

Division of Early Care and Education



SC Child Care

EARLY CARE & EDUCATION

Child Care Emergency Plan Template

South Carolina Department of Social Services' regulations require child care facilities 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

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 RESPONSE LINE: 1-888-825-7174

**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

Title	Page
Basic Information.....	1
Emergency Phone Number.....	1
Medical Emergencies.....	2
Emergency Evacuation Procedures.....	2
Emergency Roles and Staff Responsibilities...	3
Shelter-in-Place Procedures.....	3
On-Site Safe Evacuate Procedures.....	4
Off-Site Evacuate Procedures.....	4
Off-Site Evacuate Alternate Procedures.....	5
Major Disasters or Emergencies Procedures.....	5
Radiological Evacuations.....	6
Evacuation Checklist.....	7
Ready-to-go File.....	7
Emergency Situations.....	8
Before a Disaster.....	8
Relocation of Child Care Facility.....	8
Parent/Guardian and Child Reunification Procedures..	9
Continuity of Service.....	10
Damage Assessment.....	10
Training.....	11
Emergency Drills.....	11
Escape/Fire Plan.....	12
Key Locations.....	12
Appendices	
Appendix 1: Child/Parent Information Sheet.....	13

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 Child Care Licensing 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			
Dept. of Social Services			
Licensing Specialist			
Electric Company			
Gas Company			
Water Company			
Insurance Provider			
Evacuation Site			
Alternate Evacuation Site			

Medical Emergencies

A. Medical Conditions Under Which Emergency Care and Treatment is Warranted

Medical emergencies that would require immediate medical care by a health care professional include the conditions listed below. (A list of possible medical emergencies is provided in section 3 A of the “Child Care Emergency Plan Guidelines” that accompany this template.)

<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

B. Steps to follow in a medical emergency:

(A sample of these steps is provided in Section 3 B of the “Child Care Emergency Plan Guidelines” that accompany this template.)

<hr/>
<hr/>
<hr/>
<hr/>
<hr/>
<hr/>
<hr/>
<hr/>
<hr/>
<hr/>
<hr/>

Emergency Evacuation Procedures

RESPONSE

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 Child Care Licensing	
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 Infants and Toddlers	
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				
Has written permission to use this evacuation sites been secured? <small>(Recommended as a best practice)</small>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Has Approval By DSS Child Care Licensing	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Means of transportation and driver				
Evacuating Infants and Toddlers				
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 <small>*Attach a map if needed</small>				
Has written permission to use this evacuation sites been secured? <small>(Recommended as a best practice)</small>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Has Approval By DSS Child Care Licensing	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Means of transportation and driver				
Evacuating Infants and Toddlers				
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 <small>*Attach a map if needed</small>				
Means of transportation and driver				
Evacuating Infants and Toddlers				
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 *Attach a map if needed	
Means of transportation to this assigned location	
Evacuating Infants and Toddlers	
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.**

	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			

Send this Form to the County Emergency Management Agency.

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		
Diapers for infants		
Formula for infants		
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 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
- Notify Child Care Licensing
- 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 (You may call your regional office or give this information to your licensing specialist during a regularly scheduled visit.)

1. Would you be willing to exceed your capacity on a temporary basis?
2. Would you be willing to care for children in the ABC program?
3. Would you be willing to re-locate to a temporary site if necessary?
4. Are you aware of a possible temporary site where you could relocate? If so, where?
5. Do you have a working emergency generator?
6. Would you be willing to provide an e-mail address so that Child Care Services can send you information related to a disaster? If so, that e-mail address is: _____
7. Would you be willing to provide a cell phone number so that Child Care Services can send you text messages related to a disaster? If so, that phone number is:

C. Relocation of Child Care Facility

In the event of a natural disaster or unscheduled closing of a neighboring child care center, capacity may be exceeded temporarily for a maximum of 90 days to accommodate the displaced children with approval from Child Care Licensing. If approval is given for expanded capacity, appropriate staff:child ratios will be maintained at all times. Required records will be kept on file for the new enrollees.

- To exceed capacity, Child Care Licensing will determine capacity issues prior to children being accepted in the relocated facility.
 - a. The facility which plans to accept displaced children will notify Child Care Licensing at 1-800-556-7445 for approval once plans have been made by the director.
 - b. Parents will be referred to SC Child Care Resource and Referral Network (CCR&R) to access local child care facilities in their area.
- Once the facility receives approval from Child Care Licensing, the facility may accept the displaced children and staff.
 - a. Children's records will be maintained on file at the facility and made available to DSS.
 - b. 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 DSS.

Parent/Guardian and Child Reunification Procedures

RECOVERY

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 Child Care Licensing
- 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

Child Care Licensing will attempt to determine damages sustained during an emergency or disaster. If you have sustained damages during an emergency or disaster situation, please call/email Child Care Licensing with the following information:

Name of Facility	
Facility Director	
Address of Facility	
Working Phone Number	
Operational Status of Facility: (Call 1-800-556-7445 with this information <i>after</i> 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 Child Care Licensing</u>) • Cannot operate at all and need assistance relocating children in your care (refer parents to CCR&R for assistance)

Licensing Specialist Name and Phone Number: _____

Regional Licensing Office Phone _____

Child Care Services Emergency Response Line: **1-800-556-7445**

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

TRAINING

Briefly describe how the child care staff will be trained on the Emergency Plan. (See Section III A.16 of the “Child Care Emergency Plan Guidelines” that accompany this template for tips on developing the training process.)

A. Each child, of capable age, will receive training concerning emergency evacuation procedures during orientation. Fire drills will be held on a monthly basis, and drills for other disasters will be held every 6 months. The time, date, and type of drill is listed below.

Type of Drill	Date of Drill	Time of Drill
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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.

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: _____ 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 #: _____