

Evacuation Planning Form for
Family Child Care
Emergency/Disaster
Preparedness

For

Child Care Provider or Program Name: _____

CLR Number: _____

Date: _____

Table of Contents

Page

Child Care Sample Forms for Emergency Disaster Preparedness Planning	2
Child Care Regulatory References for Emergency/Disaster Preparedness	2
Emergency/Disaster Preparedness Planning	3
Emergency/Disaster Procedures and Evacuation Plan Form	5
Child Care Roles and Responsibilities Check List	7
Disclaimer and Signature of the Responsible Child Care Provider	8

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 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. Sample 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 Drill Form
8. Sample Child Care Earthquake and Tornado Drill Form
9. Sample Child Care Bomb Threat Information Form
10. Sample Child Care Emergency Disaster Preparedness Provider Statement
11. Child Care Emergency Disaster Preparedness Planning Checklist

Child Care Regulatory References for Emergency/Disaster Preparedness

KRS 199.895 Evacuation plan required for child-care centers and family child-care homes -- Annual updating of the plan -- Provision of the 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. A designated relocation site and evacuation route;
- B. Procedures for notifying parents of the relocation and ensuring family reunification;

COMMONWEALTH OF KENTUCKY
Cabinet for Health and Family Services
Department for Community Based Services
Division of Child Care

- C. Procedures to address the needs of individual children including children with special needs;
 - D. Instructions relating to the training of staff or the reassignment of staff duties, as appropriate;
 - E. Coordination with local emergency management officials; and
 - F. 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.

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 area and relocate to another area on the property.
- **Off-site evacuation:** Children and staff/provider are relocated to a designated location, not on the property.

A) A completed Emergency/Disaster Plan should be reviewed and updated annually. A copy of the plan should be shared with local authorities who may respond to your emergencies.

B) All child care providers should be trained on plan procedures and provided clear guidelines about their responsibilities during times of emergency/disaster. New child care provider orientation should include training and review of emergency/disaster procedures.

C) All children should be involved in practicing emergency/disaster procedures as outlined by regulations.

D) Floor plans of the child care facility should be posted in each classroom and public spaces showing exits and directional evacuation routes. Copies of floor plans should be shared with local authorities who may respond to your emergencies.

E) Fire drills are to be held monthly, and documentation should include the 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.

COMMONWEALTH OF KENTUCKY
Cabinet for Health and Family Services
Department for Community Based Services
Division of Child Care

F) Tornado and earthquake drills are to be held quarterly.

G) Power generators (if available) and other emergency/disaster equipment should be tested on a regular schedule.

H) 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 to be updated when necessary, 4-6 crayons, a small notebook for doodling or a board book.

I) A best practice recommended Emergency/Disaster Supply kit should include the following:

- | | |
|--|---|
| ✓ Class roster with emergency contact information | ✓ Formula |
| ✓ Battery or solar operated radio | ✓ Phone card\ Cell phone |
| ✓ Blankets | ✓ Plastic trash bags |
| ✓ bucket | ✓ Sanitation supplies (diapers, wipes, toilet paper, soap, and toweling) |
| ✓ Crescent wrench to shut off gas line if needed (professional will need to restore) | ✓ Water (1-3 gallons per person per day, 3 day minimum) & disposable cups |
| ✓ Extra batteries (replace twice a year) | ✓ Wet wipes/tissues |
| ✓ First aid kit (see state child care regulations for required items) | ✓ Whistles |
| ✓ Flashlight(s) | ✓ Work gloves |
| ✓ Permanent marker(s) | ✓ Map of area for evacuation or for locating shelters |
| ✓ Hand sanitizer | ✓ Other items as your program requires (Children's Records) |
| ✓ Non-perishable food items and manual can opener (minimum supply for 3 days) | |

