



How States and Territories Prepare to Support Special Populations in Emergencies and Disasters

This brief is part of the Emergency Preparedness, Response, and Recovery (EPRR) discussion brief series. These briefs are provided to Child Care and Development Fund (CCDF) grantees and their partners to offer guidance regarding strategies and options for consideration in the development of state and territory child care disaster plans.

This discussion brief provides Lead Agencies and those working with child care programs with suggestions and considerations for the development of emergency plans for special populations.

The Child Care and Development Block Grant (CCDBG) Act of 2014 requires Lead Agencies to develop state- and territory-wide child care disaster plans. These plans must demonstrate how each state and territory will address the needs of children—including the need for safe child care—before, during, and after a major disaster or emergency, including a state of emergency declared by the governor. The plan must include provisions related to health and safety requirements for all providers who receive payment from the Child Care and Development Fund (CCDF) and requires considerations for special populations.¹

Specific requirements for these plans include guidelines for continuation of child care subsidies and child care services, which may include the provision of emergency and temporary child care services and temporary operating standards for child care providers during and after a disaster. Lead Agencies must also describe how they will coordinate postdisaster recovery of child care services.

State and territory child care provider disaster plans must include evacuation, relocation, shelter-in-place and lockdown procedures, as well as requirements for staff and volunteer emergency preparedness training and practice drills; communication and reunification with families; continuity of operations; and accommodation of infants and toddlers, children with disabilities, and children with chronic medical conditions.²

Caring for children in these special populations, including children who are not yet mobile and children with chronic health needs, requires additional planning on the part of early childhood and school-age programs. These children may be physically or developmentally unable to protect themselves. Safe and efficient evacuation of children with mobility issues will require extensive and careful emergency planning efforts.

Special attention can also be paid to the unique communication needs within these populations. For example, infants and toddlers, children who are dual-language learners, and children with language or hearing limitations

Groups Included in Special Populations

- Children with physical limitations
- Children with limited communication skills or who are nonverbal
- Children with sensory processing needs
- Children with complete or partial vision loss
- Children with complete or partial hearing loss
- Children with a medical condition that may affect mobility, communication, or processing of information



may require additional assistance in communicating their needs and understanding what is happening. Young children, especially infants and toddlers, rely on their caregivers to understand and meet their needs. The American Academy of Pediatrics policy [“Ensuring the Health of Children in Disasters”](#) provides additional information on the distinct ways young children are especially vulnerable in a disaster.

Considerations for Special Populations

Lead Agencies require providers receiving CCDF payments to develop comprehensive emergency plans. These plans should be adapted to meet the needs of the center or program and each child with special needs. To ensure that disaster planning is inclusive of children within these special populations, providers can consider these best practices in development of their plans:

- ◆ Know which children will require modifications or additional assistance during an emergency situation.
- ◆ Work with families to identify the accommodations these children will need and prepare an individualized care plan that includes ways to help each child cope with and respond in emergency situations. Engaging a child’s specialists and primary care provider may also be helpful.
- ◆ Identify resources within the community that may be helpful in planning and response.
- ◆ Keep families informed of emergency plans and keep emergency documents up to date.
- ◆ Consider including local responders in emergency planning and inform them of special accommodations needed.

Preparation

Disaster preparedness focuses on the steps that need to be taken to facilitate a rapid, coordinated, and effective response during an emergency that keeps children safe. Collaborating with families and first responders, which includes ongoing communication, is essential when considering children in special populations. To ensure that preparation is inclusive of children within these special populations, providers can consider the following best practices:

- ◆ Identify children who may require additional support.
- ◆ Consider how an emergency will impact children within special populations (or those at increased risk).
- ◆ Decide how you will evacuate children who have limited or no mobility, assess evacuation routes for potential hazards, and plan primary and secondary evacuation routes.
- ◆ Maintain an up-to-date list of children who receive special medication during the hours they are being cared for, indicating where medication is stored and their medication schedule.
- ◆ Work with families and a child’s support system (for example, therapists, early interventionists, and primary care providers) to develop a care plan that includes identifying supports needed during emergency drills and in the event of an emergency.
- ◆ Obtain necessary equipment and supplies to establish “go kits” (see suggestions under Considerations for Emergency Situation Checklists).
- ◆ Inform and train staff, substitutes, and volunteers about emergency procedures that are designed for children who require additional support, and practice these procedures.
- ◆ Conduct emergency drills and provide additional support to children within special populations, as needed.



