

Child Care Emergency Plan

Before completing this set of forms, please read the Keeping Kids Safe planning guide that includes instructions on how to complete these forms.

Provider Information

DATE			
PROVIDER NAME			
ADDRESS		CITY	STATE ZIP CODE
PHONE NUMBER		EMERGENCY PHONE	

Shelter-in-Place/Lockdown Procedures

If we need to stay in the building due to an emergency, the following procedures will be followed

LOCATION 1 IN BUILDING	LOCATION 2 IN BUILDING
PROCEDURES FOR SHELTER-IN-PLACE/LOCKDOWN <i>Describe your procedures (who, what, where, when).</i>	
Shelter-in-Place/Lockdown for Children with Disabilities or Chronic Medical Conditions: <i>Include any special circumstances or procedures needed for children with disabilities or chronic medical conditions.</i>	

Notification

EMERGENCY RESPONDERS WILL BE NOTIFIED WHEN
PARENTS/GUARDIANS WILL BE NOTIFIED WHEN

Emergency Kit

<i>Describe the content of your emergency kit, who will be responsible for it, and where it will be stored.</i>

Evacuation and Relocation Procedures

If we need to evacuate our site and relocate to another site, the following procedures will be followed

EVACUATION ROUTES/EXITS

Show how you and the children will leave from any room in the building.

EVACUATING INFANTS/TODDLERS

Describe any special circumstances or procedures needed for evacuating infants and toddlers from the building.

Evacuating Children with Disabilities or Chronic Medical Conditions

Describe any special circumstances or procedures needed for evacuating children with disabilities or chronic medical conditions from the building including procedures for storing a child's medically necessary medicine.

Notification

EMERGENCY RESPONDERS WILL BE NOTIFIED WHEN

PARENTS/GUARDIANS WILL BE NOTIFIED WHEN

Emergency Kit

Describe the content of your emergency kit, who will be responsible for it, and where it will be stored.

Relocation - Location 1

BUILDING NAME	REASON(S) TO EVACUATE TO LOCATION 1		
ADDRESS	CITY	STATE	ZIP CODE
PHONE NUMBER	EMERGENCY PHONE		
TRANSPORTATION TO LOCATION 1			
OTHER DETAILS			

Relocation - Location 2

BUILDING NAME	REASON(S) TO EVACUATE TO LOCATION 2		
ADDRESS	CITY	STATE	ZIP CODE
PHONE NUMBER	EMERGENCY PHONE		
TRANSPORTATION TO LOCATION 2			

OTHER DETAILS

Relocation - Location 3

BUILDING NAME	REASON(S) TO EVACUATE TO LOCATION 3		
ADDRESS	CITY	STATE	ZIP CODE
PHONE NUMBER	EMERGENCY PHONE		
TRANSPORTATION TO LOCATION 3			
OTHER DETAILS			

Parent/Guardian and Child Reunification Procedures

If we need to evacuate, shelter-in-place, or when parents/guardians/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.

Notification

PARENTS/GUARDIANS WILL BE NOTIFIED WHEN

PARENT/GUARDIAN CONTACT INFORMATION WILL BE MAINTAINED IN THIS LOCATION

Release

Children will only be released to parents/guardians or other individuals listed on the child's form (with proper identification)

OTHER DETAILS ABOUT REUNIFICATION

Continuing Operations Procedures

In the period during and after a crisis, the following procedures will be followed regarding continuing operations.

Notification and Decision Making

The following people will need to be notified and be a part of the decision-making process regarding continued operations DURING a crisis

The following people will need to be notified and be a part of the decision making-process regarding continued operations AFTER a crisis

Any additional considerations for operations

Provider Emergency Contact Information

PROVIDER NAME		PROVIDER PHONE NUMBER	
PROVIDER ADDRESS	CITY	STATE	ZIP CODE

For Emergencies - Dial 911

Public Safety Agencies

CITY <i>(if applicable)</i>	CONTACT NAME		
NON-EMERGENCY NUMBER		24- HOUR EMERGENCY NUMBER	
COUNTY	CONTACT NAME		
NON-EMERGENCY NUMBER		24- HOUR EMERGENCY NUMBER	

Utility Emergency Phone Numbers

ELECTRIC	COMPANY		
CONTACT PERSON		24- HOUR EMERGENCY NUMBER	
GAS	COMPANY		
CONTACT PERSON		24- HOUR EMERGENCY NUMBER	
WATER	COMPANY		
CONTACT PERSON		24- HOUR EMERGENCY NUMBER	

