



**SC Child Care**  
EARLY CARE & EDUCATION

# EMERGENCY PREPAREDNESS PROCEDURES FOR PROVIDERS

Child Care Licensing's website: [www.scchildcare.org](http://www.scchildcare.org)

**DISASTER/EMERGENCY RESPONSE PHONE: 1-888-825-7174**

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# INTRODUCTION

Child care regulations administered by the South Carolina Department of Social Services require that child care facilities have a plan in place that addresses disaster/emergency situations and procedures. The Division of Early Care and Education has developed this procedures manual to assist child care facilities in developing their plan.

Based on the size and structure of each child care facility, there will be a different number people available to perform the disaster/emergency tasks. However, all child care facilities must create and use, when appropriate, their own disaster/emergency plan. No child care facility is without risk of a disaster/emergency situation. Your plan should be shared with local emergency preparedness organizations. Effective emergency preparedness planning and response is achieved by the coordination, cooperation, and participation of child care facilities, staff, parents/guardians, children, and the community at large.

Review your emergency preparedness plan annually and update it as needed. Have your emergency preparedness plan available for immediate review by staff, parents/guardians, and Child Care Licensing during business hours.

## BASIC INFORMATION

### A. Suggested Steps to Follow

DSS Regulation Number 114-505 or 114-515 C(1)(b) states that your emergency plan must include “steps to be followed in a medical emergency,” to include DSS Suggested Standards III A3. The following are some types of steps your plan could contain:

- Train each child, of capable age, on the emergency evacuation procedures during orientation. Conduct fire drills monthly and other disasters at least every 6 months.
- Facilities that offer night care must conduct fire drills during sleeping hours at least every 60 days. See DSS Regulation 114-509 C (2).
- Train staff to recognize signs and symptoms of conditions that require immediate medical attention.
- Call 911 immediately upon recognizing signs and symptoms that require immediate medical attention.
- Call the child’s parent/guardian immediately after calling 911 to inform them of the child’s symptoms and where they will be transported for medical care.
- Provide first aid as trained in an approved First Aid training course until emergency personnel arrive.

- Take the child’s emergency medical information form(s) with you to the hospital and remain with the child until a parent arrives.
- Include the hospital or source of health care to be used in your plan.
- Include the method of transportation to be used in case of an emergency.

B. Recording Information

- Record information on your childcare site to ensure you are prepared for a disaster/emergency. This provides another source of the information if you are not able to be in the facility due to the disaster/emergency. The information should include facility name, address, phone number, name of director/person in charge, location of emergency information and first aid kit, total number of children you serve.
- Record emergency contact information. The following chart is an example of who you may have on your emergency contacts list.

	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			

C. Information to Give a Licensing Specialist **Before** an Disaster/Emergency

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?
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?

#### D. Training

Train and drill staff members on their responsibilities during an emergency.

- Staff orientation shall include training on the emergency plan.
- Practice the evacuation plan on a regular basis to ensure that it works, to help all staff know what to do, and to avoid panic.
- Involve the children in the drill in a way that will not frighten them. For example, tell them that you are practicing ways to keep them and you safe “in case of” an emergency instead of calling the exercise a fire drill, evacuation drill, etc.
- Use drills to help you evaluate, modify, and update your plan to make it more effective and efficient.
- Child care facilities are required by the Fire Marshal to have an Escape Plan and a Fire Plan. Attach a copy of both plans to this Emergency Preparedness Procedures for Providers. See Appendices 2 and 3.
- 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.

- The Escape Fire Plan Example and the Fire Plan Example are provided in Appendices 2 and 3 in this document. They are also available on the Division of Early Care and Education website at [www.schildcare.org](http://www.schildcare.org).
- Identify location of key items.
- Briefly describe the procedures you will follow for turning off gas, electricity, and water.
- A copy of the “Emergency Procedures for Child Care Providers” brochure is attached to this plan.
- The plan will be reviewed annually and updated as needed. The dates the plan was reviewed are listed on the front cover.

