

(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.

## Table of Contents: SUPPORTING DOCUMENTS

ATTACHMENT 1: NOTIFICATION PHONE LIST .....	1
ATTACHMENT 2: PARENT/GUARDIAN ROSTER.....	2
ATTACHMENT 3: TRANSPORTATION ASSETS.....	3
ATTACHMENT 4: FACILITY LAYOUT AND ASSEMBLY AREA .....	4
ATTACHMENT 5: EVACUATION PLAN MAP TO RELOCATION CENTER.....	5
ATTACHMENT 6: SAMPLE MEMORANDA OF AGREEMENT WITH RELOCATION FACILITY.....	6
ATTACHMENT 7: COMMUNICATION WITH PARENTS/GUARDIANS.....	8
ATTACHMENT 8: PICK UP AUTHORIZATION .....	10
ATTACHMENT 9: EMERGENCY RELOCATION POSTING .....	11
ATTACHMENT 10: EMERGENCY GO-KITS AND SUPPLIES .....	12
ATTACHMENT 11: IMPORTANT INFORMATION TO PROVIDE TO 9-1-1 .....	13
ATTACHMENT 12: SPECIAL NEEDS PERSONS .....	14

**ATTACHMENT 1 – NOTIFICATION PHONE LIST**

<b>CHILD CARE FACILITY/OFFICE/AGENCY</b>	<b>TELEPHONE #</b>	<b>E-MAIL</b>
<b>Facility Director</b>	(O) (H)	
<b>Facility Staff Roster</b>	(O) (H)	
Staff member		
Staff member		
<b>County Emergency Management Agency</b>		
<b>Local Emergency Services Emergency Number</b>	<b>9-1-1</b>	
<b>Local Emergency Services Non-emergency number</b>		
<b>Child care facility Relocation Facility</b>		
<b>Facility Transportation Provider(s)</b>	(O) (H)	

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



## 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 \_\_\_\_\_

---

2. Owner \_\_\_\_\_ Type of vehicle \_\_\_\_\_  
Driver \_\_\_\_\_ # of passengers (including driver) \_\_\_\_\_  
Normal location of vehicle \_\_\_\_\_  
Means of contacting owner \_\_\_\_\_

---

3. Owner \_\_\_\_\_ Type of vehicle \_\_\_\_\_  
Driver \_\_\_\_\_ # of passengers (including driver) \_\_\_\_\_  
Normal location of vehicle \_\_\_\_\_  
Means of contacting owner \_\_\_\_\_

---

4. Owner \_\_\_\_\_ Type of vehicle \_\_\_\_\_  
Driver \_\_\_\_\_ # of passengers (including driver) \_\_\_\_\_  
Normal location of vehicle \_\_\_\_\_  
Means of contacting owner \_\_\_\_\_

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 and identify shelter areas and staffed checkpoints.)*

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

**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., Superintendent  
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 9 - NOTICE OF RELOCATION POSTING**

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

---

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 – SPECIAL NEEDS PERSONS

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? \_\_\_\_\_  
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? \_\_\_\_\_  
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? \_\_\_\_\_  
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.