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Trevor Rikken:

Good afternoon, everybody. I'm Trevor Rikken, Vice President of Disaster Operations and Logistics at the American Red Cross National Headquarters. On behalf of the National Mass Care Council, I'm pleased to welcome you to the third Presentation of the National Mass Care Strategy Webinar series.

As you know, the centerpiece of the Strategy is the Whole Community concept, One of the shining stars within the whole community is our work together with children through disasters, and not as a separate group that we leave behind or have to put special thought and planning into working with them.

Today is a journey, telling a story of the creation of a National Commission established in 2007, a collaboration that began in 2009, and the efforts that have been taken to better address children's disaster related needs. And I realized today this is an opportune time for this discussion considering what we saw last night in Arkansas and across the area today [multiple tornados struck in the Plains and in the South], we see that the children are really heavily impacted by such devastation.

To tell this story, we have an outstanding group of Presenters. Our first Presenter, Bruce Lockwood is no stranger to disasters or children in disasters. Bruce was a Commissioner with the National Commission on Children and Disasters, and someone I worked alongside of.

Bruce Lockwood:

Thanks, Trevor and first of all to you guys for putting this together. It has been a journey since 2007 and many of the people in the room and on the phone have had a significant part of it. It's a pleasure to be able to have the opportunity to talk about it and how we're moving in the right direction and it's important to first highlight some things.

With that we will move forward to my first slide. One of the things that came out of the National Commission was the sheltering issues. We started the process with the sheltering committee than eventually brought in evacuation, transportation and housing as part of our first focus of the issues around sheltering itself. When we made our recommendations for the report (the web address will be at the end of my portion of the presentation), our recommendation number nine specifically worked around the area of sheltering and the services and supplies that needed to be provided. One of the things we learned was that we were sheltering easy; what I mean by that is all adult needs are not children's and that one approach is supposed to fit everybody, in reality, is not realistic.

The three highlights in this area that we wanted to make sure of was that first, there was a national set of standards and indicators for mass care that work around the response to children; second we wanted to integrate the age essential supplies for infants and children into the shelter planning; and third, that we wanted to include information related to criminal background checks to make sure

we were protecting children at some of their most vulnerable times, something critically important. If you look at the report, we actually pulled this table out of it. We looked at who was responsible for implementing recommendation nine and made sure that DHS/FEMA and HHS had some responsibility in the area – as we put the mass care strategy together, it really does go down to the local level.

We looked at the sheltering piece and aspects related to the physical facility; where we were relocating the children, was there a security system in place, making sure there are designated areas so the children can be themselves, and also to protect children from individuals in the shelter who might potentially do harm to them. We also looked at issues around making sure that we're meeting the needs of those kids as well identifying the necessary supplies that may be needed. These include having appropriate bedding including cribs and playpens. We had said portable cribs in the initial document, but would remove it from the interim report in 2010. I remember making a trip to Nashville where we were actually looking at the indicators as they were being implemented, and the reality that we were talking about formal playpens. We wanted to make it clear that the kids would have an appropriate place to sleep and not finding a child sleeping at the foot of a cot in an unsafe situation.

The other thing critically important is respite care. The opportunity for the child to play with and have some time with other children, to just be child is so important, and as importantly to give parents some downtime. In the design of a shelter, respite care should always be considered, giving the parent time to take a shower, read a book, do some disaster recovery paperwork, and allowing for downtime that is necessary for the child. We talked about respite care in the standards and indicators; what should be in place; how the areas should be designed, what's important in that process –again, all of this is in the report.

One of the things that was important in relation to supplies, I remember having a conversation with one of my call practice nurses and it was pointed out to me that if you got all the supplies together, you would need a 60,000-foot square warehouse. We were trying to explain what you needed these supplies to be available to you; they didn't need to be warehoused. If no children show up, you don't necessarily need the supplies delivered. But if you do have children arriving then you need to start looking at scalability. The supply list was designed to support 10 infants and children up to the age of three for a 24 hour period. It's critically important. You get here with a 24 hour supply and just do the multipliers you need to. Again, there are additional items you can find in the report. These include the nonperishable supplies we talked about, such as feeding bottles, changing pads, diapers, and portable cribs or playpens.

If you look under grant guidance on FEMA's website, there's a supplemental related to children and disasters, this document will identify areas where you may be able expend funds to meet the needs and issues related to portable cribs, where I think they are called folding sleeping structures under the approved credit list. It is really a child cot. There is some supplemental information we supplied also as well, regarding feeding related to the different types of bottles, making sure they were appropriate and safe bottles. And the last slide includes the web address where you can go find the Commission's report. It is still available.

A lot of good work has been done in this area. FEMA has done an incredible amount of work moving forward and making a lot of the things that came out of the Commissioner's report implemented and in progress. And it's in all the different divisions throughout FEMA, not just in one area, but across the entire organization as well as HHS and other partners working through the Commission.

