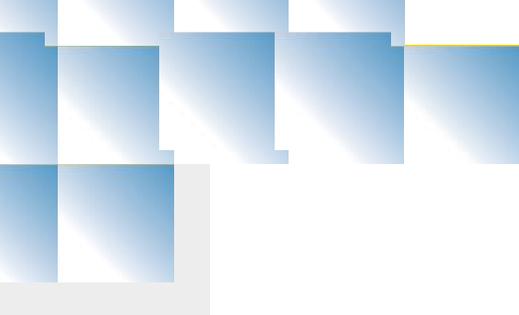




# CHILDCARE DISASTER

## PLAN AND GUIDE

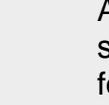
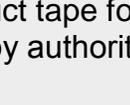
COUNTY OF SAN LUIS OBISPO



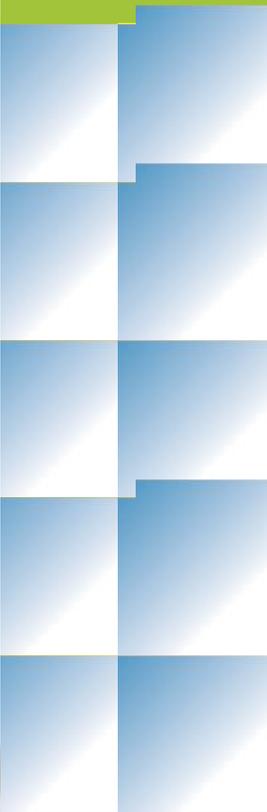
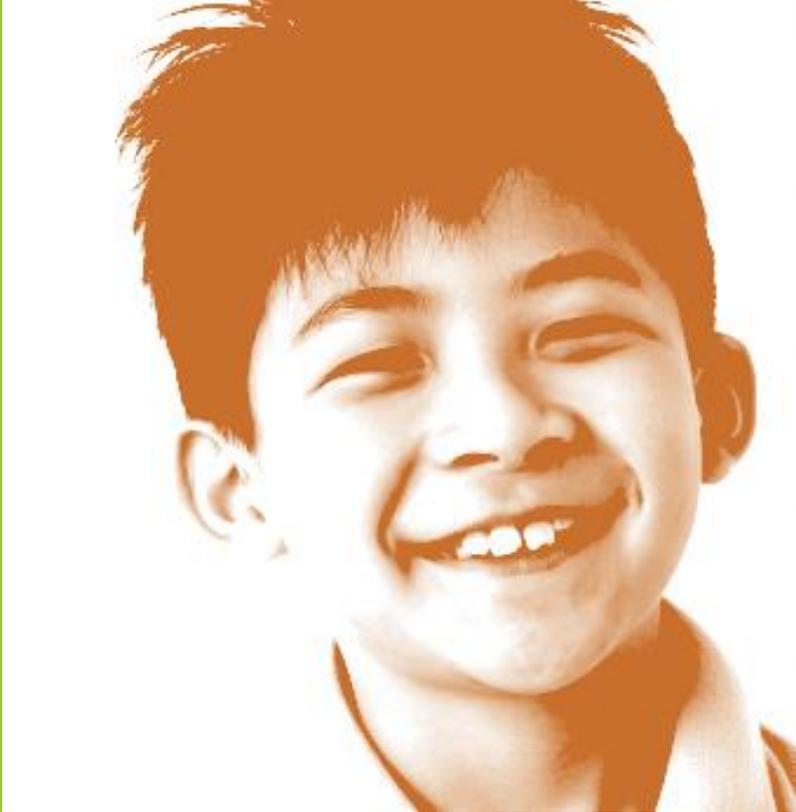
# EMERGENCY SUPPLIES

In an emergency, your center or program may need to be self-reliant and self-sustaining and able to feed and care for staff and children for at least 72 hours without external assistance. These supplies should be divided into three 24-hour kits that can be easily transported and if you are required to evacuate to other locations.

