



NATIONAL COMMISSION
ON
CHILDREN AND DISASTERS

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6. Child Care and Early Education

Recommendation 6.1: Congress and HHS should improve disaster preparedness capabilities for child care.

Recommendation 6.2: Congress and Federal agencies should improve capacity to provide child care services in the immediate aftermath of and recovery from a disaster.

Recommendation 6.3: HHS should require disaster preparedness capabilities for Head Start Centers and basic disaster mental health training for staff.

6. Child Care and Early Education

Recommendation 6.1: Congress and HHS should improve disaster preparedness capabilities for child care.

- *Congress and HHS should require States to include disaster planning, training, and exercise requirements within the scope of their minimum health and safety standards for child care licensure or registration.*
- *Congress should provide HHS the authority to require States to develop statewide child care disaster plans in coordination with State and local emergency managers, public health, State child care administrators and regulatory agencies, and child care resource and referral agencies.*

Child care providers must be prepared to provide a safe and secure environment for children during and after a disaster. Over 12 million children under the age of six are in child care every week.²³² However, according to a 2010 report by Save the Children, only 14 States²³³ have laws or regulations requiring licensed child care providers to develop written disaster plans for addressing general evacuation processes, reunification efforts, and accommodation of children with special needs.²³⁴

The Commission recommended in its Interim Report that disaster preparedness for child care be ensured through two measures: requiring States to include disaster planning in their minimum health and safety standards for child care licensure or registration; and developing statewide child care disaster plans with State and local emergency managers and other agencies involved in child care.²³⁵ State plans should include guidelines for the continuation of child care services in the aftermath of a disaster, including the provision of emergency and temporary child care services and temporary operating standards. At a minimum, provider plans should include provisions for evacuation and relocation, shelter-in-place or lock-down procedures, communication and reunification with families, continuity of operations, accommodation of persons with disabilities and chronic medical conditions, staff and volunteer training, and practice drills.²³⁶ These plans should also be coordinated with local emergency management and included in overall local planning efforts.²³⁷

232 This includes children in child care centers, family child care homes, and the homes of friends and relatives. National Association of Child Care Resource & Referral Agencies, *Child Care in America: 2009 Fact Sheets*, (Arlington, VA: NACCRRRA, April 2009), 3, <http://www.naccrra.org/docs/policy/state-fact-sheet-2009.pdf>.

233 The word “States” includes the District of Columbia, which is one of the 14 “States” meeting the named criteria.

234 Save the Children, *A National Report Card on Protecting Children During Disasters*, (Westport, CT: Save the Children, 2010), 4, <http://www.savethechildren.org/atf/cf/%7B9def2ebe-10ae-432c-9bd0-df91d2eba74a%7D/2010-Disaster-Report.pdf>.

235 National Commission on Children and Disasters, *Interim Report*, (Washington, DC: NCCD, October 14, 2009), 35, http://www.childrenanddisasters.acf.hhs.gov/20091014_5081R_partII.pdf.

236 Save the Children and the National Association of Child Care Resource and Referral Agencies have developed disaster preparedness standards for child care, including guidance for State regulatory practices and child care providers, which include these recommended provisions. National Association of Child Care Resource & Referral Agencies, *Keeping Children Safe: A Policy Agenda for Child Care in Emergencies*, (Arlington, VA: NACCRRRA, 2008), http://www.naccrra.org/disaster/docs/Disaster_Report.pdf.

237 The lack of coordination and communication with emergency management was evident in Iowa, where only child care providers in communities near nuclear power plants coordinated planning with local emergency managers, and that was only because it is required for nuclear preparedness planning. Outside of those areas, there was less communication between child care providers and emergency management officials. National Commission on Children and Disasters, “Summary Report: Field Visit, Cedar Rapids, Iowa,” (Washington, DC: NCCD, 2010), 5-6, http://www.childrenanddisasters.acf.hhs.gov/20100106_lowaFieldVisit_Summary.pdf.

