

Proceedings of
The Rural Early Childhood Forum
On Hurricane Recovery and Emergency Preparedness

Dec. 5, 2005
Mobile, Alabama



National Center
for Rural Early Childhood
Learning Initiatives

Mississippi State
UNIVERSITY

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On the cover: Annjo Lemons of the Mississippi State University Early Childhood Institute came across this teddy bear at rest on the steps of a demolished house in Ocean Springs, Miss. – two weeks after Hurricane Katrina struck the Gulf Coast on Aug. 28-29, 2005. (Annjo Lemons)

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Contents

Preface 1

Agenda 3

Presentations

We Are the Victims of Hurricane Rita 5

Debby Nabours

The Chevron Child Care Recovery Effort 6

Amy Brandenstein

At the Austin Convention Center: Referrals on the Fly 8

Robin Herskowitz

Mapping the Losses: The Early Childhood Atlas 10

Christopher Fulcher, Ph.D.

Discussions

Trauma and Recovery:

Mental Health Prevention, Screening, and Treatment 14

Michele Many, LCSW, Facilitator

Head Start and Child Care and Development Fund Eligibility for Displaced Children 15

Moniquin Huggins, Facilitator

Rebuilding: Covering the Costs; Meeting the Standards 17

Cathy Grace, Ed.D., Facilitator

Next Time:

Early Care and Education Emergency Response 18

Sherry S. Guarisco, M.Ed., Facilitator

Participants 19

Preface

Cathy Grace, Ed.D.

When Hurricane Katrina struck the Gulf Coast of the United States on Aug. 28-29, 2005, it was arguably the worst calamity to strike our region in history. Hurricane Rita (Sept. 23-25, 2005) was less devastating but, in the wake of Katrina, a further blow to the infrastructure and spirit of Louisiana and Texas. It is not necessary for us to enumerate the losses in life or property from these storms; they are well known.

Less well known, however, are the effects on early care and education. Those of us who work with or on behalf of young children found in the aftermath of Katrina what our colleagues in Florida and South Carolina already knew: Assessing the damage and restoring vital early care and education services are difficult in a disaster area. There are two fundamental reasons for this:

- We in early care and education are not adequately prepared for natural disasters and other public emergencies.
- Emergency preparedness agencies need more information about the essential nature of early care and education during emergencies and in the rebuilding period.

With hundreds of early childhood programs closed or operating at reduced capacity, and with thousands of families moving from town to town in the aftermath of the storm, well-intentioned workers in public agencies were bewildered:

Where to enroll displaced children ages 0-4 after the local schools opened their doors to children in grades K-12—so their parents could set out in search of work, housing, medical care, or lost relatives?

In inland communities where damage was not

total but uncoun­ted early care and education programs could not immediately reopen, **where** to transfer children ages 0-4 so their parents could resume their work as the bus drivers, hospital attendants, school cafeteria workers—the working class, so invisible and yet so crucial to the region’s recovery?

How to support the teaching staff and curriculum offerings of early childhood programs that are being affected by the influx of students who have relocated due to the loss of homes and jobs on the Gulf Coast—so that the education of children in non-affected areas will not be compromised by larger class sizes, greater numbers of children per staff and educational material needs than can not be afforded by the early childhood programs under the current conditions?

How to maintain child care subsidies for the poorest working parents in a state with no central database of subsidy recipients or subsidy-participating programs?

How to counsel child and parents suffering extreme psychological trauma in a state with no early childhood mental health system and no way to dispatch mental health interventionists to train front-line caregivers?

Hurricane Katrina was a chilling reminder of our state’s lack of preparedness for widespread disasters, natural or the result of terrorist attacks. In trying to ensure that our communities are as prepared as possible for future disasters, we must not overlook services to children outside the K-12 infrastructure.

Thanks to support from the Child Care Bureau of the U.S. Administration for Children and Families, the University of South Alabama Small Business Development Center, GRCMA Early Childhood

Directions (Mobile, Ala.), the Rural Policy Research Institute of the University of Missouri, and the Terri Lynne Lokoff Child Care Foundation, the National Center for Rural Early Childhood Learning Initiatives was able to sponsor a one-day forum on hurricane recovery and emergency preparedness for early childhood providers, policymakers, and researchers.

Our greatest thanks go to the thousands of early childhood teachers and administrators who have persisted in serving the children and families in their communities despite crushing personal losses, and to the participants who traveled to Mobile for this forum, many without compensation or even reimbursement.

In addition, we are grateful to Wendy McEarchern, director of GRCMA Early Childhood Directions in Mobile, who was instrumental in making local arrangements for the forum. Moniquin Huggins of the Child Care Bureau, Michele Many of Louisiana State University, and Sherry Guarisco of SSG Consulting Services in Baton Rouge, Louisiana, made invaluable contributions as facilitators of the discussion sections that were the heart of the forum; Louise E. Davis, Ph.D., Gail Lindsey, Ed.D., and Stacy Callender served as recorders of those sessions. Joan Lombardi, Ph.D., of Washington, D.C., inspired and

invigorated the participants with a luncheon address as only she can. Robin Herskowitz of Austin, Texas, and Christopher Fulcher, Ph.D., of the Community Information Resource Center of the Rural Policy Research Institute traveled considerable distances to participate in the forum and share ideas about the potential of information technology for supporting disaster response. Morgan McPhail of the Rural Early Childhood staff provided crucial support before and after the forum. Elizabeth F. Shores of Rural Early Childhood planned the forum and edited this report; Lynn Bell designed and produced the report.

