

2018

DHHS CHILD CARE EMERGENCY PLAN



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1. Introduction

1.1. Purpose

The purpose of this document is to provide guidance and improve coordination for providing state-level health and human services operations for incidents that significantly affect a community's child care infrastructure. The support includes Office of Child and Family Services (OCFS)-Child Care Subsidy Program (CCSP), and Children's Licensing and Investigative Services (CLIS), as well as emergency management services, public health, and behavioral health services. The plan outlines the roles and responsibilities of the Maine Department of Health and Human Services (DHHS) and partner organizations in providing support to child care providers and families in child care affected by a disaster or public health emergency as defined by section 102 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, 42 U.S. C. 5122.

1.2. Scope

The DHHS Child Care Emergency Plan has been developed to organize the DHHS response to emergency incidents that impact Child Care Subsidy Program providers. These incidents may be as a result of a number of events including but not limited to natural or manmade disasters, or infectious disease outbreaks. This plan is particularly applicable to the follow:

- DHHS staff involved in response operations
- Child Care Subsidy Program providers
- The children in child care through CCSP
- Families who are receiving child care subsidies through CCSP

1.3. Situation Overview

Emergencies may impact CCSP families in a variety of ways including destruction of property or health impacts but may also have repercussions on their communities including child care providers. Since CCSP is a statewide program, this plan approaches emergency operations from an all-hazards perspective in order to prepare the state and providers for all potential scenarios that may impact the state.

OCFS works closely with Maine Center for Disease Control and Prevention (CDC)'s Public Health Emergency Preparedness (PHEP) program, and the Maine Emergency Management Agency (MEMA) to maintain a high level of preparedness and awareness surrounding available state resources in an emergency and the current hazards the state is likely to face.

1.4. Planning Assumptions

The disaster event may:

- Involve single or multiple geographic areas.
- Involve multiple varied hazards on a local, regional, state, or national level.
- Disrupt services, facilities, and day-to-day operations.

- Overwhelm the capacity and capabilities of local facilities.
- Require short-notice coordination and response.

This plan reflects the additional assumptions and considerations below:

- The highest priorities of any incident management are always life/safety.
- OCFS may need to reassign internal staff and resources to support time critical services during an emergency.
 - Staff will not be reassigned without appropriate training.
- OCFS may need to reach out to statewide, regional, and federal partners as appropriate for assistance.
- Child care providers as required will have in place and utilize as appropriate their 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.
- Child care providers as required will have in place procedures for staff and volunteer emergency preparedness training and practice drills, including training requirements for child care providers of services for which assistance is provided under the Child Care Development Fund (CCDF) at § 98.41(a)(1)(vii).

2. Concept of Operations

2.1. General

The Department of Health and Human Services, Office of Children and Family Services coordinates with DHHS/Maine CDC Office of Public Health Emergency Preparedness and Maine Emergency Management Agency during disasters and public health emergencies. The DHHS Commissioner, DHHS Office Directors, Maine CDC Initial Response Team, Maine CDC Director, and the MEMA Director will receive real time information from the field and will assess the need to activate the Public Health Emergency Operations Center (PHEOC) and staff the DHHS position at the MEMA EOC. Information will be received from the local towns, regions, and state partners by way of the County Emergency Managers, Health Care Coalition Coordinators, child care providers, and DHHS field staff. The *DHHS Child Care Emergency Plan* will be activated at the direction of the DHHS Commissioner or their designee upon the recommendation of Maine CDC and MEMA leadership. The activation level may be to continue to monitor the situation (Level 3), partial activation (Level 2), or full activation (Level 1). The DHHS COOP will be activated at Level 2.

Activation will be triggered by the request to support child care provider impacted at the local level due to a real or anticipated reduction in child care services, facility evacuations or closures.

DHHS response efforts will include the following three main components:

- Assessment
- Continuation of Subsidy

- Family Reunification

These components provide the state-level response to an event based on designated responsibilities. Provider specific plans should be consulted for each child care provider under the CCSP for organization specific processes.

2.2. Assessment

Licensing of a child care provider:

In the event of a disaster or public health emergency, CLIS will assess the operating status of child care providers. If requested, PHEP may assist in the assessment process. Current licensed child care providers will provide OCFS and CLIS information related to provider's status and use this information to provide child care referrals.