The Commission recommends that Congress and the Child Care Bureau (CCB) within the Department of Health and Human Services' (HHS) Administration for Children and Families implement disaster preparedness requirements by statute and regulation. Currently, CCB encourages, but does not require, disaster planning among its Child Care Development Block Grant (CCDBG)²³⁸ grantees (States, tribes, and territories), and the child care provider community. However, CCDBG requires States to certify that they have child care licensing requirements and to establish baseline health and safety standards for child care providers supported by CCDBG. CCB should require States to include disaster planning as part of the State's baseline health and safety standards for child care providers supported by CCDBG funds. Furthermore, Congress should amend the CCDBG Act to embed these basic disaster planning requirements in statute. The amendments would require States to develop statewide child care disaster plans in coordination with State and local emergency managers, public health, State child care administrators and regulatory agencies, and child care resource and referral agencies, as well as require States to incorporate minimum disaster preparedness requirements for child care providers within the scope of the State's licensing or regulatory regime.

Currently, ACF and Department of Homeland Security (DHS) Federal Emergency Management Agency (FEMA) are collaborating to provide guidance to states on developing statewide comprehensive child care disaster plans. In Chapter 1 of this report, the Commission recommends that ACF and DHS/FEMA establish a formal interagency agreement to pool resources to make funding, technical assistance, and training available to further support child care preparedness efforts.

Incorporating disaster preparedness in quality rating systems for child care providers may provide another effective mechanism for promoting provider preparedness, especially among providers who may be exempt from certain licensure and regulatory requirements.²³⁹ In recent years, several States have adopted Quality Rating and Improvement Systems (QRIS) designed to assess and improve the quality of child care for children.²⁴⁰ The Commission urges States to incorporate elements of emergency preparedness into their rating systems.

238 CCDBG provides formula grants to States, territories, and tribes to help low-income families obtain child care services

239 For instance, in some States, home-based providers and providers serving a small number of children may be exempt from the State's licensing or regulatory scheme.

240 QRIS aim to make "child-care quality transparent to child-care providers, parents, and policymakers." RAND Corporation, "Child-Care Quality Rating and Improvement Systems: What Can We Learn from Early Adopters?," (Santa Monica, CA: RAND Corporation, 2008), 1, http://www.rand.org/pubs/research_briefs/2008/RAND_RB9377.pdf.

Recommendation 6.2: Congress and Federal agencies should improve capacity to provide child care services in the immediate aftermath of and recovery from a disaster.

- *DHS/FEMA should revise its Public Assistance regulations to codify child care as an essential service.*
- *Congress should codify child care as an “essential service of a governmental nature” in the Stafford Act.*
- *Federal agencies should incorporate child care as an essential service in the National Response Framework, the National Disaster Recovery Framework, the National Disaster Housing Concept of Operations, and Disaster Housing Practitioners’ Guide.*
- *Congress should authorize a grant funding mechanism, such as an emergency contingency fund, to repair or rebuild private, for-profit child care facilities, support the establishment of temporary child care, and reimburse States for subsidizing child care services to disaster-affected families.*

Child care services must be restored as quickly as possible following a disaster to provide children with a safe environment and sense of routine while parents make efforts to rebuild their lives. During a field visit to Iowa in January 2010, the Commission discovered that, where child care was not available, children were typically kept at home, sometimes playing in debris or other unsafe conditions.²⁴¹ If a community does not have access to quality child care after a disaster, parents may not be able to work, placing further economic stress on the family and the community.²⁴² Following large-scale events, child care services may recover slowly or may not be restored to full capacity. Following Hurricane Katrina in 2005, only 65 percent of the child care centers in the Greater New Orleans area had reopened as of December 2009.²⁴³

In its *Interim Report*, the Commission presented recommendations designed to help restore child care capacity immediately following and during the recovery from a disaster.²⁴⁴ Specifically, the Commission recommended that the provision of child care be designated as an essential service in disaster preparedness, response, and recovery across all levels of government. The Commission also recommended that reimbursement provided under the Stafford Act be expanded to support 1) disaster child care services for affected families, 2) the establishment of emergency and temporary child care, and 3) the rebuilding of damaged child care facilities, regardless of whether providers operate as private businesses or nonprofits.

