2 WEEKS READY
Emergency Preparedness in Oregon’s Child Care & Afterschool Programs

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Prepared by OregonASK Expanded Learning Partnership, with support from the Early Learning Division and the Willamette Education Service District
INTRODUCTION

Children are particularly vulnerable during disasters, and as human-caused emergencies and natural disasters occur more and more frequently, the safety and security of children is more important than ever. Many children and youth spend large swaths of time in child care facilities and afterschool programs, yet there has been little research on whether child care and afterschool providers are adequately prepared for emergency situations. A first of its kind study on emergency preparedness in child care centers concluded that more work is needed to understand and support emergency readiness in child care settings, and a study of Michigan’s licensed child care directors found that their state lacked mandated child care guidelines for disasters, and that a substantial proportion of the state’s child care programs were missing critical components of disaster planning.

Child care licensing rules in Oregon require, to a modest extent and in compliance with Child Care Development Development Fund (CCDF) rules, that providers demonstrate emergency plans for their programs and participate in health and safety training that includes emergency preparedness. But these modest regulations acknowledge only what providers are supposed to do, and cannot reveal whether providers are — in actuality — adequately prepared to manage disaster situations. The 2 Weeks Ready Campaign was created to fill that void. Launched in 2019 by the Office of Child Care, OregonASK Expanded Learning Partnership, and the Willamette Education Service District, the 2 Weeks Ready Campaign strove to better understand how prepared Oregon’s child care and afterschool providers are for emergencies, and to support increased emergency readiness within the child care field. The two-year statewide campaign aimed to investigate how prepared Oregon’s Child Care Resource & Referral (CCR&R) providers, community organizations, child care providers, and afterschool and summer learning programs are for a natural or man-made disaster.

The 2 Weeks Ready campaign included two primary goals: first, to gauge how prepared (or not prepared) afterschool and child care providers are for emergencies, to identify barriers providers face to being better prepared, and to propose recommendations for addressing those barriers. Second, the campaign aimed to raise awareness among child care providers, afterschool programs, and related organizations about the importance of adequate emergency management. In particular, the project focused on “the big one,” an anticipated large earthquake predicted to strike off the coast of Oregon and Washington with the potential to catastrophically disrupt transportation and infrastructure, and isolate communities for weeks or months on end. Because of this anticipated disaster, the Oregon Office of Emergency Management suggests that residents across the state be prepared, at all times, to support themselves for at least 2 weeks (hence the name for the 2 Weeks Ready Campaign). While “the big one” carries special weight, the 2 Weeks Ready campaign also highlighted the need to be prepared for any and all types of emergencies, including wildfire, violence, snow storms, and tsunamis, among others.
The campaign launched in Fall 2019, but quickly faced an unexpected curveball worthy of a Hollywood film. Just as campaign activities were ramping up in early Spring 2020, the COVID-19 pandemic struck worldwide and forced the campaign to pivot to immediate disaster response. Instead of spotlighting general emergency preparedness for theoretical situations, the campaign (and indeed, all of Oregon’s child care community) was forced to focus on emergency response and recovery in reality. This shift had benefits and drawbacks. On the one hand, campaign activities narrowed to focus primarily on the specific response to a particular emergency (COVID-19), rather than on preparation for emergencies in general. On the other hand, the unusual timing of the project offered a unique view into real-life emergency response procedures, because we are able to examine experiences that are actual, not predictive. In addition, the COVID-19 pandemic brought the reality and urgency of emergency preparedness into sharper focus for many providers and stakeholders, and highlighted gaps in emergency planning and response procedures. The pandemic also prompted focus group conversations to shift from in-person to virtual, greatly expanding accessibility and enabling distant and rural providers to participate more easily.

The following pages of this report summarize the 2 Weeks Ready campaign and its findings. While the goal of the project was two-fold — to both raise awareness and assess preparedness — this report focuses primarily on the latter. The sections below discuss project methods, findings from conversations with child care and afterschool providers, and recommendations for strategies to improve emergency preparedness within the child care and afterschool field.

**METHODS**

The 2 Weeks Ready campaign unfolded in two phases. In the first phase, OregonASK project managers created a 2-year work plan, developed a campaign framework, and identified a variety of resources to assist child care and afterschool providers in creating emergency preparedness plans. These resources are compiled in a toolkit, and include curriculum for young children, needs assessments and checklists for providers, sample forms, manuals, planning guides, Oregon rules and regulations, and videos and brochures (from the Oregon Office of Emergency Management).

The second phase consisted of structured conversations with CCR&Rs, child care and afterschool providers, community organizations, and other stakeholders. These structured conversations, or focus groups, had two main goals: 1) To present toolkit resources and raise awareness among providers about the need for emergency preparedness; and 2) To gather feedback from providers about their current preparedness level, barriers they face, and what supports they need to be better prepared for emergencies in the future. OregonASK project managers hosted 15 virtual focus groups between April and September 2020. Each focus group was co-hosted by a regional CCR&R, who also helped promote the event to their local...
providers and communities. The focus groups included an overview of the 2 Weeks Ready campaign and the resource toolkit, as well as small group discussion about emergency preparedness efforts (existing provider protocols, barriers/challenges, local agencies and resources, etc.). Original protocols were adapted in consideration of the COVID-19 pandemic, which lent an urgency to campaign efforts, increased interest and participation, and provided context for the discussion. Participants were able to not only reflect on the challenges and successes of the current pandemic response, but were also well placed to evaluate what their emergency procedures should look like in the future.

The 15 virtual focus groups were attended by 204 participants from 28 counties, representing 113 child care and afterschool providers, school districts and ESDs, CCR&Rs, government agencies, and community-based organizations. The map to the right shows focus group participants by county, where the size of the dot represents the number of focus group participants per county (larger dots represent more participants).

One focus group was held in Spanish, the rest were conducted in English. Each focus group was recorded, and recordings were reviewed and coded by OregonASK staff using qualitative and mixed methods research software (Dedoose).

