



Laura Prestidge

15.1 Child Care Preparedness

Many families in the U.S. depend on child care services. Access to child care services is vital, so parents/guardians can work and support their families. Other benefits of child care services include early education programs, providing children with nutritious meals/food, and providing social interactions. A significant number of children that are 6 years of age and younger are in the care of someone other than their parents/guardians during the day throughout the work week. It is estimated that approximately 32 million children (61% of children under the age of 6 years) attend some type of child care program during the week (Child Trends 2016). As seen in Table 15.1, there are three basic types of child care options (U.S. Office of Personnel Management n.d.; U.S. Department of Health and Human Services, Maternal and Child Health Bureau 2019). The decision as to which type to access is typically based on a variety of factors such as availability of services, type of staff and educational training, location, cost, the availability of financial assistance or subsidized funding, and for some, the program's ability to care for children with special health care needs (CSHCN), such as chronic medical conditions.

According to the U.S. Census data in 2011, almost 25% of children under the age of 5 years, who are in some type of child care program, attend a child care center, 7.6% are cared for in a child care home, and just under 4% are cared for by a non-relative in their own home (Laughlin 2013; U.S. Census Bureau 2011; Child Care Aware of America n.d.-a).

L. Prestidge (✉)

Mt Sinai Hospital, Emergency Department, Chicago, IL, USA

Texas A&M TEEX Program, College Station, TX, USA

Illinois EMSC, Consultant, Chicago, IL, USA

e-mail: lprestidge@luc.edu

Table 15.1 Child care options (U.S. Office of Personnel Management [n.d.](#); U.S. Department of Health and Human Services, Maternal and Child Health Bureau [2019](#))

Type	Description
Child care centers	A center that provides care for a group of children. Some centers also provide education to the children. The centers are staffed by caregivers who may be trained in early childhood education. These centers are either for profit individually owned or part of a chain of centers, or nonprofit agencies such as those associated with religious organizations, public schools, or governmental agencies. The size of the center and the number of children the center can accommodate vary and can range from just a few children to centers with multiple classrooms that can accommodate over a 100 children
Child care homes	In child care homes, a small group of children is cared for in the child care provider's home. Some child care homes also provide education to the children. These programs vary in size. Small child care homes provide care for 1–6 children, while large child care homes provide care to 7–12 children
Child care in the child's home	This type of child care occurs in the home of the child. The parents/guardians employ a caregiver who has experience with young children to care for their child in their own home. Examples of child care in their own home include babysitters, nannies, au pairs, or other types of caregivers

Throughout the remainder of this chapter, the term “child care center/home” will be used to encompass all types of child care centers and child care homes. In addition, it's important to note that disaster/emergency preparedness planning for child care in the child's own home should be addressed within each individual family's preparedness plan. Chapter 6 has additional information on family preparedness planning. Although some of the concepts within this chapter may apply to a family preparedness plan, there are several additional considerations that need to be addressed by child care centers/homes. Therefore, this chapter will focus on disaster/emergency preparedness specific to child care centers and child care homes rather than the components of a family preparedness plan (which would apply when a child care provider is hired to care for a child in their own home).

There are several laws, regulations, and ordinances at the local, state, and federal levels regarding child care preparedness that child care centers/homes need to be aware of and ensure are being addressed in their preparedness activities. Each state authorizes an agency that is responsible for licensing and overseeing child care services, as well as defining licensing criteria and requirements (Child Care Aware of America [n.d.-a](#)). Child care centers are usually required to be licensed in each state. An exception may be those child care centers that are affiliated with a religious organization. Child care homes may or may not require licensure, depending on the state requirements, size of the program, and the number of children they care for within their home. Child care in the child's own home does not require a license. Child care centers that serve children and families who qualify for subsidized federal funding through the Child Care and Development Fund (CCDF) program must meet additional standards outlined by the state and federal requirements (U.S. Department of Health and Human Services (HSS), Office of Child Care: An Office of the Administration for Children, and Families [2017](#)). Requiring child care services to be licensed, regardless of their type and size, helps ensure standards are

in place for health, safety, staff/child ratios, background checks on all staff members, sleep practices, food preparation, sanitation, and emergency preparedness plans. In addition, licensing allows the state agency to inspect the child care site to ensure compliance with those regulatory standards. For example, a recent study found that licensed child care centers were more likely to have a written disaster/emergency preparedness plan compared to child care homes (Lesser et al. 2019). Child care centers/homes must also consider other laws, ordinances, and regulations that they are required to comply with, such as local building codes and legal jurisdiction for health codes (U.S. Department of Health and Human Services, Maternal and Child Health Bureau 2019). The Individuals with Disabilities Education Act (IDEA), which was initially passed in 1975, ensures children with disabilities (CSHCN) are provided with free public education that is tailored to their individual needs. The Act, which initially addressed children and young adults aged 5–21 years, was expanded in 1983 to include children aged 3–5 years, and then further modified in 1997 to include birth to age two (U.S. Department of Health and Human Services, Maternal and Child Health Bureau 2019). The goal of expanding this Act to include children of all ages aims to improve the services and education for children with CSHCN and their families in child care settings and includes the child in all activities possible unless medically contraindicated (U.S. Department of Health and Human Services, Maternal and Child Health Bureau 2019). Additional information on CSHCN can be found in Chap. 8.

15.1.1 Why Children Are More Vulnerable

Children who attend child care centers/homes are one of the most vulnerable populations during a disaster/emergency. Because of their age (5 years old and younger) and developmental level, they have anatomical, physiological, developmental, and psychological features that increase their vulnerability before, during, and after a disaster/emergency. Note that many of these characteristics that make younger children more vulnerable are also seen in older children. Chapters 5 and 7 review these different characteristics that increase children's vulnerability in greater detail. Those who care for them, such as child care centers/homes, need to be prepared as best as possible, to protect the children they care for should a disaster/emergency occur.

15.1.2 History of Disaster/Emergency Preparedness for Child Care Centers/Homes

Child care centers/homes are responsible for the youngest and one of the most vulnerable populations and may be responsible for protecting these children should a disaster/emergency occur while children are in the care of the center/home. Similar to schools, access to child care is crucial to a community after a disaster/emergency during the recovery phase. Children returning to child care and/or school after a disaster/emergency provides them with a sense of routine and a safe environment

that they need in order to begin coping. The availability of child care provides parents/guardians with an opportunity to return to work and conduct other recovery activities (Save the Children 2007; National Commission of Children and Disasters 2010). This contributes to the resiliency, recovery, and rebuilding of the community. In addition, resuming the normal routine of school and/or child care allows the reestablishment of a child's normal routine, which helps their coping mechanisms and mental healing process. The benefits of reestablishing child care as soon as possible after a disaster/emergency occurs help to affirm that child care services in the community are vital and are an essential service to the well-being and recovery of a community. In order for efficient reestablishment of child care services to be possible, child care center/homes disaster plans need to be in place to assist in not only the response to the actual incident but also to reestablish services after a disaster/emergency through their business continuity and recovery planning components.

