FISCAL YEAR 2012

HOMELAND SECURITY GRANT PROGRAM

SUPPLEMENTAL RESOURCE: CHILDREN IN DISASTERS GUIDANCE

U.S. DEPARTMENT OF HOMELAND SECURITY

CHILDREN IN DISASTERS GUIDANCE

Homeland Security Grant Program awards may be used by states and local jurisdictions to ensure that the needs of children are met through disaster planning. Consistent with the development and sustainment of the core capabilities and capability targets identified in the National Preparedness Goal, this supplement provides guidance for grantees to incorporate children into their planning and purchase of equipment and supplies; provide training to a broad range of child-specific providers, agencies, and entities; and exercise capabilities relating to children, such as evacuation, sheltering and emergency medical care.

A. Children in Disasters Background and Mission

Although children are considered as a population among "at risk," "vulnerable" or "special needs" populations, children under the age of 18 comprise nearly 25 percent of the U.S. population and have important and often complex planning and emergency response needs. Congress established the National Commission on Children and Disasters to identify gaps in capabilities to meet the unique needs of children in Federal, State and local emergency preparedness, mitigation, response and recovery activities. The Commission issued a final report in 2010, which can be found at: *www.childrenanddisasters.acf.hhs.gov*. Several of the Commission's recommendations have the objective of establishing a focused national effort to close gaps in planning and response deficiencies and ensure specific entities in communities that provide care for children, such as schools, child care facilities, hospitals, child welfare and juvenile justice systems, are integrated into State and local disaster planning and exercising.

Children have unique needs that must be addressed in emergency preparedness, mitigation, response and recovery operations. For example:

- Children require different dosages of medications and different forms of medical and mental health interventions than those used by adults.
- Decontamination of children is more time and resource intensive than adults.
- Children's developmental and cognitive levels may impede their ability to escape danger, evacuate and self-identify. . Young children may not be able to communicate enough information to be identified and reunited with parents or caregivers.
- Children may experience increased psychological effects as they may have difficulty comprehending disasters within the context of normal every day events. This may leave children unable to cope long after disasters and result in later consequences including depression, lack of focus and poor school performance
- Children have unique care needs requiring sufficient training and/or experience of emergency care providers and specialized equipment that may limit the number of hospital facilities that have the capacity to handle an influx of pediatric disaster victims.

- Critically sick or injured children may have specialized transportation needs.
- Children's safety in a disaster and their individual recovery is dependent on the preparedness, response and recovery capabilities and resources of a network of institutions, including schools, child care providers and other congregate care settings.

B. Federal, State, Local, and Tribal Partnerships

Partnerships are needed to effectively address critical gaps in tribal, local, state, and federal capabilities to address the needs of children in disasters. These partnerships must occur across numerous disciplines and include subject matter experts with knowledge on the physical health, mental health, nutrition, education and human services needs of children and families. Annex A illustrates the breadth and depth of projects and partnerships that can be reflected in national planning efforts surrounding children in disasters.

C. Building Capabilities: Allowable Costs and Available Resources

Funding from the State Homeland Security Grant Program (SHSP), Urban Area Security Initiative (UASI), and Metropolitan Medical Response System (MMRS) programs can be used to enhance existing or establish new children-specific planning and preparedness initiatives. Grantees should aspire to demonstrate that their projects improve preparedness capabilities for children. Starting in FY 2013, grant awards will be based on validated assessments of the needs and gaps for the jurisdiction and region where the project will be implemented. FEMA will use project-based monitoring as the principal means of measuring project progress. Project-based monitoring is a method of following projects from creation to completion, providing basic data to measure impact over time, improving accountability, and enabling FEMA to identify progress made in preparedness and determine current and future gaps.

