Save the Children®

Every day. In times of crisis. For our future.

Still at Risk:

U.S. Children 10 Years After Hurricane Katrina

2015 National Report Card on Protecting Children in Disasters

Introduction

Ten years ago, in August 2005, Hurricane Katrina wreaked havoc along the U.S. Gulf Coast, leaving 1,833 dead,[1] driving more than 1 million people from their homes,[2] and forcing more than 300,000 children to enroll in new schools around the country,[3] sometimes very far from the communities they once knew.

Remarkably, few children died as a result of Hurricane Katrina. But the storm has had a lasting, negative impact on tens of thousands of children who survived the storm, only to suffer from serious emotional and developmental consequences for years afterward. In fact, children remain among the most vulnerable survivors of the storm. More than 5,000 cases of missing children were reported separated from their families after Katrina, many for weeks, and some for months.[4] Children suffered the deaths of loved ones and the loss of their most precious possessions and pets. The storm destroyed child care centers and schools, setting children back and leaving parents with fewer resources to assist their children in the storm's aftermath. And children from low-income families often suffered the most.[5]

As the nation began to recognize Katrina as the most destructive storm in U.S. history, triggering the largest migration of Americans since the Dust Bowl in the 1930s,[6] it also became clear to disaster response experts that the unique needs of children, who constitute 25 percent of the nation, had been largely overlooked in federal and state disaster planning.

In response to concerted advocacy by Save the Children and many child advocacy groups, President George W. Bush and Congress created the National Commission on Children and Disasters to assess the gaps in federal planning that put children at risk, and to formulate recommendations that could guide a national movement to close those gaps and help states better protect our children.

The commission's comprehensive assessment found that "children were more often an afterthought than a priority" across 11 functional areas of U.S. disaster planning. In 2010, the commission issued its final report, with 81 recommendations and sub-recommendations aimed at ensuring children's unique needs are accounted for in U.S. disaster preparedness, response and recovery.[7]

Now, 10 years after Hurricane Katrina, Save the Children has commissioned research to determine progress made on these recommendations. While the federal government has made progress in addressing the commission's recommendations, our research indicates that nearly four in five of the recommendations have not been fully met.

Save the Children finds that just 17 of the commission's recommendations have been fully met, with 44 still a work in progress. The remaining recommendations – 20 in all – have not been addressed. This report represents the first formal review of these recommendations since 2010 (see chart). In each key area, we provide a snapshot of progress to date – and gaps that remain – in meeting these recommendations.

In an era when disasters are growing in frequency and impact,[8] these findings indicate that much work remains to be done – both by Congress and the executive branch – to ensure children are protected when crisis strikes. A decade after the nation's Katrina wake-up call, America's children remain far more vulnerable to disaster than they need be.

Our children, still at risk, deserve better.

COVER: *On September 1, 2005, a woman cries as she and her child await evacuation from the New Orleans Convention Center, three days after Hurricane Katrina landed and the levees broke, setting off massive flooding in the city. "The failure of complete evacuations led to preventable deaths, great suffering, and further delays in relief," according to the final 2006 Congressional investigation by the Select Bipartisan Committee to Investigate the Preparation and Response to Hurricane Katrina.*

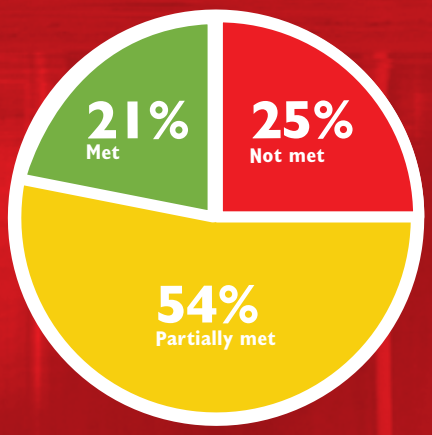
Cover Photo: AP, Eric Gay

For a complete list of all sub-recommendations:
SavetheChildren.org/Katrina10-Status

Recommendations by the National Commission on Children and Disasters

Our current status report on action taken to meet the commission's 81 recommendations across 11 thematic areas:

	Met	Partially met	Not met
1. Disaster Management and Recovery	1	8	3
2. Mental Health	2	4	2
3. Child Physical Health and Trauma	3	11	4
4. Emergency Medical Services and Pediatric Transport	0	5	1
5. Disaster Case Management	1	2	0
6. Child Care and Early Education	4	2	1
7. Elementary and Secondary Education	0	4	3
8. Child Welfare and Juvenile Justice	2	3	4
9. Sheltering Standards, Services and Supplies	3	0	0
10. Housing	0	3	1
11. Evacuation and Reunification	1	2	1
TOTAL	17	44	20



79% of the recommendations by the National Commission on Children and Disasters formed after Hurricane Katrina **remain unfulfilled.**

1. Disaster Management and Recovery

Although a massive disaster in scale, Hurricane Katrina is not the only disaster to have a devastating impact on children. In recent years, there have been vivid and tragic examples of how vulnerable children are in emergencies – including Hurricane Sandy, which forced thousands of children and families to take refuge in shelters, the Sandy Hook school massacre of 20 first graders and six educators, and the deadly Moore, Oklahoma tornado that killed 24 people, including nine children, and destroyed several schools and child care centers.

Every region of the nation is at risk for one or more types of disaster. And in every community, children are among the most vulnerable. As the National Commission on Children and Disasters, the Institute of Medicine and other experts have noted, children "are not simply small adults," and disaster management planning and policies must address their unique needs.

Children face unique:

- **Developmental risks:** Disruption to children's schooling, housing, friendships, health care and family networks can stunt children's ability to advance emotionally, socially and academically.

- **Protection risks:** Without adequate adult support and guidance children may not know what to do when a disaster strikes and may not receive the care, protection, shelter and transportation they require. Children separated from their parents are especially vulnerable to predators and other dangers and need to be quickly reunited with loved ones.

- **Physical needs:** Infants and young children in emergency shelters have different nutritional needs than adults and require age-appropriate supplies, such as baby formula, diapers, clothes and cribs.

- **Medical needs:** Treating children requires specialized training, equipment and medications, and children are physically more susceptible to chemical, biological and nuclear threats.

PROGRESS: The federal government's executive branch has made significant progress in recognizing the unique needs of children in emergencies. The Department of Health and Human Services (HHS) has put explicit emphasis on children's needs in various divisions, including in its emergencies division and the Centers for Disease Control and Prevention (CDC). Its Administration for Children and Families division is helping advance the creation of community working groups to address children's comprehensive needs when disaster strikes. An HHS-led interagency children in disasters working group has also made notable progress on child health issues. The Department of Homeland Security's (DHS) Federal Emergency Management Agency (FEMA) has taken a proactive approach in protecting children in emergencies, working closely with governmental and non-governmental partners in disaster planning, preparedness, response and recovery.

Of every $10 in federal emergency preparedness grants, less than 1¢ has gone toward activities targeting children's safety.* (2004-2012)

*See methodology on page 22.

GAPS:

Progress is tenuous. Addressing children's needs in federal disaster planning has not always been institutionalized, and as a result, may not continue under future administrations. To date, there is no presidential strategy on children and disasters, and the federal government has largely declined to formally classify children's needs as a distinct priority area in disaster planning – two key commission recommendations.

