

# **EMERGENCY PLANNING TEMPLATE**



**A GUIDE FOR  
FAMILY AND  
LARGE FAMILY**

# CHILD CARE HOMES



American Red Cross  
*Together, we can save a life*



# **Emergency Planning Template: A Guide for Family and Large Family Child Care Homes**

June, 2009

The purpose of this template is to guide child care providers in developing an all-hazards emergency plan that will be in compliance with rules set forth by the Office of Child Care Licensing, Division of Family Services, Delaware Department of Services for Children, Youth and their Families.

This template is designed as a companion piece for the training, “Emergency Planning: Family and Large Family Child Care Homes” developed by DEMA and Delaware Senior Corps volunteers Scott Martin and Don Minnich. The document has been reviewed and edited by a committee consisting of representatives of the Institute for Excellence in Early Childhood (U. of D.), Office of Child Care Licensing (DSCYF) Delaware Emergency Management Agency, New Castle County Emergency Management, The American Red Cross of the Delmarva Peninsula, Delaware Citizens Corps and RSVP.

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## 1. Plan Details

Date of Current Plan:		Where Other Copies of this Plan Will Be Kept:	
How This Plan Will Be Shared With Parents:			
<i>This Plan Will Be Reviewed:</i>		<input type="checkbox"/> Every 6 months	<input type="checkbox"/> Annually
Date of Review:	Reviewed/Updated by:	Date of Review:	Reviewed/Updated by:
Date of Review:	Reviewed/Updated by:	Date of Review:	Reviewed/Updated by:

## 2. Hazard Analysis

<p><b>What Potential Hazards Exist Within Your Family Child Care Home:</b> (For example, do you have gas service, are you subject to frequent power outages, etc.)</p>
<p><b>What Potential Hazards Exist Within Your Neighborhood:</b> (For example, is your home close to a chemical plant, nuclear power plant, river, area prone to flooding, freeway or railroad tracks where hazardous chemicals are transported?)</p>
<p><b>What Potential Weather Extremes Could Happen In Your Region:</b> (For example, the most likely weather emergencies in Delaware are inland flooding, costal storms and hurricanes.)</p>
<p><b>What Potential Hazards Could Happen In a Child Care Setting:</b> (For example, missing child, intruders or a child's health emergency.)</p>

### 3. Communications

Licensee:	Home Phone:	Cell Phone:	
Facility Address: (street) (city) (state) (zip)			
Nearest Intersection:			
Secondary Emergency Contact:  ___ Substitute ___ Staff ___ Family Member <u>Other _____</u>	Home Phone:	Cell Phone:	
Designated Neighbor	Address:		
	Phone:		
Name of "Out of Area" Contact:	Phone:	Cell:	E-mail:
Contact's Address: (street) (city) (state) (zip)			
How Will Parents Be Informed of the "Out of Area" Contact (initially and ongoing):			
Who Will Be Responsible for Calling Parents In an Emergency:	Location of "Ready To Go" File or Emergency Contact Information:		
Who Will Be Responsible for Calling 911, Utilities, Emergency Management, etc.	Are Emergency Numbers Posted by the Phone: <input type="checkbox"/> Yes <input type="checkbox"/> No		

#### 4. Sheltering-In-Place

Who is Responsible for Making the Decision to Shelter-In-Place or Go to the Safe Room:		Alternate:		
Safe Room Location:				
Shelter-In-Place Location:				
<i>Who is Responsible for Bringing:</i>	Cell Phone:	Radio:	First-Aid Kit:	Emergency Supplies Kit:
Location of Gas Shut-Off:				
Location of Power Shut-Off:				
Location of Water Shut-Off:				



