



Best Practices Checklist for Emergency Shelters

Intro: The goal of this document is to offer best practices for improving disaster preparedness and child protection in Emergency Shelters by using suggestions and resources to achieve indicators of community resilience. This checklist was created by cross-walking action items with questions from the [Community Preparedness Index \(CPI\)](#) from the National Center for Disaster Preparedness and Save the Children. The best practices and resources are not the only way to help address gaps in the CPI assessment, and some suggestions may be constrained by local or state regulations or laws. The best practices can help guide discussions and plans of which organizations should take on responsibility of improving preparedness and child protection in Emergency Shelters. One of these organizations that is referred to throughout the best practices is the “lead organization.” A lead organization is responsible for safeguarding the Emergency Shelter(s) to be more prepared for emergencies and create policy, guidance, and technical assistance to help with the preparations and planning. A designated lead organization implies an organization, such as an agency, that has a mission and the capacity to directly improve the element of preparedness. A de facto lead organization fills the same role as a lead organization but isn’t specifically accountable for the element of preparedness.

Intended Audience: This series of best practices for emergency shelters are mainly targeted for decision and policy makers and emergency management planners. The best practices serve to provide suggestions about what has worked for other localities and states on how to improve preparedness and child protection/safety in emergency shelters. Coalitions are encouraged to provide this information to stakeholders to understand how preparedness can be improved, specifically using the metric of the CPI.

Definition of Emergency Shelter in this context:

“The function of care and shelter is to provide temporary emergency relief to disaster victims. Providing temporary emergency relief involves a range of emergency human services (e.g., food, shelter, health care, mental health support, etc.).”

Ongoing shelters that exist outside of temporary emergency situations (such as domestic violence shelters or homeless shelters) are not being referred to in this best practices checklist.

The activity referred to as “operating shelters” means directly providing the essential functions of running a shelter. This includes activities such as registering evacuees, assuring their safety and security, and feeding them, among others. If most or all of these activities are delegated to another organization who is then responsible for carrying them out, it is not considered “operating shelters”.

Approach to Action: There are 3 major ways to achieving the best practices detailed below and improving the CPI score for care for children in emergency shelters.

1. State Regulation
2. County or local regulations
3. Best practices through coalition

As you review these best practices and check off items as you compare to your current shelter operations plan, keep in mind that legal requirements and actions with a lead organization carry more weight in terms of preparedness than a practice.

Before You Get Started: Before going through these best practices, identify the emergency shelter licensing and regulatory requirements and authorities for your community. There may be an agreement between the American Red Cross and your community for emergency shelters with varying degrees of responsibility delegated to the American Red Cross and at various points in the response and recovery phase. This function may be provided by emergency management or through the Human Services agencies such as the Department of Social Services and/or Public Health.

Disclaimer: Numbers located next to each checklist item correlates with the question number in the Community Preparedness Index (CPI) questionnaire for those who are utilizing this tool alongside the CPI.

The community has an organization that is formally designated as the lead organization for “Emergency Support Function #6, Mass Care” under the National Response Framework set for by FEMA. (Q1) (1)

- The Emergency Support Function #6 (ESF #6) includes Mass Care, Emergency Assistance, Temporary Housing and Human Services. These foci within the support function all provide assistance through housing, health, and social services to keep survivors of disasters in good health. At the national level, the Federal Emergency Management Agency (FEMA) and the American Red Cross (ARC) are co-leads for Mass Care for ESF #6.
¹ State agencies and coordinators for Mass Care can be found in the references. ²

There is an organization that is responsible for operating shelters to provide extended accommodation for large numbers of people following a major emergency or disaster. (Q2) (2)

- In general, a county or state government may have a division or operations center dedicated to finding shelters for individuals displaced by disasters. It is also common for local governments to be responsible for the coordination of emergency shelters through local emergency plans.³ As a result, shelter operations are usually executed by organizations such as the ARC or by local government. ^{4 5}

An organization in the community has a memorandum of agreement, memorandum of understanding or similar written agreement specifically with the local chapter of the American Red Cross to provide shelters, shelter services or shelter supplies for large numbers of people following a major emergency or disaster. (Q5) (3)

- An example of a Memorandum of Understanding (MOU) between the American Red Cross and a Local government can be seen in the references.⁶ Any agency that signs an MOU with the Red Cross will receive the Red Cross Shelter Guidance document which now includes children in its considerations.