The bulk of the findings in this report are based on focus group conversations. Qualitative data, however, has been supplemented with quantitative data from a survey of CCR&R and Early Learning Hub (ELH) directors. The survey asked directors to reflect on their role in emergency preparedness and to describe what emergency-related resources (if any) they have made available to providers in their region. The survey was distributed between November 2020 and February 2021, and basic statistical analysis was applied to survey data. In addition, relevant sections of the state’s current CCDF plan (due for submission in July 2021 and implementation in October) was reviewed to ensure findings and recommendations are contextualized within current regulations.

Finally, as noted above, the 2 Weeks Ready campaign and focus groups took place during the COVID-19 pandemic. Naturally, pandemic-related topics emerged as primary themes in focus groups, and often dominated conversations that took place early in the pandemic. The Federal Emergency Management Agency’s (FEMA) framework for conceptualizing emergency
management, described below, will help frame the findings sections of this report, and will enable us to situate conversations specific to COVID-19 within the larger emergency management landscape.

Broadly speaking, FEMA conceptualizes emergency management as a four-phase cycle that includes mitigation, preparedness, response, and recovery. Mitigation and preparedness represent the stages before an emergency, and ideally comprise activities that serve to reduce or eliminate the impact of emergency situations (mitigation), or seek to develop planned responses to cope with emergency situations that cannot be totally mitigated (preparedness). The response phase represents the time immediately following an emergency where emergency plans are implemented, and the recovery period represents the longer-term period after an emergency where essential services are restored and damage repaired. Taken together, these phases represent the full cycle of disaster planning and response, and illustrate that emergency management is an ongoing, ever-present process that should be constantly and consistently engaged with.

These phases are helpful for framing conversations about, and approaches to, emergency management, but each phase is not wholly distinct from the others, and activities tend to overlap between phases. Nonetheless, they are particularly helpful to our discussion here because they help contextualize comments and findings from focus group participants. When focus groups first began, conversations centered around general mitigation and preparedness strategies, especially in the context of large earthquakes. But when the pandemic struck, conversations shifted to focus specifically on response and recovery to COVID-19. This shift had benefits and drawbacks. On the one hand, some focus group conversations narrowed to fixate primarily on the response to a particular emergency (COVID-19), rather than on preparation for emergencies in general (because many providers naturally found it difficult, if not impossible, to consider and plan for undefined future emergencies while still experiencing hardship and trauma from a current one). On the other hand, the unusual timing of the project offers a unique view into emergency response procedures for child care providers, because we are able to examine experiences that are actual, not predictive. In addition, the COVID-19 pandemic brought the reality and urgency of emergency preparedness into sharper focus for many participants, and highlighted gaps in emergency planning and response procedures. The phases of emergency management will be referenced throughout the discussions that follow, as we distinguish between comments that are specific to the COVID-19 response and recovery, and comments and findings that are more applicable to emergency mitigation and preparedness as a whole.
FINDINGS

The Two Weeks Ready campaign asked the question: Are child care and afterschool providers adequately prepared for emergencies? Why or why not? And if not, what supports and systems would enable providers to be better prepared? To answer these questions, we discuss findings from focus groups and survey results in the sections below.

Focus group participants surfaced a wide range of topics on emergency preparedness, from communication challenges with families to emergency backpack kits and evacuation procedures to considerations for trauma-informed policies and procedures. The majority of these topics can be consolidated into three main themes: Communication Systems, Procedures & Protocols, and Resources & Community Support. These three themes emerged prominently in both conversations about existing practices and in discussions of barriers and challenges. Thus, the sections below are structured around these themes; successes, challenges, and sub-themes are explored within each section.

There is some overlap between these three themes, and these overlaps are noted where relevant. For the purposes of the report, however, each theme is defined as follows: Communication Systems will refer to systems of communication between providers and families, and between state agencies and providers; Procedures & Protocols will refer to protocols that define and guide behavior during and after an emergency; and Resources & Community Support will refer to physical resources, systems of support, and community relationships.

COMMUNICATION SYSTEMS

Strengths in Communication

When asked to consider their emergency preparedness protocols, focus group participants frequently mentioned communication practices with families. By and large, many providers felt well-prepared to successfully communicate with families during an emergency. Many have established protocols (like parent contact lists, group texting apps, or phone trees) that they are able to implement during emergencies, like snow storms or wildfires.

“We have authorization forms which have parent information [on them]: work, cell phone, home number, whatever. When we had the wildfires, I just called each parent individually and told them what was going on and they responded quickly and came and got their kids.”

“I’m thinking about our mini-emergencies throughout the snow season, and sometimes afterschool programs are cancelled at the last minute and we already have kids, and the district decides to close them off and then, you know, it’s kind of a
During the COVID-19 pandemic, providers found success in flexible and individualized communication strategies with families. In-person communication, phone calls, texting, emails, website updates, and social media were all mentioned frequently, and some programs reported using communication apps like Classroom Dojo, or pre-established group texts that can reach all families at once. Phone calls and texting were preferred for time-sensitive communication (especially during the immediate response phase), while emails, websites, or family nights were preferred for more general communication about plans, procedures, and rules (often during the preparedness phase of emergency management).

“It was a lot of individualization for our families. You know, some of them are definitely more email people, some are more texting. We were trying to call people, and a lot of times, you know, of course you can’t get a hold of them, but if you text them they answer immediately. So we really just did a variety of methods, just because we knew everybody was in a different stage. And we have our website, making sure it’s updated and things like that. You know, really I think it was just having a lot of options on hand and using whatever works best.”

For many providers, plans made in advance to communicate with families translated well to the pandemic response and recovery periods, but some providers still expressed concerns. In particular, providers articulated two primary concerns about communicating with families either before or during an emergency: First, conveying accurate information to families in ways that ensure the family understood and processed the information (such as reunification plans or COVID-19 procedures); and Second, simply getting a hold of families.

Some providers reported that it is difficult to ensure that families understand emergency protocols, because families can be uninterested or unconcerned with emergency preparedness information.

“The biggest struggle for me is the communication with parents. They are not taking anything very seriously. When I try discussing evacuation plans, they’re like, oh okay, yeah, yeah, yeah. Or new regulations...[they are] like nope, thank you... They’re busy. They’re young. Communication is a big thing and I try to explain it everyday.”

