**COMMONWEALTH OF KENTUCKY**

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**Cabinet for Health and Family Services**

**Department for Community Based Services**

**Division of Child Care**

**Evacuation Planning Form for**

**Child Care Emergency/Disaster**

**Preparedness**

**For**

|  |  |
| --- | --- |
| **Child Care Provider or Program Name and License#:** |  |
| **Completion Date:** |  |
| **Submitted for Review On:** |  |

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Cabinet for Health and Family Services Web site: http://chfs.ky.gov/

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**Evacuation Planning Form for**

**Child Care Emergency/Disaster Preparedness**

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**Child Care Regulatory References for Emergency/Disaster Preparedness**

**199.895 Evacuation plan required for child-care centers and family child-care homes -- Annual updating of plan -- Provision of plan to local emergency management officials and parents. (Effective July 12, 2012)**

(1) A child-care center licensed under KRS 199.896 and a family child-care home certified under KRS 199.8982 shall have a written plan for evacuation in the event of fire, natural disaster, or other threatening situation that may pose a health or safety hazard to the children in the center or home. The plan shall include but not be limited to:

* A designated relocation site and evacuation route;
* Procedures for notifying parents of the relocation and ensuring family reunification;
* Procedures to address the needs of individual children including children with special needs;
* Instructions relating to the training of staff or the reassignment of staff duties, as appropriate;
* Coordination with local emergency management officials; and
* A program to ensure that appropriate staff is familiar with the plan's components.

(2) A child-care center and a family child-care home shall update the evacuation plan by December 31 each year.

(3) A child-care center and a family child-care home shall retain an updated copy of the plan for evacuation, provide an updated copy to appropriate local emergency management officials, and provide a copy to each parent, custodian, or guardian of the child at the time of the child's enrollment in the program and whenever the plan is updated.

**922 KAR 2:090. Child-care center licensure**

* Evacuation Plan. - A licensed child-care center shall have a written evacuation plan updated yearly in the event of a fire, natural disaster, or other threatening situation that may pose a health or safety hazard for a child in care in accordance with KRS 199.895.

**922 KAR 2:120. Child-child care center health and safety standards**

* Child Care Services, each center shall maintain a child-care program that assures each child will be provided with adequate supervision at all times by a qualified staff person who ensures the child is within scope of vision and range of voice; or for a school-age child, within scope of vision or range of voice.
* A written plan and diagram outlining the course of action in the event of natural or manmade disaster, posted in a prominent place.
* A written evacuation plan in accordance with 922 KAR 2:090, Section 5, and KRS 199.895.

**Emergency/Disaster Preparedness Planning**

A Child Care Provider/ Facility should prepare plans that allow for partial or full evacuation in a quick and efficient manner. Causes for evacuation may include fire, bomb threat, explosion, flood, severe thunderstorm, severe winter storm, hurricane, tornado, toxic spill, electrical failure or structural damage. In the event of an emergency/disaster, evacuation should be done as quickly and safely as possible. When planning it is important to keep in mind there are three types of evacuations to consider.

* **Sheltering in place:** Children and staff remain at the facility/home but seek shelter for the emergency/disaster at hand. This would include tornado and chemical releases.
* **On-site evacuation:** Children and staff move out of the facilities affected areas and relocate to another area on the property.
* **Off-site evacuation:** Children and staff/provider are relocated to designated location not on the property

1. A completed Emergency/Disaster Plan should be reviewed and updated annually. A copy of the plan should be shared with local authorities that may be responding to your emergencies.
2. All child care providers should be trained in plan procedures and provided clear guidelines to their responsibilities during times of emergency/disaster. New child care provider orientation should include training and review of emergency/disaster procedures.
3. All children should be involved in practicing emergency/disaster procedures as outlined by licensing regulations.
4. Floor plans of the child care location should be posted in each classroom and in public spaces showing exits and directional evacuation routes. Copies of floor plans should be shared with local authorities that may be responding to your emergencies.
5. Fire drills are to be held monthly and documentation should include date, time, and names of children who participated in the drill. Individual classroom attendance forms with first and last names of staff/children present during the drill should be attached to the drill form.
6. Tornado and earthquake drills are to be held quarterly. Other types of drills should be held at least twice a year and attendance forms with first and last names of staff/children present during the drill should be attached to the drill form.
7. Power generators (if available) and other emergency/disaster equipment should be tested on a regular schedule.