General Emergency Resource Numbers

POISON CONTROL	PHONE NUMBER 800-222-1222
CRIME VICTIM SERVICES	PHONE NUMBER
POST-CRISIS MENTAL HEALTH HOTLINE	PHONE NUMBER
FIRE DEPARTMENT	PHONE NUMBER
OTHER	PHONE NUMBER
NAME OF INSURANCE AGENCY	
INSURANCE CONTACT PERSON	PHONE NUMBER

Licensing Information (If applicable)

LICENSE/CERTIFICATION NUMBER	
Licensed by: <input type="checkbox"/> STATE <input type="checkbox"/> COUNTY	
LICENSOR NAME	LICENSOR PHONE

Child Care Assistance Program (CCAP) Information (If applicable)

CCAP PROVIDER ID	
CCAP AGENCIES REGISTERED WITH	CCAP AGENCY PHONE NUMBER(S)

Child Emergency Contact Information

This form is a resource for your emergency preparedness. You should collect each child's emergency contact information and be prepared to take the contact information with you in instances of evacuation and/or relocation. This is information that a parent or guardian can provide you.

CHILD'S NAME	DATE OF BIRTH
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Parent/Guardian Contact Information

PARENT/GUARDIAN 1			
NAME		RELATIONSHIP TO CHILD	
ADDRESS	CITY	STATE	ZIP CODE
PHONE NUMBER	ALTERNATE PHONE NUMBER		
EMAIL	WORK EMAIL	WORK PHONE NUMBER	
PARENT/GUARDIAN 2			
NAME		RELATIONSHIP TO CHILD	
ADDRESS	CITY	STATE	ZIP CODE
PHONE NUMBER	ALTERNATE PHONE NUMBER		
EMAIL	WORK EMAIL	WORK PHONE NUMBER	

Emergency Contact Information (not a parent/guardian)

EMERGENCY CONTACT 1 (NOT A PARENT GUARDIAN)			
NAME		RELATIONSHIP TO CHILD	
ADDRESS	CITY	STATE	ZIP CODE
PHONE NUMBER	ALTERNATE PHONE NUMBER		
EMERGENCY CONTACT 2 (NOT A PARENT GUARDIAN)			
NAME		RELATIONSHIP TO CHILD	
ADDRESS	CITY	STATE	ZIP CODE

PHONE NUMBER	ALTERNATE PHONE NUMBER
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Non-Parent/Guardians Authorized to Pick up Child (with verification of identification)

Authorized Person 1

NAME	
PHONE NUMBER	RELATIONSHIP TO CHILD

Authorized Person 2

NAME	
PHONE NUMBER	RELATIONSHIP TO CHILD

Authorized Person 3

NAME	
PHONE NUMBER	RELATIONSHIP TO CHILD

Child's Medical Provider Information

NAME		CLINIC	
ADDRESS	CITY	STATE	ZIP CODE
PHONE NUMBER	ALTERNATE PHONE NUMBER		

Child's Dental Provider Information

NAME		CLINIC	
ADDRESS	CITY	STATE	ZIP CODE
PHONE NUMBER	ALTERNATE PHONE NUMBER		

Identification of Hazards

This form is provided as a resource for your emergency preparedness. It allows you to identify the risk of certain hazards occurring, the impact that a hazard could have if it did occur, and how you would continue operating during and after the emergency.

Hazard	Risk of harm, potential impact at your site, and plan for continuing operations during and after the emergency
Fire	
Flood	
Gas/Chemical Leaks	
Hazardous Materials	
High or Low Temperatures	
Infectious Diseases	
Nuclear Power	
Severe Winter Weather	
Thunderstorm	
Tornado	
Violent Incidents	

Assigned Responsibilities during an Emergency

This form is provided as a resource for your emergency preparedness. It allows you to identify actions that need to happen during an emergency and who is responsible for taking those actions. For each item in the first column, identify the person or position responsible, the required action, and under what circumstances that action should occur.

Action	Person or Position Designated/Responsibility/Location <i>Example: Marlyss will take the children to the safe room located in the basement when the tornado siren goes off.</i>
Protecting the Children	
Notifying Authorities	
Communicating with Parents/guardians, including reunification	

