VIRGINIA DEPARTMENT OF EDUCATION

Division of Early Childhood Care and Education

STATEWIDE CHILD CARE DISASTER PLAN

June 2021 – Version 2.2

Disclaimer: This Statewide Child Care Disaster Plan was updated in 2018 and reviewed June 2021 to ensure that the resources and links were current. Virginia is currently in the process of moving the oversight of the state's Child Care and Development Block Grant (CCDBG) responsibilities from the Virginia Department of Social Services to the Virginia Department of Education effective July 1, 2021. This transition requires shifts in agency responsibilities, code changes for regulations, the transferring of staff from one agency to another and the expected review of regulations, policies and procedures.

Due to these changes and our states continued efforts in recovering from COVID-19, a full revision of this plan will take place Spring of 2022. More information about the transition of early childhood programs to the Virginia Department of Education can be found at Building a Unified Early Childhood System and visit ChildCareVA for child care related information.
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I - INTRODUCTION

I.1 Child Care and Development Block Grant Act Requirement

Center- and home-based providers authorized under the Child Care and Development Block Grant (CCDBG) Act are required to have written plans for responding to emergency situations or natural disasters that may require evacuation, lock-down of the facility or home, or sheltering in place. These plans should address how they will accommodate infants and toddlers, children with disabilities, and children with chronic medical conditions in each of these situations. Provider planning and preparation also entail gathering, maintaining, and keeping accessible the equipment, supplies, and materials needed during an emergency. Such equipment and supplies include those essential to caring for children and staff or family members, and to communicating with parents and others.

The Virginia Department of Education (VDOE) administers and oversees Virginia’s CCDBG activities including the Child Care Subsidy Program and the Office of Child Care Health and Safety (formerly the Division of Licensing Children’s Program) which both have processes and procedures in place to ensure the continuity of program operations when emergencies and disasters occur.

I.2 Plan Purpose and Scope

The Statewide Child Care Disaster Plan provides guidance and procedures for ensuring compliance with the Child Care and Development Block Grant Act of 2014 (CCDBG) to ensure a coordinated effort for the continuation of child care programs authorized under the Act during and after a disaster or emergency event.

The CCDBG requires states to develop statewide child care disaster plans. Per Section 658E(c) (2)(U) of the Act, the Statewide Child Care Emergency Plan shall include:

- Guidelines for continuing Child Care Development Fund (CCDF) assistance and child care services after a disaster.
- Requirements that child care providers receiving CCDF have in place procedures for evacuation, relocation, shelter-in-place, lock-down, communication and reunification with families, continuity of operations, and accommodation of infants and toddlers, children with disabilities, and children with chronic medical conditions.
- Requirements that child care providers receiving CCDF have in place procedures to provide staff and volunteers emergency preparedness training and practice drills.
I.3 Planning Considerations and Assumptions

- Regulatory oversight for child care programs in Virginia depend on many factors including but not limited to; if the program operates in a center or in a private residence, the number of children in care, the locality where the program operates, or in some situations a program’s desired regulatory oversight as listed within the Code of Virginia for Child Care. Based on these provisions, providers in Virginia may have different requirements to follow for emergency planning. Programs may or may not be monitored for compliance with those requirements.
- Since Virginia does offer a variety of program oversights, for the purposes of this plan, information included in this plan can be used generally for all child care programs, but the regulations and model forms included are specific to programs that receive subsidy payments from the VDSS to help families pay for child care services only through approved vendors (child care programs). Other child care programs may access required requirements, laws and model forms by going to Virginia's child care website, www.childcareva.com.
- The Commonwealth of Virginia use the National Incident Management System (NIMS) and Incident Command System (ICS) in all emergency response and recovery operations.
- Virginia Emergency Support Team (VEST), Emergency Support Function (ESF) #6 in conjunction with ESFs #8, #11, #17 and the Recovery Support Function (RSF) Health and Human Services (HHS) will coordinate or implement disaster preparedness, relief or recovery programs, as needed, to support any disaster or emergency event.
- VDSS has a Continuity of Operations Plan that supports and sustains short- and long-term response and recovery operations for all VDSS programs and activities including Child Care and Development Fund-related programs.
- This document supplements plans developed by the Virginia Department of Emergency Management and VDSS and does not serve to address the full scope of community or commonwealth response to a disaster or emergency.