241 National Commission on Children and Disasters, “Summary Report: Field Visit, Cedar Rapids, Iowa,” 6.

242 National Association of Child Care Resource & Referral Agencies, *Keeping Children Safe: A Policy Agenda for Child Care in Emergencies*, 9.

243 Senator Mary Landrieu, Opening Statement of Chairman Landrieu before the U.S. Senate, Committee on Homeland Security and Governmental Affairs, Ad Hoc Subcommittee on Disaster Recovery, “Children and Disasters: A Progress Report on Addressing Needs,” Washington, DC, December 10, 2009, 2, http://hsgac.senate.gov/public/index.cfm?FuseAction=Hearings.Hearing&Hearing_id=bba3b475-bd7e-4138-9cdf-3ed88c17f73e.

244 National Commission on Children and Disasters, *Interim Report*, 37.

In response to the Commission’s recommendations, FEMA revised its Public Assistance policy to permit reimbursement to State and local governments for the provision of emergency child care services that coincide with the emergency sheltering period in the immediate aftermath of a disaster.²⁴⁵ FEMA also clarified, as a statement of policy, that child care is an “essential service of a governmental nature,” meaning that nonprofit child care providers may be eligible for FEMA assistance to repair damaged facilities if they do not qualify for Small Business Administration (SBA) disaster loans or if the SBA approves a loan for less than the amount required to repair the damage.²⁴⁶ FEMA recently published guidance clarifying these policies²⁴⁷ and HHS will be assisting FEMA in distributing the guidance to child care administrators in States and Territories.²⁴⁸ The Commission recommends that FEMA revise its Public Assistance regulations to codify these statements of policy. In addition, the Commission recommends that child care be codified as an “essential service of a governmental nature” in the Stafford Act.

Although FEMA’s policy of reimbursing State and local governments for emergency child care services during emergency sheltering operations should benefit families, an emergency sheltering period typically lasts a few days.²⁴⁹ Families recovering from disasters may need additional assistance to help cover the costs associated with quality child care once they leave the shelter. As detailed in the Interim Report, after Hurricane Katrina, Mississippi provided 60-day emergency child care certificates to displaced families in need of child care assistance, many of whom otherwise would not have been eligible for benefits due to residency, income, or work requirements.^{250,251} Mississippi served 2,700 displaced children at an approximate cost of \$1.65 million with the expectation that it could be reimbursed, but absorbed the expense as there was no mechanism in place for Federal reimbursement. Mississippi was denied reimbursement from FEMA and was not eligible to receive additional CCDBG funding.²⁵² Currently, no mechanism provides services or assistance to affected families with needs beyond the sheltering period. Neither is there a means to provide targeted support to States to assist them in meeting additional child care needs resulting from an influx of displaced families.

245 Eligible child care costs may include, but are not limited to labor, facility costs, supplies, and commodities. U.S. Department of Homeland Security, *FEMA Disaster Assistance Fact Sheet 9580.107: Public Assistance for Child Care Services*, ed. Federal Emergency Management Agency (Washington, DC: FEMA, March 2010), 1, http://www.fema.gov/pdf/government/grant/pa/9580_107.pdf.

246 *Ibid.*, 1-2.

247 *Ibid.*, 1-2.

248 National Commission on Children and Disasters, “Progress Report on Children and Disasters: U.S. Agencies Take Modest Steps To Achieve Commission Goals,” (Washington, DC: NCCD, May 11, 2010), 11, http://www.childrenanddisasters.acf.hhs.gov/20100511_NCCD_Progress_Report_FINAL.pdf.

249 National Commission on Children and Disasters, “Meeting Minutes of the November 10, 2009 Public Meeting,” (Washington, DC: NCCD, November 10, 2009), 4-5, http://www.childrenanddisasters.acf.hhs.gov/minutes/20091110_MinutesV02.pdf.

