

# Child Care Statewide Disaster Plan



WEST VIRGINIA DEPARTMENT OF  
**HUMAN  
SERVICES**

Bureau for Family Assistance

Division of Early Care and Education

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<b>Table of Contents</b>	<b>Page</b>
Introduction.....	2
Background.....	2
Administration.....	3
Assumptions.....	3
Purpose.....	3
Child Care Services Overview.....	4
Emergency Management Overview.....	4
Potential Emergencies, Hazards, and Disasters.....	4
Mitigation, Preparedness, Response, Recovery Phases.....	5
Coping with Disaster – Trauma Supports.....	5
Disaster Preparedness in the Child Care Setting.....	6
Planning.....	6
Lockdown.....	7
Reunification.....	7
Communication.....	8
Reaching Child Care Providers During Emergencies or Disasters.....	9
Recovery.....	10
Required Emergency Procedures for Providers.....	10
Emergency Preparedness Plan.....	10
Verifications.....	11
Drills.....	11
Training.....	11
Child Care Compliance.....	11
Special Circumstances – Waivers.....	12
Pop-up Child Care Centers and Out-of-School Time Centers During a Disaster.....	13
Relocation – Amended Application.....	14
DoHS BFA Division of Early Care and Education /Child Care Resource and Referral	14
Responsibilities.....	
Child Care Resource and Referral Child Care Subsidy Critical Activities.....	15
Continuity of Services.....	15

## Revisions

Brief Description of Change	Page	Date of Change	Revised By
Update to the Table of Contents		3/15/24	Lisa Ertl
Revised entire document to address change in Lead Agency name from West Virginia Department of Health and Human Resources (DHHR) to West Virginia Department of Human Services (DoHS)		3/15/24	Lisa Ertl
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Revised language clarifying that each set of child care regulations have specific requirements for disaster preparedness and response	4	3/15/24	Lisa Ertl
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Added new section titled Coping with Disaster – Trauma and Supports	5	3/15/24	Lisa Ertl
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Added new section Planning – includes lockdown, infants and toddlers, children with chronic medical conditions and children with disabilities	6	3/15/24	Lisa Ertl
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Revised the Resources section to include online resources for child care providers	17	3/15/24	Lisa Ertl

## Introduction

The West Virginia Child Care Disaster Plan is an extension of the West Virginia Department of Homeland Security and Emergency Management (DHSEM) Emergency Operations Plan West Virginia Emergency Management Division (EMD). EMD provides guidance for communication and coordination in the event of a disaster that affects the child care infrastructure. The West Virginia Child Care Disaster Plan provides information and resources to support child care providers, children in their care and their families before, during and after an emergency or disaster.

## Background

The West Virginia Department of Human Services (DoHS), Bureau for Family Assistance (BFA), Division of Early Care and Education's (ECE) Statewide Child Care Disaster Plan is designed to assist state-level leaders, child care providers, and emergency management personnel in handling phases of emergency management during a man-made or natural disaster. The Child Care Development Fund and Block Grant (CCDBG) Act provides funding to support child care through the Administration for Children and Families, Office of Child Care to ECE. These funds, along with the required matching State funds, support child care regulatory functions, child care subsidies and the State's child care quality initiatives. A key component of the CCDBG Act of 2014 requires participating states to develop and disseminate a Statewide Child Care Disaster Plan. Section 658E9c)(2)(U) of the CCDBG Act requires Statewide Child Care Disaster Plans to include:

- Guidelines for continuing Child Care Development Fund (CCDF) assistance and child care services after a disaster, which may include provision of temporary

child care, and temporary operating standards for child care 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, accommodations of infants and toddlers, children with disabilities, and children with chronic medical conditions.
- Requirements that child care providers receiving CCDF have in place procedures for staff and volunteer emergency preparedness training and practice drills.



To fulfill the requirements of Section 658, ECE has developed the following Statewide Child Care Disaster Plan with the intent to identify and communicate the processes and support for child care in the event of an individual, local, regional, or statewide emergency or disaster. It outlines recommendations for planning preparedness, response and recovery from a disaster and the role both DoHS and ECE will play in providing support. This document provides guidance regarding Child Care Centers, Family Child Care Facilities, Family Child Care Homes, Informal and Relative Homes, Out of School Time Centers, and In-Home providers. It also strives to provide information relevant to all other early learning programs in terms of recommendations and resources.

This plan is a living, breathing document and is subject to review and revision as circumstance dictates. A copy of the plan will be distributed to the federal Department of Health and Human Services, the members of the West Virginia Early Childhood Advisory Council, the DoHS Division of Family Assistance programs (social services, family assistance and family support), the EMD and other appropriate stakeholders within the early care and education system. Please see page 18 for the full list of plan reviewers.