With so much at risk and such clear benefits that child care services provide before, during, and after a disaster, it could be assumed that disaster/emergency planning is a priority and all child care centers/homes would ensure that these types of plans were in place. However, this is not always the case. Only recently was a federal standard specific to child care center preparedness adopted by Congress. In 2010, less than half of all states required child care centers to have evacuation, relocation, and/or family reunification plans and less than two-thirds of all states did not require a plan to address children with special needs (Save the Children 2010). The National Commission on Children and Disaster's 2010 Report to the President and Congress recommended that Congress and the U.S. Department of Health and Human Services (HHS) require states to include disaster planning and exercises/training in their child care licensure requirement; Congress provides HHS with the authority to require states to develop statewide child care disaster plans; and Congress and federal agencies should improve capacity to provide child care services after a disaster by changing child care to an essential service (National Commission of Children and Disasters 2010). The Child Care Development Block Grant Reauthorization Act of 2014 was passed by Congress and required that by September 2016, all states have a statewide disaster plan that addresses the needs of child care centers and require all regulated (licensed) child care centers to have disaster/emergency plans that address how to respond to emergency situations or natural disasters. The disaster/emergency plans need to include evacuation, lock-down or sheltering-in-place procedures, notification of parents/guardians during and after the disaster, reunification, and exercises/drills/trainings for staff on disaster/emergency plans (National Center on Early Childhood Quality Assurance 2016). The state plans need to address how the state will ensure the availability of safe child care, provision of emergency and temporary child care services, temporary operating standards for child care centers, and recovery of child care services after a disaster (Administration for Children, and Family, Office of Child Care 2017). In 2014, prior to the enactment of the Child Care Development Block Grant Reauthorization Act of 2014, only 57% of the states required staff in licensed child care centers to undergo training in disaster/emergency preparedness and five states required training on acts of violence (e.g., active shooter) or terrorism (National

Center on Early Childhood Quality Assurance 2016). Although 31 states required licensed child care centers to have a disaster plan for natural disasters, only 3 states required plans for acts of violence (e.g., active shooter) (National Center on Early Childhood Quality Assurance 2016).

Although the Child Care Development Block Grant Reauthorization Act of 2014 is leading to increased child care preparedness, as a whole, gaps still exist. The Child Care Development Block Grant requirements only apply to those child care centers/homes that are federally subsidized. Many state child care regulatory requirements do not apply to all types of child care settings. Some state regulations only apply to licensed child care centers and not to child care homes. Due to the number of child care centers/homes that exist in each state, it can be a challenge for state regulatory agencies to verify that all child care centers/homes are compliant with the requirements, the extent that these requirements are met, and that staff at each child care center/home are adequately trained on all of the requirements. In addition, there is no regulatory statute that requires families to have a preparedness plan when their children are cared for within their own home by a nonrelative provider. This leaves many children at risk during and after a disaster.

15.1.3 Emergency Management Process and Child Care Centers/Homes

All child care centers/homes need to be aware of key components that should be incorporated into their disaster plans. These components will be reviewed in this next section. It is important to stress that having a disaster and recovery plan in place is only one small part of the entire emergency management process. It is vital that child care agencies/settings participate in the entire process, not just writing a plan to meet state and federal requirements.

The emergency management process is a cyclical, continuous process that incorporates four components or phases: prevention/mitigation, preparation, response, and recovery. From the child care center/home perspective, the emergency management cycle and everything that is involved in it can be very daunting, intimidating, and difficult to incorporate into the hectic day-to-day responsibilities of owning and operating a child care service agency. Although there are many resources available to assist child care centers/homes with the process, it can still be difficult and challenging since child care providers typically lack any disaster/emergency planning experience. This lack of familiarity along with the complacency of “it won’t happen to us, or in our community” are just two of the many contributing factors to the delay or absence of adopting the emergency management process.

15.1.3.1 Prevention/Mitigation

The prevention/mitigation phase includes those steps that the child care center/home should take to reduce their risk and effects of a disaster should one occur in their community or directly within the child care center/home location. Child care centers/homes should perform a hazard assessment to identify what types of

disasters/emergencies the child care center/home is most at risk for experiencing. There are many tools such as a Hazard Vulnerability Analysis (HVA) or a Threat and Hazard Identification and Risk Assessment (THIRA) that can help with the hazard assessment, especially those that are specifically designed and tailored to the uniqueness of the child care setting. Hazards can exist in or immediately surrounding the child care center/home, and/or in the neighborhood, community, and state where the child care center/home is located. It is important to consider all these areas when conducting the hazard assessment because the types of incidents that are most likely to occur will guide the emergency preparedness activities for the individual child care center/home (Administration for Children, and Family, Office of Child Care 2015; National Resource Center for Health and Safety in Child Care and Early Education n.d.-a; Illinois Emergency Medical Services for Children (EMSC) 2016). It is important to consider internal and external threats, natural disasters (e.g., flooding, hurricanes, tornadoes, and winter storms), and unintentional and intentional human-caused disasters (e.g., structure fires, gas leaks, violent intruders, active shooters, and terrorist incidents). This hazard assessment should also include the capabilities that the child care center/home has in place that would lessen or mitigate the effects of a disaster such as safety systems that are in place (e.g., sprinkler system, locked facility), a stockpile of extra supplies, or a van to transport the children.

Other examples of prevention/mitigation tasks for a child care center/home include:

- Review any existing disaster/emergency plans that are in place for the child care center/home to identify any changes that are needed.
- Identify and implement preventative/mitigation strategies for the hazards identified during the hazard assessment.
- Utilize the survey that was conducted during the hazard assessment for the child care center/home to identify any potentially dangerous items such as furniture, blinds, fixtures, outlets, windows, or any unsecure areas. Implement strategies to fix or adapt the environment to make the situation safer. For example, moving cribs, chairs, or other items that children can climb on away from window blinds so that children cannot access the cords within the blinds. Another example of a mitigation activity within the child care center/home is to mount furniture, televisions, book cases, bulletin boards, and other loose and heavy items to the wall to prevent injury.
- Identify resources that would be needed to implement actions within the disaster/emergency plans and establish relationships within the community that can assist with providing resources during an incident. For example, a nearby child care center/home could contact the local school to determine if the school could serve as its primary or secondary evacuation point. Establishing a memorandum of understanding (MOU) or agreement with a local school bus company to provide transportation during an evacuation is another example of a prevention/mitigation activity for child care centers/homes. Figure 15.1 is an example of an MOU template that child care centers/homes could use.

Appendix 2: MOU Template for Child Care Centers/Child Care Homes

Introduction:

- This agreement will define the relationship, responsibilities, and obligations between the [Click here to enter child care center/ child care home name](#) and the [Click here to enter company/ agency/facility name that agreement is being made with](#).
- The purpose of this MOU is to ensure that, in the event of a natural or human-generated disaster that calls for evacuation, the staff and children in the care of the [Click here to enter child care center/child care home name](#) may be efficiently evacuated from the [Click here to enter child care center/child care home name site](#) and transported to safety.

Authorities:

- The [Click here to enter child care center/child care home name](#) (hereinafter referred to as "[Click here to enter abbreviated child care center/child care home name, if applicable](#)") serves the child care needs of [Click here to enter age range/demographic information for attendees](#).
- The [Click here to enter company/agency/facility name that agreement is being made with](#) (hereinafter referred to as "[click here to enter abbreviated company/agency/facility name that agreement is being made with, if applicable](#)") works to plan, develop, build, and operate [Click here to enter type of service this company provides](#) system in the [Click here to enter city/town name area](#)

Areas of Cooperation under the Terms of the Agreement:

- [Click here to enter company/agency/facility name that agreement is being made with](#) agrees to provide [Click here to enter type of service for Click here to enter abbreviated child care center/child care home name, if applicable](#) staff and children in the event of an evacuation. The management further agrees to provide [Click here to enter additional services](#).
- [Click here to enter abbreviated child care center/child care home name, if applicable](#) agrees to maintain responsibility for the presence and well-being of [clicks here to enter abbreviated child care center/child care home name, if applicable](#) staff and children. [Click here to enter abbreviated child care center/child care home name, if applicable](#) will maintain roll sheets and assemble staff and children for transport. Further, [Click here to enter abbreviated child care center/child care home name, if applicable](#) agrees to [Click here to enter additional responsibilities](#).
- [Click here to enter company/agency/facility name that agreement is being made with](#) and [click here to enter abbreviated child care center/child care home name, if applicable](#) agree to mutually determine a list of potential [Click here to enter additional responsibilities and agreements](#).