**Emergency/Disaster Procedures and Evacuation Planning Form**

**General Information and Instructions**

1. The first priority of a child care provider is the safety of the children and staff. Emergency/disaster plans are to provide the providers with procedures to be followed to help ensure everyone’s wellbeing.
2. When an emergency/disaster occurs, it is necessary to maintain adequate supervision of the children. In the state of Kentucky, adequate supervision is defined as qualified staff devoting full-time attention to a child in care and ensures the child is within scope of vision and range of voice.
3. **Please complete the following form and respond to each question. If the question is “not applicable” to your child care setting please state so and a reason. All information with a “＊” is required by a child care regulation.**

**Evacuation Planning Form for Child Care Emergency/Disaster Preparedness**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Insert Provider/Program Name and Information** | | | | | | | | | | |
| Name of Child Care Provider/ Program | **＊** | | | | | | | | | |
| Street Address | **＊** | | | | | | | | | |
| City, State, Zip Code | **＊** | | | | | | | | | |
| Telephone Number | **＊** | | | | | | | | | |
| Number of children enrolled | **＊** | | | | | | | | | |
| Number of staff (if applicable) | **＊** | | | | | | | | | |
| **Sheltering in Safe Place** | | | | | | | | | | |
| The designated safe place in this location is : | **＊** | | | | | | | | | |
| **On-Site Safe Evacuate Location** | | | | | | | | | | |
| The designated on-site safe location for evacuation is : | **＊** | | | | | | | | | |
| **Off -Site Safe Evacuation Location #1** | | | | | | | | | | |
| Name of Location | **＊** | | | | | | | | | |
| Street Address | **＊** | | | | | | | | | |
| City, State and Zip Code | **＊** | | | | | | | | | |
| Telephone Number | **＊** | | | | | | | | | |
| Directions/Evacuation route to this safe location  \*Attach a map if needed | **＊** | | | | | | | | | |
| Is there a written agreement with this location (Recommended as a best practice) | **Yes** | | |  | | **No** | |  | |  |
| **Off Site Safe Evacuation Location #2** | | | | | | | | | | |
| Name of Location |  | | | | | | | | | |
| Street Address |  | | | | | | | | | |
| City, State and Zip Code |  | | | | | | | | | |
| Telephone Number |  | | | | | | | | | |
| Directions/Evacuation route to this safe location  \*Attach a map if needed |  | | | | | | | | | |
| Is there a written agreement with this location (Recommended as a best practice) | **Yes** | |  | | **No** | |  | |  | |
| **Insert Provider/Program Primary Emergency/Disaster Contact Information** | | | | | | | | | | |
| Name | **＊** | | | | | | | | | |
| Telephone Number | **＊** | | | | | | | | | |
| Cell Number | **＊** | | | | | | | | | |
| Email Address | **＊** | | | | | | | | | |
| Contact Phone Number Outside  of the Area (Recommended as a best practice) |  | | | | | | | | | |
| **Insert Provider/Program Emergency/Disaster Contacts (phone and /or fax, e-mail)** | | | | | | | | | | | |
| EMERGENCY | | **911 or local authorities** | | | | | | | | | |
| Accounting Service | |  | | | | | | | | | |
| Bank | |  | | | | | | | | | |
| Building Inspector | |  | | | | | | | | | |
| Child Care Resource & Referral Agency  <http://www.kentuckypartnership.org> | |  | | | | | | | | | |
| Community Based Services | |  | | | | | | | | | |
| Electric Company | |  | | | | | | | | | |
| FEMA | |  | | | | | | | | | |
| Food Service Vendor | |  | | | | | | | | | |
| Gas Company | |  | | | | | | | | | |
| Health Department | |  | | | | | | | | | |
| Hospitals | | **＊** | | | | | | | | | |
| Local Emergency Management  <http://kyem.ky.gov/teams/Pages/countydirectors.aspx> | | **＊** | | | | | | | | | |
| Inspections, License, Permits | |  | | | | | | | | | |
| Insurance Agent | |  | | | | | | | | | |
| Licensing (local/state) | | **＊** | | | | | | | | | |
| Newspaper | |  | | | | | | | | | |
| Non-emergency Fire | |  | | | | | | | | | |
| Non-emergency Police | |  | | | | | | | | | |
| Payroll Service | |  | | | | | | | | | |
| Poison Control | | **＊** | | | | | | | | | |
| Radio Stations | |  | | | | | | | | | |
| State Emergency Management  <http://kyem.ky.gov/teams/Pages/default.aspx> | |  | | | | | | | | | |
| Television Stations | |  | | | | | | | | | |
| Waste Management | |  | | | | | | | | | |
| Water Company | |  | | | | | | | | | |
| **Insert Provider/Program Planning Team Members** | | | | | | | | | | | |
| Director | |  | | | | | | | | | |
| Staff Member (s) | |  | | | | | | | | | |
| Parent (s) | |  | | | | | | | | | |
| Other | |  | | | | | | | | | |
| **Coordinating/Collaborative Agencies in the Area (phone and /or fax, e-mail)** | | | | | | | | | | | |
