



COMMUNITY SELF-ASSESSMENT TOOL

Save the Children developed the Resilient & Ready Communities Self Assessment Tool to encourage and support communities in determining their level of emergency readiness regarding the unique needs of children and families in disasters. The Self Assessment is designed to be a thought provoking tool and aid communities in asking an array of questions as they relate to children in emergencies and disasters.

1) Children and caregivers are included in emergency operations base plans, annexes and appendices

Children are not simply small adults, but have unique vulnerabilities in emergencies that must be addressed in disaster management activities and policies. The community considers children as distinct population, rather than as part of a larger "at risk" or "special needs" population.

- Does the plan identify children as a population of their own, not "at risk" or "special needs"?
- Does the plan acknowledge that children of various ages have different needs?

2) Lead and support entities have been identified as responsible for addressing children's needs in emergencies

The community identifies lead and support entities for coordinating planning efforts and ensuring children are incorporated into all levels of plans. Lead entities facilitate and/or lead advisory councils/ coalitions which address children and emergencies, foster collaboration amongst child-focused organizations and the emergency management community and institute accountability and track progress towards the implementation and improvement of capabilities for children.

- Does the plan identify a lead entity responsible for coordinating planning efforts and ensuring children are incorporated into all phases of emergency management?
- Does the plan identify support entity to assist the lead entity in their efforts?
- Is the lead entity actively involved in planning and activities spanning all phases of emergency management?
- Does the plan identify roles and responsibilities the lead and support entities fulfill during an incident?
- Are experts with expertise in pediatric issues, advocacy groups, service providers, child serving agencies and subject matter experts identified as lead and support entities to address the needs of children of various agencies?
- Does the plan identify critical child-focused services and discuss measures of service continuity and re-establishment if damaged?
- Does the plan discuss specific measures to support children and families with access, functional or medical needs?

3) The plan identifies a Children's Coordinator focused on children's needs in all phases of emergency management

The community has created a Children's Coordinator position and identified committed individuals to ensure the community will continue to foster and maintain a focus on children in emergencies. The Children's Coordinator should establish and maintain coordination for children and supporting entities. The community supports the position with sufficient authority, funding, and policy expertise.



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- Does the plan identify a children's coordinator position to inform and support the planning process and support the Command staff during an incident?
- Does the plan identify individuals who are qualified to fill the children's coordinator position and how they are mobilized during an incident?
- Is the children's coordinator position actively involved in all phases of emergency management planning?

4) Children and caregivers are included in exercises

The community should assess their performance in meeting the needs of children during exercises and drills, and include performance evaluations in their After Action Reports and improvement and corrective action plans.

- Does the area exercise plan(s) fully incorporate children into all levels of exercise opportunities?
- Does the plan include on-going opportunities for emergency management, first responders, lead and support agencies to exercise child-focused plans?
- Do exercises include children and congregate care settings (such as school, child care, child welfare and juvenile justice facilities)?
- Do After Action Reports, improvements and corrective action plans document child-focused exercise outcomes?

5) Timely and Accessible Information, including Emergency Alerts, are available for child-focused facilities, caregivers and children

The community has functional measures for disseminating timely and accessible emergency information using multiple methods to reach child-focused facilities, families of children with sensory and cognitive disabilities, as well as families with limited English proficiency.

- Does the plan identify mechanisms for disseminating timely and accessible emergency public information using multiple methods to reach families and caregivers?

6) The plan identifies and fosters collaboration amongst emergency officials and child-focused organizations

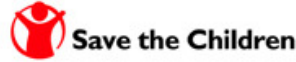
The Community actively engages child-focused advocates and subject matter experts from across multiple disciplines in fostering a culture of child-focused community readiness.

- Does the plan encourage and foster collaborative community planning involving child congregate care, first responders, public health and emergency management officials?
- Does the plan foster collaboration amongst child-focused organizations?
- Does the plan include routine opportunities for cross-sector community planning, progress updates, gap identification and future planning?

