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: ___________________________________
1. Emergency Phone Numbers

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

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.scchildcare.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.scchildcare.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

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

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