1.4 Plan Development and Maintenance

- Representatives from government agencies and community partners developed this plan with the guidance and resources from the Office of Child Care. Work group members include the Department of Social Services (Division of Child Care & Early Childhood Development, Division of Licensing Children’s Programs, Subsidy Program, Information Security and Risk Management and Emergency Management), Department of Emergency Management, Department of Health, Child Care Aware of Virginia (state resource and referral agency), Project Hope (state program for the education of homeless children and youth), Virginia Early Childhood Foundation (partners with VDSS to administer the states quality rating and improvement system for child care programs) and child care providers (center and home-based).
- This document, at the date of publication, serves as the most current information
available to help support Virginia’s child care system in prevention, preparedness, response and recovery in case of an emergency or disaster event that disrupts child care services in one or more areas of Virginia.

- A designated employee from VDSS, in the Division of Child Care & Early Childhood Development will be tasked with reviewing the plan annually, including links, regulations and other components referenced such as Commonwealth of Virginia Emergency Operations Plan and the VDSS Continuity Plan for accuracy.
- The statewide disaster plan will be updated every three years. Work group members will work together between reviews and updates on policies, procedures or regulations to continually improve upon Virginia’s prevention and preparedness, response and recovery planning to support all child care providers and families in Virginia.

II - CONTINUATION OF CHILD CARE SUBSIDY AND SERVICES FOLLOWING A DISASTER

II.1 Commonwealth of Virginia Emergency Operations Plan

Virginia is vulnerable to a variety of hazards as identified in the Commonwealth of Virginia Hazard Mitigation Plan. A planned and coordinated response on the part of state and local officials in support of responders in the field can save lives, protect property, and more quickly restore essential services.

The Commonwealth of Virginia Emergency Operations Plan (COVEOP) assists state-level leaders and emergency management personnel in handling all phases of emergency management during a human caused or natural disaster. The COVEOP Basic Plan uses an all-hazards approach to incident management and aligns with the National Incident Management System (NIMS), as well as the Department of Homeland Security (DHS) National Response Framework (NRF) and the National Disaster Recovery Framework (NDRF).

All-hazard emergency management acknowledges that most disasters and emergencies are best managed as a cycle consisting of four phases (prevention, preparedness, response and recovery) and that there are common emergency functional responses. To address these commonalities, the COVEOP contains 17 Emergency Support Function (ESF) Annexes, 5 Support Annexes, and 7 Hazard Specific Annexes to the Basic Plan. The Virginia Department of Social Services has been tasked as the coordinating Agency for Emergency Support Function Six (ESF #6).

Emergency Support Function #6 – Mass Care, Emergency Assistance, Housing and Human Services, coordinates the delivery of Commonwealth mass care, emergency assistance, housing, and human services when local response and immediate recovery
needs exceed their capability. VDSS’s Response and Recovery Framework for Mass Care, Shelter and Human Services identifies the authority, roles and responsibilities of VDSS executives and program offices to ensure the collective response to disasters and emergencies.

II.2 Emergency Operations at the Jurisdictional Level

The COVEOP and local emergency operations plans are founded upon the concept that emergency operations begin and end at the jurisdictional level, and are managed by local police, fire, emergency medical and health, emergency management, and other response personnel. In events that exceed immediate local resources, other localities resources may operate under the umbrella of a mutual aid agreement or compact to provide additional emergency response and incident management support. State assistance will be provided upon request when needs exceed local capabilities.

Situations in which several localities are threatened or affected concurrently may involve the Commonwealth response from the onset. If the Commonwealths’ capabilities are exceeded, the Governor may request federal assistance. At each level, the government must officially declare a ‘state of emergency’ to exist in order to request assistance. A local emergency declaration indicates that local resources capable of handling the situation will be fully committed and/or anticipated to be exceeded before state assistance is requested. Likewise, state resources should be fully committed or anticipated to be exceeded before federal assistance is requested.