I am extremely happy that Lauralee, who was our point person on the Commission, has done a lot of work in helping to make sure that we have gotten to where we are today. With that I think I am done.

Trevor Rigger:

Thank you, Bruce. As much as anyone, you realize the power of the work the Commission did and now we're starting to see that as we go through some of these events, it's exciting to see the culture change. Our next presenter with FEMA has also been involved since the beginning. Lauralee has been at headquarters helping with policy and development of programs, and also out in the field working in large events.

Lauralee Koziol:

To better support the Commission, FEMA established a Children's Working Group back in August of 2009. Our role was to ensure that children's disaster related needs were integrated throughout FEMA's disaster planning, preparedness, response and recovery efforts initiated at the federal level. We were established just before the Commission was about to establish their interim report. We pulled together individuals from each office within the agency and began evaluating the Commission's recommendations. We not only looked at where FEMA had a leading role, but where we could best support our partners. A perfect example being a recommendation that the Department of Justice enhance existent emergency preparedness plans for juvenile justice facilities. DOJ is the expert on justice facilities and FEMA has the expertise in planning.

We pulled some of the key folks together and rebuilt the plans. It was basically a matter of doing things much more quickly and with fewer resources. A key element to our progress was working hand-in-hand with one another, similar to the Mass Care Strategy's theme of bringing whole community partners together to achieve one common goal. The Commission really did the same thing in terms of bringing all the national partners together. That's where many of our relationships were initially established. The reason I mention this is that the relationships we've built have been priceless in terms of working together during disaster operations over the years. In terms of the recommendations, we began integrating applicable recommendations according to the disaster cycle - starting with core planning guidance, grants, logistics - so the supplies to support shelter environments and any low hanging fruit; those things already in place that we just needed to enhance.

While doing so, we simultaneously began laying the groundwork for more difficult and timely efforts such as reunification being a perfect example. Establishing reunification resources that we will talk a little bit more about actually began in 2006 immediately following Katrina and Rita. In fact, we have just recently gotten everything off the ground a few months ago. Again, partnering closely with our federal partners, such as Health and Human Services, and the Department of Education who is not on the call today, but we've done a lot of work together in terms of planning and recovery resources. At the end of the presentation, and again, the presentation will be posted online, we have an appendix that reflects many of the planning resources available. There are many more resources available; this is just the starting point. Additionally, FEMA definitely recognizes the importance of youth preparedness and carrying the preparedness message home through children. Our Individual and Community Preparedness Division brought on a Youth Director to focus

specifically on preparedness youth curriculums. Again, there is a slide at the end of the appendix with many different youth preparedness resources in terms of technical assistance.

Response and Recovery Operations – there are numerous resources that have been created over the past few years to support disaster operations. This includes information that would help to support child care and educational facilities. It is our goal in this presentation to leave you with some of the key resource information to help in elevating the disaster related needs of children through disaster planning guidance.

Back to the previous slide, I want to mention that an Educational Facilities Fact Sheet was created by FEMA and the Department of Education to support disaster recovery. Our intent was to bring common vernacular together since we all speak a different language, and we're really trying to provide clarification and guidance whether speaking from the Department of Education or emergency management.

The Mass Care Strategy and many of us sitting around the table frequently refer to whole community. This slide (#17) depicts a perfect example of operationalizing whole community. This is an event that took place in Joplin, Missouri back in 2011, called "I am Joplin." It was a community planned event created to reunite school aged children and their families prior to the first day of school. It was planned and executed in less than 6 weeks, had approximately 11,000 attendees and was possible as a result of pulling everyone together. It was hosted by Missouri Southern State University, it consisted of full accessible recreational activities, a video of the new temporary schools to alleviate the anxiety of the first day school, honored the lives of those who were lost, and celebrated the community of Joplin. The event was supported by approximately 30 federal, state, local, faith based and nongovernmental organizations, including the Joplin School District, 5 private sector partners, local fire, police, and EMS, media outlets, and over 220 volunteers. I wanted to show you this example because for me it shows that anything is possible when you bring the right folks to the table who share a common vision and mission. That is the end of my presentation and I want to say thank you.

Trevor Rikken:

Thank you so much, Lauralee. And I think Lauralee has really been a leader in this area with the children and helping to take these issues across all the phases of disaster. Next, Lt. Tala Hooban from the Administration of Children and Families - Office of Human Services Emergency Preparedness Response, which is part of DHHS. ACF was a key player in standing up the Commission on Children's and Disasters and supporting their work.

Lt. Tala Hooban:

Thank you, Trevor. Thanks, everyone for having me. The Administration for Children and Families (ACF) is a division of the Department of Health and Human Services which promotes economic and well-being of families, children and individual communities. We have between 60 and 70 programs and a budget of \$51 billion. You may be thinking what does that have to do with disasters? ACF has a lot of programs with the childcare development fund and is housed under the Office of Head Start and low income assistance - child welfare and foster care are just a few of our partners.