Early care and education are vital to the health and wellbeing of society – and to the reconstruction of communities damaged by hurricanes or other public disasters. The Rural Early Childhood Forum on Hurricane Recovery and Emergency Preparedness demonstrated that early childhood providers are ready to do their part for emergency preparedness. This brief report is the next in a series of steps the Mississippi State University Early Childhood Institute will take, in partnership with other universities, state and federal agencies, and nongovernmental organizations, to promote true preparedness for our field.

The Rural Early Childhood Forum
On Hurricane Recovery and Emergency Preparedness
Dec. 5, 2005
Mobile, Alabama

Agenda

8 – 8:30 A.M. Check-in and Coffee

8:30 – 10 A.M. Opening Discussion
Cathy Grace, Ed.D., Chair

“We Are the Victims of Hurricane Rita”
Debby Nabours

“The Chevron Child Care Recovery Effort”
Amy Brandenstein

“At the Austin Convention Center: Referrals on the Fly”
Robin Herskowitz

“Mapping the Losses: The Early Childhood Atlas”
Christopher Fulcher, Ph.D.

10 - 10:50 A.M. Concurrent Discussions (Choose One)

- I. Trauma and Recovery: Mental Health Prevention, Screening, and Treatment
- II. Head Start and Child Care and Development Fund Eligibility for Displaced Children
- III. Rebuilding: Covering the Costs, Meeting the Standards
- IV. Next Time: Early Care and Education Emergency Response

11 – 11:50 A.M. Concurrent Discussions (Choose One)

NOON – 1 P.M. Lunch

“The Importance of Early Care and Education in the Nation”
Joan Lombardi, Ph.D.

- 1 – 1:50 P.M. Concurrent Discussions (Choose One)
- 2 – 2:50 P.M. Concurrent Discussions (Choose One)
- 3 – 3:45 P.M. Closing Discussion
- “What Do We Know?”
Elizabeth F. Shores, M.A.P.H., Facilitator
- 3:45 – 4 P.M. Final Words
Cathy Grace, Ed.D.

We Are the Victims of Hurricane Rita

Debby Nabours

We are the victims of Hurricane Rita. Sulphur is located in the southwestern corner of Louisiana and was hit by Hurricane Rita on Sept. 23, 2005. Our community and those around us were providing shelter and food and relief items for Hurricane Katrina evacuees. We had actually hired a few at our hospital shortly before Rita hit us and then they had to evacuate again.

Our day-care is affiliated with West Calcasieu Cameron Hospital. I actually stayed with 114 other people in the hospital building and weathered the storm on the second floor. It was a long night. My responsibility was to provide child care in the event that the few children who were with their parents needed care/supervision. In actuality, immediately after the storm I worked in several different capacities until we set up “babysitting” services for employees returning from evacuation.

Overall, our hospital fared okay with several million dollars in damages to the main building and outlying buildings. We had various amounts of rain, wind, and flood damage depending on the location of the building. We have clinics in two surrounding communities that did not fare well. Our day-care is closed until February 2006 due to high moisture content and water damage in the building and damage to the roof. Renovations should begin soon.

We did not have any major injuries and no deaths related to the storm. We had mandatory evacuation from our community because we are only about forty miles from the Gulf of Mexico. Our town was a ghost town. The impact right after the hurricane was loss of potable water for several days, loss of power for several weeks, loss of phone service, loss of natural gas, places of business closed, no groceries, no gasoline, etc.

Some places now seven weeks later are still not at

full service because many employees who evacuated never returned. There are “Help Wanted” signs everywhere.

Unfortunately, we did have employees who lost everything in the storm. They are living with relatives, trailers provided by FEMA or just wherever they can find a place to rent. Others experienced damage to their homes. Some can still live in their homes, some cannot. There were tornados that hit our area also so our small city looked like a war zone with thousands of trees uprooted or snapped off. There was much roof damage to untold numbers of homes in the area. Some of the damage was moderate, some severe with trees piercing the roofs and allowing torrential rains to get in or crushing parts of houses. Communities to the south of us were flooded or totally wiped out by the storm surge and no longer exist.

The children we had enrolled at the time of Rita all became evacuees. It has been difficult for the parents from the community whom we serve. We are only able to provide care for children of hospital employees at this time. Our public parents had to seek care in other centers in our city. This was very hard on them and on us. Some of our employee parents have placed their children elsewhere until we are back in our own building. We also had to reduce our staff due to the fact that our center was temporarily closed and the number of children for whom we provide care diminished from 90+ to twenty or so. So in addition to dealing with personal issues with their homes, they were faced with additional conflicts.

The people of our area are resilient. We are adapting to the new “normal.” Each day brings us a little closer to complete recovery, although that will take months as we clean up, repair, and rebuild, or bulldoze down.

The Chevron Child Care Recovery Effort

Amy Brandenstein

In the wake of Hurricane Katrina, Chevron Refinery General Manager Roland Kell challenged his leadership team to help the refinery in Pascagoula, Miss., “solve real problems and meet real needs” in the community.