II.3 Local Emergency Management Contacts

Child care programs are encouraged to engage and maintain contact with designated local emergency manager(s) for their jurisdiction. Many local emergency management programs have the capability to support planning efforts and systems to ensure notifications of emergency events. A directory of local emergency managers is maintained by the Virginia Department of Emergency Management, and identifies by locality their name, title, and contact information. The Directory is available at https://lemd.vdem.virginia.gov/Public/Default.aspx.

II.4 Local Health District Contacts

The Virginia Department of Health (VDH) provides core public health services through 35 local health districts and 119 local health departments, with the department’s Central Office staff located in Richmond. As VDH assists jurisdictions with emergency operations, health and medical services are predicated upon the concept that emergency operations begin and end at the local level.

VDH supports child care programs in the following core functional areas:

1. Prevention of disease - including surveillance and investigation of diseases and other conditions, implementation of intervention measures, and environmental and water quality response.
2. Implementing measures to reduce the secondary transmission of communicable diseases during a public health emergency.
3. Providing support for public health matters for radiological incidents.
4. Coordinating all public health information and public health education activities for example information on proper nutrition and immunization.
5. Issuing guidelines and health advisories relating to contaminated water, lead exposure, and proper sanitation and food safety.

In the recovery phase of a disaster or event, VDH and local health districts/departments may analyze impacted areas for safe return to childcare facilities; and provide follow-up consultation to ensure that the needs for services are being met.

A directory of local health districts is maintained by the Virginia Department of Health, and identified by locality. The Directory is available at http://www.vdh.virginia.gov/local-health-districts/.

II.5 Continuity Plan for Virginia Department of Social Services

VDSS has in place a Continuity Plan that provides the framework for restoring essential functions in the event of an emergency that affects operations. Plan procedures address three types of disruptions:

- Loss of access to a facility (as in the damage of the building);
- Loss of services due to a reduced workforce (as in pandemic influenza);
- Loss of service due to equipment or systems failure (as in information technology systems IT failure).

The Continuity Plan is distributed to leadership and individuals with designated continuity responsibilities within the Divisions, and training is provided to division personnel with identified responsibilities. The Plan can be shared with emergency response and other social services agencies, emergency management directors, emergency management planners and other interested parties, as applicable.

The Continuity Plan describes actions that will be taken to implement a viable continuity capability within 12 hours of an event and to sustain that capability for up to 30 days. The Plan can be implemented during duty and non-duty hours, both with and without warning.

The Continuity Plan supports the performance of essential functions from alternate facility locations and also provides for continuity of management and decision-making in the divisions in the event that senior leadership or technical personnel are unavailable.

The Continuity Plan also covers the following information:

- The authorities used in developing the Continuity Plan;
- Contact information using the Rapid Recall List;
- The responsibilities and decisions to be made based on the level of emergency as
outlined in the plan, and

- How the plan will be implemented based on three phases of operations: Activation and Relocation (including alert and notification); Alternate Facility Operations; and Reconstitution.

II.5.1 Critical Activities from the Continuity Plan

The Division of Child Care and Early Childhood Development and the Division of Licensing Children’s Programs within VDSS have established procedures to maintain critical program functions with minimal interruption of service delivery in the event of disaster and/or inaccessibility of automated systems for extended periods of time. Per these Plans, many mission essential functions such as administering statewide child care programs, which includes the subsidy program and managing the licensing of child care facilities have a Recovery Time Objective (RTO) to return to normal operations within 24 hours after disruption. Other business functions such as providing consultation and technical assistance to children’s services and licensing or enforcement actions and sanctions should return to normal operation within 3 -31+ days.

Additional details regarding division operations, orders of succession, delegations of authority, alternate facility locations, and training, testing and exercises are contained in the CCECD Continuity Plan and can be obtained by authorized personnel as needed.