Insurance and Indemnification:

- Each participating organization will maintain independent/individual insurance coverage.
- [Click here to enter company/agency/facility name that agreement is being made with](#) will insure [Click here to enter coverage and responsibilities](#).
- [Click here to enter abbreviated child care center/child care home name, if applicable](#) will be responsible for [Click here to enter coverage and responsibilities](#).

Periodic Review of this Agreement:

- [Click here to enter how the progress of the terms of this MOU will be monitored](#).
- [Click here to enter how often the review of this MOU will occur](#).

Terms of Enforcement:

- This agreement shall become effective upon the execution by authorized individuals of both organizations. It shall continue with or without subsequent modification until it is terminated.
- Modification shall be by the same means as original execution.

Signature of company/agency/facility that agreement is being made with	Date
Signature of director from child care center/child care home	Date

Fig. 15.1 MOU template for child care centers/child care homes from the Illinois Emergency Medical Services for Children’s *Emergency Preparedness Planning Guide for Child Care Centers/ Child Care Homes* (2016) document

15.1.3.2 Preparedness

The preparedness phase of the emergency management cycle incorporates activities that will assist with responding to disasters/emergencies. It is during the preparedness phase that a disaster/emergency plan would be developed if the child care center/home does not already have such plans in place.

There are several steps that need to occur for a child care center/home to write its disaster/emergency plans.

1. Gather a group who will work on developing the plan. This should include key staff, directors of the child care center/home, nurse consultants (if applicable), and a consultant (if the child care center/home has chosen to hire one) to develop their plans.
2. Perform a hazard assessment to identify what types of disaster the child care center/home is most at risk for experiencing as reviewed in the Prevention/Mitigation section. If the child care center/home does not currently have any disaster/emergency plans in place, the hazard assessment will help prioritize the order in which to start plan development. Those hazards or incidents that the child care center/home are at most risk for experiencing should be the first plans that are developed and gradually expanded to include all hazards, disasters, and emergencies identified in the hazard assessment (National Resource Center for Health and Safety in Child Care and Early Education n.d.-a). See Fig. 15.2 for an example of a hazard assessment for child care centers.
3. Once the determination is made as to which plans need to be developed, the next step is to identify the goals of the response for each incident and build the response steps to meet the goals. The plan would consist of all the steps, procedures, and resources needed to accomplish the goals and objectives for each incident and within each plan. For example, if a child care center/home is developing their plan for an evacuation, the goal would be to evacuate all children and staff safely, obtain important documents to assist with business continuity prior to evacuating, and reunite all children with their parent/guardian. The plan itself would outline all the steps that need to occur in order to accomplish these goals in a safe and efficient manner.
4. After the draft plan is completed, it should be shared with those who will be involved in the response in order to gather feedback on the plan. Examples of who a child care center/home may share the plan with for review include parents/guardians, all child care center personnel/staff, child care referral agencies, regional emergency management agency, the state regulatory agency, and any other group that has identified roles within their plan (e.g., local school district, hospitals, or health care system). Once feedback is obtained, changes would be made to the plan and it can then be finalized. After the plans are developed, they should be reviewed periodically to ensure additional changes are not indicated. Typically, this is on a biannual basis and following any type of incident that led to the activation of any part of the plan (National Resource Center for Health and Safety in Child Care and Early Education n.d.-a). The frequency of this review should be clearly outlined in the plan as well.

Appendix 1: Child Care Center/Child Care Home Hazard Vulnerability Assessment Tool

Overall Assessment Questions:

What types of hazards exists within my building (e.g., heavy furniture that could topple, blocked exits, ordinary glass in windows, etc.) and what could be the consequences?

What types of hazards exist outside my building (e.g., rivers or ponds, open wells, power lines, gas pipelines, dead trees, etc.) and what could be the consequences?

What types of hazards exist in my neighborhood (e.g., rivers and ponds, chemical plants, highways where chemicals are transported, flood plain, power lines, gas pipelines, etc.) and what could be the consequences?

What type of weather extremes may occur in my region (e.g., blizzards, ice storms, high winds, tornadoes, earthquakes, flooding, etc.) and what could be the consequences?

What health issue do my staff/children have (e.g., asthma, diabetes, allergic reactions, limitations in mobility, etc.) and what could be the consequences?

What type of hazards may occur in child care settings (e.g., missing children, intruders, etc.) and what could be the consequences?

*Emergency Preparedness Planning Guide for Child Care Centers & Child Care Homes
2016*

Fig. 15.2 Child care center hazard vulnerability assessment from the Illinois Emergency Medical Services for Children’s *Emergency Preparedness Planning Guide for Child Care Centers/Child Care Homes* (2016) document

Internal Assessment Checklist

Mitigation Activity	Assessment Date
Are fire extinguishers properly charged, mounted securely, within easy reach?	
Do staff and volunteers know how to use the fire extinguishers properly?	
Are exits clear from obstructions such as locked doors, storage, or possible obstructions such as large nearby objects (i.e. bookcases, filing cabinets) that could fall and block the exit?	
Is a generator needed for back-up power? (A licensed electrician must install a generator)	
Are at least two individuals trained to start and operate the generator?	
Are appliances, cabinets, and shelves attached to the wall with wire or braced by being anchored together?	
Are heavy or sharp items stored on shelves with ledge barriers?	
Are blocks and heavy objects stored on the lowest shelves?	
Are television sets, fish bowls, and similar items restrained so they won't slide?	
Are pictures and other wall hangings attached to the wall with wire and closed screw-eyes?	
Are cribs located away from the tops of stairs and other places where rolling could endanger them or where heavy objects could fall on them?	
Are blackboards and bulletin boards securely mounted to the wall or hung safely from the ceiling?	
Are light weight panels, rather than shelving units or other tall furnishings, used to divide rooms?	
Are large window panes made of shatter resistant glass or covered with safety film?	
Is the street number of the home/building clearly and legibly visible from the roadway?	
In larger centers, is each internal/external door numbered or lettered for identification?	
Do fluorescent lights have transparent sleeves to keep broken glass pieces from scattering?	
Are emergency lights in place and are exits clearly marked?	
Are there sign-in and sign-out procedures for everyone entering the building?	
Does the emergency shut off for the water supply and electric service supply have a sign placed next to the control that identifies it as the primary disconnecting/shutoff means?	
Is staff aware of where the emergency shut-offs are, how to operate them, what tools are needed and how to quickly access them?	
Are the building's area(s) of refuge, shelter-in-place locations and evacuation assembly areas marked on your posted floor plan?	
Have savings been set aside in case of a disaster to help financially with re-opening the business?	

