

Caring for Young Children after a Hurricane: Florida's Childcare Workers Reflect on Support and Training Needs

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Abstract

Although there is increasing awareness of the need for disaster preparedness within elementary and high schools, daycare centers and preschools have largely been overlooked in preparation and recovery plans. The purpose of this project was to identify the presence and use of formal disaster plans for childcare agencies, assess the projected emotional response of childcare personnel to children following a disaster, evaluate the amount of in-service training received in the area of disaster preparedness and emotional recovery, and elicit recommendations from childcare personnel regarding ways to increase awareness of children's emotional needs following a disaster. Sixty-seven surveys were received from center-based childcare personnel in 14 Florida counties. Responses indicated a need and desire for greater support around disaster preparedness as well as increased availability for training regarding the emotional needs of children following disasters.

Keywords: hurricanes, preparedness, childcare, childcare providers

Introduction

NEW ORLEANS, Louisiana (AP) -- Each time the 3-year-old gets in the bathtub, she thinks she's going to drown. Monica whimpers when her grandmother turns on the faucet, sobbing softly at first, then wailing as the tub begins to fill (Callimachi 2006).

Natural disasters, such as hurricanes, can leave children of all ages feeling confused and scared, but young children (i.e., under age five) may be at particular risk, given the unique and rapid brain changes that occur during this time (Lieberman and van Horn 2004). Whether children have personally experienced trauma, merely seen the event on television, or heard it discussed by adults, they struggle to make sense of what they are seeing and hearing. Children look to the important adults in their lives (i.e., parents, caregivers, and teachers) to help them make sense of what is happening (Prinstein et al. 1996). Because adults' reactions can facilitate children's adaptive coping, the adults need to be informed and ready to help in times of crisis.

Childcare providers and preschool teachers are vital members of a child's adult network. Yet, while many studies have explored children's reactions to natural disasters, information about how childcare providers prepare for and cope with disaster situations is sparse (Gaines and Leary 2004). We only found one study that explored the preparedness and recovery efforts of childcare centers—a survey of earthquake preparedness in California. In that study, over half of the 25 centers surveyed did not have an earthquake plan on file; those that did often failed to share their plan with teachers and parents (Junn and Guerin 1996). This was especially noteworthy considering the fact that earthquake preparedness mandates (i.e., requiring regular earthquake drills and a specific plan of activities to be taken before, during, and after an earthquake) had been instituted for all public and private K-12 schools for at least a decade. Over that time, the same level of concern had not trickled down to those facilities providing care and education to children under age five. Thus, even in conditions of statewide preparation, childcare centers often receive less attention, funding, or support in the way of disaster preparation and recovery.

The current study was conducted within the state of Florida to elicit childcare providers' disaster response and recovery plans specific to hurricane preparedness. Florida is highly susceptible to hurricane activity and thus preparedness is a statewide concern. Like California, there are frequent reminders of potential disasters (via recurrent hurricane threats), so preparedness and recovery is a statewide issue on an annual basis, with the highest preparation and awareness occurring in the months of April and May, leading up to the "official" start to hurricane season.

Florida's Childcare

As of 2003, over one million children under age five lived in Florida and accounted for about six percent of the more than 17 million Florida residents and 26 percent of those under age 18 (Weitzel and Shockley 2005). Since roughly 63 percent of

dual working parents have a child under the age of six in Florida (Children's Forum 2003) and there are over one million single-parent households within Florida (Weitzel et al. 2004), the demand for childcare is considerable. In fact, 24 percent of Florida's infants and toddlers are in center-based care (Children's Forum 2003).