Steps to Implement a Response:

- CLIS staff to attempt to contact child care provider in the impacted region.
- Reassign CLIS staff as needed to assist with the assessment.
- Direct staff to:
 - To gather basic information about whether a facility or program is operational.
 - Determine the amount of existing child care slots in the facilities and programs.
 - Project any child care gaps.
 - Identify potential child and family reunification situations that occur during an evacuation or disaster incident.
 - A minor is separated from their parent or legal guardian
 - The parent or legal guardian of a child reports the child missing
 - A minor reported missing is found to be injured or deceased
 - Categorize providers into one of the following categories:
 - Open
 - Temporarily Closed, Damaged, or Status Unknown
 - Closed
- Provide individual provider assessment data to the licensing office responsible for the region of the disaster and update the provider database.
- Compile the assessment data and share compiled provider information with the leadership at OCFS, DHHS, Maine CDC, MEMA, and others as needed.
- Work with DHHS points of contact to provide disaster information on the www.Maine.gov website including forms and contact information.

DHHS Divisions will work with providers to determine:

- If a Fire Marshall's inspection is needed and determine whether damaged facilities can continue operating, must temporarily close, must reduce enrollment, or must relocate.
- Which child care providers are open and if they can take additional children (within their licensed capacity).
- Which child care providers may need additional child care staff and pre-credentialed volunteers associated with their facility to continue to expand operations.

- d) Assist Maine Tribes with reporting on Tribally licensed child care and Tribal Head Start to ACF Region 1 Office of Child Care and Region 1 Office of Head Start.
- e) Continuation of CCSP payments to child's current eligible CCSP child care provider or alternate eligible CCSP provider providing child care services to the child throughout declared emergency period.

2.3. Continuation of Subsidy

If a CCSP authorization for a family living in the impacted disaster region is expiring and their provider is operational:

- a) The parent must contact CCSP to request a thirty (30) day extension to their award.
 - The extension can start when the authorization expired if care was provided during that time.
- b) Parent receiving an extension will be notified of the new authorization end date.
- c) If a provider is non-operational due to the disaster and it has been verified by the Fire Marshall and/or CLIS, the child care provider will be sent an authorization termination notice and the authorization can be changed to another provider at the request of the family without another eligibility determination.

In order to continue the determination of initial and pending eligibility requests for Child Care Subsidy Program:

Systems needed to continue essential functions:

- a) Licensing staff phones, email, fax and computer systems and forms.
- b) CLIS staff to input operational status of facilities.
- c) CCSP staff to process paperwork and payment.

Steps to re-establish essential functions:

- a) DHHS Call Centers, 2-1-1 Maine Information Line will continue to operate.
- b) OCFS will follow the DHHS Language Access Policy, #DHHS-01-03 to provide outreach and services to eligible families with limited English proficiency and facilitate participation of child care providers with limited English proficiency.
- c) DHHS will maintain ability through supporting contracted services to provide outreach services to eligible families with persons with disabilities and facilitate participation of child care providers with disabilities in the subsidy system.
- d) DHHS will send mobile Licensing staff to disaster impacted areas.
- e) DHHS will follow current procedures for reporting possible fraudulent activities and actions.
- f) Financial eligibility staff will accept applications and available documentation from families in the affected area. If verification is not available, financial eligibility staff will determine and authorize financial eligibility based on verbal information received from the parent and send this information to the CCSP.
- g) The parent will then have 60 days to provide the required documentation to the financial eligibility staff to continue to be financially eligible for the CCSP.
- h) CCSP staff will accept program applications and available documentation from families in the affected area and will approve the CCSP for a period of no longer than 60 consecutive days.
- i) If parents cannot provide the needed verification within the timeframe requested, the CCSP authorization will be closed on a case-by-case basis and they may be referred to the

MEMA/Maine Voluntary Organizations Active in Disaster (MEVOAD) Disaster Case Management Program.

- j) DHHS staff will refer families who are newly homeless because of the disaster to the MEMA/MEVOAD Disaster Case Management Program.

Continue the Homeless Child Program and expand as needed within available funds

Partners to help with this function include:

- a) Child care providers
- b) Community child care agencies

Steps to implement response:

- a) Determine if child care providers serving the disaster area can still function. If not, determine if another child care provider or a voluntary organization active in disasters can cover the disaster area.
- b) Expand child care if there is a need and if funds are available.
- c) If the need exists and the funding is available, revise the contract/agreement of the child care provider serving the affected area.
- d) As appropriate notify partner agencies and the CCSP staff of the program expansion in the disaster area.