Fig. 15.2 (continued)

Once the plans are developed, another key activity or component of the preparedness phase is to test the plans. Staff training on the child care center/home's disaster/emergency plans and procedures should occur through policy review, drills, and exercises. Drills/exercises should be conducted to: test the plans that are in place; identify areas for improvement within the existing plans; address the unique needs of the children at the child care center/home; test communication processes; utilize available supplies and equipment; and engage response partners such as emergency management agencies, fire departments, law enforcement, public health departments, and the state regulatory agency (National Resource Center for Health and Safety in Child Care and Early Education n.d.-a). Each state regulates the type and frequency of drills/exercises that must be conducted by child care centers/homes.

This is the minimum requirement, however, and child care centers/homes should consider conducting more frequent drills/exercises since the more practice that is completed on what to do in a disaster/emergency, the more comfortable and prepared staff will be to respond during a real disaster/emergency. Ideally, drills/exercises should be conducted monthly to ensure staff are familiar with the plans and know how they should respond to various disasters/emergencies (Administration for Children, and Family, Office of Child Care 2015; Illinois Emergency Medical Services for Children (EMSC) 2016). Children who attend the child care center/home and their parents/guardians should be included in the drills/exercises as appropriate. Talking with children in developmentally appropriate language and teaching them how to respond to different types of emergencies can help them respond appropriately during a real incident. Different scenarios should be used each month to ensure staff are prepared to respond to a variety of incidents. Conducting a debriefing session after each exercise can allow those that participated in providing valuable feedback on the plans and procedures that are outlined in the child care centers/homes disaster/emergency plan. Staff who are responsible for updating the plans can take that feedback and integrate changes into the disaster/emergency plans. A log should be maintained by the child care center/home of all the drills/exercises that are conducted, and the lessons learned from each drill (Illinois Emergency Medical Services for Children (EMSC) 2016). This log will help with tracking when and what type of scenarios were used with each drill/exercise in addition to providing documentation for the state regulatory agency that requirements for training are being met.

Child care centers/homes should develop a stockpile of emergency supplies that would be utilized during a disaster to meet the needs and sustain children and staff for an extended period (Illinois Emergency Medical Services for Children (EMSC) 2016; Child Care Aware of America 2018). Supplies should be stored both onsite at the child care center/home as well as at the predetermined relocation/evacuation site (Illinois Emergency Medical Services for Children (EMSC) 2016; Child Care Aware of America 2018; Chang et al. 2018; U.S. Department of Health and Human Services, Office of Administration for Children and Families 2016). For each child and staff member at the child care center/home, there should be at least a 3-day supply of nonperishable age-appropriate food, including formula and one gallon of water per person per day for 3 days (National Resource Center for Health and Safety in Child Care and Early Education n.d.-b). Additional food considerations may be needed for children with chronic medical conditions (CSHCN), those with special dietary requirements, and children with food allergies (National Resource Center for Health and Safety in Child Care and Early Education n.d.-b). In addition to food and water, supplies for sheltering (e.g., blankets), sanitation (e.g., diapers, sanitary wipes, soap), life safety supplies (e.g., flashlights, batteries, tools, duct tape), transportation devices (e.g., car seats), and first aid and medical supplies are examples of other categories of supplies that child care centers/homes should have in their stockpile. Those supplies that will be needed immediately after a disaster should be placed in some type of “go bag” that can easily be taken with staff during incidents such as immediate evacuations. Examples of supplies that may be in the “go bag”

include flashlights, child emergency contact information, business continuity documentation, diapers, formula, first aid supplies, and snacks. The remaining items should also be stored in some type of portable container that is accessible by staff. Administrative supplies such as emergency contact information for all children in the child care center/home and important documents for business continuity should also be considered as emergency supplies and need to be able to be accessed quickly during a disaster/emergency. Storage location, transportation of the supplies, and a process to maintain and replenish supplies should all be considered during the development process and incorporated into the disaster/emergency plans.

Other preparedness activities include:

- Develop tools to assist staff with responding to incidents such as response checklists and emergency procedure flip charts.
- Share the basic concepts of the disaster plan with parents/guardians so they know what to expect from the child care center/home during an incident, what the child care center/home expects from the parents/guardians during the incident, and how they will be reunited with their child after an incident.
- Develop and conduct a process to ensure all contact information for parents/guardians is updated on a regular basis to aid in reunification.
- Determine what documents will be needed for reunification and business continuity after a disaster/emergency. Develop a process that makes these documents readily available to take with during an incident, especially during an evacuation.

15.1.3.3 Response

During a real incident, the developed plans are implemented, providing guidance to staff on how to respond. The priority is always to protect children and staff. Staff and children should respond based on the type of incident and the training that they received during drills/exercises. Once the safety and security of the children and staff has been established, key staff and/or administrative staff of the child care center/home should contact the agency overseeing the incident (e.g., incident commander) as well as the agency that provides oversight and regulates child care centers/homes at the state level. Communicating with these different entities allows for situational awareness and status updates on the incident as well as providing an avenue to request additional resources that may be needed to assist the child care center/home with their response.

15.1.3.4 Recovery

The recovery process after a disaster/emergency is dependent on many factors. Recovery and restoration of operations of child care services are directly related to predisaster planning such as mitigation efforts, development of recovery and business continuity plans, and establishment of agreements. Predisaster planning and activities help build the resiliency of a community and its members, including the child care center/home and the children that attend it. Having child care centers/homes in a community return to normal as soon as possible will assist with the

overall recovery of a community as well as help children cope with the disaster. Child care services are vital to the economic recovery of a community since, without these services, parents/guardians cannot return to work (Save the Children 2007). Reestablishing child care services and schools early in the disaster provides a safe and stable place for children to attend while their parents/guardians perform recovery actions and/or return to work. These actions help children return to their normal routine and allow them the opportunity to play, both of which help begin their coping process.

Child care centers/homes would implement their business continuity plan that outlines the steps the child care center/home will take to either reestablish services or continue to operate during the disaster and recovery periods. Child care centers/homes need to have a backup copy of all their computer files in order to assist with the reestablishment of services. Ideally, these backup copies are kept off-site, so they cannot be damaged or affected by the incident. Important documents such as insurance papers, staff employment files, and financial records are examples of what should be kept in the backup system/process. Creating backup files that contain the patient/guardian emergency contact information for each child care attendee is crucial to assist with reunification during and after a disaster. These types of documents should be mobile and easy for staff to take during an evacuation (e.g., on a flash drive). This information may also be kept at the off-site location but should be more accessible if reunification occurs before the off-site files can be obtained.

Child care centers/homes need to consider state regulatory requirements and processes for reestablishing services in the existing child care site, operating temporary child care sites, and operating in alternate child care spaces outlined in the recovery plan and through memorandum of understandings (MOUs) or mutual aid agreements. In addition, child care centers/homes may need to consider taking in additional children from families who normally do not attend their child care center/home. Having a plan to temporarily care for additional children can be a tremendous help for families and the community by allowing more members of the community to start their recovery and rebuilding process (U.S. Department of Health and Human Services, Office of Administration for Children and Families 2016).

In order to make the decision on whether to reestablish services in the existing site, depending on the type of incident, a damage assessment of the property needs to be conducted. This assessment should be done as soon as it is safe and secure to do. The purpose of conducting this damage assessment is to (Illinois Emergency Medical Services for Children (EMSC) 2016; U.S. Department of Health and Human Services, Office of Administration for Children and Families 2016; U.S. Department of Health and Human Services (HHS), Office of Administration of Children and Families, Office of Head Start n.d.):

- Assess the extent of the interruptions in child care services;
- Assess the number of staff and children impacted by the incident;

- Determine current operational capacity of the child care community as a whole immediately following the disaster;
- Communicate with community emergency management officials and the state regulatory agency; and
- Record the damage for insurance company claims and disaster financial relief resources.