“[We] have designated meeting spots and communicate all this stuff with parents, but parents don’t really pay attention to that, they kind of skim over it.”
Other providers reported having trouble simply reaching parents through traditional communication methods, sometimes because families lack access to the internet and phones, and other times because of language barriers.

“The biggest hurdle we had was recognizing that many of our families don’t have cell or internet service. They are still on landlines, so [we had to] figure out ways to communicate with them.”

“One kid never got picked up, and [we are] calling and calling and nobody’s answering. What do you do in that case?”

“What would we do to get a hold of families, you know. Many of our families don’t speak English or Spanish. All our staff are bilingual, but for those that don’t speak either of those languages, how do we communicate with them if cell phones aren’t working or if we can’t get a hold of relatives or something like that.”

Some providers also noted concerns about communication during a large scale emergency where phone lines, cell services, or texting capabilities can be disrupted. One provider noted that during the pandemic, it was possible for providers to contact AT&T and get first responder phones that are prioritized during emergencies.

It is not particularly surprising the communication with families is a primary concern for providers, or that many providers and afterschool programs have good communication systems already in place. Even during non-emergency times, providers communicate with families on a regular basis about schedules, tuition, events, etc. In addition, our survey of CCR&R and ELH directors found that when providing emergency preparedness resources to providers, 64% indicated that they provide resources on communication with families (the most common topic aside from public health protocols).

**KEY TAKEAWAY**

Many providers are confident in their ability to communicate with families about emergency preparedness, but successful communication often requires significant time and effort. Some providers still experience challenges in reaching families or conveying important information in ways that ensure families understand and process the information.
Barriers in Communication

Many focus group participants voiced concerns about communication processes from state level agencies, like the Early Learning Division (ELD), Office of Child Care (OCC), and the Oregon Health Authority (OHA). The vast majority of these comments were specific to the response and recovery phases of the COVID-19 pandemic. While many of these concerns are specific to communication about pandemic rules and regulations, they do offer valuable, real-world insight into how communication from state agencies played out during a large-scale, long-term emergency.

Common themes from focus group participants included confusion over different messaging from different agencies (particularly ELD and OHA), feeling overwhelmed initially at the volume of information, and eventually feeling abandoned by a lack of communication about rules and regulations.

"One of the things that has been extremely confusing has been the mixed messaging that [providers are] getting from a variety of different places. Here’s the Early Learning Division procedure if you have a staff member or child who is ill, but the health department is saying something different and another organization is saying something different. The mixed message is very confusing. So that’s something we really need to address...clear messages, especially for child care providers."

"It’s hard to keep track of...new legislation or new protocols or new things that are continuously rolling out from the state level, or the ELD, or the federal level, just getting all this information with a lot of technical language...has been really difficult to keep up with."

"There was so much stuff coming out it was overwhelming, but now, it’s going on two, three weeks of nothing."

"I haven’t heard from my certifier for a month, and that’s a little disheartening."

"Looking at Oregon and Washington mandates and looking at CDC [guidelines] when we reopened, trying to see what their recommendations were to follow and then looking at the child care rules and things coming down from the State ...[it] can be very confusing for people."

Providers also conveyed disappointment about the timing of communication from state agencies to child care and afterschool providers, and communicated concerns about the overall communication system between state agencies and providers. One participant noted..."
that child care licensing staff have not gone through emergency preparedness training themselves, and were not fully prepared to support providers during a long-term emergency.

“The state does not have any kind of communication system set up with licensed providers, let alone those who are unlicensed. Even within the county, there are a lot of people who fall through the cracks in providing care that are not licensed and they are not on anybody’s radar.”

“Kind of disappointing. Like, hello, aren’t we important enough to know, instead of being always the last ones to know, especially when we’re running the emergency child care. That was some of the things I found, they want[ed] us to run [child care for] essential workers, but it always seemed like we got the rules last.”

“The lack of communication has more come with the fact that the state just can’t keep up with everything. I’ve just kind of experienced that early learning in general is always the last to know.”

Taken together, these comments suggest a somewhat disjointed communication system between the Early Learning Division, providers, and other state agencies involved in emergency response (such as OHA or State Office of Emergency Management). Undoubtedly, the COVID-19 pandemic was an evolving situation with constantly changing rules and regulations as scientists and epidemiologists understood more about transmission of the disease. Despite some level of unavoidable confusion, however, the comments presented here illustrate that the Early Learning Division was not wholly able to mitigate or minimize the confusion, and suggest that our state level agencies were unprepared to manage communication with providers during a large-scale emergency.

Oregon’s lack of a strong communication system between state agencies and providers during an emergency is an area of concern, but it is also not uncommon or unexpected. A brief on federal emergency management by the Congressional Research Service notes that from the federal level down, “emergency management in the United States is highly decentralized and contextual in nature: activities often involve multiple jurisdictions as well as a vast number of agencies, nongovernmental organizations, and private sector entities.”

Decentralized management can result in disconnected systems, redundant efforts, and conflicting information released from different agencies or jurisdictions. Oregon’s own Early Learning Emergency Preparedness and Response Plan acknowledges that good communication during a disaster is the exception rather than the rule, and notes that systems to support emergency communication to Oregon’s child care providers still need to be built.

As we saw above, providers initially felt overwhelmed at the volume of information flowing from the ELD and OHA. But after an initial flood of information, these agencies went practically
silent for weeks on end, leaving providers feeling abandoned and confused. Finding the “goldilocks” of communication (not too much and not too little) is a problem that is not unique to Oregon nor unique to the child care field. In response to the COVID-19 pandemic, the World Health Organization (WHO) coined the term “infodemic” to describe when too much information is available, including false or misleading information. This excess of information can create confusion and undermine trust in agencies and public health authorities. WHO emphasizes that having access to the right information, at the right time, in the right format, is critical during an emergency.