Emergency/ Disaster Procedures and Evacuation Planning Form

- A. 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.
- B. When an emergency/disaster occurs, it is necessary to maintain adequate supervision of the children. Kentucky defines adequate supervision as qualified staff devoting full-time attention to a child in care and ensuring the child is within the scope of vision and range of voice.
- C. **Please complete the following form and respond to each question. If the question is "not applicable" to your child care setting, please provide a reason. All information with a "*" is required by a child care regulation.**

COMMONWEALTH OF KENTUCKY
 Cabinet for Health and Family Services
 Department for Community Based Services
 Division of Child Care

Evacuation Planning Form for Child Care Emergency/Disaster Preparedness

Provider Information	
Name of Primary Child Care Provider	*
Street Address	*
City, State, Zip Code	*
Telephone Number	*
Cell Number	*
Email Address	*
Number of Children enrolled	*
Names of Assistants (If applicable)	*
Shelter In Place	
The designated safe place in the home is:	*
On-Site Safe Evacuation Location	
The designated on-site safe location for evacuation is:	*
Off Site Evacuation Location	
Name of Location	*
Street Address	*
City, State, Zip Code	*
Telephone Number	*
Directions/ Evacuation Route to the safe place. Attach a map if needed.	*
Is there a written agreement with this location (Recommended best practice)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Emergency Contact Information	
Name of Person to Contact in case of an Emergency	*
Telephone Number	*
Cell Number	*
Email address	*
Program Emergency/Disaster Agency and Phone Number	
<i>Child Care Resource and Referral Agency</i> www.kentuckypartnership.org	*
<i>Local Emergency Management Office</i> https://kyem.ky.gov/Documents/CountyEMDirectors.pdf	*
State Emergency Management https://kyem.ky.gov/Who%20We%20Are/Pages/default.aspx	800.255.2587
Nearest Hospital	*
Local Licensing Office	*
Poison Control	*
Local Non-emergency Police Station	

COMMONWEALTH OF KENTUCKY
Cabinet for Health and Family Services
Department for Community Based Services
Division of Child Care

Local Non-emergency Fire Station			
Electric Company			
Gas Company			
Water Company			
Waste Management			
Insurance Agent			
Builder Inspector			
FEMA			
Evacuation Plan Check List		Shelter In- Place Plan	
First Aid & CPR up to date	<input type="checkbox"/>	Storm Shelter Location	<input type="checkbox"/>
Site Maps	<input type="checkbox"/>	Seal the Room Shelter Location	<input type="checkbox"/>
Evacuation Exits are Marked	<input type="checkbox"/>	Maintaining Emergency/ Disaster Supplies	<input type="checkbox"/>
Locations of Evacuation Exits are known	<input type="checkbox"/>	Child Personal Records are maintained and up to date.	<input type="checkbox"/>
On-site Evacuation Location	<input type="checkbox"/>	Maintain Personal Supplies for Shelter in Place	<input type="checkbox"/>
Communication Plan			
How will you and support staff train on emergency/disaster plans?	*		
How will you communicate your emergency plan to parents to ensure family reunification?	*		
In the event of an emergency, how will you communicate with the parents?	*		
Emergency/ Disaster Shut Off Locations			
Electricity			
Water			
Gas			
Emergency/ Disaster Equipment Locations			
Alarm System			
Fire Extinguisher(s)	*		
First Aid Kits (s)	*		
CPR Face Shields	*		
Emergency Disaster Kit (s)			
Emergency/Disaster Preparedness Plan Required Communication			
Please check "Yes" or "No" and give the applicable date			
Provide an updated copy of this plan to appropriate local emergency management officials.	* Yes <input type="checkbox"/> No <input type="checkbox"/> Date: * _____		
Provide an updated copy of Emergency/Disaster Evacuation	*		

COMMONWEALTH OF KENTUCKY
Cabinet for Health and Family Services
Department for Community Based Services
Division of Child Care