As of 2001, there were an estimated 5,703 licensed childcare centers with a combined capacity of nearly 570,000 children within the state of Florida (Weitzel et al. 2004). In Florida, a center must be licensed in accordance with Florida's childcare laws [§402.301-319, Florida Statutes]. Childcare licensing is regulated by the local county or Florida's Department of Children and Families (DCF). With regard to emergency procedures, licensing requirements state that an evacuation route must be posted in a visible place within each room and monthly fire drills must be rehearsed and documented. There is no requirement for a hurricane response plan or a contingency plan in the event of an area-wide disaster. It is simply stated that following a fire or other natural disaster, the center must contact the licensing agency within 24 hours to ensure health standards for continued operation. In the case of an area-wide disaster, the ability for an affected center (or multiple centers) to communicate with the licensing board may be compromised.

Childcare and Disaster Response

Elementary and high schools have been recognized as possible outlets for prevention efforts following disaster because interventions can be offered systematically and immediately at times of distress (Ball and Allen 2000). For this reason, many recommendations have been offered to elementary school teachers to help them address post-trauma needs of their students (Gurwitch et al. 2002; Shen and Sink 2002; Wolmer et al. 2003). In fact, many schools have disaster-related protocols that are implemented in times of need. As stated above, however, recommendations and policies have not trickled down in a systematic way to early childcare providers or preschool teachers (Gaines and Leary 2004).

As part of a one-day hurricane forum in Mobile, Alabama, sponsored by the National Center for Rural Early Childhood Learning Initiatives, the call was made for early childhood caregivers to meet the emotional needs of children following hurricanes and natural disasters. Among other policy issues discussed, the promotion of teacher training to address children's unique emotional needs following hurricanes and other natural disasters was recommended (National Center for Rural Early Childhood Learning Initiatives 2006). Key aspects of this training were listed as follows: understanding normal responses to abnormal situations, when trauma reactions necessitate a referral, appropriate play-based activities, the importance of limiting exposure to media images, awareness of young children's sensitivity to traumatic triggers (like the water in the opening example of this article), ways to manage triggers, how to establish support and appropriate emotional expression for children and staff, and the importance of routines and rituals.

Partly in response to the devastating 2005 hurricane season, agencies throughout Florida began to recognize the need for more comprehensive disaster training for early childcare workers (B. Saunders, personal communication, February 28, 2006).

The Children's Board of Hillsborough County provided two free workshops to its county's childcare providers prior to the 2006 hurricane season; one in-service addressed the business aspects of recovery and childcare re-opening while a second training provided information on children's emotional needs following disasters (V. Petti, personal communication, May 13, 2006). The Early Learning Coalition of Southwest Florida provides free two-hour disaster preparedness trainings to childcare providers throughout four Florida counties on a regular basis. A small aspect of that training addressed children's emotional needs following disasters (S. Lotsch, personal communication, March 1, 2006).

Specific Aims of the Project

It is important to recognize that childcare workers are first responders in the recovery efforts of an affected area (National Center for Rural Early Childhood Learning Initiatives 2006). The need for a more organized approach to disaster planning and training, particularly with regard to addressing children's post-disaster emotional needs, is apparent. This study was initiated to explore the disaster preparedness and emotional response within facilities that seek to educate and care for young children (birth to age five) within Florida. The specific aims of the project were:

1. Identify the presence and use of formal disaster plans for childcare agencies.
2. Assess the projected emotional response of childcare personnel to children following a hurricane.
3. Evaluate the amount of in-service training received in the area of disaster preparedness and emotional recovery.
4. Elicit recommendations from childcare personnel regarding providing increased support for children's emotional needs following a disaster.

Methods

Survey

We developed the survey for the purposes of this study (see Appendix A). It began with ten demographic questions to describe the respondent and his/her experience and role within childcare. Four fixed-choice questions inquired about the center's exposure to hurricanes followed by 17 questions related to the center's approach to hurricane response/preparedness. Seven open-ended questions were provided at the end of the survey to elicit the respondent's perceptions of teachers' needs in responding to children's emotional distress following hurricanes.