### **Administration**

As the lead agency for CCDBG funding in West Virginia, ECE was provided guidance by the EMD. The West Virginia Child Care Disaster Plan does not duplicate what is already in the EMD State Emergency Operations Plan (SEOP). Instead, this document provides additional information that can stand alone to provide additional, detailed support and resources specific to child care providers. It provides practical guidance for child care providers to develop custom emergency response plans based on individual program needs and local resources. This document seeks to mitigate the potential injury, death, loss, destruction, and disruption for children, families, and child care providers in the event of a disaster or emergency.

### **Assumptions**

The following assumptions were considered in the development of the plan:

- The EMD has an operational and exercised SEOP. This document is a supplement to existing EMD plans and does not serve to address the full scope of community or state response to a disaster or emergency.
- The EMD is responsible for the coordination of state agencies in a disaster.
- The best way to prepare for a disaster is by planning and practicing.
- Child care is a necessary component for families and should be restored as quickly as possible.
- All licensed child care providers are required to develop, provide staff orientation, share with parents and file with their local emergency management agency a detailed individual emergency plan. The plan is to be reviewed by the provider annually and updated and refiled when changes occur.
- All registered family child care providers are required to develop, share with parents, and keep their plan on file for regulatory review.

### **Purpose**

The purpose of the West Virginia Child Care Disaster Plan (WVCCDP) is to provide clear guidance to respond to disasters that affect a community's child care infrastructure. The WVCCDP defines the roles and responsibilities of partner organizations to deliver critical services and support to children, families, and child care providers in the event of a disaster. The key areas described as emergency functions meet the CCDBG requirements for: preparedness; training and practice drills; accommodation of infants and toddlers, accommodation of children with disabilities and chronic medical conditions; evacuation; relocation; shelter in place and lock-down; communication; continuity of operations and essential child care services; reunification of

families and recovery. The West Virginia Child Car Disaster Plan encourages coordination of activities and collaboration for mitigation, planning, response, and recovery.

### **Child Care Services Overview**

ECE provides oversight, support, and funding for child care subsidies, quality initiatives, and child care provider regulation. DoHS is the Lead Agency for the administration of the Child Care Development Fund Block Grant. In addition, ECE receives funding through the Office of Head Start for the Head Start Collaboration Office.

- **Child Care Licensing and Registration** – The regulatory requirements for protecting the health, safety, and rights of children in licensed care are found in WV Code [§49-2-101](#) and [§49-2-121](#) and Legislative Rules [78 CSR 1](#) (Child Care Centers), [78 CSR 18](#) (Family Facilities) [78 CSR 20](#) (Informal and Relative Homes) [CSR 19](#) (Family Homes) and, [78 CSR 21](#) (Out of School Time Centers). All regulations include the requirement of a facility emergency plan and the provision of submission of that plan to the child care provider’s local emergency management agency.
- **Child Care Subsidies** – West Virginia’s child care subsidy program provides financial assistance to income-eligible families participating in a qualifying activity such as work, training, or Temporary Assistance for Needy Families (TANF) activities. Subsidies are administered by local Child Care Resource and Referral (CCR&R) grantees, in conjunction with ECE. Each CCR&R, as a condition of their grant approval, is required to have a continuity of operations and emergency plan in place.



### **Emergency Management Overview**

Disasters can be man-made or natural catastrophes. The most common disasters in West Virginia are floods and winter related occurrences such as blizzards and ice storms. West Virginia is also vulnerable to chemical disasters such as spills and releases. Individuals, families, businesses, communities, and all levels of government have a responsibility to establish basic emergency planning. During times of disaster or emergencies, the ECE can partner with the West Virginia Department of Health (WVDH), Center for Threat Preparedness (CTP) to support the activation of Health Command to coordinate any health and medical requests for resources to assist with mitigating event impacts.

### **Potential Emergencies, Hazards, and Disasters**

A hazard analysis helps to determine the kinds of disasters that are more likely to occur in a geographical area. Disasters in West Virginia may be more prevalent in one region than another. Disasters can also be human-caused events such as a bridge collapse, a chemical spill, gun violence, terrorist attack or transportation accidents such as a train wreck or plane crash.

All events start locally, and child care providers are strongly encouraged to contact and work with their local emergency services office for support

and a list of natural disasters most likely to occur in their geographic region and to identify potential human-caused events including technological accidents and hazardous materials incidents. Other kinds of emergencies that might affect child care programs include medical emergencies, pandemics and epidemics, power outages, disgruntled staff, an intruder, or an impaired adult (i.e. a parent who is under the influence of alcohol or drugs).