Information 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 <input type="checkbox"/>	No <input type="checkbox"/>	
Emergency/ Disaster Contact Information Annual Review			
Date the Emergency/Disaster Plan will be reviewed and updated	*		
Pressing Items to address during an emergency			
Declare the emergency and actions to be taken	<input type="checkbox"/>	Complete room search	<input type="checkbox"/>
Call 911	<input type="checkbox"/>	Attendance list	<input type="checkbox"/>
Turn off HVAC system	<input type="checkbox"/>	Parent and Family Contact Information	<input type="checkbox"/>
Turn off security system	<input type="checkbox"/>	Critical medications	<input type="checkbox"/>
Assure grab and go bags are taken	<input type="checkbox"/>	Medical supplies	<input type="checkbox"/>
Disaster Supply Kit	<input type="checkbox"/>	Contact families	<input type="checkbox"/>
Post sign on the door	<input type="checkbox"/>	Retrieve food and supplies	<input type="checkbox"/>
Written directions to the evacuation location	<input type="checkbox"/>	Change voice mail	<input type="checkbox"/>
On-Going Basis			
Attendance Records	<input type="checkbox"/>	Emergency Contact List	<input type="checkbox"/>
Emergency Card and signed Emergency Medical Care Release	<input type="checkbox"/>	Children grab and go bags	<input type="checkbox"/>
Rotate water and food	<input type="checkbox"/>	Monitor expiration dates on baby formula	<input type="checkbox"/>
Check first aid kits	<input type="checkbox"/>	Monitor expiration dates on critical medications	<input type="checkbox"/>
Emergency information for each child	<input type="checkbox"/>	Care plans for children with special needs	<input type="checkbox"/>
Map of area	<input type="checkbox"/>	Directions to evacuation sites	<input type="checkbox"/>
Money	<input type="checkbox"/>	Pen and paper	<input type="checkbox"/>
Whistles	<input type="checkbox"/>	Vehicle keys	<input type="checkbox"/>
TOOLS (hammer, crescent wrench, screwdriver, pliers with wire cutters)	<input type="checkbox"/>	Matches in a waterproof container	<input type="checkbox"/>
Plastic shielding	<input type="checkbox"/>	Duct tape	<input type="checkbox"/>
Disposable bowls and utensils	<input type="checkbox"/>	Plastic bags	<input type="checkbox"/>
Household bleach (small bottle)	<input type="checkbox"/>	Wet wipes	<input type="checkbox"/>
Diapers	<input type="checkbox"/>	Hand sanitizer	<input type="checkbox"/>
Toilet paper	<input type="checkbox"/>	Blankets	<input type="checkbox"/>
Check for Presence and Operation Every Six Months			
Radio – battery powered	<input type="checkbox"/>	*Flashlight	<input type="checkbox"/>
Extra flashlight bulbs	<input type="checkbox"/>	*Extra batteries	<input type="checkbox"/>

COMMONWEALTH OF KENTUCKY
 Cabinet for Health and Family Services
 Department for Community Based Services
 Division of Child Care

Fire Drill Evacuation Record							
Month	Date	Time of Drill	# of Staff	# of Children	Evac. Time	Comments	Drill Held By: (initials)
January							
February							
March							
April							
May							
June							
July							
August							
September							
October							
November							
December							
Tornado Drill Record							
Month	Date	Time of Day	Drill Time	# of Staff	# of Children	Comments	Drill Held By: (initials)
Jan.-Mar.							
Apr.-Jun.							
Jul – Sept.							
Oct. – Dec.							
Earthquake Drill Record							
Month	Date	Time of Day	Drill Time	# of Staff	# of Children	Comments	Drill Held By: (initials)
Jan.-Mar.							
Apr.-Jun.							
Jul – Sept.							
Oct. – Dec.							

COMMONWEALTH OF KENTUCKY
Cabinet for Health and Family Services
Department for Community Based Services
Division of Child Care

Signature of the Responsible Child Care Provider

I have reviewed the procedures outlined in this Emergency/Disaster Preparedness Plan and have ensure dthat appropriate staff are 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

* _____
Printed Name