Data Collection

Within Florida, there are 32 regional agencies of the Early Learning Coalition (ELC) that distribute federal childcare subsidies to participating childcare agencies. Each ELC agency had a database of childcare providers within its region. An introductory email was sent to the executive director for all regional ELC agencies asking them to forward a participant recruitment email to those providers for whom they had email addresses. Thus, childcare centers were informed of this study via an email sent from their regional ELC agency between May and July 2006. Through this email solicitation, centers were encouraged to access a weblink wherein responses

were recorded anonymously. Home-based providers were not included in participant recruitment.

Though email surveys require Internet access and thus a certain level of resources on the part of the childcare agency, it was expected that wider survey distribution would be possible more quickly via the Internet versus standard mail. Furthermore, it was expected that an on-line survey had increased probability of completion in comparison to a mail survey.

There was no compensation (financial or otherwise) offered to the executive directors of the ELC for the identification, recruitment, or enrollment of respondents. Nor was there direct compensation to the respondents. Phone contacts to ELC directors encouraged their recruitment support; 40 percent (N= 13) chose to forward the survey onto the daycare centers within their catchments area. Thus, there were a large number of potential respondents that were not approached about the survey. Furthermore, those who were willing to respond represent a highly selective group of volunteers. For this reason, results are not expected to be generalizable to all childcare centers throughout Florida.

Analysis

Frequency data is reported for quantitative data for descriptive purposes. For open-ended responses, responses for each question were combined into one computer file for analysis such that the range of responses per question was readily apparent. This allowed for identification of thematic similarity across responses for each question and tally of responses that fell into each emergent theme.

Results

Respondents

Sixty-seven surveys were received from 14 counties within Florida, distributed as follows: 15 surveys were received from Hillsborough, 14 from Sarasota, seven each from Lee and Seminole, four each from Collier and Pinellas, three each from Okaloosa and Orange, and one each from Santa Rosa, Hamilton, Volusia, Marion, Hernando, and Indian River counties. Four respondents did not indicate their zip codes and therefore the county could not be determined. Geographically, the majority of respondents were from the Gulf Coast (including Pinellas, Hillsborough, Sarasota, Lee, Collier, and Hernando Counties) while the remaining respondents resided along the eastern coast (i.e., Volusia, Seminole, Orange, and Indian River Counties), within the Panhandle (i.e., Santa Rosa and Okaloosa Counties), from the northern border (i.e., Hamilton County), or central Florida (i.e., Marion County).

The majority, 80 percent, of respondents were childcare directors (N= 53), that is, they were the onsite administrator of a childcare facility with the primary responsibility for the day-to-day operation, supervision and administration of the childcare facility; the remaining respondents were either classroom teachers or professional support staff (e.g., mental health consultant). Respondents were employed by center-based childcare programs, serving an average of 70 children per center, infancy through at least age five, and had an average of 16 years of cumulative childcare experience. Nearly 60 percent (N= 40) of childcare centers

were certified by the National Association for the Education of Young Children (NAEYC) or similar early education accreditation board.

Hurricane Exposure

Hurricanes are a part of Florida's culture and not surprisingly, 83 percent of respondents worked in an area that had experienced a hurricane in the previous five years. While 92 percent of centers had closed at some point in the past five years due to hurricane-related concerns, the closures were relatively brief (i.e., ranging from one to 14 days, mean = three days) and the structural damage was minimal; only eight centers of the 31 that sustained damage (27 percent) reported moderate to severe structural damage. Thus, the respondents represented parts of Florida that had not been severely affected by hurricane activity. This fact may explain why roughly 55 percent of respondents reported no in-service training regarding either hurricane preparedness or children's response to traumatic hurricanes.

Preparedness

Roughly 68 percent (N= 43) of respondents indicated that their center had a written hurricane response plan, though in the previous six months, these plans had been reviewed by less than half of respondents. About 70 percent of respondents were either in the process of or had completed the creation of a "hurricane kit" for the agency (including vital contact numbers, business papers, insurance, medication, and child supplies for re-opening), and had a corded phone that could be used if power was lost. A lower percentage (i.e., about 50 percent) were working to designate an out-of-area contact number for communication with staff and parents following a hurricane.