Emergency management is an ongoing cycle with four phases: Mitigation, Preparedness, Response, and Recovery. This ongoing cycle requires regular updating, communicating, assessing, and reevaluating how to best respond in a disaster.



### **Mitigation**

Mitigation describes measures that lessen the impact of disasters. Routine mitigation practices identify and correct potentially unsafe conditions on a regular basis. By investing in long-term strategies at the state, community and child care provider levels mitigation efforts can positively impact the safety, economic security and resilience of children, families, and child care providers.

### **Preparedness**

Preparedness ensures that child care programs are ready for emergencies to protect the health and safety of children and staff members and to

prevent damage to buildings and equipment. The preparedness phase includes being informed, making plans, assigning roles and responsibilities, writing emergency response plans, conducting training and drills, building relationships with local emergency response teams, identifying local resources, and keeping emergency supplies and plans up to date.

### **Response**

The response phase refers to the time when the emergency occurs. The response phase may begin with warnings and alerts. Response begins at the local level (city or county) supported by response activities and resources from regional, state, and federal response partners. Emergency responders include organizations such as hospitals, businesses, faith-based organizations and charitable agencies, and non-governmental and community-based organizations.

### **Recovery**

The recovery phase refers to the hours, days, weeks, months or possibly years, after an emergency occurs. It includes plans for assisting children, families, and child care programs to return to their everyday routines by providing resources and health services (including mental and behavioral health) employment, stable housing, financial assistance, and child care.

### **Coping with Disaster – Trauma Supports**

Disasters and emergencies are traumatic for children and adults. Because everyone is unique, trauma can manifest itself in a myriad of ways. It is important to recognize signs of disaster related stress. Coping strategies include preparation, self-care, and identifying support systems. People can experience a wide range of emotions before and after a disaster or traumatic event. There's no right or wrong way to feel. However, it's important to find healthy ways to cope when these events happen.

After a disaster, children may experience anxiety, fear, sadness, sleep disruption, distressing dreams, irritability, difficulty concentrating, and anger outbursts. Learn the signs of children’s mental stress to help them cope after a disaster.

### **Disaster Preparedness in the Child Care Setting**

Many children under age five to age 13 spend their daytime hours away from their parents. Most of these children are in a child care center, family facility or family child care home. Children under age five are often the most vulnerable. They may not be ambulatory or be breast fed. They may have chronic health conditions and may be difficult to manage due to the chaos amid an emergency or disaster. That is why pre-planning is vital.

Best practices go beyond what is required by the West Virginia child care regulations. Child care providers can refer to best practice recommendations related to disaster preparedness in [Caring for Our Children](#) and [West Virginia’s Core Knowledge and Competencies for Early Childhood Professionals](#).



A child care program owner and director’s primary responsibility is assuring the safety of children in their care. Therefore, it is **required** to have a comprehensive [written disaster/emergency plan](#) with policies and procedures to be followed when a disaster

occurs. All disaster plans should incorporate the four areas of disaster management: mitigation, preparation, response, and recovery. The plan should be developed with input from parents, child care center directors and personnel, and local school districts (if the child care center is part of a school) and should be reviewed at least annually.

### **Planning**

Children feel safe with trusted adults and will cope better during an emergency or disaster when the adults around them function adequately in stressful circumstances. Prepared child care providers are essential in protecting children during times of uncertainty due to emergencies or disasters. Drills should be conducted at different times of the day and for different emergency situations and at least as prescribed by applicable West Virginia child care regulation requirements. Children can learn age-appropriate drills and responses when practiced and will respond better during a true emergency or disaster. Children with disabilities, chronic health conditions, and of all ages are to be actively involved in drills, disaster preparedness, response, and recovery.

Infants and toddlers, children with disabilities and children with chronic medical conditions have unique needs before, during and after emergencies or disasters. Be sure to include all these children in every practice drill, regardless of weather or time of day. Because it is challenging to evacuate infants, toddlers, children with disabilities and health conditions often due to their immobility or lack of walking skills, providers are required to have at least one evacuation crib (if not more) for infants and toddlers and a plan for children with chronic medical conditions and disabilities. Child care providers are encouraged to use buggies/strollers or perhaps even a wagon to transport infants and toddlers or other children

as applicable, safely, and efficiently. Make sure all devices used work in all types of weather.

Emergency supply kits should be considered for infants, toddlers, children with chronic medical conditions and children with disabilities. Consider having them already prepared and stored in a location for quick access. Consider how breast milk and formula might be transported for infants and toddlers. If children with a disability or chronic health condition need specialized equipment, consider how those items will be transported and kept safe. Think about how comfort items such as blankets and pacifiers might be transported.