| Neighbor | |  | | | | | | | | | |
| Business | |  | | | | | | | | | |
| Church | |  | | | | | | | | | |
| Other | |  | | | | | | | | | |
| **Contact Information for Coordinating Program Re-Opening (phone and /or fax, e-mail)** | | | | | | | | | | | |
| Facility/home Inspection/Repair | |  | | | | | | | | | |
| Contacting Families/Employers | |  | | | | | | | | | |
| Obtaining Equipment/Supplies | |  | | | | | | | | | |
| Room Set up | |  | | | | | | | | | |
| Accessing Records | |  | | | | | | | | | |
| Food Service Coordination | |  | | | | | | | | | |
| Obtaining building inspections/licensing approval | |  | | | | | | | | | |
| **Post Disaster Clean up Services (phone and /or fax, e-mail)** | | | | | | | | | | | |
| Restoration Services | |  | | | | | | | | | |
| **Evacuation Plan** | | | | | | | | | | | |
| Evacuation Manager/Alternate | | **＊** | | | | | | | | | |
| Person responsible for “all clear” | | **＊** | | | | | | | | | |
| Assembly site manager/alternate | | **＊** | | | | | | | | | |
| Staff-person with First Aid/CPR | | **＊** | | | | | | | | | |
| Contact number out-of-area  (Recommended as a best practice) | |  | | | | | | | | | |
| E-mail address out of area  (Recommended as a best practice) | |  | | | | | | | | | |
| Person responsible for copy and posting of building site maps | | **＊** | | | | | | | | | |
| Person responsible for marking evacuation exits | | **＊** | | | | | | | | | |
| Location of evacuation exits | | **＊** | | | | | | | | | |
| On-site evacuation location | | **＊** | | | | | | | | | |
| Off-site evacuation site | | **＊** | | | | | | | | | |
| **Shelter-in-Place Plan** | | | | | | | | | | | |
| Shelter- in -Place Coordinator | | **＊** | | | | | | | | | |
| Shelter- in- Place Coordinator Alternate | | **＊** | | | | | | | | | |
| Coordinator responsibilities | | **＊** | | | | | | | | | |
| Staff with First Aid/CPR | | **＊** | | | | | | | | | |
| Storm Shelter Locations | | **＊** | | | | | | | | | |
| “Seal the Room” Shelter Location(s) | | **＊** | | | | | | | | | |
| Staff Responsible for Maintaining/Refreshing Emergency/Disaster Supplies | | **＊** | | | | | | | | | |
| Staff Process for Maintaining Personal Supplies for Shelter-in-Place | | **＊** | | | | | | | | | |
| **Communication System** | | | | | | | | | | | |
| How we will train our staff on emergency/disaster plans | | **＊** | | | | | | | | | |
| How we will communicate our emergency/disaster plans to the children and parents to ensure family reunification. | | **＊** | | | | | | | | | |
| In the event of a emergency/disaster, how we will communicate with the staff/parents | | **＊** | | | | | | | | | |
| **Cyber Security** | | | | | | | | | | | |
| How we will protect our computer hardware |  | | | | | | | | | | |
| How we will protect our computer software |  | | | | | | | | | | |
| If our computers are destroyed, we will use back up computers located where |  | | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Back Up Records** | | | | | | | | |
| Person responsible for backing up critical records including children’s/ staff records, payroll, accounts, etc. |  | | | | | | | |
| On-site location of back up records including insurance policies, facility\home plans, bank accounts records, and computer back ups |  | | | | | | | |
| Offsite location of additional copy of back-up records |  | | | | | | | |
| How will the program provide for continuity if the accounting and payroll records are destroyed |  | | | | | | | |
| **Emergency/Disaster Shut Off Locations** | | | | | | | | |
| Electricity |  | | | | | | | |
| Water |  | | | | | | | |
| Gas |  | | | | | | | |
| **Emergency/Disaster Equipment Locations** | | | | | | | | |
| Alarm Box |  | | | | | | | |
| Fire Extinguisher(s) | **＊** | | | | | | | |
| First Aid Kit (s) | **＊** | | | | | | | |
| CPR Face Shields | **＊** | | | | | | | |
| Emergency/Disaster Kit |  | | | | | | | |
| **Emergency/Disaster Preparedness Plan required Communication**  **Please check “yes” or “no” and give the applicable date** | | | | | | | | |
| Provided an updated copy of this plan to appropriate local emergency management officials and whenever the plan is updated. | | **＊Yes** | |  | **No** |  | **Date** | **＊** |
| Provided an updated copy of “The Parent Emergency/Disaster Evacuation Information Form for Reunification” to each parent, custodian, or guardian of the child at the time of the child's enrollment in the program and whenever the plan is updated. | | **＊Yes** | |  | **No** |  |  | |
| **Emergency /Disaster Contact Information Annual Review** | | | | | | | | |
| Date the emergency/disaster plan will be reviewed and updated | | | **＊** | | | | | |