Most respondents, (i.e., about 60 percent) had *not* sought an agreement with another center to provide care during the event that the facility was uninhabitable following a hurricane. Thus, while most agencies did not have a contingency plan in the event that their center was deemed inoperable due to hurricane damage, a sizeable minority did. Though specifics of these arrangements were not elicited from respondents, such contracts may be easier to obtain between centers that operate under one corporate and non-profit entity.

Many centers (46 percent) did not have information regarding the emotional needs of children following hurricanes, and about half of respondents indicated that they felt ill-prepared to address those needs. More specifically, between 45 percent and 60 percent of respondents indicated some degree of disagreement with the following statements: *I/My staff have/has been trained in how to talk to children about hurricanes and natural disasters; I/My staff have/has been trained to help with children's emotional reactions following a hurricane or other natural disaster; I/My staff have/has been trained to identify children with intense emotional reactions following disaster; I/My staff have/has been trained to balance personal priorities with children's needs following a disaster; I/My staff have/has been trained to identify personal reactions to disasters and their implications for children's care; I/My staff have/has been trained to build resilience in children; I/My*

staff have/has been trained to communicate information about children's trauma reactions/needs to parents.

Disaster Response/Recovery

When asked to indicate what their projected response to children might be following a disaster, many respondents (40 percent) indicated an understanding that children needed a stable and safe place to express their feelings and be reassured. One director indicated:

The most important aspect [of what] we do is to allow the students to share their experiences. Provide support when needed. Our most important goal is to provide a rock of stability in their current turbulent life that school will continue to function and return to a normal schedule.

Many respondents indicated that they would use art, books, or play to allow children to process their fears and recognized the teacher's role to reassure and provide developmentally appropriate information. As stated by one teacher:

We would try to provide a safe, secure environment where the children could talk about their experiences, use art to find a way of expressing their feelings... We would answer their questions truthfully and in a manner that children of that age could understand. We would reassure them that we are all safe.

Some agencies tried to make hurricanes an everyday part of their children's experience by reading books about preparedness, creating "science exploration" about weather changes, and creating a "to go" kit with their children. Others (17 percent) felt confident in their disaster plan and indicated that they would rely upon their preparation to guide them during a disaster response. One respondent articulated an extensive network to help provide emotional support to children and staff following a hurricane:

We have a center-wide emergency preparedness plan with a flow chart examining all aspects of emergencies, including hurricanes. We are part of a state and national network of [centers] and have arrangements to act as a shelter for our staff, as a NPOD (Neighborhood Point of Distribution) after a storm, and have made arrangements with other [centers] in the state for evacuation of our staff and families should the need occur. As part of a network, we also have a national office in New York who will act as a clearinghouse for information for our families and members during and after a storm (families are given this phone number prior to a storm warning and before hurricane season). We also have access to almost immediate assistance from our national network.

Another 15 percent of respondents indicated that they would seek external help from mental health personnel in the community or rely upon community agencies to guide their response (e.g., "contact a mental health agency in regards to additional coping skills for all children"). Some respondents (9 percent) recognized

their center's role in providing information and resources to families via "parent meetings, staff debriefings, helping families in need with food, clothing, etc."

While most respondents (54 percent) perceived no concerns addressing children's emotional coping following a hurricane, others (27 percent) indicated that increased training in this area would be desired. For example, one respondent noted her uncertainty about how to talk about a disaster with the children in her care and implied a desire for guidance in this area:

...not sure how much to talk about. I tend to be very honest about issues, but... I worry sometimes if I would be saying something that would incite more fear.

When asked to indicate changes, if any, that were prompted by the 2005 hurricane season, 48 percent of respondents indicated that there was no change in their facility's operation, while others (8 percent) reported increased action to formalize a plan, especially establishing communication with families before, during, and following a hurricane. For example, one respondent indicated adding to her facility "portable phones and out-of-area numbers of staff that we can contact to make sure that they are all right and create a working pattern to help reorganization," while another described "phone tree for parents, checklist for closing and reopening the center, emergency contacts for staff, documentation organized and accessible." Some agencies (9 percent) had incorporated more formalized training; only 3 percent had provided information to families regarding disaster preparedness and recovery.