Short-Term Needs:

In the short term, Maine DHHS will need to focus on providing emergency information and specific actions for child care providers to ensure the children in their care are kept safely removed from any potential hazards. Each child care provider will be expected to initiate their written emergency operations plans to include safe evacuations and how parents and children will be reunited following an evacuation. DHHS/OCFS will assess the initial needs of each child care program to resume operations, identify facility needs, and check on the status of available child care staff and volunteers.

Long-Term Needs:

If the disaster and public health emergency is of a long-term nature, Maine DHHS supplies, equipment, trained and qualified staff, and health care volunteer resources will become depleted. As it becomes obvious that Maine DHHS will require additional resources to support the child care infrastructure and resumption of operations, Maine DHHS/CDC will activate Memoranda of Agreement (MOA) and Memoranda of Understanding (MOU) agreements to request resources from MEMA and other partners within the state, from adjacent states, U.S. Region I Office of Child Care, U.S. Centers for Disease Control and Prevention, National Center for Missing and Exploited Children, Save the Children, Substance Abuse and Mental Health Services Administration (SAMHSA)-Disaster Technical Assistance Center, and other federal agencies.

- a) Train appropriate DHHS staff, i.e. OCFS, Substance Abuse and Mental Health Services (SAMHS) in Annex: Child Care Disaster and Emergency Plan.
- b) Maintain up-to-date database information on child care providers.

Child Care in Disasters Response Table 1.2

	Office of Child and Family Services	Department of Health & Human Services	Public Health Emergency Preparedness Staff
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Plan Development	Activate the <i>Child Care Emergency Plan</i> when needed	Implement designated roles in the Emergency Operations Plan and annexes	Implement designated roles in the DHHS Emergency Operations Plan and annexes
Communication	Implement the communication protocols for collecting and disseminating information to partners, child care providers and families and sharing information between agencies	Implement the communication protocols outlined in the EOP	Implement the communication protocols outlined in the EOP
	Activate meetings from daily conference calls to in-person meetings to assess support for disaster-caused needs	Functional and access needs considerations should be embedded in every aspect and at every level of communications; plain language, multiple languages, audio, visual, print, web, social media, culturally sensitive for child care providers, families, individuals and the general public	Send a HAN alert to designated staff using Alert Level 1-2--3 notification system
	Functional and access needs should be embedded in every aspect and at every level of communications; utilizing plain language, multiple languages, audio, visual, print, web, social media, and culturally sensitive methods appropriate for individuals and		Implement CDC Vulnerable Populations Communication Plan

	families with functional access needs.		
Continuity of Operations Plans	Implement the COOP to continue OCFS operations that address essential functions and child care services	Implement the COOP and EOP to continue vital child care services and interdependence with OCFS and child care providers	Implement plan to continue to support OCFS and DHHS divisions
	Keep data systems operating and vital records secure. Use back-up systems as needed	Implement continuity of operations plans for licensing functions during an event	Keep communications and data systems working and vital records secure.
	Implement plan to continue child care referrals and provider support	Implement continuity plans for Child Care Subsidy Program payments and authorizations to impacted families	Continue to send HAN advisory on the response activities
		Keep data systems operating and vital records secure. Use back- up systems as needed	Mobilize <i>Maine Responds ESAR-VHP</i> pre-credentialed volunteers to specific child care facilities to support staffing needs
Designated staff for joint response	Assist in the identification of provider, family, and community needs related to child care	Continue to support OCFS in data and needs assessment, including information sharing from other DHHS divisions	Set up the Public Health EOC with designated and trained staff to support DHHS responses
	Designated staff will communicate with PH/MEMA EOC and advocate for resources needed for immediate response needs, i.e. food, shelter, relocation of children, etc. related to child care	Support OCFS in communicating on current child care resource needs to the Logistics Officer at the PH/MEMA EOC	Advocate with ESF #6 seat at MEMA to facilitate resources for child care providers, family and community needs related to child care

	from child care provider and local communities		
Waivers and Subsidy authorizations	Gather information from child care provider and compile information from the assessments, and share compiled child care provider information with leadership at DHHS, CLIS, CDC, MEMA	Implement revisions and waivers within the licensing processing to expedite payments and subsidies to existing and new child care providers	Request Disaster Damage Assessments, Number of injuries and fatalities within impacted communities by zip code, individual child care facilities with MEMA/Police/Fire/EMS
	Enter appropriate disaster-impacted child care provider information into a Disaster Response database	Provide technical assistance and communications to child care provider and families related to revision and waivers in licensing and certification rules	Implement Fatality Management Plan, an Annex to the Maine CDC Emergency Operations Plan
	Determine if child care provider license and individual child care subsidy should be revised or exceptions granted, in coordination with CLIS.	Communicate with Fire Marshall to gather Disaster Damage Assessments on impacted home-based and child care facilities; schools, healthcare organizations and businesses in impacted communities	Send a HAN to Healthcare Coalitions and hospitals regarding the potential for medical and behavioral health surges of children and their families into their facilities and emergency departments
Child Care Provider Preparedness	Provide child care provider with Disaster Distress Hotline, 2-1-1, and other SAMHSA behavioral health resources for staff and family members	Establish a timeline for recovery efforts, i.e. Identify resources; and funding to help facilitate emergency response activities	Implement the Disaster Behavioral Health Annex to the Maine CDC Plan; HAN communications to DBHRT with appropriate alert status