- **Planning and Protocols**: There are a number of resources to help grantees prepare for the unique needs of children:

    - *FEMA's Comprehensive Preparedness Guide, v2.0:* Children are referenced throughout the document. Incorporating children into the planning process is specifically noted on pages 4-18 and 4-19. Available from: *http://www.fema.gov/pdf/about/divisions/npd/CPG_101_V2.pdf*

    - *The Unique Needs of Children in Emergencies, a Guide for the Inclusion of Children in Emergency Operations Plans*: An emergency management guide prepared by Save the Children. Available from: *http://www.savethechildren.org/publications/emergencies/Children-in-Emergencies-Planning-Guide.pdf*

    - *Standards and Indicators for Disaster Shelter Care for Children* (Annex B): This resource was developed through a collaborative effort including the

National Commission on Children and Disasters, the American Red Cross and FEMA.

- *Supplies for Infants and Toddlers in Mass Care Shelters and Emergency Congregate Care Facilities* (Annex C): This resource was developed through a collaborative effort including the National Commission on Children and Disasters, American Academy of Pediatrics, Save the Children, American Red Cross and FEMA.

- *Guidelines for Care of Children in the Emergency Department (ED):* In addition to addressing pediatric emergency readiness needs for hospital EDs on a day-to-day basis, this document also offers guidelines relating to ED disaster readiness. This resource was developed by the American Academy of Pediatrics, American College of Emergency Physicians and Emergency Nurses Association as a joint policy statement in collaboration with the Emergency Medical Services for Children program. Available from: *http://aappolicy.aappublications.org/cgi/reprint/pediatrics;124/4/1233.pdf*.

- *Equipment for Ambulances*: A pediatric equipment list for Basic Life Support and Advanced Life Support vehicles, developed by American College of Surgeons Committee on Trauma, American College of Emergency Physicians, National Association of EMS Physicians Pediatric Equipment Guidelines Committee, Emergency Medical Services for Children Partnership for Children Stakeholder Group, and American Academy of Pediatrics. Available from: *http://www.childrensnational.org/files/PDF/EMSC/PubRes/Equipment_for_ambulances_FINAL.pdf*

- *Decontamination of Children: Preparedness and Response for Hospital Emergency Departments*. Available from: *http://www.ahrq.gov/research/decontam.htm*

- *Lessons Learned Information Sharing (LLIS.gov)* also has a number of resources specific to children.

- **Training**—FEMA's classroom/independent study course *Mobile Course L366: Planning for Children in Disasters* can be delivered as a G course by states, as an E course by the Emergency Management Institute (EMI).

- **Exercises**—Exercises and drills should include objectives that test the jurisdiction's ability to address the proportion of the jurisdiction's population affected by the event that is under the age of 18. As children may be disproportionately impacted by certain natural or man-made hazards (such as an event requiring the evacuation of a school, child care facility, children's hospital or juvenile justice facility) or by a relatively diminished capability of the

jurisdiction's health care system to treat a surge of pediatric versus adult patients, these exercises should include sufficient numbers of child victims to test pediatric surge capacity.. As stated earlier, children have unique characteristics from adults which must be taken into account. For example, decontamination exercises should test the jurisdiction's capability to decontaminate children in addition to adults, and exercises should address issues such as unaccompanied minors, protocols for toddlers and infants, children requiring acute care, children with limited English proficiency and disabled children, among others.

DHS/FEMA will provide assistance with developing, designing and conducting exercises in compliance with Homeland Security Exercise and Evaluation Program (HSEEP) methodology. The purpose of exercises support is to test equipment, training, policies and procedures. It is critically important that children be incorporated into exercise plans and target capabilities.

Annex A: Child- and family-centric preparedness, planning, training, exercise, and equipment procurement activities