The Office of Human Services Emergency Preparedness and Response (OHSEPR) within ACF has the goal of providing human services for children, their families and communities during and after disasters. We have a partnership with a regional administrator in the 10 regions which match the 10 FEMA regions. We also have regional operation management specialists which many of you may have worked with before in your regions. And if you have not, definitely go to our website and reach out to them; if you can't find their names let us know we'll send you the contact information. They are great partners and we can't do anything without them.

Moving forward, the goal of the Task Force is to have a whole community approach--a scalable approach as well which is why it works and you can determine, depending on the disaster and whether it is preparedness based or recovery based and what you want to concentrate on - you can take the lead and use the program however it works best for you. For example, as a State lead you can ask for support from ACF, FEMA, whatever you feel comfortable with, or the child and youth organizations. Again, multiple partners are involved. On our website we list the children's and disaster workgroup that meets every other month, a federal partnership which FEMA also supports. There are many more task forces out there such as the ones in Joplin, New Jersey and New York for Superstorm Sandy, and Louisiana for Hurricane Isaac, all mentioned in the report. We'd like to highlight your work - If you want to send us your experiences, let us know. My contact information is included at the end. The task force is concentrated on childcare; it's a scalable model specific to your needs. Again, depending on your community needs, you choose the partners and share resources from an all-inclusive list. Hurricane Isaac was different; it was on a parish level.

Hurricane Sandy was a special scenario. New Jersey and New York were the hardest hit. We had 697 healthcare providers that were closed and 86 Head Start programs closed between New Jersey and New York. In addition, we had a nine day closure of Region 2 ACF offices. This one hit home for a lot of our regional folks. New York and New Jersey represent two different task force models. We have New Jersey here with us and maybe they will touch base on the New Jersey one. The New Jersey task force was run by the New Jersey Department of Children and Families. There was a lot of coordination around the disaster relief of infants and young children. They created a subgroup within the Task Force, called the Sandbox, coordinating with the Montclair State University Center for Autism and Early Childhood Mental health.

New York children's task force was run by the New York Office of Children and Families and the ACF RA. They were able to coordinate behavioral health resources and they also had a subgroup for mental health. They found something interesting during their meetings. They found that the immigrant populations were not going to the disaster recovery centers because they were afraid. Task Forces are a state led effort with support from ACF and other federal and non-governmental partners and represent a whole community approach. Partners are chosen by the State (or county or local); they are focused on children, infants and families allowing for resource pooling. Having different people at the table brings solutions. We have resource information at the end of the PowerPoint but here's some information. If you have any questions, just e-mail us or visit our website. That's it for me.

Trevor Rigen:

Thank you. We really appreciate the information. There are a lot of good resources that will be in the PowerPoint posted on the website. And now I'll turn it over to Sharon Hawa from the National Center for Missing and Exploited Children (NCMEC).

Sharon Hawa:

Thank you everybody for the opportunity to present day. The National Center for Missing and Exploited Children (NCMEC) is a pretty big mouthful so we actually call ourselves the NCMEC or The National Center. We are a 501(c)(3), established approximately 30 years ago this May. We receive federal funding but we also receive private funding as well. Our mission is to assist law enforcement as well as families in helping to find missing children as well as to reduce the child sexual exploitation and preventing child victimization. We are headquartered in Alexandria, VA with regional offices in California, Florida, New York and Texas.

A lot of lessons were learned from Hurricanes Katrina and Rita. One of the things that we learned as an organization was that there was an organic function for what we do on a day-to-day basis in disasters. Reunification is an important issue regardless of whether it's a small or big disaster. With a hurricane the size of Katrina, reunification quickly became a very big issue. There were families separated during the evacuation as people were trying to get on buses to evacuate a certain area. People with multiple children with them were swept away on different buses and there were children who were too young to self-identify causing a severe problem during the rescue. As soon as boats or helicopters came by to help, family members gave their children first to be rescued thinking that another helicopter or boat would quickly come along, sometimes taking 30 min. to an hour to get rescued.

There were also issues about unaccompanied minors in disaster shelters. Unaccompanied minors at the time, really wasn't a topic that was understood very well. We didn't recognize them as a vulnerable population. Once we realized there were children in a general population shelters that were left vulnerable I think that it was the Administration of Children and Families in Louisiana who quickly jumped in and tried to get them remote from those shelters so they could go to safer locations. They called upon the National Center to assist with the reunification of these children. I will talk more about that in just a second. It took families multiple weeks or months to try to find each other. They were roaming through different states in efforts to reunite. As technology wasn't as prominent then, it really did take a very long time.

The Department of Justice asked the National Center to create a makeshift Call Center; a Katrina dedicated hotline at our Alexandria Virginia headquarters. We quickly got staff from all over the country to come and man the phone lines and we managed about tens of thousands of phone calls over several weeks just managing child reunification. We received approximately 5192 cases of reports of children who were dislocated by the disaster. That's a pretty big number. Add the time and energy expended to try to reunite every one of those children.

