Children and Disasters: An Integrated Approach to Disaster Planning, Response and Recovery

April 28, 2014
Bruce Lockwood

Former Commissioner, National Commission on Children and Disasters
President, International Association of Emergency Managers
USA Council
Chairman, Capitol Region Emergency Planning Council, Connecticut
### 9. Sheltering Standards, Services, and Supplies

| 9.1: Government agencies and non-governmental organizations should provide a safe and secure mass care shelter environment for children, including access to essential services and supplies. |
|---|---|---|---|
| DHS/FEMA | X | X |

- Implement national standards and indicators for mass care shelters that are specific and responsive to children.

- Integrate essential age-appropriate shelter supplies for infants and children into shelter planning and fund the addition of child-specific supplies to caches for immediate deployment to support shelter operations.

- Implement common standards and training, including standards for criminal background checks, to mitigate risks unique to children in shelters such as child abduction and sex offenders.

<table>
<thead>
<tr>
<th>Relevant Federal Agencies</th>
<th>States, Tribal Territories and Localities</th>
<th>Non-Governmental Entities</th>
</tr>
</thead>
<tbody>
<tr>
<td>DHS/FEMA</td>
<td>X</td>
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</table>
Appendix E: Standards and Indicators for Disaster Shelter Care for Children

Standards and Indicators for All Shelters

- Under most circumstances, a parent, guardian, or caregiver is expected to be the primary resource for his or her children, ages 18 and younger.
- In cases where parents or guardians are not with their children, local law enforcement personnel and local child protective/child welfare services must be contacted to assist with reunification.
- Children are sheltered together with their families or caregivers.
- Every effort is made to designate an area for families away from the general shelter population.
- Family areas should have direct access to bathrooms.
- Parents, guardians, and caregivers are notified that they are expected to accompany their children when they use the bathrooms.
- Every effort is made to set aside space for family interaction:
  - This space is free from outside news sources, thereby reducing a child’s repeated exposure to coverage of the disaster.
  - If age-appropriate toys are available, they will be in this space, with play supervised by parents, guardians, or caregivers.
- Shared environmental surfaces in shelters that are frequently touched by children’s hands or other body parts should be cleaned and disinfected on a regular basis. High contact areas may include diaper changing surfaces, communal toys, sinks, toilets, doorknobs, and floors. These surfaces should be cleaned daily with a 1:10 bleach solution or a commercial equivalent disinfectant based on the manufacturer’s cleaning instructions. Local health department authorities may be consulted for further infection control guidance.
- When children exhibit signs of illness, staff will refer children to on-site or local health services personnel for evaluation and will obtain consent from a parent, guardian, or caretaker whenever possible.
- When children exhibit signs of emotional stress, staff will refer children to on-site or local disaster mental health personnel and will obtain consent from a parent, guardian, or caretaker whenever possible.
- Children in the shelters come in all ages and with unique needs. Age-appropriate and nutritious food (including baby formula and baby food) and snacks are available as soon as possible after needs are identified.
- Diapers are available for infants and children as soon as possible after needs are identified. General guidelines suggest that infants and toddlers need up to 12 diapers a day.
- Age-appropriate bedding, including folding, portable cribs or playpens are also available.
- A safe space for breastfeeding women is provided so they may have privacy and a sense of security and support. (This can include a curtained-off area or providing blankets for privacy.)
- Basins and supplies for bathing infants are provided as soon as possible after needs are identified.
Standards and Indicators for Temporary Respite Care for Children

Temporary respite care for children provides temporary relief for children, parents, guardians, or caregivers. It is a secure, supervised, and supportive play experience for children in a disaster recovery center, assistance center, shelter, or other service delivery site. When placing their child or children in this area, parents, guardians, or caregivers are required to stay on-site in the disaster recovery center, assistance center, shelter or designate a person to be responsible for their child or children, who shall also be required to stay on-site.

In cases where temporary respite care for children is provided in a disaster recovery center, assistance center, shelter, or other service delivery site, the following standards and indicators shall apply:

- Temporary respite care for children is provided in a safe, secure environment following a disaster.
- Temporary respite care for children is responsive and equitable. Location, hours of operation, and other information about temporary respite care for children is provided and easy for parents, guardians, and caregivers to understand.
- All local, State, and Federal laws, regulations, and codes that relate to temporary respite care for children are followed.
- The temporary respite care for children area is free from significant physical hazards and/or architectural barriers and remains fully accessible to all children.
- The temporary respite care for children area has enclosures or dividers to protect children and ensure that children are supervised in a secure environment.
- The temporary respite care for children area is placed close to restrooms and a drinking water source; hand washing and or hand sanitizer stations are available in the temporary respite care for children area.
- Procedures are in place to sign children in and out of the temporary respite care for children area and to ensure children are released only to the parent(s), guardian(s), caregiver(s), or designate(s) listed on the registration form.
- All documents—such as attendance records and registration forms (which include identifying information and parent, guardian, or caregiver names and contact information); information about allergies and other special needs; and injury and/or incident report forms—are provided, maintained, and available to staff at all times.
- Toys and materials in the temporary respite area are safe and age-appropriate.
- Prior to working in the temporary respite care for children area, all shelter staff members must receive training and orientation. In addition, such staff must successfully complete a criminal and sexual offender background check. Spontaneous volunteers are not permitted. When inside the temporary respite area, staff shall visibly display proper credentials above the waist at all times.
- When children are present, at least two adults are to be present at all times. No child should be left alone with one adult who is not the parent, guardian, or caregiver.
- All staff members must be 18 years of age or older. Supervision of the temporary respite care for children area is provided by a staff person at least 21 years of age.
- An evacuation plan will be developed with a designated meeting place outside the center. The evacuation plan will be posted and communicated to parent(s), caregiver(s), and guardian(s) when registering their child.
- The child-to-staff ratio is appropriate to the space available and to the ages and needs of the children in the temporary respite care for children area at any time.
### Recommended Perishable Supplies for Immediate Delivery Within 3 Hours