Under the terms of such agreement, check the one that best characterizes the nature of the American Red Cross chapter's involvement in shelter operation: (Q6) (4)

- The American Red Cross will manage the shelters, i.e., be responsible for all essential shelter functions.
- The American Red Cross will not manage the shelters but will provide the shelter operator with shelter staff training, meals, supplies or material for the shelter.
- The American Red Cross will not manage the shelter but will provide the operator with trained and vetted staff.
- If local resources are overwhelmed, the American Red Cross may provide supplemental support to the local municipality to help support shelter operations.

Other organizations or agencies in the community have a written agreement a faith-based organization, or with another community-based organization to provide shelters, shelter services or shelter supplies for large numbers of people following a major emergency or disaster. (Q4) (5)

- **Inevitably some independently operated shelters may open on an ad hoc basis. Local government should coordinate in advance of such openings to ensure all shelters are operating under the same protocols and practices to protect children in their care.**

Shelter Operations Best Practices (Q3 and Q7) (6)

Intake (Q.3 & Q.7) (A)

Lead Org (ESF#6) Local Org or Red Cross Best Practices and CPI entry

- Children are registered upon intake.**
 - NCMEC has a child ID kit that can ensure that the information on children is the most up-to-date and can

help them be easily identified. This kit should be considered. ⁷ CDC guidance on how to register children, including a hospital-style identification bracelet, surveying children, and assessing which children may be high risk, should be considered. ⁸

An assessment of a child’s individual needs is administered, if deemed necessary based on triage or intake protocols.

- Standards for emergency shelters for The International Federation of Red Cross provides guidance to examine qualities of children who might need greater help, such as unaccompanied minors, children with disabilities and others with access and functional needs. This may also include children who may be on the autism spectrum, social and cultural considerations, clothing and sleeping accommodations, hygiene, etc. ⁹ Consider the use of blue-sky exercises to better plan for the needs of children in a shelter setting. ¹⁰

Protocols are in place to ensure that parents/guardians with children understand the rules and responsibilities in the shelter.

Daily counts of children are recorded and shared with ESF #6 partners and with the lead agency who is responsible for providing support services to children and families at the shelter.

Sleeping Quarters (Q.3 & Q.7) (B)

Lead Org (ESF#6)	Local Org or Red Cross	Best Practices and CPI entry
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There is a “family only” sleeping area.

Children and family sleeping areas are placed in proximity to designated child play areas.

Sleeping areas for single men or other populations are placed as far as possible from of child and family sleeping areas.

- When planning a shelter’s layout, a family sleeping area should be located closest to the play area, followed by single women, followed by single men. ¹¹

Sleeping materials in the shelter are appropriate for children and infants of all ages (cribs, infant blankets, etc.).

Hygiene and Sanitation (Q.3 & Q.7) (C)

Lead Org (ESF#6) Local Org or Red Cross Best Practices and CPI entry

Children and family areas have easy access to designated bathrooms.

Child and family bathrooms, toilets, and shower areas are well lit and regularly monitored. These areas also have adequate law enforcement presence and safety and security protocols in place for 24 hours/day.

There are procedures for sanitary disposal of wastes that cannot be handled in bathrooms, such as diapers and feminine hygiene products.

Infants (Q.3 & Q.7) (D)

Lead Org (ESF#6) Local Org or Red Cross Best Practices and CPI entry

Breast feeding or bottle-feeding mothers have specific accommodations.

- There should be a clean, private area where women can breast feed infants. If possible, lactation consultants should also be on site. ¹¹ Access to baby formula and sterile water should also be available.

There are sterile bathing and diaper changing facilities for newborns and extremely young infants.

Family Reunification (Q.3 & Q.7) (E)

Lead Org (ESF#6) Local Org or Red Cross Best Practices and CPI entry

There is a lead agency for child separation and reunification support.

There are within-shelter family reunification procedures.

- A meeting point in the shelter should be established in large shelters with the meeting location posted on

message boards with a clear sign and diagram indicating the location.¹²

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| <input type="checkbox"/> | <input type="checkbox"/> | There are procedures for informing local law enforcement personnel of children without their parent or guardian present (ie unaccompanied minors). <ul style="list-style-type: none">○ There should be a multi-stage process for finding, tracking, and reuniting children with their families. This should include collaboration with The National Center for Missing & Exploited Children for any large-scale disasters.^{13 14 15} |
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| <input type="checkbox"/> | <input type="checkbox"/> | There are procedures for informing local child welfare/child protective services personnel of children without parent or guardian present (ie unaccompanied minors). <ul style="list-style-type: none">○ Examples of considerations on what to include in the procedures for child welfare and law enforcement can be found in the references.¹³ |
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| <input type="checkbox"/> | <input type="checkbox"/> | An organization in the community has a written agreement with the municipality to provide child reunification services for children who are missing, separated or unaccompanied. |
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Safety and Security (Q.3 & Q.7) (F)