II.6 Routes to Reach Child Care Providers

Child care programs are advised to seek out and follow all state and local emergency communications in the event of an emergency or disaster, doing so is critical to saving lives. Emergency communications could include information about voluntary or mandatory evacuations or shelter-in-place orders, disease outbreaks, environmental conditions creating water supply concerns requiring boil water recommendations, or road closures. Child care provider (center and home) are encouraged to build relationships with local emergency departments (fire, health and emergency management) in order to have the most current information to aid prevention and preparedness, response and recovery for their child care operation.

In addition to the state and local emergency communication systems used to reach the community, there are three avenues that VDSS can use to contact child care providers. The Division of Child Care & Early Childhood Development maintains a current list of child care providers that participate in the Subsidy Program. The Division of Licensing Children’s Programs maintains a list of programs that are licensed, regulated, religiously exempt or voluntarily registered; many listed will not be on the Subsidy list. Child Care Aware of Virginia maintains a list of unregulated programs such as Family, Friend or Neighbor care that would not be listed in a VDSS database. Information about emergency conditions can be emailed to providers through these lists. Email messages may be sent out to coordinate response and recovery efforts in order to restore child care services to families; request providers in the affected area to report back their operational status to VDSS in order to properly evaluate the loss of child care services; give
information to providers on estimated time frames to restore subsidy payments systems or
disclose disruption in issuing licenses; or share information about any local, state or
federal aid available to programs based on the event. Child care providers are
encouraged to keep their contact information current with the programs they participate
in to ensure timely communication.

III - DISASTER AND EMERGENCY REQUIREMENTS FOR CHILD CARE
PROVIDERS IN THE CHILD CARE SUBSIDY PROGRAM

III.1 Requirements - Child care providers that participate in Virginia’s Child Care
Subsidy Program (sometimes referred to as vendors in this chapter of the plan) are
required to have in place:
● Procedures for evacuation, relocation, shelter-in-place, lock-down,
communication and reunification with families, continuity of operations,
accommodations of infants and toddlers, children with disabilities, and
children with chronic medical conditions.
● Procedures for staff and volunteer emergency preparedness training and
practice drills including training requirements for child care providers of
services for which assistance is provided under CCDF.

III.2 Vendor Service Agreements - Until such time as Subsidy Program regulations
are revised through the Commonwealth’s Regulatory Process, these procedural
requirements are established through written vendor agreements between the
Virginia Department of Social Services and child care providers participating in
the Child Care Subsidy Program. Upon final approval of revised Subsidy
Program regulations (anticipated in late 2018), these requirements will be
articulated through the Commonwealth of Virginia’s Child Care Program
regulation (22VAC-40-665) and incorporated by reference in the written Subsidy
Program vendor agreements.

III.3 Required Emergency Procedures for Child Day Centers

VENDSUB-000-(9)-031. Procedures for emergencies – Child Day Centers

A. The center shall have a written emergency preparedness plan that addresses staff
responsibility and facility readiness with respect to emergency evacuation,
relocation, lockdown and shelter-in-place procedures. The plan shall address the
most likely to occur emergency scenario or scenarios, including but not limited to
fire, severe storms, loss of utilities, natural disaster, chemical spills, intruder, and
violence on or near the facility, and facility damage or other situations that may
require evacuation, lockdown or shelter-in-place.

B. The emergency preparedness plan shall contain procedural components for:
1. Evacuation procedures to include:
   a. Scenario applicability;
   b. Methods to alert staff and emergency responders;
   c. Designated primary and secondary routes out of the building;
   d. Designated assembly points away from the building;
   e. Designated relocation site;
   f. Methods to ensure all children are evacuated from the building, and if necessary, moved to a relocation site;
   g. Methods to account for all children at the assembly point and relocation site;
   h. Method of communication with parents after the evacuation or relocation;
   i. Accommodations or special requirements for infants, toddlers, and children with special needs to ensure their safety during evacuation or relocation;
   j. Method to ensure essential documents, including emergency contact information, attendance records, medications, and supplies are taken to the assembly point and relocation site; and
   k. Procedures to address reuniting children with parents or authorized person designated by the parent to pick up the child.