When several parents expressed frustration at the lack of child care for pre-kindergarten children in the area after Hurricane Katrina, Chevron’s Mississippi public and government affairs manager, Steve Renfroe, knew he had found a place where the refin-

ery could step in and solve a real problem.

He commissioned a survey of local child care facilities by the Mississippi State University Early Childhood Institute and based on the results coordinated the Chevron Day Care Recovery Project to restore damaged facilities.

“The refinery is committed to restoring damaged child care facilities in Jackson County as soon as possible,” said Steve. “We’re doing everything from



Figure 1. Steve Renfroe of Chevron Pascagoula Refinery read to children on their first day back at school at Gautier Academy in Pascagoula. Chevron helped repair the damaged early childhood program after Hurricane Katrina. (Chevron)

pulling sheetrock and testing for mold, to buying new toys and playground equipment so we can be sure the children can play in a safe and healthy environment.”

To aid in the child care restorations, Chevron donated \$500,000 to Rebuild Jackson County, a non-profit organization to raise money to restore and repair the county. Steve is on the board of directors of the organization.

Editor’s Note: As of Jan. 19, 2006, Chevron has helped restore and re-open 39 licensed early childhood programs Jackson County. Five of the 39 programs required complete reconstruction including new furniture, appliances, developmental toys and books.



Figure 2. Amy Brandenstein of Chevron Pascagoula Refinery helped assess damages to early childhood programs in Jackson County in the aftermath of Hurricane Katrina. (Annjo Lemons)

At the Austin Convention Center: Referrals on the Fly

Robin Herskowitz

During the Katrina and Rita crises, central Texas learned some valuable lessons about connecting people with the essential health and social services they need in a crisis. Evacuees poured into Texas. The state sheltered more than 200,000 Katrina evacuees.

Approximately 5,000 evacuees found their way to the Austin Convention Center (ACC). Everyone who presented at the ACC needed help, but initially help was hard to find. Signs inside the Convention Center directed people where to obtain services; however, people had to navigate dozens of stops to get help, making it difficult to know where to stop for what services.

In the confusion, we learned that crisis registration and tracking must meet needs of:

- Evacuees
- Service providers
- Funding agencies

Evacuees needed a “one-stop shop” where they could have all their needs addressed in one place – so they wouldn’t have to repeat basic demographic information over and over and to ensure that all their needs had been addressed. Evacuees’ needs included a safe place to stay; food; health care; access to child care; education assistance; and transportation.

The needs of service providers and funding agencies differed from those of the evacuees, but were no less important. Services sought an equal distribution of evacuees so that no one entity would be overwhelmed and means of tracking the services they provided so that they could get paid at some point. Similarly, funding agencies needed a reliable, accurate record of services rendered so that they would know whom to pay.

In the case of the Austin Convention Center, an innovative web-based tool, CHASSIST™, the Community Health and Social Services Information System, gave the Indigent Care Collaboration (ICC) and insure•a•kid (IAK) a way to give evacuees a “one-stop-shop” for health care. The ICC is a regional collaboration of public and private health care safety-net providers. Its members include a public hospital, two large private hospital systems, a variety of clinics geared toward serving the region’s uninsured population, and social services agencies like the Salvation Army. IAK assists uninsured Central Texans with accessing low-cost health care coverage by assisting with enrollment related activities. CHASSIST™ was designed to help health care organizations link uninsured patients with an appropriate payment source.

IAK used CHASSIST™ to register evacuees for health care services. The ICC members agreed to waive their eligibility criteria for services temporarily and developed a plan for distributing evacuees so no one provider was overwhelmed. Using CHASSIS’ CaseTracker™ module, IAK was able to ensure an appropriate evacuee distribution among ICC’s providers. CHASSIST™ also documented services creating evidence for future payment through its CaseAnalyzer™ module.

The system captures basic demographics like name, age, social security number, and current address. CHASSIST™ assigns evacuees a ‘unique identifier’ and documents their health care needs. Once the nature of the evacuee’s health-related needs have been identified a provider is selected. Evacuees are parsed to ensure even distribution of evacuees. The system documents referrals made creating evidence for future payment. In some cases, CHASSIST™ can even make appointments for the evacuee.

In the future timely, meaningful crisis response must have a centralized registration and referral system. This will require:

- Computers
- Internet access
- Volunteers/registration staff
- Agreement to use one system for registration and tracking

Successful implementation of a crisis management system will necessitate overcoming obstacles that include software systems that didn't talk to each other. It will mean having a plan in place to quickly obtain

computers and Internet access. During Katrina it took days to get critical equipment in place.

We also need to think more carefully about the needs displaced people have as all the evacuees' needs hadn't been accounted for. Some of the major areas missing were child care and transportation. With careful planning and a little vision we can be better prepared next time.

Editor's Note: As of Nov. 2005 IAK has used CHASSIST™ to contact almost 1,800 evacuees and has referred more than 1,000 evacuees for services.

Mapping the Losses: The Early Childhood Atlas

Christopher Fulcher, Ph.D.

At the University of Missouri, we have been working with Mississippi State University to create a set of online tools for summarizing and displaying early childhood indicators for counties, states, and other geographic areas.