<table>
<thead>
<tr>
<th>Quantity</th>
<th>Description</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>40 Jars</td>
<td>Baby food—Stage 2 (jar size is 3.5-4 oz.).</td>
<td>Combination of vegetables, fruits, cereals, meats.</td>
</tr>
<tr>
<td>1 Box (16 oz)</td>
<td>Cereal—single grain cereal preferred (e.g., rice, barley, oatmeal).</td>
<td>Rice, barley, oatmeal, or a combination of these grains.</td>
</tr>
<tr>
<td></td>
<td>Diaper wipes—fragrance free (hypoallergenic).</td>
<td>Minimum of 200 wipes.</td>
</tr>
<tr>
<td>40</td>
<td>Diapers—Size 1 (up to 14 lbs.).</td>
<td>Initial supply should include one package of each size diaper, with no less than 40 count of each size.</td>
</tr>
<tr>
<td>40</td>
<td>Diapers—Size 2 (12-18 lbs.).</td>
<td></td>
</tr>
<tr>
<td>40</td>
<td>Diapers—Size 3 (16-28 lbs.).</td>
<td></td>
</tr>
<tr>
<td>40</td>
<td>Diapers—Size 4 (22-37 lbs.).</td>
<td></td>
</tr>
<tr>
<td>40</td>
<td>Diapers—Size 5 (27 lbs. +).</td>
<td></td>
</tr>
<tr>
<td>40</td>
<td>Pull Ups 4T-5T (38 lbs. +).</td>
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</tr>
<tr>
<td>320 oz.</td>
<td>Formula, milk-based, ready to feed (already mixed with water). For</td>
<td>Breastfeeding is the best nutritional option for children and should be strongly encouraged.</td>
</tr>
<tr>
<td></td>
<td>additional information, go to &quot;Supplemental Information.&quot;</td>
<td></td>
</tr>
<tr>
<td>64 oz.</td>
<td>Formula, hypoallergenic—hydrolyzed protein, ready to feed (already mixed</td>
<td>Do not use sports drinks. The exact amount to be given, and for how long, should be determined by an appropriate medical authority (doctor or nurse) and based on the degree of dehydration. To be used in the event that an infant or child experiences vomiting or diarrhea.</td>
</tr>
<tr>
<td></td>
<td>with water). For additional information, go to &quot;Supplemental Information.&quot;</td>
<td></td>
</tr>
<tr>
<td>64 oz.</td>
<td>Formula, soy-based, ready to feed (already mixed with water). For</td>
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<tr>
<td></td>
<td>additional information, go to &quot;Supplemental Information.&quot;</td>
<td></td>
</tr>
<tr>
<td>1 Quart</td>
<td>Oral electrolyte solution for children, ready-to-use,</td>
<td></td>
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<tr>
<td></td>
<td>unflavored—Dispensed by medical/health authority in shelter. For</td>
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<tr>
<td></td>
<td>additional information, go to &quot;Supplemental Information.&quot;</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Nutritional supplement drinks for kids/children, ready-to-drink—Dispensed</td>
<td>Not for infants under 12 months of age. Requirement is a total of 40-120 fl. oz. per day; in no larger than 8 oz. bottles.</td>
</tr>
<tr>
<td></td>
<td>by medical/health authority in shelter.</td>
<td></td>
</tr>
</tbody>
</table>

10 infants and children up to 3 years of age for a 24-hour period
### Other Recommended Perishable Supplies

<table>
<thead>
<tr>
<th>Quantity</th>
<th>Description</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>40</td>
<td>Baby food—stage 1 (jar size ~ 2.5 oz)</td>
<td>Combination of vegetables, fruits, cereals, meats</td>
</tr>
<tr>
<td>40</td>
<td>Baby food—stage 3 (jar size ~ 6 oz)</td>
<td>Combination of vegetables, fruits, cereals, meats</td>
</tr>
<tr>
<td>40</td>
<td>Diapers—preemie size (up to 6 lbs.)</td>
<td>As needed for shelter population</td>
</tr>
<tr>
<td></td>
<td>Healthy snacks that are safe to eat and do not pose a choking hazard (intended for children 2 years and older)</td>
<td>Should be low sugar, low sodium: yogurt, applesauce, fruit dices (soft) (e.g., peaches, pears, bananas), veggie dices (soft) (e.g., carrots), 100% real fruit bite-sized snacks, real fruit bars (soft), low sugar/whole grain breakfast cereals and/or cereal bars, crackers (e.g., whole grain, &quot;oyster&quot;/&quot;mini&quot;)</td>
</tr>
</tbody>
</table>
### Appendix F: Supplies for Infants and Toddlers in Mass Care Shelters and Emergency Congregate Care Facilities (Continued)

#### Non-Perishable Supplies & Equipment

<table>
<thead>
<tr>
<th>Quantity</th>
<th>Description</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>25</td>
<td>Infant feeding bottles (plastic only). For additional information, go to &quot;Supplemental Information.&quot;</td>
<td>4-6 oz. size preferred (to address lack of refrigeration).</td>
</tr>
<tr>
<td>30</td>
<td>Infant feeding spoons. For additional information, go to &quot;Supplemental Information.&quot;</td>
<td>Specifically designed for feeding infants with a soft tip and small width. Can be used for younger children as well.</td>
</tr>
<tr>
<td>50</td>
<td>Nipples for baby bottles (non-latex standard). For additional information, go to &quot;Supplemental Information.&quot;</td>
<td>2 per bottle.</td>
</tr>
<tr>
<td>25</td>
<td>Diaper rash ointment (petroleum jelly, or zinc-oxide based).</td>
<td>Small bottles or tubes.</td>
</tr>
<tr>
<td>100</td>
<td>Disposable changing pads.</td>
<td>At least 13 x 18 in size. Quantity is based on 6-10 diaper changes per infant per day.</td>
</tr>
<tr>
<td>10</td>
<td>Infant bathing basin.</td>
<td>Thick plastic non-foldable basin. Basin should be at least 12” x 10” x 4.”</td>
</tr>
<tr>
<td></td>
<td>Infant wash, hypoallergenic.</td>
<td>Either bottle(s) of baby wash (minimum 100 oz.), which can be &quot;dosed out&quot; in a disposable cup (1/8 cup per day per child) or 1 travel size (2 oz.) bottle to last ~ 48 hrs per child.</td>
</tr>
<tr>
<td>10</td>
<td>Wash cloths.</td>
<td>Terry cloth/cotton—at least one per child to last the 72 hr period</td>
</tr>
<tr>
<td>10</td>
<td>Towels (for drying after bathing).</td>
<td>Terry cloth/cotton—at least one per child to last the 72 hr period</td>
</tr>
<tr>
<td>2</td>
<td>Infant hat and booties. For additional information, go to &quot;Supplemental Information.&quot;</td>
<td>Issued by medical/health authority in shelter.</td>
</tr>
<tr>
<td>10</td>
<td>Lightweight blankets (to avoid suffocation risk).</td>
<td>Should be hypoallergenic, (e.g., cotton, cotton flannel, or polyester fleece).</td>
</tr>
<tr>
<td>5</td>
<td>Folding, portable cribs or playpens.</td>
<td>To provide safe sleeping environments for infants up to 12 months of age.</td>
</tr>
<tr>
<td>2</td>
<td>Toddler potty seat.</td>
<td>That can be placed on the seat of an adult toilet, with handles for support. One each should be located in both a Men’s and Women’s restroom.</td>
</tr>
<tr>
<td>1 pack</td>
<td>Electrical receptacle covers.</td>
<td>Minimum 39 (Note: Prioritize covering outlets in areas where children and families congregate (family sleeping area, children’s areas, etc.).</td>
</tr>
</tbody>
</table>