Progress is not yet trickling down. As the commission noted, state and local entities are "where the bedrock of the nation's disaster planning and management systems lie," but many states and local entities do not follow nonbinding federal guidance and rarely prioritize children's needs when seeking federally-funded preparedness grants.
(See graphic on this page.)

Progress is limited by funding and lack of authority. In numerous areas, the commission's recommendations that Congress strengthen protections for children through increased funding have not materialized. At the same time, some key preparedness grant programs, including for hospitals and schools, have been cut. Congress has also failed to empower federal agencies with new authority required to fulfill a number of the commission's recommendations.

Progress is not being monitored. Congress and the executive branch have neglected to set up a formal accountability and monitoring system to track progress across the commission's recommendations, and this report represents the first known attempt to do so.

For a complete list of all sub-recommendations, rated by color in each section visit: **SavetheChildren.org/Katrina10-Status**

ABOVE: *Rescuers use an old rowboat to evacuate children and an elderly woman from their flooded homes in Gulfport, Miss., after Hurricane Katrina struck the Gulf Coast on Monday, August 29, 2005.*

This page: AP Photo/John Bazemore

Recommendation 1.1 Distinguish and comprehensively integrate the needs of children across all inter- and intra-governmental disaster management activities and operations. a b c d e f g

Recommendation 1.2 The President should accelerate the development and implementation of the National Disaster Recovery Framework with an explicit emphasis on addressing the immediate and long-term physical and mental health, educational, housing, and human services recovery needs of children. a

Recommendation 1.3 The Department of Homeland Security (DHS)/Federal Emergency Management Agency (FEMA) should ensure that information required for timely and effective delivery of recovery services to children and families is collected and shared with appropriate entities. a b c

Recommendation 1.4 DHS/FEMA should establish interagency agreements to provide disaster preparedness funding, technical assistance, training, and other resources to state and local child serving systems and child congregate care facilities. a

I can't leave my kids walking around here lost, like I am

I have nothing left from my childhood but [my dad's ashes] – and a lot of bad memories. His body was so badly decomposed, we couldn't do a burial, so we cremated him. Every day, even to this day, I'll wake up like I want it to be August 28th, 2005 and I'm waking up, going to school, and it's all going to be one big, bad dream. They say, time heals all wounds, but I don't think that's true in certain cases.

– TINEISHA, HURRICANE KATRINA SURVIVOR

2. Mental Health

A 7-year-old girl was rescued from the floodwaters by boat and placed in a shelter apart from her family. She had multiple cigarette burns when reunited with her family. In the first two years after the storm, she attended five different schools. Her symptoms included chronic bedwetting, hyperventilation and self-injurious behavior. She was diagnosed with post-traumatic stress disorder.

An 8-year-old boy was evacuated from floodwaters, where he witnessed dead bodies floating by. He had persistent school problems while living in a Texas homeless shelter. After resettling in New Orleans, his school referred him to counseling because of disruptive behavior.

A 5-year-old boy was stuck in his home for days before being rescued. As the floodwaters rose around him, his family had to break through their roof with an axe to avoid drowning. In the months that followed, he was terrified of being separated from his mother, but was unable to verbalize what he was going through. He repeatedly drew pictures of his family being stuck under rising floodwaters.

These examples are drawn from researchers exploring Hurricane Katrina's widespread, deep and enduring impact on children's mental health.[9] After Katrina, hundreds of thousands of children lost their homes and the communities they grew up in. Many lost loved ones and family pets. Countless children witnessed death while wading through or being rescued from rising waters after the levee breach. Thousands of children were separated from their families and caregivers, and when rescued, were placed in shelters in different cities and states. Many children spent days in unsanitary shelters with insufficient food and water, and where there were many accounts of violence and sexual assaults.[10 11] By the time they were able be evacuated from the city, many young children had to be hospitalized due to serious illness and malnutrition.[12]

Many of the children and communities most affected by Katrina were already struggling with the stresses of poverty and community violence prior to the storm. Such pressures not only resurfaced, but sometimes intensified after Katrina. But now, traumatized children faced this adversity without the support of community and family networks that the disaster had ripped apart. Meanwhile their primary caregivers were also struggling. Two years after the storm, one study of adults found that one in 12 of New Orleans residents wanted to kill themselves.[13] Four years after the storm, another study found one-third of low-income mothers suffered from post-traumatic stress disorder.[14]

Recommendation 2.1 The Department of Health and Human Services (HHS) should lead efforts to integrate mental and behavioral health for children into public health, medical, and other relevant disaster management activities. a

Recommendation 2.2 HHS should enhance the research agenda for children's disaster mental and behavioral health, including psychological first aid, cognitive-behavioral interventions, social support interventions, bereavement counseling and support, and programs intended to enhance children's resilience in the aftermath of a disaster. a

Recommendation 2.3 Federal agencies and nonfederal partners should enhance pre-disaster preparedness and just-in-time training in pediatric disaster mental and behavioral health, including psychological first aid, bereavement support, and brief supportive interventions, for mental health professionals and individuals, such as teachers, who work with children. a

Recommendation 2.4 DHS/FEMA and the Substance Abuse and Mental Health Services Administration (SAMHSA) should strengthen the Crisis Counseling Assistance and Training Program (CCP) to better meet the mental health needs of children and families. a b c d

Recommendation 2.5 Congress should establish a single, flexible grant funding mechanism to specifically support the delivery of mental health treatment services that address the full spectrum of behavioral health needs of children, including treatment of disaster-related adjustment difficulties, psychiatric disorders, and substance abuse. a

“The mental health needs of children were immense, but far too many never got the help they desperately needed.”

— DAVID ABRAMSON, DIRECTOR OF NEW YORK UNIVERSITY'S PROGRAM ON POPULATION IMPACT, RECOVERY AND RESILIENCY

As the commission recognized, research has shown that after a disaster, many children experience academic failure, post-traumatic stress disorder, depression, anxiety, bereavement, delinquency and substance abuse.[15] These effects can have a long-lasting impact on young lives – especially when not addressed early – and children are also particularly vulnerable because they cannot independently secure the help they need.[16 17]

“The mental health needs of children were immense after Katrina, but far too many kids never got the help they desperately needed,” said David Abramson, Director of New York University's Program on Population Impact, Recovery and Resiliency. “The federal funding stream for mental health services is much shorter than the actual need. Our research demonstrated that after Katrina, and we're finding the same thing is holding true after Hurricane Sandy.”

While at Columbia University, Abramson led a study tracking 1,079 households displaced or heavily affected by Katrina. After four years, the study found that 36 percent of children showed signs of serious emotional disturbances. Yet more than half of parents who felt their children needed professional help said they were not receiving it. The major barriers that parents reported included not knowing where to go for help, lack of insurance coverage for treatment, no available providers and lack of transportation or child care for other children in the family.[18]

In 2009, the commission expressed surprise and concern that “children's mental and behavioral health needs are virtually ignored across federal and state disaster planning efforts, and training exercises neglect to test for pediatric mental health response capacity.”[19]

In its final report, the commission called for a new prioritization of children's mental health in U.S. disaster planning and mechanisms to direct more resources to children in desperate need of help.