Lead Org (ESF#6)	Local Org or Red Cross	Best Practices and CPI entry
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| <input type="checkbox"/> | <input type="checkbox"/> | There are procedures for reporting any possible or suspected incidents of child abuse, neglect, endangerment to law enforcement and/or child welfare/child protective services agencies. <ul style="list-style-type: none">○ Typical procedures for the process to report child abuse can be seen in a training in the references.¹⁶ |
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| <input type="checkbox"/> | <input type="checkbox"/> | The commercial screening companies that perform background checks on shelter volunteers have been vetted. Criminal background checks should include all sex offender and child abuse registries. <ul style="list-style-type: none">○ Typically, all volunteers should be vetted pre-event and placed on a roster that is refreshed on a regular basis. |
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| <input type="checkbox"/> | <input type="checkbox"/> | Volunteer identity is verified by fingerprinting. |
| <input type="checkbox"/> | <input type="checkbox"/> | Policies are in place to prohibit volunteer interaction with |

children until the background check and vetting is complete and satisfactory.

- Suggested policies and procedures for background checks and fingerprinting can be found in the references. ¹⁷ An example of prohibiting volunteer interactions with children can also be found in the references. ²¹

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| <input type="checkbox"/> | <input type="checkbox"/> | Shelter environment is assessed for children’s safety and protection. e.g. outlet covers, hazards removed, doors to outside areas secured and monitored. |
| <input type="checkbox"/> | <input type="checkbox"/> | Temporary respite care is available for children and their guardians, particularly in protracted events (<i>respite care defined at end of document</i>). |
| <input type="checkbox"/> | <input type="checkbox"/> | There is a designated play area for children within the shelter for which access is restricted and monitored. |
| <input type="checkbox"/> | <input type="checkbox"/> | A protocol is in place for how and when to establish specific child care programs within the shelter such as temporary respite care or emergency child care and the appropriately trained staff are readily available. |

Health and Mental Health (Q.3 & Q.7) (G)

- | Lead Org (ESF#6) | Local Org or Red Cross | Best Practices and CPI entry |
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| <input type="checkbox"/> | <input type="checkbox"/> | There are procedures for obtaining parental consent for on-site health services for children. |
| <input type="checkbox"/> | <input type="checkbox"/> | There are procedures for obtaining parental consent for off-site health services for children. <ul style="list-style-type: none">○ Procedures may include requirements for what age children can provide consent for themselves, the process for contacting the parents, and who can serve as backups for parents to consent to health services for children. An example of procedures for obtaining consent for on-site and off-site health services for children can be found in the references. ¹⁸ |
| <input type="checkbox"/> | <input type="checkbox"/> | Basic on-site health services are provided to families, and are provided to children, with their parent’s written permission. |
| <input type="checkbox"/> | <input type="checkbox"/> | Staff have been trained to observe and recognize signs and |

symptoms in children while may require mental/behavioral health services.

Staff have been trained to observe and recognize signs and symptoms in children while may require immediate medical attention.

There are agreements in place for provision or referral to counseling, mental and behavioral health services for children and caregivers.

Staff have been trained how and when request outside mental/behavioral health services for children in shelter.

- Examples of potential training to recognize and refer children for mental/behavioral health services can be seen in the references for professionals and non-professionals.

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- Staff have guidance to work with guardians of children on the need for mental/behavioral services.

There are procedures for obtaining parental consent for mental/behavioral health services for children.

- Guidelines may include attempting to obtain consent from parents within 24 hours after a child has arrived at the shelter. Consent from parents and the children can include health care and treatment and the placement in the emergency shelter over an extended period of time. ²¹

There are procedures for obtaining mental/behavioral health services for children.

Staff working with children are trained in Psychological First Aid for children and understand the referral services available.

Other

A shelter planning committee exists and includes the following public sector organizations alongside the local American Red Cross chapter, a faith-based organization, or another shelter management organization. (Q8) (7)

- Emergency management/services**
- Health services**
- Child Care and Early Education services.**
- Public health**
- Mental Health and behavioral health**

- Chamber of Commerce and local businesses
- Child protective services
- Hospital(s)
- Police/law enforcement
- Community organizations who provide shelter support services, including faith based organizations.
- Public school system

- The purpose of a local emergency planning committee is to help communities to prepare and respond to emergencies. Including each agency on these local emergency planning committees is integral to ensuring the emergency shelter operations are as well managed as possible. ²² In the case of chemical emergency disasters, states and local governments are required to annually prepare response plans under the Emergency Planning and Community Right-To-Know Act (EPCRA). States and local governments are also required to establish local emergency planning committees. Local emergency committees are required to include organizations like public health departments, police/law enforcement, and hospitals. ²³ The frequency of meetings for the local emergency committees/shelter planning committees depend on how much work needs to be done and how much time the members have. A suggested baseline is at least two to four meetings a year local emergency committee, which could apply to the shelter planning committee.
- A best practice would be for each shelter to have a parent advocate group from among the residents who can help inform shelter management about the unmet needs of children and families.
- Shelter planning committees should also coordinate with special interest groups in a community such as coalitions, long-term recovery groups, and community-based organizations who may represent various and/or vulnerable populations in a jurisdiction.