#### Other Recommended Non-Perishable Supplies and Equipment

<table>
<thead>
<tr>
<th>Quantity</th>
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</tr>
</thead>
<tbody>
<tr>
<td>10</td>
<td>Sip cups (support for toddlers). For additional information, go to &quot;Supplemental Information.&quot;</td>
</tr>
</tbody>
</table>
### Appendix F: Supplies for Infants and Toddlers in Mass Care Shelters and Emergency Congregate Care Facilities (Continued)

<table>
<thead>
<tr>
<th>Supplemental Information</th>
<th>Supplemental Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Formula.</strong></td>
<td>Use of a powered formula is at the discretion of the jurisdiction or shelter operator. If using powdered formula, preparation of the formula should be conducted by appropriately trained food preparation workers. Water used should be from an identified potable water source (bottled water should be used if there is any concern about the quality of tap or well water). Hypoallergenic hydrolyzed formula can be provided in powdered form—(1) 400 gram can—but only if potable water is accessible.</td>
</tr>
<tr>
<td><strong>Infant feeding bottles and nipples.</strong></td>
<td>Each time nutritional fluids, formula and/or other infant feeding measures (including breast milk in a bottle) are distributed by trained, designated shelter staff and/or medical professionals, clean, sterilized bottles and nipples must be used. <strong>Note:</strong> After use, bottles are to be returned to the designated location for appropriate sterilization (and/or disposal). Bottle feeding for infants and children is a 24/7 operation and considerations must be in place to provide bottle feeding as needed. (On average, infants eat at minimum 5-8 times daily.) <strong>Note to staff:</strong> Sterilizing and cleaning. Sterilize bottles and nipples before you use them for the first time by putting them in boiling water for 5 minutes. Nipples and bottles should be cleaned and sterilized before each feeding. If disposable bottles and nipples are not available and more durable bottles and nipples will be re-used, they must be fully sterilized before each feeding. To the greatest extent possible bottles and nipples should be used by only one child. In the event parents want to use their own bottles and nipples, shelter staff should provide support for cleaning these items between feedings. Such support includes access to appropriate facilities for cleaning (not public restrooms).</td>
</tr>
<tr>
<td><strong>Note regarding all feeding implements for infants/children.</strong></td>
<td>There is a specific concern with cleaning and sanitizing of all feeding implements associated with infants and children (infant feeding bottles/nipples, spoons, sip cups, etc). These items will require additional attention by food preparation staff to ensure they are sanitary as a means of reducing foodborne illness. Medical/health staff should be consulted on best means of raising awareness among shelter residents and enlisting their support for these extra sanitary measures. Feeding implements such as spoons and sip cups should be cleaned using hot soapy water provided potable water is available. When the item is being cleaned to give to another child the item must be sterilized.</td>
</tr>
<tr>
<td><strong>For the following items: infant bathing basin, lightweight blankets, diaper rash ointment, wash cloths, and towels.</strong></td>
<td>Consider pre-packaging the listed items together and providing one package to each family with children. <strong>Note:</strong> additional blankets and towels will be necessary for families with more than one child.</td>
</tr>
</tbody>
</table>
Thank You
Lauralee Koziol
Federal Emergency Management Agency

Integrating Children’s Disaster Related Needs into Disaster Planning, Preparedness, Response and Recovery
• Administrator Fugate established FEMA’s Children’s Working Group in August 2009.
  • Responsible for leading FEMA’s efforts, in partnership with other Federal agencies and non-governmental organizations to ensure that the needs of children were considered and integrated into overall disaster planning, preparedness, response and recovery efforts initiated at the Federal level.
  • Federal and non-governmental organizations worked hand in hand to support one another’s efforts, building genuine relationships and a strong foundation for supporting our State, local, tribal and external partners during disaster operations.
• Children’s disaster related needs are now embedded throughout all applicable offices within FEMA.
• FEMA continues to work closely with Federal, State, local and non-governmental partners to actively address the needs of children and families before, during and after disasters.
• Children’s disaster related needs have been integrated into numerous planning and guidance documents.
• FEMA has partnered closely with our Federal partners to support the development of emergency preparedness planning guidance for juvenile justice and educational facilities.
• DHS/FEMA’s Homeland Security Grant Program Guidance provides clarification as to how grant dollars may be used by States and local jurisdictions to ensure that the needs of children are met through disaster planning.
• Training modules have been developed to provide emergency managers and implementers of pediatric programs with guidance on meeting children’s disaster needs.
Emergencies and disasters can happen at any time and often without any warning. Children comprise approximately 25 percent of the population - FEMA preparedness activities account for their unique needs.

- **Children are positive influencers.** Educators and social researchers agree that children can effectively bring the message of preparedness home to their families.

- **Children can become leaders.** By participating in youth preparedness programs, children are empowered to become leaders at home and in their schools and communities.

