emergency – At-Risk Individuals with Access and Functional Needs](https://www.phe.gov/Preparedness/planning/abc/Pages/at-risk.aspx) - At-risk individuals are people with access and functional needs (AFN) (temporary or permanent) may have a number of additional needs that must be considered in planning for, responding to, and recovering from a disaster or public health emergency. This resource helps the reader understand how to integrate their needs in emergency planning.

<https://www.phe.gov/Preparedness/planning/abc/Pages/at-risk.aspx>

<sup>9</sup> [Centers for Disease Control and Prevention](https://www.cdc.gov/disasters/floods/sanitation.html) – Guidance on safe personal hygiene practices during emergencies that require evacuation and/or sheltering,

<https://www.cdc.gov/disasters/floods/sanitation.html>

<sup>10</sup> [Centers for Disease Control and Prevention](https://www.cdc.gov/disasters/commshelters.html) - 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>

<sup>11</sup> [Centers for Disease Control and Prevention](https://www.cdc.gov/disasters/commshelters.html) – Recommendations for safe hygiene practices, including diapering, during emergencies with limited access to water.

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<https://www.cdc.gov/healthywater/emergency/hygiene-handwashing-diapering/index.html>

<sup>12</sup> [Resilient Children/Resilient Communities \(RCRC\) Toolbox](https://rcrctoolbox.org/toolbox/emergency-contact-card-for-children/) - 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/>

<sup>13</sup> [Connecticut Office of Early Childhood](https://www.ctoec.org/news/sample-policies-plans-and-procedures/) - Samples of potential policies, plans, and procedures for a child care center to be licensed in Connecticut.

<https://www.ctoec.org/news/sample-policies-plans-and-procedures/>

<sup>14</sup> [National Oceanic and Atmospheric Administration All-Hazards radio system](https://www.weather.gov/nwr/) - 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/>

<sup>15</sup> [Nebraska Department of Health & Human Services](http://dhhs.ne.gov/Documents/Disaster%20Plan.pdf#search=disaster%20plan) - 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>

<sup>16</sup> [Illinois DPH and Loyola University Chicago](#) (pg.34) - 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.

<sup>17</sup> [Arkansas Department of Human Services](https://humanservices.arkansas.gov/wp-content/uploads/Child_Care_Emergency_Plan-1.pdf) - 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](https://humanservices.arkansas.gov/wp-content/uploads/Child_Care_Emergency_Plan-1.pdf)

<sup>18</sup> [National Center for Missing and Exploited Children](https://www.missingkids.org/ourwork/disasters) - 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>

<sup>19</sup> [National Center for Missing and Exploited Children](https://www.missingkids.org/ourwork/disasters) - 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.

<https://www.missingkids.org/ourwork/disasters>

<sup>20</sup> [Emergency Plan Library from the University Of California San Francisco School Of Nursing](http://cchp.ucsf.edu/sites/cchp.ucsf.edu/files/Emergency-Plan-Library.pdf) - 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.

<http://cchp.ucsf.edu/sites/cchp.ucsf.edu/files/Emergency-Plan-Library.pdf>

<sup>21</sup> [Substance Abuse and Mental Health Services Administration](https://www.samhsa.gov/dbhis-collections/children-and-youth-resource-collection?term=Children-Youth-2018-DBHIS) - 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>

<sup>22</sup> [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.

# National Center for Disaster Preparedness

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<http://www.nctsn.org/content/psychological-first-aid>

<sup>23</sup> [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/>

<sup>24</sup> [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/>

<sup>25</sup> [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>

<sup>26</sup> [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](https://www.fema.gov/pdf/about/org/ncp/coop/continuity_plan_non_federal.pdf)

<sup>27</sup> [Federal Emergency Management Agency Preparedness Exercises](#) - A page on the types of emergency exercises, how to develop an exercise program, and resources.

<https://www.ready.gov/business/testing/exercises>

<sup>28</sup> [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](https://emergency.cdc.gov/workbook/pdf/ph_workbookfinal.pdf)

<sup>29</sup> [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>

<sup>30</sup> [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>

<sup>31</sup> [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](http://www.floridahealth.gov/provider-and-partner-resources/emsc-program/_documents/protectchildreninchildcareduringemergencies.pdf)

<sup>32</sup> [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](https://childcareta.acf.hhs.gov/sites/default/files/public/state_regulatory_requirements_for_emergency_preparedness_planning_final.pdf)