Overwhelmingly, the most cited need for caregivers was for guidelines and increased training in children's emotional response to hurricanes and other natural disasters, reported by 51 percent of respondents. Particularly, the need to "be trained about the signs that a child is in distress or needs to work through their feelings" along with "guidelines on how to address fears... specific things to say for specific age groups." Another director remarked that, "Training is useful to highlight the ways in which a child may need help and would give the teachers a variety of responses that may be appropriate. They also need to be able to access resources that may help the children." Along with training, awareness of community resources for staff and families was noted by 14 percent of respondents. Approximately 16 percent of respondents were unsure what would be needed to more fully address children's emotional needs.

With regard to policy change, 41 percent of respondents identified the need for increased guidelines and training in this area (e.g., "disaster plan examples, video education for parents and staff, workshop on disaster response") and in some cases indicated that such training should be mandatory, i.e., a requirement of licensure. Others (17 percent) described licensure changes that would facilitate placement of children within functional centers following a hurricane or disaster:

After the last hurricane season, the DOH and NAEYC relaxed its 'ceiling' on how many children could be in a program, immunization requirements, etc.,

temporarily, but it took a while to do that. Perhaps immediate word to all schools and agencies in the aftermath of a disaster so that schools know they could absorb more families temporarily would be helpful.

Another suggested the creation of "a computer database of children's immunization and care records that are enrolled in the state," similar to the database used to ensure teacher qualifications. These changes would facilitate the placement of children across centers if their home-based center were closed due to hurricane damage.

Discussion

Following a disaster, childcare is a critical component to rebuilding the damaged economy and social order of community life. In Florida, the childcare industry's preparedness is of vital importance in statewide hurricane response; it is an issue that warrants greater attention. This preparedness should include not only provisions for continued childcare in the wake of an area-wide disaster but awareness and training of childcare staff to address the needs of children and families working to rebuild the community.

The current study presents responses from a small group of childcare centers within Florida. Because of the small sample size and the recruitment strategy, the overall generalizability of the findings is limited. For example, the 60 percent NAEYC accreditation rate reported within this sample, compared to a statewide NAEYC accreditation rate of roughly 14 percent, reflects a highly selective respondent sample that is not representative of childcare centers throughout Florida. Though not randomly selected nor evenly distributed across the state, the responses identified herein represent critical areas for discussion and improvement of preparedness and disaster response within childcare.

It was apparent that while many agencies expressed a desire to meet their families' and children's needs following hurricanes, there were a large number who felt ill-equipped to do so. This was surprising given the relatively highly resourced centers reflected in this sample. Many directors expressed a strong desire for additional training in this area for their staff. Such training might include ways for childcare centers to protect vital documents, facilitate reopening, and create mutual aid agreements with other agencies in the event of complete loss. Other aspects of training should incorporate those aforementioned recommendations by the National Center for Rural Early Childhood Learning Initiatives (2006): understanding childhood responses to disasters, when reactions necessitate a mental health referral, the role of the center in the child's recovery (through stability and play-based activities), awareness and management of traumatic triggers, along with staff support. Such training may best be offered through community agencies with an interest in the welfare of children. That way, disaster programming could be offered free of charge on a regular (perhaps bi-monthly) basis, alternating on evenings or weekends. Other options would be to make continuing education credits available via Internet-based, interactive programs.

Because of the vital role childcare centers play in the recovery from a hurricane or other natural disaster, making disaster preparedness a part of licensure requirements would be a valuable first step in overall community response. As reported by one participant, "There should be a state-mandated course for all Florida childcare givers as to the procedures and follow-up needs of the children and families." This view is consistent with others who have recognized that legislative mandate is often required for optimal disaster preparedness and recovery (Gaines and Leary 2004; Junn and Guerin 1996).