Above all, adults must remain calm and speak to the children, including the infants and toddlers, in a soothing tone while giving simple instructions.

### **Lockdown In Child Care Programs**

A lockdown is a way to keep children and staff inside the building, secured in a classroom or other designated safe area away from doors and windows. Lockdowns may be enacted due to a threat inside the center or home, or even in the immediate surrounding area. Examples include a dangerous person in or around the center/home, a weapon nearby, an intruder attempting to gain entry, disturbance in or around your location, etc. The center or home is closed to all visitors, staff and parents who may be attempting to enter or leave a building during a lockdown.

Have a plan in place for how to quickly notify staff that a lockdown drill or incident is occurring – use a PA system, codeword, signal, walkie-talkies, class phones, etc. Think of the phrase “Lock, Lights, Out of Sight”. Lock doors, turn off lights, get out of line of sight, and even use furniture if necessary.

When practicing a lockdown, notify parents prior to the drill (or an expected time frame and date

range) so they are aware of the time the center or home will be unavailable to enter or leave.

When there is an actual situation that warrants a lockdown, notify parents as soon as possible so they do not attempt to enter the building or area, putting themselves in harm’s way. Work with local law enforcement and establish a system for reporting incidents to news/radio/media sources on your behalf.

When you are “all clear”, have a signal or system to alert teachers that they can resume normal activities. Notify parents that the drill or incident is over, by text, social media, email that goes out the same day.

It is important to give special consideration to infants, toddlers, children with disabilities, children outside or on field trips by planning for quiet activities in the lockdown area(s), preparing and emergency bag with diapers/wipes, snacks, water, quiet toys and medications and equipment that may be needed.



### **Reunification**

If a disaster occurs when children are in care and cannot reunite with their families right away, it is best to **shelter-in-place** so children can stay in an environment and with adults with whom they are familiar. Streamlined sign-out and pick-up procedures for families to help reduce chaos and minimize confusion for both adults and children must be planned.

Children are the responsibility of their caregivers until such time as their parent or approved guardian can retrieve them for the child care facility. Reunification includes identifying the correct parent/guardian, verifying their identity, and documenting release to their custody.

If a child's custody is unclear or when multiple persons seek to claim a child, all information must be turned over to DoHS, Bureau for Social Services (BSS), Child Protective Services (CPS) staff or Law Enforcement for their investigation and determination of custody.

Under the Federal Emergency Management Agency Emergency Support Functions 6 (ESF-6), one of the primary functions is:

- **Mass Care** – Congregate sheltering, feeding, distribution of emergency supplies, and reunification of children with their parent(s)/legal guardians and adults with their families.
  - EMD and WVDH are the state leads for ESF-6 coordination and response, and will work with organizations such as the American Red Cross on reunification efforts. Therefore, the coordinating agency to assist local reunification efforts should a child care provider be overwhelmed.
  - During a disaster, there may be children who will need short- and long-term placement if their parents or guardians become incapacitated, die, or cannot be located. If an unaccompanied minor housed in the shelter cannot return home and needs suitable living arrangements, EMD and WVDH will notify law enforcement and CPS within 24 hours. The child will remain with staff until the child's parent or legal guardian,

CPS, or law enforcement takes legal custody.

## Communication

Naturally during an emergency or disaster, there is confusion and some fear. Communication protocol and procedures help reduce that fear, avoid duplication, and provide important information updates to ensure everyone involved in an emergency or disaster is remembered.

Local emergency services are the first line of communication for child care providers during an emergency. When an emergency occurs, child care providers can call 9-1-1, the universal number for reaching emergency services. Emergency services personnel will immediately respond to the scene to help.



In the event of an emergency or disaster, it is vital for child care providers to report details about the incident to local emergency response agencies and provide updates as needed, including:

- Accurate and up-to-date information about the number and age of children affected by the disaster.
- The needs of infants, toddlers, and children with disabilities, including those with chronic medical conditions.
- Missing children.
- Children unable to reunite with their families.

- Damage/destruction to the facility; and Interruptions in utility services such as water, electricity, sewer, and gas.

Communication systems and equipment should be considered. Technologies such as cell phone networks, texting, Twitter, Facebook, and email communication could help minimize anxiety and confusion and provide up to date information.

### **Reaching Child Care Providers During Emergencies or Disasters**

Child care providers of all types – centers, facilities, homes, out-of-school time centers, informal/relatives, and in-home providers – 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 providers are strongly encouraged to build relationships with local emergency departments (fire, health, and emergency management) to have the most current information to aid prevention and preparedness, response, and recovery for their child care operation.