	Preparedness	Planning	Training	Exercise	Equipment
EMERGENCY MANAGEMENT **Overarching activities and those that build on existing child-centric planning, response, and recovery efforts**					
Comprehensively integrate the needs of children into disaster planning activities and operations. Plans should be based on specific demographics of the child population and their age-based needs, but should also anticipate that certain events may impact children as a disproportionately larger segment of the affected population	x	x	x	x	
• Develop an accurate assessment—an informed estimate of the number and types children residing in the jurisdiction, and their location. Emergency planners should base their assessments on lists and information collected from multiple relevant sources wherein children are represented, such as schools, child care centers, Head Start, hospitals, summer camps, juvenile detention facilities, child welfare facilities, and homeless shelters, among others.	x	x			
• Designate an individual as lead coordinator of disaster planning for children; Incorporate children into EOP and other base plans		x			
• Train and exercise EOP and other base plans			x	x	
• Incorporate education, child care, Head Start, hospitals, juvenile justice, and child welfare systems and facilities into EOP and other base plans, training, and exercises	x	x	x	x	
• Include performance evaluations related to children in After Action Reports and improvement and corrective action plans	x	x		x	
Develop local and state recovery strategies addressing the immediate and long-term health, mental health, educational, housing and human services recovery needs of children	x	x	x	x	
• Increase public awareness and education efforts to inform families about resources available for children after disasters	x				
• Develop procedures to ensure that information required for timely and effective delivery of recovery services to children is collected and shared with appropriate entities	x	x			

	Preparedness	Planning	Training	Exercise	Equipment
MENTAL HEALTH **Activities that promote overall resilience and address disaster-specific mental health needs**					
Integrate mental and behavioral health for children into preparedness and response activities	x	x	x	x	
• Incorporate mental and behavioral health principles into communication strategies	x	x			
• Develop special messages targeted to parents and other caregivers to support children coping with a disaster	x			x	
• Conduct joint exercises that include realistic mental and behavioral health challenges to the exercise scenario				x	
Provide pediatric disaster mental and behavioral health training that addresses developmental and behavioral characteristics of children in all age groups for professionals and paraprofessionals			x		
• Provide specialized education and training in disaster mental health and/or psychological first aid to emergency responders and other professionals, including disaster relief personnel and volunteers, faith-based professionals, and school and child care personnel.			x		
• Work with state and local providers and professional associations to train mental health professionals to serve as master trainers, community supervisors, and cultural consultants in psychological first aid for their graduate training and continuing education programs	x		x		
Promote psychological resilience for individuals, families, and communities	x	x			
• Use mental and behavioral health education, training, and intervention to bolster community resilience.	x				

	Preparedness	Planning	Training	Exercise	Equipment
CHILD PHYSICAL HEALTH AND TRAUMA **Planning, training, exercise, and equipment procurement to increase pediatric medical capacity**					
Acquire and ensure availability and access to pediatric medical countermeasures, equipment, and supplies for chemical, biological, radiological, nuclear and explosive threats	x	x	x	x	x
• Test capabilities to mass distribute and individually administer pediatric medical countermeasures at the state and local level for chemical, biological, radiological, nuclear, and explosive threats			x	x	x
• Test capabilities to decontaminate children, including children with disabilities and chronic health needs				x	
Ensure all health care professionals who may treat children during an emergency have adequate pediatric disaster medicine training specific to their role			x		
• Develop and/or provide continuing education to first responders and other health care professionals, such as EMS providers			x		
Create a regional planning group to develop a formal regional pediatric system of care, prepared for disasters	x	x		x	
• Assess pediatric surge capacity at local, regional, and/or state levels (MMRS)	x	x			
Develop and implement comprehensive state and regional plans for pediatric patient surge capacity in conjunction with hospitals, EMS, the State coordinator for Emergency Medical Services for Children (EMSC), and emergency management agencies (MMRS)		x			
• Develop local and regional disaster response plans that anticipate need and fully integrate trauma systems, children's hospitals, EMS, and other institutions with pediatric critical care and pediatric surgical sub-specialty care capabilities (MMRS)		x			
• Practice disaster drills that include all staff that may be called on to deliver care to children in scenarios with sufficient pediatric survivors to test pediatric surge capacity				x	
• Ensure that hospitals emergency departments have recommended pediatric resources that meet national hospital guidelines, including: staffing, personnel training, inventories of pediatric	x				x

equipment and supplies, policies for, care quality and safety monitoring (*see Guidelines for Care of Children in the ED above*) (MMRS)					
Conduct planning activities to ensure access to physical and mental health services for all children during recovery from a disaster	x	x			
• Develop and exercise Continuity of Operations Plans for physical and mental health services entities			x	x	x

