

Division of Early Care and Education



SC Child Care EARLY CARE & EDUCATION

Child Care Emergency Plan Template for Licensed-Exempt Providers

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 child care facilities develop their own plan. If you decide to use this template for your plan, fill in the blanks with information that applies to your child care facility.

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

ABC Quality: 1-800-763-2223 or abcquality@dss.sc.gov

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



This plan was reviewed on the following dates:

_____	_____	_____
_____	_____	_____
_____	_____	_____

This emergency action plan includes the following information for

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PREPAREDNESS

Basic Information: *(Record information on your childcare site to ensure preparedness in case of an emergency.)*

Facility Name:

Facility Address:

Facility Phone:

Facility Director Name:

Emergency Kit
Location(s):

Number of Children:

The plan will be available for immediate review by staff, parents, and ABC Quality during business hours.

Emergency Phone Numbers *(Identify the contact information for emergencies and post in easily accessible locations.)*

	Contact Name	Phone	Email/Web Site
Facility Director			
Emergency	N/A	911	
Police (non-emergency)			
Fire (non-emergency)			
Local Radio and Television Stations			
Hospital			
Local Health Dept.			
Poison Control			
Building Inspector			
Local Emergency Manager			
ABC Quality Assessor			
CCR&R Quality Coach			
DHEC			
Electric Company			
Gas Company			
Water Company			
Insurance Provider			
Evacuation Site			
Alternate Evacuation Site			

RESPONSE

Emergency Evacuation Procedures

In the event that an emergency occurs, the children will remain under the care and supervision of our child care staff until dangerous conditions subside or when parents/guardians are contacted and they pick up their child. The following procedures will be followed for specific responses and it is the responsibility of all staff to understand their roles and responsibilities and the location of the supplies in the event of an emergency.

Response Task	Person or Staff Position Responsible
Declares an emergency/disaster and decide action to be taken	
Calls 911	
Decides when to signal a lockdown or shelter-in-place	
Decides when to close	
Decides when to evacuate	
Communicates with families	
Responsible for Monitoring Local Radio and Television Station	
Brings and Maintain Ready-to-Go file and attendance/tracking lists	
Responsible for Child's release to an authorized person	
Brings First Aid Kit	
Provides CPR/ First Aid (must be certified)	
Brings Emergency Supply Kit	
Turn off Gas, Electricity, and Water	
Ensure all emergency or evacuation vehicles have at least ½ tank of gas	
Post Relocation Site Information	
Communicates with ABC Quality	
Go with children to hospital (Stay until parent arrives)	
Communicates with Media, if necessary	

Sheltering in Secure On-Site Place <small>if we need to stay in the building</small>	
The designated on-site safe place for evacuation is:	
Procedures for Shelter-in-Place	
Procedures for Shelter-in-Place for Children with Disabilities or Chronic Medical Conditions	
Emergency Responders Will Be Notified When	
Parents/Guardians Will Be Notified When	

On-Site Safe Evacuate Location If we need to evacuate our site and relocate to another building at our location

The designated on-site safe location for evacuation is:	
Evacuation Routes and Exits to safe location.	
Evacuating Children with Disabilities or Chronic Medical Conditions	
Emergency Responders Will Be Notified When	
Parents/Guardians Will Be Notified When	

Off-Site Evacuate Location If we need to evacuate our site and relocate to another location

Name of Location				
Street Address City, State and Zip Code				
Telephone Number				
Directions/Evacuation route to this safe location *Attach a map if needed				
Written permission to use this evacuation sites has been secured? <small>(Recommended as a best practice)</small>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Approved by ABC Quality	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Means of transportation and driver				
Evacuating Children with Disabilities or Chronic Medical Conditions				
Emergency Responders Will Be Notified When				
Parents/Guardians Will Be Notified When				

Off-Site Evacuate Alternate Location If we need to evacuate to different location

Name of Location				
Street Address City, State and Zip Code				
Telephone Number				
Directions/Evacuation route to this safe location <i>*Attach a map if needed</i>				
Written permission to use this evacuation sites has been secured? <small>(Recommended as a best practice)</small>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Approved by ABC Quality	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Means of transportation and driver				
Evacuating Children with Disabilities or Chronic Medical Conditions				
Emergency Responders Will Be Notified When				
Parents/Guardians Will Be Notified When				

Major Disasters or Emergencies Shelter due to mandatory evacuation ordered, environmental hazards, etc.