**Child Care Roles and Responsibilities**

**Please list each person responsible for each responsibility**

|  |  |  |  |
| --- | --- | --- | --- |
| **Who** | **Primary** | **Alternate** | **Location of this responsibility** |
| Declares an emergency/disaster and actions to be taken |  |  |  |
| Calls 911 |  |  |  |
| Turns off HVAC systems |  |  |  |
| Turns off Security System |  |  |  |
| Assures each child/staff has their  grab-n-go-bag |  |  |  |
| Completes room search |  |  |  |
| Contacts families |  |  |  |
| Sends family communications (e-mail) |  |  |  |
| Post sign on door |  |  |  |
| Changes voice mail |  |  |  |
| Retrieves supplies |  |  |  |
| Food/water |  |  |  |
| Attendance list |  |  |  |
| Family & staff contact information |  |  |  |
| Copies of emergency/disaster records including emergency/disaster medical care consent |  |  |  |
| Copies of care plan for children with special needs |  |  |  |
| Written directions to designated evacuation site(s) |  |  |  |
| Emergency/Disaster money  (Recommended as a best practice) |  |  |  |
| Medical supplies |  |  |  |
| Extra supplies of critical medications |  |  |  |
| Disaster supply kit  (Recommended as a best practice) |  |  |  |
| **On-Going Basis** | **Assigned Staff** | **Date** | **Notes/Comments** |
| Attendance records |  |  |  |
| Emergency/disaster contact lists |  |  |  |
| Emergency/disaster card and signed emergency medical care release |  |  |  |
| Children’s grab & go bags |  |  |  |
| Rotate water and food |  |  |  |
| Rotate infant formula |  |  |  |
| **Every Six Months** | **Assigned Staff** | **Date** | **Notes/Comments** |
| Water: monitor expiration dates |  |  |  |
| Food: monitor expiration dates |  |  |  |
| Infant formula/food: monitor expiration dates |  |  |  |
| First aid kit: Critical medications |  |  |  |