It is not surprising that there are symptoms of decentralized communication in Oregon’s pandemic response, and these symptoms ultimately left child care providers confused and overwhelmed. Some focus group participants identified CCR&Rs and ELHs as a potential conduit for information from state-level agencies to child care and afterschool providers in their communities, although that role is not defined within Oregon’s CCDF plan. Oregon’s *draft CCDF plan for 2022–24* outlines specific roles for the CCR&R system (p.190), including recruitment of providers, provision of professional development and quality improvement opportunities, maintenance of accurate provider information on 211info, and provision of parent information and referral services, among other services. The CCR&R system is specifically tasked with implementing goals and strategies mandated by the ELD (such as strategies identified in Raise Up Oregon), but the CCDF plan does not specify that the CCR&R system should serve as a communication liaison between state agencies and providers. Unsurprisingly, our survey found that most CCR&R and ELHs do not self-identify as a conduit for information from state-level agencies to providers in their communities. The survey included an open-ended question asking respondents to identify what they see as their role in ensuring that child care providers are adequately prepared for emergencies. 29% of respondents representing CCR&Rs included communication practices in their response, and 29% also included connections to agencies and systems. Of respondents representing ELHs, 33% included communication practices in their response, while 11% included connection to agencies and systems.

**KEY TAKEAWAY**
Feedback from focus group respondents suggest that emergency communication between state agencies and providers is disjointed and decentralized, and ultimately that the Early Learning Division and the Office of Child Care were unprepared to manage communication with providers during a large-scale emergency (the COVID-19 pandemic).
PROCEDURES & PROTOCOLS

Broadly speaking, emergency procedures could encompass nearly all types of emergency preparedness and response protocols, from communication procedures to evacuation procedures to supply and storage procedures. For our purposes here, however, we distinguish emergency procedures from communication systems (discussed in the previous section), and from emergency preparedness resources (discussed in the following section, which will refer to physical resources, systems of support, and community relationships). In this section, the term procedures will relate primarily to protocols that define and guide behavior during and after an emergency.

Strengths in Procedures & Protocols

According to focus group participants, there are many emergency procedures that child care and afterschool providers have adopted and implemented successfully. The emergency procedures mentioned most frequently by participants included evacuation protocols, regular practicing of fire and earthquake drills, and the inclusion of written emergency procedures in handbooks for staff and families, particularly protocols for relatively small-scale emergencies.

Of these common procedures, evacuation protocols were easily the most frequently mentioned. Typical evacuation protocols included having defined evacuation routes, reunification locations, parent contact information, and evacuation backpacks or kits for youth.

“*For the most part, we have the backpacks...for emergency preparedness...with Head Start they require [the backpacks], so we have one up over a lot of people. [Head Start] has a really good document that is really helpful.*”

“At our preschool, we encourage parents to bring a tsunami bag for their child at the beginning of each year. They include water, clothes, glow sticks, a picture of their family, and food. We collect each pack and keep it by our backdoor. In case of a tsunami situation, we would be able to grab the packs and emergency information as we leave for the community gather site.”

“We have a rendezvous place that the kids are well versed in, and then we have expedited head counts and roll call procedures for the staff. Like schools, we have our green cards and our red cards and things like that, and our site phone.”

Many focus group participants also reported conducting drills on a regular basis. Typically, these drills focus on the immediate response to a discrete emergency, such as a building fire, earthquake, or active shooter. While helpful, drills do have limitations, and some participants noted that real-life situations can vary from those practiced. One provider also noted the
need to approach drills with a trauma-informed lens, especially when working with very young children.

“There are drills, and each classroom has a disaster kit and they do all the drills.”

“[She] had great procedures in place....but the actual real life [situation], like somebody had experienced a real fire...[they asked] where are the pulls for the fire alarm and we hadn’t paid attention to where those are. Having staff practice those drills to be prepared [is important], because when it happened then the staff was scared...instead of being that calming presence for the kids.”

“As best as we can, we try and practice certain things, especially in the context of our school classroom. But we also recognize the trauma that many of our families have lived, surviving coming from other countries or in their own lived experiences, so we also don’t want to induce any undue panic. We want to practice and we want to be smart, but we don’t want to scare our three-year olds into thinking something really, really bad is happening right now. Nope, we’re just practicing, just like we practice writing our name and we practice riding a bicycle.”

And finally, several providers also mentioned having handbooks (either for staff or families) that addressed emergency preparedness plans, or reported having established procedures for smaller scale emergencies, such as an injured or missing child.

“In our area it’s called Red Book. We are making sure that we are counting all the children that are in our care at all times. So we have a procedures in place that if something were to happen, if a child were to go missing from a classroom or from the playground, that [we would] announce Red Book, and that’s notifying that basically we are going to go into lockdown, so that we’re able to locate that child as soon as possible, and we know who would be responsible, like managers, supervisors, whoever, we know who is responsible for looking for that child, and that teachers are [responsible for] staying with the children they already have.”

“We also have a handbook that we distribute to parents, indicating in the case of emergency where they are going to locate us, in case we have to move away from the facility.”

According to focus group participants, many child care and afterschool providers appear well prepared for standard, small scale emergencies. This level of preparedness is likely expected of all providers, given that existing child care rules mandate that providers have basic emergency procedures and evacuation plans in place. Oregon’s draft CCDF plan, for instance, indicates that all child care providers are required to have an emergency preparedness and response plan that meets the requirements of CCDF rule, including
procedures in the event of evacuations, shelter in place, and lockdown, and accommodations for infants and toddlers, children with disabilities, and children with chronic medical conditions. Providers are also required to practice drills on a regular basis, though the frequency depends on the type of provider (licensed vs, regulated, etc.)

KEY TAKEAWAY
Focus group responses indicate that many providers are prepared for the basic initial response (often evacuation) to a discrete emergency (like a building fire or earthquake), and have established procedures in place for smaller scale emergencies, like a missing child.

Barriers in Procedures & Protocols
Focus group participants noted many concerns related to establishing and maintaining emergency preparedness procedures. By far the most common concern was simply having the time and capacity to adequately develop proper procedures, on top of the demands of everyday jobs. Time and capacity barriers are made more daunting by the sheer amount of effort required to properly prepare for every type of emergency. This was a concern particularly highlighted during the COVID-19 pandemic response; many providers noted that they had procedures in place for earthquakes and wildfires, but had never considered procedures for a pandemic.