Name of Red Cross Shelter				
Street Address City, State and Zip Code				
Directions/Evacuation route to Red Cross shelter <i>*Attach a map if needed</i>				
Means of transportation and driver				
Evacuating Children with Disabilities or Chronic Medical Conditions				
Emergency Responders Will Be Notified When				
Parents/Guardians Will Be Notified When				

Radiological Evacuations Completed if your location is 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

County Emergency Management Agency:				
Our Assigned Location:				
Street Address City, State and Zip Code				
Directions/Evacuation Route to This Assigned Location <i>*Attach a map if needed</i>				

Means of transportation to this assigned location	
Evacuating Children With Disabilities or Chronic Medical Conditions	
Parents/Guardians Will Be Notified When	

*** Evacuation assigned locations are designated by your County Emergency Management Agency. Providers must list the evacuation site for their facility in this section of the emergency plan.**

*** Please call your County Emergency Management Office to find out where your evacuation site is located if you have not already been provided that information.**

	Contact Name	Phone	Cellphone
Child Care Name			
Facility Director			
Assist. Facility Director			
Street Address City, State and Zip Code			
Number of Children Enrolled			
Number of Staff Employed			

Call and report your evacuation to ABC Quality at 1-800-763-2223

Evacuation Checklist

Item	Responsible Staff Member	Check-off
Contact List for Child/Parent Information		
Contact List for Staff/Families		
Children's Emergency Information		
Medications/Medical Supplies		
Charged Cell Phone		
First Aid Kit		
Flashlights w/ extra batteries		
Battery operated radio w/ extra battery		
Pen/pencil and notepad		
Disposable nonporous gloves		
Liquid Soap/Hand Sanitizer/Cleansing Agent/Disinfectant		
Wet Wipes and Tissues		
Disposable Cups		
Water and Non-Perishable Food		
Blankets		
Vehicle Keys		

Reminder: Take the child's emergency medical information with him/her to the hospital and have a staff member remain with the child at the hospital until the parent/guardian arrives.

Ready-To-Go File

Child care programs need a portable file of information to take with them in case of an emergency or disaster.

Recommended items to include:

- Copy of Child Care Emergency Plan
- Copy of Parent Contact Information
- Copy of Staff Contact Information
- Copy of Child Information Sheets
- Copy of Parent Statement of Health
- Copy of Health Care Plans
- Child Identification Cards
- Child Photo with Names
- Medication Authorizations/Instructions
- Incident Report Forms
- Area Map
- Attendance/Tracking Sheets

A. In all emergency situations, Director or child care staff will:

- Pay attention to warnings
- Inform the director of the situation as soon as possible
- 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

B. Information to provide **before** a disaster (Call your regional ABC Quality Office or give this information to your ABC Quality Assessor during a regularly scheduled visit.)

1. Would you be willing to care for additional children who receive SC Vouchers?
2. Would you be willing to re-locate to a temporary site if necessary?
3. Are you aware of a possible temporary site where you could relocate? If so, where?
4. Do you have a working emergency generator?
5. Would you be willing to provide an e-mail address so that ABC Quality can send you information related to a disaster? If so, that e-mail address is: _____
6. Would you be willing to provide a cell phone number so that ABC Quality can send you text messages related to a disaster? If so, that phone number is: _____

C. Relocation of Child Care Facility

1. Parents will be referred to SC Child Care Resource and Referral Network (CCR&R) to access local child care facilities in their area.
2. Children's records will be maintained on file at the facility and made available to ABC Quality.
3. If the facility wishes to hire staff from the damaged facility temporarily to ensure staff:child ratios, the staff records must be on site and available to ABC Quality.

RECOVERY

Parent/Guardian and Child Reunification Procedures

If we need to evacuate, shelter-in-place, or when parents/guardians are unable to get to children, the following procedures will be followed to reunite children with parents/guardians or designated contacts as soon as it is safe.

Describe how you/staff will account for all children.

Describe how you will account for all staff and volunteers.

Describe the procedures you will follow for releasing children. Include safeguards to prevent the inappropriate release of a child to an unauthorized person.

Describe the procedures for re-opening after an emergency.

A. Continuity of Service

An emergency or its consequences may last longer than 72 hours, requiring you to continue operations in a different place or under different circumstances.

