



# Child Care Emergency Preparedness Training

WORKBOOK



**Save the Children®**





# Child Care Emergency Preparedness Training Workbook



**Save the Children®**



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# Emergency Plan Template

# EMERGENCY PLAN TEMPLATE

» Corresponds with Worksheets and Best Practice Checklists from the Child Care Emergency Preparedness Training

Date	
Facility Name (not administrative agency)	
Facility License Number (if applicable)	
<b>LOCATION</b>	
Facility Physical (not Mailing) Address	
Nearest Major Intersection	_____ and _____
Hours of Operation	_____ (a.m./p.m.) to _____ (a.m./p.m.)
Days of Operation	
<b>CONTACT INFORMATION</b>	
Landline Tel. Number (area code first)	(       )
Mobile Tel. Number (area code first)	(       )
Alternate Mobile Tel. Number (area code first)	(       )
<b>CAPACITY</b>	
Employees (enter number)	
Children (enter maximum capacity)	
Age Range of Children ( <i>choose all that apply</i> )	<input type="checkbox"/> 0–12 months <input type="checkbox"/> 37–60 months <input type="checkbox"/> 13–24 months <input type="checkbox"/> School-age <input type="checkbox"/> 25–36 months



Who are the alternate people in charge in an emergency?	1. First and Last Name: _____ Mobile Tel.: ( _____ ) _____
	2. First and Last Name: _____ Mobile Tel.: ( _____ ) _____
	3. First and Last Name: _____ Mobile Tel.: ( _____ ) _____

**SHELTER-IN-PLACE LOCATIONS** *(list all)*

	<input type="checkbox"/> These locations are wheelchair-accessible. <input type="checkbox"/> These locations can be sealed. <input type="checkbox"/> Supplies and equipment for sealing shelters (pre-cut sections of plastic sheeting and weatherization tape) are stored in the shelter locations. <input type="checkbox"/> Site diagrams, with shelters and exits marked, are filed with, or attached to, this summary.

**EVACUATION LOCATIONS**

On-the-Grounds Evacuation Location	
	<input type="checkbox"/> This location is wheelchair-accessible.
A Safe Area a Short Distance Away	
	<input type="checkbox"/> This location is wheelchair-accessible.
	<input type="checkbox"/> Signed and dated memorandum of agreement with this site is filed with, or attached to, this summary.
	Near Intersection of _____ and _____

Off-Site Evacuation Location	<input type="checkbox"/> This location is wheelchair-accessible. <input type="checkbox"/> Signed and dated memorandum of agreement with this site is filed with, or attached to, this template. Near Intersection of _____ and _____
Alternate Off-Site Evacuation Location	<input type="checkbox"/> This location is wheelchair-accessible. <input type="checkbox"/> Signed and dated memorandum of agreement with this site is filed with, or attached to, this summary. Near Intersection of _____ and _____
Alternate Off-Site Evacuation Location	<input type="checkbox"/> This location is wheelchair-accessible. <input type="checkbox"/> Signed and dated memorandum of agreement with this site is filed with, or attached to, this summary. Near Intersection of _____ and _____
Program Data Storage <i>(check all that apply)</i>	<input type="checkbox"/> On an external hard drive in the office <input type="checkbox"/> On a portable drive stored off-site <input type="checkbox"/> On a password-protected web-based server <input type="checkbox"/> In paper files to be transported to evacuation or shelter location <input type="checkbox"/> Other: _____

**SCHEDULE OF MONTHLY DRILLS** *(Use last three rows to specify three procedures for local hazards.)*

PROCEDURE	MONTH / DATE	TIME OR SHIFT
Fire		
Airborne Hazard		
Lock Down		
Off-Site Evacuation		

**SCHEDULE OF EMERGENCY PLAN CHECK-UPS** *(Repeat the cycle after the eighth check-up.)*

BEST PRACTICE	MONTH / DATE
Written Plan	
Current Information	
Communications	
Emergency Procedures	
Supplies and Equipment	
Drills	
Include Children and Adults with All Levels of Abilities in Your Plans	
Business Continuity	

Dated and signed Best Practice Checklist for each check-up is stored with this form.

**DATE AND SIGN THIS PLAN**

Date	Signature
------	-----------

# Worksheets

Worksheet 1: Hazard/Threat Identification and Mitigation: Fire

<b>Identify Hazard/Threat Risk Level (circle one):</b> <i>None, Low, Moderate, or High</i>	
<b>✓ Steps to reduce my risk:</b>	<b>Comments</b>
<input type="checkbox"/> Have properly working smoke detectors. <ul style="list-style-type: none"> <li>• Place smoke detectors on every level of your facility and, if possible, in every sleeping area.</li> <li>• Test and clean smoke detectors once a month.</li> <li>• Replace batteries in your smoke detectors at least once a year. If the alarm chirps, replace the battery immediately.</li> </ul> <input type="checkbox"/> Have heating, cooling, gas, and electrical systems checked regularly. <input type="checkbox"/> Use fire-resistant materials. <input type="checkbox"/> Install carbon monoxide detectors. <input type="checkbox"/> Install sprinklers, if possible. <input type="checkbox"/> Install fire extinguishers in each room and check regularly (i.e., charge levels, mounted securely, within easy reach, staff and volunteers know how to use). <input type="checkbox"/> Have a plan to evacuate infants and toddlers. <input type="checkbox"/> Have the fire marshal visit the facility regularly. (Ask about fire codes, regulations, and training for children and staff.) <input type="checkbox"/> Keep portable heaters at least 3 feet away from things that can burn – paper, curtains, furniture, bedding, clothing, etc. Ensure they are turned off when adults are not in the room. <input type="checkbox"/> Keep matches and lighters up high and, if possible, in a locked cabinet. <input type="checkbox"/> Train on STOP, DROP, and ROLL and evacuation procedures. <input type="checkbox"/> Check for overloaded outlets. <input type="checkbox"/> Have a site diagram. <input type="checkbox"/> Clear exits and ensure there are two exits for evacuation, clearly marked. <ul style="list-style-type: none"> <li>• All windows open.</li> <li>• Doors are unobstructed.</li> <li>• Escape ladders are available for higher floors.</li> </ul> <input type="checkbox"/> Have a designated meeting area. <input type="checkbox"/> Cut back bushes and trees. <input type="checkbox"/> Ensure street address is clearly visible.	