7) The plan promotes personal preparedness for children, their families and caregivers

The Community plan identifies ways to promote personal preparedness among children, as well as their families and caregivers.

- Does the plan identify ways to promote personal preparedness among children, as well as their families and caregivers?
- Is information promoting personal preparedness for children, families and caregivers available for public use through a variety of methods?



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8) Training opportunities are available for children and caregivers

The Community provides ongoing training opportunities for children and caregivers to enhance emergency readiness and strengthen resilience.

- Is basic training on children's unique needs in disasters provided to all levels of community responders, as appropriate?
- Is basic pediatric emergency response training, appropriate for each position, provided to emergency managers, first responders, pre-hospital medical care providers, hospital care providers, other health and mental health care professionals, school personnel, child care and early education providers, and social service providers?
- Are training opportunities available for child congregate care settings regarding comprehensive emergency operations and continuity of operations planning?
- Are ongoing training opportunities for children and caregivers offered to enhance emergency readiness and strengthen resilience?
- Do plans address mechanisms or processes for supporting child congregate care settings in regularly providing training to personnel?

9) A risk assessment has been conducted to determine threats, consequences and vulnerabilities related to children

The Community collects information on children and families necessary to identify and support their immediate and long-term needs. Information is collected on a continuous basis (before, during and after the incident) to identify risks and vulnerabilities children face. Assessments include, but are not limited to, ages of children, locations where children congregate, health, mental health, physical, nutritional, and educational needs.

- Does the plan include current demographics and information on children?
- Does the plan include information on where children tend to be?
- Does the plan include mechanisms or processes to effectively identify children and families who will need additional assistance in advance of, during or following an emergency?
- Does the plan include reporting structures for child-specific information to be provided to the Children's Coordinator?

10) Child Congregate Care Settings are Cataloged and Updated Regularly

The Community is aware of locations of all facilities caring for children, has documented child-focused facility locations and included facilities caring for children in community plans.

- Does the plan identify child-focused networks and infrastructure within the community?
- Does the plan identify how data is shared and information is kept current?
- Does the plan allow for information to be "crunched" and used for decision making purposes?

11) Child-Focused Infrastructure is Recognized under "Critical Facilities"

The community has identified and cataloged child-focused infrastructure as critical facilities. Emergency Operations Plans, Hazard Mitigation Plans, Damage Assessment Plans and other key civilities include child-focused infrastructure.

- Does the plan identify child-focused infrastructure (child congregate care settings, entities providing services to children and families)?
- Does the plan catalog child-focused infrastructure as critical facilities?

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12) Plans address the Mass Care Needs of Children and Families

The community mass care plans include plans for children with access, functional or medical needs, temporary child care services, age-appropriate supplies and materials, and child-safety measures.

- Does the plan include mechanisms or processes for providing temporary respite care services?
- Does the plan include mechanisms or processes for providing emergency child care services?
- Does the plan include adequate sheltering facilities for children, including space allocation, age-appropriate supplies, services and resources for children with access, functional or medical needs?
- Does the plan include mechanisms or processes for handling of and providing for unaccompanied minors?

13) Pediatric medical countermeasures are stockpiled and/or accessible in case of a pandemic influenza, chemical, biological, radiological or nuclear threat

The Community has planned for pediatric medical countermeasures to be stockpiled and/or accessible in case of a pandemic influenza, chemical, biological, radiological or nuclear threat.

- Is there a sufficient amount of pediatric material countermeasures stockpiled and accessible in case of a pandemic influenza, chemical, biological, radiological or nuclear threat?
- Does the plan include specific measures for the training and exercising of pediatric medical countermeasures?

14) Plans address surge capacity for pediatric patients in need of medical or mental health services

The community plans address surge capacity for pediatric patients in need of medical or mental health services.

- Does the plan address procedures to secure medical records to enable children with health care needs to receive care in advance of, during or following an emergency?
- Are first responders, pre-hospital medical care providers and hospitals equipped with pediatric supplies and equipment?
- Does the plan identify means to address a surge of pediatric patients in the need of medical or mental health services?