### Each 24-hour kit should contain:

-   First aid kit\*
-   Medications\*
-   Bottled water (3 gallons/person)
-   Baby food\* (3-day supply/infant)
-   Other nonperishable foods\* (3-day supply/infant & adult)
-   Disposable cups, bowls, spoons
-   Can opener
-   Emergency cash (bills and coins)
-   Disposable diapers (3-day supply/infant and toddler)
-   Bathroom tissue
-   Paper Towels
-   Wet wipes and tissues
-   Hand sanitizer\*
-   Blankets (1/person)
-   NOAA Weather Radio with extra batteries
-   Any special equipment required by a child or employee + toys/books
-   Dust/filter mask (1/person)
-   Goggles (1 pair/person)
-   Bullhorn, bell, or whistle
-   Flashlight with long-life batteries and extra batteries
-   Change of clothing (1/each child and adult)

Additionally, pre-cut plastic sheeting and duct tape for covering windows, doors, and vents should be stored in case you're instructed by authorities to "stay put" and use them. \*Monitor for expiration.



# PREPAREDNESS STARTS WITH YOU

## Know Your Risk:

It is important to know what disasters or emergencies your community may face so that you can take action to prevent them, make advance preparations, minimize the impact and recover from disasters.. Contact your county or city emergency planners to find out neighborhood specific information, resources and hazards in your community.

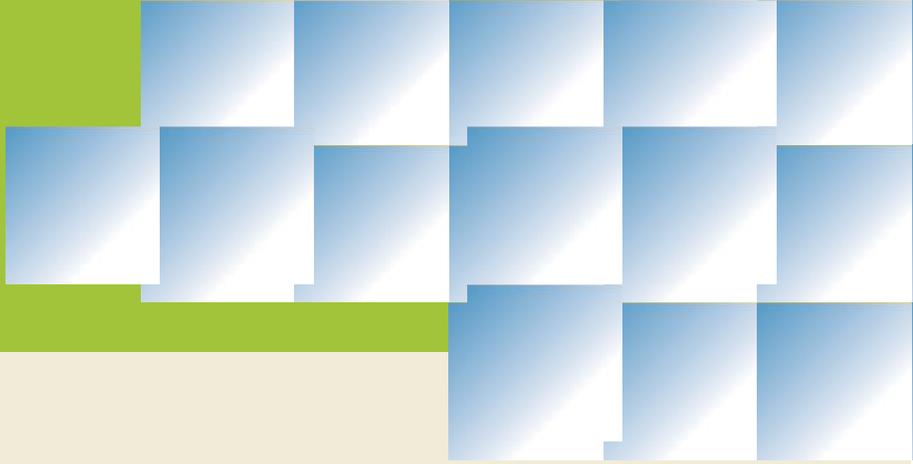
## Be Prepared:

- Train and maintain staff readiness in first aid and CPR
- Designate a person or committee to ensure emergency supplies are in good condition.
- Meet to review emergency preparedness and conduct drills for staff and children at least once every six months. Use the record below to document these meetings/drills.

Completed	Month/Year	Signature
<input type="checkbox"/>		







# EMERGENCY CONTACTS

## Be Ready to Provide this Information When You Call for Help

Facility name	
Facility physical address	
Nearest major intersection	
Facility emergency contact telephone	
Contact person	
<b>AGENCY</b>	<b>PHONE NUMBER</b>
Emergency	9-1-1, call 88 2-1-1 for non-emergency disaster
Nearest hospital number and address	
National Emergency Child Locator Center	866-908-9570
Poison Control	1-800-222-1222
Radio/TV stations with emergency broadcasting	
Non-emergency local fire department number	
Non-emergency local police department number	
Child Welfare Services	(805) 781-5437
Local gas/electric company	
Local water/sewer provider	
Facility manager	
Property manager	
Out-of-area contact*	
Other	

\* Establish an out-of-area contact and share it with the children's caregivers. You and the caregivers will report your status to the out-of-area contact following a disaster. Long distance calls are sometimes more likely to connect when local phone lines are overloaded.

# EVACUATION/RELOCATION

Establish a chain-of-command and designate responsibilities so staff members will know their duties during an emergency, including the assigned staff member who will accomplish the tasks listed on the evacuation checklist below. If possible, designate a back-up for each duty.

Evacuation and relocation plans should be provided to staff and families. Reunion locations both nearby and out-of-the-neighborhood should be identified. They may be a school, community center, shelter or house. Coordinate in advance with someone at your evacuation locations.