If a child care center/home is unable to reopen or reestablish services, the center/home should offer to assist parents/guardians in temporary placement of their children in other child care centers/homes until their program can reopen. If an alternative location was determined during the planning phase, it may be as simple as providing families with the alternate center/home's contact information and notifying the alternate center/home about the family's needs. However, this may only be feasible if the child care center/home makes arrangements and establishes agreements or MOUs with other child care centers/homes during the planning phase for this purpose to temporarily care for their children/clients.

To complete the repairs and work needed to open the child care center/home, child care center/home administrators will need to compile damage estimates, prioritize repairs, maintain records of all expenses, notify insurance carriers, and access any disaster resource assistance to assist with the recovery efforts.

The other key component of the recovery phase for child care center/home staff is to assist children with the emotional and mental health effects of the disaster. Children respond differently to the stress of a disaster/emergency as compared to adults. Since they respond based on their age and developmental level, it is important for staff to be aware of normal or common reactions for the different age groups whom they care for, what is considered abnormal or concerning reactions, and how best to help the children cope. Since children spend a significant amount of time each week in the child care center/home, staff can play a significant role in helping these children recover from the disaster.

15.1.4 Common Reactions to Disasters for Children in Child Care Center/Home (Illinois Emergency Medical Services for Children (EMSC) 2018; The National Child Traumatic Stress Network 2012)

Infants and toddlers will not have developed the ability to understand the circumstances of the incident that has occurred, nor can they verbalize their emotions about the incident. Therefore, they express their emotions through their behavior. An infant may have an exaggerated startle response, or a toddler may throw temper tantrums more frequently. Older children who typically attend child care centers/homes (ages 3–6) tend to be magical thinkers. They may not understand everything that has happened and may have false perceptions related to the event. For example, it is common that a child this age may think the event was in some way their fault and that it would not have happened if they had behaved better. A preschool aged

child may also not understand that the danger from the incident is over. Overhearing adult conversations or being exposed to the media replaying the incident can add to this confusion. Young children often regress in response to stress, losing developmental abilities that they had previously acquired or skills that they learned. For example, a previously toilet trained child may start having toileting accidents. Toddlers may become aggressive when they are feeling angry or scared. This may be because they are trying to communicate to the adults around them the internal turmoil they are feeling.

Fear of separation is very common in these younger children who completely depend on their parents/guardians to provide for their basic needs and protect them from danger. A toddler may worry excessively that something bad might happen to their parent/guardian. The preschool age child may also have fears of separation and may feel very vulnerable after a disaster. They may cling more to their parents/guardians and child care center/home staff. They may also demonstrate regressive behaviors to elicit nurturance and comforting from adults. Crying and refusing to talk is also common with this age group.

It may be difficult in this younger-aged population to determine when to seek professional assistance for a child who is not coping well after an incident. If a child's reaction appears more severe than other children's reactions or changes in their behaviors are concerning, additional assistance may be necessary. The staff in the child care center/home may recognize these symptoms before the parent/guardian does, and an overwhelmed parent/guardian may require encouragement to seek additional assistance for their child.

There are interventions that child care center/home staff can implement in order to help children cope after a disaster/emergency. Parents/guardians, other caregivers, and trusted adults (i.e., child care center/home staff) need to spend more time with these younger children and provide a lot of physical contact. This can provide the reassurance, a feeling of safety and security, and the comfort that they need. Limiting children's exposure to media and conversations adults are having about the disaster/emergency is also important since young children are not able to understand that the events are not actually recurring when they observe repeat video footage of the incident and hear adults talking about the incident. Reassuring children that they are safe will be very helpful in providing them with a sense of security. Talking to the children in age and developmentally appropriate levels about their feelings and about the events may also help (U.S. Department of Health and Human Services (HHS), Office of Administration of Children and Families, Office of Head Start [n.d.](#); Illinois Emergency Medical Services for Children (EMSC) 2018). It is also important for child care center/home staff to observe a child play and to listen to them to gain a better understanding of what may have occurred to the child during the disaster and their feelings about the incident. Please refer to Chap. 12 for more detailed information on postdisaster effects.

Child care center/home staff should also monitor each other to assess any difficulty coping after a disaster/emergency. Staff should be provided with available resources to assist them with coping after an incident. National resources such as the Substance Abuse and Mental Health Services Administration (SAMHSA)

provide immediate, confidential, crisis counseling 24 hours a day through a toll-free, multilingual support line (Substance Abuse and Mental Health Services Administration (SAMHSA) 2019).

One final component in the recovery process for child care centers/homes is to debrief with staff, parents/guardians, and directors about the event. Debriefing provides an opportunity for those involved in the event to share their experiences. This can contribute to their personal recovery. In addition, debriefing provides an avenue to identify lessons learned from the incident, identify what components of the plan worked well and what did not, and develop an action plan to address those components of the plan that need to be changed. This brings the emergency management process full circle for the child care center/home as they begin to implement mitigation strategies to issues that have been identified and make corrections to the plan to reduce the risk and effects of the next disaster/emergency.

15.1.5 Key Components in Child Care Center/Home Disaster/Emergency Plans (National Center on Early Childhood Quality Assurance 2016; Administration for Children, and Family, Office of Child Care 2015; Illinois Emergency Medical Services for Children (EMSC) 2016; U.S. Department of Health and Human Services (HHS), Office of Administration of Children and Families, Office of Head Start n.d.)

When child care centers/homes are developing their disaster/emergency plans, there are certain components that should be incorporated into the plans. The layout of the plan should follow a simple, clear, and easy-to-understand format with sufficient detail to address what the staff, children, and parents/guardians of the child care center/home will do, when they need to do it, and how it will get accomplished. The plan should include considerations with other key entities and agencies that are directly associated with the child care center/home (e.g., the building the child care center/home is located within if part of a larger building) as well as indirectly associated with (response plans for the community where the child care center/home is located). Ensuring that components within the child care center/home's plans align with other key entities and agencies will contribute to a more unified and coordinated response to a disaster/emergency that impacts the entire community. The timeline/schedule and process for review of the plan and the implementation of revisions of the plan should be included in the plan. The plan and the education provided to the staff on the plans need to stress that employees are expected to remain and provide care to the children within the child care center/home should a disaster/emergency incident occur when they are at work at the child care center/home. It is extremely important that staff be encouraged to develop their own family preparedness plans, so their children and other family members can be cared for if the staff member is unable to leave during the disaster/emergency. Please see Chap. 6 for more information on personal/family disaster planning.

15.1.5.1 Communication Planning

Among the many critical components that should be outlined within the child care center/home disaster/emergency plans, communication procedures are, by far, one of the most important. The communication section of the plan should incorporate how information will be shared internally and externally. Internal communication procedures should outline how information will be shared between staff members, administration, and with the children within the child care center/home. Examples of primary communication methods include automatic notification systems, telephone, email, text messages, and written memos. Alternate communication methods should also be considered in case primary methods are not available. These may include emergency cellular phones or portable two-way radios. It is important that staff receive training on how to use all possible communication methods. Additional internal communication considerations to determine include:

- Process staff will take to notify administration about a disaster/emergency;
- Process to notify staff of a disaster/emergency;
- Process to activate disaster/emergency plans and how the activation of these plans will be shared with staff who are within the child care center/home as well as those who are not present when the plans are activated;
- Location of emergency communication equipment;
- Notification of the “all clear” when the incident has resolved; and
- How, when, and what information should be shared with the children during disasters/emergencies.