- **Children who are prepared are more confident during emergencies and disasters.** Social science research and anecdotal evidence support the idea that children who have learned about emergency preparedness experience less anxiety during an actual emergency or disaster.
Response & Recovery Operations

- Infant and toddler supplies are available to support State, local, territorial, and tribal governments during Presidentially declared disasters.
- FEMA’s National Sheltering System (NSS) has the capability to enter and report on specific populations under the age of eighteen residing in a shelter.
- Reunification resources have been established to facilitate the expeditious reunification of children separated as a result of disaster with their parents/legal guardians.
- Federally funded Crisis Counseling Program allows for the inclusion of a Child Coordinator.
- FEMA’s Child Care Services Fact Sheet identifies certain child care services that may be eligible for reimbursement under FEMA’s Public Assistance Program.
Response & Recovery Operations (Continued)

- Educational Facilities Fact Sheet developed by FEMA and the U.S. Department of Education addresses Frequently Asked Questions (FAQ’s) as they relate to reimbursement eligibility for schools damaged or destroyed as a result of a Presidentially declared disaster.
- The Sandy Recovery Improvement Act of 2013 provides FEMA the authority to pay for eligible child care expenses as disaster assistance under the Other Needs Assistance (ONA) provision of the Individuals and Households Programs (IHP).
- FEMA supports housing related requests that pertain to children and families through the respective State Led Disaster Housing Task Force.
- The long term recovery needs of children and their families are addressed through various Recovery Support Functions within the National Disaster Recovery Framework (NDRF).
- National partners continue to collaborate closely together during disaster operations to support State and local disaster response and recovery efforts.
Thank You
LT Tala Hooban, MPH, CHES, CPH

Administration for Children & Families (ACF)
Office of Human Services Emergency Preparedness & Response (OHSEPR)
Administration for Children & Families (ACF)

- A division of the U.S. Department of Health and Human Services
- Promotes the economic and social well-being of families, children, individuals and communities
- Administers more than 60 programs, budget of $51 billion
ACF Emergency Activities

- The Office of Human Services Emergency Preparedness and Response (OHSEPR) provides leadership in human services preparedness, response, and recovery, promoting resilience of individuals, families, and communities prior to, during, and after nationally declared disasters and public health emergencies.

- Partnership between ACF OHSEPR and the 10 ACF Regional Administrators’ offices.

- In each ACF Regional Administrator’s office, there is a Regional Emergency Management Specialist.
Children & Youth Task Force in Disasters

- Whole Community approach
- Child- and youth-serving agencies, organizations, and professionals in a single forum for shared strategic coordination to meet the needs of children, youth, and families.
- State agency with lead equities in children, youth, and family services guides the process.
- A scalable model
- Multiple partners involved, including local, state, federal, NGO, VOAD, etc.
Region 3 Children & Disasters Workgroup

- Established by ACF Region 3 Regional Emergency Management Specialist and FEMA Individual Assistance Branch leadership.
- Created based on lessons learned from previous national disasters
- Training and presentations from subject matter experts
- Meeting times are every other month
Joplin, Missouri Child Care Task Force

- Convened by MO Department of Social Services Children’s Division, MO Department of Health and Senior Services, Division Child Care Licensing and ACF
- Task Force included MO Child Care Aware (CCR&R), child care providers, FEMA, Elementary and Secondary Education, SBA, ASPR/ABC, Save the Children, Ozark Center (behavioral health provider)
Louisiana Hurricane Isaac Task Force

- Parish-level Children’s Task Forces in two hardest-hit parishes: Plaquemines & St. John The Baptist
- Convened by LA Department of Children & Family Services, ACF, and Save the Children
- Over 60 participating individuals and agencies—multi-sector & multi-disciplinary

Plaquemines Parish (2012). Photo: ACF.
Superstorm Sandy : New Jersey & New York

- 697 child care provider closures, 86 Head Start Center closures – CT, NJ, & NY
- 9-day closure of Region 2 ACF offices
- 2 States with differently modeled task forces

Superstorm Sandy (2012). Photo: ACF.
New Jersey State-Led Children’s Task Force

- Led by New Jersey Department of Children and Families, support from ACF IORA, OCC, OHS and FEMA
- Coordinated with the Montclair State University Center for Autism and Early Childhood Mental Health to address disaster recovery needs of infants, toddlers, and young children. This created a sub-group within the task force called the Sandbox.
New York Children’s Issues Task Force

• Commissioner of the New York Office of Children and Families, and the ACF RA co-convened this task force.

• Conduit to inform federal policy makers about community needs for child care and Head Start; coordinated behavioral health resources.

• Outreach to immigrant populations
Contact Us

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Program Manager, Emergency Communications

Reunifying Children
Separated As A Result Of Disaster
National Center for Missing & Exploited Children

- Established in 1984 as a 501(c)(3) non-profit organization; receives both federal and private funding
- Assists law enforcement and families in finding missing children, reducing child sexual exploitation and preventing child victimization.
- Headquartered in Alexandria, VA with regional offices in California, Florida, New York and Texas
Hurricanes Katrina and Rita

- Families separated during evacuation or rescue phase.
- Children on evacuation buses and rescue boats/helicopters without parent/legal guardian.
- Unaccompanied minors were in general population disaster shelters.
- Families roamed thru states in effort to reunite with loved ones.
Katrina Call Center

• Department of Justice requested that NCMEC establish a hotline to manage calls relating to missing children.

• NCMEC’s efforts helped to resolve and reunite 5,192 cases of displaced children.

• The last child was reunited with her family in Texas seven months later.
National Emergency Child Locator Center (NECLC)

- Post-Katrina, Congress requested that NCMEC establish the NECLC.
- NECLC will activate at the request of the state or FEMA in response to a specific disaster or emergency with a dedicated hotline number.
- Redundancy built-in to expand or relocate call center operations, if required.
- Project ALERT/Team Adam would be called to support call center operations.
Team Adam

• Team Adam can help to support reunification efforts by working with:
  • Search & Rescue teams
  • Medical examiners (ME)/ D-MORTs
  • Hospitals
  • Schools
  • Social Services Agencies
  • Disaster shelters
Unaccompanied Minors Registry (UMR)

• The UMR is the first national data collection tool of its kind.

• Used to:
  • Facilitate the tracking and reunification of unaccompanied minors as a result of a disaster.
  • Expedite the reunification of unaccompanied minors with their families, guardians and care-givers when separated by a disaster.
  • Provide reports back to law enforcement and reunification staff.

http://umr.missingkids.com
Post Disaster Reunification of Children: A Nationwide Approach

- National initiative created to establish a baseline foundation for reunifying children separated from parents/legal guardians in the aftermath of a disaster.