AT LEFT: *After Hurricane Sandy flooded their Brooklyn apartment, Rachel, then 3, and her family slept on other people's floors for two months. Rachel cried nightly for weeks, panicked every time it rained for many months, and refused to drink the bedtime milk that used to comfort her. Her prized Dora cup had been lost along with all her family's belongings.*

PROGRESS: In line with the commission's recommendation, HHS has formally incorporated mental health into U.S. disaster planning with the 2011 release and 2014 update of its Behavioral Health Concept of Operations. Additionally, FEMA and HHS's Substance Abuse and Mental Health Services Administration (SAMHSA) have made it easier for disaster-affected communities to access a key short-term federal program, the Crisis Counseling Assistance and Training Program (CCP). The once complex grant application process is now much shorter.

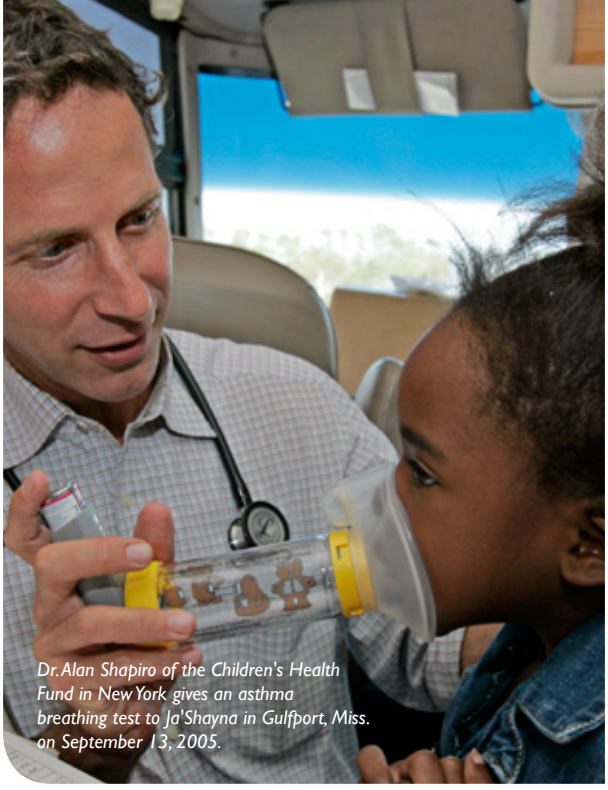
GAPS: Other recommendations to strengthen the CCP have not been fully adopted. However, as the commission recognized, the CCP is primarily a referral service that was not designed to meet the full-range of short-term mental health needs after a disaster. Nor was it designed to address major post-disaster deficits in community mental health capacity or provide access to longer-term mental health services. The commission called upon Congress to establish a flexible grant funding mechanism to much more fully support the broad scope of children's often dire post-disaster mental health needs. That has not happened.

I don't get angry as much

Just before an EF5 tornado destroyed his Moore, Okla. home in 2013, Hunter, then 14, helped his mom rush younger siblings to a storm shelter. He calmed them as the twister raged above, and helped free trapped neighbors once it passed. "It's something that could scar you for life," he later said. Hunter credits Save the Children's Journey of Hope program with helping him recover. "Children need special attention because, if they don't talk it out, they could bottle it up and bury it deep inside. It can stay in there, and it can come out as aggression or, in my case, depression if you have no outlet for your feelings," he said.

"My little boy had become a man, instantly."

— SHEILA, HUNTER'S MOM AND TORNADO SURVIVOR



Dr. Alan Shapiro of the Children's Health Fund in New York gives an asthma breathing test to Ja'Shayna in Gulfport, Miss. on September 13, 2005.

3. Child Physical Health and Trauma

PROGRESS: In passing the Pandemic and All-Hazards Preparedness Reauthorization Act in 2013, Congress took a critical step in addressing the commission's extensive health recommendations. As a direct result, HHS last year convened the National Advisory Committee on Children and Disasters, whose 15 expert members from federal and state agencies, private practice and the nonprofit sector now advise and consult with the HHS Secretary on children's disaster-related medical and public health needs. Other important developments spurred by the commission are a new children's preparedness unit at the CDC, as well as the Pediatric and Obstetric Integrated Program Team in the HHS division dedicated to medical countermeasures. MCMs, as they are called, are used to protect people from threats such as chemical, biological and nuclear attacks or accidents and infectious disease outbreaks, but MCMs appropriate for children have long been in short supply. A 2013 study by the U.S. Government Accountability Office (GAO) found that HHS has successfully addressed numerous challenges to improving the availability of MCMs appropriate for children,[20] although the American Academy of Pediatrics (AAP) cautions that gaps still remain. The National Disaster Medical System is now led by a pediatrician, and it is taking measures to assess and improve its pediatric response capacity.

GAPS: The AAP warns that despite important progress, current pediatric capacity among the nation's health care providers and hospitals may be insufficient in the case of a mass emergency that seriously injures or sickens large numbers of children. The current best practice of referrals to children's hospitals and other specialized care facilities means that many health care providers are not well-practiced in caring for critically ill children, and a recent survey showed that only 47 percent of hospitals have emergency plans that specifically address the care of children.[21] Continuity and restoration of both physical and mental health services for children after a disaster also remain at risk. Congress has not followed the commission's recommendation to change the law to allow post-disaster federal support for struggling for-profit providers. Child health advocates have also been unable to gain traction with Congress on a more limited change that would benefit only providers serving predominantly low-income children. HHS has not followed the commission's recommendation to expand post-disaster incentive payments from Medicare to Medicaid and the Children's Health Insurance Program, so they could also benefit pediatricians and children.

Recommendation 3.1: Congress, HHS, and DHS/FEMA should ensure availability of and access to pediatric medical countermeasures (MCMs) at the federal, state, and local levels for chemical, biological, radiological, nuclear, and explosive threats. a b c d e f

Recommendation 3.2: HHS and the Department of Defense (DOD) should enhance the pediatric capabilities of their disaster medical response teams through the integration of pediatric-specific training, guidance, exercises, supplies, and personnel. a b c

Recommendation 3.3: HHS should ensure that health professionals who may treat children during a disaster have adequate pediatric disaster clinical training. a b

Recommendation 3.4: The Executive Branch and Congress should provide resources for a formal regionalized pediatric system of care to support pediatric surge capacity during and after disasters. a b

Recommendation 3.5: Prioritize the recovery of pediatric health and mental health care delivery systems in disaster-affected areas. a b c d

Recommendation 3.6: The Environmental Protection Agency (EPA) should engage state and local health officials and nongovernmental experts to develop and promote national guidance and best practices on reoccupancy of homes, schools, child care, and other child congregate care facilities in disaster-impacted areas. a

This page: AP Photo/Darron Cummings

4. Emergency Medical Services and Pediatric Transport

In the chaotic days after the levees broke in New Orleans, Dr. Steven Spedale, chief of the neonatology unit of the Woman's Hospital of Baton Rouge, and his colleagues hardly stopped running as helicopters with ailing babies continued to land on the hospital's roof – often with no forewarning and no medical records to guide their efforts. At one point, Spedale received a call that a nurse in one New Orleans hospital – which had been reported as fully evacuated – was desperately seeking rescue for some 20 critically ill babies still in the neonatal intensive care unit (NICU). U.S. Military helicopters were essential to filling gaps in local transport capacity, but as the Department of Defense later told the commission, their personnel lacked specific training and equipment needed to protect children and fragile newborns.