External communication procedures outline how information will be shared with parents/guardians, family of staff members, community members (i.e., law enforcement, emergency medical services, emergency management agencies, and public health departments), the state regulatory agency, other agencies in which agreements or MOUs have been made, and the media (National Resource Center for Health and Safety in Child Care and Early Education [n.d.-a](#); Illinois Emergency Medical Services for Children (EMSC) [2016](#)). Examples of external communication methods include phone, text messages, automatic text or email messaging system, automatic phone systems, child care center website and/or social media site, and the local media (e.g., TV and radio stations). A list of emergency phone numbers for community emergency services and other agencies/partners, including the state regulatory agency, should be included in the plan. Although not included directly in the plan, there should be quick access to emergency contact information for the staff’s family members. Establishing an out-of-state emergency contact phone number for the child care center/home that parents/guardians can utilize to access information regarding their child (may be used when cellular phones don’t operate) can also be helpful. Staff members who will be responsible for external communication should also be outlined in the plan, especially which staff member(s) are designated to speak with the media and what is permitted to be shared on their own social media sites.

Sharing information with parents/guardians will need to occur during and after a disaster/emergency. There are many components to consider for this section of the plan, several of which are listed below (Administration for Children, and Family, Office of Child Care 2015; National Resource Center for Health and Safety in Child Care and Early Education n.d.-a; Illinois Emergency Medical Services for Children (EMSC) 2016):

- Process to obtain parental/guardian contact information and how often this will be updated;
- Process that parents/guardians will be contacted should an illness/injury occur to their child while at the child care center/home. This should include the route that parents will be contacted such as automatic text or email messaging, automatic phone messaging, social media, child care center/home website, and local media;
- Parents/guardians' responsibility to provide and update emergency contact phone numbers as this information changes;
- Identification of alternate preidentified adult(s) who will be designated to pick up the child if the parents/guardians are unavailable;
- Identification of alternate preidentified adult(s) who live in a different town/state/area and who can be contacted if parents/guardians cannot be reached;
- The process that the child care center/home will take to notify the parents/guardians when a disaster/emergency occurs, including when and how the parents/guardians should initiate contact so that they do not disrupt or endanger the children or staff during an incident;
- The process that the child care center/home will take regarding the safe release of the children, so the parents/guardians do not endanger themselves or others by attempting to pick up their children before it is safe to do so;
- The process that the child care center/home will take to notify the parents/guardians of where they should pick up their children if an evacuation/relocation occurred as a result of the disaster/emergency;
- The process that parents/guardians should take to notify the child care center/home staff if they are unable to pick up their children before the close of operations;
- The process that the child care center/home will take to notify the parents/guardians of either limited hours of operation, extended hours of operation, or child care center/home closures due to the disaster/emergencies;
- Process to provide updates after a disaster if the child care center/home is closed due to damage.

15.1.5.2 Reunification Planning

As discussed previously, children of all ages, but especially those less than 5 years of age, are at risk for maltreatment, abduction, and abuse during disasters if they are separated from their parents/guardians during and after a disaster/emergency. Child care centers/homes are responsible for protecting children while they are in their care. They are also responsible for ensuring that each child that is in their care is

reunited with their parent/guardian or other adult designated by the parents/guardians. Reunification can be challenging after a disaster/emergency, especially for younger children who are unable to provide any information about themselves or their parents/guardians, and typically do not carry any identification. Depending on the type of incident and extent of the damage to the child care center/home, reunification may be even more difficult if staff are unable to access their emergency contact records from the child care center/home. In addition, if children within the child care center/home sustain injuries as a result of the incident and staff are not available to share information with EMS prior to transportation to a hospital, this further complicates the issue of ensuring the child is reunited with their parent/guardian. Children who are 5 years old and younger may not be able to provide responders with any information regarding who they are or who their parents/guardians are. In addition, information that children this age can provide does not usually help provide insight on possible custodial issues. For example, a 4-year-old child may recognize and be able to tell responders that an adult is their mother or father but more likely will not be able to tell responders that one parent/guardian is not to have contact with them based on court custody rulings. Because reunification is such a high risk and challenging component of disaster response for child care centers/homes, it is vital that procedures are outlined within the disaster plan for steps staff should take before, during, and after a disaster. Not only does this assist staff with knowing the steps they need to take to ensure the right child is reunited with the right parent/guardian, but it also helps to ensure that all staff are completing the reunification process in a consistent manner.

Before a disaster strikes, many of the components child care centers/homes need to consider for reunification have been outlined in the previous section on communication, including maintaining current contact information for parents/guardians as well as the local and out-of-state alternate preidentified adults. Sharing components of the disaster response plans with the parents/guardians will help them know what to expect and where to go to be reunited with their child after an incident. The child care center/home should have a current digital picture of each child who attends the child care center/home. Taking a picture of the parents/guardians for the center/home's record may also be beneficial for the reunification process as it assists staff who are not familiar with all the parents/guardians to verify the child is being released to the correct person.

During a disaster, place identification information on the child, especially if an evacuation is anticipated (Illinois Emergency Medical Services for Children (EMSC) 2016). This can be in the form of an identification bracelet or by pinning an information card on the child's back that includes demographic information about the child and their parent/guardian. Having premade information cards for all children who attend the child care center/home will help facilitate this process during a chaotic evacuation incident. Assign staff members to conduct the reunification process and provide those staff members with information about the parents/guardians to assist them in this process. Release children only to those individuals that the parents/guardians have indicated prior to the incident. Staff should require photo

identification for all adults that come to pick up a child after a disaster. If the child care center/home has to be evacuated, the location of where children will be reunified with their parents/guardians should only be provided to those listed on the child's emergency contact list. The child care center/home is responsible for caring for that child until they are reunified. If the parent/guardian and other alternate pre-identified adults are unable to be contacted and do not come to the child care center/home to pick up their children, the child care center/home staff will need to contact local law enforcement, local emergency management agency, the state regulatory agency for child care centers/homes, child protection services for the state in which they operate, and the National Emergency Child Locator Center (NECLC) operated by the National Center for Missing & Exploited Children (NCMEC) to file reports and assist with finding placement for the child (Illinois Emergency Medical Services for Children (EMSC) 2016; Federal Emergency Management Agency (FEMA) 2018). If possible, provide the assisting agencies with demographic information on the child and parent/guardian as well as a copy of the photos that are on file for both the child and the parents/guardians. For additional information on reunification, please refer to Chap. 11.

15.1.5.3 Business Continuity Planning

Business continuity planning is a critical component of a child care center/home preparedness. The business continuity components of the plan help protect the child care business. The plan consists of the steps and actions that the child care center/home should take after the immediate threat of the disaster/emergency has passed to address the damage or other threats to the child care center/home being able to continue to operate (Administration for Children, and Family, Office of Child Care 2015; Illinois Emergency Medical Services for Children (EMSC) 2016; U.S. Department of Health and Human Services (HHS), Office of Administration of Children and Families, Office of Head Start n.d.). Insurance policies, disaster relief funds (if available), and a contingency fund (funds set aside by the child care center/home before the disaster that can be utilized after a disaster for repairs, paying staff, or other operating costs) are all possible options that may be available to assist a child care center/home to cover the costs of reestablishing child care services. All documentation that will be needed by a child care center/home to reestablish care services should be kept on site with copies located at an off-site location. Keeping a copy of the business continuity documentations off-site ensures that staff will have access to it, even if the child care center/home sustains significant damage as a result of the incident. Another component that should be included as part of the business continuity plan is the requirements that the state child care regulating agency has for a child care center/home to reopen. If the child care center/home is part of the CCDF program, there may be additional steps that need to be taken and included within the business continuity component of the child care center/home disaster plan (Administration for Children, and Family, Office of Child Care 2015, 2017; U.S. Department of Health and Human Services, Office of Administration for Children and Families 2016).