	Disseminate information related to disaster response and recovery process to child care provider and families	Continue to update the www.Maine.gov website with resource and information, sharing with the general public, child care providers and schools	Information sharing with behavioral health providers and crisis agencies regarding possible behavioral health surge of children, families and child care providers
	Represent the needs and advocate for resumption of child care systems of care to DHHS and other grant administrators	Advocate with Maine Legislators and the Governor’s Office, ACF and other federal grant administrators on status of impacts on the child care provider and children during the response and recovery phases	Alert ASPR and U.S. CDC about needs of child care system during response and recovery phases
	To distribute the SAMHS and DBH resources and materials for disaster materials on coping with disasters and traumatic events for adults, teens and children to child care provider	SAMHS will provide information and resources to impacted communities, parents and legal guardians on adults coping with disasters and traumatic events; and resources for behavioral health providers dealing with children impacted by traumatic events	To provide disaster specific resources of coping skills, dealing with traumatic events for adults and children, training on <i>Psychological First Aid</i> to DHHS and behavioral health partners; and child care providers
Emergency Contact List	Use the child care provider contact list to support ongoing response efforts. Update information as needed and provide to DHHS	Continue to update the licensing within the child care system and advise OCFS regularly on updates on child care providers	Maintain an updated contact list for OCFS and DHHS designated leadership at PH and MEMA EOC desks

Recovery Priorities

As soon as the agencies and licensed and certified child care infrastructure are no longer immediately responding or overwhelmed, the response phase ends.

Recovery is intended to help child care providers:

- a) Recover and establish their “new normal” mode of operating. In many cases, disaster assistance will not make child care providers “whole” or restore them immediately to their previous level of operations.
- b) Identify unmet behavioral health needs for children and families and target specific evidence-based interventions to promote long-term recovery.

child care needs often emerge or intensify during recovery, impeding individual and community resilience. The provision of DHHS programs is a critical part of a multi-sector recovery approach that engages the child care licensed facilities, family child care providers, local and state behavioral health services; and voluntary organizations active in disasters. See Table 1.3 Recovery.

Child Care in Disasters Recovery Table 1.3

	Office of Children and Family Services	Department of Health & Human Services	Public Health Emergency Preparedness
Plan Maintenance	Follow the <i>Child Care in Disasters</i> annex to bring the child care infrastructure to recovery. Update Annex within DHHS Plan	Participate in the briefing to include relevant lessons learned Update DHHS Emergency Operations Plan Division Annexes	Participate in the briefings to include relevant lessons learned
	Recovery plans will be culturally sensitive, and strengths based	Recovery plans will be culturally sensitive, and strengths based	Recovery plans will be culturally sensitive, and strengths based
Communication	Coordinate a briefing with partners and child care providers with communication resources and information sharing	Continue to follow communication protocols; and update www.Maine.gov	Continue to provide update to Emergency Response and Health Care Partners Update Public Health activities on www.MaineCDC.gov and EM Resource
	Continue to lead meetings and participate in community events on recovery	Report to Governor’s office, Legislators and community partners about activities provided	Participate in MEMA after action briefing on response activities
	Functional and access needs should be embedded in every	Functional and access needs should be embedded in every	