“Thinking about an emergency, we kind of push off the big earthquake that’s been coming...and it’s not here right now and I need to prioritize these other things first...Personally, I put the [earthquake] off...then I’m not prepared because I haven’t prioritized being prepared over the other work that is always sitting in front of us. I think for me maybe it's a mindshift to being prepared for the emergency is part of the regular work that I need to be doing in a day-to-day space.”

“I feel like we did all this preparing and then we ended up with COVID-19 and wildfires....Can we ever be prepared for anything because we don’t know anything?”

“We talked about everything from school violence to natural disasters...The pandemic was not ever discussed. The closest we ever got was having side conversations about how in other states sometimes schools are closed down when the flu is really bad.”

Focus group participants also expressed some confusion over what procedures to develop and how to develop them. Many providers are aware there are resources available, but feel confused when different resources offer conflicting information. This recalls the previous
discussion about the decentralization of emergency management; without a central authority providing a singular set of guidelines, providers are left to sort through large amounts of sometimes conflicting information on their own. Some providers, especially school-age providers, noted that operating in facilitates that they do not own adds more potential for confusion and complexity, and requires additional collaboration.

“I think that part of the concern we have as providers as we try to develop safety plans is that there is a lot of really great information, but like [she] said, the information can be conflicting and so it makes it difficult to make a plan and feel confident [that] the direction you’re heading in is the appropriate direction. When you get in the emergency situation, you’re going to hope [that you] do the best you can given the situation, but it’s difficult....with all the conflicting information.”

“We don’t necessarily own or control the facilities so there are other people’s emergency plans and things we need to be considerate of.”

On top of being time intensive and confusing to develop, emergency procedures have endless potential for detail and nuance, and focus group participants articulated many specific concerns. One particular issue noted by several participants was the accessibility of written procedures and parent contact information; if important information is stored on computer software, it may be impossible to access during an emergency.

“Contact information, all the registration is in the cloud...We need to print that and put it in the binder, or laminate it. And then kids need to have pictures of their parents in their little backpacks so if something happens...they won’t be able to describe their parents so they can show emergency workers, if need be, these are my parents. Thinking through all these procedures.”

Another specific issue voiced by several participants concerned emergency procedures for youth with health conditions or medications, especially medications that require special storage.

“One of the conversations we’ve had on emergency preparedness is with children who need life sustaining medication. [She] has two diabetic sons and my boyfriend’s daughter is diabetic and they need insulin. If the power goes out, and the medicine needs to be refrigerated, is one of the discussions we’ve had. We’ve talked to Red Cross about it and we’ve gone to other emergency trainings and there is really no advice on what to do if you need insulin or where to store insulin.”

Another prevalent theme was the need for social emotional supports and trauma-informed care. It is evident in focus group conversations that the COVID-19 response phase was mentally, physically, and emotionally challenging for many providers. Focus group
participants noted the need for a trauma-informed lens, and emphasized that emergency procedures and systems must acknowledge the mental and emotional realities of experiencing trauma for staff (and for children and families, as well), and build in safeguards that ensure adults can mitigate their stress in order to manage the emergency situation without jeopardizing the safety of children. One key element is ensuring that child care and afterschool staff have personal emergency preparedness plans in place, so that they can care for the youth in their program without worrying about their own families (to the extent possible). Another key element is adequate staff training, which is discussed in the next section.

“I was completely overwhelmed. With all the stuff and all the rules they were asking me to do, and the communications to get out, and it was almost like 3 or 4 zoom meetings a day. At one point I had to just unplug because it was so much.”

“It’s so, so important to make sure that your staff can manage their anxiety when something is happening because they are also taking care of children, or you’re trying to respond to other staff, and so being able to do that without completely shutting down and freaking everyone else out is so important.”

“In terms of planning, how can we put structures in place that are going to help people of all developmental stages manage their grief, their upset, the things that didn’t go well while they were separated from their friends, from their teachers, from the people that bring them hope and bring them help. So what comes up for me is a lot of social emotional learning skills and trauma informed care practices.”

“If we would have had some kind of plan that was a little bit better. Of course nobody knew that this was going to happen. But if we had a plan for A, B, and C, [we could have directed parents about what to do first]. But it was just so scattered and unprepared, and they’re very scared.”

“To watch other people and to suddenly be worried about my neighbors and my friends. Do my coworkers have enough food? What am I going to do? How am I going to help, without jeopardizing what I can do for my own family.”

KEY TAKEAWAY
Preparing adequately for emergencies requires significant time and capacity, which can be a heavy lift for already busy child care and afterschool providers. Barriers to developing comprehensive, thoughtful procedures and protocols are particularly exacerbated by the
overwhelming variety of potential emergency situations (both big and small), and the decentralized nature of resources and support.

RESOURCES & COMMUNITY SUPPORT

Strengths in Resources & Community Support

There are emergency preparedness resources available to child care and afterschool providers from a variety of agencies and community organizations, including CCR&Rs, ELHs, County Emergency Preparedness Coordinators and Managers, FEMA, Red Cross, local Community Emergency Response Teams (CERT), and first responders (fire, law enforcement, etc.). Some focus group participants mentioned making use of these resources in their programs, mostly with success (although one provider noted a negative experience). Representatives from some of these organizations attended focus groups to share about their available resources.

“Reaching out to what resources are out there that you can tap into and knowing that.....FEMA and Red Cross...have programs to help schools and people who don’t have budgets.”

“We are here to do presentations, and we are more than willing to come out and not only talk with staff, but with families and your children. ...[Many counties] have a Preparedness Coordinator..so do not hesitate to use us as a resource to help you....And not only presentations, but we can come and sit down and help you go through your planning. Did you develop a plan and you need an expert to come and look at it and see if it’s feasible? Did you miss anything? We’re able to provide that resource as well... We are here to support you. [We are] a resource.”

“I know as a CCR&R, since the whole COVID thing...we have been looking for resources on how to support providers. We have been looking for resources for them to get masks and hand sanitizer, and all of those kinds of things.”