We were still developing this project, called the Early Childhood Atlas, when Hurricane Katrina struck in August 2005. Although we had not publicly launched the Atlas and were still working to make it as easy as possible to use, we did our best to provide maps and spatial analysis of the hurricane's impact on early care and education, particularly in MSU's home state

of Mississippi but also for agencies in Louisiana and Washington, D.C.

The services we provided after Katrina are an example of the value of *geographic information* to policy-makers and program directors.

Geographic information is data, such as a list of licensed child care providers, that is combined with data about location, such as the actual longitude and latitude of individual licensed programs. When we create geographic data, we can *display* the information on maps.

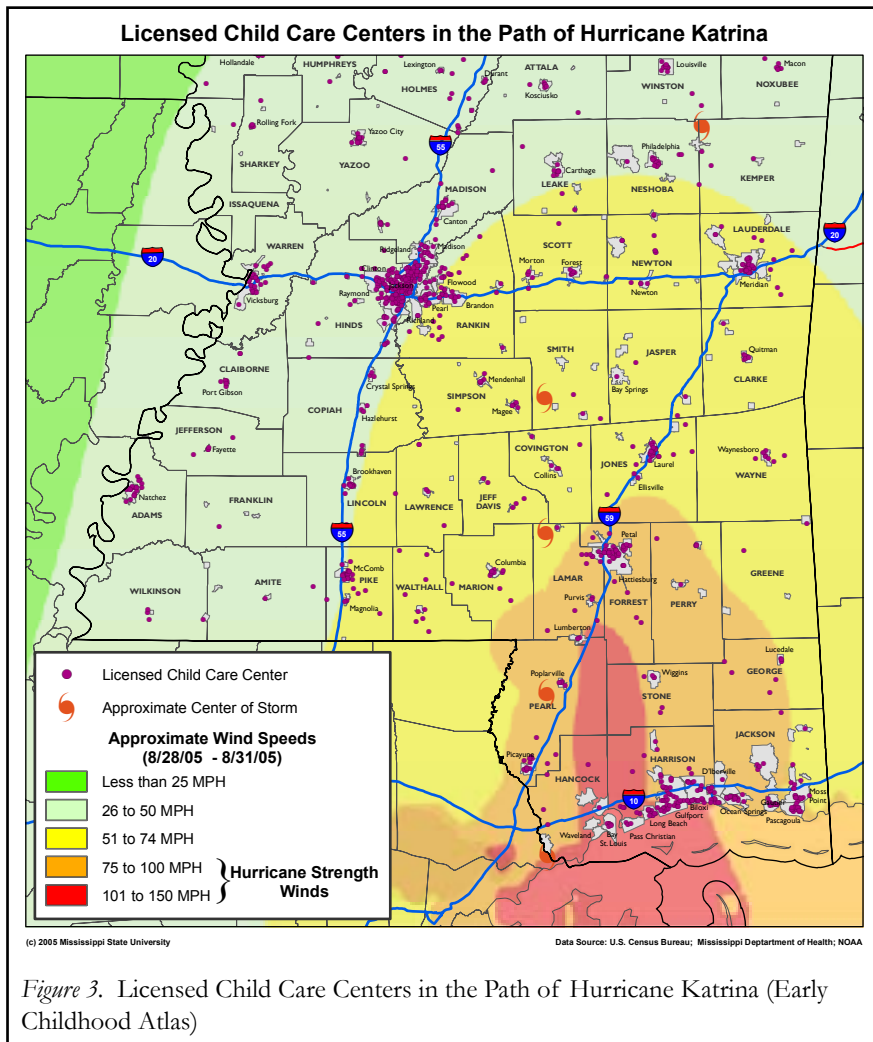


Figure 3. Licensed Child Care Centers in the Path of Hurricane Katrina (Early Childhood Atlas)

More importantly, we can perform *spatial analysis* of the data. A simple example is a prediction of how many licensed child care slots were lost in a particular county as a result of Hurricane Katrina. To calculate this, we had to know the locations of licensed providers, the maximum capacity of each of the providers, and how fast the hurricane wind speed was in their locations. (See Fig. 3.)

Predicting losses was one type of spatial analysis. *Calculating losses* was another type. To calculate actual losses of licensed slots in a particular county, we had to have more information: the reports of damages from individual providers in the hurricane zone. We were able to do this in Mississippi because the Early Childhood Atlas team stayed in contact with the Mississippi child care licensing agency, obtaining frequent updates of damage reports