15.1.5.4 Additional Components of the Disaster/Emergency Plans

The plans need to incorporate the actions that should occur during disaster/emergency incidents that may occur and involve the child care center/home as identified in their hazard assessment. Child care center/homes plans need to address the following types of incidents: illness/injury to a child or staff member, public health emergencies, missing or abducted child, fire, hazardous chemical spill, utility failure, extreme weather, radiological emergencies, violent situations, and terrorism. The specific causes of these incidents would vary for each child care center/home and would be identified during the hazard assessment. Detailed descriptions for evacuation/relocation, shelter-in-place, and lockdown procedures are critical to outline in the plan. These three response procedures would overlap with multiple emergency situations. For example, the shelter-in-place procedure would apply to extreme weather as well as a hazardous chemical leak within the community that the child care center/home is located. Since these procedures are appropriate responses for multiple emergency situations, their general concepts could be included separately instead of repeating the procedures in each applicable emergency situations identified within the plan. These four response procedures as well as the different types of disaster/emergency incidents as they relate to child care centers/homes will be reviewed next. The specific details related to how the child care center/home staff will respond during these procedures and types of situations is the content that should be integrated into the child care center/home's disaster plan.

- **Evacuation/Relocation**

Evacuation of the child care center/home involves moving all the children and staff out of the area that is either affected or anticipated to be affected by threat and relocating to a safer location. An example when an evacuation would be indicated is if there was a fire inside the child care center/home. The safe area that children and staff relocate/evacuate to can be either on-site (safe staging area on the property of the child care center/home), off-site (designated shelter or other types of areas that are not on the grounds of the child care center/home), or reverse evacuation (movement of children and staff into the child care center/home building from outside). During an evacuation, it is important that attendance is confirmed via roll call before moving the children and again once all staff and children have arrived at the next location. Determining predesignated evacuation routes prior to evacuation may be helpful to staff during an evacuation with the flexibility to alter the route as needed due to impending threats. Identifying a primary and a secondary evacuation site may also be beneficial in case one becomes affected by whatever the disaster threat is. If an off-site evacuation is needed, transportation resources may be needed due to the age of the children in the child care center/home. Where transportation vehicles will be obtained should be outlined in the plan, as well as additional considerations when transporting children such as the need for safety seats in the transportation

vehicle(s). Emergency disaster packs may be carried out by staff to include needed supplies for the children, emergency communication devices, and parental/guardian contact information. Other than these emergency supplies, staff should not try to bring their own belongings or the children's belongings during an evacuation. Designated staff members should contact parents/guardian as soon as it is safe to do so and provide them with instructions on being reunited with their children. These instructions would include directing parents/guardians to a reunification point, identifying an alternative time to pick up the child from the child care center/home, or that there are no changes anticipated for the time or location that the parent/guardian normally picks up the child.

- **Shelter-in-place**

If there is a threat, hazardous condition, or extreme weather occurring outside the child care center/home, sheltering-in-place would be indicated. Children and staff would remain inside the building that would be secured. There are several key differences between shelter-in-place and lockdown. The first is the location of the threat. In a lockdown situation, the threat is typically inside the building where the child center/home is located, while with a shelter-in-place order, the threat is typically outside the child care center/home. In a lockdown, the staff and children typically remain in one area (e.g., a classroom) until there is no longer a threat or the order to immediately evacuate is given. When sheltering-in-place, children and staff may be able to move around inside the building, depending on the cause of the incident. Staff would bring the children into the predesignated areas based on the type of incident. If an interior room with a few or no windows or vents is available, this may be ideal based on the type of incident (e.g., extreme weather or tornado). Sealing the doors, windows, and vents may be indicated if there is a hazardous chemical release outside the center/home. A roll call should be conducted at the start of the shelter-in-place procedures and when all staff and children are in the designated areas. Once the children and staff are safe, staff should notify the parents/guardians and provide them with an update on the situation, instruct them not to come to the child care center/home site due to the identified threat, and inform them that children will not be released until the threat has been cleared. Updates should be provided to the parents/guardians as they become available, including information about where the reunification location will be and when it is anticipated to occur.

- **Lockdown**

The purpose of a lockdown procedure is to secure the children and staff somewhere inside the child care center/home building to protect against a threat that is typically in the child care center. Violent intruders, active shooters, or hostage incidents are examples of when a lockdown procedure would be indicated. Law enforcement should be notified immediately (when safe to do so). Staff would bring all children into the designated safe areas that are out of view from the presenting threat and remain there until they receive notice that there is no longer a threat. If it is safe to do so, staff should engage the children in activities such as story time during the lockdown to try to keep them calm and quiet. An immediate evacuation may be indicated during a lockdown. Staff may be notified by their

administrator or designee, or law enforcement if there is an opportunity to evacuate the children. While continuing to keep the children calm and quiet, follow the specified route given for the evacuation (which may differ from evacuation routes outlined for other emergencies such as during a fire) and assemble at the designated area outside the building (Child Care Aware of America [n.d.-b](#)). All cellular telephones and electronic devices should be placed on silent mode during a lockdown but to aid in communication during and after the incident, staff should try to keep their cellular telephone with them. Once the children and staff are taken to a safe location or there is no longer a threat, staff should notify the parents/guardians and provide them with instructions for how to be reunited with their children.

- **Illness or injury to a child or staff member**

Staff members who are with the child that is injured or ill would assess the situation, determine what is initially needed, initiate first aid if trained to do so, call for help from other staff members, contact administration, and activate the local emergency medical services (EMS) as indicated. Any available health information for that child should be made available for EMS when they arrive. If the child that is ill or injured is a CSHCN or has other chronic medical conditions, information on their history should be provided to EMS as well. In addition, if the child has an Emergency Information Form (EIF) available, this is crucial to provide to EMS prior to transport to the hospital. The EIF provides a summary of the medical history and needs of children with special health care needs (American College of Emergency Physicians (ACEP), American Academy of Pediatrics (AAP) 2010). After initial first aid and any lifesaving interventions are performed, a staff member should contact the parents/guardians.

- **Public health emergency**

Child care centers/homes are at risk for infectious disease outbreaks and other public health emergencies such as pandemic influenza. Infants and young children are at an even greater risk for illness during infectious disease outbreaks due to their immature immune systems. Children with chronic medical conditions who are immunocompromised are at a higher risk of infection. Pregnant women are also at higher risk. How a child care center/home will respond to a communitywide public health emergency (e.g., pandemic influenza outbreak) or one directly involving the child care center/home (e.g., rotavirus outbreak that involves numerous child care center/home attendees and/or staff) should be outlined in the child care center/homes' disaster plan. There should be a process on how to contact the local public health department and other reliable sources of information to receive updates on any communitywide outbreaks as well as to report any outbreaks within the child care center/home. The process for communicating with families and staff during outbreaks should be determined. Infection control procedures/measures include: separating ill children if they become ill while at child care; conducting preventative infection control measures to limit the spread of an infection such as frequent hand washing, routine cleaning, sanitizing and disinfecting areas and toys within the child care center/home; educating and encouraging children on how to follow infectious control

prevention measures in a developmentally appropriate level; ensuring there is availability of supplies to control the spread of infection; educating families and staff about available vaccinations, infection control measures, and about the disease causing an outbreak; using a tracking system to document when children become ill and their symptoms; and maintaining records of children's immunization records (Centers for Disease Control and Prevention (CDC) 2015; Administration of Children and Families 2016). There also needs to be specific criteria regarding when children should be sent home from the child care center/home, when children should not attend child care, and when children can return to the child care center/home after an illness. The criteria for closing the child care center/home along with who makes that decision should also be predetermined in the plans.