As Congress and others later concluded, medical evacuation efforts were not coordinated through federal, state or local disaster agencies. "If not for the organization and planning of out-of-state private pediatric transport services, many critically ill newborns and children may not have survived," one article in the Clinical Emergency Pediatric Medicine journal noted.[22 23]

"People will fall into the trap if they think it's only a hurricane [that can force evacuations]," Dr. Spedale said in a recent interview with Save the Children. "It can be a chemical explosion, it can be terrorist attack. You just don't know. We knew Hurricane Katrina was coming. That won't always be the case."

PROGRESS: HHS has directed its new National Advisory Committee on Children and Disasters to investigate the nation's current capacity for pediatric transport, and this spring the committee made a number of recommendations for improvements.[24] In 2014, Congress authorized $20 million annually to fund research and training grants to improve emergency medical services for children.

GAPS: The United States still lacks a coordinated national strategy to improve pediatric emergency transport and care in disasters. No federal agency has been designated as the lead on pre-hospital emergency medical services preparedness. Grant funding to improve pediatric emergency preparedness remains below the $35 million annual level the commission recommended.

Recommendation 4.1: The President and Congress should clearly designate and appropriately resource a lead federal agency for emergency medical services (EMS) with primary responsibility for the coordination of grant programs, research, policy, and standards development and implementation. a

Recommendation 4.2: Improve the capability of EMS to transport pediatric patients and provide comprehensive prehospital pediatric care during daily operations and disasters. a b c d

Recommendation 4.3: HHS should develop a national strategy to improve federal pediatric emergency transport and patient care capabilities for disasters. a

ABOVE: *More than 120 babies – many of them premature newborns – were evacuated to Woman's Hospital of Baton Rouge in the days after Hurricane Katrina flooded New Orleans.*

Photos courtesy of Woman's Hospital of Baton Rouge

THIS PAGE: *Fema Trailer Camp in Picayune, Mississippi. Photograph by Jody Simms*

5. Disaster Case Management

After Hurricane Katrina, tens of thousands of evacuees found it difficult to access federal aid. The reason: not enough case managers were readily available with the proper skills to help families get the federal support for which they qualified. Many evacuees did not know where to turn for help. The U.S. Government Accountability Office (GAO) found that federal efforts to provide assistance failed to include outreach to evacuees in group housing sites, such as FEMA trailer parks.[25]

Meanwhile, the needs were intense. A randomized survey of Katrina trailer park inhabitants in Louisiana and Mississippi identified high rates of household illness, shortages of drinking water and many parents facing difficulties getting their children to school. Half of those surveyed faced major depression. Amidst their families' struggles for transportation, shelter and security, many thousands of children ripped from their homes were now living in temporary communities, where domestic violence, suicide attempts and suicide completion rates had skyrocketed – to three, 14 and 78 times higher than the U.S. average.[26]

PROGRESS: It wasn't until 2006 that the Post-Katrina Emergency Management Reform Act formalized a role for the federal government to fund and develop disaster case management programs. FEMA's Disaster Case Management Program was created to supplement a state's existing capacity for case management. In 2009, the Administration of Children and Families started its own program, in coordination with FEMA, which pre-credentials case managers and provides training in the needs of children as recommended by the commission.

GAPS: Accounts of disaster case management following Hurricane Sandy suggest that challenges remain in coordinating and implementing disaster case management services quickly. Community leaders and disaster experts say months-long lags in large-scale federal support to hard-hit areas is particularly problematic at a time when local community organizations are also struggling to rebound. But some experts also say that structural constraints on scaling up staffing quickly and a lack of academic disaster case management research into best practices make this a difficult issue to address.

Recommendation 5.1: Disaster case management programs should be appropriately resourced and should provide consistent holistic services that achieve tangible, positive outcomes for children and families affected by the disaster.

a b c

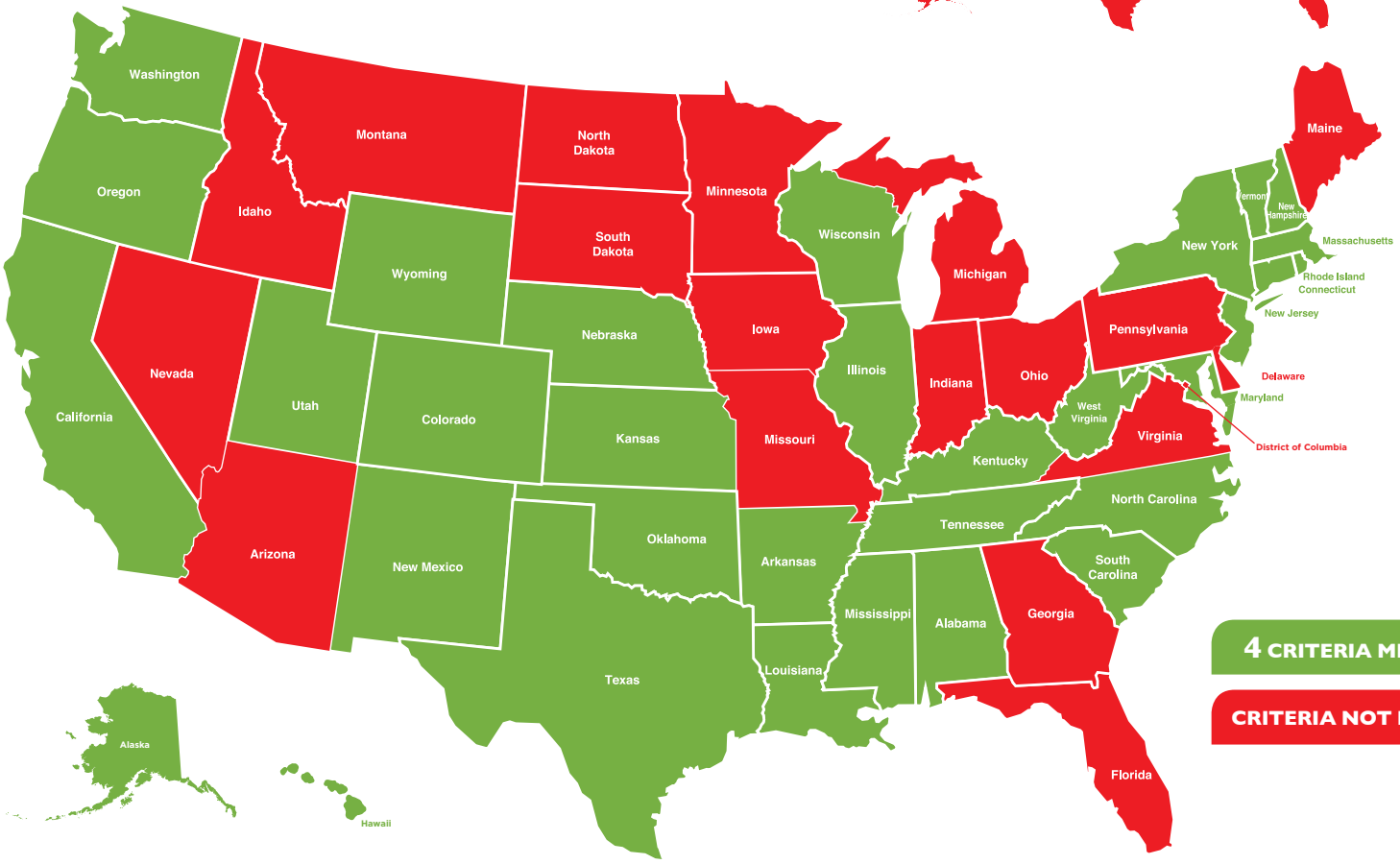
STATE	Child Care Standards: Evacuation/ Relocation Plan	Child Care Standards: Family-Child Reunification Plan	Child Care Standards: Children with Special Needs Plan	K-12 Multiple Disaster Plan	CRITERIA MET
Alabama	●	●	●	●	4
Alaska	●	●	●	●	
Arkansas	●	●	●	●	
California	●	●	●	●	
Colorado	●	●	●	●	
Connecticut	●	●	●	●	
Hawaii	●	●	●	●	
Illinois*	●	●	●	●	
KANSAS	●	●	●	●	
Kentucky	●	●	●	●	
Louisiana	●	●	●	●	
Maryland	●	●	●	●	
Massachusetts	●	●	●	●	
Mississippi	●	●	●	●	
Nebraska	●	●	●	●	
New Hampshire	●	●	●	●	
New Jersey	●	●	●	●	
New Mexico	●	●	●	●	
New York	●	●	●	●	
North Carolina	●	●	●	●	
Oklahoma	●	●	●	●	
OREGON*	●	●	●	●	
Rhode Island	●	●	●	●	
SOUTH CAROLINA	●	●	●	●	
Tennessee	●	●	●	●	
Texas	●	●	●	●	
Utah	●	●	●	●	
Vermont	●	●	●	●	
Washington	●	●	●	●	
West Virginia	●	●	●	●	
Wisconsin	●	●	●	●	
Wyoming	●	●	●	●	
Delaware	●	●		●	3
District of Columbia	●	●	●		
Missouri	●	●	●		
Ohio	●	●		●	
Pennsylvania	●	●		●	
Virginia		●		●	
Florida		●		●	2
Indiana		●		●	
Minnesota		●		●	
Nevada	●			●	
Arizona				●	1
Georgia				●	
Idaho				●	
Maine				●	
Michigan				●	
Montana				●	
North Dakota	●				
South Dakota				●	
Iowa					0 CRITERIA MET