#### E. Medical Emergencies

DSS regulation 114-505 or 114-515 C(1)(a) states that your plan must include “medical conditions under which emergency care and treatment is warranted.” Or DSS Suggested Standards III A3 states “shall have provision of emergency medical care of children requiring treatment away from the child care setting, such as an arrangement with a hospital, public health department, or local physician.” List medical emergencies that would require immediate medical care by a health care professional or cause you to call 911. Below is a list of medical emergencies that would require immediate medical care by a health care professional. This list has examples, but does not list all conditions, that may require emergency care and treatment:

Abdominal pain after a blow to the abdomen	Seizure
Allergic reactions	Semi-consciousness
Breathing difficulties	Severe abdominal pain causing child to double over
Continuous clear drainage from nose/ears after a blow to the head	Severe bleeding
Forceful or repeated vomiting, with or without blood	Severe headache
Hives that appear quickly	Shock
Loss of consciousness	Sick child whose condition is worsening
Neck or back injury	Stiff neck/neck pain when head is moved
Possible broken bones	Unequal pupils

## EVACUATION PROCEDURES

DSS regulation 114-505 or 114-515 H (3) states, “The facility shall have an up to date written plan for evacuating in case of fire, a natural disaster, or other threatening situation that may pose a health or safety hazard. The facility shall also include procedures for staff training in this emergency plan.”

Each task (role) listed in the emergency response chain has specific duties to perform should the Emergency Preparedness Plan be implemented. Although there are specific personnel that would be best to fill a position, it may not be necessarily require a specific person to fill the position, but all to know if they are acting in that role. The following information is a sample of what your plan would contain.

- Who makes the decision on emergencies?
- Who will call 911?
- Who will supervise which children?
- Who count and re-count children when evacuating, when sheltering-in- place, and when locking down a facility? The child roster must be with a responsible staff member at all times.
- Where in the facility is the safest place to shelter-in- place?
- Who will monitor locate emergency information stations on television and radio during an impending emergency situation and pay attention to warnings.
- Who is responsible for what item to take with you during an evacuation?
- Who will contact families and how will you communicate with them? Will you utilize website postings, e-mail notifications, texting, posting flyers at the facility?
- If a child is transported to the hospital by emergency personnel, who will go to the hospital to be with the child until the family arrives? Who will be left with the remaining children?
- Who will get the ready-to-go files, first aid kit, and turning off gas, electricity and water?
- Who will contact Child Care Licensing?
- Who will document the report of the incident?

Provider's emergency preparedness plans include evacuation procedures for situations that require children to leave the building, such as building fires, which include:

- evacuation routes posted per IFC 404.2.1 and IFC 404.2.2 and
- pre-determined meeting locations.

Plan your evacuation route ahead of time when you have to leave your facility in the event of an disaster/emergency. It is important to already know where you will meet when a disaster/emergency happens. Make sure that all staff and parents/guardians know the location.

### **Steps to Take When Evacuating**

1. Emergency is declared. Alert staff about emergency and begin evacuation procedure. Call emergency services (911).

2. Staff gathers children to evacuate; count heads.
  - a. Grab the emergency kit which includes the first aid kits, any medical supplies such as children's medication. Emergency supplies should be taken when facility relocates to a safe place or area (emergency kit). See Appendix 4.
  - b. Make sure you have each child's emergency information.
  - c. Have a plan for turning off gas, electricity, and water.
3. Evacuate as practiced using planned route. If blocked, use secondary evacuation route.
  - a. Children who can walk hold walking rope and follow the teacher or designated staff person to evacuation spot. Infants and toddlers are moved in evacuation cribs. Cribs can also be used to evacuate children with special health care needs.
  - b. Gather children at designated meeting place as needed.
4. Calm the children. Communicate necessary information to families. Ensure children and adults are drinking water and eating.
5. Staff members take attendance to ensure all children and adults are safely evacuated. If a child or adult is missing, alert first responders.
  - a. Develop a plan for the release of children which include safeguards to prevent the inappropriate release of a child to an unauthorized person.
6. Wait for all clear before returning to building.

### **Radiological Evacuation Procedures**

If you are a Provider within ten miles of a nuclear power plant (or if you think you are) contact your County Emergency Management Agency to ensure that your emergency preparedness plan fits into the larger plans of the Emergency Planning Zone within the county you are in.

