



(Name of Facility)

Child Care Emergency

Supporting Documents

Date: _____

These documents support the (name of facility) Child Care Emergency Plan. When filled in, they are confidential, and not to be released outside the facility, except to emergency response organizations.

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ATTACHMENT 1 – NOTIFICATION PHONE LIST

CHILD CARE FACILITY/OFFICE/AGENCY	TELEPHONE #	E-MAIL
Name of Facility Director _____	(Primary) (Office) (Home)	
Facility Staff Roster		
Staff member _____	(Primary) (Office) (Home)	
Staff member _____	(Primary) (Office) (Home)	
County Emergency Management Agency		
Local Emergency Services Emergency Number	9-1-1	
Local Emergency Services Non-emergency number		
Child Care facility Relocation Facility		
Facility Transportation Provider(s)	(Primary) (Office) (Home)	

Send this Form along with the basic plan and checklists to the County Emergency Management Agency.

ATTACHMENT 2 – PARENT/GUARDIAN ROSTER

NAME	TELEPHONE #	E-MAIL

ATTACHMENT 3 – TRANSPORTATION ASSETS

If it becomes necessary to relocate the children to a safer location, the following transportation will be used.

Number of children/staff who will need to be moved _____

Amount of supplies/records that will need to be moved _____

Vehicles that will be used.

1. Owner _____ Type of vehicle _____
Driver _____ # of passengers (including driver) _____
Normal location of vehicle _____
Means of contacting owner _____
Alternate means _____

2. Owner _____ Type of vehicle _____
Driver _____ # of passengers (including driver) _____
Normal location of vehicle _____
Means of contacting owner _____
Alternate means _____

3. Owner _____ Type of vehicle _____
Driver _____ # of passengers (including driver) _____
Normal location of vehicle _____
Means of contacting owner _____
Alternate means _____

Send this Form along with the basic plan and checklists to the County Emergency Management Agency.

ATTACHMENT 4 – FACILITY LAYOUT AND ASSEMBLY AREA

(Provide sketch of facility floorplan and identify internal shelter areas, staffed checkpoints and assembly areas.)

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ATTACHMENT 5 – EVACUATION PLAN MAP TO RELOCATION CENTER

DRAWING OF EVACUATION ROUTE FROM _____ CHILD CARE FACILITY,
_____(address)_____, _____ COUNTY TO
_____(address)_____, _____, COUNTY

(Provide sketch or map from Child Care to relocation center)

Send this Form along with the basic plan and checklists to the County Emergency Management Agency.

ATTACHMENT 6 – SAMPLE MEMORANDA OF AGREEMENT (MOA)
WITH RELOCATION FACILITIES

The two examples – one to another childcare facility and one to a school - are simply examples for you to look at. Note that we've used "Actual" memoranda, but have changed names for privacy sake. Your letter need not be so formal (or it might be more formal). You may be able to do without an MOA if you have absolute trust in the management of the relocation facility, but by all means make sure that you discuss the details with them and be sure that they know you might be coming.

*(Sample Memorandum of Understanding from Childcare
Center to School.)*

??? Child Care
925 MAPLE ROAD
ANYTOWN, PENNSYLVANIA 12345

Louise Little
Little Family Daycare Center
42 Holly Drive
Somewhere, Pennsylvania 12345

Dear Ms. Louise Little,

This letter is to acknowledge your request for the use of the facilities of ??? Daycare, in the event an emergency shelter is needed. The ??? Daycare hereby grants you permission to use the facility as an emergency shelter, in the event of a required evacuation of your daycare home. You and your staff will remain responsible for the care, welfare, safety, and release of the children from your daycare site. Please be prepared to provide any necessary items and documentation for the children in your care.

Please feel **free** to **contact** me if you have **any** questions or concerns.

God Bless,

Suzie Smith, Director
??? Daycare

*(Sample Memorandum of Understanding from School to
Childcare Center.)*

??? AREA SCHOOL DISTRICT

623 West Main Street
Anytown, Pennsylvania 12345
Telephone: 555-1234
Jocelyn Jordan, Superintendent

Ms Suzie Smith, Director
???

Dear Ms. Smith,

The School District hereby authorizes ??? Day Care Center to utilize the facilities of the Mountain Springs Elementary School in the event an emergency evacuation of your facility is required.

In the event of an emergency during days and times when school is in session, please make direct contact with Mr. Christopher Jones at 555-6800, Ext 4567 to arrange to use the buildings. During days when school is not in session, please contact either Michael Miller at, 245-0582(H), or 580.0053(Cell), for access to the school. A school calendar is enclosed for your reference. Normal school hours of availability are 6:30AM until 5:30PM.

During these emergency relocation, the school's all purpose room and restrooms will be made available for the temporary use of children from the ??? Child Care Center. Center staff will remain responsible for the supervision of children and the contact of parents or guardians. In addition, any materials or supplies that are required during this time will need to be provided by the ??? Day Care Center staff.

The Anytown Area School District recognizes the importance of emergency relocation centers for our children, and will make every effort to assist you if possible with your relocation.