States listed in GREEN meet all four standards for the first time.

* Denotes draft regulations meet criteria and will be adopted in 2015.

2015 – Our Annual Disaster Report Card

This year, we find 32 states now require minimum emergency planning standards at schools and child care. But a decade after Hurricane Katrina, 18 states and D.C. still fall short.



Methodology: Definitions and Applications for Save the Children's Report Card Standards

In Save the Children's annual National Report Card on Protecting Children in Disasters, a state is not considered to meet a particular standard unless (1) the substance of the standard meets national guidelines; (2) the standard is mandated; and (3) all regulated child care providers—or in the case of standard No. 4, all schools—are subject to the standard. Substantive descriptions of the standards are presented below. A rule is considered mandated if it is (1) in statute, (2) in regulation, or (3) provided by the relevant agency as mandatory guidance. Mandatory guidance includes forms, templates, and technical assistance that are provided to child care providers and are required to be completed or implemented.

Standard 1: A plan for evacuating children in child care

The state must require that all child care providers have a written plan for evacuating and safely moving children to an alternate site. The plan must include provisions for multiple types of hazards. Many states have different licensing requirements and regulations for different kinds of providers.

Standard 2: A child care plan for reuniting families after disaster

The state must require that all child care providers have a written plan for emergency notification of parents and reunification of families following an emergency. Again, a state may have multiple classes of child care with separate regulations and the standard must apply to all regulated child care providers.

Standard 3: A plan for children with disabilities and those with access and functional needs in child care

The state must require that all child care providers have a written plan that accounts for children with disabilities and those with access and functional needs. This standard must go beyond specific classes of special needs that may exist elsewhere in state code — it must include a specific requirement indicating how all children with special needs will be included in the emergency plan. The requirement must apply to all regulated child care providers.

Standard 4: A multi-hazard plan for K-12 Schools

The state must require that all schools have a disaster plan that addresses multiple types of hazards and covers a number of responses, including evacuation, shelter-in-place, and lock-down situations. Mandating fire or tornado drills alone is not sufficient for states to meet the standard, as these activities do not address other types of hazards.

Child Care Heroes

When a fierce tornado tore through Louisville, Miss. last year, one seriously injured child care worker rescued a toddler from the rubble after she was ripped from his embrace. Another child care professional lost her own life while protecting a 4-year-old girl.

6. Child Care and Early Education

Child care and early education services are essential to supporting children, families and communities across the spectrum of disaster planning. An estimated 12 million children are enrolled in child care and pre-kindergarten programs nationwide.[27]

Preparedness:
When disaster strikes, child care emergency plans and trained staff may be all that can keep children safe. Yet in 2008, only four states – Nevada, Utah, Virginia and Washington – required all regulated child care centers to meet basic preparedness standards on evacuation, reunification and protecting children with special needs. Building on the commission's interim and final recommendations in this area, Save the Children has since conducted state-by-state advocacy to get these protections established.

This year, our annual Disaster Report Card finds that 33 states and the District of Columbia now meet the three preparedness standards for child care. Most of these, but not all, also meet the minimum standard for school preparedness.
(See chart on page 12.)

PROGRESS: Last October, Congress took a major step forward in protecting children in child care from disasters, by requiring all states to meet these standards under the Child Care Development Block Grant Reauthorization Act of 2014. By September 2016, all 50 states are expected to require all regulated child care centers to meet the minimum preparedness protections recommended by the commission. Child care preparedness has also been an area of significant focus and progress at FEMA and the Administration for Children and Families, which have developed disaster preparedness training guidance for child care providers and begun preparedness trainings for Head Start grantees, respectively.

AT LEFT: *Director Deborah Holmes surveys the wreckage at Destiny's Daycare in April 2014. Her son, Marcus, is shown weeks later playing with Za'Toriah, who he had shielded in the center's bathtub before the tornado tore them apart. Despite a serious head wound, Marcus dug the semi-responsive toddler out and carried her half a mile to find help getting to a hospital.*

Recovery:
Child care services are also critical to disaster relief and recovery efforts. Restoring access to child care, Head Start and preschool promotes:

Children's resiliency – By providing a comforting routine, safety and age-appropriate activities, quality child care services support the emotional, social and developmental recovery of displaced and traumatized children.