5192, I want to harp on for just a second. I know that number is large and a lot of folks believe that Katrina kind of event will not replicate itself. But the reality is that Katrina was a hurricane, a noticeable event that has the ability to prepare for. We may not see 5,192 again for a day-to-day disaster, but if you're talking about a no notice event that happens like a large scale earthquake in the middle of the day where children are in school or day care and family members are at work, roads are impassable and communication systems are not usable, we might see numbers that high again.

5192 reports of displaced children also mean there is duplication of names being called in. Maybe a mother called her son Johnny Smith and the father called him Johnny Taylor but they're both talking about the same child. Think of the time and effort that needs to be expended in an effort to try to identify where this child is in order to reunite him with a family member. All said and done,

during Katrina the last child was reunited with her family in Texas seven months later. That was a very, very long time. I know for parents that are on the phone, grandparents on the phone, being away from your child several hours is a long time. Seven months for this family was a devastating amount of time to be away. That was definitely a lesson for us to tap into.

After Katrina, the Post-Katrina Emergency Management Act, Congress requested that the National Center establish the National Emergency Child Locator Center (NECLC). This is our dedicated call center that we would utilize at the request of a state or through FEMA in response to a specific disaster or emergency. Basically, when a state affected by disaster needs support managing all of the child reunification related phone calls, they can request assistance through the National Center to activate the child locator center which is located in Florida. We can send that out very quickly; staff it, with the capability to expand our operations for a large scale disaster. We do have plans built-in to relocate or expand operations if needed. And we have Project Alert and Team Adam personnel scattered throughout the country to help support the call center operations.

Our team Adam personnel are retired personnel that have had years of experience, a tremendous amount of expertise in the areas of reunifying children, homicide investigations, search and rescue and canine operation, among others. They come with a wealth of knowledge and expertise in this area. We deploy them at our day-to-day missing child cases where local law enforcement may need support of their teams to provide technical assistance or hands-on support in an effort to reunify the child with a family member. The same team would be deployed at the request of the state or FEMA to the impacted state to provide support and help with expediting child reunification. They work directly with search and rescue teams, they have the experience of working with medical examiners and hospitals, schools, social services agencies like ACF, or they could also work with partners like the disaster shelters and spontaneous-based shelters. They have the ability to help with the reunification of these children by creating links and have the ability to feed information to and from the local reunification arm that help to the unify families.

We have partnered with FEMA closely on the development of the Unaccompanied Minors Registry (UMR), the first national data collection tool of its kind. The URL is listed below and housed on the NCMEC's website on missingkids.com. Basically the UMR is a tool that helps us expedite the reunification of unaccompanied minors that are found in the aftermath of a disaster. It's not a tool for missing children but it's a tool for children who are found who have been separated from their family members guardians or care-givers.

Thus, UMR is a data collection tool that helps us to identify kids that have been found and match them against parents who may be calling for children who are missing. It's for any member of the public who may come across a child during evacuation, a social services agency that has a collection of unaccompanied minors, or in disaster shelters that may have several unaccompanied minors in their general population shelter. It enables them to get on their phones or on a computer and provide some information about that child that they have found. The information is sent directly to the National Center call Center and the specialists will work to verify the information and feed that information directly to law enforcement or any reunification staff like team Adam on the ground. It's a great tool. I encourage all of you to go in and play around with it. The URL is below. If you are playing around with it, it can be a test site, and make sure you're using the word "test" for your first and last name so we don't actually call you. It's a great tool. It was launched on June 1 of last year.

Another great resource tool for you all to be able to utilize is a great document that was released in November 2013 called the *Post-Disaster Reunification of Children: A Nationwide Approach*. It was a collaborative effort between FEMA, HHS, the American Red Cross and NCMEC. It represents a

national initiative that will help to establish the conversation piece, dialogue, to start the child reunification disaster planning. It really is meant for all levels of government to determine the processes, communication lines, and the identification of roles that are necessary to help with expediting the reunification of children separated as a result of a disaster. We encourage all of you to look at this document. It does work off of the whole community approach. There are lots of resources out there that can be tapped into reunification plans. We do encourage all of you to look at this document; it is posted on the National Mass Care strategy website at the URL below. I think that's it for me. Thank you everybody.

Trevor Rikken:

Thanks so much. A lot of great information; a lot of great tools. Fortunately a lot of us haven't had to use all of those tools before, but if we need to we'll know where to go. Take a look at the appendix. Our next presenter is Jeanne-Aimee De Marrais from Save the Children. Save the Children has been a tremendous advocate for children in disasters, and tremendous providers of services on the ground. Jeanne-Aimee will share a bit with us about her work with Save the Children.

Jeanne-Aimee De Marrais:

Thank you so much. I really appreciate it. I wanted to say a huge thank you to everyone who has called in. Years ago historically I think children were just viewed as small adults. What we have learned through experience over the last 10 years is that is absolutely not the case. It is so exciting today to have so much expertise on the phone and your interest across the country and help support children and children's needs. The other really exciting thing to me is at the end of the day look at the resources that are now available. There are a lot of best practices that have been developed. Toolkits, training, guidance that really help you to implement what is best for children and your community. It's such a new day for children in this country.