2. Shelter-in-place procedures to include:
   a. Scenario applicability, inside assembly points, primary and secondary means of access and egress;
   b. Method to account for all children at the safe location(s);
   c. Method to ensure essential documents (attendance records, emergency contact information, etc.) and special health supplies are carried into the designated assembly points;
   d. Method of communication after the shelter-in-place;
   e. Accommodations or special requirements for infants, toddlers, and children with special needs to ensure their safety during shelter-in-place; and
   f. Procedures to address reuniting children with parents or authorized persons designated by the parent to pick up the child.

3. Lockdown procedures, to include facility containment, shall include:
   a. Methods to alert staff and emergency responders;
   b. Methods to secure the facility and designated lockdown locations;
   c. Methods to account for all children in the lockdown locations;
   d. Methods of communication with parents and emergency responders;
   e. Accommodations or special requirements for infants, toddlers, and children with special needs to ensure their safety during lockdown; and
   f. Procedures to address reuniting children with parents or authorized persons designated by the parent to pick up the child.

4. Staff training requirement, drill frequency, and plan review and update.
5. Other special procedures developed with local authorities.

C. Emergency evacuation and shelter-in-place procedures or maps shall be posted in a location conspicuous to staff and children on each floor of each building.

D. A 911 or local dial number for police, fire and emergency medical services and the number of the regional poison control center shall be posted in a visible and conspicuous place.

E. The vendor shall ensure that all staff receive training regarding emergency evacuation, relocation, shelter-in-place, and lockdown procedures on an annual basis, and at the end of each plan update.

F. The vendor shall ensure that the emergency plans are reviewed with any volunteers who work more than six hours per week prior to volunteering and on an annual basis.

VENDSUB-000-(9)-032. Emergency response drills – Child Day Centers

A. The emergency response drills shall be practiced, at a minimum:
   1. Evacuation procedures shall be practiced at least monthly;
   2. Shelter-in-place procedures shall be practiced twice a year; and
   3. Lockdown procedures shall be practiced at least annually.

B. The center shall maintain a record of the dates of the practice drills for one year. For centers offering multiple shifts, the simulated drills shall be divided evenly among the various shifts.

III.4 Required Emergency Procedures for Family Day Homes

VENDHOM-000-(7)-029. Procedures for emergencies – Family Day Homes

A. The family day home shall have a written emergency preparedness plan that addresses caregiver responsibility and home readiness with respect to emergency evacuation, relocation, lockdown and shelter-in-place procedures. The plan shall address the most likely to occur emergency scenario or scenarios, including but not limited to fire, severe storms, flooding, tornadoes, loss of utilities, earthquakes, intruders, violence on or near the premises, chemical spills, and facility damage or other situations that may require evacuation, lockdown or shelter-in-place.

B. The emergency preparedness plan shall contain procedural components for:
   1. Sounding of alarms (evacuation, intruder, shelter-in-place such as for tornado, or chemical hazard);
2. Emergency communication to include:
   a. Notification of local authorities (fire and rescue, law enforcement, emergency medical services, poison control, health department, etc.), parents, and local media; and
   b. Availability and primary use of communication tools;
3. Evacuation and relocation procedures to include:
   a. Assembly points, designated relocation site, head counts, primary and secondary means of egress, and complete evacuation of the buildings;
   b. Accommodations or special requirements for infants, toddlers, and children with special needs to ensure their safety during evacuation or relocation;
   c. Securing of essential documents (attendance record, parent contact information, etc.) and special healthcare supplies to be carried off-site on immediate notice;
   d. Method of communication after the evacuation; and
   e. Procedure to reunite children with a parent or authorized person designated by the parent to pick up the child.
4. Shelter-in-place to include:
   a. Scenario applicability, inside assembly points, head counts, primary and secondary means of access and egress;
   b. Accommodations or special requirements for infants, toddlers, and children with special needs to ensure their safety during evacuation or relocation;
   c. Securing essential documents (attendance record, parent contact information, etc.) and special health supplies to be carried into the designated assembly points;
   d. Method of communication after the shelter-in-place; and
   e. Procedure to reunite children with a parent or authorized person designated by the parent to pick up the child.
5. Lockdown procedures, to include:
   a. Methods to alert caregivers and emergency responders;
   b. Methods to secure the family day home and designated lockdown locations;
   c. Methods to account for all children in the lockdown locations;
   d. Methods of communication with parents and emergency responders;
   e. Accommodations or special requirements for infants, toddlers, and children with special needs to ensure their safety during lockdown; and
   f. Procedure to reunite children with a parent or authorized person designated by the parent to pick up the child.
6. Home containment procedures, (e.g., closing of fire doors or other barriers) and shelter-in-place scenario (e.g., intruders, tornado, or chemical spills);
7. Caregiver training requirements, drill frequency, and plan review and update; and
8. Other special procedures developed with local authorities.
C. Emergency evacuation and shelter-in-place procedures/maps shall be posted in a location conspicuous to caregiver and children on each floor of each building.