Sharing data across local and federal agencies responsible for childcare is essential for coordinated childcare services in areas affected by disaster. As an example, the Mississippi State University Early Childhood Institute, together with Community Information Resource Center of the Rural Policy Research Institute (University of Missouri), created an integrated service map of early childhood services across 12 states, called the Early Childhood Atlas (Shores et al. 2006). The Atlas includes locations, capacity, and operating hours of several types of childcare facilities. The intention of this project is to produce custom maps and call lists for use in locating alternative childcare during a disaster response in participating states. This initiative, made in response to failures identified following Hurricane Katrina, is a demonstrable effort on the part of those in early childhood care to create a system that will better address the needs of young children. Furthermore, it serves as an exemplar of disaster preparation that should be supported and encouraged across state and federal disaster planning.

Local agencies are encouraged to include childcare facilities in their "Continuance of Operations Plans." Additionally, state and local emergency management agencies should consider inclusion of disaster childcare subsidies and emergency funding specifically earmarked for childcare agencies. In the most recent hurricane response funding from the 2006 Florida legislative session (Florida House of Representatives 2006), \$3.4 million was allocated to the Department of Community Affairs to increase public awareness of preparedness needs (0.3 percent of overall funding); a combined \$15.4 million was allocated to the Department of Children and Families for crisis counseling and mental health projects for hurricane victims. It is unclear how those funds would be distributed from the state agencies but those in the early childcare field need to make their voices heard in the demand for increased preparedness for response and recovery by childcare workers.

Along with systemic support as exemplified by projects such as the Early Childhood Atlas, agency-level recommendations include:

- Generation of a disaster plan that outlines staff responsibilities (e.g., who will try to locate staff, who will return to assess damage, who will contact the licensing board), an out-of-area number for staff and families to contact for voice-recorded updates on the facility's status, and potential aid agreements with other providers to serve children in need of care.
- Distribution of disaster plan with staff and parents to review on a semi-regular basis.

- Creation of a "go-bag" with employee contacts (including one out-of-area contact), parent contacts (preferably with one out-of-area contact), insurance papers, licensure information, tax papers, and child supplies (to re-open in a different facility if need be).
- Inclusion of weather as an everyday theme of class curriculum.

The present study provides useful data regarding disaster preparedness for some of Florida's childcare providers. Given the self-selection bias inherent in this study, which relied on volunteer responses to an Internet-based survey, the information presented herein is not meant to be inclusive of the experiences of all childcare agencies. Other experiences and suggestions would likely have been offered from providers with different economic resources or who were located in areas with greater recent experience with hurricanes. A more complete picture of disaster preparedness for Florida's youngest citizens would be helpful before formalizing any policy changes at the state level.

This study does demonstrate the need to look beyond the K-12 infrastructure and support the unique needs of young children and those who serve them in order to ensure optimal disaster response and recovery. The childcare industry is critical to the lives of young children and is especially important in the time following an area disaster. It is our hope that the themes identified by respondents, though specific to hurricanes, will provide a context from which discussion about the role of childcare in an area's disaster response/recovery can occur.

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Appendix A.

We are trying to gather information from individuals who work with young children and their families about the ways in which they respond to the emotional needs of children following disasters. Furthermore, we are trying to determine what structural changes (if any) would help support teachers and daycare providers in this manner.

Directions: Please respond as honestly and accurately as possible to the following questions and statements while considering your agency's approach to hurricane response and recovery. There are no right or wrong answers. For each item, please mark the best available response from your perspective or fill in the blank.