	Preparedness	Planning	Training	Exercise	Equipment
EMERGENCY MEDICAL SERVICES AND PEDIATRIC TRANSPORT **Planning, training, exercise, and equipment procurement to increase pediatric medical capacity**					
Improve the capability of Emergency Medical Services (EMS) to transport pediatric patients and provide comprehensive pre-hospital pediatric care during daily operations and disasters	x	x	x	x	x
• Assess local and state pediatric transport capabilities, including recommended equipment and training to provide emergency care to children.	x	x			x
• Acquire and train with pediatric equipment and supplies in accordance with national guidelines for equipment for BLS and ALS vehicles (see *Equipment for Ambulances* above)			x	x	x
• Establish statewide, territorial, or regional standardized systems that recognize hospitals that are able to stabilize or manage pediatric medical emergencies and trauma.	x	x			
• Establish written pediatric inter-facility agreements, including a categorization process and inter-facility transfer guidelines to facilitate EMS transfer of critically ill or injured children to appropriate levels of resources.	x	x			
• Collaborate with state EMSC coordinators and develop EMS accountability measures in alignment with EMSC performance measures	x	x			
• Support EMS providers and the regionalization of EMS assets to enhance surge capacity	x	x			x

	Preparedness	Planning	Training	Exercise	Equipment
CHILD CARE **Planning, training, exercise activities specific to child care services and providers**					
Increase disaster planning capabilities of child care providers in all settings	x	x			
• Assist child care operators through guidance or direct assistance in the development of comprehensive disaster plans; plans must address the needs of children, staff and parents with access and functional needs	x	x	x	x	x
• Work with child care facilities to designate site and evacuation routes in the event of a disaster	x	x			
• Work with child care facilities to develop reunification plans for children and families in the event they become separated during an emergency		x			
• Conduct emergency preparedness training for child care operators and incorporate child care into exercises			x	x	
• Incorporate child care operator locations into GIS mapping capabilities	x	x			x
Improve capacity to provide child care services in the immediate aftermath of and recovery from a disaster	x				
• Develop statewide child care disaster plans for the provision and recovery of child care services after disasters in coordination with State and local emergency managers, public health, State child care administrators and regulatory agencies, and child care resource and referral agencies. Plans should establish guidelines addressing the continuation of child care services and provision of temporary child care services, including child care services in congregate shelters and the operation of stand-alone day care centers as emergency shelters and temporary operating standards.		x			
• At the state level, develop temporary disaster child care operating standards that permit disaster child care in non-traditional settings	X	x			
• Increase capacity to provide support services to parents, guardians, employees, and employers in the aftermath of a disaster	x				

	Preparedness	Planning	Training	Exercise	Equipment
ELEMENTARY AND SECONDARY EDUCATION **Planning, training, exercise activities specific to early education, elementary and secondary education**					
Improve disaster planning for state education agencies (SEAs) and local education agencies (LEAs) and support integration of schools and LEAs into state and local disaster planning, training and exercises. Engage in collaborative planning, training, and exercises with education and emergency management officials at the State and local levels.		x	x	x	
• Integrate planning among school districts, SEAs, local government, local public health and emergency response officials, and parents		x			
• Incorporate school locations into GIS mapping capabilities	X	X			x
• Execute regular disaster preparedness exercises and drills that involve local emergency management, school personnel, and other stakeholders				x	
• Develop state, regional, and local school district continuity of operations plans to ensure academic continuity for all students affected by a disaster		x			
• Develop integrated plans for coordinated state and regional school closures in the event of a pandemic or other event		x			
Enhance school personnel's abilities to support children who are traumatized, grieving, or otherwise recovering from a disaster		x			
• Train teachers, school administrators, and other school personnel to understand the impact of trauma and loss and to provide basic supportive services and basic bereavement services following a disaster			x		
• Develop initiatives that both support and promote emergency preparedness and crisis response training for teachers and other school staff	x		x		