- ◆ Develop and practice communication protocols for children who have speech, vision, or hearing limitations, and children with limited English proficiency. This includes identifying staff with foreign language skills (including, for example, American Sign Language), if needed.
- ◆ Place evacuation cribs, portable play yards with wheels, strollers, or a combination of these items near an exit for safe and efficient evacuation of infants.
- ◆ Assign primary and backup staff to assist infant caregivers or select children who will need extra assistance in the event of an emergency situation.
- ◆ Determine special accommodations needed for students with temporary special needs (for example, a broken leg).
- ◆ Ensure that staff are prepared to address their own special health needs (for example, availability of EpiPen, seizure medication, or diabetes medication) because their ability to manage their own health care needs will impact their ability to care for children in a crisis.

Response

State and territory child care disaster plans must include the immediate steps taken in response to an emergency to save lives and protect children. Responses will depend on the type and severity of the emergency. As CCDF providers ensure that their plans for response are inclusive of children within these special populations, they can consider the following best practices:

- ◆ Assess the situation and determine action needed: shelter in place, lockdown, evacuation, and so forth.
- ◆ Announce the emergency situation to children.
- ◆ Obtain “go kits,” medications, emergency records, first aid kits, and the like.
- ◆ Particular assistance may be needed for children within special populations; follow their individualized emergency plans.
- ◆ Account for all children in care and provide comfort and reassurance to the children.

Once the emergency is over, inform parents of the emergency situation and your response. Ensure that all children, and especially infants, toddlers, and children with special health care conditions, are reunified with their families as quickly as possible.

Recovery

The recovery phase is designed to assist children, staff, and families and restore program operations. Recovery planning is as important as preparedness planning, and it should be considered separately. Recovery is an ongoing long-term process that can last months and includes support of the mental, physical, and emotional health of children, staff, and families and the restoration of physical and programmatic operations in a safe environment. States and territories can consider these recommendations as they define requirements for providers to include in recovery planning:

- ◆ Work with families and other members of children’s support systems to assess the impact of the emergency on children within special populations and provide special accommodations and support, as needed.
- ◆ Communicate with families, local first responders, and members of children’s support systems; debrief on lessons learned from the disaster response; and adapt children’s individualized emergency plans, as needed.

Lead Agencies can consider ensuring that providers have access to community resources in families’ first languages that are specific to supporting children within special populations after disaster.



Considerations for Emergency Situation Checklists

Lead Agencies can use these examples to develop resources for providers in their states.

Supply List for Infants

- | | |
|--|---|
| <input type="checkbox"/> Children's emergency records | <input type="checkbox"/> Bottled water |
| <input type="checkbox"/> Diapers | <input type="checkbox"/> Powdered formula |
| <input type="checkbox"/> Diaper wipes | <input type="checkbox"/> Bottles with disposable liners |
| <input type="checkbox"/> Diaper rash ointment | <input type="checkbox"/> Pacifiers |
| <input type="checkbox"/> Ready-to-drink formula or breastmilk | <input type="checkbox"/> Extra clothing |
| <input type="checkbox"/> Formulas for children with food allergies | <input type="checkbox"/> Small blankets and toys |

For breastfed infants, providers and parents can create individualized plans for how to feed each infant in the event of an emergency. If parents request that their infant continue to receive breastmilk, providers can explore how to prepare for the accessibility of breastmilk in an emergency situation while following storage, feeding, and preparation requirements, such as those outlined in [Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs, 3rd edition](#). Parents and providers might also plan for breastfed infants to receive formula during emergency situations.

Supply List for Children with Special Needs

- | | |
|--|--|
| <input type="checkbox"/> Children's emergency records | <input type="checkbox"/> Copies of prescriptions, medical equipment; supplies, and medications |
| <input type="checkbox"/> Special health care plans | <input type="checkbox"/> Extra batteries for hearing aids; communication devices |
| <input type="checkbox"/> Critical medications and medication schedule | <input type="checkbox"/> Extra eye glasses |
| <input type="checkbox"/> Foods for children with special dietary needs | <input type="checkbox"/> Manual wheelchairs or other medical equipment |
| <input type="checkbox"/> Extra prescription medication | |
| <input type="checkbox"/> Generator or battery back-up for electrical medical equipment | |

Considerations for Training

CCDF requirements include training for staff and volunteers on general emergency preparedness and response. In considering caring for children in special populations, engaging in regular drills and exercises using various scenarios and role playing offers excellent opportunities to help staff think through their responses and planning or revisions to existing emergency plans. Taking on the role of an infant or the parent of a child with a disability changes the perspective of staff and supports preparation.