- **Missing or abducted child care attendee**

When a child care attendee is missing, the process may include looking for the child on the premises, checking with other staff for possible known whereabouts, contacting administration, locking down the child care center/home, notifying law enforcement to file a report and activate an Amber Alert, and notifying the parents/guardians. These steps should all be outlined in the plan, along with the specific steps staff would take, which staff would be responsible for contacting outside agencies, and the contact information for those agencies, which should be easily accessible to staff. The child care center/home may develop required documentation for staff to complete about the incident (e.g., incident report form).

- **Fire**

During a fire within the child care center/home, life safety is the priority. The children should be evacuated prior to any attempts by staff to extinguish the fire or calling the fire department. A roll call of children and staff should be conducted once at a safe location. If there is no threat to children (children are not near where the fire is located), the fire is small, and staff is appropriately trained, a fire extinguisher can be used to attempt to put out the fire. If there is time and it is safe to do so, staff should close the windows and doors in the child care center/home before evacuating to help contain the fire. In addition, if there is time, the designated staff member should grab the emergency backpack with supplies for the children, parental/guardian emergency contact information, emergency communication devices, and business continuity documentation. No staff or children should be allowed to return to the building until cleared to do so by the fire department.

- **Hazardous chemical spill**

If a hazardous chemical spill occurs inside the child care center/home, the area should be evacuated immediately, preferably uphill and upwind from the location of the spill. Local emergency services should be notified. Electrical switches should be left in their current position, and if it is possible and safe to do so, the ventilation system should be turned off. Anyone (child or staff) with direct contact with the hazardous chemical should wash the area with water immediately. Otherwise, no staff should attempt to contain, identify, or clean up the hazardous materials.

If a hazardous chemical spill occurs outside the child care center/home, a reverse evacuation should occur if children are outside and shelter-in-place procedures should be conducted once all children and staff are inside the center/home. Information should be obtained from local response entities (e.g., fire department, hazmat teams, public health department) on additional procedures that may be needed such as closing off vents and taping doors and windows to create a better seal.

- **Utility emergencies, including gas leaks, electrical power failure, and contaminated water supply**

When there is a utility failure, the decision has to be made about whether the child care center/home can stay open (if currently open), can delay opening (if closed when a failure occurs), or needs to close or remain closed until the cause of the utility failure can be resolved. If the setting is currently open, staff need to consider the amount of natural light, temperature of the setting, ability to provide water/food/formula, and any risk of health to the children and staff.

If there is a possible gas leak or if staff in the center smell gas, an immediate evacuation of all children and staff is indicated and once everyone has evacuated to the safer location, notify local emergency services and administration about the issue. No one should reenter the building until cleared by emergency services and the gas company.

For an electrical power failure, if the child care center/home does not have a backup generator, the decision will need to be made on whether the center/home can stay open.

If there is a possibility that the water supply is contaminated, discontinue the use of tap water, ice machines, or any other water equipment. A community boil water advisory notice may be issued that indicates the water is safe to drink if it is boiled. If possible, for infants and children with chronic medical conditions (CSHCN), bottled water should be used for feeding and drinking. However, if bottled water is not available, boiled water can be used for infants and children with chronic medical conditions (CSHCN) (Illinois Emergency Medical Services for Children (EMSC) 2016; National Resource Center for Health and Safety in Child Care and Early Education n.d.-b; U.S. Department of Health and Human Services (HHS), Office of Administration of Children and Families, Office of Head Start n.d.; Centers for Disease Control and Prevention (CDC) 2018).

- **Extreme weather**

The type of extreme weather that child care centers/homes need to plan for will be based on its location and what was identified through the hazard assessment. There are some general concepts that child care centers/homes should consider regardless of the type of extreme weather it may be at risk for. Child care centers/homes should have a weather radio, especially in rural areas where the siren alerts may not be as dependable. Staff members should be assigned to monitor the weather for changes and alerts, indicating a potentially dangerous situation. Flashlights, emergency backpacks, extra batteries, cellular phones, and alternative communication devices should be kept nearby. Determine if closing the child care center/home earlier or staying open later can help ensure the safety

of the children, their parents/guardian, and staff. Staying open later so parents/guardians can pick up their children safely after a storm has passed can be beneficial for everyone's safety. If the extreme weather emergency causes a need to relocate the children and staff, roll call should be taken before leaving and once everyone arrives in the safer area. A list of vendors to assist with snow/ice removal, debris removal, or repair damages as a result of the storm should be maintained and easily accessible to speed the recovery after an extreme weather incident occurs.

- **Radiological emergencies related to nuclear power plant incidents** (Illinois Emergency Medical Services for Children (EMSC) 2016; U.S. Nuclear Regulatory Commission (U.S. NRC) 2018)

If a child care center/home is within ten miles of a nuclear power plant, it is important that the child care center/home contacts the local emergency management agency to ensure they are aware of the location of the child care center/home. By establishing a relationship prior to an incident occurring, the child care center can be informed more quickly of any incidents, including the need to evacuate or shelter-in-place, if indicated.

- **Violent situations, including violent intruder, active shooter, hostage situations, physical and verbal threats, and bomb threats**

There is a high risk of violent events involving child care centers/homes. Community violence, active shooter, custodial disputes, disgruntled person/staff, or any other type of physical or verbal threats can occur near or in a child care center/home. The assailant may or may not be known to the child care center/home. Any type of violent situation near or in a child care center/home should prompt the activation of the lockdown procedures and immediate notification of local law enforcement. In certain circumstances such as a bomb threat or if an armed intruder or active shooter is in another part of the building from where the children and staff are, immediate evacuation may be indicated instead of lockdown procedures. Procedures for each type of violent situation should be outlined in the plan. Conduct drills/exercises with a variety of scenarios involving different types of violent situations. Having experience with how to respond to these types of incidents and the ability to remain calm during the incident can help save the lives of children and staff.

- **Terrorism incidents**

Child care centers/homes need to be just as vigilant as other areas within the community. Report unusual people and/or activities, suspicious items left outside a child care center/home, and anyone who appears to be hanging around without reason. Child care centers/homes should enforce their security measures and restrict visitors. Disaster/emergency response procedures should be shared with only those who need to know them (i.e., staff, emergency medical services, parents/guardians) and not all aspects of the plan need to be shared in their entirety with every person. For example, parents/guardians need to be aware that evacuation areas and secondary locations have been identified should an evacuation be needed. The locations of the primary and secondary evacuation sites do

not need to be shared until the incident occurs. If a terrorist incident near the child care center/home involves a weapon of mass destruction, implement the child care center/home's shelter-in-place procedures and follow the instructions provided by local emergency managers.

15.1.6 Conclusion

Child care centers/homes play a vital role in the community on a day-to-day basis as well as during and after a disaster/emergency. Being able to care for and protect the youngest and most vulnerable groups of children requires commitment on behalf of the child care center/home to the entire emergency preparedness process.

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