**CHILD CARE EMERGENCY RESPONSE AND RECOVERY PLAN**

**Reviewed/Updated**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FCCP/Licensee Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Child Care Program Address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This plan must be updated at least once every 365 days. All staff must be aware of the location of this plan. All parents must be aware of this plan, particularly where children would be taken if evacuated from the facility or family child care home.

**EMERGENCY CONTACTS**

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| **Contact** | **Phone** | **Email** |
| Police, Fire, Ambulance | 911 | Not applicable |
| Poison Control | 1-800-222-1222 | Not applicable |
| Child Development Division | 1-800-649-2642 | [ahs.dcfcddchildcarelicensing@vermont.gov](mailto:ahs.dcfcddchildcarelicensing@vermont.gov) |

**COMMUNICATION RESOURCES**

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| --- | --- | --- | --- |
| **Service Type** | **Name** | **Phone** | **Email** |
| Interpreter Service |  |  |  |
| Local Police |  |  |  |
| Local Fire |  |  |  |
| Local Ambulance |  |  |  |
| Local Emergency Management Director |  |  |  |
| Hospital |  |  |  |
| Electric Company |  |  |  |
| Gas Company |  |  |  |
| Local Mental Health Designated Agency |  |  |  |
| Water Company |  |  |  |
| Waste Disposal |  |  |  |
| Insurance Provider |  |  |  |

**ROLES AND RESPONSIBILITIES**

This section may only be applicable to programs when more than one staff members are working together.

Please use the area below to identify staff responsibilities and chain of command during an emergency, disaster, or pandemic. As some staff members may be absent at the time this plan is being used, you should identify an individual with primary responsibility as well as a backup individual who will fill that role if the primary individual is absent.

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| **Role** | **Responsibilities** | **Primary Name** | **Backup Name** |
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**EVACUATION -** Building Evacuation Route Diagram (**Note**: This diagram must be posted on each level of the facility or family child care home that is used by children.)

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**EVACUATION** – Lead children to evacuation location, take attendance, notify if missing, extra or injured children.

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| Decision to evacuate: |  |
| Notification to building occupants (staff, children, Parents, volunteers): |  |
| Notification to parents: |  |
| Notification to local authorities: |  |
| Local evacuation site: |  |
| Out-of-Town evacuation site: |  |
| Transportation to evacuation site(s): |  |
| System to account for all children and staff: |  |
| Handling of infants, toddlers, and children with special needs: |  |

**SHELTER-IN-PLACE** - Everyone goes inside, and all doors and windows are closed. If you are sheltering-in-place because of a hazardous material event; turn off all window fans, air conditioners, exhaust fans, and other sources of outside air.

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| Decision to shelter-in-place: |  |
| Notification to building occupants (staff, children, Parents, volunteers): |  |
| Notification to parents: |  |
| Notification to local authorities: |  |
| Shelter-in-Place Location: |  |
| Out-of-Town evacuation site: |  |
| System to account for all children and staff: |  |
| Handling of infants, toddlers, and children with special needs: |  |

**LOCKDOWN** - Lock interior doors, turn out the lights, move away from sight, do not open the door, maintain silence, and take attendance.

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| Decision to lockdown: |  |
| Notification to building occupants (staff, children, Parents, volunteers): |  |
| Notification to parents: |  |
| Notification to local authorities: |  |
| System to account for all children and staff: |  |
| Handling of infants, toddlers, and children with special needs: |  |

**LOCKOUT** - Bring everyone indoors, lock perimeter doors, increase situation awareness, continue business as usual, and take attendance.

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| Decision to lockout: |  |
| Notification to building occupants (staff, children, Parents, volunteers): |  |
| Notification to parents: |  |
| Notification to local authorities: |  |
| System to account for all children and staff: |  |
| Handling of infants, toddlers, and children with special needs: |  |

**HAZARD SPECIFIC PROCEDURES**

Specific concerns relating to the location of the program, such as proximity to a nuclear reactor, an area prone to flooding or power loss should be addressed here. Please contact your Local Emergency Management Director to notify them of your location and request information about hazards that may impact your facility or family child care home.

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| **Hazard:** |  |
| **Procedure:** |  |
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| **Hazard:** |  |
| **Procedure:** |  |

**TRAINING**

Within 365 days of opening a FCCH/CBCCPP, the FCCP/Licensee must attend an emergency preparedness training which shall include content specifically relating to sheltering-in-place in the event of an emergency in which the staff and children present need to remain in the FCCH/CBCCPP for an extended period.

**Date FCCP/Licensee attended Emergency Preparedness Training:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EXERCISES**

See the "[Evacuation Drill Record](https://dcf.vermont.gov/cdd/forms-child-care-providers)" sample template on the CDD website.

**EMERGENCY SUPPLIES CHECKLIST**

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| **ITEMS**: Enough supplies for 72-hours. | **NOTES** |
| Copies of all forms completed in the development of the child care center Emergency Response Plan |  |
| Map of child care facility or family child care home with location of exits, phones, first aid kits, and assembly area noted on the map | Keep copies in your kit and at your local police or fire station |
| Map of local streets with evacuation route for relocating to an alternate site |  |
| First aid kit, non-latex gloves, medications |  |
| Supplies for any child’s medical needs (e.g., inhalers, epi-pens, insulin) and/or special care needs (e.g., copies of documentation of medication doses and times) | Parents will have to get an extra prescription for these items. Extra medications will need to be  checked to make sure they haven’t expired. |
| Extra bedding and blankets |  |
| Personal hygiene and sanitation supplies including toilet paper, paper towels, disposable diapers, wipes, and re-sealable plastic bags |  |
| Tape and plastic for windows |  |
| Food and water for all children |  |
| Formula/breast milk, diapers, and wipes |  |
| Disposable bowls and eating utensils and a manually operated can opener |  |
| Staff roster (including emergency contacts) |  |
| Child roster (including emergency contacts) | Copies should also be kept in each classroom and taken with teachers if they need to evacuate the building. |
| Master Schedule |  |
| Flashlights and batteries |  |
| Cell phones and chargers and landlines |  |
| Battery powered radio and spare batteries |  |
| Several pads of paper and pens |  |
| Dry erase boards and markers |  |
| White peel-off stickers and markers (for name tags) |  |
| Lists of other emergency phone numbers |  |
| Copies of Children’s enrollment and permission forms (include copies of court orders) |  |
| Generator |  |
| Backpack(s) |  |

**TEACHER SURVEY: CHILDREN NEEDING SPECIAL ASSISTANCE**

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of Individual Completing Survey:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fill in the name of any children under your care who will require special assistance in the event of an emergency. Issues to be considered include:

* Limited mobility -- debris may obstruct mobility, elevators may not be available for those in wheelchairs, infants, and toddlers
* Hearing disabilities
* Visual impairments
* Children who may become upset if normal routines are disrupted
* Special needs for medicine, power supplies, or medical devices – may not be available in emergency shelters
* Whether assigned staff is sufficiently trained

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| **Child’s Name** | **Assistance Needed** |
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