Economic recovery – Access to child care supports the economic wellbeing of families and communities, as they seek to get back to work and rebuild. Mississippi recognized these benefits after Hurricane Katrina destroyed many of the state's child care centers. The state spent more than $1.6 million to provide child care to 2,700 displaced children for 60 days, with the expectation that the federal government would reimburse the costs. However, there was no mechanism for FEMA to do so, and the hard-hit state had to absorb the costs.[29]

PROGRESS: FEMA and Congress have made important advances in meeting the commission's recommendations on child care, including codifying it as an "essential service." The Sandy Recovery Improvement Act (SRIA) of 2013 now provides FEMA the specific authority to pay for "child care" expenses as disaster assistance under the Individual and Households Program. In addition, FEMA may provide recovery assistance to non-profit child care providers and may reimburse states for some child care services provided in shelters.

GAPS: FEMA does not currently have authority to provide recovery assistance to private for-profit child care programs, which are responsible for most child care in the U.S. The commission recognized the dire need to help regulated child care programs reopen. Yet, after Hurricane Sandy and other recent disasters since Katrina, the majority of damaged and destroyed child care programs have again received little to no federal recovery support.

Recommendation 6.1: Congress and HHS should improve disaster preparedness capabilities for child care. a b

Recommendation 6.2: Congress and federal agencies should improve capacity to provide child care services in the immediate aftermath of and recovery from a disaster. a b c d

Recommendation 6.3: HHS should require disaster preparedness capabilities for Head Start Centers and basic disaster mental health training for staff. a

7. Elementary and Secondary Education

Schools (K-12) are the first line of defense for more than 57 million children every day. In addition, schools can serve as a central hub for children who need services following a disaster.

Preparedness:

PROGRESS: Today, all but three states and the District of Columbia require schools to have a written, multi-hazard preparedness plans (see chart on page 12). In 2008, when Save the Children began tracking this standard based on the commission's work, 19 states failed to meet this standard.

GAPS: Federal resources to help ensure the successful implementation of emergency plans have fallen short. In 2007, the GAO found that 62 percent of all school districts complained that they lacked equipment, training and expertise to prepare for disasters. To address these gaps, the commission recommended that Congress and the Department of Education increase federal resources for state education agencies to ensure preparedness plans were in place across districts. While some federal grant funding for schools remains available, Congress has eliminated grants under the Readiness and Emergency Management for Schools program (REMS), which the commission had recommended expanding to achieve a more consistent, accountable approach to school preparedness. In addition, Congress has not acted on the commission's recommendation to create permanent funding mechanisms to help school districts take in evacuee children who have been forced from their homes in other districts.

Following Hurricane Katrina, Texas school districts did receive federal funding to help manage the needs of thousands of evacuee students, but only after months of waiting for federal help. Today, Texas is once again facing a crisis-driven wave of new students – this time, migrant children fleeing violence and insecurity in Central America.

"It's outrageous that 10 years later, our schools have even fewer resources as they face a similar influx of displaced children," said Texas State Representative Donna Howard.

Mental Health Support:

Children's mental health expert Jane Parker of Tulane University said one of the saddest things she's seen in New Orleans was a dramatic glimpse of Katrina's ongoing impact on kids nearly nine years later. During a moderate storm in the middle of a school day, she came across teachers escorting visibly distressed teenagers onto buses to go home. "I told them, I think it might be dangerous to put them on the bus in the storm. The teachers said, 'Dr. Parker, we know that, we realize that, but we have to let them go home. They are freaking, they all freak, and we cannot contain it, we have to send them home.'"

PROGRESS: The REMS program, although no longer providing grant funding, offers online psychological first aid resources for educators to help children after a disaster. The Department of Education has started a new smaller grant program aimed at reducing violence in schools, which includes some support for mental health services.

GAPS: Overall, federal funding for post-disaster mental health services remains limited for schools, as elsewhere (see Mental Health section). The commission's concerns that most teachers receive little to no training in supporting children after a disaster have not been addressed through federal grants as recommended.

> **"It's outrageous that 10 years later our schools have even fewer resources, as they face a similar influx of displaced children."**
>
> — TEXAS STATE REP. DONNA HOWARD

Recommendation 7.1: Congress and federal agencies should improve the preparedness of schools and school districts by providing additional support to states. a b

Recommendation 7.2: Congress and the Department of Education should enhance the ability of school personnel to support children who are traumatized, grieving, or otherwise recovering from a disaster. a

Recommendation 7.3: Ensure that school systems recovering from disasters are provided immediate resources to reopen and restore the learning environment in a timely manner and provide support for displaced students and their host schools. a b c d

I feel mad when...

A second grader explores feelings of anger in a Journey of Hope session at a school on Manhattan's Lower East Side after Hurricane Sandy. Save the Children collaborated with Gulf Coast children after Hurricane Katrina to create this group psycho-social program. By building coping skills, resiliency and peer support, the program helps disaster-affected kids reduce fear, anger, sadness and the risk of post-traumatic stress disorder. It also helps identify children in need of clinical help.

CIRLCE INSET: *Eliana, 7, participates in Save the Children's Journey of Hope program at the Staten Island Mental Health Society's summer camp after Hurricane Sandy.*

8. Child Welfare and Juvenile Justice

After Hurricane Katrina, child welfare systems along and well beyond the Gulf Coast were caught unprepared.

Some 2,000 foster children from New Orleans alone were evacuated to 19 states. A 2006 GAO study found that only 20 states and D.C. had written child welfare disaster plans, that their quality varied, and that only six state plans addressed taking children in from other states.[30] Other studies for and by the Department of Justice (DOJ) found that juvenile justice systems across the country were also largely unprepared for disaster – and that failure to adequately care for these children post-disaster posed serious risks to both the children and the larger community.[31]

PROGRESS: DOJ fulfilled the commission's interim recommendation to assess state juvenile justice disaster plans around the country and found they typically fell well short of comprehensive disaster planning. Since that time, DOJ has made efforts to help states improve planning by creating the Justice Working Group on Children and Disasters, issuing new guidance and, since 2014, providing technical assistance to assist select jurisdictions with implementation.

GAPS: State efforts are voluntary, and Congress has not required state juvenile justice systems to have comprehensive disaster plans in place, as recommended by the commission. And while Congress did require state child welfare systems that oversee foster care to improve their disaster planning in 2006, a 2008 review of state plans by the National Council of Juvenile and Family Court Judges found the resulting plans lacking in specificity.[32] However, the Department of Health and Human Services notes it is providing technical assistance and support to child welfare grantees regionally and nationally. There does not appear to be an updated evaluation to show impact.

Recommendation 8.1: Ensure that state and local child welfare agencies adequately prepare for disasters. a b c d

Recommendation 8.2: Ensure that state and local juvenile justice agencies and all residential treatment, correctional, and detention facilities that house children adequately prepare for disasters. a b

Recommendation 8.3: HHS and the Department of Justice (DOJ) should ensure that juvenile, dependency, and other courts hearing matters involving children adequately prepare for disasters. a b c

9. Sheltering Standards, Services and Supplies

The failures in providing adequate evacuation support, shelter, protection and supplies to tens of thousands of New Orleans residents displaced by Hurricane Katrina were broad and deep. One positive outcome of the widely-publicized chaos and despair that engulfed the Superdome and the Convention Center was a new urgency to better protect children in mass-care (evacuation shelter) settings.