I'm going to give a background on Save the Children. We are a global organization working in 120 countries and we are unique because we also serve children in this country for emergency work and a lot of work with children in poverty. In the US, we are a leading advocate and responder for children, and also serve on most national advisory Councils, including the Chair of the National Commission on Children and Disasters and FEMA's National Advisory Council. We partner very closely with the Red Cross in the care for children in official Red Cross shelters immediately post-disaster. The other two partner organizations are Children Disaster Services and also the Southern Baptists. When large-scale emergencies happen in your community, the national partners of the Red Cross are there to help support the needs of children in shelters.

I know when Bruce was talking about the importance of temporary respite care, that's the fancy way to say the importance of care for children immediately post-disaster. I know so many of us have always thought it is the parent's responsibility to care for children in day care settings. That's true, but very often even very good parents can be overwhelmed by the event. And by providing care for children, you're ensuring the safety and protection and you're supporting their emotional recovery immediately post-disaster. All three of the national partners for children's programs are designed to support children's resiliency.

The other critical element is that these care programs enable parents to have a chance to register for recovery services, to catch their breath and start the recovery process which can be

overwhelming when you have lost your home or community has been devastated. Or you lost your job or a combination of all of those. These care programs, they are best practices available. I believe a number of them are attached to this documentation. And to meet the needs in your community each of the partners will be happy to train people in your community to learn how to provide care programs for kids. There are also tools now that help with shelter set up with a checklist and other resources. Again these are great resources that are available. And I know people on this call have mentioned the national standards and indicators, preparedness and the supply list. The nice thing is you guys don't have to do the heavy lift in terms of deciding what the best practices are. They are already here for you. When you're trying to come up with a shelter supply list there is guidance available of what it takes to support infants and toddlers.

Two things that have not yet been mentioned, Save the Children has been partnering with communities across the country to start to develop children's annexes through your existing emergency plan. But, in some committees they decide rather than interpreting that guidance directly into your essential plan, they create an index. It's great to prioritize the needs of children. Again, good examples are out there that we can share with you about children's annexes. The other new tool that is going to be available in the community is the preparedness index tool. Either Mass Care planning or other planning in emergency services for children. This new community preparedness index will be piloted in central Oklahoma and New York and New Jersey. This will become available this summer for communities to use. If you have an interest in a way to help identify your gaps and system strategies for how to reach those gaps this tool will be available and distributed on our website.

I wanted to highlight two additional gap areas for children that show up in the immediate hours post-disaster -- the care for children, psychosocial and emotional recovery care for children. This includes anything from psychological first aid to long-term psychosocial recovery and social recovery for children. There is a gap for mental health availability of services for children. There is never enough support for children facing severe emergencies and disasters. This is something you can plan for in your communities to take into consideration that you need to have additional resources available to provide psychological first aid to children. To provide longer-term mental health recovery services to children and their families is essential. There's an opportunity to provide that support in the initial hours in evacuation shelters. As the community returns and falls back to normal, you can provide those programs to schools through childcare programs and other community settings. One interesting thing we are starting to develop, heard loudly and clearly from communities, is that there is a critical need for psychosocial or mental health guidance for infants to three-year-olds. There is scientific evidence that even infants and toddlers know when they are in a high stress environment, such as when things are not normal with their caregivers or parents.

The last area that I want to mention is childcare preparedness response and recovery. The care for children in mass care shelters is the initial phase of care, particularly important for young children post-disaster. It's also critically important that communities get their childcare programs back up and operational. Schools receive lots of support to get up and going again, lots of emergency recovery assistance. Childcare programs and early childhood programs for the most part do not receive the same level of recovery assistance. That is a gap area. Anybody on the call who has young children knows you cannot get back to work; you can't start to dig out your home or start to get your life back together after an emergency until you have care available for your young children. This is an area that Save the Children works really closely with communities on. This is important in terms of assessing what has happened to childcare immediately post-disaster and then partnering long-term to get programs up and running for emergency childcare and regular childcare programs

after an emergency. Again, as you are thinking and planning for your community this is a critical area. I want to give a shout out to our friends in Los Angeles who are working on a massive preparedness initiative right now for childcare. I know they dialed in today.

Again, great things are happening on this front. Regions three and four, Region 2 did great work after Sandy on this front. Region 6 has done great work. This is happening now. There are really good examples of training and toolkits and guidance to help you on this front. I think I'm done. Yep. That's it. If you have questions please reach out to us. We are happy to help in any way to support children's needs in an emergency.

Trevor Rikken:

Thank you so much. Thank you for your continued work. We have a lot of steps left to take but I think we are making real progress. Let me turn now to Sunday Gustin who is the Early Childhood Administrator of Family and Community Partnerships with the New Jersey Department of Children and Families. They played a significant role and worked proactively to address children's needs during the response, recovery and long-term recovery efforts that are ongoing. I was actually in New Jersey two days ago meeting with the state and this program came up several times. It's a really good example of being proactive in each phase of the disaster.