	Preparedness	Planning	Training	Exercise	Equipment
CHILD WELFARE AND JUVENILE JUSTICE **Planning, training, exercise activities specific to child welfare and juvenile justice agencies**					
Activities at the state and local level, in collaboration with state and local emergency management, child welfare and juvenile justice agencies and facilities, courts, and other key stakeholders, to meet current applicable disaster planning requirements and improve child welfare and juvenile justice planning and preparedness. See OJJDP planning guidance *https://www.ncjrs.gov/pdffiles1/ojjdp/234936.pdf*		x			
• Review state child welfare disaster plans to ensure they meet or exceed current requirements, including identification of personnel to implement plans at the local level and collaboration with courts and other key stakeholders		x			
• Develop or update disaster plans of state and local child welfare agencies and facilities		x			
• Develop or update juvenile justice system disaster plans in coordination with emergency management officials and key stakeholders including juvenile courts, residential treatment, correctional, and detention facilities that house juveniles via court-ordered placements, and social service agencies		x			
• Assist group homes and residential treatment, correctional, and detention facilities that house children in the development of comprehensive disaster plan		x			
• Train and exercise child welfare/juvenile justice plans at the local level			x	x	
• Incorporate juvenile justice and child welfare facility locations into GIS mapping capabilities	x	x			x
• Incorporate juvenile justice and child welfare systems and facilities into EOP and other base plans, training, and exercises	x	x	x	x	

	Preparedness	Planning	Training	Exercise	Equipment
EVACUATION **Develop local and regional evacuee tracking and family reunification strategies**					
Develop, train, and exercise local and regional strategies for evacuee tracking and family reunification strategies		x	x	x	
• Develop plans to track and reunify families during and after a disaster. The system should take into account adults and children who are unaccompanied, injured, nonverbal, or have disabilities or chronic health needs, limited English proficiency, as well as potential legal issues regarding custody (in the case of children). This requires coordination with law enforcement, Child Protective Services, hospitals, schools, mass care shelters and other partners with access to information regarding children separated from their families or caregivers.		x			
• Ensure that evacuation plans, including those for schools, juvenile detention facilities, child care, Head Start and other child congregate care facilities. adequately accommodate children, staff and parents with access and functional needs s and chronic health needs	x	x		x	
• Include family reunification planning as part of individual and family preparedness activities	x				
• Establish alternative agreements for evacuation transportation beyond school buses. If an evacuation takes place during a school day, school bus drivers may not be available to assist with the evacuation because they will be driving children to or from home. Additionally, these drivers are typically not trained or contracted for emergencies and may not be available to provide assistance to some special needs individuals.	x	x			
• Work with agencies and businesses to incorporate family reunification plans for employees as part of Continuity of Operations Planning	x	x			
• Ensure that evacuation plans adequately accommodate children with disabilities and chronic health needs	x	x		x	

	Preparedness	Planning	Training	Exercise	Equipment
SHELTERING STANDARDS, SERVICES, AND SUPPLIES **Ensure safe, secure mass shelter environments for children**					
Planning, training, and exercising to ensure a safe and secure mass care shelter and emergency congregate care environment for children, including appropriate access to essential services and supplies.	x	x	x	x	
• Adopt and implement the ***Standards and Indicators for Disaster Shelter Care for Children*** for all mass shelter operations (Annex B)					
• Create caches of essential age-appropriate shelter supplies for infants and children in accordance with ***Supplies for Infants and Toddlers in Mass Care Shelters and Emergency Congregate Care Facilities*** (Annex C)					x
• Develop plans that mitigate risks unique to children in shelters including child abduction and sex offenders. Provide appropriate background checks for shelter workers and training to identify child predators/abuse.		x	x		

	Preparedness	Planning	Training	Exercise	Equipment
HOUSING **Prioritize the needs of families with children, especially families with children who have disabilities or chronic health, mental health, or educational needs, within disaster housing assistance programs.**					
• Develop state plans that ensure that interim and permanent housing options provide families with children access to stable, affordable, and safe housing in close proximity to schools, child care, safe recreational sites and health and social services.		x			
• Create or expand a standing state-Led Disaster Housing Task Force at the state level, including persons with subject matter expertise related to children and the programs that serve their health, mental health, nutrition, education, and social services needs	x	x			

Annex B: Standards and Indicators for Disaster Shelter Care for Children

Purpose

To provide guidance to shelter managers and staff that ensures children have a safe, secure environment during and after a disaster – including appropriate support and access to essential resources.

