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| Emergency Plan for  Large Family Child Care Homes | | | | | Instructions: Post a copy prominently in the LFCCH.  Give a copy to your Licensing Specialist.  Update the plan routinely or as information changes.  Non-applicable items may be left blank | | | |
| Provider name: | | Large family child care home address: | | | | | | |
| insert text | | insert text | | | | | | |
| Provider phone: | | Assistant name and phone: | | | | Substitute name and phone: | | |
| insert text | | insert text | | | | insert text | | |
| Locations of Necessities - check periodically | | | | | | | | |
| Parent phone numbers\*: | | First aid kit(s)\*: | | | | Medications and med. forms\*: | | |
| insert text | | insert text | | | | insert text | | |
| Enrollment list\*: | | Emergency food/water\*: | | | | Fire drill log: | | |
| insert text | | insert text | | | | insert text | | |
| \*Frequency/dates checked by Provider: | | | | | | | | |
| Important Information | Contact Name | | | Phone | | | | E-mail |
| Fire/Rescue (**911**) |  | | |  | | | |  |
| Police (**911**) |  | | |  | | | |  |
| Hospital |  | | |  | | | |  |
| Licensing Specialist/OCCL |  | | |  | | | |  |
| Building owner, if applicable |  | | |  | | | |  |
| Insurance company |  | | |  | | | |  |
| U.S. Poison Control Center | 1-800-222-1222 | | | DE Abuse/Neglect Hotline | | | | 1-800-292-9582 |
| Evacuation Locations | | | | | | | | |
| Name: | Address: | | | | <1 mile away | | | Phone: |
| insert text | insert text | | | | | | | insert text |
| Name: | Address: | | | | >2 miles away | | | Phone: |
| insert text | insert text | | | | | | | insert text |
| Utility Shutoff and Alarm Equipment Locations | | | | | | | | |
| Electricity: | | Water: | | | | Gas: | | |
| insert text | | insert text | | | | insert text | | |
| Smoke detector(s): | | Carbon monoxide detector(s): | | | | Fire extinguisher(s): | | |
| insert text | | insert text | | | | insert text | | |
| Staff Responsibilities in an Emergency | | | | | | | | |
| Staff name: | | | Title: | | | | Assignment: | |
| insert text | | | insert text | | | | *evacuation and person count, call emergency services and parents, first aid* | |
| Staff name: | | | Title: | | | | Assignment: *infant, toddler,* | |
| insert text | | | insert text | | | | *disability, & chronic medical needs, transportation and meals* | |
| Lockdown/Shelter-in-Place Procedures | | | | | | | | |
| Location of emergency supplies: | | | | | Shelter location within home: | | | |
| insert text | | | | | insert text | | | |
| Plan date: | | | Date staff was trained on this plan: | | | | Plan is due to be reviewed: | |
| insert text | | | insert text | | | | insert text | |

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| Evacuation: in case of the need to evacuate the home, the following procedures will be followed: | | | |
| Evacuation routes/exits | | Sample text:   * During routine fire drills, we will practice a primary and a secondary exit. * Exits are clearly marked by an evacuation diagram or an EXIT sign. | |
| Evacuating infants/toddlers | | Sample text:   * Infants and toddlers will be evacuated together using a stroller or wagon. These are always stationed near one of the exits. * If evacuating through a window, children will be passed out the window first, using any items available to place them on the ground. | |
| Notification | | Sample text:  Once all children are safely evacuated:   * 911 will be called. * Parents will be notified of the evacuation. | |
| Emergency kits/information | | Sample text:   * The emergency kit will be taken when possible. * The stroller/first aid kit/travel backpack will have an envelope attached containing emergency contact information. | |
| Evacuation sites | | In-neighborhood (<1 mile away):   * Name * Street Address * City, State, Zip Code | Out-of-neighborhood (>2 miles away):   * Name * Street Address * City, State, Zip Code |
| Transportation to evacuation locations | | Sample text:   * The provider will take a head count before and after leaving the grounds. * Children will be pushed in a stroller or wagon or will walk to the in-neighborhood site listed above. * OR children will be driven in the provider’s personal vehicle, with car seats whenever possible or using public transportation, to the out-of-neighborhood location listed above. * After arriving, the provider will take a head count again. | |
| Shelter-in-place: if we need to stay put due to a weather or security threat, the following procedures will be followed: | | | |
| Location | Sample text:   * The provider will take a head count based on the day’s attendance sheet. * The provider and children will move to list location or remain in list location, away from doors and windows. * Supplies for sealing the room are stored in the basement. * In case of lockdown, doors will be locked and windows will be covered. * A head count will be taken at any transition. | | |
| Emergency supplies | Sample text:   * Emergency kits with food, formula, toys, and water are stored in list location. * A first aid kit is stored in the list location. * A battery-powered radio and NOAA radio is stored with the emergency supplies. * A cell phone will be brought to the list location. * Emergency contact sheets are kept with the supplies. | | |
| Notification | Sample text:   * Parents/guardians will be notified once the immediate threat has passed. | | |
| Parent reunification: to reunite children with parents/guardians or emergency contacts as soon as it is safe: | | | |
| Notification | Sample text:  Parents/guardians are provided:   * Information on each evacuation site * Cell phone number of provider * Locations where updated may be posted: radio station, website or social media, etc.   Parent/guardian contact numbers are:   * Stored in provider’s cell phone * Attached to stroller * Kept in emergency kit | | |
| Release | Sample text:   * Children will only be released to contacts on the child’s info card, with proper identification. | | |

Date

Dear Parent / Guardian:

In the event of an emergency situation, I have outlined the below response plan. Please know that I will attempt to notify you, so please keep your emergency contact information up to date. Keep this letter with you so that you will know how to contact me in the event of an emergency.

Evacuation / Relocation

Sample text:

1. If the emergency is confined to the immediate area at my home, e.g. fire, and the children cannot stay on the premises, we will take the children to in-neighborhood location. We will remain at this location while you or your emergency contact is notified of the situation.
2. If the emergency is more widespread, encompasses a larger area such as the neighborhood due to an environmental threat, e.g. flood, and the children cannot remain in the immediate area, we will transport them to out-of-neighborhood location. We will remain at this location while you or your emergency contact is notified of the situation.
3. Children will be transported by method/vehicle.
4. When possible, we will ask the substitute to help with the evacuation and to stay with us at the new location.

Notification

Sample text:

1. We will repeatedly try to call you as soon as the children and staff are safe. If we cannot reach you, we will call your emergency contacts. During emergencies, children will only be released to you or your emergency contacts.
2. Information about the event can be found method: e-mail, website or social media, radio station, etc.

Emergency Supplies / Shelter-in-Place

Sample text:

1. You may want to leave in your child’s classroom a change of clothes, a few family photos, and a comfort item like a small teddy bear to help your child during a crisis.
2. If we need to shelter in place, we will remain in the home. First aid supplies are located list location. Infant supplies are located list location. Emergency food and water is located list location.

Our facility is most likely to experience:

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| --- | --- | --- | --- | --- |
| interpersonal conflict | power outage | ice and snow storm | thunderstorm | flood |
| medical emergency | gas leak | home intruder | tornado | earthquake |
| water outage/ unclean water | fire/smoke/ bomb threat | chemical/ hazmat exposure | missing child/ kidnapping | other: |

Please rest assured that we will remain with and care for the children at all times during an emergency to ensure their safety. As always, please don’t hesitate to contact me if you have any questions or concerns.

Sincerely,

Provider name