- |                |             |            |
|----------------|-------------|------------|
| ➤ Aiken        | ➤ Fairfield | ➤ Pickens  |
| ➤ Allendale    | ➤ Lee       | ➤ Richland |
| ➤ Barnwell     | ➤ Lexington | ➤ York     |
| ➤ Chesterfield | ➤ Newberry  |            |
| ➤ Darlington   | ➤ Oconee    |            |

## **RELOCATION PROCEDURES**

Provider's emergency preparedness plans include relocation procedures for situations that require children move to an alternate location which include:

- designated alternate locations that have already received approval from the locations



- relocating children, including an assigned transportation plan
- reuniting parents and children

To communicate the use of the alternate location, post a sign on each door of the regularly-used facility and use the phone numbers and email addresses of parents/guardians.

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.

1. 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.
2. 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.

## SHELTER-IN-PLACE PROCEDURES

The sheltering-in-place location should be an area that provides the most structural resistance, preferably in a room with few or no windows.

1. Emergency is declared. Begin evacuation procedures.
2. Count heads, grab emergency preparedness kit, and guide children to shelter. See Appendices.
3. Close and lock doors and windows.
4. Implement shelter-in-place procedures as practiced, depending on the emergency
  - a. Instruct children to assume a safe position for the event, such as tornado safe position (sit on floor and protect head) or earthquake safe position (drop, cover, and hold on).

5. Take attendance to ensure all children are safely evacuated. If a child is missing, alert first responders.
6. Calm the children.
7. Communicate necessary information to parents.
8. Ensure children are drinking water and eating.
9. Monitor radio for information and emergency instructions. Wait for all clear before leaving shelter and resuming daily activities or begin evacuation procedures if the building is no longer structurally safe.

## LOCKDOWN PROCEDURES

### **When Safe Evacuation is Not Possible**

Providers' emergency preparedness plans include lockdown procedures for situations threatening the safety of children and personnel, which include:

- notifying personnel
- keeping children in designated safe locations in the building
- encouraging children to remain calm and quiet
- securing building entrances
- preventing unauthorized individuals from entering the building. When the program is in a shared facility, the program entrances are secured
- responding when outdoors and on field trips

### **Steps to Take When in a Lockdown**

1. Emergency is declared. Alert staff of emergency and that they should begin lockdown procedure. Call 911.
  - a. Begin lockdown procedure.
2. Each staff member is responsible for the child(ren) in their care at that moment
3. Close and lock door from inside room. Direct children to sit in designated safe area. Grab emergency kit. See Appendix 4.
4. If in a room that does not lock when alert occurs, stay in the room and out of sight.

5. Teachers calm children and help them stay quiet. Remember to take attendance periodically.
6. Communicate with first responders and with staff members to ensure all children and staff members are in safe locations.
7. Wait for all clear from first responders before resuming daily activities.

## COMMUNICATION AND REUNIFICATION WITH FAMILIES PROCEDURES

### Communication Procedures

In all emergencies, cell phones can fail. Have a back-up method of communication. Preparing for how you will communicate with families and staff members, during all types of emergencies is important (i.e., text messages, social media, or email).

Access to Technology Families and staff members in your program without access to basic technology to communicate maybe at risk for the following:

- Not receiving needed services
- Social isolation and other risks Plan for alternative ways to reach out to families and staff members.

### Reunification Procedures

Effective methods for reuniting children with their parents and guardians after an emergency are an important part of emergency preparedness planning. Preparing includes having up-to-date emergency contact information for each child and staff member. This may include keeping emergency contact information with your emergency kit. Communicate with families about these reunification procedures:

- Evacuation or shelter-in-place locations
- What the program will do during a lockdown response
- What parents should do during a lockdown response
- Who will contact families before, during, and after an emergency
- How families will be contacted (e.g., text, email, phone call)
- Procedures if a child needs to be transported for medical care (e.g., who will accompany the child, where they will go).

**Note:** It is important for programs to have procedures in place if children cannot be immediately reunited with their families. Roads close, care gets delayed, and work shifts go into overtime during emergencies for people working in hospitals or as first responders. Having a plan in case you need to take care of a child overnight is a critical part of your reunification procedures.

## CONTINUITY OF OPERATIONS PROCEDURES

A damage and needs assessment of your facility or home after an emergency is crucial for your early childhood program to open again. Assessments are different based on the type of emergency your program, center, or home experienced. Make sure that your home or program has proper clearance from licensing and emergency officials before reopening.