Standards and Indicators for All Shelters

- Under most circumstances a parent, guardian or caregiver is expected to be the primary resource for their children, age 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.
- Mothers who are breastfeeding should be hydrated and encouraged to breastfeed as the safest form of infant feeding. 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). A private area with electrical outlet for breast pumps, and containers for collecting milk should be available. Mothers should have access to certified lactation consultants who have been previously credentialed to provide staff training on breastfeeding and to assist in shelters during emergencies. More info available from: http://www.usbreastfeeding.org/LinkClick.aspx?link=Publications%2fBF-Emergency-Response-2009-USBC.pdf&tabid=70&mid=388
- 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 or 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 and 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 only released to the parent(s), guardian(s), caregiver(s) or designee(s) listed on the registration form.

- All documents---such as attendance records and registration forms (which include identifying information, parent, guardian or caregiver names and contact information), information about allergies and other special needs, 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 their parent, guardian or caregiver.
- All staff members must be 18 years 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.

Annex C: Supplies for Infants and Toddlers in Mass Care Shelters and Emergency Congregate Care Facilities

This document was facilitated by the National Commission on Children and Disasters with guidance from subject matter experts in emergency management and pediatric care. The document identifies basic supplies necessary to sustain and support 10 infants and children up to 3 years of age for a 24 hour period. The guidance is "scalable" to accommodate 10 or more children over a longer period of time.

The National Commission on Children and Disasters recommends state and local jurisdictions provide caches of supplies to support the care of children in mass care shelters and emergency congregate care facilities for a minimum of 72 hours. The amount of supplies cached in an area should be based upon the potential number of children up to 3 years of age that could be populating the local shelters and facilities for a minimum of 72 hours, as determined by an assessment of current demographic data for the jurisdiction.

Depending on the nature of the event, a 24-72 hour supply of essential child-specific supplies should be on site prior to the opening of a shelter or facility. In situations where this is not possible, supplies should still be available for immediate delivery to the shelter, when children are sheltered, within 3 hours (for example, through local vendor agreements, supply caches, interagency mutual aid, etc.).

Such a level of preparedness is critical due to the high vulnerability of this population.

(Guidance begins on next page.)

Recommended Perishable Supplies for Immediate Delivery within 3 Hours		
Quantity	**Description**	**Comment**
40 Jars	Baby Food - Stage 2 (jar size is 3.5 - 4 oz)	Combination of vegetables, fruits, cereals, meats
1 box (16oz)	Cereal - single grain cereal preferred (e.g. rice, barley, oatmeal)	Rice, barley, oatmeal or a combination of these grains
See Note	Diaper wipes - fragrance free (hypoallergenic)	Minimum of 200 wipes
40	Diapers - Size 1 (up to 14 lbs.)	Initial supply should include one package of each size, with no less than 40 count of each size diaper
40	Diapers - Size 2 (12 - 18 lbs.)	
40	Diapers - Size 3 (16 - 28 lbs.)	
40	Diapers - Size 4 (22 - 37 lbs.)	
40	Diapers - Size 5 (27 lbs. +)	
40	Pull Ups 4T - 5T (38 lbs. +)	
320oz	Formula, milk-based, ready to feed (already mixed with water) **++**	**Breastfeeding is the best nutritional option for children and should be strongly encouraged.** Ready-to-feed infant formula should be provided only to those infants who are already being fed artificial milk, or to those for whom it is medically indicated. Powdered formula should not be used in an emergency situation, unless as a last resort and only if potable water is available.
64oz	Formula, hypoallergenic-hydrolyzed protein, ready to feed (already mixed with water) **++**	
64oz	Formula, soy-based, ready to feed (already mixed with water) **++**	
1 Quart	Oral Electrolyte solution for children, ready-to-use, unflavored (e.g. Pedialyte) - ***Dispensed by medical/health authority in shelter*** **++**	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). To be used in the event an infant/child experiences vomiting or diarrhea, and the degree of dehydration.
See Note	Nutritional Supplement Drinks for Kids/Children, ready-to-drink (e.g., Pediasure, Kids Essential/Kids Boost) **-** ***Dispensed by medical/health authority in shelter***	**** 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.