Relevant Definitions:

Respite Care: "Providing short-term care for children in disaster recovery centers, assistance center, shelter, or other service delivery site while the guardians are onsite." - [Administration for Children and Families](#)

¹ [Federal Emergency Management Agency \(FEMA\)](#) – Emergency Support Functions (ESF) are a way to categorize and coordinate the Federal government’s response to disasters. ESF #6 looks at mass care, emergency assistance, temporary housing, and human services in the face of a disaster. This annex shows the role of the ESF coordinators and the lead agencies at the federal level.

https://www.fema.gov/media-library-data/1470149820826-7bcf80b5dbabe158953058a6b5108e98/ESF_6_MassCare_20160705_508.pdf

² [National Mass Care Strategy \(FEMA and American Red Cross\)](#) – A Memorandum of Agreement between FEMA and the American Red Cross under ESF #6 helps coordinate programs at the state level of mass care for disasters. This page shows the contacts for Mass Care in each state that is a member of the national strategy.

<http://nationalmasscarestrategy.org/mass-care-contact/>

³ [Washington State Emergency Management Division \(pgs. 8-15\)](#) – Washington State’s plan to address ESF#6 establishes the core sheltering services to be provided by agencies and organizations cooperating at the state level according to their individual mission, legal authority, plans and capabilities. These include the coordinating agency (Department of Social & Health Services), primary agencies (American Red Cross), and supporting agencies (Department of Ecology – Washington Conservation Corps, the Department of Health, and the Office of the Superintendent of Public Instruction, among others). These agencies may vary from community to community.

<https://mil.wa.gov/asset/5bac136aa9f2f>

⁴ [Alameda County Public Health Department](#) – In this disaster shelter plan for Alameda County, California, the responsibility of operations of the shelters is split between the Social Services Agency and the Health Care Services/EMS & Public Health for non-medical shelter operations and medically fragile people respectively.

https://www.cdc.gov/nceh/ehs/docs/Guide_for_Local_Jurisdictions_Care_and_Shelter_Planning.pdf

⁵ [Florida Division of Emergency Management](#) – The Florida Disaster Housing Plan includes a section discussing the responsibility of local/county governments in preparing a sheltering plan which will include how they plan to register the applicants, demographics, and the duration of use for shelters.

<https://www.floridadisaster.org/globalassets/importedpdfs/state-strategy-may-2012-final.pdf>

⁶ [Government of Mono County, California](#) – An MOU between a local chapter of the American Red Cross and Mono County, California. This agreement deals with issues like training for agency employees on shelter operations, ensure that shelter agreements are up to date, supplying shelters, and disaster relief procedures.

<https://agenda.mono.ca.gov/agendapublic/AttachmentViewer.ashx?AttachmentID=13714&ItemID=7393>

⁷ [National Center for Missing and Exploited Children](#) – This resource provides a standard template of pertinent information to obtain when recovering a missing child after a disaster. This includes personal information, medical information, physical characteristics, and medical information.

https://www.ready.gov/sites/default/files/NCMEC_Child_ID_Kit_wc_FEMA_508.pdf

⁸ [Centers for Disease Control and Prevention](#) – A health advisory from CDC that provides guidance on how to identify and protect children displaced by a disaster. Suggestions include surveying the children, the use of hospital-style identification bracelets, and suggestions about what to do with children who are missing.

<https://stacks.cdc.gov/view/cdc/25147>

⁹ [The International Federation of Red Cross and Red Crescent Societies](#) (pgs. 36-41) – The International Federation of Red Cross and Red Crescent Societies has a list of minimum standards for shelters which includes a checklist of items to look at to assess needs in a shelter and a community after a disaster.

https://www.ifrc.org/PageFiles/95884/D.01.02.a.%20SPHERE%20Chap.%204-%20shelter%20and%20NFIs_%20English.pdf

¹⁰ [Illinois Department of Public Health and Loyola University Chicago](#) – Illinois Emergency Medical Services for Children (EMSC) is a collaborative program between IDPH and Loyola University Chicago that looks to improve pediatric care and disaster preparedness in the state. This publication provides numerous exercises to run through what should be considered in a disaster and what each agency’s role is.

