

Division of Early Care and Education



Family, Friend and Neighbor Emergency Plan Template

Federal law requires child care facilities that receive federal funds to have a plan in place that addresses emergency medical situations and evacuation in the event of an emergency or disaster.

The Division of Early Care and Education has developed this template to serve as a model to assist Family, Friend, and Neighbor Providers develop their own emergency plan. Fill in the blanks with information that applies to you to create your emergency plan

SC Voucher Call Center: 1-800-262-4416

DISASTER RESPONSE E-MAIL: childcare.disaster.response@dss.sc.gov

Visit us on the Web at: www.scchildcare.org



If you need help filling out this form, please call 1-800-262-4416.

Emergency Plan for

Name: _____ Phone (with Area Code): _____
Street Address: _____

City: _____ State: _____ Zip: _____

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1 Emergency Phone Numbers

Title/Agency	Contact Name	Phone Number
Emergency	N/A	911
Police (non-emergency)		
Fire (non-emergency)		
Poison Control		
Local Health Dept.		
Building Inspector		
Dept. of Social Services		
Licensing Specialist		
Alternate/Evacuation Site		
County Emergency Management		

2. Medical Emergencies

A. List any medical emergencies that would require immediate attention by a health care professional or cause you to call 911. (A list of possible medical emergencies is provided in section 3 A of the “Child Care Emergency Plan Guidelines,” which is available at www.schildcare.org.)

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

B. List the steps you will follow in a medical emergency: (A sample of these steps is provided in Section 3 B of the “Child Care Emergency Plan Guidelines” which is available at www.schildcare.org.)

3. Evacuation Plans

In-Place Evacuation: Where in your house will you take children during a tornado, storm, or other emergency that does not make you leave the house? _____

On-Site Evacuation: Where on your property will you take children if there's a fire or other emergency that makes you evacuate your home? _____

Relocation Site: (If you need to move children to a place close by)

Name of Contact Person: _____ Phone: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Please call your county emergency management agency to find out where your Evacuation Shelter and Radiological Evacuation sites are located.

Evacuation Shelter Site: (If officials tell you to evacuate due to a disaster)

Shelter Name: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Radiological Evacuation Site: (Complete this section if you within a 10-mile radius of a nuclear power plant in the following counties: Aiken, Allendale, Barnwell, Chesterfield, Darlington, Fairfield, Lee, Lexington, Newberry, Oconee, Pickens, Richland, and York)

Shelter Name: _____

Street Address: _____ City: _____ State: _____ Zip: _____

4. In case of an evacuation, a sign with the relocation site and address will be posted at this location of my home: _____

5. Briefly describe the procedures you will follow for the safe and prompt evacuation of infants, toddlers, and special needs children: _____

6. Briefly describe the procedures you will follow for releasing children to authorized adults. Include safeguards to prevent the inappropriate release of a child to an unauthorized person:

7. Evacuation Checklist

<i>Item</i>	<i>Check-off</i>
Contact List for Children’s Families	
Children’s Emergency Information	
Medications/Medical Supplies	
Charged Cell Phone	
First Aid Kit	
Flashlights w/ extra batteries	
Battery operated radio w/ extra battery	
Hand Sanitizer/Cleansing Agent/ Disinfectant	
Wet Wipes and Tissues	
Disposable Cups	
Water and Non-Perishable Food	
Diapers for infants	
Formula for infants	
Blankets	
Vehicle Keys	

8. The hospital children will be taken to if they are injured is:

9. The method of transportation to be used in an emergency is:

Reminder: Take the child’s emergency medical information with him/her to the hospital and stay with the child at the hospital until the parent/guardian arrives.

Location of First Aid Kit: _____

Location of Fire Extinguisher: _____

Location of Electricity Shut-Off: _____

Location of Gas Shut-Off: _____

Location of Water Shut-Off: _____

In all emergency situations, child care staff will:

- *Pay attention to warnings*
- Remain with the children throughout the event
- Check attendance every time the children are relocated
- Take any necessary medications and emergency supplies with them during an evacuation
- Take the children's emergency records with them during an evacuation
- Take a cell phone if available to use for notifying parents/guardians
- Notify Child Care Licensing