Note: See “Supplemental Information” for additional information regarding the items follows by “++.”

Non-Perishable Supplies & Equipment		
Quantity	**Description**	**Comment**
25	Infant feeding bottles (plastic only) **++**	4 - 6 oz. size preferred (to address lack of refrigeration). Should be BPA- and PVC-free.
30	Infant Feeding Spoons **++**	Specifically designed for feeding infants with a soft tip and small width. Should be BPA- and PVC-free. Can be used for younger children as well.
50	Nipples for Baby Bottles (non-latex standard) **++**	2 per bottle. Should be BPA- and PVC-free.
25	Diaper Rash Ointment (petroleum jelly, or zinc oxide based)	Small bottles or tubes
100 pads	Disposable Changing Pads	At least 13x18 in size. Quantity is based on 8-10 diaper changes per infant per day
10	Infant bathing basin	Thick plastic non-foldable basin. Basin should be at least 12" x10" x 4"
See Note	Infant wash, hypoallergenic	Either bottle(s) of baby wash (minimum 100 oz.), which can be "dosed out" in a disposable cup (1/8 cup per day per child) or 1 travel size (2oz) bottle to last ~48 hrs per child.
10	Wash cloths	Terry cloth/cotton - at least one per child to last the 72 hr period
10	Towels (for drying after bathing)	Terry cloth/cotton - at least one per child to last the 72 hr period
2 sets	Infant hat and booties **++**	Issued by medical/health authority in shelter
10	Lightweight Blankets ***(to avoid suffocation risk)***	Should be hypoallergenic, (e.g., cotton, cotton flannel, or polyester fleece)
5	Folding, portable cribs or playpens	To provide safe sleeping environments for infants up to 12 months of age
2	Toddler potty seat	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
	High Chairs	Lightweight; folding; 5-point harness
1 pack	Electrical Receptacle Covers	Minimum 30 (Note: Prioritize covering outlets in areas where children and families congregate (family sleeping area, children's areas, etc.)

Note: See "Supplemental Information" for additional information regarding the items follows by "++."

Other Recommended Perishable Supplies		
Quantity	**Description**	**Comment**
40	Baby Food – Stage 1 (jar size ~ 2.5 oz)	Combination of vegetables, fruits, cereals, meats
40	Baby Food - Stage 3 (jar size ~ 6 oz)	Combination of vegetables, fruits, cereals, meats
40	Diapers - Preemie Size (up to 6 lbs.)	As needed for shelter population
	Healthy snacks that are safe to eat and do not pose a choking hazard ***(intended for children 2 years and older)***	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, "oyster"/mini)

Other Recommended Non-Perishable Supplies & Equipment		
Quantity	**Description**	**Comment**
10	Sip Cups (support for toddlers) **++**	Should be BPA- and PVC-free
	Birthing kits	Provides essential items to promote a safe, clean delivery and to encourage good aftercare
	Infant slings or wraps	To support mothers who breastfeed
	Hospital grade multi-user breast pump with battery capability	Available for lactating mothers and mothers whose infants are born in the shelter in the event that the infant has difficulty feeding from the breast; sterilization is required after each use

Note: See “Supplemental Information” for additional information regarding the items follows by “++.”

Supplemental Information	
Description	**Supplemental Notes**
Formula	**It is recommended that ready-to-feed formula should be ordered in bottles with nipples to avoid contamination with non-potable water.** If using powdered 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.
Infant Feeding Bottles and Nipples	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. Note: 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). **Note to staff: 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. Support such as access to appropriate facilities for cleaning (not public restrooms).
Note regarding all feeding implements for Infant/Children	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 food borne illness. Staff 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.

Supplemental Information	
Description	**Supplemental Notes**
For the following items: infant bathing basin, lightweight blankets, diaper rash ointment, wash cloths, and towels	Consider pre-packaging the listed items together and providing one package to each family with children. Note: additional blankets and towels will be necessary for families with more than one child.