250 National Commission on Children and Disasters, Interim Report, 37.

251 Administration for Children and Families, “ESF-6 Disaster Response Recommendation to FEMA: Reimbursement for Child Care Assistance,” (Washington, DC: HHS, 2007), 1.

252 CCDBG awards are allocated to States based on formulae required by statute. The program lacks the authority to target funds to States affected by a disaster. *Ibid.*, 1-3.

Additional measures are also needed to support the rebuilding of child care infrastructure. Restoration of child care services as quickly as possible is essential for children to resume a safe and normal routine and for parents to resume working. Although FEMA clarified that reimbursement for repairs may be available for nonprofit child care providers who fail to qualify for SBA assistance, the majority of child care providers are private businesses, and the Stafford Act does not provide reimbursement for the cost of rebuilding private, for-profit facilities. Furthermore, many child care providers typically do not qualify for SBA disaster loan assistance and lack the independent resources to rebuild and reopen after a disaster. Following the series of hurricanes affecting the Gulf Coast (Hurricanes Katrina, Rita, Ike, and Gustav), only 46 percent of the child care providers who applied for SBA loans and completed the review process were approved.²⁵³ The Commission heard similar accounts when meeting with child care officials in Iowa, where it was reported that many child care providers could not demonstrate the requisite ability to repay an SBA loan as many were just breaking even before the flooding.²⁵⁴

The Commission recognizes the challenges associated with amending the Stafford Act to provide reimbursement for damages to private businesses, including essential services such as child care. In order to address the gap in available disaster assistance for for-profit child care and the other aforementioned gaps in providing child care services and assistance for families recovering from disasters, the Commission recommends that Congress authorize the establishment of an emergency child care contingency fund.

After a disaster, the contingency fund would provide reimbursement to State, tribal, territorial, and local governments to support the following:

- **Restoration of Child Care Infrastructure:** An emergency child care contingency fund would provide much-needed grants to help rebuild private for-profit child care centers that fail to qualify for other Federal assistance, in order to help restore affected communities' capacity to provide quality child care services.
- **Temporary Child Care Services:** FEMA has committed to reimburse State and local governments for emergency child care services that coincide with the sheltering period in the immediate aftermath of a disaster. However, additional support may be required to bridge the gap between the end of the sheltering period and the time when community providers are able to reopen in order to ensure access to quality child care services and continuity of care.
- **Assistance to Affected Families for Child Care Services:** An emergency child care contingency fund would assist governments in meeting additional child care needs resulting from an influx of displaced families from other affected communities, by allowing States to subsidize child care services for affected families without depleting CCDBG funds that are already committed to providing needed child care services to working low-income families.

253 Senator Mary Landrieu, Opening Statement of Chairman Landrieu before the U.S. Senate, "Children and Disasters: A Progress Report on Addressing Needs," 2.

254 National Commission on Children and Disasters, "Summary Report: Field Visit, Cedar Rapids, Iowa," 6

Finally, the Commission continues to recommend that child care be incorporated as an essential service in the National Response Framework (NRF), the National Disaster Recovery Framework (NDRF),²⁵⁵ the National Disaster Housing Concept of Operations (CONOPS), and Disaster Housing Practitioners' Guide. FEMA is in the process of updating the NRF, tentatively scheduled for release in 2011, and has committed to incorporating children's needs into this revision.²⁵⁶ The NDRF, the National Disaster Housing CONOPS, and the Disaster Housing Practitioners' Guide were not finalized at the time of this report's publication.

Recommendation 6.3: HHS should require disaster preparedness capabilities for Head Start Centers and basic disaster mental health training for staff.