	aspect and at every level of communications; utilizing plain language, multiple languages, audio, visual, print, web, social media, and culturally sensitive methods appropriate for individuals and families with functional access needs.	aspect and at every level of communications; utilizing plain language, multiple languages, audio, visual, print, web, social media, and culturally sensitive methods appropriate for individuals and families with functional access needs.	
	To distribute the SAMHS and DBH resources and disaster materials on coping with disasters and traumatic events for adults, teens and children	SAMHS will provide information and resources to impacted communities, parents and legal guardians on adults coping with disasters and traumatic events; and resources for behavioral health providers dealing with children impacted by traumatic events	To provide disaster specific resources of coping skills, dealing with traumatic events for adults and children, training on <i>Skills for Psychological Recovery</i> to DHHS and Behavioral Health partners; identify resources for <i>Compassion Fatigue</i> and Responder Health and Safety training
Designated Staff for joint response	Restore OCFS functions to pre-disruption levels of operation until the COOP is no longer needed	Bring DHHS division operations back to pre-disruption levels until the COOP is no longer needed	Demobilize staff and De-activate the PH EOC Create a report on activities
	Communicate with PHEP and MEMA EOC on the resumption of the child care infrastructure	Support OCFS in communicating child care resource needs to resume the child care infrastructure	Public Information Officers will incorporate multiple approaches to accommodate functional and access needs of vulnerable populations when disseminating information to the

			media, families, and the general public
	OCFS staff should reflect the populations they serve, and be trained to assist with a broad array of functional and access needs; culturally sensitive and strengths-based approach	DHHS program staff should reflect the populations they serve, and be trained to assist with a broad array of functional and access needs; be culturally sensitive and strengths based	
Continuity of Operations	Assist in the identification of child care providers, family and community needs related to child care and family reunification. Relay information to DHHS and advocate for resources needed to resume child care operations and facilitate family reunifications.	Identify federal funding sources for Recovery efforts and rebuilding child care infrastructure and facilities, i.e. ACF Building grants, Sandy Recovery Improvement Act of 2013 (SRIA) and FEMA, U.S. CDC and ASPR resources	Coordinate federal funding sources to provide child care expenses, rebuilding of child care facilities, and other programs Update referral database for appropriate and certified resources
	Update referral databases so referrals are not made to child care providers who are now closed	Update child care provider lists and contact information	Continue to provide supportive behavioral health services for child care provider, OCFS and DHHS staff members
Ongoing Assessments	Continue to share updated results from the initial assessment forms with partners and DHHS, LDRS and CDC and MEMA	Use results of initial assessment form to support resource requests from the community	Assist in collection of initial assessment forms from healthcare partners
	Share information collected with Region 1 Office of Child Care Data Collection forms with DHHS	Share information collected with Region 1 Office of Child Care Data Collection forms with appropriate state and federal partners	Work with Maine State Police Missing Children’s Clearinghouse to help facilitate family reunification plans

<p>Revision of waivers and regulations</p>	<p>Provide DHHS with child care waivers that were received during a disaster. Determine if these were most appropriate and what else may be required to support the resumption of the child care infrastructure</p>	<p>Review the waivers impacting licensing and certification of child care programs that were revised during a disaster. Determine if these were most appropriate and what else may be required to support the resumption of the child care infrastructure</p>	
	<p>Request DLRS to contact the Region I Office of Child Care to determine whether an amendment to <i>Maine’s Children in Disasters Annex</i> is necessary.</p>	<p>Review the OCFS changes with the Region I Office of Child Care to determine whether an amendment to <i>Maine’s Children in Disasters Annex</i> is necessary. If warranted, submit an amendment.</p>	
<p>Emergency Contacts</p>	<p>Maintain, update and distribute the Maine Child Care Emergency Response Contact List on a quarterly basis</p>	<p>Keep the updated child care emergency response contact list accessible</p>	<p>Keep updated child care emergency response contact list within HAN and “S” drive</p>
<p>Provider support</p>	<p>Continue to disseminate information related to disaster preparedness to child care providers and parents.</p>	<p>Determine if child care provider’s Emergency Plans including Evacuation and Reunification are appropriate and responsive to the recovery needs of children</p>	<p>Help to facilitate changes to child care provider’s Emergency Plans including evacuation and reunification with “best practices” from other states and federal programs</p>
	<p>Represent the needs of child care provider and parents within disaster recovery programs; including behavioral health and</p>	<p>Represent the needs of child care provider and parents around emergency preparedness and</p>	<p>Promote training and technical assistance to child care providers and parents around disaster preparedness, specifically</p>

	economic stimulus programs	recovery with elected officials	reunification at centers and schools
		Coordinate with Fire Marshall on re-openings, health and sanitation and safety of child care facilities and homes	

Continue to process family child care providers:

Systems needed to continue the essential functions include:

- a) Eligibility workers and Licensing staff to verify information and applications
- b) Background check system

Steps to re-establish functions include:

- a) Accept and process applications for new family child care provider following the normal processes.