- Primary Evacuation Location: \_\_\_\_\_
- Alternative Evacuation Location: \_\_\_\_\_

In the Event of an actual evacuation, a sign should be visibly placed outside the facility alerting parents and authorities where staff and children are relocating. Prior to an actual evacuation, the names of every child and staff member present should be documented and that list re-checked at the off-site location. Place an identification bracelet or nametag on each infant to help reunite the child with his/her caregiver.

Evacuation Checklist	Assigned Staff
1. Administer first aid as needed	
2. Direct movement of staff and children to evacuation vehicles or outdoor meeting point	
3. Coordinate help for individuals with special needs	
4. Confirm all staff members know off-site evacuation location	
5. Count children and adults and conduct roll call if necessary to identify anyone missing	
6. Coordinate search for missing children and staff	
7. Record child names for each vehicle	
8. Secure disaster supply kits and load in each vehicle	
9. Direct movement of staff and children to off-site evacuation location by car or foot	
10. Post notice of evacuation location at entrance	
11. Determine message(s) for parents/guardians	
12. Contact parents/guardians as quickly as possible	
13. Carry weather radio to evacuation location	
14. Secure First Aid Kits and AED(s) if available; carry out your container of important documents	
15. Record child names on sign-in sheet at evacuation site	
16. Direct return of vehicles to facility for pick-up of more children and adults as necessary	
17. Release children only to parents/guardians identified on approved release list	
18. Require any such parents/guardians to provide photo identification	

# FAMILY REUNIFICATION

During an emergency, children can become separated from their families. There are several Actions a Childcare program can take in advance to ensure they will be able to reunite children with their caregivers. Childcare providers should have on file and update every three months identification and emergency information for each child. The information below, for each child, should be copied and stored in your waterproof, fireproof container that you take when you evacuate. Information for each child should include:

- Child's full name, sex, telephone address, birthdate
- Father/Guardian/Domestic Partner: full name, telephone, address/city/zip, business phone, home phone, cell phone, email address
- Mother/Guardian/Domestic Partner: full name, telephone, address/city/zip, business phone, home phone, cell phone, email address
- Authorized Persons who can be called in an emergency and pick up the child: Name, relationship, (aunt, friend, neighbor), home phone, business phone, cell phone
- Physician: name, address, medical plan and number, telephone
- Medical Conditions, Allergies, Medications

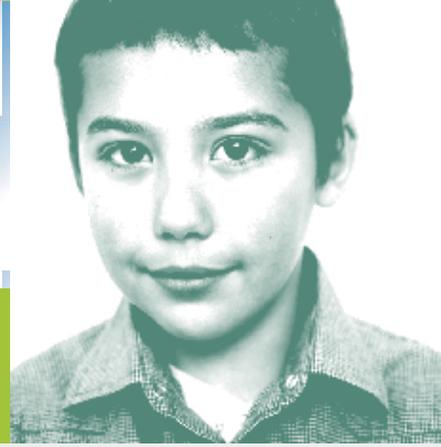
\*For your convenience, a sample Emergency card can be found on the last page of this plan

# CONTINUITY OF SERVICE

An emergency or its consequences may last longer than 72 hours, requiring you to continue operations in a different place under different circumstances. Planning and taking action now will help your business survive in the next emergency.

## **Consider the following:**

- Conduct a damage assessment as soon as possible, prioritizing repairs based on restoration needs
- Maintain records of all damages and notify relevant insurance carriers and emergency management agencies
- Have a backup copy of computer files, independent of your main system
- Identify key equipment needed for safe operation and maintain a list of vendors who can provide emergency repair or replacement
- Negotiate a mutual aid agreement with another facility that says in an emergency forces one of you to relocate temporarily, the other will provide space.
- Offer to assist parents with temporary placement of their children in other facilities until your program can reopen. Compile a list of alternative sites and establish mutual aid agreements.
- Mental health counseling may be appropriate for children and staff following a disaster. Dial 2-1-1 for resources and referrals



# BUSINESS CONTINUITY CHECKLIST

Complete the following business checklist, including task completion dates, to ensure your facility is properly prepared.