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Worksheet 2: Hazard/Threat Identification and Mitigation: General Safety

<b>Identify Hazard/Threat Risk Level (circle one):</b> <i>None, Low, Moderate, or High</i>	
<b>✓ Steps to reduce my risk:</b>	<b>Comments</b>
<input type="checkbox"/> Childproof the facility. <ul style="list-style-type: none"> <li>• Protect electrical outlets.</li> <li>• Remove access to electrical cords.</li> <li>• Place safety locks on cabinets.</li> <li>• Place door knob covers on doors.</li> <li>• Place safety gates at top and bottom of stairs.</li> <li>• Ensure window blind strings do not have loops.</li> <li>• Secure tall furniture to walls.</li> <li>• Lock up cleaning products.</li> <li>• Lock medicines in high cabinets.</li> <li>• Place locks on toilets.</li> <li>• Place guards on windows.</li> <li>• Place corner and edge bumpers on sharp edges of furniture.</li> <li>• Place houseplants out of reach of children.</li> <li>• Remove choking hazards.</li> <li>• Keep cribs away from draperies, blinds, and electrical cords.</li> </ul> <input type="checkbox"/> Ensure children cannot access water features (e.g., ponds, fountains, pools). <input type="checkbox"/> Ensure trash is not accessible to children. <input type="checkbox"/> Remove broken or unsafe play equipment. <input type="checkbox"/> Designate any unsafe areas as off-limits to children. <input type="checkbox"/> Follow established Guidelines for the care of infants with respect to sudden infant death syndrome (SIDS).	

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Worksheet 3: Hazard/Threat Identification and Mitigation: Hazardous Materials

<b>Identify Hazard/Threat Risk Level (circle one):</b> <i>None, Low, Moderate, or High</i>	
<b>✓ Steps to reduce my risk:</b>	<b>Comments</b>
<input type="checkbox"/> Lock up chemicals, poisonous/toxic items, medicines, and flammable items. <input type="checkbox"/> Dispose of hazardous materials correctly. <input type="checkbox"/> Keep products containing hazardous materials in their original containers. Do not remove labels. Do not store hazardous materials in food containers. <input type="checkbox"/> Know who to call when there has been contact with a hazardous chemical. <input type="checkbox"/> Know what to do if there is an explosion.	

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Worksheet 4: Hazard/Threat Identification and Mitigation: Utility Outage

<b>Identify Hazard/Threat Risk Level (circle one):</b> <i>None, Low, Moderate, or High</i>	
<b>✓ Steps to reduce my risk:</b>	<b>Comments</b>
<input type="checkbox"/> Know how to use emergency shutoffs for water, gas, and electricity—and mark the shutoffs clearly. <input type="checkbox"/> Turn off and unplug all unnecessary electrical equipment. <input type="checkbox"/> Have surge protectors. <input type="checkbox"/> Prepare frozen water containers. <input type="checkbox"/> Know how to keep food safe and how to identify if food is safe. <input type="checkbox"/> Have a land-line phone that does not require electricity. <input type="checkbox"/> Consider purchasing an emergency generator, especially if your building is located in an area where power losses are frequent.	

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Worksheet 5: Hazard/Threat Identification and Mitigation: Criminal Activity

Identify Hazard/Threat Risk Level (circle one):		<i>None, Low, Moderate, or High</i>
✓ Steps to reduce my risk:	Comments	
<input type="checkbox"/> Take precautions to ensure people working at your site have not been arrested or convicted for crimes involving children. <input type="checkbox"/> Ensure doors and windows lock. <input type="checkbox"/> Be aware of people around your facility. <input type="checkbox"/> Build a relationship with local law enforcement in your area. <input type="checkbox"/> Contact police about criminal activity, areas of concern, and prevention recommendations. <input type="checkbox"/> Have a process for reporting anything out of the ordinary.		

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Worksheet 6: Hazard/Threat Identification and Mitigation: Abduction

<b>Identify Hazard/Threat Risk Level (circle one):</b> <i>None, Low, Moderate, or High</i>	
<b>✓ Steps to reduce my risk:</b>	<b>Comments</b>
<input type="checkbox"/> Have a process for releasing children including documenting who they can be released to and ensuring any legal orders against a parent or guardian are documented and easily identified before releasing children. <input type="checkbox"/> Have a sign-in/sign-out process that also identifies who can be in areas with children. <input type="checkbox"/> Conduct background/reference checks on all staff (full and part-time). <input type="checkbox"/> Designate how children will be accounted for when in and out of the facility—on field trips, at the playground, during drills. <input type="checkbox"/> Do not share information about a child with anyone but parents or guardians. <input type="checkbox"/> Establish a notification process if a child is missing.	

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Worksheet 7: Hazard/Threat Identification and Mitigation: Severe Weather

<b>Identify Hazard/Threat Risk Level (circle one):</b> <i>None, Low, Moderate, or High</i>	
<b>✓ Steps to reduce my risk:</b>	<b>Comments</b>
<p><u>Severe Weather – General</u></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Have a NOAA Weather Radio on site.</li> <li><input type="checkbox"/> When there is a threat of severe weather, listen to the radio or television and a NOAA Weather Radio for information.</li> <li><input type="checkbox"/> Listen to instructions from local officials.</li> <li><input type="checkbox"/> If severe weather has been forecasted, stay inside, postpone outdoor activities, and bring children and staff indoors.</li> <li><input type="checkbox"/> Have a process for closing the facility and notifying parents/guardians and staff.</li> <li><input type="checkbox"/> Know weather terms—watch, warning, advisory.</li> </ul>	
<p><u>Excessive Heat</u></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Ensure air conditioners are installed and insulated properly.</li> <li><input type="checkbox"/> Install temporary window reflectors.</li> <li><input type="checkbox"/> Cover windows with drapes, shades, or awnings.</li> <li><input type="checkbox"/> Keep yourself, staff, and children hydrated.</li> <li><input type="checkbox"/> Be aware of signs of heat-related health concerns.</li> </ul>	
<p><u>Hurricanes/Tropical Storms</u></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Know the differences between the hurricane categories.</li> <li><input type="checkbox"/> Secure outside items or bring them inside.</li> <li><input type="checkbox"/> Cover windows with pre-cut plywood or shutters.</li> <li><input type="checkbox"/> Remove damaged/diseased limbs from trees.</li> <li><input type="checkbox"/> Turn off utilities as instructed; otherwise, turn refrigerators to their highest setting.</li> <li><input type="checkbox"/> Turn off propane tanks.</li> <li><input type="checkbox"/> Ensure you have a supply of water for sanitary purposes; fill bathtub and other large containers.</li> <li><input type="checkbox"/> Evacuate when instructed by local officials.</li> </ul>	
<p><u>Tornadoes</u></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Prepare a safe room in advance: storm cellar or basement, interior room or hallway on lowest floor possible.</li> <li><input type="checkbox"/> If you are under a tornado warning, immediately take everyone to safe shelter.</li> <li><input type="checkbox"/> Keep everyone away from windows, doors, outside walls, and corners.</li> </ul>	