Demographics

Gender: Male Female Age: _____ years

Race/Ethnicity: Caucasian/White (non-Hispanic origin)
 Black/African American
 Hispanic/Latino (includes Mexicans)
 Asian or Pacific Islander (includes Hawaiian)
 Native American/Alaska Native (includes Eskimo)
 Other (includes mixed race) _____

Current position: Director/Owner Teacher/Childcare Provider Staff

Type of childcare facility:
 Center-Based Family-Based Other

Years in current position: _____ years

Teaching/Childcare experience: _____ years

Age of children in your care: _____

Number of children at the facility: _____

Is your center certified or accredited? Yes, by whom? _____
 No

Zip Code of Childcare: _____

Exposure

Do you live in a community in which a hurricane has occurred within the past 5 years? no yes

Is your school or childcare facility in a community in which there was a hurricane in the past 5 years? no yes

In the past 5 years, has your school or childcare facility been closed as a result of any hurricane? no yes

- If yes, what is the longest closure due to hurricane-related difficulties?
 _____ days

In the past 5 years, has your school or childcare facility been damaged as a result of any hurricane? no yes

- If yes, what is the worst damage sustained?

- a) minimal structural damage
- b) moderate structural damage
- c) severe structural damage
- d) total destruction

Disaster Response/Recovery

Please indicate whether or not your facility has done the following:

Gathered a preparedness kit, including medication and supplies.

- Completed In Progress Not Started

Identified at least one corded phone to use in emergencies.

- Completed In Progress Not Started

Designated an out-of-area contact number for the parents to contact the agency following a hurricane.

- Completed In Progress Not Started

Created an agreement with another facility to provide care should the facility have to close due to hurricane damage.

- Completed In Progress Not Started

Does your agency have a disaster response plan? (e.g., a written proposed plan of action to be taken immediately before, during, and after a hurricane)

- no yes not sure

Has agency staff been given information about the center's emergency response plan? no yes not sure

Have **you** reviewed your center's disaster response plan **in 2006**?

- no yes not sure

Does the facility's disaster response plan include how to address children's coping and recovery following a hurricane or other disaster?

- no yes not sure

How prepared do you feel you are (your staff is) with regards to children's emotional needs following a hurricane or other natural disaster?

- a) not at all prepared
- b) unprepared
- c) barely prepared
- d) prepared
- e) fully prepared

In the last year, how many activities (such as workshops and in-service trainings) have you (your agency staff) completed with regard to disaster and emergency preparedness? _____

Please address the following statements as they relate to your (your staff's) knowledge about disaster response/recovery.

I/My staff have/has been trained in how to:

...talk to children about disasters

- a) strongly agree
- b) agree
- c) disagree
- d) strongly disagree

...help with children's emotional reactions (i.e., fear, anxiety, or sadness) following a disaster

- a) strongly agree
- b) agree
- c) disagree
- d) strongly disagree

...identify children with intense emotional reactions following a disaster

- a) strongly agree
- b) agree
- c) disagree
- d) strongly disagree

...balance personal priorities with children's needs following a disaster

- a) strongly agree
- b) agree
- c) disagree
- d) strongly disagree

...identify personal reactions to a disaster and the implications for children

- a) strongly agree
- b) agree
- c) disagree
- d) strongly disagree

...build resilience in children

- a) strongly agree
- b) agree
- c) disagree
- d) strongly disagree

...communicate information about children's trauma reactions/needs to parents

- a) strongly agree
- b) agree
- c) disagree
- d) strongly disagree

How *would* your facility cope with the emotional needs of children following a hurricane or other disasters? _____

Is there a formal approach to this response? (i.e., specific training and/or written plan) no yes not sure

What, if any, changes were implemented in the facility's disaster response following the 2005 Hurricane Season? _____

What current supports, if any, are provided to teachers/caregivers with regards to addressing children's needs following hurricanes or other disasters? _____

Do you, or did you, have children who were evacuated from another area due to a hurricane in 2005? no yes not sure

About how many evacuated children are in your care? _____ don't know

If you received children evacuated from another area, what was particularly noteworthy about their emotional needs? _____

What do you feel teachers/caregivers need to address the emotional needs of children following disasters? _____

What barriers have you experienced with regards to providing for children's emotional needs as they relate to disaster response? _____

What, if any, policy changes (i.e., related to licensure requirements, continuing education, etc) do you feel would be appropriate within the area of disaster response? _____

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