If you have any questions, or concern, please feel free to contact me at 555-1234, ext 001.

Calvin W. Myers
Director of Safety and Security

Cc: Jocelyn Jordan D. Ed., Superintendant
Christopher Jones, Principal, Mountain Springs Elementary School

ATTACHMENT 7 – COMMUNICATIONS WITH PARENTS/GUARDIANS

Parents and guardians need to be informed of provisions in the Emergency Plan. This letter will provide the information that they need. A copy of this letter should be given to parents of newly enrolled children, and at least once per year to all parents.

Insert your own wording here or use this suggested script.

To the Parent (s)/Guardian (s) of **(child's name)**:

This letter is to assure you of our concern for the safety and welfare of children attending **(insert name of child care facility)**. Our Emergency Plan provides for response to all types of emergencies. Depending on the circumstance of the emergency, we will use one of the following protective actions:

- *Immediate evacuation:* Students are evacuated to a safe area on the grounds of the facility in the event of a fire, etc. In case of inclement weather, we may then proceed indoors at a neighbor's.
- *In-place sheltering:* Sudden occurrences, weather or hazardous materials related, may dictate that taking cover inside the building is the best immediate response.
- *Evacuation:* Total evacuation of the facility may become necessary if there is a danger in the area. In this case, children will be taken to a relocation facility. We currently have 2 available, they are:
 - Emergency Relocation Facility A at (insert name of relocation facility).
 - And Emergency Relocation Facility B at (insert name of relocation facility).

If it ever becomes necessary to relocate, a sign will be posted on the door stating which facility we've gone to (A or B).

If you're not sure how to get there, please ask for directions before there is an emergency.

- *Modified Operation:* May include cancellation/postponement or rescheduling of normal activities. These actions are normally taken in case of a winter storm or building problems (such as utility disruptions) that make it unsafe for children, but may be necessary in a variety of situations.

Please listen to (list your local radio/television stations here) for announcements relating any of the emergency actions listed above.

We ask that you not call during the emergency. This will keep the main telephone line free to make emergency calls and relay information.

The facility director may provide an alternate phone number (i.e. cell phone number, etc.) to call in an emergency event.

The form designating persons to pick up your child is included with this letter for you to complete and have returned to the Child care facility no later than *(insert reasonable response time here)*. This form will be used every time your child is released. Please ensure that only those persons you list on the form attempt to pick up your child.

I realize that emergency circumstances may require changes to your plans, but I urge you to not attempt to make different arrangements if at all possible. This will only create additional confusion and divert staff from their assigned emergency duties.

In order to assure the safety of your children and our staff, I ask your understanding and cooperation. Should you have additional questions regarding our emergency operating procedures, contact *(name of individual designated to handle inquiries and their telephone number/extension)*.

Sincerely,

(Title)

ATTACHMENT 8 – CHILD PICK-UP AUTHORIZATION

I, _____, authorize (facility name) to release my child(ren) to the person(s) designated. This is in consonance with the (facility name) Emergency Plan.

Child's Name

Designated Custodian (s), Name, & Relationship

Your Signature

Relationship

Date

Print Name

Address

Address

(Home Phone)

(Work)

(Cell)

*NOTE: Parents and guardians should designate themselves as designated custodians. Friends, neighbors and other relatives may also be designated.
PLEASE PRINT CLEARLY.*

ATTACHMENT 9 - NOTICE OF RELOCATION POSTING

**CHILD CARE FACILITY
CHILDREN AND STAFF
HAVE
RELOCATED TO
EMERGENCY RELOCATION FACILITY
AT**

Use of this form is optional, but it is recommended.
Using a code for the actual site of the relocation facility is recommended for security reasons, but is optional, too. You may wish to use plain English to say where you've gone.

ATTACHMENT 10 – EMERGENCY “GO-KITS” AND SUPPLIES

This list contains the **minimum** items you should have in your center in case of an emergency.
(“Go-Kit” items should be packed in a backpack or other container that is mobile in the event of an evacuation and be located in a central and easily accessible location.)

Location of Emergency Kits: _____

Locations of Additional Emergency Supplies: _____

Location of Cell Phone: _____

“Go-Kit”

- Copies of all contact lists
 - *For families **and** staff, include the name, phone number, and e-mail as well as information for someone preferably out-of-state, at least out of the immediate area*
 - *Phones numbers and e-mails for your Sponsor Liaison and/or immediate Supervisor*
- A copy of this plan*
- Emergency contact information on all children*
- Special medical needs instructions for children and staff
- Flashlights with extra batteries
 - *Long-life, emergency flashlights*
- Battery-operated radio and extra batteries
 - *AM/FM, weather band/TV band*
- Manual can-opener
- First Aid Kit
 - *Add gloves and Kleenex*
- Notepad and pens/pencils
- Scissors
- Hand-Sanitizer and cleansing agent/disinfectant
- Whistle
- Disposable Cups
- Wet Wipes

In the Center in General

- Charged cell phone
- One gallon of water for every four children and staff
- Disposable cups
- Non-perishable food items like soft granola bars, cereal, cheese and crackers, cans of fruit, and special infant items, etc. – should be nut-free in case of allergies
- Extra supplies of critical medication such as insulin, epi-pens, etc. for children and staff

Each Child Should Have:

- A change of seasonally appropriate clothing
- A blanket
- Extra diapers (one-day supply as space allows)
- Extra formula (one-day supply as space allows)



ATTACHMENT 11: IMPORTANT INFORMATION TO PROVIDE TO 9-1-1

What is the Emergency?