Sunday Gustin:

Thank you. Hi everyone. I'm going to tell you a little bit about our response in New Jersey. Then we will go to the next slide and start with our state led child task force in New Jersey. Really within two weeks of Superstorm Sandy hitting the coast, we were beginning to meet across departments. You can see that in New Jersey, early childhood really spans across four core departments. We pretty quickly, for us, the Department of Children and Families, my department who was the convener, brought our colleagues together from the Departments of Human Services, Health, Education, and certainly other folks to the table from the state level. Of course we had strong support from our federal and national partners from FEMA and ACF, the Red Cross, Save the Children, Southern Baptist and other organizations.

In addition we had lots of our in-state stakeholders around the table with us. Our Traumatic Loss Coalition, Montclair State University, that is really one of the major centers -- you heard Jeanne-Aimee talk about the importance of infant and early childhood mental health; they worked very closely with us there, our child care resource and referral agencies, Head Start agencies, the American Academy of Pediatrics and so on. We actually met weekly initially and in between we had workgroups that were addressing key priority areas throughout the aftermath of the storm. In fact, our Commissioner continues to convene child serving partners on a quarterly basis.

One of the recommendations that came out of this group, because as we heard, trying very hard to appropriately address the sheltering needs of young children and youth in New Jersey was sheltering. We certainly have our Red Cross sponsored shelters but we also have shelters at the county and local level, the demand of the storm forced us to get other shelters in place. There were some very important lessons learned throughout that process.

One of the recommendations was to put together a short guidance document for our county and municipal level partners in sheltering children. The link is there, it's just a two-page summary of

some of the most important items about sheltering children and families. It's not intended to be a comprehensive guide, but you will see some sections that do provide resource links and links to some of the documents the folks already shared today. We have presented an overview of those guidelines to our county and municipal health officers in collaboration with our Department of Health and other folks.

One of the most critical things that we want to- raise the awareness of in preparation and planning for sheltering families with young children and really, any individual, is making sure every shelter has a central registration. Of course, the Red Cross sponsored shelters have a system in place where they are manually registering and tracking families – individuals and families with children. It's really critical as you have heard other speakers preceding me, that not only do we need to know the numbers of children that are in shelters, we really need to know the ages -- how many infants and toddlers and so on and how many older youth are in the shelters. How we can most appropriately respond to health issues and special needs. Are there families that are known to child protection or welfare, what are the childcare or educational needs of children and so on.

Another aspect of our work, many of us, this is like firsthand experience, because, many of us were called to provide support to families with infants and young children in the shelters. Certainly, making sure that the staff or volunteers understand the measures that are needed to safeguard children in the shelter setting is essential. Clearly we want to be preventing neglect, abuse and exploitation. Making sure, again, that some of the -- I will call them makeshift shelters -- have folks working in the sheltering settings that have background checks, or a system in place to get background checks, or working very closely with the child care centers, local school districts.

And then another general consideration is making sure -- someone else talked a little bit about this, that we are culturally responsive and have materials and volunteers who speak languages, other than English, as needed. So, in terms of the facility and the layout of the shelter -- it seems like it should be second nature, but in a crisis it's important to be thinking about locating families together to help families -- to establish a routine for the children in their care to help foster a nurturing and normalizing environment in less than desirable circumstances. Of course, there really needs to be direct bathroom access for obvious reasons, if possible. And others talked about, the importance of having activities for children to play and socialize. To have some normal -- normalizing the situation they are in, in the shelter setting. Making sure that those are child safe areas. The other piece about that is giving families with young children, protecting them from the television and the news sources going on day and night, to get the protected space for families.

Just a little bit more about the social and emotional well-being of infants and young children. We have great partners in New Jersey and great resources that were available to us during that process that we continued post Superstorm Sandy to work with our local agencies and the 10 county area. You can see the resources here; I'm not going to read through them.

Just a moment or two about child health -- in a crisis, I think it's important to remind everyone - families and staff, about the importance, kind of the basics of child hygiene and routine hand washing and of course making sure that supplies are there. Really, this is in terms of the process and procedural aspects. And then, clearly there needs to be attention to any children with any special health care needs whether they have a physician, medical home, medications, if there are special health or special education needs.

Again, just to come back to the importance of knowing and having some understanding about the ages of children in a shelter setting so we can, the providers and the program folks can help to make the appropriate referrals and linkages to help to get families connected to get support from their community. Along with that, it's important to make sure that there's a plan of care for medically dependent children. If they are or were getting particular services that those linkages are made as quickly as possible. This just speaks to making sure that there are age-appropriate child restraint devices and just a word about -- we heard mention about cribs and in terms of the supplies, but the one thing I wanted to mention here is the practice of healthy sleep and safe sleep for infants. What we saw a lot in the shelters were the cribs or pack and plays were actually there and they were filled with clothing and blankets -- reinforce to parents and families and staff in the shelter setting what safe sleep looks like. That means that infants are placed on their back to sleep, there are no blankets, pillows, clothing, stuffed animals in the crib or the sleep area.