2.4. Family Reunification

Identify the unaccompanied minor and gather information:

- a) Determine whether the child care provider can accurately identify and provide information on the minor child’s parent or legal guardian contacts.
- b) Gather all the information possible on the unaccompanied minor, e.g. name, age, pre-disaster address, name of parent/guardians, last known whereabouts of parents or legal guardians, relatives contact information both in state and outside state, and when possible, any disabilities, access and functional needs, or medical needs. If available, each child should be issued a wristband with a unique identifying number.
- c) If the child or child care provider is unable to provide information, then proceed with processes and procedures identified within the state for checking identification, e.g. checking fingerprints, etc.
- d) The Unaccompanied Minors Registry (UMR) <http://umr.missingkids.org> is hosted by National Center for Missing and Exploited Children and can be used by state DHHS divisions and emergency planning managers, and other reunification stakeholders to assist with reunification efforts, planning, and strategies.

Alert Office of Child and Family Services, DHHS Divisions, and when applicable, other responsible partners, i.e. law enforcement, school districts, child welfare/protective services authorities.

- a) Use existing interagency coordination mechanisms to the extent possible and consider reaching out for Federal support.
- b) Confirm that sufficient numbers of personnel with background checks/fingerprints are assigned to provide assistance and facilitate the safety, identification, and reunification of unaccompanied minors in an expeditious manner. Additional support services may be necessary, i.e. American Sign Language interpreters.
- c) Coordination between MEMA’s Emergency Support Functions may take place within the State Emergency Operations Center (SEOC).

Verify the identity of a located parent or legal guardian before releasing the child to them.

- a) If identification is not readily available, or if a pre-disaster custodial parent or legal guardian cannot be located or is deceased, additional verification is required. Resources for verifying the identity of children and parents/legal guardians:
 - Interviews with the child, if able to communicate.
 - Child care program records and personnel.
 - Court documents and records, birth records, custody (physical and legal) agreements, child support records, legal guardianship documents, wills, and legal records.
 - Social Services records.
 - Fingerprinting and DNA results.
 - Interviews with family members or others acquainted with the child conducted by a designated authority with the sole purpose of establishing family links and establishing custodial or potential custodial relationships.
 - The U.S. Department of State from the countries of origin to help verify the identity of foreign children and families.
 - Registration documents from the state licensing division.

- b) Once the identity of the child and the parent or legal guardian has been verified, the next step is to determine whether they have the right to legal custody of the child before the child is released to them. Investigation and determination of custody and release of unaccompanied minors to parents and legal guardians needs to be a collaborative effort between DHHS, Maine State Police and the judicial system.
 - If a parent or legal guardian is verified as having pre-disaster legal custody of an identified child, i.e. sole or joint custody, the child should be released to that person.
 - If a parent or legal guardian or person designated as a legal guardian by the parent through a will or legal process is not located, release of the child to another relative or legal guardian may be processed through the standard judicial system protocols.
 - If a legal reason is found during verification of identity as to why a child cannot be returned to a parent or legal guardian, (e.g. parent in custody or hospitalized) standard law enforcement and DHHS protocols should be implemented.
 - If there are any issues regarding the situation of the verified parent or legal guardian (e.g. homeless, disaster-related or behavioral health issues), the concerns should be passed along to Child Protective Services or law enforcement. Disaster can increase stress levels and can compromise a child's well-being, consideration should be given as to whether the parent or legal guardian has the sufficient means to care for the child.

- c) Disputes among adults seeking custody of unaccompanied child may occur.
 - If independent adults (e.g. divorced, separated, individual legal guardians) with verified joint legal custody of the child seek custody, the issue should be resolved through standard judicial and DHHS system protocols and processes.
 - If a parent is identified, but custody of the child is documented to be solely with a different parent or legal guardian, release of the child should not occur.

- Disputes among family members over physical custody of a child should be resolved through standard judicial system protocols and processes in accordance with pre-existing Maine Child Custody Laws.

Provide interim housing for unaccompanied minors while they await reunification.

- a) During the short term, minors may be placed into temporary substitute, foster care, or kinship care as they await reunification.
- b) During the reunification process, permanent care arrangements, such as adoption, long term foster care or the institutionalization of children with disabilities should be avoided.
- c) The unaccompanied minor should be kept informed, in an age-appropriate manner of the plans, and their opinions should be taken into consideration.
- d) The privacy, safety, and physical, mental, and behavioral health needs of the child should be considered when determining shelter and housing options.
- e) Every effort should be taken to promote siblings being kept together as they await reunification.
- f) Housing options should be accessible to children with disabilities and other access and functional needs.