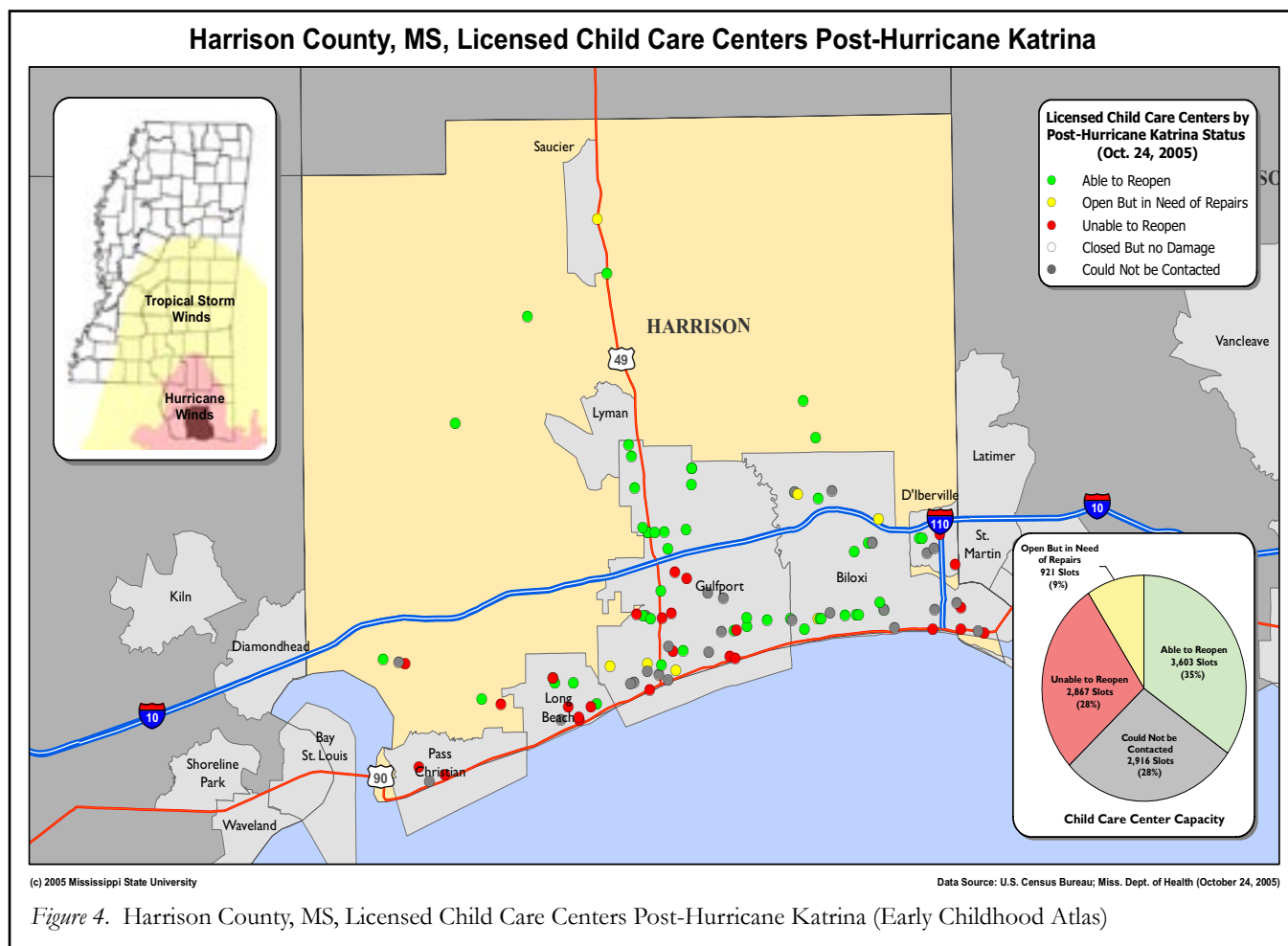


Figure 4. Harrison County, MS, Licensed Child Care Centers Post-Hurricane Katrina (Early Childhood Atlas)

as they were collected in the field and by telephone survey. (See Fig. 4.)

As the weeks passed after Katrina, policymakers wanted more information about the people of the hurricane zone. By combining datasets from state licensing agencies, the U.S. Census, and the National Oceanic and Atmospheric Administration, we were able to display on maps the relationship of Katrina to families in poverty. (See Fig. 5.)

When Hurricane Rita struck, we provided more of the same services. (See Fig. 6.)

The hurricane response by the Early Childhood Atlas is an example of what can be done when local, state, and federal agencies and nongovernmental organizations share data that has been enhanced with geographic information such as latitude and longitude.

Policymakers, researchers and government administrators are becoming increasingly interested in using geographic information in this way. This is a change in approach from the old style of policy analysis, which is often limited to a specific sector due to the limitations of individual agencies' information systems. For example, state and federal agencies have established Internet-based data warehouses or geospatial portals for accessing data; however, most of these initiatives focus only on data access and download rather than decision support.

Furthermore, communities often lack the expertise and technological infrastructure required to download data from warehouses; import this data into an information system; and develop their own computer tools for conducting "what if" scenario analyses. In short, most institutions have neither the

resources nor the mandate to create or use geographic information, even though policymakers care less about agency-specific data repositories and more about using data to help communities.

The Community Information Resource Center

Place-based analysis requires: (1) the integration of data that cuts across federal, state and local agencies and nongovernmental organizations; and (2) open access to decision support frameworks that support policy analysis. The Community Information Resource Center (CIRC), which is part of the Rural Policy Research Institute at the University of Missouri, coordinates with these entities to integrate institution-based data into a holistic framework for decision-making. This holistic framework provides an intuitive interface for focusing on the policy relevant issues rather than simply on data collection, synthesis and maintenance.

Creating a “Patchwork Quilt” of Information for Decision Support

Although there are numerous federal datasets that blanket the U.S. in terms of data coverage, these datasets often lack the detail needed to address community or regional policy issues. Similarly, regional governance issues that transcend state boundaries may not be effectively addressed with state-level datasets. Often datasets are not collected or formatted in a consistent fashion across boundaries.