Continuity of operations ensures that you have planned for ways to provide essential child care services when normal operations are disrupted. Here you will provide your procedures to reoccupy and conduct business at the primary facility.

After conducting your damage and needs assessment, an action plan is needed for how your early childhood program will resume services. Child Care Licensing can connect you to resources that can help you reopen your program or provide children with temporary child care.

## ACCOMODATIONS OF INFANTS AND TODDLERS PROCEDURES

Infants and toddlers are especially vulnerable in emergencies and helping them get to safety in emergencies requires extra planning and preparation. This is because children between birth and three have unique needs, such as:

- Reliance on caregivers for physical, nutritional, and emotional needs
- Communication limitations
- Limited mobility
- Need for safety and protection from harmful items
- Greater susceptibility to hazards, including chemicals and smoke

Solutions to address possible challenges:

- Ensure written emergency plans are updated to meet the constantly changing developmental needs of infants and toddlers

- Be sure you have a way to safely evacuate multiple children at once
  - Infants and toddlers should be moved in evacuation cribs.
- Determine a way to have children's comfort items available
- Practice in all seasons/weather
- Ensure you have a way to protect children from all types of weather during an evacuation
- Be sure your evacuation method works in all weather
- Create or better stock an emergency supply kit
- Have a plan to safely take breast milk or formula
- Provide quiet activities to keep children entertained
- Speak to children in a calm voice
- Use simple terms to explain what is happening
- Sing songs to provide instruction and calm children

## CHILDREN WITH DISABILITIES PROCEDURES

When an emergency strikes, it is critical for everyone to take appropriate and deliberate action. If you observe a person with a disability having difficulty evacuating, remember to ask if assistance is needed before taking action. Inquire how best to assist the individual and whether any precautionary measures need to be taken or items need to accompany the person. Consider the following suggestions when assisting individuals with disabilities in an emergency:

If you have children or staff with special healthcare needs or disabilities, make sure to address their specific needs in your practice plan. Preparing and practicing reduce panic and fear during actual emergencies. It helps everyone focus on what they need to do.

Cribs can also be used to evacuate children with special health care needs or disabilities as needed.

- Describe nature of emergency and the location if relevant.
- Offer assistance.
  - Inquire if the person is able to evacuate using the stairs without help or with minor assistance.

- Ensure clear path of travel. If debris is present, it may be necessary to clear a path to the exit route.
- Verbally communicate details about where you are going and any obstacles the person may encounter along the route.
- Once at a safe location, orient the person to the location and inquire if further assistance is needed before leaving the location.

## CHILDREN WITH CHRONIC MEDICAL CONDITIONS PROCEDURES

Care for children with special healthcare needs is often more complex because of their various health conditions and extra care requirements. They may have a hard time moving from one place to another, urgent or constant medical needs, difficulty communicating or have trouble with transitioning to different situations. A disaster can present all these difficulties at once. Knowing what to do can help maintain calm and keep your family safe.

### **Steps to Take When with Children with Chronic Medical Conditions:**

1. Calm the child's anxiety.
2. Grab the child's emergency contact information and the emergency kit which includes the first aid kits, any medical supplies such as children's medication and any medical equipment. Emergency supplies should be taken when facility relocates to a safe place or area (emergency kit). See Appendix 4.
3. Calm the child's anxiety. Children should have access to appropriate resources for safe transportation during an emergency.
4. Follow the procedures for evacuation, relocation, shelter-in-place, lockdown, and pandemic.

## PANDEMIC PROCEDURES

Identify a pandemic coordinator and/or team with defined roles and responsibilities for preparedness and response planning. The planning process should include input from labor representatives. Designate a Pandemic Planning Coordinator which may be the same person responsible for disaster/emergency response planning and/or activation of the response.