Arrange transportation to the physical reunification of minors with parents and legal guardians

- a) Once appropriate identification has been made to reunite unaccompanied minors with parents and legal guardians, arrange transportation modes to facilitate the reunification of the child.
- b) Determine the mode of transport to be used (e.g. law enforcement, government vehicles, ground, air or rail transport, private, or accessible transport).
- c) Coordinate with transportation providers, DHHS divisions, local and state governments, law enforcement agencies, international agencies, U.S. Customs and Border Protection, U. S. Department of State, or foreign embassies to coordinate timing and movement plans.
- d) Consider all state, national and international laws and requirements for transporting minors across borders.

Secure care for the child if the parent or legal guardian is not located, is deceased or incapacitated, or if the child was without care prior to the incident. The following options can be considered:

- a) Identification and reunification with available and suitable alternative kinship relationship should be explored and positively identified and pass a background check.
- b) Placement into child welfare system, i.e. foster care.
- c) Involvement of the court system within the appropriate legal jurisdiction and/or state licensing.
- d) Institutionalization of children with disabilities in local and state facilities should be avoided at all costs, and nontraditional solutions may need to be considered.

3. Organization and Assignment of Responsibilities

3.1. General

This plan will be activated by the DHHS Commissioner upon notification from OCFS when an emergency occurs that impacts child care operations to the extent that the state will need to operate outside of their normal realm of daily business practices.

3.2. Organization

During emergency incidents, MEMA or Maine CDC would likely be the lead agency responding to the event from the state level. However, the responsibility of managing CCSP requirements during an emergency lies with OCFS which is a part of the Maine DHHS and would work with the above entities as well as other internal and external partners to accomplish objectives.

3.3. Assignment of Responsibilities

In the event of an emergency, the DHHS Commissioner is responsible for requesting a declaration of emergency from the Governor if applicable. DHHS staff will assist with any public messaging needed.

OCFS during an emergency maintains responsibility for the administration of CCSP as it applies to families' program eligibility, and child care providers' program eligibility.

CLIS will monitor and inspect current and eligible child care provider facilities.

CCSP will continue to determine financial eligibility of services throughout emergency situations in collaboration with other internal DHHS partners.

The Public Health Emergency Preparedness program under Maine CDC which as a part of DHHS will respond to incidents with public health impacts. This includes supporting OCFS with the response by activating the Public Health Emergency Operations Center (PHEOC), dedicating personnel to assist, acquiring resources, and coordinating collaboration with stakeholders as appropriate.

Child Care Subsidy Program providers will have and maintain an emergency plan which will be activated on a case by case basis by the facility as appropriate. The CCSP providers will be in contact with OCFS to coordinate assessment and continuation or devolution of services.

3.4. Support Functions

During and emergency event, MEMA will assist Maine CDC with communication and collaboration amongst partners and resource requests if applicable.

The Fire Marshalls in coordination with CLIS will assess facilities to determine if the facility is safe to operate.

2-1-1 Maine will provide public information to parents regarding the incident and follow up procedures.

4. Direction, Control, and Coordination

4.1. Authority to Initiate Actions

This plan can be initiated at the direction of the DHHS Commissioner or their designee upon the recommendation of Maine CDC and MEMA leadership. As a result, the PHEOC may be activated to continue to monitor the situation (Level 3), partially activated (Level 2), or fully activated (Level 1). The

DHHS COOP will be activated at Level 2. For further information on activation levels and criteria see the DHHS/Maine CDC Emergency Operations Plan.

4.2. Command Responsibility

OCFS is responsible for the tasks outlined in this plan and would orchestrate the completion of these activities via the PHEOC if the event has risen to the scale that it would be activated. OCFS staff would become a part of the Incident Command System (ICS) within the PHEOC and would work with PHEP staff on resource requests, and communications among other items. If the event is not to the scale or magnitude that the PHEOC needs to be activated, OCFS will work internally to accomplish the tasks requesting assistance from partners where necessary.

5. Information Collection and Dissemination

The Maine DHHS and OCFS will be responsible for consolidating child care provider and family information for release to the Administration for Children and Families (ACF), PHEOC, SEOC, etc. This information will be collected by CLIS staff. At OCFS' discretion, and at the request of the SEOC, information will be collected and shared on the state of the child care infrastructure; such as the disaster impact to the child care facilities and programs, resources needed to resume services, anticipated date(s) of a fully operational child care infrastructure post-disaster, or other relevant information.