- Developed to:
  - Assist state, local & tribal governments in determining processes, communication lines, and the identification of roles necessary to facilitate the expeditious reunification of children separated as a result of disaster.
  - Encourage whole community partners to establish an understanding of how all parties can work together to support one overall mission.

http://nationalmasscarestrategy.org/reunification/
Jeanne-Aimée De Marraias
Senior Director, U.S. Emergencies
Save the Children

- Works in 120+ countries
- In the US, a leading advocate and responder for children in emergencies
  - Served as Chair of National Commission on Children and Disasters and on FEMA’s National Advisory Council
  - National and State VOAD member
  - Serving on National Mass Care Council
  - Leading Children in Disasters Coalition
  - Red Cross partner providing care for children in shelters
- U.S. Emergencies: 700,000 + children served & $25 million (private funding) dedicated to date
- Key Partners: FEMA, Red Cross, HHS Agency for Children & Families, Parks & Recreation, AmeriCorps NCCC, NVOAD
Strengthening Child-Focused Community Preparedness and Resilience

- Federal and State Advocacy & Policy Change
  - National Report Card
  - NACCRAA & SC National Standards for Child Care Preparedness
  - National Standards for Care for Children in Shelters
  - Shelter Supply List for Infants and Toddlers
- Children in Emergencies Working Groups
- Children’s Annexes
- Columbia University – Community Preparedness Index Tool (Piloting June 2014)
Children’s Psychosocial Resilience

Journey of Hope

- Long-term community-based psychosocial coping skill development for children and adult caregivers
  - Evaluated by University of Texas and International Institute of Child Rights and Development, University of Victoria
- Multi-Session in-school curriculum that builds local capacity
- Developing curriculum for Birth to 3 year olds
Child Care Preparedness, Response and Recovery

Addressing Critical Gap
Child Care: Least prepared programs and most vulnerable children

Save the Children working with Federal, State and Regional Child Care Partners:

- National Report Card and State Advocacy
- Emerging Partnerships with national child care advocacy and accrediting agencies
  - Child Care Aware
  - National Association for the Education of Young Children and Head Start Associations
  - US Dept. Health and Human Services Agency for Children and Families
  - Zero to Three
  - National Center for Missing and Exploited Children
- 2011 National Child Care preparedness standards and best practices
- 2012 National child care emergency preparedness training program
- 2014 Training for Child Care Leaders and National Networks
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Disaster Recovery in New Jersey:
Responding to the Needs of Children & Families
NJ State Led Child Task Force

- Quick Response (initial meeting 11/14/12)—to plan & coordinate strategies to address immediate, moderate, and long-term needs of children/families impacted by Hurricane Sandy (storm struck on 10/29/12)

- 6 Target Areas—1) Family Strengthening, 2) Child Care, 3) Child/Youth Health & Mental Health, 4) Education, 5) Special Needs/Populations, and 6) Housing

- State Partners: DCF, Human Services, Health, and Education

- Federal & National Partners: FEMA and ACF ~ National Voluntary Organizations Active in Disaster (VOAD), Save the Children, Southern Baptist, Church of the Brethren

- NJ Critical Stakeholders: Focus on early childhood/youth issues—Trauma Loss Coalition (TLC), Montclair State University (Center for Autism Early Childhood Mental Health), Child Care, Head Start, American Academy of Pediatrics-NJ Chapter, and many others
Emergency Shelters - Children & Families

Superstorm Sandy - Lessons Learned

Sheltering Guide for Children & Families offers general guidance, suggestions and ideas—it is not a comprehensive guide. And, it is not intended to replace the actual experience and training that sheltering children and families require.

This document is posted on the NJ-DCF website at:


• Provide information to shelter staff and volunteers on the special safety and security needs of infants & young children.  
  http://www.fema.gov/pdf/government/grant/2012/fy12_hsgp_children.pdf  (Children in Disasters Guidance; Annex B: Standards & Indicators for Disaster Shelter Care for Children)

• Establish protocols to ensure children are protected from neglect, abduction, and sex offenders. Train shelter workers to identify and address suspicious and inappropriate activity. 
• Conduct criminal background checks on volunteers.  
http://www.oregonvolunteers.org/media/uploads/NCCD_Volunteer_Background_Check_Guidelines_FINAL.pdf  (Recommended Guidelines for Conducting Background Checks on Volunteers - National Commission on Children and Disasters)

• Work closely with local school districts to help young children return to normal routines as soon as possible. Once stable, reconnect children with pre-disaster services & supports as available, e.g. Head Start, HV, childcare, preschool, other school arrangements.  

• Provide information and written materials in multiple languages, as appropriate for the community, and provide translation services, as needed.  
http://www.samhsa.gov/dtac/podcasts/cultural-awareness/lib/playback.asp, (Cultural Awareness: Children and Youth in Disasters Podcast - Substance Abuse and Mental Health Services Administration-SAMHSA)
Family-Friendly Policies & Practices

- Shelter children together with parents/families, guardians or caregivers. Encourage & support families to *establish a routine* to foster a safe, calm, nurturing & normalizing environment.

- Family areas should have direct bathroom access. Parents should be expected to accompany their children to/from the bathrooms.

- Provide opportunities for children to play & socialize with other children; establish *designated child-safe areas* where children may congregate with supervision. [http://nctsn.org/sites/default/files/assets/pdfs/activities_for_children_and_adolescents.pdf](http://nctsn.org/sites/default/files/assets/pdfs/activities_for_children_and_adolescents.pdf) *(Activity ideas for children or adolescents during a storm, or other situations when they can’t get outside. The National Child Traumatic Stress Network)*

- Set aside space for family interaction *free from outside news sources* to reduce a child’s repeated exposure to the disaster. [http://www.fema.gov/pdf/government/grant/2012/fy12_hsgp_children.pdf](http://www.fema.gov/pdf/government/grant/2012/fy12_hsgp_children.pdf) *(Children in Disasters Guidance; Annex B: Standards and Indicators for Disaster Shelter Care for Children)*
Emotional Well-Being


- Assist parents in understanding common reactions or symptoms associated with a traumatic event. [Helping Young Children and Families Cope with Trauma](http://nctsn.org/sites/default/files/assets/pdfs/Helping_Young_Children_and_Families_Cope_with_Trauma.pdf) (National Child Traumatic Stress Network)

- Assist parents in recognizing the signs of stress that are common in young trauma survivors, and offers tips on how to help. [After the Hurricane: Helping Young Children Heal](http://nctsn.org/sites/default/files/assets/pdfs/Helping_Young_Children_Heal.pdf) (National Child Traumatic Stress Network)

- And, [Tips for Talking with and Helping Children and Youth Cope After a Disaster or Traumatic Event](http://store.samhsa.gov/shin/content/KEN01-0093R/KEN01-0093R.pdf) (SAMHSA)

- Seek help from local child mental health partners for children showing signs of emotional distress.
Child Health and Hygiene

- Remind families about importance of child hygiene, and routine hand-washing practices. Ensure an adequate supply of soap and paper towels for families at the facility.