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<b>Identify Hazard/Threat Risk Level (circle one):</b> <i>None, Low, Moderate, or High</i>	
<b>✓ Steps to reduce my risk:</b>	<b>Comments</b>
<p><u>Flooding</u></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Protect your building: elevate the furnace, water heater, and electrical panel; seal the basement with waterproofing; and install “check valves.”</li> <li><input type="checkbox"/> Talk with your insurance representative about flood protection insurance.</li> <li><input type="checkbox"/> Have plans to move to higher ground.</li> <li><input type="checkbox"/> Keep informed about whether water is safe to drink.</li> <li><input type="checkbox"/> If you have to evacuate, then secure your site and turn off utilities, if instructed.</li> <li><input type="checkbox"/> Avoid floodwaters and moving water. Keep children out of water.</li> <li><input type="checkbox"/> Stay away from downed power lines.</li> </ul>	
<p><u>Thunderstorms</u></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Remove dead and rotting trees.</li> <li><input type="checkbox"/> Secure outside objects.</li> <li><input type="checkbox"/> Shutter windows (or close blinds, shades, curtains) and secure outside doors.</li> <li><input type="checkbox"/> If you can hear thunder, go indoors.</li> <li><input type="checkbox"/> During a thunderstorm, do not take baths or showers or use plumbing or electrical appliances.</li> </ul>	
<p><u>Winter Storms and Extreme Cold</u></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Have rock salt, sand, and snow shovels.</li> <li><input type="checkbox"/> Ensure you have extra blankets and adequate clothing for children.</li> <li><input type="checkbox"/> Make sure your site is well insulated.</li> <li><input type="checkbox"/> Insulate pipes and allow faucets to drip a little during cold weather.</li> <li><input type="checkbox"/> Know how to shut off water valves.</li> <li><input type="checkbox"/> Be careful when using alternate heat sources.</li> <li><input type="checkbox"/> Have a supply of extra food and water.</li> </ul>	

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Worksheet 8: Hazard/Threat Identification and Mitigation: Geological Events

<b>Identify Hazard/Threat Risk Level (circle one):</b> <i>None, Low, Moderate, or High</i>	
<b>✓ Steps to reduce my risk:</b>	<b>Comments</b>
<p><u>Earthquakes</u></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Familiarize yourself with earthquake terms.</li> <li><input type="checkbox"/> Fasten/secure heavy items and furniture to wall studs and brace overhead light fixtures.</li> <li><input type="checkbox"/> Place cribs, sleeping mats, and sitting areas away from hazards that can fall in or on them (pictures, mirrors, lamps, etc.).</li> <li><input type="checkbox"/> Clear exits and ensure there are at least two exits for evacuation. Make sure all exits are clearly marked.</li> <li><input type="checkbox"/> Know how to shut off gas valves.</li> <li><input type="checkbox"/> Have a disaster supplies kit ready.</li> <li><input type="checkbox"/> When shaking starts, drop, cover, and hold; keep everyone away from windows; and stay inside until the shaking stops. (Be prepared for aftershocks.)</li> </ul>	
<p><u>Tsunamis</u></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Listen to local officials.</li> <li><input type="checkbox"/> Be prepared to act quickly and evacuate inland.</li> </ul>	
<p><u>Landslides and Debris Flows</u></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Follow proper land-use procedures.</li> <li><input type="checkbox"/> Be familiar with whether debris flows have occurred in your area.</li> <li><input type="checkbox"/> Watch how water flows during storms.</li> <li><input type="checkbox"/> If in imminent danger, evacuate your site immediately.</li> </ul>	
<p><u>Volcanoes</u></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Listen to local officials.</li> <li><input type="checkbox"/> Bring children inside.</li> <li><input type="checkbox"/> Shut windows and doors to maintain air quality.</li> <li><input type="checkbox"/> Be prepared to evacuate quickly.</li> <li><input type="checkbox"/> Include goggles and nose and mouth protection in your disaster supply kits.</li> </ul>	

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Worksheet 9: Hazard/Threat Identification and Mitigation: Illness Outbreak

Identify Hazard/Threat Risk Level (circle one): <i>None, Low, Moderate, or High</i>	
✓ Steps to reduce my risk:	Comments
<p><u>Illness Outbreaks</u></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Avoid close contact with people who are sick. Advise staff to stay home when they are sick and ask parents to keep sick children home.</li> <li><input type="checkbox"/> Cover your mouth and nose with a tissue when coughing or sneezing.</li> <li><input type="checkbox"/> Clean your hands often.</li> <li><input type="checkbox"/> Avoid touching your eyes, nose, and mouth.</li> <li><input type="checkbox"/> Practice good health habits: get plenty of sleep, be physically active, manage your stress, drink plenty of fluids, get your flu shot, and eat nutritious foods.</li> <li><input type="checkbox"/> Require proper immunization of children in your care.</li> <li><input type="checkbox"/> Have disinfectant/cleaning processes for bathrooms (including changing tables and children’s potties), food preparation areas (including dishes, high chairs, and utensils), toys, beds, and bedding.</li> <li><input type="checkbox"/> Establish a policy for handling sick children: exclusion, dismissal, and care.</li> <li><input type="checkbox"/> Clean/sanitize hands between handling of children.</li> </ul>	
<p><u>Food Safety</u></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> If you prepare food at your site, follow food safety procedures: clean, separate, cook, and chill.</li> <li><input type="checkbox"/> Know how to properly store foods – including breast milk, formula, and baby food.</li> <li><input type="checkbox"/> Know foods not to serve due to child choking hazards.</li> <li><input type="checkbox"/> Ensure everyone knows of any children’s food allergies, and how to respond if a child has an allergic reaction.</li> <li><input type="checkbox"/> Know when to save and when to throw out food after power outages.</li> </ul>	

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Worksheet 10: Identify Building and Surrounding Grounds Hazards

<b>Area:</b>	
<b>Surveyed by:</b>	
<b>Date Surveyed:</b>	
<input checked="" type="checkbox"/> <b>Hazard</b>	<b>Mitigation Measures</b>
<p><u>Building</u></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Extended, unsupported roof spans</li> <li><input type="checkbox"/> Large windows or panes of glass, especially if:             <ul style="list-style-type: none"> <li>• Not composed of safety glass</li> <li>• Located near exits or evacuation routes</li> </ul> </li> <li><input type="checkbox"/> Suspended ceilings and light fixtures</li> <li><input type="checkbox"/> Incompatible chemicals stored in close proximity or not stored in a manner to withstand falling and breaking</li> <li><input type="checkbox"/> Hazardous materials located in areas that do not have warning signs</li> <li><input type="checkbox"/> Paper or other combustibles (e.g., greasy rags) stored near heat source</li> <li><input type="checkbox"/> Unsecured heavy or unstable items, including:             <ul style="list-style-type: none"> <li>• Portable room dividers</li> <li>• Appliances (e.g., water heaters, space heaters, microwave ovens)</li> <li>• Filing cabinets, bookcases, and wall shelves</li> <li>• Athletic equipment</li> <li>• Vending machines</li> <li>• TV monitors</li> <li>• Wall-mounted objects</li> <li>• Aquariums</li> <li>• Table lamps</li> <li>• Hanging plants above seating areas</li> </ul> </li> <li><input type="checkbox"/> Electrical equipment</li> </ul>	
<p><u>Grounds</u></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Equipment in need of repair</li> <li><input type="checkbox"/> Rocks or other material that could cause injury</li> <li><input type="checkbox"/> Fences in need of repair</li> <li><input type="checkbox"/> Exposed nails, screws, or bolts</li> <li><input type="checkbox"/> Trees or shrubs that present a fire hazard or wind hazard or provide areas for an intruder to hide</li> <li><input type="checkbox"/> Streams in close proximity</li> <li><input type="checkbox"/> Electrical wires</li> <li><input type="checkbox"/> Gasoline or propane tanks</li> <li><input type="checkbox"/> Natural gas lines</li> </ul>	