The Head Start program has provided educational, health, nutritional, social, and other services to preschool-age children and their families since its inception in 1965, serving more than 27 million enrolled children.²⁵⁷ Administered by the HHS Office of Head Start (OHS), the program awards grants to local public agencies, nonprofit and for-profit organizations, tribes, and school systems to operate Head Start centers at the local level.²⁵⁸ In FY 2009, more than 900,000 children were enrolled in 49,200 Head Start classrooms.²⁵⁹

In the 2007 reauthorization of the Head Start Act,²⁶⁰ Congress required OHS to conduct an evaluation of the emergency preparedness of Head Start and Early Head Start programs and to make recommendations on how Head Start could improve its readiness for disasters.²⁶¹ In accordance with the Act, OHS conducted a survey of Head Start centers nationwide to determine the centers' policies and plans for large-scale disasters.²⁶² OHS also developed and published a comprehensive guidance document, the Head Start Emergency Preparedness Manual, which provides technical assistance to Head Start program

255 National Commission on Children and Disasters, "Comments: National Disaster Recovery Framework," (Washington, DC: NCCD, February 26, 2010), 1, http://www.childrenanddisasters.acf.hhs.gov/20100224_NCCD_NDRFCommentsV04FINAL.pdf.

256 National Commission on Children and Disasters, "Progress Report on Children and Disasters: U.S. Agencies Take Modest Steps To Achieve Commission Goals," 11.

257 Office of Head Start, "Head Start Program Fact Sheet," Administration for Children and Families, U.S. Department of Human Services," <http://www.acf.hhs.gov/programs/ohs/about/fy2010.html>.

258 Ibid.

259 Ibid.

260 Public Law (P.L.) 110-134.

261 "Improving Head Start for School Readiness Act of 2007," <http://eclkc.ohs.acf.hhs.gov/hslc/Program%20Design%20and%20Management/Head%20Start%20Requirements/Head%20Start%20Act>.

262 Office of Head Start, *Head Start Emergency Preparedness Survey*, ed. U.S. Department of Human Services (Washington, DC: HHS, December 15, 2009), 1, <http://eclkc.ohs.acf.hhs.gov/hslc/Program%20Design%20and%20Management/Fiscal/Program%20Management/Risk%20Management/ACF-PI-HS-09-09-A1.pdf>.

administrators and staff with respect to the creation and implementation of emergency preparedness plans.²⁶³ As of the time of this report's publication, OHS had not submitted recommendations for improving Head Start preparedness to Congress as required by the Act.

OHS is revising regulations, including its mandatory performance standards for Head Start Centers. The Commission recommends that the OHS' revised performance standards for Head Start centers incorporate emergency preparedness requirements, including:

- An all-hazards emergency preparedness plan developed in collaboration with emergency management officials, reviewed and updated regularly, and shared with parents and the community, and that includes:
 - o Plans for evacuating and relocating children and staff;
 - o Plans for shelter-in-place and lock-down;
 - o Plans to accommodate children with disabilities and chronic medical needs;
 - o Plans for reunifying children and families or caregivers;
 - o Roles and responsibilities of staff;
 - o Emergency contact information for children and families, staff and volunteers, and key local, State and Federal partners, including emergency management; and
 - o Plans for communicating with families, caregivers, and community members before, during, and after emergencies.
- Regular training for all staff members on the emergency preparedness plan, policies, and procedures, and basic disaster mental health support.
- Drills for evacuation, shelter-in-place, and lock-down.
- Plans for providing mental and behavioral health support to children after an emergency or other crisis.

It is critical that young children affected by disasters receive adequate mental and behavioral health support. Disasters expose young children to emotional trauma, which can have profound negative effects on child development.^{264,265} As noted in other chapters of this

263 Administration for Children and Families, *Head Start Emergency Preparedness Manual*, ed. U.S. Department of Health and Human Services (Washington, DC: HHS, 2009), <http://headstartresourcecenter.org/assets/files/EPrep%20Manual%20v22.pdf>.

264 National Child Traumatic Stress Network, "Understanding Child Traumatic Stress," U.S. Department of Health and Human Services, http://www.ncatsnet.org/ncats/nav.do?pid=ctr_aud_prnt_under#q13.

265 Alan M. Delamater and E. Brooks Applegate, "Childhood Development and Post-Traumatic Stress Disorder After Hurricane Exposure," *Traumatology* 5, no. 3 (Miami, FL: Sage Publications, 1999): 20-27, <http://www.fsu.edu/~trauma/a3v5i3.html>.

report, the chronic shortage of pediatric mental health professionals coupled with limited insurance reimbursement for mental and behavioral health services greatly diminishes the capability to provide necessary mental health care to young children after a disaster. Individuals who routinely interact with children, such as early education providers, should be trained to provide basic support to promote adjustment and recovery, and identify children who require more advanced care.