D. A 911 or local dial number for police, fire and emergency medical services and the number of the regional poison control center shall be posted in a visible and conspicuous place.

**VENDHOM-000-(7)-030. Emergency response drills – Family Day Homes**

A. The emergency response drills shall be practiced as follows:
   1. Evacuation procedures shall be practiced at least monthly;
   2. Shelter-in-place procedures shall be practiced twice a year; and
   3. Lockdown procedures shall be practiced at least annually.

B. The family day home shall maintain a record of the dates of the practice drills for one year. For family day homes offering multiple shifts, the simulated drills shall be divided evenly among the various shifts.

**III.5 Emergency Planning Model Forms**

To assist child care providers in emergency planning, VDSS has made model forms available to providers on their website.

- **EMERGENCY PREPAREDNESS AND RESPONSE PLAN for Child Day Center Programs receiving Subsidy Payments:**

- **EMERGENCY PREPAREDNESS AND RESPONSE PLAN for Family Day Home Programs receiving Subsidy Payments:**

Child care providers should review plans annually to verify that listed evacuation sites are still open, willing and able to accept the group should it become necessary to evacuate the building. Batteries, food and first aid supplies should also be checked to ensure the proper amount and type of supplies in the emergency kit is still appropriate for the ages and needs of children in care; and those supplies are still in working order and/or not expired.

**III.6 Required Training for Providers Participating in the Subsidy Program**

Child care professionals that operate or work in a child care program that receive CCDF
assistance are required to participate in Virginia’s Preservice Health and Safety Training. This required training is 10 hours and includes information on emergency and disaster planning in the chapter titled “Emergency Preparedness: What’s the Plan.” Professionals can access the training through the VDSS web resources page for child care providers at www.childcareva.com.

III.7 Compliance

Vendors participating in Virginia’s Child Care Subsidy Program are assessed for compliance with emergency requirements during an annual on-site inspection by licensing inspectors from the Division of Licensing Children’s Programs. If a provider is found to be in non-compliance with a regulation during an inspection, the violation(s) are noted in the inspection report and a Corrective Action Plan. The provider will address deficiencies identified during the inspection by indicating the actions they will take to come into compliance. Licensing inspectors make subsequent inspections to follow-up on the Corrective Action Plan in the appropriate time frame to ensure provider correction.

IV – ADDITIONAL TRAINING AND RESOURCES ON EMERGENCY PLANNING FOR CHILD CARE PROVIDERS

IV.1 Additional Training for Providers

Child care professionals have the responsibility of caring for the youngest and most vulnerable group of Virginia citizens, our children. High quality, well trained and nurturing providers are essential to the productivity and health of our communities. In times of disasters or emergencies, providers are essential to ensuring the health and safety of children. Child care professionals should be trained in Emergency Preparedness and Response, including training on how to help children and families manage trauma after an event. Program curriculum should also focus on helping children develop social-emotional skills like resiliency, which is critical to handling the emotional side of emergencies or trauma. Below are resources for training and support resources to assist child care programs in the area of Emergency Planning.