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# WORKSHEET II

## REQUIRED PREPAREDNESS ACTIVITIES

What specific actions for disaster preparedness does your state's licensing agency require? *List all that apply.*

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

What specific disaster preparedness actions should you document for your quality-rating or accrediting agency? *List all that apply.*

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

WORKSHEET II (PAGE 2 OF 2)

Identify how you will document each of your program's required preparedness activities.  
*Check all that apply.*

- Photographs of exercises or drills
- Dated sign-in sheets for exercises or drills
- Dated reports of exercises or drills with results and actions needed
- Photocopies of letters of agreement
- Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## WORKSHEET 12 (PAGE 2 OF 2)

<p>To complete your site diagrams:</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Carefully copy and label practice sketches.</li> <li><input type="checkbox"/> Ask a staff member or volunteer with drawing skill to make finished drawings of the diagrams.</li> <li><input type="checkbox"/> Plan to duplicate your site diagrams. <i>Check all that apply.</i> <ul style="list-style-type: none"> <li><input type="checkbox"/> Make photocopies.</li> <li><input type="checkbox"/> Have a copy shop duplicate the sheets (and enlarge them if necessary so that all can clearly see the details).</li> <li><input type="checkbox"/> Save as an electronic file on your computer hard drive.</li> <li><input type="checkbox"/> Save as an electronic file on a portable drive.</li> </ul> </li> </ul>
<p>File sets of the diagrams. <i>Check all that apply.</i></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> With emergency plan</li> <li><input type="checkbox"/> With emergency management agency</li> <li><input type="checkbox"/> Other: _____</li> </ul>
<p>Disseminate your site diagrams. <i>Check all that apply.</i></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> As a new section of the parent handbook</li> <li><input type="checkbox"/> As a handout at parent education events</li> <li><input type="checkbox"/> Paper copies to emergency management agencies</li> <li><input type="checkbox"/> E-mail electronic copies to emergency management agencies.</li> <li><input type="checkbox"/> Post the appropriate site diagram in each classroom and work area and at each emergency exit.</li> </ul>

# WORKSHEET 13

## IDENTIFY EVACUATION LOCATIONS

<p>Will any children in your care or staff or volunteers need special medical equipment, an interpreter, or other special assistance at the evacuation sites? If yes, this will determine the evacuation sites that you will be able to use. <i>Check one.</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>Look at a map of the area around your facility. Where will you evacuate in the vicinity? <i>Check all that apply.</i></p>	<input type="checkbox"/> A nearby school or community center <input type="checkbox"/> A relative's house <input type="checkbox"/> Other: _____	
<p>Look at a map of the county or state. Where will you take children if you must quickly move them far away from the facility? <i>Check all that apply.</i></p>	<input type="checkbox"/> A school or community center in the next county: _____ <input type="checkbox"/> A relative's home in the town where you grew up: _____ <input type="checkbox"/> Another facility in your company's chain of child care programs: _____ <input type="checkbox"/> Other: _____	
<p><b>To be sure you can use particular locations for evacuations, and that necessary special equipment or services will be available, you will need signed letters of agreement from the host sites.</b></p>		
<p>Set target dates for the next steps in designating off-site evacuation locations.</p>	<b>DATE</b>	<b>NEXT STEPS</b>
		<p>Ask the local emergency management agency and community partners for advice.</p>
		<p>Ask your board or volunteer group to help scout evacuation sites in the next town or county.</p>

# WORKSHEET 14

## IDENTIFY SHELTER LOCATIONS

<p>Will any children in your care or staff or volunteers need special medical equipment, an interpreter, or other special assistance at the shelter locations? If yes, this will determine the shelter locations that you will be able to use. <i>Check one.</i></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Look at a map of the area around your facility. Where will you be able to shelter in the vicinity? <i>Check all that apply.</i></p>	<p><input type="checkbox"/> A nearby school or community center <input type="checkbox"/> A relative's house <input type="checkbox"/> Other: _____</p>
<p>Look at a map of the county or state. Where will you take children if you must quickly move them far away from the facility? <i>Check all that apply.</i></p>	<p><input type="checkbox"/> A school or community center in the next county: _____</p> <p><input type="checkbox"/> A relative's home in the town where you grew up: _____</p> <p><input type="checkbox"/> Another facility in your company's chain of child care programs: _____</p> <p><input type="checkbox"/> Other: _____</p>
<p><b>To be sure you can use particular locations for sheltering and that necessary special equipment or services will be available, you will need signed letters of agreement from the host sites.</b></p>	

## WORKSHEET 14 (PAGE 2 OF 3)

Set target dates for the next steps in designating off-site evacuation locations.	DATE	NEXT STEPS
		Ask the local emergency management agency and community partners for advice.
		Ask your board or volunteer group to help scout evacuation sites in the next town or county.
		Work with potential hosts (such as churches, schools, or community centers) to create signed memoranda of agreement that your facility will use their sites during emergency evacuations.
		Other: _____
	Other: _____	

Look at your site diagram(s) or sketch one now. Describe areas that would work for each type of shelter.

WORKSHEET 14 (PAGE 3 OF 3)

<p>Wind-Resistant: Are there interior closets or other windowless rooms you will use?</p>	
<p>Sealed: Which spaces have the fewest windows and doors and have access to a toilet and running water? Do they have closets or cabinets where you will store supplies for sealing windows and vents?</p>	
<p>Upper floor: Where will you take all of the children if water is rising inside the building? Is there a window you will open to signal first responders?</p>	

# # 1 BEST PRACTICE ONE: CHECKLIST

## Make a Written Plan

» This checklist corresponds with Worksheets 11–14

Date	
Facility Name (not administrative agency)	
Facility License Number (if applicable)	

TARGET DATE	COMPLETE	TASK
	<input type="checkbox"/>	Ask emergency professionals such as local police, fire, and emergency managers to visit your facility and provide advice on your Emergency Plan.
	<input type="checkbox"/>	Compile the essential information in your Emergency Plan ( <i>check one</i> ): <input type="checkbox"/> Use the template in this manual <input type="checkbox"/> Recreate the template in a text file
	<input type="checkbox"/>	Review and complete or update the Emergency Plan each year.
	<input type="checkbox"/>	File copies of the Emergency Plan: <input type="checkbox"/> In your Ready-to-go File <input type="checkbox"/> In your off-site records location
	<input type="checkbox"/>	Prepare site diagrams for each floor and outside area.
	<input type="checkbox"/>	Post site diagram (for the proper floor) in each classroom and work area.
	<input type="checkbox"/>	File site diagrams with the Emergency Plan.
	<input type="checkbox"/>	File related documents with the Emergency Plan: <input type="checkbox"/> Letters of agreement with evacuation locations <input type="checkbox"/> Copies of First Aid, CPR (cardiopulmonary resuscitation), etc., certification <input type="checkbox"/> Other: _____
	<input type="checkbox"/>	Review and complete or update the eight Best Practice Checklists each year, or more frequently as improvements or updates are made.