In addition to state and local emergency communication systems used to reach the community, the Division of Early Care and Education keeps a list of child care programs that are licensed and certified. Information about emergency conditions can be emailed, mailed, or telephoned to providers through these lists depending on emergency conditions. Emails messages may be sent out to coordinate response and recovery efforts to request providers in affected area(s) to report back their operational status to properly evaluate the loss of

child care services, disclose disruption in issuing licenses or certificates of registration, or share any information about any local, state, or federal aid available to programs based on the event. Child care providers are strongly encouraged to keep their contact information current with their licensing and child care regulatory specialists to ensure timely communication.

ECE uses information provided by child care providers and other affiliated early learning program facilities to communicate on an individual basis. To the greatest extent possible, it is critical that phone numbers and email addresses are provided to the primary contact for each facility. ECE will use the following types of communication:

- When ECE is informed of an emergency or disaster, individual contact will be made with the program.
- When ECE is informed of a widespread emergency, the Division will use the child care and CCR&R listservs, public announcements, and the [website](#) postings to inform child care stakeholders and other early learning providers of relevant information.
- During an emergency or disaster, The Division or its business partners will collect local and regional information as to the status of the event to keep the DoHS Secretary and BFA Commissioner informed and to assist in prioritizing follow-up activities.



## Recovery

From the beginning of any disaster situation, West Virginia will implement systems to support essential functions to the child care system during and throughout recovery. Providers should also have a plan for how to recover from a disaster event, including proper insurance should materials need to be replaced or repairs are needed to a building or home.

In addition, providers may choose to keep updated copies of child and staff records as well as financial and business paperwork on a backup computer system and/or paper copies securely stored off-site. Recovery plans should include the contact numbers for insurance companies, health departments, building officials, licensing, social services, and other resources such as financial programs for loans and/or grants.

In the recovery phase of the disaster, ECE regulatory staff will contact providers through phone, email, mail, or text in affected areas with updates on critical functions that are offline and the estimated time frames those services will be restored. Information on any state or federal funds made available to providers in response to the disaster may also be sent as they are issued. Information will be posted on the ECE [website](#). ECE child care regulatory units will collect data from state and local emergency offices and child care providers to evaluate the number of operational child care providers.



## Required Emergency Procedures for Providers

Providers will have a written emergency preparedness plan that will address staff responsibility and facility readiness with respect to emergency evacuation, communication, relocation, and reunification plan based on the types of disasters most likely to occur in or around the program area. The plan will address, but is not limited to, fire, flood, wildfire, severe winter weather, hazardous materials spill, and hostage/active shooter emergencies or other situations that may require evacuation, lockdown, or shelter in place. It is recommended this plan be reviewed and updated at least yearly to ensure current, up to date information is contained within.

### The emergency preparedness plan will contain evacuation procedural components for:

- Scenario applicability.
- Methods to alert staff and emergency responders.
- Designated routes out of the building.
- Designated relocations site #1 near the program area.
- Designated relocations site #2 further distance away from site #1.
- Methods to ensure all children are evacuated from the building, and if necessary, moved to a relocation site.
- Methods to account for all children at the assembly point and relocation site.
- Methods of communication with parents after the evacuation or relocation.

- Accommodations or special requirements for infants and toddlers, children with special needs, chronic health conditions, infants, and toddlers to ensure their safety during evacuation or relocation.
- Methods to ensure essential documents, including emergency contact information, attendance records, medication and supplies are taken to the assembly point and relocation site.
- Procedures to address reuniting children with parents or authorized persons designated by the parent to pick up the child.

**Providers are also required to provide verification of:**

- Staff and volunteer training requirements, drill frequency, and plan review and updates.
- Other special procedures developed with local authorities.
- Emergency evacuation and shelter-in-place procedures or maps are posted in a location conspicuous to staff and children on each floor of each building, as applicable.
- Staff and volunteers receive training regarding emergency evacuation, relocation, shelter-in-place, and lockdown procedures.



**Emergency Response Drills (Evacuation Drills)  
Child Care Centers**

- Evacuation procedures shall be practiced with staff members at least two times per year.
- Procedures for moving to a safe location within the center shall be practiced at least two times per year.
- Procedures or maintaining a written record of the dates and times when practice sessions were conducted.
- Fire drills are conducted at least two times a month during regular hours of operation.
- When a center offers evening or night time care or care, a fire drill will be conducted at least once a month during the evening or night time hours of operation.

**Family Child Care Facilities and Homes**

- Conduct monthly fire drills and maintain a written record of when conducted.

**Out-of-School Time Centers**

- Conduct and document and evacuation drill at least one time each month during the program's scheduled hours of operation and keep a written record of the dates and times the drill is conducted.
- Conduct a shelter-in-place drill one time during the school calendar year.