And then finally, Bruce talked about the supplies. It's important to make sure to have the sufficient supplies of nutritious foods, etc. And then on the last slide there are a few resources that we have added, in addition to the shelter guidelines, we added these other resources to our website. That's it for me. Thanks everyone.

Trevor Rikken:

Thank you so much, Sunday. Thank you for the good best practices that we can carry forward. Our next presenter is also coming from the state perspective; Jenny Willey is with the Missouri Department of Mental Health. Many of you know that the state of Missouri took incredible steps related to children's disaster needs by proactively working with the Commission's recommendations, especially coming on the heels of the disaster in Joplin. That was a great example of collaboration and I think Jenny's team deserves a lot of credit for the work that they've done.

Jenny Wiley:

Good afternoon. I am pleased to represent Missouri on this webinar. I appreciate all that has already been said about the efforts both at the federal level, state level, and local level, about what has been done since the 2011 tornado that hit Missouri and all of the response during that time period.

The strength of all of the disaster work in Missouri is really the collaboration among state and federal agencies and the nongovernmental organizations such as the Missouri voluntary organizations that are active in disaster. Certainly that includes Mass Care as part of that. We knew that we needed to do specific planning around children and youth in disasters but frankly the task was really overwhelming to us. We finally just decided we needed to start.

I don't want to go too far into the weeds, but this has been and still is a process and a journey for us. In 2010 the Missouri Department of Health and Senior services invited Dr. David Schonfeld to Missouri to present at the Public Health Preparedness Conference. Dr. Schonfeld is a developmental behavioral pediatrician and was a member of the National Commission on Children and Disasters. He offered to come a day early to answer questions at a planning luncheon that we had for children's leadership within Missouri. That included both state leadership and local leadership. It included school administrative groups, school board associations, Head Start, local public health

agencies and other agencies. He also conducted a workshop for us regarding supporting Missouri's children following a disaster or crisis.

The National Commission's Report was mentioned earlier, it was submitted to the President and Congress in October of 2010. If you move ahead into 2011, we decided to take action by providing a breakout session at the state emergency management agency conference on planning for the needs of children and to provide that for local emergency managers. At that breakout we provided an overview of the recommendations of the National Commission on Children and Disaster and we had a panel that was made up of specialists from a variety of fields including child welfare, early childhood, health and education and many others. At that breakout session we were able to provide a number of resources and we discussed steps taken to meet the needs of Missouri's children and disaster preparedness, mitigation, response, recovery. We provided resources for the local emergency management agencies. For example, one of those included the child care template that was developed by the Department of Social Services and the Department of Health and Senior Services. That conference was less than a week before the Joplin tornado hit. Less than a week later we were facing that tornado.

One of the things I wanted to say about 2011, that ACF really started, I think here in Missouri was a collaborative phone call that was federal, state and local agencies involved in childcare, mental health, health -- that was a very important undertaking for us. In 2012 we really did a lot of preplanning with SEMA, the Department of Health and Senior Services, social services and mental health meeting together, really talking about how we undertake this. In 2013 we finally began a children and youth and disasters committee. It has a tri- leadership of social services, health and senior services and mental health and SEMA is the supporting agency and helps us every step of the way.

I have given you a bit of the history. In the next two slides I would like to talk about the process that we have gone through. I called this collaboratively on our own. At this point in time we were pretty much working in silos and I don't say this as a criticism because I think we needed to make some progress within our agency to be able to get ready for the interagency work that we were about to undertake in 2013. I'm not sure that we can see it at that point in time. The problem was we couldn't always see what the other agencies were doing.

You will see here that we have social services, children services that were doing emergency planning with our foster families and getting each of the foster families that had emergency plans. They had field office requirements. They worked with the juvenile offices. And then they also, a big undertaking in Mass Care is making sure that children are safe from child abuse and neglect after a disaster occurs. At the same time the Department of Health and Senior Services was purchasing some pediatric supplies that they have available in regional mass casualty trailers. They were also able to purchase 26 pediatric ventilators for the state and were looking at medical countermeasures and dosing levels for children and how to break adult dosages down if it were to be needed.

The Departments of Social Services and Health and Senior Services also had legislation passed that required licensed childcare providers to have an emergency plan - that is also during the time period that they developed the planning template. The Department of Mental Health developed a mental health template for school emergency planning that they could use as part of their annexes. As they considered how to meet the emotional mental health needs of children. We also taught psychological first aid for schools around the state as well in which we included categories about

meeting the needs of children and youth. We were heavily involved in the safe schools committee and in planning for the safe school conference.