Government agencies and non-profit organizations across the U.S. have varying levels of resources for acquiring data and making it available to the public. Rather than focusing on the limitations of data availability across communities, states and regions, CIRC focuses on developing and maintaining a “patchwork quilt” approach to data availability and decision support. The reality is that data is continuously being created, updated, and made available to

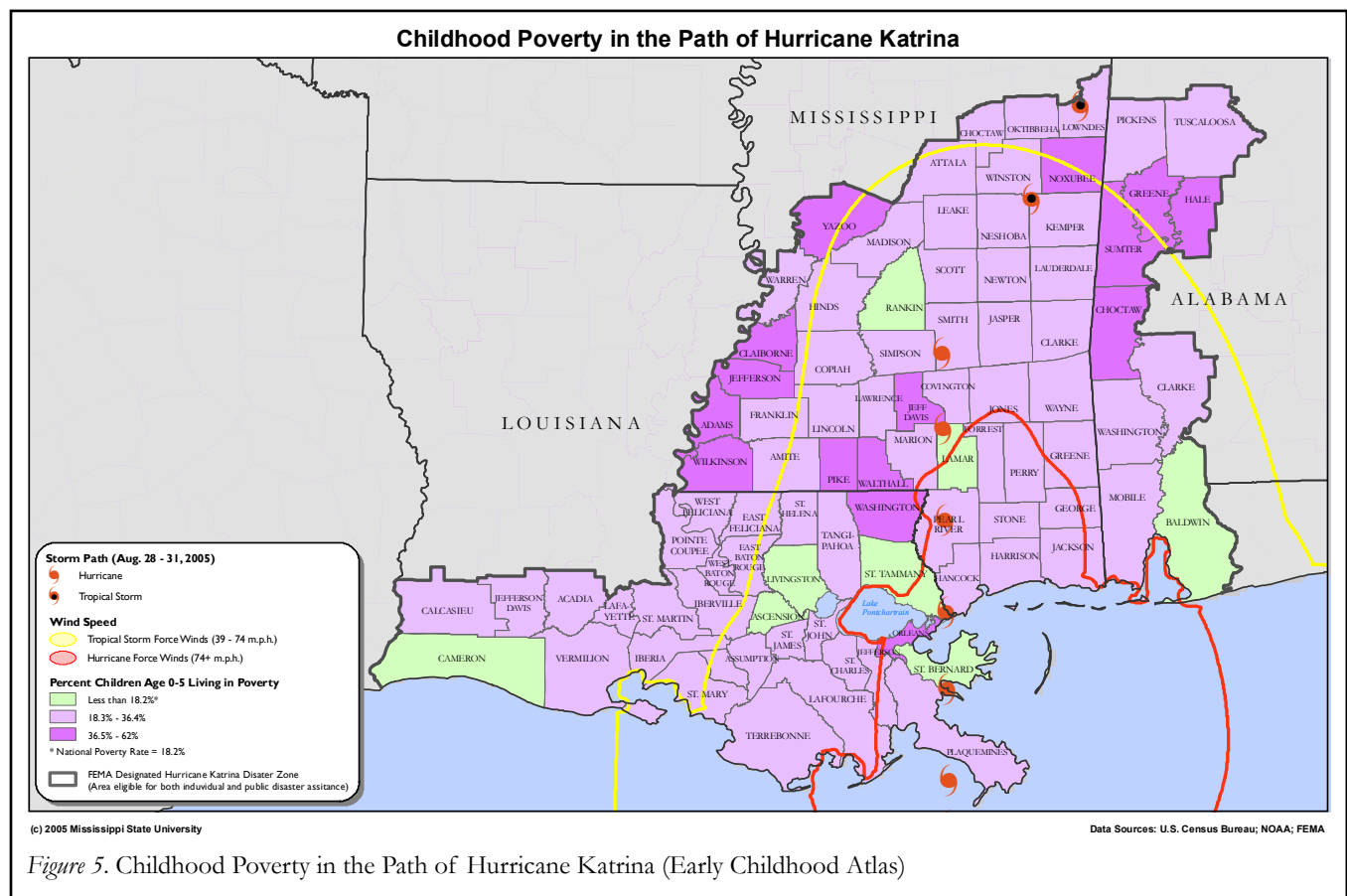


Figure 5. Childhood Poverty in the Path of Hurricane Katrina (Early Childhood Atlas)

the public in a “chaotic” fashion. CIRC acquires the available data and focuses on how it can be utilized for regional and community decision support.

A tool for integrated decision support – Internet GIS

CIRC’s information systems enable policymakers and researchers to visualize and analyze place-based issues impacting communities and regions (i.e., social, economic, health and environmental impacts at the local, regional and national level). The systems allow users to: (1) geographically visualize community, regional, and national-level information via the Internet; (2) create new spatial data via the Internet and overlay these data to conduct location-specific analyses; and (3) generate “what if” scenarios that

utilize the integrated nature of our information systems. CIRC’s Internet-based applications increase access to information, reducing costs and minimizing the expertise required to use the tools; thereby leveling the playing field between primarily resource-rich urban and less affluent rural communities.