**Required Training for Providers**

Child care providers that operate or work in a child care program are required to participate in Preservice Training that includes an Emergency Preparedness module.

**Emergency Planning Template Samples**

To assist child care providers in emergency planning, ECE has [sample templates](#) available.

Child care providers are required to review plans annually to verify that listed information is accurate should it become necessary to evacuate. Updated plans need to be provided to

the Director of the Office of Emergency Services by county location.

### **Child Care Compliance**

Child care providers are assessed for regulatory compliance with emergency and disaster requirements during annual unannounced on-site monitoring visits by child care regulatory staff. If a provider is found to be noncompliant with required applicable child care regulations during the unannounced annual monitoring visit, the violation(s) are discussed at the end of the visit and listed on a Corrective Action Plan (CAP). The provider is required to address the violation(s) during the visit and bring the violation(s) into compliance within the designated time cited on the CAP. Child Care regulatory specialists will conduct subsequent monitoring visits to follow-up on the CAP to ensure provider correction.

### **Special Circumstances – Regulatory Waivers**

ECE has a waiver process in place that is applicable to child care centers, out-of-school-time centers, family child care facilities and family child care homes. For a child care program to meet the needs of families affected by an emergency or disaster, and to assist volunteers participating in any follow-up efforts or services, programs are permitted to submit a waiver request to exceed program capacity. The waiver will be in effect until rescinded by ECE.



The following provisions are required to submit a waiver for consideration:

- The waiver applies to child care centers, out-of-school-time centers, family child care facilities and family child care homes.
- Only child care programs with an initial license, regular license or certificate of registration qualify for waiver consideration. Child care programs with a provisional license do not qualify.
- A waiver request must be written, signed, dated, and submitted to the child care program's regulatory specialist within five (5) days of the program enrolling children affected by a disaster or parent volunteering in follow-up efforts or services. The completed request can either be emailed or submitted directly to the regulatory specialist at the time of the site visit.
- Programs are permitted to care for the affected children and the children of volunteers if all aspects of the waiver are already in place up to five (5) days prior to the waiver submission.
- The waiver will be reviewed, and written approval will be given by the Child Care Regulation Unit.
- Regulatory Unit staff are to be contacted with any questions about the waiver or any special circumstances for which the program may need clarification.

Waivers must include the following:

- The number of children the program intends to temporarily enroll. How is this going to affect capacity?
- The ages of the children to be temporarily enrolled.
- Verification in writing from the owner/director that the program has on file the children's emergency information,

medical information, and immunization records. Child care centers, out-of-school time centers are required to include a child's medical plan of care, if applicable.

- Number of children with ages for which the program does not typically provide care (i.e. infant care). Define in detail how the children's needs will be met (i.e. feeding, sleeping, active play, etc.).
- Verification that liability insurance is current and an increase in capacity is permitted.
- Staffing patterns and requirements:
  - It is anticipated that programs will work to meet current staff/child ratios. If ratio and capacity are exceeded due to the temporary influx of children because of the disaster, a list submitted as part of the waiver is required for anticipated adult/child ratio for each age group being considered for the waiver.
  - All staff are required to have on file the [comprehensive background checks](#) as required by federal Child Care Development Fund (CCDF) rule.
  - Staffing plan for each age group affected by the increased capacity.
  - The square footage of all rooms to be used.
  - Parents have completed, at a minimum, an enrollment form, and an emergency form. These forms must be submitted with the waiver request.
  - Financial charges to the parents (is payment going to be required, will services be offered for free temporarily during the emergency or disaster, have families seeking

CCDF eligibility been referred to their local Child Care Resource and Referral agency, are other funds going to be used, etc.).

- Indicate the anticipated length of time for which the waiver is requested (i.e. one week, one month, ninety days, etc.).



### **Pop-Up Child Care Centers and Out-of-School Time Child Care Centers During an Emergency or Disaster**

Pop-up child care and out-of-school-time centers that provide child care during an emergency or disaster are exempt from licensure unless care exceeds thirty (30) days within a calendar year. Pop-up child care centers that are not licensed do not qualify for child care subsidies. Pop-up child care centers that seek to operate longer than thirty (30) days and wish to participate in the child care subsidy program can work with an assigned regulatory specialist to become licensed or registered.

The following procedures will be followed in the event of a disaster or other emergency for Pop-up sites:

- Regulatory staff will contact any program that provides Pop-up care during an emergency or disaster.

- Technical assistance will be provided on the definition of a child care center and out-of-school time child care center including the explanation that any care exceeding thirty (30) days requires licensure.
- An Information Packet for either a child care center or out-of-school time center, as applicable, will be given to the program operator if it is anticipated that child care will exceed thirty (30) days within the current calendar year. Technical assistance will be provided for those Pop-up sites that wish to become licensed programs after the thirty (30) day period.