The Commission recommends that Head Start's revised performance standards incorporate basic disaster mental health training requirements within existing training requirements for Head Start staff. Head Start Centers are already required to employ or consult with a mental health professional. The Commission recommends that the mental health professional should also be trained in disaster mental health issues and interventions and have a leadership role in the development and implementation of a disaster mental health training program for staff.

Training for staff should include: instruction on the impact of trauma and bereavement on children; likely reactions; strategies for providing psychological first aid, brief supportive services, and bereavement support; and indications for referral for additional mental health services. Training would not only prove useful to Head Start staff in the aftermath of disasters, but also on a day-to-day basis as children enrolled in Head Start programs face higher than average stress levels and exposure to various types of trauma.²⁶⁶

266 Jane Knitzer and Jill Lefkowitz, *Helping the Most Vulnerable Infants, Toddlers, and Their Families*, ed. National Center for Children in Poverty, Columbia University Mailman School of Public Health (New York, NY: NCCP, January 2006), 13-15, http://www.nccp.org/publications/pub_669.html.

	President	Congress	Relevant Federal Agencies	States, Tribes, Territories and Localities	Non-Governmental Entities
<ul style="list-style-type: none"> DHS/FEMA should clarify the transition from Federal to State-led disaster case management programs. 			DHS/FEMA		
<ul style="list-style-type: none"> Government agencies and non-governmental organizations should develop voluntary consensus standards on the essential elements and methods of disaster case management, including pre-credentialing of case managers and training that includes focused attention to the needs of children and families. 			HHS DHS/FEMA	X	X
6. Child Care and Early Education					
6.1: Congress and HHS should improve disaster preparedness capabilities for child care.		X	HHS	X	
<ul style="list-style-type: none"> Congress and HHS should require States to include disaster planning, training, and exercise requirements within the scope of their minimum health and safety standards for child care licensure or registration. 		X	HHS		
<ul style="list-style-type: none"> Congress should provide HHS the authority to require States to develop statewide child care disaster plans in coordination with State and local emergency managers, public health, State child care administrators and regulatory agencies, and child care resource and referral agencies. 		X	HHS		
6.2: Congress and Federal agencies should improve capacity to provide child care services in the immediate aftermath of and recovery from a disaster.		X	DHS/FEMA HHS SBA		

	President	Congress	Relevant Federal Agencies	States, Tribes, Territories, and Localities	Non-Governmental Entities
<ul style="list-style-type: none"> DHS/FEMA should revise its Public Assistance regulations to codify child care as an essential service. 			DHS/FEMA		
<ul style="list-style-type: none"> Congress should codify child care as an “essential service of a governmental nature” in the Stafford Act. 		X			
<ul style="list-style-type: none"> Federal agencies should incorporate child care as an essential service in the National Response Framework, the National Disaster Recovery Framework, the National Disaster Housing Concept of Operations, and Disaster Housing Practitioners’ Guide. 			DHS/FEMA HHS SBA		
<ul style="list-style-type: none"> Congress should authorize a grant funding mechanism, such as an emergency contingency fund, to repair or rebuild private, for-profit child care facilities, support the establishment of temporary child care, and reimburse States for subsidizing child care services to disaster-affected families. 		X			
<p>6.3: HHS should require disaster preparedness capabilities for Head Start Centers and basic disaster mental health training for staff.</p>			HHS		
7. Elementary and Secondary Education					
<p>7.1: Congress and Federal agencies should improve the preparedness of schools and school districts by providing additional support to States.</p>		X	DHS/FEMA ED		
<ul style="list-style-type: none"> Congress and ED should award disaster preparedness grants to State education agencies to oversee, coordinate, and improve disaster planning, training, and exercises statewide and ensure that all districts within the State meet certain baseline criteria. 		X	ED		