“We actually partnered with a local city. We partnered with Hillsboro and started taking their CERT classes, which is the Community Emergency Response Team. In Portland, it’s called NET, Neighborhood Emergency Team. They do a lot of trainings for any city member that wants to be a volunteer for it. They teach you a little bit more advanced [topics], like treating trauma...and triage....That has been a real beneficial resource...If anyone hasn’t looked into the local emergency response team, you can get a lot of resources.”
“We contacted a fire marshall or a police officer this last year…and I got the impression...that the guy was being straightforward, [saying] ‘we’re going to have the big earthquake,’...and scaring parents to the point that it was so quiet in the room that you could hear a pin drop, because they were so intimidated by this guy talking about all these natural disasters. And I was [thinking] ‘you’re not supposed to scare the families.’ …I could feel the coldness in the room from the guy.”

Community partnerships were a commonly mentioned emergency preparedness resource, and many focus group participants reported having community partnerships with organizations not specific to emergency response, most often schools. Other providers mentioned having partnerships with businesses, families, and churches.

“This last year we reached out to our school programs and we were able to use some of the resources they had at the school district to allow us....to access those [resources] in a time of emergency.”

“We do have a small community school with the Albertson’s that is right next door, so that’s a plus.”

“[It’s] not really an expectation beyond typical child care licensing. We have our first aid kits and things like that. I know some school districts in their classrooms, which are the spaces that we utilize, will have some emergency kits. I know Portland Public Schools have freeze dried food and...[space blankets]. If the school district has those...and we happen to be in that space, we do have access to those.”

Tangible resources were also a common topic, and focus group participants frequently mentioned having emergency supplies on hand, most commonly first aid supplies and stored food and water.

“We purchased emergency backpacks from the American Red Cross that have a fire blanket, water bottles, granola bars...We have those throughout our facility and in all our busses and actually all of our full time staff were given one to keep in their personal cars.”

“One way we tackled the food [issue]...was we already have to provide snacks and bottled water. So we’ve just made sure we always have a week or more of snack supplies on hand. So if you can just double your weekly snack, you now have rations, if you needed it.”

“We have put together bins of baby formula, diapers, first aid, water, non-perishables.”
“We have always kept an emergency supply of food and things like that in the centers.”

“[We have] important paperwork packed and transportable. Medical kits, a diaper kit, food kit, and places to go in case of emergency.”

Some focus group participants also mentioned that they provide emergency preparedness resources to families, such as parent handbooks or family nights. During the response phase of the COVID-19 pandemic, many providers were able to provide resources to their families and communities, such as food services or home learning kits.

“We were working on engaging our families. We had two or three nights where we had families come into the school and do family plans for emergencies and those sort of things.”

“We’re doing Youtube videos, which are wild and so far out of my comfort zone. And we’re doing Zoom calls with kiddos and connecting families to other families via a Zoom call...We’re also in the process of putting together some home learning kits. Paper, tape, glue, things families may not have at home.”

“That was really, really tricky, because with this COVID thing, the food program has really changed how things work. The school district didn’t think they would be able to provide services to us, [but] the superintendent figured out a way for us to do that. Basically, our parents had to sign a waiver saying that our program would in no way be reimbursed for any type of food services period...So we’re able to get breakfasts and lunches for our children, and we provide snacks ourselves.”

Within Oregon’s child care landscape, CCR&Rs and ELHs serve as a primary resource for providers. The role of CCR&Rs, in particular, is outlined in Oregon’s draft CCDF plan for 2022-2024 (p.190), and includes recruitment of providers, provision of professional development and quality improvement opportunities, maintenance of accurate provider information on 211info, and provision of parent information and referral services, among other services. Our survey of CCR&R and ELH directors demonstrated that emergency resources are included, to some extent, within the resources and training they offer to providers. 64% of CCR&R and ELH directors, for instance, reported providing emergency preparedness training either annually or on an ongoing basis, and 52% indicated that they provide up-to-date emergency preparedness materials on their websites. Another 52% reported that they offer coaching or mentoring on emergency preparedness, and 82% indicated that they offer connections to local resources. When asked what topic areas are included in the emergency preparedness support and resources they offer, survey respondents reported that the most common topics included protocols for public health events, communication with families, protocols for specific natural disaster events, and access to food.
An open-ended question on the survey asked directors what they see as their role in ensuring that child care providers are adequately prepared for emergencies. Responses were coded by theme, and the results are presented below. Overall, CCR&R’s see their role primarily as providing connections to resources and offering training and professional development. ELHs reported their role primarily as providing connections to resources.

<table>
<thead>
<tr>
<th>What do you see as your role in ensuring that child care providers are adequately prepared for emergencies?</th>
<th>CCR&amp;R</th>
<th>ELH</th>
</tr>
</thead>
<tbody>
<tr>
<td>Training and PD</td>
<td>11</td>
<td>79%</td>
</tr>
<tr>
<td>Connection to resources</td>
<td>14</td>
<td>100%</td>
</tr>
<tr>
<td>Technical assistance</td>
<td>2</td>
<td>14%</td>
</tr>
<tr>
<td>Connection to agencies/systems</td>
<td>4</td>
<td>29%</td>
</tr>
<tr>
<td>Provide supplies</td>
<td>2</td>
<td>14%</td>
</tr>
<tr>
<td>Advocacy</td>
<td>2</td>
<td>14%</td>
</tr>
<tr>
<td>Communication</td>
<td>4</td>
<td>29%</td>
</tr>
<tr>
<td>Communication with families</td>
<td>0</td>
<td>0%</td>
</tr>
</tbody>
</table>

**KEY TAKEAWAY**

Resources are available to child care and afterschool providers from various community organizations and agencies, including CCR&Rs and ELHs, and many providers make use of these resources to some extent. Providers are also likely to have food and water and first aid supplies on hand. Providers also serve as a resource to families, particularly during the COVID-19 pandemic.

*Barriers in Resources & Community Support*

Easily the most common concern voiced by focus group participants was the expense associated with being emergency prepared. In the preparation and mitigation phases, the biggest barrier cited by participants was the cost of purchasing tangible resources, such as first aid kits, emergency kits, and food and water reserves. Providers frequently noted that these are not one-time expenses; many supplies, especially food and water, expire and need
to be replaced on a regular basis. Storage space can be another barrier, particularly for school-age programs that are more likely to operate in spaces they do not own. And while the cost of supplies can be formidable, the finances of emergency preparedness extend beyond buying supplies in the preparation phase. The COVID-19 pandemic demonstrated that during response and recovery phases, providers also need strategies for how to stay fiscally afloat during a long-term disaster, particularly when services have to close or families cannot afford to pay.