## CHECKLIST: BEST PRACTICE ONE (PAGE 2 OF 2)

TARGET DATE	COMPLETE	TASK
	<input type="checkbox"/>	File completed Best Practice Checklists with the Emergency Plan.
	<input type="checkbox"/>	Duplicate different sections of the plan for staff, volunteers, parents/guardians, and licensing and emergency management agencies: <input type="checkbox"/> Paper copies <input type="checkbox"/> On a portable hard drive
	<input type="checkbox"/>	Provide copies of the Emergency Plan to each of the following groups and record dates: <input type="checkbox"/> Local law enforcement agency Date: _____ <input type="checkbox"/> Local fire department Date: _____ <input type="checkbox"/> Local (or state) emergency management agency Date: _____ <input type="checkbox"/> Child care licensing agency Date: _____ <input type="checkbox"/> Safe location a short distance away Date: _____ <input type="checkbox"/> Off-site evacuation location Date: _____ <input type="checkbox"/> Alternate off-site evacuation location Date: _____
	<input type="checkbox"/>	Store copies of your Emergency Plan in: <input type="checkbox"/> Ready-to-Go File (binder or file folders) <input type="checkbox"/> On your computer hard drive <input type="checkbox"/> At an off-site location <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____
<b>Date and sign this checklist to document that you have completed or reviewed these actions.</b>		
Print first and last name clearly.		
Date		Signature

# WORKSHEET 15

## GATHER EMERGENCY CONTACT INFORMATION

Designate an employee to gather the telephone numbers you need.	
If possible, establish a 1-800 number for your program.	
Schedule how often you will re-confirm the numbers and update the list.	<input type="checkbox"/> Monthly <input type="checkbox"/> Every six months <input type="checkbox"/> Each year
Complete and share the list in at least one of the following ways.	<input type="checkbox"/> Complete the form on the following page by hand. <input type="checkbox"/> Type up the list in a text file and print it out. <input type="checkbox"/> Program the numbers in the facility's emergency mobile telephone. <input type="checkbox"/> Program the numbers in your personal mobile telephone.
Designate an employee to duplicate the list and post copies throughout the facility.	

# SAMPLE 2.a

## EMERGENCY CONTACTS (PAGE 1 OF 2)

POST AT EACH EXIT AND IN EACH SHELTER LOCATION	
<b>Be ready to provide this information ...</b>	
Facility Name	
Facility Physical (not Mailing) Address	
Nearest Major Intersection	_____ and _____
Facility Emergency Contact Telephone	
Point of Contact First and Last Name	
<b>and this information ...</b>	
The status of your program (evacuation, shelter-in-place, or lockdown)	
Where parents will pick up children (if possible)	
<b>... when you call any of these agencies.</b>	
NAME OF AGENCY	TEL. NUMBER
Emergency	9-1-1
National Emergency Child Locator Center	1-866-908-9572
Program 1-800 Number (For emergency announcements)	
TV/Radio Station (For emergency announcements)	
Poison Control	1-800-222-1222
Medical Care	

**EMERGENCY CONTACTS (PAGE 2 OF 2)**

Law Enforcement (non-emergency number)	
Fire Department (non-emergency number)	
Electric Utility	
Gas Utility	
Water Utility	
Telephone Utility	
TV Station	
Radio Station	
Licensing	
Child Protective Services	
Local Red Cross Chapter	
Other	
Other	

# WORKSHEET 16

## OBTAIN EMERGENCY RELEASES

Incorporate emergency releases into your record-keeping by one or more of the following steps.

Use the sample form on the following page to collect releases from parents/guardians.

Incorporate language from the following page into the program's existing enrollment agreements.

Incorporate language from the following sample form into the program's existing employment agreements.

# SAMPLE 2.b

## OBTAIN EMERGENCY RELEASES (PAGE 1 OF 2)

Permission to Provide Medical Treatment and/or Transportation	
<input type="checkbox"/> I grant permission for the child care program identified below to provide or arrange for medical treatment and/or transportation to an evacuation site and/or medical facility for my child(ren), identified below, during a fire, natural disaster, or other emergency. I also grant permission for my child(ren) to be released to any of the emergency contacts I have designated below if I am unable to pick them up in an emergency.	
<input type="checkbox"/> I have seen and understand the emergency preparedness plan at my child's care facility and have provided correct emergency contact information to the facility.	
Parent/Guardian Name (please print)	
Date	Signature
Child care program	
Provide the following information for each child who attends this childcare program.	
Name	
<input type="checkbox"/> Allergies: _____	<input type="checkbox"/> None
<input type="checkbox"/> Prescription Medications: _____	<input type="checkbox"/> None
<input type="checkbox"/> Medical Treatments: _____	<input type="checkbox"/> None
Name	
<input type="checkbox"/> Allergies: _____	<input type="checkbox"/> None
<input type="checkbox"/> Prescription Medications: _____	<input type="checkbox"/> None
<input type="checkbox"/> Medical Treatments: _____	<input type="checkbox"/> None
Name	
<input type="checkbox"/> Allergies: _____	<input type="checkbox"/> None
<input type="checkbox"/> Prescription Medications: _____	<input type="checkbox"/> None
<input type="checkbox"/> Medical Treatments: _____	<input type="checkbox"/> None

OBTAIN EMERGENCY RELEASES (PAGE 2 OF 2)

Parent/Guardian Mobile Tel.	
Parent/Guardian E-Mail	
Grandparent/Alternate Pick-Up Name	
Grandparent/Alternate Pick-Up Mobile Tel.	
Out-of-Town Emergency Contact Name	
Out-of-Town Emergency Contact Mobile Tel.	

