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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Emergency Plan for Residential Child Care Facilities and Day Treatment Programs | | | | | Instructions: Keep a copy in the facility.  Give a copy to your licensing specialist.  Update the plan routinely or as information changes. | | | |
| Facility name: | | | Owner name: | | | | Chief Administrator name: | |
|  | | |  | | | |  | |
| Facility address: | | | | | | | Facility phone: | |
|  | | | | | | |  | |
| Locations of Necessities | | | | | | | | |
| Appropriate agencies/parents phone numbers: | | | First aid kit(s): | | | | Medications and med. forms: | |
| 1.       2. | | |  | | | |  | |
| Enrollment list/Classroom rosters: | | | Emergency food/water: | | | | Fire drill log: | |
|  | | |  | | | |  | |
| \*Frequency/dates checked by chief administrator: | | | | | | | | |
| Emergency Phone Numbers | | Contact Name | | Phone | | | | E-mail |
| Fire/Rescue (**911**) | |  | |  | | | |  |
| Police (**911**) | |  | |  | | | |  |
| Hospital | |  | |  | | | |  |
| Licensing Specialist/OCCL | |  | |  | | | |  |
| Building owner | |  | |  | | | |  |
| 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: |
|  | |  | | | | | |  |
| Name: | | Address: | | | >2 miles away | | | Phone: |
|  | |  | | | | | |  |
| Utility Shutoff and Alarm Equipment Locations | | | | | | | | |
| Electricity: | | | Water: | | | | Gas: | |
|  | | |  | | | |  | |
| Alarm device: | | | Smoke detector(s): | | | | Fire extinguisher(s): | |
|  | | |  | | | |  | |
| Staff Responsibilities in an Emergency | | | | | | | | |
| Staff name: | | | Title: | | | | Assignment: | |
|  | | |  | | | | *evacuation and person count, call emergency services and parents/referring agency, and first aid* | |
| Staff name: | | | Title: | | | | Assignment: *infants, toddlers, children with disabilities or chronic medical needs, transportation, and meals* | |
| Lockdown/Shelter-in-Place Procedures | | | | | | | | |
| Location of emergency supplies: | | | | | Shelter location within facility: | | | |
|  | | | | |  | | | |
| Lockdown code word: | | | | | Location of all-clear code word/instructions: | | | |
|  | | | | |  | | | |
| Plan date: | | | Date staff were trained on this plan: | | | | Plan is due to be reviewed: | |
|  | | |  | | | |  | |
| **Evacuation – In case of the need to evacuate our facility, the following procedures will be followed:** | | | | | | | | |
| Evacuation routes/exits | * During routine fire drills, each room practices a primary and a secondary exit. * Exits are clearly marked in required rooms by an evacuation diagram and/or an EXIT sign. | | | | | | | |
| Evacuating infants/toddlers, if applicable | * Children will be evacuated together using one or two portable play yards with wheels. These are always stationed near one of the two exits. * If evacuating through a window, children will be passed out the window first, using any items available to place them on the ground. * OR one staff member will evacuate and will receive children from the staff member inside. | | | | | | | |
| Accommodation of infants, toddlers, and children with disabilities or chronic medical conditions | Describe how the needs of dependent populations will be met with regard to the following: food; sanitation; personal comfort/care items; medication and medical equipment; safety from hazards in physical space: | | | | | | | |
| Notification | Once all children are safely evacuated:   * 911 will be called * Notification to local fire department if the building contains a locked seclusion room * Appropriate agencies/parents will be notified of the evacuation | | | | | | | |
| Emergency kits/information | * Emergency kits will be taken when possible. * Portable play yards will have envelopes attached containing emergency contact information. | | | | | | | |
| Medication access and administration | Describe how you will ensure required medications will be administered | | | | | | | |
| 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 | * Staff members will take head counts from attendance sheets before after leaving the grounds. * Children will be pushed in portable play yards or strollers or will walk to the in-neighborhood site listed above. * OR children will be driven in center vehicle or in staff members’ personal vehicles, with car seats whenever possible, to the out-of-neighborhood location listed above. * After arriving, staff members will take head counts again. | | | | | | | |
| Continuation of care after a disaster | Describe how care will continue to be provided so children are safe and secure and their needs are met: | | | | | | | |
| **Shelter-in-place – If we need to stay put due to a weather or security threat, the following procedures will be followed:** | | | | | | | | |
| Location | * Staff members will take head counts. * Staff and children will move to part of building or remain in classrooms, away from doors and windows. * Supplies for sealing the room are stored in part of building. * In case of lockdown, doors will be locked and door windows will be covered. * Head counts will be taken at any transition. | | | | | | | |
| Emergency supplies | * Emergency kits with food, formula, toys, and water are stored in part of building. * A first aid kit is/First aid kits are stored in the part of building. * A battery-powered radio and NOAA radio is stored with the emergency supplies. * Cell phone will be brought to the part of building. * Emergency contact sheets are kept with the supplies. | | | | | | | |
| Notification | • Appropriate agencies/parents/guardians will be notified once the immediate threat has passed. | | | | | | | |
| **Other required procedures:** | | | | | | | | |
| Communicable disease outbreak | Describe your procedures | | | | | | | |
| Child(ren) is missing or runs away | Describe your procedures | | | | | | | |
| **\*DAY TREATMENT PROGRAMS ONLY\***  **Parent reunification – To reunite children with parents/guardians or emergency contacts as soon as it is safe:** | | | | | | | | |
| Notification | Parents/guardians are provided:   * Information on each evacuation site * Cell phone number of chief administrator * Locations where updates may be posted: radio station, facility/program website, etc.   Parent/guardian contact numbers are:   * Stored in chief administrator’s cell phone * Kept in emergency kits | | | | | | | |
| Release | Children will only be released to contacts on the child’s info card, with proper identification. | | | | | | | |
| Continuation of care after a disaster | Describe how care will continue to be provided so children are safe and secure and their needs are met: | | | | | | | |

Date

Dear Parent/Guardian/Referring Agency:

In the event of an emergency situation, facility/program name has outlined the below response plan. Please know that we 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 us in the event of an emergency.

**Evacuation/Relocation**

1. If the emergency is confined to the immediate area at the facility/program name, e.g. fire, and the children cannot stay on the premises, the children will be taken to in-neighborhood location. The children and staff 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, they will be transported to out-of-neighborhood location. The children and staff will remain at this location while you or your emergency contact is notified of the situation.
3. Children will be transported by method/vehicle.

**Notification**

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 contact. During emergencies, children will only be released to you or your emergency contacts.
2. Information about the event can be found method: e-mail, facility/program website, radio station, etc.

**Emergency Supplies/Shelter-in-Place**

1. You may want to leave in your child’s room 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 move to part of building or remain in classrooms. First aid supplies are located location. Infant supplies are located location. Emergency food and water is located location.

Our facility/program is most likely to experience:

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | family-staff conflict |  | power outage |  | ice/snow storm |  | thunderstorm |  | flood |
|  | gas leak |  | fire/bomb threat |  | building intruder |  | missing child/kidnapping |  | earthquake |
|  | medical emergency |  | water outage/ unclean water |  | chemical/hazmat exposure |  | tornado watch or warning |  | other: |

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

Sincerely,

Owner/Chief Administrator name