- Police
- Fire
- Medical

What is the location?

We are in _____ (City/Borough/Township)
Street Address is _____

Our Call-Back Phone # is _____

Detailed Information about the call:

- *If Medical:* Is the person conscious, breathing, bleeding, or trapped?
- Try to get you and the telephone as close as is possible to the person requiring Medical Attention in the event you are given instructions to assist prior to arrival of EMS personnel.
- *If Fire:* What is on fire? Is anyone still inside a building? Is an evacuation in progress? Is anyone injured or ill
- *If Law Enforcement:* Why are the Police needed? Is the suspect still there; are there any weapons involved or visible? Try to provide the following information: Physical Description of suspect, Clothing description of suspect, suspect vehicle description, and direction of travel if the suspect has departed the scene.

Remember:

- Don't hang up until instructed to do so (unless you are in danger).
- Don't become frustrated, even though you are being questioned concerning the situation you called about, the incident has already been dispatched.
- Remember: until someone from Public Safety arrives you are the most current and reliable information available to the First Responders coming to help you.

ATTACHMENT 12 – PERSONS WITH SPECIAL NEEDS

The following is a list of persons (children or staff) who may need help in evacuating, or who may have special medical needs that need addressed at a host facility, or while in transit.

1. Name _____ Age _____
Type of special need _____
Is this a temporary situation? _____ If so, when should it terminate? _____
Does this individual have any allergies? _____
Does this individual have any special medications or equipment? _____
Does this equipment require supplies or batteries that should be taken along in case of evacuation? _____ What? _____
How the need is accommodated during normal child-care operations _____
Will this accommodation be available during a shelter-in-place or evacuation? _____

2. Name _____ Age _____
Type of special need _____
Is this a temporary situation? _____ If so, when should it terminate? _____
Does this individual have any allergies? _____
Does this individual have any special medications or equipment? _____
Does this equipment require supplies or batteries that should be taken along in case of evacuation? _____ What? _____
How the need is accommodated during normal child-care operations _____
Will this accommodation be available during a shelter-in-place or evacuation? _____

3. Name _____ Age _____
Type of special need _____
Is this a temporary situation? _____ If so, when should it terminate? _____
Does this individual have any allergies? _____
Does this individual have any special medications or equipment? _____
Does this equipment require supplies or batteries that should be taken along in case of evacuation? _____ What? _____
How the need is accommodated during normal child-care operations _____
Will this accommodation be available during a shelter-in-place or evacuation? _____

Send this Form along with the basic plan and checklists to the County Emergency Management Agency.

ATTACHMENT 13 – EMERGENCY FIRST STEPS

The following is a list of possible emergencies and considerations for determining which emergency/protective actions to implement.

TYPE OF HAZARD	THINGS TO CONSIDER	POSSIBLE PROTECTIVE ACTION
Hostile Intruder	Is the intruder possibly violent? Is there time to move the children? Is there a safer place for them?	<ul style="list-style-type: none"> • Lockdown • Immediate Evacuation • Shelter
Tornado/Severe Storm	Does it threaten us? Is there a recommended protective action? How much time do we have?	<ul style="list-style-type: none"> • Immediate Shelter • Deliberate Shelter
Winter Weather	Do we have time to send everyone home? Is it safe to go outside? Is it safe to travel outside?	<ul style="list-style-type: none"> • Early Dismissal • Shelter in Place
Hazardous Material/ Nuclear Powerplant Incident	Does it threaten us? Is there a recommended protective action? How much time do we have?	<ul style="list-style-type: none"> • Evacuation • Immediate Shelter • Deliberate Shelter
Fire	Where in the building is it? Does it threaten us?	<ul style="list-style-type: none"> • Evacuation
Utility Failure	Is the building safe? Do we have time to send everyone home? Is it safe to go outside?	<ul style="list-style-type: none"> • Immediate Evacuation • Early Dismissal • Shelter in Place
Flooding	Is the building in danger? Is it safe to go outside? Is it safe to travel outside?	<ul style="list-style-type: none"> • Early Dismissal • Evacuation • Shelter in Place
Earthquake	What parts of the Building are damaged? Is it safe to continue operations in the building Is it safe to move?	<ul style="list-style-type: none"> • Evacuation • Immediate Shelter
Building Damage	What parts of the Building are damaged? Is it safe to continue operations in the building Is it safe to move?	<ul style="list-style-type: none"> • Early Dismissal • Immediate Shelter • Evacuation
Civil Disturbance/Violence Outside	Does it threaten us? Might it get worse? Is it safe to go outside?	<ul style="list-style-type: none"> • Lockdown • Immediate Evacuation • Deliberate Shelter
Other		<ul style="list-style-type: none"> •