15) Plans address evacuation measures for children and families

Community plans address evacuation measures for children and families, including emergency evacuation notification, child and family friendly transportation, keeping families together during evacuation and relocation, and family reunification. Plans for evacuation include measures for children with access, functional or medical needs.

- Does the plan identify measures to support children and families in the event of an evacuation?
- Does the plan include mechanisms or processes for the reunification of children and families?
- Does the plan identify roles and responsibilities of entities responsible for supporting children and families in the event of an evacuation?
- Does the plan identify means and methods by which evacuation transportation requests from child congregate care facilities, including those caring for children with access, functional or medical needs are tracked, recorded, monitored and fulfilled?



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- Does the plan outline procedures to ensure the availability of sufficient and timely accessible transportation to evacuate children and families with access, functional or medical needs and/or who do not have their own transportation?
- Does the plan include affirmative recognition of the need to keep children with families, and children with disabilities with their caregivers, mobility devices, other durable medical equipment, and/or service animals during an evacuation?
- Does the plan address meeting the needs of children and families during the re-entry process?

16) Criteria is established for individuals working with children and families

The Community has plans to address the strongest possible screening policies and procedures to vet, train and weed out individuals who may cause harm to children or other vulnerable populations. Policies and procedures include individuals will not come into contact with children until they have been thoroughly screened in accordance with the guidelines

- Does the plan describe vetting, training and use of individuals working with children and families?
- Does the plan address the management of spontaneous volunteers and their role serving children and families?

17) Critical resources are available and/or will be made available for infants, toddlers, school age children, teens, pregnant women and new mothers

Community plans include the pre-positioning of, procurement, acquisition, and distribution of age-appropriate resources for children, pregnant women and new mothers which supporting safety, health and hygiene post-emergency.

- Does the plan identify age-appropriate supplies, services and resources for children of all ages, pregnant women and new mothers?
- Does the plan include measures to stockpile, procure and/or obtain resources and/or services for children, pregnant women and new mothers?
- Does the plan address how critical resources will be distributed under various types of incidents (pandemic, shelter, non-shelter)?

18) Damage Assessment Processes Plans Include Child-Focused Infrastructure

The community includes child-focused infrastructure in formal damage assessment plans, trainings and exercises. Informational awareness and training is readily available to child-focused facilities and the emergency management community.

- Do plans include child-focused infrastructure in community damage assessment process?
- Do plans include child-focused infrastructure in damage assessment trainings and exercises?
- Do plans include provisions for child-focused facilities to be provided with information on how to report damages and resources available following an incident?



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19) Plans include restoration of child-focused infrastructure, including building back stronger

The community includes child-focused infrastructure as part of a larger community development plan to building back stronger.

- Do plans address support services from multiple sectors to assist in the restoration of operations for child congregate care settings to be restored quickly?
- Do plans include strengthening child-focused infrastructure and services in the event of a disaster and the opportunity to build back stronger?
- Do hazard mitigation plans address the hardening of child-focused infrastructure and services?

20) Plans address continuity of services for community entities providing services to children and families

Community plans promote, support and facilitate the child-focused community in ensuring continuity of services to children and families.

- Does the community make accessible Continuity of Operations training to child-focused entities?
- Does the community work with identified child-focused entities to foster and plan for continuity of services provided to children and families?
- Does the community plan address provisions of services for children and families those cross-jurisdictional or state lines?

21) Age-Appropriate Mental Health Services are Accessible for Children and Caregivers

Community plans include a variety of mental health services and delivery methods to address the mental health needs of children and caregivers.

- Are personnel trained to recognize signs of distress, adjustment difficulties, and other behavioral and emotional issues in children and provide basic support services?
- Are personnel identified and trained to provide grief, trauma, and other specialized mental health services to children and families?
- Are mental health services included as part of community response plans (such as shelters, assistance centers and other congregate care facilities)?
- Are mental health services available to support children and caregivers in building and strengthen resilience?