## 5. Evacuation

Who is Responsible for Making the Decision to Evacuate and Issuing “All Clear”:		Alternate:			
Address of “Near-by” Evacuation Site:					
Contact:	Phone:	Cell:	Hours of Operation:		
<i>Available at “Near-by” Evacuation Site:</i>					
<input type="checkbox"/> Water	<input type="checkbox"/> Food	<input type="checkbox"/> Blankets	<input type="checkbox"/> Clothing	<input type="checkbox"/> People to Assist	<input type="checkbox"/>
Address of “Out of the Neighborhood” Evacuation Site:					
Contact:	Phone	Cell:	Hours of Operation:		
<i>Available at “Out of the Neighborhood” Evacuation Site:</i>					
<input type="checkbox"/> Water	<input type="checkbox"/> Food	<input type="checkbox"/> Blankets	<input type="checkbox"/> Clothing	<input type="checkbox"/> People to Assist	<input type="checkbox"/>
<i>Who is Responsible for Bringing:</i>		Emergency Kit:	“Ready to Go” File		
Who is Responsible for Accounting for the Children During an Evacuation:					
What Specific Method Will Be Used to Account For the Children (e.g. ID tags, roll calls, etc.)					

## 6. Emergency Transportation

# of Children to Be Evacuated:	# of Adults to Be Evacuated:	Total # of People to Be Evacuated:	
Total # of Car Seats Needed:		Total # of Cars Needed:	
Plan for Transporting People During an Evacuation:			
<i>If your transportation plan involves using a combination of your own, family members', neighbors', friends' or parents' cars, please specify below:</i>			
Car 1 Driver:	# of Car Seats Driver Can Provide:	# of Passengers Driver Can Carry:	Phone: Cell:
Car 2 Driver:	# of Car Seats Driver Can Provide:	# of Passengers Driver Can Carry:	Phone: Cell:
Car 3 Driver:	# of Car Seats Driver Can Provide:	# of Passengers Driver Can Carry:	Phone: Cell:
Car 4 Driver:	# of Car Seats Driver Can Provide:	# of Passengers Driver Can Carry:	Phone: Cell:
Car 5 Driver:	# of Car Seats Driver Can Provide:	# of Passengers Driver Can Carry:	Phone: Cell:

## 7. Emergency Supplies

Location of Fire Extinguisher (If Not In Emergency Kit):	Location of First-Aid Kit (If Not In Emergency Kit):	Location of Battery-Operated Radio (If Not In Emergency Kit):
Have You Created an Emergency Supplies Kit: <input type="checkbox"/> Yes <input type="checkbox"/> No		If "yes" where is the kit located:
<i>If You Have Created an Emergency Supplies Kit, Which of the Following Items are Included:</i>		
<input type="checkbox"/> Battery-Powered/Hand Crank Radio	<input type="checkbox"/> Dust Masks	<input type="checkbox"/> Manual Can Opener
<input type="checkbox"/> Blankets or Sleeping Bags	<input type="checkbox"/> Extra Batteries	<input type="checkbox"/> Matches in a Waterproof Container
<input type="checkbox"/> Books, Games, Puzzles	<input type="checkbox"/> Extra Clothing	<input type="checkbox"/> Moist Towelettes
<input type="checkbox"/> Cell Phone With Charger	<input type="checkbox"/> Feminine Supplies and Personal Hygiene Products	<input type="checkbox"/> Paper and Pencil
<input type="checkbox"/> Children's Medications	<input type="checkbox"/> Fire Extinguisher	<input type="checkbox"/> Paper Cups and Plates
<input type="checkbox"/> Chlorine Bleach and Medicine Dropper	<input type="checkbox"/> First-Aid Kit	<input type="checkbox"/> Plastic Utensils
<input type="checkbox"/> Copy of Emergency Plan	<input type="checkbox"/> Flashlights	<input type="checkbox"/> Toilet Paper
<input type="checkbox"/> Disposable Diapers and Wipes	<input type="checkbox"/> Infant Formula	<input type="checkbox"/> Whistle
<input type="checkbox"/> Duct Tape and Plastic Sheeting	<input type="checkbox"/> Local Maps	<input type="checkbox"/> Wrench or Pliers
What Non-perishable Foods Do You Have In Your Kit or On-hand Sufficient To Feed All Children and Adults for a 72-Hour Period:		
Who Is Responsible for Checking the Expiration Dates of the Food and Replenishing the Supply:		
<i>How Often Will the Emergency Food be Checked::</i>	<input type="checkbox"/> Every 6 Months	<input type="checkbox"/> Annually

