Division of Early Care and Education

Registered Family Child Care Home Emergency Plan Template

Child Care Licensing has developed this template to serve as a model to assist Registered Family Child Care providers in developing their own emergency plan. Fill in the blanks with information that applies to your child care facility to create your emergency plan.

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

Regional Office Phone Numbers

Region 1 (Upstate): 864-250-5576 or 1-800-637-8550
Region 2 (Midlands): 803-898-9001 or 1-888-202-1469
Region 3 (Low Country): 843-953-9780 or 1-800-260-0211
Region 4 (Pee Dee/Grand Strand): 843-661-6623 or 1-800-464-9138
Central Office: 803-898-9020 or 1-800-556-7445

EMERGENCY LINE: 1-888-825-7174
DISASTER RESPONSE E-MAIL: childcare.disaster.response@dss.sc.gov

Emergency Plan for

Provider: ___________________________ Phone (with Area Code): ___________________________

Street Address: ___________________________ City: ___________________________ State: _____ Zip: _______
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>
</tr>
<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