Before Katrina, there were no specific provisions or standards in the United States focused on protecting children in shelters and addressing their immediate needs.

PROGRESS: The commission partnered with FEMA, the Red Cross, Save the Children and others to develop guidance for emergency planners and mass-care managers to help ensure children's protection in shelters. These include new standards to protect children's physical safety and support their recovery, as well as recommendations to ensure that shelters housing children are stocked with infant and toddler supplies, such as diapers, formula and cribs. FEMA has incorporated this list of child-oriented items into several planning documents, and has identified methods for distributing these items to an affected area when requested by a state.

GAPS: FEMA and its partners can do more to make state disaster officials and shelter managers aware of best practices in meeting the needs of children in emergency shelters. Immediately following Hurricane Sandy, child-appropriate food and infant and toddler supplies were not sufficiently available at some emergency shelters, and recently during the Texas floods, shelters did not immediately support children's needs. Additionally, and of critical importance, shelters in the United States do not routinely count children, making it difficult to impossible to ensure that children are protected and their specific needs are met.

Improvements

New sheltering standards are making a significant difference for displaced children, but they still aren't always instituted smoothly. After Hurricane Sandy, Save the Children helped address temporary shortfalls of essential supplies and food for children like Didi, age 4.

Every day we woke up to a nightmare

Siblings John and Johnisha were 14 and 15 when Katrina barreled down on New Orleans. Their struggling family had no car to leave the city, so the pair joined an aunt taking refuge in the Superdome. For five days, they witnessed death, heard accounts of rape and feared going into blood-streaked bathrooms. They were hungry and could find no milk, diapers or medical care for their ill baby cousin. They feared their parents had drowned and had to talk their desperate aunt out of committing suicide. John stood guard all night to make sure a leering man didn't attack his sister. When finally evacuated, they couldn't find their parents for weeks.

"I was lost for years, especially after losing my grandparents said," Johnisha "It was a lot that I had to deal with mentally as a kid and I needed something to get involved in to help me, to push forward."

Recommendation 9.1: Government agencies and non-governmental organizations should provide a safe and secure mass care shelter environment for children, including access to essential services and supplies.
a b c

AP Photo: Eric Gay

10. Housing

The well-publicized discovery of high levels of formaldehyde in FEMA trailers after Hurricane Katrina caused a public outcry that brought to light one example of the dangers temporary housing can pose to displaced families.

The commission encouraged innovative solutions to expedite the transition of displaced families to permanent housing, but also made recommendations aimed at other serious, less-publicized issues facing children in temporary housing. The commission echoed 2008 recommendations by the GAO and urged federal agencies and state and local partners to improve access to transportation, education and other critical services from temporary housing sites.

PROGRESS: There is little clear evidence of progress related to the commission's recommendations in this area. FEMA works closely with state-led disaster task forces to help them meet local priorities, however FEMA says it does not have authority itself to prioritize children or any other segment of a community over another.

GAPS: Congress has not given FEMA the authority to reimburse states and local governments for providing wrap-around services – such as social service referrals, transportation and child care – to children and families in temporary housing sites. However, FEMA has developed internal guidance on recommending a number of wrap-around services that states may consider providing to families with children.

Recommendation 10.1: Prioritize the needs of families with children, especially families with children who have disabilities or chronic health, mental health, or educational needs, within disaster housing assistance programs. a b c d

Nowhere to play

"For my son, [living in a New Jersey motel after Hurricane Sandy] messed up a lot. He wasn't able to play like he used to. He wasn't able to go to the park. He wasn't able to see the people he saw on a daily basis because we weren't able to go anywhere. We had to walk on the highway even to go to the nearest convenience store. So it stopped him from talking. It stopped him from wanting to feed himself and to play. He just pretty much stayed immobilized," said Florence. Her son Skylar began to recover once the family got permanent housing and a spot in child care.

A Mother's Dream, Deferred

Having grown up with very little, Trenise always dreamed of giving her kids more. For a decade, she has fought to get her family back into the New Orleans house she bought before her older son's birth. She received housing assistance after relocating to Texas after Katrina, but the struggle to get her younger, adopted son the mental health services he needed was often overwhelming. Crooked contractors ate up her remaining resources, making it impossible to complete work on her mold-infested house. Today her younger son remains in Texas because there is no mental health residential facility for him in New Orleans. Thanks to help from St. Bernard Project volunteers, she will finally be able to bring her older son – who just graduated high school in D.C. – home this summer.

11. Evacuation and Reunification

More than 5,000 cases of missing children were reported after Hurricanes Katrina and Rita, which followed a cruel three weeks later.[33] The magnitude of the devastation left children extremely vulnerable while separated from their parents – for days, weeks or, in some cases, even longer. One 4-year-old girl was only reunited with her family seven months after Katrina struck. At the request of the Department of Justice, the National Center for Missing & Exploited Children (NCMEC) set up a disaster call center and worked closely with state law enforcement and social services to devise a plan to get these children reunited with their families.

PROGRESS: After Katrina, great efforts were made to develop tools and resources that could help expedite reunification of children and their parents or legal guardians. At the request of Congress, NCMEC established the National Emergency Child Locator Center, a dedicated disaster call center aimed at supporting disaster-affected states to reunify children. Another new tool, developed by NCMEC in collaboration with FEMA, is the Unaccompanied Minors Registry, which allows the public to report basic information of any located children who have been separated from their parents or guardians as a result of a disaster. This information is then submitted directly to NCMEC to be cross-referenced against calls from parents or guardians searching for children. In 2013, FEMA, NCMEC, the Department of Health and Human Services and the American Red Cross also issued the nation's first holistic guidance document that focuses on reunifying children with families after a disaster, "Post-Disaster Reunification of Children: A Nationwide Approach."[34]

GAPS: This reunification guidance is comprehensive in scope, but has not yet been translated into practice to help facilitate the reunification of children at the local level. The guidance must be widely disseminated to emergency management, law enforcement, child care, schools and families, so that the American public can be empowered partners in helping reunify children with their families after disasters. Additionally, the federal government has not fulfilled the commission's vision of facilitating data sharing between siloed patient tracking, evacuee tracking and family reunification systems. Finally, the commission's warnings about the need to prepare for the evacuation of children with disabilities and chronic health needs proved to be warranted in New York City after Hurricane Sandy. In 2013, a federal judge found that despite the city's "impressive" levels of detailed emergency planning and a "remarkable" Sandy response, the city had failed to plan adequately for the evacuation or sheltering of individuals with disabilities.[35]

Marceline and her daughter Gabby, now 12, today and upon their emotional reunion after Hurricane Katrina separated them 10 years ago.

Where is she? Is she OK?

As the water rose 10 years ago, a helicopter finally landed on the New Orleans roof where Marceline and her daughter Gabby, 2, were trapped. But there was only room for children, and six hours passed before Marceline was also rescued. With mother and child evacuated to different cities, it was four days before authorities could learn the terrified little girl's name and reunite them. "She held me so tight for days," Marceline says.