# WORKSHEET 17

## ENHANCE THE PROGRAM'S CHILD-STAFF ROSTER

<p>Check each data element that you already collect for each child or employee.</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Name</li> <li><input type="checkbox"/> Parent/Guardian Name (for children)</li> <li><input type="checkbox"/> Parent/Guardian Tel. (for children)</li> <li><input type="checkbox"/> Parent/Guardian Alt. Tel. (for children)</li> <li><input type="checkbox"/> Parent/Guardian E-Mail (for children)</li> </ul>
<p>Parent/Guardian Work Phone</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Alternate #1 Emergency Contact Name</li> <li><input type="checkbox"/> Alternate #1 Emergency Contact Mobile Tel.</li> <li><input type="checkbox"/> Alternate #2 Emergency Contact Name</li> <li><input type="checkbox"/> Alternate #2 Emergency Contact Mobile Tel.</li> <li><input type="checkbox"/> Out-of-Town Emergency Contact Name</li> <li><input type="checkbox"/> Out-of-Town Emergency Contact Mobile Tel.</li> <li><input type="checkbox"/> Signed permission for emergency medical treatment in file</li> <li><input type="checkbox"/> Signed permission for emergency transport in file</li> <li><input type="checkbox"/> Teacher Name (for children)</li> <li><input type="checkbox"/> Classroom Number (for children)</li> <li><input type="checkbox"/> Special care/medical needs:             <ul style="list-style-type: none"> <li><input type="checkbox"/> Allergies: _____</li> <li><input type="checkbox"/> Prescriptions: _____</li> <li><input type="checkbox"/> Wheelchair-bound</li> <li><input type="checkbox"/> Bed-bound</li> <li><input type="checkbox"/> Walker/crutches</li> <li><input type="checkbox"/> Supplemental oxygen</li> <li><input type="checkbox"/> Feeding tube</li> <li><input type="checkbox"/> Aide/attendant</li> <li><input type="checkbox"/> Other: _____</li> </ul> </li> <li><input type="checkbox"/> At least a 72-hour supply of prescription medications (if any) provided</li> </ul>

## WORKSHEET 17 (PAGE 2 OF 2)

<p>What will you do to collect the data you did not check? <i>Check all that are necessary.</i></p>	<p><input type="checkbox"/> Revise the program enrollment form.</p> <p><input type="checkbox"/> Add files and/or fields to the program database.</p> <p><input type="checkbox"/> Other: _____</p> <p><input type="checkbox"/> Other: _____</p>
<p>Store this crucial data in each of the following ways.</p>	<p><input type="checkbox"/> In individual child and employee files that are protected for privacy</p> <p><input type="checkbox"/> As a paper list that is stored in a Ready-to-Go file</p> <p><input type="checkbox"/> In a single electronic dataset that will be updated, sorted, and printed</p> <p><input type="checkbox"/> The electronic dataset is backed up on an off-site portable drive.</p>
<p>Update the roster.</p>	<p><input type="checkbox"/> Each time we enroll a child, a child leaves the program, we hire an employee/volunteer, or an employee/volunteer leaves the program.</p> <p><input type="checkbox"/> Once a month we add all of the latest changes.</p> <p><input type="checkbox"/> After collecting updates at each parent education event</p> <p><input type="checkbox"/> After collecting updates at each staff meeting</p> <p><input type="checkbox"/> Once a year before the licensing visit</p>
<p>Back up the roster.</p>	<p><input type="checkbox"/> On an external hard drive in our office</p> <p><input type="checkbox"/> On a portable drive stored off-site or on a password-protected web-based server</p>
<p>Check all steps you will take to create an improved child/staff roster.</p>	<p><input type="checkbox"/> Purchase a computer and data-processing software.</p> <p><input type="checkbox"/> Appoint an employee to create a spreadsheet.</p> <p><input type="checkbox"/> Hire an employee to create a spreadsheet.</p> <p><input type="checkbox"/> Appoint an employee to enter data from paper records.</p> <p><input type="checkbox"/> Ask families and staff to provide additional information.</p> <p><input type="checkbox"/> Purchase a portable hard drive for back-up storage.</p> <p><input type="checkbox"/> Other: _____</p> <p><input type="checkbox"/> Other: _____</p>

# WORKSHEET 18

## PRODUCE CHILD IDENTIFICATION BADGES

<p>Does your program produce ID badges for children or staff now?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Do you use a computer application to produce the badges?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Do your badges include all of these critical pieces of information? <i>Check all that apply.</i></p>	<p><input type="checkbox"/> A head-and-shoulders photograph in color  <input type="checkbox"/> Parent/Guardian Name (for children)  <input type="checkbox"/> Parent/Guardian Tel. (for children)  <input type="checkbox"/> Parent/Guardian Alternate Tel. (for children)  <input type="checkbox"/> Parent/Guardian E-Mail (for children)  <input type="checkbox"/> Alternate #1 Alternate #1 Emergency Contact Name  <input type="checkbox"/> Alternate #1 Alternate #1 Emergency Contact Mobile Tel.  <input type="checkbox"/> Alternate #2 Emergency Contact Name  <input type="checkbox"/> Alternate #2 Emergency Contact Mobile Tel.  <input type="checkbox"/> Out-of-Town Emergency Contact Name  <input type="checkbox"/> Out-of-Town Emergency Contact Mobile Tel.  <input type="checkbox"/> Special Care/Medical Needs:  <input type="checkbox"/> Wheelchair  <input type="checkbox"/> Bed-bound  <input type="checkbox"/> Supplemental oxygen  <input type="checkbox"/> Feeding tube  <input type="checkbox"/> Aide/attendant  <input type="checkbox"/> Other: _____  <input type="checkbox"/> Emergency Transport Driver  <input type="checkbox"/> Emergency Transport Vehicle</p>
<p>Identify an employee who will research methods and costs for implementing ID badges in your program.</p>	

# #2 BEST PRACTICE TWO: CHECKLIST

## Maintain Current Health and Safety Information for Children and Staff

» This checklist corresponds with Worksheets 15-18, and Samples 2.a and 2.b

Date	
Facility Name (not administrative agency)	
Facility License Number (if applicable)	

TARGET DATE	COMPLETE	TASK
	<input type="checkbox"/>	<input type="checkbox"/> Complete Emergency Contacts worksheet.
	<input type="checkbox"/>	<input type="checkbox"/> Post a copy beside each landline telephone. <input type="checkbox"/> Place a copy in each Ready-to-Go File.
	<input type="checkbox"/>	Include permission for emergency medical treatment <i>and</i> emergency transport on: <input type="checkbox"/> Child enrollment forms <input type="checkbox"/> Staff employment agreements
	<input type="checkbox"/>	Create a Child/Staff Roster, with all of the recommended data elements, in a data-processing program.
	<input type="checkbox"/>	Collect crucial information from parents/guardians again at <i>each</i> parent education event.
	<input type="checkbox"/>	Update the roster each time you assign a child or employee to a different classroom.
	<input type="checkbox"/>	Produce two ID badges for each new child and employee. Store them in: <input type="checkbox"/> Ready-to-Go File <input type="checkbox"/> Back-up Ready-to-Go File stored at off-site location
	<input type="checkbox"/>	Remove names of children and employees from the roster as soon as they leave the program.