Total # Of Gallons of Water You Will Need for a 72-Hour Period (Multiply the Number of People Sheltering by 3 Gallons):		
How Will You Provide a 72-Hour Supply of Water (Liquids) If Service to the Home Is Interrupted or Contaminated:		
If You Will Be Storing Water in Plastic Bottles, Who Will Be Responsible For Checking Expiration Dates and Replenishing the Supply:		
How Often Will the Water Be Checked:	<input type="checkbox"/> Every 6 Months	<input type="checkbox"/> Annually

### 8. Training

<i>List Below Everyone Other Than the Licensee – Family Members, Substitute, Assistants, and Parents – Who Have Been Given Responsibilities in this Plan:</i>			
Name:	Has this Person Received a Copy of This Plan:  <input type="checkbox"/> Yes <input type="checkbox"/> No	Date You Reviewed this Person's Responsibilities With Him/Her:	Any Additional Training this Person Received:
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Name:	Has this Person Received a Copy of This Plan:  <input type="checkbox"/> Yes <input type="checkbox"/> No	Date You Reviewed this Person's Responsibilities With Him/Her:	Any Additional Training this Person Received:

# **Appendix**

## Glossary

**Designated Neighbor-** A neighbor living close to a Family Child Care Home willing to serve as a point of contact during an emergency.

**Emergency-** Any situation whether natural, technological or intentional which threatens life and property.

**Emergency Management-** A governmental agency at the city, county or state level that is responsible for coordinating emergency mitigation, preparedness, response and recovery.

**Emergency Plan-** Actions a licensee and others in a Family Child Care Home will take in the event of an emergency.

**Emergency Supplies Kit-** A collection of food, water and supplies prepared in advance as an aid to survival or increased comfort during and after an emergency.

**Evacuation-** Leaving a dangerous place due to the threat or actual occurrence of an emergency.

**Evacuation Drill-** Regular practice of the duties and procedures of evacuation as identified in an emergency plan.

**Hazards-** Something that has the potential to harm and create an emergency.

**Hazardous Material-** any material that is dangerous to life, health or property due to its chemical nature or properties.

**“Near-by” Evacuation Site-** A location within walking distance where you and the children will go if it is unsafe to remain in the Family Child Care Home.

**Out-Of-Area Contact-** An out-of-town friend or relative parents and your family members can call for information if they cannot reach you directly. In an emergency it is often easier to call long-distance than across town.

**“Out-Of-Neighborhood” Evacuation Site-** A location at least one mile away where you and the children will go if the Family Child Care Home and near-by evacuation site are unsafe.

**Shelter-In-Place-** Staying inside the Family Child Care Home AND keeping the outside air out until officials tell you it is safe to leave.

**Safe Room-** Staying inside the Family Child Care Home during an emergency until officials tell you it is safe to leave.

## Emergency Numbers

Service	Contact	Phone
Owner		
Ambulance, Fire, Police (Emergency)		
Local Police (Non-emergency)		
Out-of-Area Contact		
“Near-by” Evacuation Shelter		
“Out of the Neighborhood” Shelter		
Poison Control Center		
Hazardous Materials		
Delaware Emergency Management Agency (DEMA)		
County/City Emergency Management		
American Red Cross		
Mobile Crisis Services		
Division of Public Health		
Delaware Helpline		
Electric Company (24-hour Emergency #)		
Telephone Company (24-hour Emergency #)		
Oil Company (24-hr Emergency #)		
Water Company (24-hour Emergency #)		
Gas Company (24-hour Emergency #)		
Plumber		
Electrician		
Snow Removal		
Child Protective Services		
Office of Child Care Licensing		