- Clean shared environmental surfaces used by children (i.e. diaper changing surfaces, toilets, sinks, toys, doorknobs, floors) with bleach solution (1:10 part bleach-water) or child-safe commercial disinfectant on a regular basis. Establish diapering & diaper disposal protocols.

- Ask parents/caregivers about their routine pediatric/child health care, e.g. medical home, medications, health insurance, special health care, and special education needs.
Child Health & Hygiene  (Continued)

- Assess infant/child health needs prior to and during the incident. Make needed referrals/linkages & contact local child health partners.

- Establish a plan of care for *medically-dependent children* that includes essential connections for medications and/or needed follow-up; assist families of children with special child health, early intervention or special education needs.

- Provide secure transportation for children accompanied by a parent/guardian from the shelter to medical or other needed community services. Also, address supervision of, and accountability for, transportation of children/youth not accompanied by a parent/guardian.
For infants/young children vehicles should be equipped with appropriate child restraint devices.

Reinforce *Safe Sleep* practices for infants. Babies are safest when they are put to sleep on their backs (no tummy or side lying) on a firm surface (crib or pack-n-play), alone (discourage co-sleeping but DO place crib next to parent/caregiver) with NO blankets, pillows, excess clothing, stuffed animals.

[http://www.sidscenter.org/SafeSleep/videos.html](http://www.sidscenter.org/SafeSleep/videos.html)  [National Sudden Infant Death Syndrome (SIDS) Resource Center]
Supplies and Nutrition


- Provide infant formula, as appropriate, such as milk-based, hypoallergenic and soy-based formulas.

- Provide appropriate nutritional foods for children (including breast-fed and bottle-fed infants)—various pre-mixed formulas, baby cereal, various stages of baby food.
Additional NJ-DCF Resources to help individuals and families going through the disaster recovery process:

- [http://nj.gov/dcf/home/hurricane.html](http://nj.gov/dcf/home/hurricane.html)

Hurricane Help and Information for Children and Families

Helping Children Cope in the Aftermath of Hurricane Sandy
*Traumatic Loss Coalitions for Youth, University of Medicine & Dentistry of NJ*

Resources for Talking to Kids about Hurricane Sandy
Missouri’s Children & Youth in Disaster Committee

Jenny Wiley, MSW, LCSW

Coordinator, Disaster Services Missouri Department of Mental Health
The History

- Missouri’s collaboration
- 2010 – Dr. Schonfeld, National Commission on Children and Disasters Report
- 2011 – SEMA Annual Conference
- 2012 – Planning for Children and Youth in Disaster Committee
- 2013 – CYD begins to meet
2011: Collaboratively on Our Own

- Agencies recognize need to develop resources for children, youth and their families
- Social Services, Children’s Services: Foster family emergency plans; field office requirements; work with juvenile offices; assure children are safe from child abuse & neglect after disasters
- DHSS: pediatric supplies in regional mass casualty trailers; pediatric ventilators; medical countermeasures: dosing for children.
2011: Collaboratively on Our Own

- Social Services and DHSS: legislation requiring licensed child care providers to have an emergency plan; development of planning template
- DMH: mental health template for school emergency planning
- Psychological First Aid
- Safe Schools Committee
2012: Collaboratively Together

- Planning meetings: SEMA, DHSS, DMH, SS-Children’s Services
- The toenail of an elephant

Organization:
- Sub-Committee of Access and Functional Needs Committee of the Governor’s Partnership
- Co-leadership: DHSS, Social Services, and DMH with support from SEMA
2013: C & Y in Disasters

Missouri Children and Youth in Disasters

- Pediatric Behavioral Health
- Emergency Services for Children and Youth
- Public Health & Medical
- Child Care
- Education
- Children in State Custody or Congregate Care
2014

- Work Groups assess their areas of expertise
- Strategic Planning
Contact Information

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Questions

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To Stay Updated and Find Out More

www.nationalmasscarestrategy.org

NMCS@redcross.org

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Appendices

- Appendix A: FEMA Youth Preparedness
- Appendix B: Family Preparedness
- Appendix C: Emergency Planning Resources
- Appendix D: Response & Recovery Resources
- Appendix E: Coping with Disaster
- Appendix F: Training Resources
- Appendix G: U.S. Department of Education Resources
- Appendix H: U.S. Department of Health and Human Services – Administration for Children and Families Resources
Appendix A – FEMA Youth Preparedness

**Technical Assistance Center**
FEMA offers a full range of TA services to individuals starting or operating youth preparedness programs. Technical Assistance providers answer questions, refer to FEMA and partner-created tools and resources, and make connections between providers across the country to facilitate best practice sharing.
- TA Center: [www.ready.gov/youth-preparedness](http://www.ready.gov/youth-preparedness)
- Direct Provider: FEMA-Youth-Preparedness@fema.dhs.gov

**Youth Preparedness Council**
FEMA’s Youth Preparedness Council brings together youth leaders from across the country that are highly engaged in championing youth preparedness and making a difference in their communities. The Council supports FEMA’s commitment to involving youth in preparedness-related activities, and provides an avenue to engage youth population, taking into account their perspectives, feedback and opinions [http://www.ready.gov/youth-preparedness-council](http://www.ready.gov/youth-preparedness-council).