### **Relocation of Child Care Centers – Amended Application**

Programs that need to relocate because of an emergency or disaster must submit an Amended Application including, at a minimum, an approved Local Health Department Permit, and a positive Fire Marshall Inspection Report for the temporary relocation site. Notification of Approval will be provided by the Child Care Regulatory Unit.



### **ECE and the Child Care Resource and Referral Agencies Disaster and Emergency Response**

**ECE** will follow a basic response model in an event:

- Interagency notification of an emergency/disaster from DoHS leadership to the ECE Director, to Program Managers to field staff, including the child care resource and referral grantees, by the assigned Program Manager.
- CCR&R grantees will communicate plans and any necessary actions within their affected area with their affected local child care providers and parents/guardians.
- ECE field staff will communicate plans and assess individual child care provider situations.
- As appropriate, ECE will communicate directly using phone (landline or cell), email, listserv or in-person communication to share information with providers in the affected areas.
- ECE will collect information and updates and provide that information to both the BFA Commissioner and Deputy Commissioner, and ultimately the DoHS Secretary of the impacts of the disaster/emergency throughout the response period.

The Child Care Resource and Referral Agencies will:

- Execute the portion(s) of their plan that best address their needs in the immediate circumstances of the disaster/emergency. In the event of an emergency/disaster, a decision must be made to act on one of five paths: lockdown; immediate evacuation; shelter-in-place; or evacuate to a predesignated relocation facility.
- As soon as it is safe to do so, but no later than 24 hours after the onset of the emergency/disaster, the CCR&R

grantee(s) should communicate with the ECE Program Manager regarding actions taken and plans for recovery.

ECE will follow the basic recovery steps:

- During recovery, ECE or its business partners, and the Child Care Resource and Referral agencies will collect data on the impacts of the disaster on the availability of child care in the impacted community.
- Using email or the DoHS website, the Division will communicate information related to recovery efforts.
- Licensing and regulatory staff within the Division will support providers impacted by the event and assist with licensing and/or registration of temporary or relocated facilities.
- After community level disasters, the Division will conduct an “after action” assessment to determine what factors should be considered for future events and modify the Statewide Child Care Disaster Plan accordingly.



### **Child Care Resource and Referral and Child Care Subsidy Critical Activities**

- **Continuity of Operations** – Child Care Resource and Referral grantees are agencies that are the hub of child care

information. They are the local offices based in counties where families can seek guidance on and referrals to quality child care settings that meet their unique needs and determine if they are eligible for child care subsidy assistance.

There are currently six Child Care Resource and Referral (CCR&R) agencies statewide, serving all 55 counties throughout West Virginia. As grantees of DoHS, CCR&R agencies are required to have an Operations Plan in place. Daily, the grant requires the CCR&R agency to provide comprehensive information on all agency services, which include resource and referral services. CCR&R agency staff provide additional resources and referral information for other community services available to individuals. In an emergency, the CCR&R agency staff will continue to make parent services available to the public and all families who may be eligible for subsidized child care. The CCR&R agency staff will continue to provide all the services they provide daily, which includes resource and referral services.

In the event a Child Care Resource and Referral agency’s office is impacted by an emergency/disaster, the CCR&R agencies will work from locations other than their home office. They can work out of local state agencies such as local DoHS offices or community locations such as local libraries. The CCR&R agencies will work with their local DoHS office to address the child care needs of families receiving TANF, SNAP, experiencing homelessness or are in foster care.

**Continuity of Services** – families in the aftermath of an emergency or disaster may find their need for child care or circumstances for eligibility of care impacted. Clarifications to subsidized child care during an emergency or disaster include:

- **Changes to location, number of hours, and additional children to be served** – Parents may self-declare their need for additional days and hours of care for up to 30 days; then they must provide verification of the need. If parents have trouble producing verification, the CCR&R agencies are required to assist parents verify information. The CCR&R cannot deny or terminate subsidy when the parent has shown a good faith effort in obtaining verification but has been unsuccessful in doing so. The parent may choose any regulated provider, including a provider that may be operating at an emergency location approved by licensing or regulatory child care staff.
- **Additional children living in the home** – parents may request care for additional children living in the home due to an emergency or disaster. The children can be added to the family composition and can receive care.
- **Increase in wages** – Parents who experience an increase in earnings due to overtime because of an employer's increase in the number of hours worked during an emergency are not required to report increased earnings unless they will permanently earn more than 85 percent of the state median income. Increased earnings based on temporary overtime do not have an impact on eligibility.
- **Maintenance of eligibility** – Families maintain eligibility of child care for a period of no less than 12 months. If a parent is temporarily unable to meet the work requirements due to a loss of work, the family's eligibility continues to the next redetermination date.
- **Modification of copayment** – During a family's 12-month eligibility period, copayments may be decreased based on the family's income. Between redeterminations, copayments may not be increased, even if the family's annual income increases.