## Steps to Take When in a Pandemic

1. Identify essential employees and other critical inputs (e.g. raw materials, suppliers, sub-contractor services/products, and logistics) required to maintain business operations by location and function during a pandemic.
2. Plan for impact on financials.
3. Designate a point of contact within your organization to receive and disseminate information.  
This person will communicate with the community, public health officials, and between other departments in your organization.
4. Consider ways that isolation and quarantine, if enacted by public health authorities, would impact your organization.
5. Develop an external communications plan. Outline how you will communicate to the public and your stakeholders. Investigate the possibility of developing “pre-scripted” messages. How will you ensure messages are understandable to everyone?
6. Develop strategies to minimize face-to-face (social distancing) contact among employees and between employees and customers. Consider utilization of an off-site workplace, telecommuting or distance learning, use of the internet, or staggered work shifts.
7. Maintain sufficient amount of infection control supplies and make sure everyone has easy access to the supplies. (Soap, paper towels, hand-sanitizing gels, tissues, waste baskets, surface cleaners, etc.)
8. Establish policies for employee compensation and sick leave absences unique to a pandemic (e.g. nonpunitive, liberal leave), including policies on when a previously ill person is no longer infectious and can return to work after illness. (Utilize existing guidelines established).
9. Establish policies for flexible worksite (e.g., telecommuting) and flexible work hours (e.g., staggered shifts).
10. Establish policies for employees who have been exposed to pandemic influenza, are suspected to be ill or become ill at the worksite (e.g. infection control response, immediate mandatory sick leave).
11. Provide sufficient and accessible infection control supplies (e.g. hand-hygiene products, tissues and receptacles for their disposal) in all business locations. Assemble requirements, monitor inventory.
12. Establish staff bulletin board to be utilized as a central location for sharing of Avian Pandemic Information.
13. Develop good habits and prepare a check list of hard surface and public areas that need to be sanitized frequently. i.e. door handles, elevator buttons, stair railings.

# APPENDIX 1: CHILD/PARENT INFORMATION SHEET

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 #:			





# APPENDIX 3: FIRE PLAN EXAMPLE

- (1) A separate fire plan is needed for **each building** if more than one building. A Provider 's Director may be contacted to give further information about the fire plan.
- (2) A fire plan for the alternate location is needed, including a method to transport children to the alternate location, if needed.
- (3) Include in all fire plans where to take the children for shelter if a fire occurs during bad weather, include consideration of how/where parents/guardians will pick the children up.

<b>Fire Plan – Reviewed on date:</b>
Name of Provider/Facility:
Location/Facility Address and Phone Number:

## Steps to take in the event of a fire:


1. **Evacuate all who are in immediate danger!**
2. Pull the Fire Alarm or call out (insert agreed upon and practiced Fire word) if alarm does not work.
3. Report Fire to 911 using a cell phone once you are outside. Tell 911 “There is a fire at (place your facility address here). If the cell phone does not work, the Director will assign someone to call from (insert location here) to report the fire to 911.
4. If appropriate and safe to do, use portable fire extinguisher.
5. **Evacuate ALL children and ALL adults through the nearest exits that are located furthest from the fire. Report to the areas, noted below**, that are far away from the building(s) and that are safe, including not being near where emergency vehicles are parking.
  - a) As soon as the fire is discovered, begin an orderly evacuation just as you practiced during your fire drills.
    - i. **Children in 1- and 2-year old rooms** should report (insert location here).
    - ii. **Children in 3- and 4-year old rooms** should report (insert location here).
    - iii. **Children in an after-school room** should report to (insert location here).
    - iv. **Infants** may be placed in the evacuation cribs and pushed out of the building. Caregivers will report the infants (insert location here).

### **If needed, use the alternate exits as you have identified on your Escape Plan.**

- b) The Director/designee will check all bathrooms and all other rooms/areas to make sure no one is left in the building.
- c) All caregivers will take attendance log, time sheet, first aid kit, emergency files, cash, checks, and any other records that are easily carried when they evacuate.
- d) Caregivers will close all doors as they leave the building, if able to.
- e) Caregivers will account for all children by checking attendance log and reporting to the Director/designee the location of each child and adult as soon as possible.
- f) Any staff trained in first aid will provide first aid, as needed.
- g) Do not reenter the building until permission is given by the Fire Officials.
- h) Notify parents to pick up children as soon as soon as possible.