“I hope DHS continues [the changes to subsidy rules] after COVID is [over]. Because people are coming in at such a debt, [DHS] talked about [how] it’s only during this time that they’re doing the [changes]. So I really hope they continue it for a good six months, eight months afterwards to help the providers, because we’re going into huge debt just staying open.”

“[We are] applying for loans and stuff like that so we can still function and we can still pay our staff.”

“Looking for grants and what not. We have a hospital foundation, they’re helping us find some money to help forgo the tuitions that parents can’t pay. [These are parents] that ended up losing their jobs but still owed me money. We’re working to forgo all of those tuitions so they can come back at zero and not have any more debt.”

“[I’m from a CCR&R, and] because we’re part of an agency, I think one of the things that’s been slow is the agency buy-in, and the funding to help buy supplies. But after this I think they really are stepping up now and seeing the need.”

Many focus group participants also reported facing barriers that are distinct from cost challenges. These barriers to accessing resources can take many forms, depending the type of resource and the phase of emergency management. During the COVID-19 response and recovery period, for instance, many providers experienced significant difficulty simply finding tangible resources (usually cleaning supplies and personal protective equipment). In the response and mitigation phases, however, the primary barrier to access was a lack of awareness of available resources, particularly of community resources. In many cases, these comments echoed concerns from previous sections; the scope and variety, as well as the decentralized nature, of available resources can be overwhelming and confusing. Some providers also recognized their lack of connection to local emergency first responders.

“We acknowledge that there are probably resources and information out there, and it’s just maybe a matter of us digging for it.”
“What’s already available in Clackamas County and what is missing, and how are those things that are available communicated, not only with child care providers and youth service providers, but also with other nonprofits, other service providers, and community members.”

“We realized that a lot of times that our local police heroes are not aware of before and after school programs, so if there is an emergency... they typically call the schools to alert them of what’s occurring. They don’t alert [afterschool] programs because they don’t know that we exist and they don’t have our contact information. In terms of communication, it is something that should be addressed as well because they have the first hand information.”

Another significant barrier to access can be language barriers, because most emergency preparedness resources are available only in English.

“For non-english speakers, where do you go for information and how readily available is this information?”

Finally, a major concern for many providers is a lack of training for their staff. First and foremost, staff should be trained on the basics of emergency preparedness, such as ensuring that they are familiar with emergency protocols, know where supplies are located, know evacuation routes, etc. Some focus group participants noted that staff had trouble remembering things they thought they knew during an emergency situation (such as where the fire alarm pulls are during a building fire). Oregon currently requires limited emergency preparedness training for child care providers. Oregon’s draft CCDF plan for 2022–24 indicates that all registered providers, certified providers, and regulated subsidy providers must complete the Child Care Health and Safety training prior to becoming licensed (or approved for subsidy), and all staff in child care settings must complete the training prior to having unsupervised access to children. Emergency preparedness and response planning is included as one of nine topics addressed during the approximately 2 hour training.

“We’ve got our emergency backpacks, we’ve got our phone numbers and everything ready in there. The only thing that I think would be a problem is if we lost communication, and I think that would just be hoping our staff is trained well enough to handle the situation and have their own back-up plans.”

“Among staff members, getting appropriately trained and feeling like they know and understand the emergency plans and how to jump into action if they need to.”

“Like, knowing that when all the cell phone towers go down and no one’s able to use cell phones for calling, text messages will actually go through. A lot of people don’t know that...A lot of staff don’t have that kind of training. And a lot of private centers
that you’re going to be working with at child care facilities, do not have the budget to do this kind of staff development work.”

“I’m from a CCR&R, and on my end, [one of our priorities] is making sure that webinar trainings continue throughout the next six months. We’ve been doing way more, of course, because all our face-to-face trainings shut down. [We’re trying to help] providers maintain their license. [So], we’re really trying hard to continue that. These are state-wide webinars.”

“At the Oregon Department of Education, we now realize that training for situations like this is important for those in our programs. It is important that providers and organizations know what is available in these situations from the Oregon Department of Education.”

In addition to being trained and comfortable with emergency protocols and procedures, staff must also be ready to handle the social and emotional, and potentially traumatic, realities of an emergency situation, both for themselves and for the youth in their care. Training for staff should incorporate trauma-informed strategies (for adults and youth), and it also should incorporate personal emergency planning. If staff are personally (for themselves and their families) prepared for an emergency, they are more likely to be calm and stay present during a large-scale emergency.

“I come from an organization previously that did a lot of work nationally around emergency preparedness for young children. A lot of what we saw had to do with staff training and lack of staff training around emergency preparedness.....and how to have steps in place for your own families so that you are less likely as soon as you’re able to leave your work environment...to worry more about your family at home...”

“It’s so, so important to make sure that your staff can manage their anxiety when something is happening because they are also taking care of children, or you’re trying to respond to other staff, and so being able to do that without completely shutting down and freaking everyone else out is so important.”

Similar to how personal emergency preparedness planning for staff bleeds into professional planning for providers, the ability of families to access resources can impact providers, as well. This was especially apparent during the response and recovery phases of the COVID-19 pandemic. Many families lacked access to technology (which complicated communication between providers and families or impacted learning from home efforts), or relied on the resources and services normally provided by child care or afterschool programs (such as meals and snacks, infant supplies, etc.). Some focus group participants expressed a desire to have more resources available to families during an emergency.
“[If this ever happened again], I would love to have… food boxes and links and things like that for my parents at my center, where I can give it to them, and they could use those resources as much as possible when they’re down.”

“[Some of our families struggle with] just basic things like food, you know, [paying] bills, just those basic things….On our website we put up many resources, but it was very late… It should have been there from the very start, I think.”