Programs can explore in what ways infants and toddlers, children with disabilities, and children with chronic medical conditions are included in training and drills for every type of emergency. Further training might address planning for volunteers or adults with disabilities or limited mobility who may be present at the time of a drill or actual emergency. States and territories should consider what policies and training requirements are in place that are specific to special populations.



It is equally important to engage in drills and lessons that help children learn how to respond in an emergency. State leaders, licensing representatives, local first responders and training specialists can help staff minimize children's fear and anxiety by leading discussions about how to approach drills and practice from the children's perspective. Preparing children for emergency drills should be carefully considered and planned to increase their knowledge without increasing their anxiety.

Communicating with all families about emergency planning is vital, but it is even more critical for families with children who are not able to assist in their own safekeeping. Asking families to review your plans and suggest specific adaptations for their children will help staff ensure that all children are included and safe.

This discussion brief is meant to encourage discussion and support planning with partners, and to provide ideas to consider in the development of state and territory child care disaster plans. Once a state- or territory-wide plan is in place, child care programs can adapt the plan to meet the needs of their particular program and individual children. The [State Systems Specialists](#) in each Administration for Children and Families Region are available to provide technical assistance and supplementary [resources](#). Emergency preparedness resources are also available from the [Office of Child Care](#).

Resources

American Academy of Pediatrics. (2017). Children and disasters: Child care providers [Web page]. Retrieved from <https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Children-and-Disasters/Pages/Child-Care-Providers.aspx>

American Academy of Pediatrics. (2017). Children and disasters: Promoting adjustment and helping children cope [Web page]. Retrieved from <https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Children-and-Disasters/Pages/Promoting-Adjustment-and-Helping-Children-Cope.aspx>

Aronson S. S. (Ed). (2014). *Model child care health policies*, 5th ed. Elk Grove Village, IL: American Academy of Pediatrics. Retrieved from <http://www.ecels-healthychildcarepa.org/publications/manuals-pamphlets-policies/item/248-model-child-care-health-policies>

Centers for Disease Control and Prevention. (2017). Caring for children in a disaster: Schools and childcare centers [Web page]. Retrieved from <https://www.cdc.gov/childrenindisasters/schools.html>

Disaster Preparedness Advisory Council & Committee on Pediatric Emergency Medicine. (2015). Ensuring the health of children in disasters, *Pediatrics*, 136(5), e1407–e1417. Retrieved from <http://pediatrics.aappublications.org/content/136/5/e1407>

Federal Emergency Management Agency. (2013). Multihazard planning for childcare [IS-36: Web-based independent study course]. Retrieved from <https://training.fema.gov/is/courseoverview.aspx?code=is-36>

National Center on Early Childhood Quality Assurance. (2016). *CCDF health and safety requirements brief #6: Emergency preparedness and response planning*. Retrieved from <https://childcareta.acf.hhs.gov/resource/ccdf-health-and-safety-requirements-brief-6-emergency-preparedness-and-response-planning>



Office of Human Services Emergency Preparedness and Response, Administration for Children and Families, U.S. Department of Health and Human Services. (2013). Infant feeding during disasters [Infographic]. Retrieved from <https://www.acf.hhs.gov/ohsepr/resource/infant-feeding-during-disasters>

Endnotes

¹ The CCDBG Act of 2014 and section 418 of the Social Security Act (42 U.S.C. 618), as amended, provide the statutory authority for implementation of the CCDF program as designated by the Administration for Children and Families. The CCDBG Act of 2014 is available at 42 U.S.C. §§ 9857–9858 (2015), <https://www.gpo.gov/fdsys/pkg/USCODE-2015-title42/html/USCODE-2015-title42-chap105-subchapII-B.htm>.

² Child Care and Development Fund, 45 C.F.R. § 98 (2016), <https://www.ecfr.gov/cgi-bin/text-idx?SID=4f7ade0a312b92f614ef180b7bbbec06&mc=true&node=pt45.1.98>.

The State Capacity Building Center (SCBC) works with state and territory leaders and their partners to create innovative early childhood systems and programs that improve results for children and families. The SCBC is funded by the U.S. Department of Health and Human Services, Administration for Children and Families, Office of Child Care.

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