There are numerous Internet GIS applications on the Web; however, CIRC offers unique functionality that is not offered by the other applications. CIRC has invested years into the modification of the standard “out of the box” Internet mapping application. The work has been focused on improving both the functionality and usability of the

interface in order to capture a wide range of us

Editor’s Note: The Early Childhood Atlas is a joint project of Rural Early Childhood, a program of the Mississippi State University Early Childhood Institute, and the Community Information Resource Center of the Rural Policy Research Institute, University of Missouri. Visit the atlas at earlychildhood.ms-state.edu/atlas.

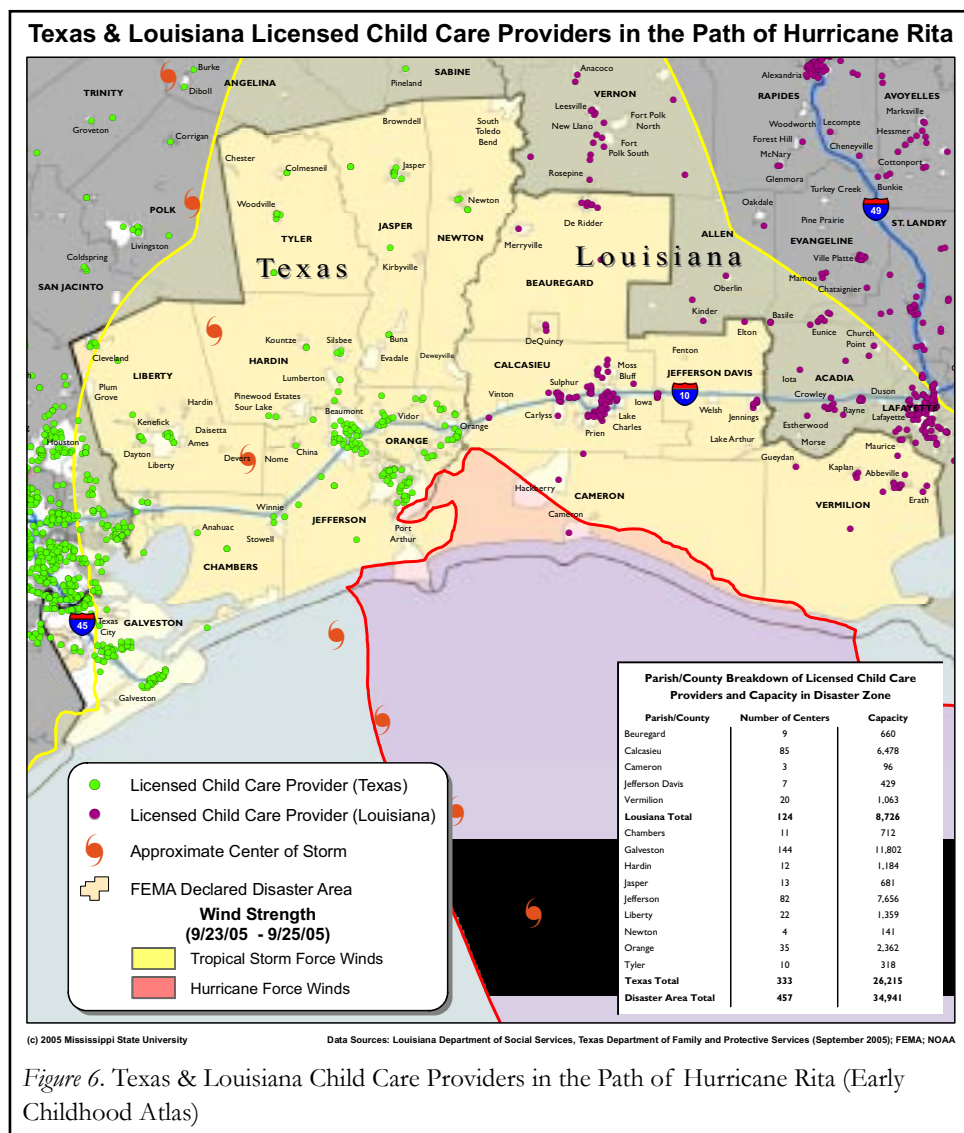


Figure 6. Texas & Louisiana Child Care Providers in the Path of Hurricane Rita (Early Childhood Atlas)

Discussion

Trauma and Recovery: Mental Health Prevention, Screening, and Treatment

Michele Many, LCSW, Facilitator

Key Ideas

- During the immediate response to a public emergency and during the recovery period, teachers and parents must provide social-emotional support to help young children cope with trauma.
- Teachers and parents need training to help young children cope during and after a crisis – and to help themselves so they can be responsible caregivers to young children.
- Qualified caregivers, predictable routines, safe, cheerful spaces, and appropriate toys are essential in helping young children in the aftermath of public emergencies.
- Importance of limiting exposure to graphic or traumatic images
- Awareness of young children's sensitivity to triggers (such as the first rain storm after a hurricane):
 - Inoculation against triggers (such as talking about all kinds of weather and the rarity of severe hurricanes)
 - Soothing motor activities (such as rocking and playing in sand)
- How to establish and facilitate support groups for emergency shelters and recovery period:
 - End-of-day “processing time” for children, if needed
 - Voluntary “processing time” for staff

Criteria for Social-Emotional Support For Young Children

- Evidence-based
- Age-appropriate
- Culturally and linguistically sensitive
- Parents and teachers need to be “trauma-informed” so they know when to refer, and to whom

Recommended Content of Training For Emergency Social-Emotional Support

- Use concrete examples
- Simple, developmentally informed language
- Understanding normal responses to abnormal situations; when reactions to trauma necessitate referral
- Play-based activities

Essentials of Emergency Child Care

- Maintenance of routines and rituals
- Puzzles and other manipulative toys
- Books about feelings
- Sand tables, sand boxes, and other tactile toys
- Soft balls and hoops
- Play dough
- Chalk
- Blocks
- Dramatic play area with house and dolls, including emergency workers, toy vehicles, masks, etc.
- Large running space
- Bright lighting

Editor's Note: This summary reflects a recorder's notes of four consecutive discussion periods.

