
















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

 911 <input type="text"/> Fire Department	 911 <input type="text"/> Ambulance	 <input type="text"/> Hospital
 911 <input type="text"/> Police	 <input type="text"/> Emergency Management Office	 1-800-222-1222 <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"/> FM		

For Family and Informal Child Care

 Neighbor:
Phone #:

 Relative:
Phone #:

 Substitute:
Phone #:

Trainer Initials:

Persons Responsible for Emergency Response

Person/Position Responsible

Alternate

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

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"/> Yes <small>Due Date</small>
				<input type="checkbox"/> No <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"/> Yes <small>Due Date</small>
				<input type="checkbox"/> No <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"/> Yes <small>Due Date</small>
				<input type="checkbox"/> No <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](#)



SEEING ABILITIES NOT DISABILITIES.

[Project ACT Emergency](#)

[Preparedness Dashboard](#)



[Ready Kids](#)



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