**National Strategy on Youth Preparedness**
Created mutually by FEMA, the American Red Cross (ARC), and the U.S. Department of Education (ED), the *National Strategy for Youth Preparedness Education* (National Strategy) aims to engage government and non-government organizations in order to provide comprehensive disaster education to children throughout the nation. The Strategy is comprised of nine priority steps that partners can take to encourage youth preparedness [http://www.ready.gov/youth-preparedness](http://www.ready.gov/youth-preparedness).
Appendix B – Family Preparedness

- Families may not be together when disaster strikes, so it is important to plan in advance; how will you contact one another, who will you designate as your out of town contact, and how will you get back together?
  - Family Plans can be found on Ready.gov [http://www.ready.gov/make-a-plan]
  - Encourage educational, child care, medical, and recreational facilities responsible for the temporary care of children to share emergency preparedness plans with parents and legal guardians.
- Feeling Safe, Being Safe [http://www.dds.ca.gov/ConsumerCorner/fsbs/]: This training resource describes steps that can be taken to be better prepared by creating an emergency worksheet, creating a personalized emergency kit, and practicing evacuations plans, amongst other actions.
- America’s PrepareAthon (AP!): A nationwide, community-based campaign for action to increase emergency preparedness and resilience.
- Build an emergency preparedness kit, learn about different types of disasters, and get involved [http://www.ready.gov/kids].
Appendix C – Emergency Planning Resources

- Comprehensive Preparedness Guidance (CPG) 101 Version 2: Children’s disaster related needs have been integrated into the CPG which provides guidance on the fundamentals of planning and the development of Emergency Operations Plans [www.fema.gov/plan](http://www.fema.gov/plan).
Appendix C – Emergency Planning Resources

- **School Crisis Guide**: An easy-to-use crisis guide with essential, to-the-point advice for schools and districts to keep schools safe and support children and their families. The *School Crisis Guide* has resources on preparing for, reacting to, and responding to a crisis. The guide stresses the importance of engaging all members of the school community in planning and responding to these types of events. To access the guide, go to [http://crisisguide.neahin.org/crisisguide](http://crisisguide.neahin.org/crisisguide).
- The Texas School Safety Center provides a conglomerate of resources, best practices and trainings. Information includes, but is not limited to, bully prevention, dating violence prevention, internet safety, drug and alcohol awareness, school violence, development of multi-hazard emergency operations plans and the development of a positive school environment. [http://www.txssc.txstate.edu/K12/](http://www.txssc.txstate.edu/K12/).
- **Emergency Planning for Juvenile Justice Residential Facilities**: First comprehensive planning guide to address the specific needs of children, youth, and families involved in the juvenile justice system during an emergency [https://www.ncjrs.gov/pdffiles1/ojjdp/234936.pdf](https://www.ncjrs.gov/pdffiles1/ojjdp/234936.pdf).
- **Mega-Shelter Planning Guide**: Published by the International Association of Venue Managers (IAVM) and the American Red Cross and in partnership with many stakeholders, provides public assembly venues, their communities, emergency managers, shelter operators, and the many others who may be involved in a mega-shelter’s operation with a comprehensive guide to formulate and implement plans and procedures. [http://www.iavm.org/cvms/pdf/MSPG-11'15'2010.pdf](http://www.iavm.org/cvms/pdf/MSPG-11'15'2010.pdf).
- **Post Disaster Reunification of Children**: A Nationwide Approach: Illustrates the significance of whole community collaboration and inclusive emergency planning by providing a comprehensive overview of the coordination processes necessary to reunify children separated from their parents or legal guardians and reflecting how whole community partners can work together to meet one shared mission [http://nationalmasscarestrategy.org/reunification/](http://nationalmasscarestrategy.org/reunification/).
- **National Preparedness Goal**: Focuses on a unified and collaborative approach of effectively addressing our nation’s disaster related resources by engaging the whole community in preparedness efforts [www.fema.gov/national-preparedness-goal](http://www.fema.gov/national-preparedness-goal).
Appendix D – Response & Recovery Resources

- **Commonly Used Sheltering Items (CUSI):** This document contains a catalog of commonly used sheltering items and identifies basic commodities necessary to sustain infants and children in mass care shelters and emergency congregate care environments [http://nationalmasscarestrategy.org/shelter/](http://nationalmasscarestrategy.org/shelter/).


- **National Center for Missing & Exploited Children (NCMEC):** National Emergency Child Locator Center (NECLC) and Team Adam (for technical assistance) to support State, Tribal and local efforts of reunifying children separated from parents/legal guardians as a result of disaster [http://www.missingkids.com/DisasterResponse](http://www.missingkids.com/DisasterResponse).

- **Unaccompanied Minors Registry (UMR):** The UMR, administered by the NCMEC, is our nation’s first national repository created to support the ability to collect, store, report, and act on information related to children separated as a result of disaster [https://umr.missingkids.com/](https://umr.missingkids.com/+).

- **Public Assistance for Child Care Services Fact Sheet:** This Fact Sheet identifies certain child care services that may be eligible for reimbursement under FEMA's Public Assistance Program. Additionally, the Fact Sheet reflects additional policies that can be referenced for Private Non-Profit (PNP) child care facilities that have been damaged or destroyed as a result of a Presidentially declared disaster [http://www.fema.gov/media-library-data/20130726-1908-25045-4588/rp9580_107_child_care_services_fact_sheet_final_032013.pdf](http://www.fema.gov/media-library-data/20130726-1908-25045-4588/rp9580_107_child_care_services_fact_sheet_final_032013.pdf).

- **The Sandy Recovery Improvement Act of 2013:** Provides FEMA the specific authority to pay for “child care” expenses as disaster assistance under the Other Needs Assistance (ONA) provision of the Individuals and Households Programs in addition to funeral, medical, and dental expenses. A Policy reflecting this authority was released in January 2013 [www.fema.gov/media-library/assets/documents/90723](http://www.fema.gov/media-library/assets/documents/90723).

- **Public Assistance Program and Educational Facilities Fact Sheet:** FEMA and the U.S. Department of Education worked together to develop this Fact Sheet in an effort to better address Frequently Asked Questions (FAQ’s) as they relate to reimbursement eligibility for schools damaged or destroyed as a result of a Presidentially declared disaster [http://www.fema.gov/pdf/about/educational_facilities_factsheet.pdf](http://www.fema.gov/pdf/about/educational_facilities_factsheet.pdf).