**Child Care Roles and Responsibilities-continued**

|  |  |  |  |
| --- | --- | --- | --- |
| **Every Year** | **Assigned Staff** | **Date** | **Notes/Comments** |
| Emergency/Disaster Information for each Child |  |  |  |
| Signed emergency/disaster medical care releases |  |  |  |
| Care plans for children with special needs |  |  |  |
| Map of area |  |  |  |
| Directions to evacuation sites |  |  |  |
| Money(This is a best practice recommendation ) |  |  |  |
| Pen and paper |  |  |  |
| Whistles |  |  |  |
| Vehicle keys |  |  |  |
| Tools (hammer, crescent wrench, screwdriver, pliers with wire cutters) |  |  |  |
| Matches in waterproof container |  |  |  |
| Plastic shielding |  |  |  |
| **Every Year** | **Assigned Staff** | **Date** | **Notes/Comments** |
| Duct tape |  |  |  |
| Manual can opener |  |  |  |
| Disposable bowls and utensils |  |  |  |
| Plastic bag (sealable and unsealed) |  |  |  |
| Household bleach (small bottle) |  |  |  |
| Wet towelettes |  |  |  |
| Hand sanitizer |  |  |  |
| Toilet paper |  |  |  |
| Diapers |  |  |  |
| Diaper wipes |  |  |  |
| Blankets |  |  |  |
| **Check for Presence and Operation Every Six Months** | **Assigned Staff** | **Date** | **Notes/Comments** |
| Radio-battery powered |  |  |  |
| Flashlight | **＊** |  |  |
| Extra batteries (check expiration dates) | **＊** |  |  |
| Extra flash light bulbs |  |  |  |
| Charged cell phone |  |  |  |
| Cell phone |  |  |  |

**Disclaimer**

This material is presented as general plan that may be used in planning for emergencies/disasters. Successful planning for any emergency/disaster should be done by individuals, organizations and the community with the assistance of local authorities: to include planning, training and exercising (practicing) to the emergency plan. Effective emergency response calls for good judgment by all involved. The presenters of this material disclaim any and all liability, loss, damages, claims, or risks of any kind or nature sustained or incurred as a consequence or result of, whether direct or indirect, the use and/or application either directly or indirectly, or any advice, information, or methods presented herein.

**Signature of the Responsible Child Care Provider**

I have reviewed the procedures outlined in this Emergency/Disaster Preparedness Plan and ensure that appropriate staff is familiar with the plan's components. These procedures will be followed in case there is an emergency/disaster affecting this child care.

**＊**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **＊**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of the Child Care Provider Date

**Helpful Information Child Care Sample Forms for Emergency Disaster Preparedness Planning**

In addition to this basic planning form, the following information and supportive sample forms are available at  [http://training.chfs.ky.gov/Child\_Care\_Preparedness/html/index.html /](http://chfs.ky.gov/dcbs/dcc/) to assist Child Care providers in Emergency Disaster Preparedness Planning:

1. Division of Child Care Things to Know When Preparing for an Emergency and/or Disaster in Child Care
2. Sample Child Care Child Information Form
3. Child Care Daily Attendance Record Form
4. Sample Child Care Emergency Disaster Preparedness Parent Information Form for Reunification
5. Sample Child Care Evacuation Response Checklist Form
6. Sample Child Care Emergency Disaster Roster Sign Out Form
7. Sample Child Care Fire, Earthquake and Tornado Drill Form
8. Sample Child Care Bomb Threat Information Form
9. Sample Child Care Emergency Disaster Preparedness Provider Statement
10. Child Care Emergency Disaster Preparedness Planning Checklist

***Recommended As Best Practice***

**Grab-n-go-kits** are a gallon size zip and seal bag to create individual activity bags for each child in the program. Each bag could include items like a recent photo of the child, laminated emergency card, 4-6 crayons, a small notebook for doodling or a board book.

**An** **Emergency/Disaster Supply kit** should include the following:

* Class roster with emergency contact information
* Battery or solar operated radio
* Blankets/bucket
* Crescent wrench to shut off gas line if needed

*(If approved by service provider & a professional will need to restore)*

* Extra batteries (replaced twice a year)
* First aid kit (see state child care regulations for required items)
* Flashlight(s)
* Permanent marker(s)
* Hand sanitizer
* Non-perishable food items and manual can opener (minimum supply for 3 days)
* Formula
* Phone card\ Cell phone
* Plastic trash bags
* Sanitation supplies (diapers, wipes, toilet paper, soap, and toweling)
* Water (1-3 gallons per person per day, 3 day minimum) & disposable cups
* Wet wipes/tissues
* Whistles
* Work gloves
* Map of area for evacuation or for locating shelters
* Other items as your program requires (Children’s Records)