Task	Complete	Date
Obtain one or two waterproof, fireproof containers for storing important paperwork	<input type="checkbox"/>	
Keep container of paperwork where it will be easy to grab and go when you evacuate	<input type="checkbox"/>	
Update the following records as information changes, or at least once every three months. Store paper copies in a waterproof, fireproof container. <ul style="list-style-type: none"> <li><input type="checkbox"/> Child/staff roster and emergency information cards for each child</li> <li><input type="checkbox"/> Consent for medical treatment for each child</li> <li><input type="checkbox"/> Child custody paperwork</li> <li><input type="checkbox"/> Photograph of each enrolled child</li> <li><input type="checkbox"/> Backup of computer files</li> <li><input type="checkbox"/> Equipment/supplies inventory</li> <li><input type="checkbox"/> Building insurance records</li> <li><input type="checkbox"/> Licensing and regulatory approvals</li> <li><input type="checkbox"/> Bank account records</li> </ul> <p><input type="checkbox"/> In addition to storing hard copies of important paperwork in your waterproof, fireproof Container, save copies of your important electronic files offsite. Consider saving files to a portable "flash" drive or compact disc and store it at a relative's house or another secure location at least 50 miles away from your business. You may upload copies to an off-site web-based server. Remember to update your files when changes occur at least once every three months.</p> <p style="margin-left: 40px;">Offsite address where files are stored:</p> <p style="margin-left: 40px;">Contact telephone:</p>	<input type="checkbox"/>	
Meet with your banker to discuss a savings plan	<input type="checkbox"/>	
Meet with your insurance agent to discuss insurance needs	<input type="checkbox"/>	
Ask staff to complete a Family Disaster Plan:	<input type="checkbox"/>	



# CHILDREN WITH SPECIAL NEEDS

Facilities serving children with special needs must invest more time and resources in anticipating emergency situations and requirements. This means extra attention to details, such as providing specialized equipment, having appropriate medications on hand, maintaining lists of doctors for individual children and identifying evacuation sites capable of handling special needs.

Staff should be pre-designated to care for particular children and their specific needs in the event of an emergency. Staff should be involved in all emergency planning, and aware of all procedures.

Will anyone in your facility (staff or children) require extra attention during an emergency drill, evacuation or lock down?  
 Indicate their names here and which staff members will be assigned to assist him or her and provide transportation.

Name	Assigned Staff Member

There may be other arrangements you can make now, in advance of the next emergency.

- Plan for a backup power source for medical equipment
- Plan for the transportation of medication that must be refrigerated
- Check wheelchair access at your identified evacuation locations (both your close by and far away evacuation sites)

MAKE ADDITIONAL COPIES OF THIS PAGE AS NEEDED.

# PARENTS' WALLET CARD

Fill out the card, cut it out, then laminate it or have a store laminate it for you. If possible, provide both a landline and cell phone number.

✂

Child Care Provider:	_____
Name:	_____
Phone #:	_____ Alt #: _____
Out of Area Contact:	_____
Name:	_____
Phone #:	_____ Alt #: _____
City:	_____ St. _____
Primary Evacuation Location:	_____
Alternative Location:	_____



## CHILD INFORMATION CARD

Male  
 Female

Child's full name: \_\_\_\_\_ Birth Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address: \_\_\_\_\_ Phone: ( \_\_\_\_ ) \_\_\_\_\_

Father/Guardian/Domestic Partner: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: ( \_\_\_\_ ) \_\_\_\_\_ Cell Phone: ( \_\_\_\_ ) \_\_\_\_\_ Business: ( \_\_\_\_ ) \_\_\_\_\_

Mother/Guardian/Domestic Partner: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: ( \_\_\_\_ ) \_\_\_\_\_ Cell Phone: ( \_\_\_\_ ) \_\_\_\_\_ Business: ( \_\_\_\_ ) \_\_\_\_\_

Authorized Emergency contact #1: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: ( \_\_\_\_ ) \_\_\_\_\_ Cell Phone: ( \_\_\_\_ ) \_\_\_\_\_ Business: ( \_\_\_\_ ) \_\_\_\_\_

