Child Care Emergency Preparedness and Response Plan

Date of plan:

1. **Basic Information:** Provide information about your child care facility

|  |  |
| --- | --- |
| Facility Name: |  |
| Facility Address: |  |
| Facility Phone: |  |
| Facility Main Contact: |  |
| Emergency Records/Supplies Kit Location(s): |  |
| DHS Provider Number: |  |
| Registration/Max. Child Capacity: |  |

1. **Emergency Contacts:** Identify the contact information for emergencies and post in easily accessible locations

|  |  |  |  |
| --- | --- | --- | --- |
|  | Contact Name | Phone | Email/Website |
| Police/Sheriff |  | 911/ |  |
| Fire |  | 911/ |  |
| Ambulance/Emergency Medical Technicians (EMTs) |  | 911/ |  |
| Hospital |  |  |  |
| Poison Control |  | 1-800-222-1222 | <http://www.iowapoison.org/> |
| County Emergency Manager |  |  |  |
| Electric Company |  |  |  |
|  | Shut off location in facility: | | |
| Gas Company |  |  |  |
|  | Shut off location in facility: | | |
| Water Company |  |  |  |
|  | Shut off location in facility: | | |
| Insurance Agent |  |  |  |
| Radio/TV Station |  |  |  |
| Neighbor |  |  |  |
| Neighbor |  |  |  |
| Out-of-State Contact |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Contact Name | Phone | Email/Website |
| DHS Child Care Compliance Staff Person |  |  | <http://dhs.iowa.gov/> |
| Reporting Serious Child Injuries/Death |  |  | [ccsid@dhs.state.ia.us](mailto:ccsid@dhs.state.ia.us) |
| DHS Child Abuse Hotline |  | 1-800-362-2178 |  |
| DHS Child Care Complaint Hotline |  | 1-844-786-1296 |  |
| Child Care Resource & Referral Agency |  | 1-877-216-8481 | [www.iowaccrr.org](http://www.iowaccrr.org) |
| Child Care Nurse Consultant |  |  | <http://idph.iowa.gov/hcci> |

1. **Emergency Assessment:** Identify emergencies or possible disasters likely for your facility.   
   *(check all that apply)*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Bomb threat |  | Hazardous material exposure |  | Structural damage to facility |
|  | Criminal activity |  | Ice/snow storms |  | Thunderstorm/lightening |
|  | Dangerous person or potentially violent situations |  | Injury/medical emergency – provider/staff |  | Tornado watch/warning |
|  | Earthquake |  | Injury/medical emergency – child |  | Utility outages – power failure or water line disturbance |
|  | Fire/smoke |  | Missing, lost or abducted child |  | List additional event likely to happen in your area |
|  | Flooding |  | Mudslide/landslide |  | List additional event likely to happen in your area |
|  | Gas leak |  | Nuclear power plant or research facility accident**\*** |  | List additional event likely to happen in your area |

**\***NOTE: If a child care center is located within a 10 mile radius of a nuclear power plant or research facility, your plan must include procedures for a nuclear evacuation.

1. **Parent Reunification:** If we must evacuate our facility or when parents/guardians are unable to pick up their children, we will use the following procedures to reunite children with parents/guardians or an authorized emergency contact as soon as it is safe:

|  |  |
| --- | --- |
| Notifications: |  |
| Delay in reuniting children with parents or authorized emergency contact: |  |
| Release |  |

1. **Evacuation:** If we need to evacuate our facility because there is a fire, gas leak, structural damage, etc., we will use the following procedures:

|  |  |
| --- | --- |
| Evacuation routes/exits: |  |
| Evacuating infants/toddlers and others (children and staff) with limited mobility, special needs or chronic medical needs: |  |
| Emergency records/supply kits: |  |
| Notifications: |  |
| Evacuation sites: |  |
| Transportation to evacuation locations: |  |
| Additional: |  |

1. **Shelter-in-Place:** If we need to stay in the safest place inside our facility when there is a weather-related event such as a severe storm/tornado or notified by emergency officials when there is a chemical spill/hazardous gases, etc., we will use the following procedures:

|  |  |
| --- | --- |
| Location: |  |
| Evacuation routes/ exits: |  |
| Evacuating infants/ toddlers and others (children and staff) with limited mobility, special needs or chronic medical needs: |  |
| Emergency records/supply kits: |  |
| Notifications: |  |
| Additional: |  |

1. **Lockdown:** If we need to stay in the safest place inside our facility when there is security issue, such as, a disgruntled person, active shooter, community violence, unstable custody disputes, hostage situation, other physical or verbal threats, etc., we will use the following procedures:

|  |  |
| --- | --- |
| Location: |  |
| Evacuation routes/ exits: |  |
| Evacuating infants/ toddlers and others (children and staff) with limited mobility, special needs or chronic medical needs: |  |
| Emergency records/supply kits: |  |
| Notifications: |  |
| Additional: |  |

1. **Hazard/Incident Specific Events:** Provide information about your procedures for emergencies or disasters likely to happen in your area. For example, flash flood, missing child or power outage.

|  |  |
| --- | --- |
| Event |  |
| Steps you will take: |  |
| Evacuating infants/ toddlers and others (children and staff) with limited mobility, special needs or chronic medical needs: |  |
| Emergency records/supply kits: |  |
| Notifications: |  |
| Additional: |  |

|  |  |
| --- | --- |
| Event |  |
| Steps you will take: |  |
| Evacuating infants/ toddlers and others (children and staff) with limited mobility, special needs or chronic medical needs: |  |
| Emergency records/supply kits: |  |
| Notifications: |  |
| Additional: |  |

|  |  |
| --- | --- |
| Event |  |
| Steps you will take: |  |
| Evacuating infants/ toddlers and others (children and staff) with limited mobility, special needs or chronic medical needs: |  |
| Emergency records/supply kits: |  |
| Notifications: |  |
| Additional: |  |

1. **Cyber Security and Back-Up Records:** Provide information about your procedures for protecting electronic records as well as having back-up copies of records.

|  |  |
| --- | --- |
| Protecting your computer hardware |  |
| Protecting your computer software |  |
| If your computer is destroyed, critical documents are maintained and available |  |
| Back-up records, including a copy of insurance policies, facility plans, bank account records and computer back-ups stored in a secure location (fire/water resistant safe) |  |
|  |
| Providing continuity if accounting and payroll records are destroyed |  |

1. **Continuity of Operations/Recovery:** Planning for an emergency or disaster also includes thinking about what issues you may have and what resources you will need after an emergency or disaster. The goals of continuity of operations/recovery are to:
   * Rebuild you facility/building and restore services as quickly as possible;
   * Meet the needs (physical, health and emotional) of children, families and staff; and
   * Provide a supportive and caring environment that brings normalcy back into children’s lives

|  |  |
| --- | --- |
| Reopening your facility |  |
| Alternate location for your program: |  |
| Displaced families: |  |
| Communication systems: |  |
| Displaced staff: |  |
| Support networks to cope with trauma: |  |