## CHECKLIST: BEST PRACTICE TWO (PAGE 2 OF 2)

TARGET DATE	COMPLETE	TASK
	<input type="checkbox"/>	Destroy ID badges for children and employees as soon as they leave the program.
	<input type="checkbox"/>	Store a paper or electronic copy of the child/staff roster in your facility's Ready-to-Go File.
	<input type="checkbox"/>	Store multiple blank copies of the following forms in the Ready-to-Go File: <ul style="list-style-type: none"> <li><input type="checkbox"/> Facility Sign-In/Sign-Out Sheet (with checkboxes for Staff, Children, Visitors, and Volunteers)</li> <li><input type="checkbox"/> Facility Incident/Injury Report Form</li> <li><input type="checkbox"/> Facility Medical Administration Form</li> </ul>
	<input type="checkbox"/>	Have each lead teacher place the daily attendance roster, with names of present children checked, in a pocket beside the door to carry during evacuations.
	<input type="checkbox"/>	Other: _____
	<input type="checkbox"/>	Other: _____
	<input type="checkbox"/>	Other: _____
<b>Date and sign this checklist to document that you have completed or reviewed these actions.</b>		
Print first and last name clearly.		
Date	Signature	

# WORKSHEET 19

## CREATE A BACK-UP COMMUNICATIONS SYSTEM

<p>Which methods will my program adopt for back-up communication? <i>Check all that apply.</i></p>	<ul style="list-style-type: none"><li><input type="checkbox"/> Ask local radio or tv station to get the word out.</li><li><input type="checkbox"/> Call a 1-800 number to leave a message that parents/guardians will retrieve.</li><li><input type="checkbox"/> Post updates on the program's website.</li><li><input type="checkbox"/> Activate an automatic dialing system to call children's and staff's out-of-town emergency contacts.</li><li><input type="checkbox"/> Use your state's 211 system (if available).</li><li><input type="checkbox"/> Coordinate with your local child care resource and referral agency (CCR&amp;R) to receive and disseminate announcements about your program's status.</li></ul>
<p>Which employee(s) will research these methods and prepare a memo about options and costs?</p>	
<p>During an emergency, which employee and back-up employee will be responsible for activating the emergency message?</p>	

## WORKSHEET 20

### PRODUCE EMERGENCY PLAN WALLET CARDS

Identify how you will design and produce wallet cards about your back-up communications system. *Check all that apply.*

- Ask a parent or volunteer to design, produce, and print the cards.
- Have an employee with graphic skill design, produce, and print the cards.
- Ask a local print shop to donate printing and laminating for the cards. (Invite the print shop to add its name or logo on the back of the cards.)
- Other: \_\_\_\_\_

# #3 BEST PRACTICE THREE: CHECKLIST

## Develop and Implement Family Communication and Reunification Plans and Back-Up Plans

» This checklist corresponds with Worksheets 19 and 20

Date	
Facility Name (not administrative agency)	
Facility License Number (if applicable)	

TARGET DATE	COMPLETE	TASK
	<input type="checkbox"/>	Implement back-up communications system. <i>Check all that apply.</i> <input type="checkbox"/> Radio station(s) (enter call letters): _____ <input type="checkbox"/> TV station(s) (enter call letters): _____ <input type="checkbox"/> Website (enter URL): _____ <input type="checkbox"/> 1-800-_____ - _____ <input type="checkbox"/> 211 <input type="checkbox"/> CCR&R (enter telephone number and/or URL): _____ _____ <input type="checkbox"/> Automatic dialing to out-of-town emergency contacts
	<input type="checkbox"/>	Produce Emergency Plan Wallet Cards.
	<input type="checkbox"/>	Schedule two parent/guardian education events each year: <input type="checkbox"/> Our Program's Emergency Plan <input type="checkbox"/> Plan to Protect Your Family
	<input type="checkbox"/>	Ask your local emergency management agency or go to <a href="http://www.ready.gov">www.ready.gov</a> for handouts for your "Plan to Protect Your Family" program.
	<input type="checkbox"/>	Encourage employees to attend the annual "Plan to Protect Your Family" program.
	<input type="checkbox"/>	Use the Family Contact Update worksheet to collect contact information for parents/guardians and for each family's emergency contacts (local and out-of-town) at each event.

## CHECKLIST: BEST PRACTICE THREE (PAGE 2 OF 2)

TARGET DATE	COMPLETE	TASK
	<input type="checkbox"/>	Update your facility's Child/Staff Roster with any new information after <i>each</i> parent/guardian education event.
	<input type="checkbox"/>	Distribute and discuss the Emergency Plan Wallet Card at <i>each</i> parent/guardian education event.
	<input type="checkbox"/>	Share your Emergency Plan with staff and parents/guardians: <ul style="list-style-type: none"> <li><input type="checkbox"/> As a new section of the parent handbook</li> <li><input type="checkbox"/> As a handout at parent education events</li> <li><input type="checkbox"/> Whenever any improvements in the plan are made</li> <li><input type="checkbox"/> At least once a year</li> </ul>
	<input type="checkbox"/>	Other: _____
	<input type="checkbox"/>	Other: _____
	<input type="checkbox"/>	Other: _____
<b>Date and sign this checklist to document that you have completed or reviewed these actions.</b>		
Print first and last name clearly.		
Date	Signature	

# WORKSHEET 21

## IDENTIFY THE EMERGENCY TEAM

Identify a staff member and two alternates for each position on the Emergency Team.	
Incident Commander/Leader	Staff Member:
	Alternate:
	Alternate:
Deputy Incident Commander/ Assistant Leader	Staff Member:
	Alternate:
	Alternate:
Public Information Officer/ Communications Coordinator	Staff Member:
	Alternate:
	Alternate:
Safety Officer	Staff Member:
	Alternate:
	Alternate:
Logistics Chief/Supplies Coordinator	Staff Member:
	Alternate:
	Alternate:
Will the teacher/caregivers on your staff double as Evacuation Drivers if you must evacuate children off-site?	Check one: <input type="checkbox"/> Yes <input type="checkbox"/> No
If no, identify Evacuation Drivers. (use additional sheets if necessary).	

# WORKSHEET 22

## CREATE AN EMERGENCY WARNING SYSTEM

Your program may already have an intercom system. If so, you will begin your facility drills by announcing “Warning: All Hazard,” “Warning: Sudden Emergency,” etc., over the intercom.

If your facility does not have an intercom, how will you prepare to issue emergency warnings? *Check all that apply.*

Research installing an intercom system.

Will you assign an employee or volunteer to do this research?