Recommendation 11.1: Congress and federal agencies should provide sufficient funding to develop and deploy a national information sharing capability to quickly and effectively reunite displaced children with their families, guardians, and caregivers when separated by a disaster. a b c

Recommendation 11.2: Disaster plans at all levels of government must specifically address the evacuation and transportation needs of children with disabilities and chronic health needs, in coordination with child congregate care facilities such as schools, child care, and health care facilities. a

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Research Methodology

Our status report on the recommendations of the National Commission on Children and Disasters:

Following Hurricane Katrina in August 2005, experts in emergency response throughout the nation recognized that the nation's disaster preparedness, response and recovery planning had largely failed to address the unique needs of children during emergencies. As a result, Congress and President George W. Bush created the bipartisan National Commission on Children and Disasters. The commission was instructed to conduct a comprehensive study to independently examine and assess national gaps in protecting children from major disasters and emergencies.

As is customary for a federal advisory body, the commission developed recommendations primarily directed toward the president, federal agencies and Congress. However, the commission urged state, tribal, territorial and local governments to also consider and apply its recommendations, as appropriate.

The commission issued an interim report in 2009 and then an extensive final report in October 2010. In its final report, the commission issued and discussed 81 key recommendations and sub-recommendations in 11 areas of disaster planning.

This report reviews the current status of the commission's recommendations.

To assess progress and remaining gaps in protecting U.S. children from disaster, Save the Children commissioned independent research by Brown Buckley Tucker, which interviewed 18 national disaster response experts, including three former members of the National Commission on Children and Disasters.

Interviewees included experts from the American Academy of Pediatrics, the American Red Cross, the Lurie Children's Center, the National Association for the Education of Homeless Children and Youth, and the National Center for Missing and Exploited Children, as well as senior officials involved in disaster preparedness, response and recovery at the Federal Emergency Management Administration (FEMA), the Health Resources and Services Administration (HRSA), the Administration for Children and Families (ACF), the Department of Education (DOE) and the Department of Justice (DOJ).

In telephone interviews and email exchanges, the interviewees were asked to evaluate the status of the commission's recommendations for which they were considered experts. In addition, they were asked to provide backup documentation, when appropriate or available. Additional research also was conducted to help document the findings. Based on this information, each recommendation was scored as "Met," "Partially met" or "Not met."

Met – All parts of the recommendation have been met, with documentation to support this conclusion.

Partially met – Some parts of the recommendation have been met. In cases where experts disagreed on whether a recommendation had been fully completed, it was scored as partially met.

Not met – The recommendation has not been addressed.

For a complete list of all sub-recommendations:
SavetheChildren.org/Katrina10-Status

Infographic Page 4:
In April 2014, FEMA issued a review of emergency preparedness grants awarded to states from 2004-2012. It concluded that $13.2 million went to activities dedicated to children's needs. Save the Children compared those figures to $16.7 billion in preparedness grant appropriations during that period. Only 19 states dedicated funds to children's safety, accounting for a mere 0.08 percent of total preparedness grants.

Everyone has a role to play in keeping children safe!

Find and share preparedness resources and tools for families, schools, child care providers and communities here:

SavetheChildren.org/GetReady

Key Recommendations

Protecting Children in Disasters

The White House, Congress and federal agencies have taken basic steps to improve protections for children in emergencies since Hurricane Katrina, but major gaps remain. Save the Children has identified three key areas that demand immediate action from the federal government:

- **Establish Clear Leadership for Children in Disasters:** Key federal agencies differ significantly in terms of responsiveness to children in disasters. Permanent focal points for children and disasters across all agencies and a permanent interagency coordinator are needed to ensure focused, coordinated efforts, reduce duplication and align resources on issues that must be addressed from multiple perspectives.
- **Improve Inter-Governmental Coordination:** A major challenge that remains is the wide regional variance in emergency preparedness for children and the need for increased coordination between federal government, state government and nongovernmental organizations (NGOs).
- **Increase Support and Improve Accountability:** Overall, the greatest current gaps in capacity to meet the needs of children in disasters arise from inadequate funding and accountability. Robust funding and strong accountability mechanisms are required to ensure that we as a nation are satisfactorily protecting children from disasters.

Five Actions Congress Should Take Now:

1. **Mental Health:** Reauthorize and adequately fund The National Child Traumatic Stress Initiative and the Department of Education's school emergency management and School Emergency Response to Violence (Project SERV) state grant initiatives to provide trauma treatment, programming and services in schools and communities for children, youth and families who experience or witness traumatic events.
Recommendations 2.5, 3.5.a 7.2, 7.3

2. **Child Care and School Preparedness:** Mandate that the Department of Homeland Security require its state grant recipients to engage child care professionals and/or school officials in the application process for State Homeland Security Grants (SHSG) and Urban Areas Security Initiative (UASI) grants.
Recommendation 1.1.e

3. **Hospital Preparedness:** Mandate that relevant federal agencies, including the Department of Health and Human Services, include a requirement in state funding that recipient hospitals include pediatric emergency readiness and neonatal intensive care in their emergency disaster plans.
Recommendation 3.4, 4.1.a, 4.3

4. **Evacuation and Reunification:** Mandate that states, counties and cities receiving federal support include in their evacuation plans special provisions for families without vehicles, as well as vulnerable populations, including children with special health care needs.
Recommendations 11.2, 10.1.c

5. **Governmental Accountability:** Create a national task force to monitor progress and track implementation of commission recommendations across federal agencies. While several task forces currently exist focusing on specific issues, primarily in the area of child health, there is no coordinated effort underway to track overall progress in meeting the commission's recommendations.
Recommendation 1.1.g

States also have critical responsibilities in each of these five areas. Find out detailed recommendations for both the states and the federal government here: **SavetheChildren.org/Katrina10-Action**

Save the Children®

Hurricane Katrina separated families, **leading to 5,000 reports of missing children.**

7 months.
The time it took to reunite the last child with her parents.[1]

[1] National Center for Missing & Exploited Children.

Stay Connected: What Families Can Do

Ten years after Hurricane Katrina, there are still gaps in planning that leave children vulnerable to U.S. disasters. But there are simple things we can do to keep our kids safe. With 69 million children in school or child care every day, separated from their parents, all families need a plan to stay connected.

Family Communication Tips

- ❍ **Identify Emergency Contacts:** Know at least three emergency contacts, including an out-of-town contact. Keep this information on a card and store in a backpack or wallet where a child can easily find it.
- ❍ **Program ICE Contacts.** All family cell phones should have "ICE" (In Case of Emergency) contacts programmed into the contact list.
- ❍ **Share Your Information:** Provide all caregivers and schools with your child's emergency contact information.
- ❍ **Know Caregiver Plans:** Ask child care providers and schools about their emergency communications protocol including alert systems.
- ❍ **Pack Smart:** Keep an extra phone battery or charging kit in your disaster supplies kit. Pack a battery-operated or hand-crank radio to monitor the news.

Who would you call in an emergency?

Contact cards can help you reunite with children after disaster and ensure they're safe.

Make Your Emergency Contact Cards

Use our online tool to create cards that can serve as a lifeline between you and your children when disaster strikes.

SavetheChildren.org/Connect **#GetReady**

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