

# Emergency Preparedness Plan for Child Care Providers

Family Child Care   
Child Care Center

Date of Plan   
Original Training Date

Training Participant Name   
Program Name   
OCC License Number

## Local Emergency Service Numbers

 <b>911</b> <input type="text"/> Fire Department	 <b>911</b> <input type="text"/> Ambulance	 <input type="text"/> Hospital
 <b>911</b> <input type="text"/> Police	 <input type="text"/> Emergency Management Office	 <b>1-800-222-1222</b> <input type="text"/> Poison Control Center
 <input type="text"/> Local Office of Child Care	 <input type="text"/> Child Protective Services	 <input type="text"/> Health Department
 <input type="text"/> Electric Utility	 <input type="text"/> Gas Utility	 <input type="text"/> Water Utility
 <input type="text"/> Evacuation Site 1: <input type="text"/>	 <input type="text"/> Evacuation Site 2: <input type="text"/>	
 Local Emergency Alert System (EAS) radio stations: <input type="text"/> AM <input type="text"/> PM		

## For Family and Informal Child Care

 <input type="text"/> Neighbor(s): <input type="text"/>	 <input type="text"/> Neighbor(s): <input type="text"/>
 <input type="text"/> Relative(s): <input type="text"/>	 <input type="text"/> Relative(s): <input type="text"/>
 <input type="text"/> Substitute(s): <input type="text"/>	 <input type="text"/> Substitute(s): <input type="text"/>

Trainer Initials:

# Persons Responsible for Emergency Response

	<i>Person/Position Responsible</i>	<i>Alternate</i>
 Declare an Emergency:		
 Call for Assistance:		
 Contact Families:		
 Decide to Evacuate:		
 Contact Evacuation Site:		
 Arrange Transportation:		
 Complete Final Building Check after Evacuation:		
 Determine End of Emergency:		
 Media Contact:		
 Pet Arrangements: <i>(if needed, if time allows)</i>		
 Account for All Children and Adults: <i>(after emergency)</i>	Method: <input type="text"/>	
 Maintain Disaster Supply Kit: <i>(check regularly to replace &amp; replenish)</i>		
 Carry Disaster Supply Kit:	Location: <input type="text"/>	
 Carry Children's Activity Kit:	Location: <input type="text"/>	
 Carry Needed Medication:	Location: <input type="text"/>	
 Carry Essential Document File:	Location: <input type="text"/>	
<ul style="list-style-type: none"> <li>• attendance</li> <li>• sign in and sign out sheets</li> <li>• contact information</li> <li>• completed emergency cards</li> <li>• care plans</li> <li>• insurance information</li> <li>• emergency plan</li> </ul>		

Trainer Initials:



# Emergency Communication

Person/Position Responsible for Communicating Emergency Information:

Alternate Person/Position Responsible for Communicating Emergency Information:

Items and Methods for Communicating in an Emergency:

**Cell Phones**       **Walkie Talkies**



Location of Communication Items:

Person/Position Responsible for Maintaining Communication Items:

Location of Emergency Telephone Numbers:

Method for Maintaining Communication Items:



# Evacuation Locations

*A minimum of two (2) evacuation locations are required.*

Name of Location	Address	Phone Number	Contact Person	Formal Written Agreement?
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> <small>Due Date</small> <input type="text"/>

Name of Location	Address	Phone Number	Contact Person	Formal Written Agreement?
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> <small>Due Date</small> <input type="text"/>

Name of Location	Address	Phone Number	Contact Person	Formal Written Agreement?
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> <small>Due Date</small> <input type="text"/>

*Children and adults (including non-walking children and disabled adults) will be transported to evacuation sites by:*

Trainer Initials:



## Natural Emergency Situations

Description of natural emergency situations that occur most often in the child care site's region:

Procedures for responding to natural emergency situations:



## Manmade Emergency Situations

Description of manmade emergency situations that are likely to occur:

Procedures for responding to manmade emergency situations:



## Difficult Situations with Adults

Procedures in place to deal with a parent, guardian or authorized person or employee who is impaired or in a disgruntled state:

Trainer Initials:



## Evacuation Procedures

Description of emergency situations that require evacuation:

Procedures for evacuating including methods of communicating with families:

Evacuation routes are posted and updated annually.



## Shelter in Place Procedures

Description of emergency situations that require sheltering in place:

Procedures for sheltering in place including methods of communicating with families:



## Lockdown Procedures

Description of emergency situations that require lockdown:

Procedures for entering lockdown including methods of communicating with families:

Trainer Initials:



# Training, Preparation and Review

Person/Position Responsible for Emergency Preparedness Plan Annual Review:

Person/Position Responsible for Reviewing Emergency Preparedness Plan with Child Care Staff and Substitutes:

Date of Review:

Person/Position Responsible for Communicating Emergency Preparedness Plan with Families:

Person/Position Responsible for Ensuring that Evacuation and Shelter in Place Procedures are Practiced with Children and Staff:

Staff members who have completed approved Emergency Preparedness Training:

*Note: All staff must review and understand program's Emergency Preparedness Plan.*

Procedures in Place to Safeguard Child, Staff and Program Records:



# Annual Plan Review Log

Initials:	Initials:	Initials:	Initials:	Initials:
Date:	Date:	Date:	Date:	Date:

Trainer Initials:



# This Section for Trainer Use Only

I have reviewed this emergency plan and have determined that the information submitted above is complete.

Trainer Name/Organization:

Signature:

MSDE Approval Number:

Approval Date:



## Emergency and Disaster Resources



# FEMA

[Multihazard Planning for Child Care](#)



# Maryland.gov

[Maryland Emergency Management Agency](#)



[Child Care Prepare](#)

[Abilities Network®]

SEEING ABILITIES NOT DISABILITIES.

[Project ACT Emergency](#)

[Preparedness Dashboard](#)



[Ready Kids](#)



in

**Communities**  
[Handling Emergencies](#)