“What comes up for me…is that any sort of natural disaster or any kind of pandemic crisis like we’re in now, makes worse things like child abuse, intimate partner violence, financial hardships.”

“...Our program fills that gap in many ways for [families]. They would be able to come into our classroom and talk to somebody, or get a snack. All of those resources that [we were] providing are just gone.”

KEY TAKEAWAY
Access to tangible supplies can be challenging for providers during all stages of emergency management (particularly during the response and recovery phases of long-term emergencies), with cost being the primary barrier. Providers also underutilize existing community and agency resources, and have limited access to training resources for staff.

CONCLUSIONS
The findings in this report demonstrate that Oregon’s child care and afterschool providers are prepared for emergencies in certain areas, including communication with families, basic emergency protocols like evacuation, and storage of food, water, and first aid supplies. For many providers, however, these protocols are theoretical plans that remain largely untested during real emergencies (in other words, the plans fall within the preparedness and mitigation phases of emergency management, and have never been implemented in a true emergency response phase). The COVID-19 pandemic demonstrated that the real-life challenges of an emergency can easily exceed even well-laid plans, and it exposed weaknesses within our child care infrastructure. While the child care and afterschool field, as a whole, demonstrated a remarkable ability to adapt quickly to changing circumstances, ultimately our providers and agencies alike were unprepared for a large-scale, long-term disaster. Disjointed communication, decentralized resources, cost and funding barriers, and a
lack of access to staff training were the primary systemic shortcomings articulated by focus group participants.

Nonetheless, there are key elements of emergency management already in place in Oregon’s child care system. The ELD has established guidelines for continuation of child care subsidies and services during an emergency, and created provisions for emergency and temporary child care, as outlined in the Early Learning Emergency Preparedness and Response Plan. The plan also presents a thorough summary of the challenges that stand between our current system and one that is wholly prepared for emergencies, although it offers few details or guidance that would help providers become more prepared themselves. CCR&Rs and ELHs offer some emergency-focused training and support to providers, and the ELD maintains an Emergency Preparation and Response webpage with resources available, although the resources are limited and self-guided. The emergency plan templates provided by the ELD (which are required of licensed and regulated providers), for instance, are sparse and offer little guidance and best practices, consisting mostly of empty boxes for providers to fill in.

The findings from this report highlight areas for improvement within Oregon’s child care emergency management system. The recommendations below build off of these key findings, and offer actionable recommendations that fit within Oregon’s existing framework and resource networks.

**RECOMMENDATIONS**

**Centralized Communication**

Feedback from focus group participants suggests that emergency communication between state agencies and providers is disjointed and decentralized. A key recommendation, therefore, is to centralize communication between state agencies and providers and establish roles and responsibilities dedicated to emergency preparedness. (Note: While this recommendation is specific to emergency preparedness, centralized communication in general would benefit the child care field as a whole, beyond just emergency communication). Specific recommendations include:

- Designate a full or part-time position at the ELD that is responsible for overseeing emergency preparedness and emergency communication with child care and afterschool providers.
- Establish a full or part-time position at each CCR&R agency that is responsible for supporting emergency preparedness for both providers and families. Possible responsibilities of the position could include:
  - Serving as a conduit between the ELD and providers during emergency situations, to ensure that communication and directives from ELD reach providers in a timely fashion.
- Ensuring that providers have easy access to up-to-date, high-quality emergency preparedness resources on an annual basis.
- Facilitating communication and collaboration between provider and local emergency services (Red Cross, first responders, local emergency management teams, etc.).
- Providing technical assistance to providers focused on emergency preparedness, as needed.
- Providing emergency preparedness resources to families, or hosting conversations or family nights focused on emergency preparedness.

**Quality Supports and Training**

Providers would benefit from high-quality resources and training, provided through a central authority, that support emergency preparedness. These supports build upon and expand currently available resources. Current licensing rules require emergency preparedness training only to the extent that is included within the two-hour Introduction to Child Care Health and Safety training. ELD maintains an Emergency Preparation and Response webpage with resources available. Expanded quality support recommendations include:

- A standalone, free-of-charge emergency preparedness training for providers and staff that is consistent state-wide, applicable to Oregon systems, and required of all providers. Training should include real-life examples, tangible resources, and best practices of disaster messaging.
- High-quality supports and resources for providers, that include:
  - Wide-ranging communication supports for all types of stakeholders that address: language use (verbal and written), communication with providers, and communication with families.
  - Resources that support personal preparedness of providers, staff, and families
  - Resource and planning guides differentiated by age (early childhood vs school age)
- Ensuring that OCC licensing staff participate in emergency preparedness training, and incorporate oversight of emergency preparedness planning into licensing requirements and site visits.
- Earmarked funds for regional training systems, in order to support:
  - Translation services and dedicated outreach to populations that don’t speak English
  - Connection to state emergency management resources
  - Equity-centered resources and supports
**Workgroup Oversight**

We suggest convening a short-term workgroup to oversee and support implementation of resources, training, and communication strategies. The workgroup must take into account the language and cultural barriers many Oregon child care providers and families face in accessing accurate and updated information, and ensure all implemented strategies are responsive to these barriers. Potential workgroup responsibilities include:

- Identifying possible rules and protocols that can help solidify roles and responsibilities for providers and families in cases of emergencies.
- Identifying goals for quality supports and training, and recommending qualified experts, agencies, or contractors to develop and implement them.

**Funding**

In addition to the actions recommended above, we propose several additional areas for increased funding to better support emergency preparedness of child care and afterschool providers, including:

- Funding that encompasses direct support to providers and communities, especially to support communication, training, planning, and partnerships/collaboration with emergency service providers.
- Funding for infrastructure to support long-term system development and implementation (such as funding for CCR&Rs to support a dedicated full or part time emergency preparedness coordinator).
ACKNOWLEDGEMENTS

We would like to thank the 2 Weeks Ready Workgroup for generously sharing their time and expertise in contribution to this project. Workgroup members convened throughout the project to advise on project activities, assist with planning, and share reflections on the campaign. Their input was an invaluable asset to this project.

Please note: Data analysis and report findings were developed independently of the workgroup, and inclusion on this list does not signify endorsement of the findings of this report.

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