

Children’s Bureau (CB) Disaster Information Collection Form

Summary: When a disaster or emergency event occurs, ACF’s Watch Desk (OHSEPR-WatchDesk@acf.hhs.gov) will contact the designated point of contact for CB (predetermined by CB Director or designee). The Watch Desk will provide an Advisory about the event that will include what happened and where (with names of States, Tribes, and Territories affected). The Advisory will include a Request for Information. The Request for Information will routinely ask the same questions, which appear below. The CB point of contact is requested to answer the questions within a specified amount of time (generally 4 hours), based on whatever information is available at that time, via email to the Watch Desk. If new information comes in during the days following the initial request, the CB point of contact will send an update to the Watch Desk.

Children’s Bureau Disaster Information Request for Information

Today’s Date: [Click here to enter a date.](#)

1. Are there disaster-caused disruptions of the child abuse/neglect reporting and investigation system?

NO

YES

(If yes, please explain.)

[Click here to enter text.](#)

2. Are there reports of unaccompanied children needing protection, identification, and reunification with legal caregivers?

NO

YES

(If yes, please explain.)

[Click here to enter text.](#)

3. What actions, if any, has the Child Welfare Agency taken?

[Click here to enter text.](#)

4. Have Chafee Foster Care Independence Program providers been affected?

NO

YES

(If yes, please explain.)

[Click here to enter text.](#)

5. Are youth between ages 18-21 receiving services through the foster care system safe and accounted for?

NO

YES

(If no, please explain.)

[Click here to enter text.](#)

6. Are all children and youth in foster care safe and accounted for?

NO

YES

(If no, please explain.)

[Click here to enter text.](#)

7. Has there been an increase in the number of child abuse or neglect reports in the affected areas or emergency shelters?

NO

YES

(If yes, please explain.)

[Click here to enter text.](#)

8. Have Safe and Stable Families or Community Based Child Abuse Prevention providers been affected?

NO

YES

(If yes, please explain.)

[Click here to enter text.](#)

9. Are families receiving in-home services being supported?

NO

YES

(If no, please explain.)

[Click here to enter text.](#)

10. Have foster families been displaced or temporarily relocated? (Foster families may include relative caregivers, guardians, group homes, etc.)

NO

YES

(If yes, **please explain.**)

[Click here to enter text.](#)

11. Is the Child Welfare Agency coordinating needed services and supervision in the new placement setting? (Such as school attendance, court hearings, etc.)

NO

YES

(If yes, **please explain.**)

[Click here to enter text.](#)

12. Are there new or increased interstate challenges?

NO

YES

(If yes, **please explain.**)

[Click here to enter text.](#)

13. Have any program records, such as removal court orders or other important documentation been compromised?

NO

YES

(If yes, **please explain.**)

[Click here to enter text.](#)

14. COMMENTS, if any: [Click here to enter text.](#)

OMB Control Number: 0970-0476

Expiration Date: xx/ xx/xxxx

Public reporting burden of this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number.