# APPENDIX 4: EMERGENCY KIT CONTENTS

Source: Child Care Aware of America, accessed on 5/05/2022,  
[Emergency-Supply-Kit.pdf \(childcareaware.org\)](https://www.childcareaware.org/emergency-supply-kit.pdf)

Spring 2021	
 <h2 style="margin: 0;">Emergency Supply Kit</h2> <h3 style="margin: 0;">For Child Care Providers</h3>	
<p><b>Note:</b> Every child care program is unique. Prep your kit to fit the needs of the children enrolled. You may also pack items that your state requires, or items that are not required, but considered leading practices.</p>	<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p><b>Short-Term Emergency</b></p> <p>evacuation up to <b>6 hrs.</b></p> <p><i>Pack listed supplies in a backpack, wheeled bin, or wheeled duffel bag.</i></p> </div> <div style="text-align: center;"> <p><b>Long-Term Emergency</b></p> <p>sheltering up to <b>72 hrs.</b></p> <p><i>Pack listed supplies in a sturdy, water-proof, wheeled tote or garbage can.</i></p> </div> </div>
<p><b>Important Papers*</b></p>	<ul style="list-style-type: none"> <li>• Care plans</li> <li>• Medical releases</li> <li>• Relocation site agreements &amp; maps</li> <li>• Emergency information on each child in a small notebook or on cards</li> <li>• Emergency plan &amp; numbers</li> </ul>
<p><b>Water**</b></p>	<ul style="list-style-type: none"> <li>• 1-2 gallons of water for every 4 children/staff</li> </ul>
<p><b>Food</b></p>	<p>All short-term supplies PLUS:</p> <ul style="list-style-type: none"> <li>• Extra formula or appropriate food for infants</li> <li>• Extra non-perishable food</li> <li>• Canned fruits and meat</li> <li>• Non-electric can opener</li> </ul>
<p><b>Clothing &amp; Bedding</b></p>	<p>All short-term supplies PLUS:</p> <ul style="list-style-type: none"> <li>• Change of clothes per person, including socks and underwear</li> <li>• Extra bedding/blankets</li> <li>• 1 emergency blanket per person</li> </ul>

\* Store in a resealable plastic bag or a waterproof container.

\*\*Water may not fit into a backpack. Store in an easy-to-carry method (roller bag/crate with wheels, etc).

 <b>Short-Term Emergency</b>	<b>Long-Term Emergency</b>
<b>First Aid</b> <ul style="list-style-type: none"> <li>• Small first aid kit</li> <li>• Any needed medications (Epi-Pen, Insulin, etc.) for children/ staff with special needs</li> </ul>	<ul style="list-style-type: none"> <li>• Large first aid kit</li> <li>• Any needed medications (Epi-Pen, Insulin, etc.) for children/ staff with special needs</li> </ul>
<b>Sanitation</b> <ul style="list-style-type: none"> <li>• Diapers and wipes</li> <li>• Tissues</li> <li>• Toilet paper</li> <li>• Paper Towels</li> <li>• Hand sanitizer</li> <li>• Disinfecting wipes</li> </ul>	<b>All short-term supplies PLUS:</b> <ul style="list-style-type: none"> <li>• Extra diapers and wipes</li> <li>• 5 gal. plastic bucket &amp; toilet seat</li> <li>• Large garbage bags/plastic bags - various sizes</li> <li>• Extra disinfecting wipes</li> <li>• Extra hand sanitizer</li> <li>• Extra paper products</li> <li>• Feminine hygiene supplies</li> </ul>
<b>Comfort &amp; Safety</b> <ul style="list-style-type: none"> <li>• At least one age-appropriate play activity</li> <li>• Flashlight with batteries or crankstyle</li> <li>• Paper and pen</li> <li>• Dust/filter masks (1 per person)</li> <li>• Utility knife or multi-tool</li> <li>• Teething rings/pacifiers</li> <li>• Walking rope</li> <li>• Emergency cash</li> <li>• Mosquito repellent and sunscreen</li> </ul>	<b>All short-term supplies PLUS:</b> <ul style="list-style-type: none"> <li>• Additional age-appropriate play activities to rotate</li> <li>• Glow sticks</li> <li>• Extra batteries for flashlights</li> <li>• Emergency cash</li> <li>• Waterproof tarps, duct tape and plastic sheeting</li> </ul>
<b>Communication</b> <ul style="list-style-type: none"> <li>• NOAA weather radio (battery or crank powered)</li> <li>• Cell phone charger</li> <li>• Portable power pack</li> </ul>	<b>All short-term supplies PLUS:</b> <ul style="list-style-type: none"> <li>• Walkie-talkie</li> <li>• Landline phone (not cordless)</li> <li>• Signal/flare</li> </ul>



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