## **Resources Used in the Development of the WV Statewide Child Care Disaster Plan**

American Academy of Pediatrics (AAP) Disaster Preparedness Advisory Council, Committee on Pediatric Emergency Medicine. [Ensuring the Health of Children in Disasters](#). Pediatrics 2015.

*Caring for Our Children* 9.2.4 [Emergency/Security Policies and Plans](#); 3<sup>rd</sup> Edition; Revised February 2021.

Child Care Aware of America; [Child Care Emergency Preparedness](#); 2024.

Child Care State Capacity Building Center; Emergency Preparedness and Disaster Response and Recovery; [Emergency Preparedness, Disaster Response and Recovery Resource Guide](#); September 2023.

Child Care State Capacity Building Center: Emergency Preparedness and Disaster Response and Recovery; [How States and Territories Can Plan for Recovery](#); September 2023.

Federal Emergency Management Agency; [Developing and Maintaining Emergency Operations Plans: Comprehensive Preparedness Guide \(CPG\) 101](#); Version 3.0; September 2021.

Save the Children; [Disaster Recovery and Response in the US](#); 2024.

Volunteer West Virginia's Disaster Services Program; [Ready WV!](#); 2024.

[West Virginia Department of Homeland Security](#) and the West Virginia Division of Emergency Management; [County Emergency Agencies](#); September 2022.

### **Additional Resources for Child Care Providers**

[American Red Cross](#)

[Center for Disease Control](#)

[Child Care Aware of America](#)

[Early Care Share WV](#)

[Federal Emergency Management Agency](#)

[National Association for the Education of Young Children](#)

[Office of the Administration for Children and Families](#)

[Ready Campaign](#)

[Substance Abuse and Mental Health Services \(SAMHSA\)](#)

[WV DoHS Division of Early Care and Education](#)

## Child Care Disaster Plan Reviewers

<b>Department of Human Services and Department of Social Services</b>	
Janie Cole	Commissioner, DoHS
Kent Nowvskie	Deputy Commissioner, DoHS
Jeffrey Pack	Commissioner, DoSS
Michelle Dean	Deputy Commissioner, DoSS Policy & Programs
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Todd McDaniel	Program Manager, ECE, DoHS
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<b>Early Childhood Advisory Council</b>	
Hawley Carlson	Chair, ECAC (Executive Director, Volunteer WV)
Janet Bock-Hager	Executive Member, ECAC (Coordinator, WV PreK WVDE Early and Elementary Learning Services)
Brittany Doss	Executive Member, ECAC (Director, HS Collaboration Office)
Dwight Coburn	Local HS Program Representative (Executive Director, Southwest Community-Action Agency)
Jeanette Barker	Local Early Child Care Center Provider Representative (Executive Director, Playmates Preschool and CDC)
Lori Milam	Head Start Agency Representative (Executive Director, WV HS Association)
Karen Browning	Early Head Start Program Representative (HS Director, Coalfield Community CAP)
Mel Woodcock	WV Birth to Three Representative (Director, WV Birth to Three)
Jackie Newson	In-Home Family Visitation Representative (Director, WV Home Visitation Program, Office of Maternal Child Health)
Kathy Baker	Family Child Care Representative (Director/Owner)
Margaret O'Neal	Local Service and Funding Agency Representative (CEO & President, United Way of Central WV)
Laurie McKeowan	Early Childhood Advocate Community Representative (Executive Director, Team for WV Children)
Lisa Fisher	Section 619 of the IDEA Representative (coordinator, WVDE Office of Early and Elementary Learning)
Jim Jeffries	Office of Maternal Child and Family Health Representative (Director, MCFH, DoH)
<b>Child Care Resource and Referral Agencies</b>	
Brittani Lucci	Director, Catholic Charities Child Care Resource and Referral
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Margaret Younce	Director, Mountain Heart Child Care Resource and Referral (North)
Theresa Wascom	Director, Choices Child Care Resource and Referral
Teauna Bennett	Director, Connect Child Care Resource and Referral
Christy Dunbar	Director, Link Child Care Resource and Referral
<b>Other Stakeholders</b>	
Al Whitaker	WV Emergency Management Division
Donnie Haynes	BPH Deputy Commissioner for Health Protection
Justin Davis	BPH Interim Commissioner
Whitney Wetzel	DoHS Office of Communications