6. Communication

The Department of Health and Human Services, Office of Children and Family Services coordinates with DHHS/Maine CDC Office of Public Health Emergency Preparedness (PHEP) and Maine Emergency Management Agency during disasters and public health emergencies. The DHHS Commissioner, DHHS Office Directors, Maine CDC Initial Response Team Director, and the MEMA Director will receive real time information from the field and will assess the need to activate the Public Health Emergency Operations Center (PHEOC) and staff the DHHS position at the MEMA EOC. Information will be received from the local towns, regions, and state partners by way of County Emergency Managers, Health Care Coalition Directors, child care providers, and DHHS field staff.

Maine DHHS will continuously provide up-to-date accurate information to the child care provider and program staff using a variety of communications methods both pre-disasters, during, and post-disaster. Maine CDC will initiate the Vulnerable Populations Communications Plan (VPCP) to communicate public health and emergency management risk communications to vulnerable populations and individuals with functional access needs within the state. Maine DHHS/CDC will activate their MOU with a local organization to establish a 24/7 Call Center to ensure up-to-date information is available to the public, including evacuation and reunification sites for children and their families.

7. Administration, Finance, and Logistics

7.1. Administration

If the PHEOC is activated, the Planning Section Chief is responsible for collecting and compiling all event documentation including the Incident Action Plans and all completed ICS forms. These official

records serve to document the response and recovery process of Maine CDC and provide a historical record. After the emergency is over and the PHEOC is deactivated, copies of these documents will be sent to OCFS for records. If the PHEOC is not activated and OCFS is internally navigating these processes, the OCFS Director will designate an individual responsible for record retention.

7.2. Finance

Similar to the section above, if the PHEOC is activated, the Finance Section Chief will collect reports/ledges relating to department expenditures and obligations during the emergency and will then give these documents to the Planning Section Chief for the official record after which copies will be available to OCFS. A financial report will be compiled, analyzed, and submitted to DHHS for possible reimbursement following an event. If the PHEOC is not activated, the OCFS Director will designate an individual responsible for performing these functions.

7.3. Logistics

If the PHEOC is activated, the Logistics Section Chief will work with PHEOC and OCFS staff to determine any logistical needs. The Logistics Section Chief will work with CLIS, the Fire Marshall's office, and other internal and external partners as appropriate to coordinate the necessary resources to respond. If the PHEOC is not activated, OCFS will coordinate with CLIS to coordinate any logistical necessities.

8. Annex Development and Maintenance

8.1. Development

The DHHS Child Care Emergency Plan is developed by OCFS staff in close coordination and cooperation with DHHS partners and external stakeholders.

8.2. Maintenance

The DHHS Child Care Emergency Plan will be reviewed annually by a group of OCFS stakeholders. The plan will additionally be updated to reflect lessons learned as they emerge from After Action Reports/Improvement Plans, following real events or planned trainings and/or exercises.

The plan will also undergo a Comprehensive Review every three to five years where substantial changes will be discussed. These changes will be discussed internally and vetted with Maine CDC, MEMA, and additional external partners as appropriate. Any agreed upon changes will be added to the plan and approved by the group.

9. Authorities and References

Authorities:

U.S. Department of Health and Human Services, Office of the Administration of Children and Families, the Child Care and Development Block Grant Act (CCDBG) of 2014

References

- Child Care and Development Fund (CCDF) Plan for Maine FFY2019-2021
- 2016 CCDF Final Rule Version September 23, 2016
- Maine DHHS Office of Child and Family Services Chapter 6 Child Care Subsidy Rules
- Family Child Care Provider Licensing Rule 10-144 Chapter 33
- Rules for the Licensing of Child Care Facilities 10-148 Chapter 32
- Y.I.K.E.S.
- DHHS Language Access Policy, #DHHS-01-03

10. Appendices

Acronyms

ACF	Administration for Children and Families
CCDF	Child Care Development Fund
CCSP	Child Care Subsidy Program
CLIS	Children’s Licensing and Investigation Services
ICS	Incident Command System
Maine CDC	Maine Center for Disease Control and Prevention
Maine DHHS	Maine Department of Health and Human Services
MEMA	Maine Emergency Management Agency
MEVOAD	Maine Voluntary Organizations Active in Disaster
MOA	Memoranda of Agreement
MOU	Memoranda of Understanding
OCFS	Office of Child and Family Services
PHEOC	Public Health Emergency Operations Center
PHEP	Public Health Emergency Preparedness
SEOC	State Emergency Operations Center
SAMHSA	Substance Abuse and Mental Health Services Administration
UMR	Unaccompanied Minors Registry
VPCP	Vulnerable Populations Communications Plan