- **National Disaster Recovery Framework (NDRF):** Defines core recovery principles, roles and responsibilities of recovery coordinators and other stakeholders, a coordinating structure that facilitates communication and collaboration among all stakeholders, and guidance for pre and post disaster recovery planning [https://www.fema.gov/pdf/recoveryframework/ndrf.pdf](https://www.fema.gov/pdf/recoveryframework/ndrf.pdf).
Appendix E: Coping With Disaster

- Online Clearinghouse Quick Find on Crisis Prevention and Response [http://smhp.psych.ucla.edu/qf/p2107_01.htm](http://smhp.psych.ucla.edu/qf/p2107_01.htm)
- Promoting Adjustment and Helping Children Cope [http://www2.aap.org/disasters/adjustment.cfm](http://www2.aap.org/disasters/adjustment.cfm)
- Talking to Children About Disasters [http://www2.aap.org/disasters/talking-to-children.cfm](http://www2.aap.org/disasters/talking-to-children.cfm)
- How to help children cope with disasters [http://www.savethechildren.org/site/c.8rKLIXMGIpI4E/b.8479773/k.2264/How_to_Help_Children_Cope_with_a_Crisis.htm](http://www.savethechildren.org/site/c.8rKLIXMGIpI4E/b.8479773/k.2264/How_to_Help_Children_Cope_with_a_Crisis.htm)
- Substance Abuse and Mental Health Services Administration (SAMHSA) Helping Children Cope with Disaster [http://store.samhsa.gov/shin/content/KEN01-0093R/KEN01-0093R.pdf](http://store.samhsa.gov/shin/content/KEN01-0093R/KEN01-0093R.pdf)
- Journey of Hope: Tips for Teens is a resource to support teens faced with recovering from an emergency incident [https://www.llis.dhs.gov/docdetails/details.do?contentID=47191](https://www.llis.dhs.gov/docdetails/details.do?contentID=47191)
Appendix F: Training Resources

- Planning for the needs of Children in Disasters IS-366: The purpose of this course is to provide guidance for Emergency Managers and implementers of children’s programs about meeting the unique needs that arise among children as a result of a disaster or emergency [http://training.fema.gov/EMIWeb/IS/courseOverview.aspx?code=IS-366].

- Multi-hazard Planning for Childcare IS-36: The goal of this course is to provide childcare providers, of all sizes and with responsibility for children of all ages, with the knowledge and tools to analyze the hazards and threats at the site, to develop a plan to address these hazards and threats, and to implement processes to update and practice the emergency plan [http://training.fema.gov/EMIWeb/IS/courseOverview.aspx?code=IS-36].

- Introduction to the Incident Command System, I-100 for Schools IS-100.SCa: This self-paced course, designed primarily for kindergarten through high school personnel, promotes school safety by instructing how ICS principles can be applied in school-based incidents and preparing school personnel to interface with community response personnel [http://training.fema.gov/EMIWeb/is/is100sca.asp].

- Multi-hazard Emergency Planning for Schools IS-362.a: This self-paced course covers basic information about developing, implementing, and maintaining a school emergency operations plan (EOP). The goal of this course is to provide students with an understanding of the importance of schools having an EOP and basic information on how an EOP is developed, exercised, and maintained. [http://training.fema.gov/EMIWeb/IS/is362a.asp].

- Tracking and Reunification of Children in Disasters: A Lesson and Reference for Health Professionals: [http://ncdmph.usuhs.edu/KnowledgeLearning/2012-Learning1.htm].

- Community Mass Care and Emergency Assistance G 108: The purpose of this course is to develop a foundational knowledge of Mass Care and Emergency Assistance (MC/EA) services in the community. Participants may use this information to build community emergency action items and to identify gaps in the community’s program [http://www.fema.gov/state-offices-and-agencies-emergency-management].
Appendix G: Department of Education Resources

- Readiness and Emergency Management for Schools (REMS) Technical Assistance Center (TAC)
- New Federal Guidance
- REMS Web Site
- Training by Request
- Samples of Virtual Trainings & Webinars
- REMS Toolbox
For additional information, resources, training, and technical assistance, please contact the Readiness and Emergency Management for Schools (REMS) Technical Assistance (TA) TA Center.

- **Request Technical Assistance**
- **Access resources for School & IHE emergency planning**
- **Request an On-Site Training**

**Get the new Guides**

**Phone:** (855) 781-7367 (REMS)
**Email:** info@remstacenter.org
New Federal Guidance

- Released by the White House on June 18, 2013
- First joint product of ED, DHS, FEMA, DOJ, FBI, and HHS

- Download the full Guide
- Click through the “At a Glance”
- Access topic-specific resources
REMS TA Center supports districts, schools, and IHEs in the development of high-quality EOPs and comprehensive emergency management planning efforts.

Key info for schools EOP Development

Key info for IHE EOP Development
Trainings by Request

- Developing Emergency Operations Plans (EOPs) K-12 and IHE 101 Training
- Resilience Strategies for Educators: Techniques for Self-Care and Peer Support
- Threat Assessment in Schools: Basics and Benchmarks
Samples of Virtual Trainings & Webinars

- Campus Public Safety: A Closer Look
- Implementing Psychological First Aid (PFA) in School and Postsecondary Settings
- Information Sharing and the Family Educational Rights and Privacy Act (FERPA) & Health Insurance Portability and Accountability Act (HIPAA) for Schools and Postsecondary Institutions
- Active Shooter Situations: Describing Unique Challenges Involved in Preparing for, Responding to, and Recovering from a School-Based or Postsecondary Institution Shooting
REMS Tool Box

• Virtual library of tools developed by school emergency managers in the field
• Relevant resources pertinent to the needs of local education agencies and their partners
  • Sample drills, table tops or other exercises;
  • Job descriptions; memorandums of understanding (MOU) with community partners;
  • Organizational charts;
  • Planning guidelines or sample policies
Appendix H: U.S. Department of Health and Human Services – Administration for Children and Families Resources

- HHS Disaster Human Services Concept of Operations – provides the conceptual framework for coordination and guidance of HHS federal-level human services for preparedness, response, and recovery for disaster and public health emergencies. The Concept of Operations describes how HHS transitions from normal operations of human services program delivery to a coordinated, Department-wide response to the human services elements of a public health and medical emergency. 

- Early Childhood Disaster-Related Resources – a webpage with various early childhood disaster-related resources in one location, such as resources for Early Childhood Education Providers, Families and Caregivers, and Policy Makers. 
  http://www.acf.hhs.gov/programs/ohsepr/early-childhood

- Children & Youth Task Force in Disasters: Guidelines for Development – a guidance document for state, and local governments to implement promising practices prior to disaster impact.  
  http://www.acf.hhs.gov/programs/ohsepr/resources

- OHSEPR webpage for more resources – the ACF Office of Human Services Emergency Preparedness and Response continues to upload documents related to human services impacts before, during, and post disasters. The webpage is continually updated with resources, blog posts, webinar announcements, and other resources.  
  https://www.acf.hhs.gov/ohsepr