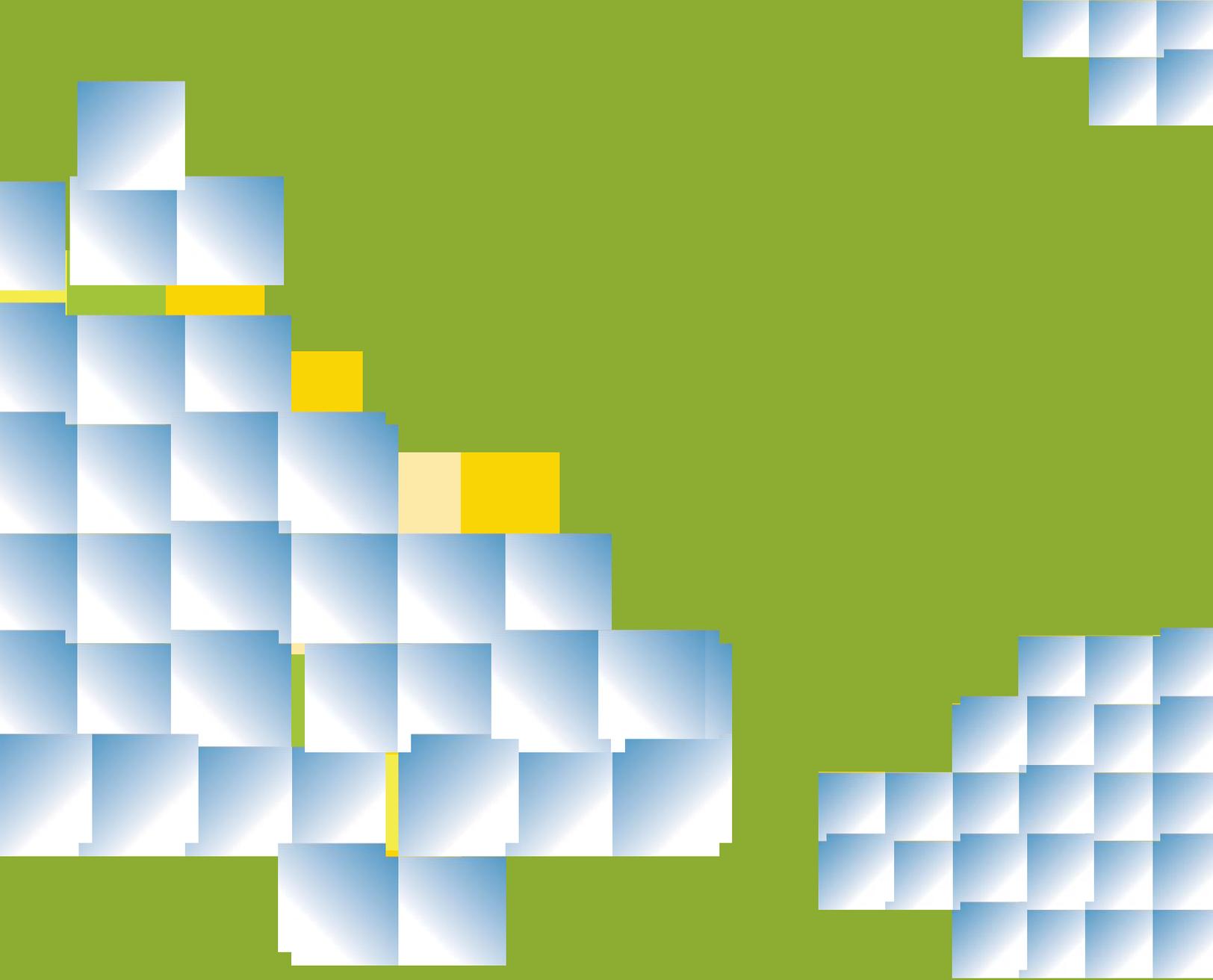
Authorized Emergency contact #2: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: ( \_\_\_\_ ) \_\_\_\_\_ Cell Phone: ( \_\_\_\_ ) \_\_\_\_\_ Business: ( \_\_\_\_ ) \_\_\_\_\_

Physician: \_\_\_\_\_ Medical Plan Number: \_\_\_\_\_

Address: Phone: ( \_\_\_\_ ) \_\_\_\_\_

Medical Conditions, Allergies, Medications: \_\_\_\_\_



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