Consider the following:

- Conduct a damage assessment as soon as possible, prioritizing repairs based on restoration needs – Call/Email ABC Quality
- Maintain records of all damages and notify relevant insurance carriers and emergency management agencies
- Identify key equipment needed for safe operation and maintain a list of vendors who can provide emergency repair or replacement
- Have a backup copy of computer files, independent of your main system
- Offer to assist parents with temporary placement of their children in other facilities until your program can reopen. Compile a list of alternative sites and establish mutual aid agreements

Describe the procedures for re-opening after an emergency.

B. Damage Assessment

ABC Quality will attempt to determine your ability to operate due to damages sustained during an emergency or disaster. If you have sustained damages during an emergency or disaster situation, please call/email ABC Quality with the following information:

Name of Facility	
Facility Director	
Address of Facility	
Working Phone Number	
Operational Status of Facility: (Call 1-800-763-2223 with this information <u>after</u> a disaster)	<ul style="list-style-type: none"> • Can operate at full capacity • What damage was sustained? Please send pictures. • Can operate at partial capacity (include number of children you are able to care for) • Can only operate at an emergency temporary site (provide address and <u>must get approval from ABC Quality</u>) • Cannot operate at all and need assistance relocating children in your care (refer parents to CCR&R for assistance)

ABC Quality Monitor Name and Phone Number: _____

ABC Quality Office Phone: **1-800-763-2223**

ABC Quality Email Address: abcquality@dss.sc.gov

Child Care Resource and Referral Phone Number: **1-888-335-1002**

Alternate Contacts for Child Care Services during a disaster or emergency:

- ABC Call Center Phone: 800-262-4416 (FOR EMERGENCIES ONLY)
- Child Care Services Emergency E-Mail Address: childcare.disaster.response@dss.sc.gov

B. A copy of the Escape Plan and Fire Plan required by the Fire Marshal is attached to this template.

- The Escape Plan is a copy of the facility’s floor plan indicating the location of:
 - primary and secondary exits
 - fire extinguishers
 - fire alarm pull stations
 - the fire alarm control panel
 - accessible routes
 - assembly area(s)
- The Fire Plan is a written plan of steps to take when evacuating because of a fire.

Examples of the Escape Plan and Fire Plan are provided as Appendix 2 and Appendix 3 at the end of the Emergency Plan Guidelines that accompany this document. They are also available on the Child Care Services website at www.scchildcare.org or from the Central Office at 1-800-556-7445.

C. Location of First Aid Kit: _____

Location of Ready-to-Go file and attendance/tracking lists (*Be Specific*)

Location of Additional Emergency Supplies _____

Location of Cell Phone _____

Location of Electricity Shut Off _____

Location of Gas Shut Off _____

Location of Water Shut-Off _____

D. Briefly describe the procedures you will follow for turning off gas, electricity, and water.

E. A copy of the “Emergency Procedures for Child Care Providers” brochure is attached to this plan.

F. The plan will be reviewed annually and updated as needed. The dates the plan was reviewed are listed on the front cover.

G. The Plan will be available for immediate review by staff, parents, and ABC Quality during business hours.

Appendix 1: Child/Parent Information Sheets

Child's Information

Child's Name: _____ Date of Birth: _____
Address: _____ City: _____ State: _____
Allergies, Special Instructions, _____ Comforting Items: _____

Parent Guardian Information (1)

Parent/Guardian Name: _____
Relationship to Child: _____
Address: _____ City: _____ State: _____
Home #: _____ Cell #: _____ Work #: _____
Email (personal): _____ Email (work): _____
Place of Work: _____ Address: _____

Parent Guardian Information (2)

Parent/Guardian Name: _____
Relationship to Child: _____
Address: Same _____ City: _____ State: _____
Home #: _____ Cell #: _____ Work #: _____
Email (personal): _____ Email (work): _____
Place of Work: _____ Address: _____

Additional Emergency Contact (1)

Name: _____
Relationship to Child: _____
Address: _____ City: _____ State: _____
Home #: _____ Cell #: _____ Work #: _____
Email (personal): _____ Email (work): _____

Additional Emergency Contact (2)

Name: _____
Relationship to Child: _____
Address: _____ City: _____ State: _____
Home #: _____ Cell #: _____ Work #: _____
Email (personal): _____ Email (work): _____

Medical Information

Practice: _____ Doctor's Name: _____
Address: _____ City: _____ State: _____
Phone #: _____