Discussion

Head Start and Child Care and Development Fund Eligibility for Displaced Children

Moniquin Huggins, Facilitator

Key Ideas

- Agencies that fund or provide early childhood services should maintain interstate databases of services and recipients.
- Emergency agencies and social services agencies should link databases of available slots for various social services, including child care; records of individual child care personnel; and records of displaced children and families.
- Emergency agencies should use a standard procedure to collect information, including prior enrollment in Head Start or other child care programs, from families with children, and to enter the information in a web-based, password-protected interstate database.
- States and federal agencies should establish emergency procedures for:
 - Suspending certain eligibility criteria for displaced families
 - Transferring funds for child care to communities where displaced children and families are concentrated
 - Locating and dispatching qualified early childhood personnel to serve displaced families
 - Damage assessments

Examples from the Field

- Texas workforce centers have registries of child care workers.
- Following Hurricane Katrina, the Mississippi Department of Human Services waived the

child support eligibility criterion for child care vouchers.

- CHASSIST™ (See “At the Austin Convention Center: Referrals on the Fly” on p. 8-9.)
- The States of Georgia and Florida share immunization records.
- Louisiana immunization records were available online.

Recommendations

- Review what families in shelters needed.
- Identify key information needs during each phase of a public emergency:
 - Preparation
 - Initial response (the first 24-72 hours)
 - Disaster assistance
 - Recovery and rebuilding
- Designate locations for emergency shelters and provide generators, Internet-enabled computers, Internet connectivity, bookmarked links to web-based databases, and tutorials for data entry volunteers.
- Store large supplies of paper registration forms with key data elements to use when electricity is unavailable; designate data entry technicians to transfer data to the web-based database as soon as possible.
- Identify sources of statewide and national datasets:

- Head Start grantee reports
 - CCDF grantee reports
 - WIC
 - Temporary Assistance for Needy Families
 - School districts
 - Child care registries
 - Resource and referral agencies
- Identify core data elements necessary for early childhood emergency preparedness and incorporate them into existing reporting requirements. Example: Add a question about hurricane displacement to 2010 Census.
 - Assemble interstate data on displaced children in order to understand changes in needs for child care and where States have expended resources.
- Editor's Note:** This summary reflects a recorder's notes of four consecutive discussion periods.

Discussion

Rebuilding: Covering the Costs; Meeting the Standards

Cathy Grace, Ed.D., Facilitator

Key Ideas

- Early care and education is an important segment of the economy.
- States should plan to conduct damage assessments rapidly after a disaster, using:
 - Toll-free telephone numbers for call-in reports
 - Assessment teams dispatched from outside disaster areas
- As a critical industry with little financial cushion, early care and education cannot wait for government aid to reopen.
- Tracking displaced families can support targeting reconstruction grants to areas where displaced children are concentrated.

Recommendations

- Immediate grants for repairs of child care facilities should be part of regional emergency plans.
- The Child Care Bureau should implement an emergency policy on child care certificate (or voucher) eligibility for displaced families that would allow displaced families to receive certificates for extended periods to be determined by state agencies responsible for the Child Care Development Fund.

Editor's Note: This summary reflects a recorder's notes of four consecutive discussion periods.

Discussion

Next Time: Early Care and Education Emergency Response

Sherry S. Guarisco, M.Ed., Facilitator

Key Ideas

- Resource and referral agencies can coordinate regional preparedness plans for early care and education services.
- Nongovernmental organizations should be designated in regional plans for coordinating relief to early care and education services.
- Regional plans should include mental health intervention for children and early care and education staff.
- Regional plans should recognize child care personnel as first responders and include incentives for early care and education personnel to remain in affected areas.
- Regional plans should recognize early care and education as a critical service to be reestablished following a disaster.
- Early care and education programs should be trained in how to protect insurance documents and other critical records.
- Agencies should collaborate to maintain an interstate database of child care services, including exempt programs such as faith-based programs; individual providers; and children receiving services, with shared access.
- Children's records and personnel records should include out-of-area contacts in case of emergencies.

Recommendations

- Document the lessons learned in the aftermath of Hurricane Katrina for the benefit of the early care and education field.
- Provide a "template" for assembling and storing important documents at early care and education sites.
- Establish 1-800 call centers, located outside disaster areas, for providers to report their status during or after emergencies.
- Map likely disaster areas for different types of disasters; designate locations and responsible agencies for out-of-area command centers.
- Establish registries for all personnel who provide child care.
- Hold an annual conference, or regular sessions at early childhood conferences, on emergency preparedness.
- Use simulation exercises to identify likely evacuation areas for different types of disasters.

Editor's Note: This summary reflects a recorder's notes of four consecutive discussion periods.

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