Finally in 2012 I call this one collaboratively together -- this is really where SEMA and the Department of Health and Senior Services, Department of Mental Health, social services, began to meet together. We were still very overwhelmed about how to undertake this. Who should be in leadership? Who should be on the committee? There were lots of questions and not a lot of answers. Therefore you have heard the saying, how do you eat an elephant? One bite at a time. We truly decided that we were tackling the toenail of the elephant. It is so big that we sometimes feel like that is all we can take on without taking too big of a bite. When you're looking at the organizations within your states you really have to look at the organizations within your state and your existing committees to decide where the structure of a disaster committee fits.

For our structure, the Governors Faith Based and Community Services Partnership for Disaster Response -- we call it the Governors Partnership has been established since the 1993 flood. It's made up of state agencies active in disaster and the Missouri Voluntary Organizations Active in Disaster. It has a committee structure and in that committee structure there is an access and functional needs committee. We felt that the children's work fit nicely into that access and functional needs committee.

The work processes mass care, medical care, and many other emergency support functions or ESFs, so it doesn't really matter where it's located, it's just important to start. We had that kickoff meeting in January of 2013. We identified leaders in different subject areas from both state government and private agencies that we invited to that very first meeting. We knew that the agencies and organizations around the state were planning for and responding to the needs of children already. We felt a huge response during the 2011 tornado in Joplin. In every event from flooding to tornadoes they had already come to the aid of children impacted by disasters. However, there was not one location or one organization to really bring together everyone who is involved in the work of children and youth within the state.

What we decided to do was go back to the work of the National Commission and begin formal planning for the needs of children and disasters. We started by determining what was already been done by identifying gaps and redundancies and then, as well as looking at opportunities for collaboration. A simple mission statement was established. The children and youth subcommittee will promote and facilitate comprehensive interagency planning for the needs of children and youth in emergencies and disasters in Missouri.

At the first meeting we decided to break down the work by subject areas. Each subject area has co-leads and these workgroups have subject matter experts in their areas of expertise but not necessarily in emergency management. Within the process we've learned that some of the groups desire mentoring by experts that are more familiar with the emergency management process. FEMA has been able to help us greatly with that. There isn't one of these workgroups that do not touch or are not touched by mass care in some way. Whether you're looking at pediatric behavioral health, public health and medical, education, children and state custody or congregate care, child care or emergency services for children and youth, they naturally include Mass Care reunification, supplies, and those types of things.

It's really been exciting to see these workgroups take off and begin to work within their own workgroups with subject matter experts that know their own fields. For example, at our last

meeting we had a report by the children and state custody or congregate care, they have had juvenile justice, a couple of state judges that have been involved in that and it's fun to see how excited they are about doing this work. I think that's really what's neat about this field.

Finally, in 2014 we have undertaken the workgroups. We have quarterly meetings of leadership, tri-leadership, and then also the workgroups. One of the things that are a goal for us is to do strategic planning. This fall FEMA has graciously agreed to assist us in doing that strategic planning and we will be getting the workgroups together at that time. That's it from me. Thank you.

Trevor Rikken:

Thank you so much. I know I speak for a lot of folks we are excited to see the application of a lot of these tools in the states and the good work you're doing there. Thank you for that. Before we wrap up I think we have a couple of minutes for questions. I do want to thank all of the presenters for a lot of great information. I know it was a lot to take you onto WebEx so the slides will be posted in few days on the National Mass Care Strategy website and you'll be able to get all the details.

We did have one question come in by chat. Sharon, this was for you. How does someone go about activating the national emergency call center?

Sharon Hawa:

Great question. Basically if there are any requests for support, whether Team Adam or to activate the National Emergency Child Locator Center (NECLC), you can work through FEMA or if prior to being a Presidentially declared disaster you can call the 1-800-The-Lost call center number and they will work with me to get activated. 1-800-The-Lost is our day-to-day call center number, it's different than the NECLC number that will only be publicized at the time of disaster. Either work through FEMA or call the National Center directly.

Trevor Rikken:

Excellent. Thank you, Sharon. And now we will open it up if anybody has questions for the presenters. Question--If I wanted to establish relationships with child care providers in my area, is there some guidance as far as what kind of licensing they need? So, I can probably take this one. For the Red Cross we have agreements with national agencies such as Save the Children, Children's Disaster Services and the Southern Baptist Convention. And we do have some set criteria. From state to state it does change a little bit and we have to determine if we are talking about childcare or respite care within shelters. For the Red Cross specifically, I would say reach out to your local chapter and they can start through the process of figuring out if the providers locally do fit in those requirements. Any other questions?

Great. Thank you again to all of the presenters for taking the time to share their thoughts and expertise with all of us here and especially thanks to everyone who dialed-in. As Jeanne-Aimee mentioned, this is a completely different picture than what we were facing a few years ago. We really appreciate all the time and effort that folks have taken. Remember to go to the National Mass Care Strategy website for additional details, the slides will be posted. If you have any additional questions, please contact Lauralee whose contact information can be found on the slide deck.