IV.1.a Virginia Department of Social Services – VDSS is committed to offering child care providers training on topics for all aspects of the child care operation, including emergency planning and preparedness, social and emotional growth and development, and trauma. Information on how to access these training opportunities can be found on the VDSS Professional Development Resources page, http://www.dss.virginia.gov/family/cc/professionals_resources.cgi.

IV.1.b Providers Seeking Licensure - For child care providers that desire to become a licensed child care provider in a home or a center-based program, the Office of Child Care Health and Safety (Division of Licensing Children’s Programs) requires the operator
to have training before they become licensed. These trainings are designed to prepare the child care provider to be and remain in compliance with the overall requirements of licensure, including emergency planning and preparedness. Providers can learn more about these trainings by contacting the regional licensing office. You may find a listing of regional offices at Child Care VA.

IV.1.c Child Care Aware of Virginia – CCA of VA, the state child care resource and referral agency, works through partner agencies in resource centers to improve child care in Virginia. They do this by developing the child care workforce, maintaining comprehensive child care data, empowering families through education, and advocating for Virginia’s children. Each agency provides training on a variety of topics including emergency preparedness and response, trauma and social-emotional growth and development. Training is offered online, during local and regional training sessions and through onsite consultation. Contact a resource center by going to their website www.vachildcare.com.

IV.1.d Child Care Health Consultants - Child Care Health Consultants (CCHC), is a network of healthcare professionals such as physicians, nurses and nurse practitioners, trained by the Department of Health to work with the child care community. Consultants provide guidance and technical assistance to child care providers on a wide range of health and safety topics important to the emergency preparedness process. Topics include daily health observation, solutions for managing injuries or infectious diseases in the child care setting, medication administration, blood borne pathogens, and other training such as CPR and first aid. You can learn more about this network of consultants and the training and resources they offer by going to their website, http://www.vdh.virginia.gov/healthy-child-care/about-child-care-health/.

IV.2 Web Resources

The VDSS posts information and resources for providers on emergency preparedness at http://www.dss.virginia.gov/family/cc/professionals_resources.cgi and also at www.childcareva.com. Child care providers may also find the following resources helpful:

IV.2.a Prevention and Preparedness Resources


In Spanish:

3. Y.I.K.E.S: Your Inventory for keeping everyone safe planning guide:

4. Save the Children. Get Ready, Get Safe:
https://secure.savethechildren.org/site/c.8rKLIxMGipI4E/b.8777045/k.4CBA/Get_Ready_Get_Safe_Home.htm

5. How States and Territories Prepare to Support Special Populations in Emergencies and Disasters:

6. Centers for Disease Control and Prevention – Caring for Children in a Disaster:
https://www.cdc.gov/childrenindisasters/index.html

7. Example plan: Sacramento California Head Start Disaster Plan:

8. American Academy of Pediatrics – Children and Youth with Special Needs:

9. Center on the Social and Emotional Foundations for Early Learning (CSEFEL), Resources and training for providers and parents on social and emotional development and behavioral and mental health support:
http://csefel.vanderbilt.edu/index.html

IV.2.b Response Resources

1. Save the Children Journey of Hope Program provides children and caregivers to support children’s mental health, resilience and emotional health:
http://www.savethechildren.org/atf/cf/%7B9def2ebe-10ae-432c-9bd0-df91d2eba74a%7D/JOURNEY%20OF%20HOPE%20FACT%20SHEET%202014.PDF

IV.2.c Recovery Resources

1. Virginia Small Business Administration Child Care Financing Program – Centers:
Family Day Home:

2. Project HOPE of Virginia: Education for Homeless Children and Youth Project ensures the enrollment, attendance, and the school success of children and youth experiencing homelessness. School divisions develop customized programs to meet the needs of homeless children and youth in their area and can be helpful in assisting families with school services in the case of a disaster:
https://education.wm.edu/centers/hope/


6. Save the Children provides Emergency Recovery Grant programs to help replace furniture, and materials such as books and toys: [www.savethechildren.org](http://www.savethechildren.org)