<https://www.oregon.gov/oha/ph/ProviderPartnerResources/EMSTraumaSystems/EMSforChildren/Documents/PreparednessExercisesAddressingtheNeedsofChildren.pdf>

¹¹ [Save the Children](#) – Guidelines on how to best consider children’s safety in a shelter after a disaster. Topics covered in the guidelines includes hygiene, shelter sleeping area design, evacuation and sheltering, and facility layout.

<https://rcrctoolbox.org/toolbox/child-safety-guidance-for-emergency-evacuation-shelters/>

¹² [International Association of Venue Managers Inc. and the American Red Cross \(pg. 168\)](#) - A planning guide for mega-shelters that provides information on how to prepare a large venue to be a shelter for disaster victims and manage the operations of the shelter.

<https://www.fema.gov/pdf/emergency/disasterhousing/mspg.pdf>

¹³ [FEMA](#) (pgs. 39-48, 16-18) – Post-disaster reunification procedures that includes the roles that each level of government should play, considerations for planning, and concept of operations for reunification. This specifically includes potential procedures for a minor being separated from a parent or legal guardian and the role local child welfare and law enforcement agencies should play in reunification.

<https://rems.ed.gov/docs/24post-disaster-reunification-of-children-a-nationwide-approach.pdf>

¹⁴ [National Center for Missing and Exploited Children \(pg.21\)](#) - A law-enforcement guide to case investigation and program management for missing and abducted children, which includes a procedure for informing law enforcement about missing children during national disasters.

https://api.missingkids.org/en_US/publications/NC74.pdf

¹⁵ [National Center for Missing and Exploited Children](#) – A quick-reference guide for families of missing children during emergency response provides a checklist of actions for families to take in the event a child goes missing.

<https://www.missingkids.org/content/dam/missingkids/pdfs/publications/nc198.pdf>

¹⁶ [National Resource Center for Child Protective Services](#) – This handbook provides guidelines of how to prevent and report child abuse in emergency shelters, and how neglect and abuse can be identified.

https://cybercemetery.unt.edu/archive/nccd/20110427003002/http://nrccps.org/documents/2006/pdf/Shelter_Participant_Handbook_final_Mar_2007.pdf

¹⁷ [National Commission on Children and Disasters](#) – An appendix from the National Commission on Children and Disasters that provides suggestions of what vetting processes volunteers and employees working with children or other vulnerable populations should go through.

https://www.aasa.org/uploadedFiles/Resources/Other_Resources/Recommended-Guidelines-Background-Check-Volunteers.pdf

¹⁸ [Texas Department of Family and Protective Services, Licensing Division \(pgs.33, 52-53, 83-85\)](#) – These minimum licensing standards for emergency shelters includes information about what procedures that shelters need to do to obtain consent for medical procedures for children.

<http://www.epcounty.com/purchasing/bids/documents/MS-EMG08-067rfq.pdf>

¹⁹ [New Jersey Department of Health and Addiction Services](#) – A training on mental health effects and basics of crisis counseling in the face of disasters.

https://www.state.nj.us/humanservices/dmhas/home/disaster/credentialing/DRCC_Training_Materials/Intro_Disaster_MH_Crisis_Counseling.pdf

²⁰ [Department of Veterans Affairs](#) – A guidebook on disaster mental health services for professionals, which includes clinical treatments and surveys to gauge levels of mental health harm.

<https://www.hsdl.org/?view&did=441325>

²¹ [Illinois Department of Child and Family Services \(pg.23\)](#) – Licensing standards for emergency shelters that includes requirements for written consent for obtaining health care, which can include psychiatric care.

https://www2.illinois.gov/dcf/aboutus/notices/documents/rules_410.pdf

²² [Connecticut Emergency Response Commission](#) – This presentation from the Connecticut Emergency Response Commission lays out the statutory requirements (including the Emergency Planning and Community Right-to-Know Act (EPCRA)) and the requirements for emergency planning committees in Connecticut. The requirements of members that need to be included on the local committee includes emergency management, public health, police, etc.

https://portal.ct.gov/-/media/SERC/lepc_membership/lepcprespdf.pdf

²³ [Government Printing Office](#) – EPCRA’s requirements includes establishing state emergency response commissions and local emergency planning committees. The local emergency planning committee requires representatives from law enforcement, health, hospitals, and state and local officials.

<https://www.govinfo.gov/content/pkg/USCODE-2011-title42/html/USCODE-2011-title42-chap116.htm>