Who? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Purchase a bullhorn or loud bell or whistle and use it during all drills. Which device will you purchase? \_\_\_\_\_

\_\_\_\_\_

Other: \_\_\_\_\_

Do any children or staff in your program have hearing or vision impairments? If so, which warning system will you use? *Check all that apply.*

Flashing lights for persons with hearing impairment

Loud alarms for persons with vision impairment

Vibrating alarm system for persons with hearing and vision impairment

# SAMPLE 4.a

## EMERGENCY PROCEDURE

### Fire (PAGE 1 OF 3)

Before a drill, complete the following blanks.			
Date		Start Time	
Drill Leader		End Time	
Number of Participating Adults		Number of Participating Children	

During a drill, check each action as it is completed.	
WHO	ACTION
Incident Commander/ Leader	<input type="checkbox"/> Choose hazard response (building evacuation). <input type="checkbox"/> Issue emergency warning and hazard response. <input type="checkbox"/> Maintain hazard response (building evacuation) until hazard is clearly past. <input type="checkbox"/> Coordinate with first responders. <input type="checkbox"/> Act as alternate Public Information Officer (PIO) if none is available. <input type="checkbox"/> Declare hazard is over. <input type="checkbox"/> <b>After an emergency:</b> Review procedures with emergency responders, staff, volunteers, and parents/guardians; revise if necessary.
Deputy Incident Commander	<input type="checkbox"/> Direct movement of staff and children to outside evacuation location. <input type="checkbox"/> Count children; report to Incident Commander. <input type="checkbox"/> Count adults; report to Incident Commander. <input type="checkbox"/> Conduct roll call if necessary to identify any missing children and staff; report to Incident Commander. <input type="checkbox"/> Coordinate search for missing children and staff. <input type="checkbox"/> Release non-essential staff. <input type="checkbox"/> Direct movement of staff and children back to playgrounds, classrooms, etc., when hazard is over. <input type="checkbox"/> Serve as Alternate Incident Commander as necessary. <input type="checkbox"/> Shut off utilities; report to Incident Commander. <input type="checkbox"/> <b>During drills:</b> Do not shut off gas.

## EMERGENCY PROCEDURE: FIRE (PAGE 2 OF 3)

Public Information Officer	<ul style="list-style-type: none"> <li><input type="checkbox"/> Record notice of evacuation site (outside, nearby, or distant) on facility voicemail greeting.</li> <li><input type="checkbox"/> Secure Ready-to-Go File.</li> <li><input type="checkbox"/> Determine message(s) for parents/guardians.</li> <li><input type="checkbox"/> Contact parents/guardians or supervise teachers/caregivers in contacting parents/guardians. <b>During drills you must clearly inform parents/guardians: “This is a drill.”</b></li> <li><input type="checkbox"/> Contact National Emergency Child Locator Center (1-866-908-9572) for missing parents/guardians.</li> <li><input type="checkbox"/> Release children to parents/guardians who provide photo ID.</li> <li><input type="checkbox"/> <b>After drills:</b> Notify parents/guardians of the completed drill.</li> <li><input type="checkbox"/> <b>After an emergency:</b> Assist with reviewing procedures with staff and parents/guardians.</li> <li><input type="checkbox"/> Serve as alternate Deputy Incident Commander.</li> </ul>
Logistics Chief	<ul style="list-style-type: none"> <li><input type="checkbox"/> Secure Disaster Supplies Kits.</li> <li><input type="checkbox"/> Coordinate help for individuals with disabilities or those with access and functional needs.</li> <li><input type="checkbox"/> <b>During drills:</b> Test smoke detectors and AEDs.</li> <li><input type="checkbox"/> <b>During drills:</b> Check batteries.</li> <li><input type="checkbox"/> <b>During drills and monthly:</b> Check expiration dates on foods.</li> <li><input type="checkbox"/> <b>After drills:</b> Replace dead batteries and expired foods.</li> <li><input type="checkbox"/> Serve as Alternate Public Information Officer.</li> </ul>
Safety Officer	<ul style="list-style-type: none"> <li><input type="checkbox"/> Secure AED(s) if available.</li> <li><input type="checkbox"/> Check children and adults.</li> <li><input type="checkbox"/> Administer CPR as needed.</li> <li><input type="checkbox"/> Assist those with disabilities and/or functional and access needs.</li> <li><input type="checkbox"/> Assist with first aid as needed.</li> <li><input type="checkbox"/> Serve as Alternate Logistics Officer.</li> <li><input type="checkbox"/> Secure First Aid Kits.</li> <li><input type="checkbox"/> Check children and adults.</li> <li><input type="checkbox"/> Administer first aid as needed.</li> <li><input type="checkbox"/> Assist those with disabilities and/or functional and access needs.</li> <li><input type="checkbox"/> Assist with CPR as needed.</li> <li><input type="checkbox"/> <b>During drills and monthly:</b> Check expiration dates on medications.</li> <li><input type="checkbox"/> <b>After drills:</b> Replace all expired medications.</li> <li><input type="checkbox"/> <b>After an emergency:</b> Replace all used first aid supplies.</li> </ul>

## EMERGENCY PROCEDURE: FIRE (PAGE 3 OF 3)

Each Teacher/Caregiver	<ul style="list-style-type: none"><li><input type="checkbox"/> <b>Before drills:</b> Explain that drill will be a practice.</li><li><input type="checkbox"/> <b>During drills:</b> Remind children that the drill is a practice.</li><li><input type="checkbox"/> <b>In case of fire:</b> Command children to “Stop, Drop, and Roll!”</li><li><input type="checkbox"/> Retrieve daily attendance roster.</li><li><input type="checkbox"/> Guide children in building evacuation.</li><li><input type="checkbox"/> Calmly and continually supervise children in usual class or group.</li><li><input type="checkbox"/> Secure special medical equipment for any children with medical needs.</li><li><input type="checkbox"/> Place ID badges on children.</li><li><input type="checkbox"/> Assist with contacting parents/guardians.</li><li><input type="checkbox"/> Assist with releasing children.</li><li><input type="checkbox"/> <b>After drills:</b> Praise children for participating in the drill; answer their questions in a reassuring way.</li><li><input type="checkbox"/> <b>After an emergency:</b> Monitor children’s social/emotional wellbeing and provide support, assessments, and referrals as necessary.</li></ul>
<b>After an emergency or drill, note any problems and corrective actions needed here.</b>	
Date	Signature of Incident Commander

# SAMPLE 4.b

## EMERGENCY PROCEDURE

### Tornado/Severe Winds (PAGE 1 OF 3)

Before a drill, complete the following blanks.			
Date		Start Time	
Drill Leader		End Time	
Number of Participating Adults		Number of Participating Children	

During a drill, check each action as it is completed.	
WHO	ACTION
Incident Commander/ Leader	<input type="checkbox"/> Choose hazard response (wind-resistant shelter-in-place). <input type="checkbox"/> Issue emergency warning and hazard response. <input type="checkbox"/> Maintain hazard response (wind-resistant shelter-in-place) until hazard has clearly passed. <input type="checkbox"/> Coordinate with first responders. <input type="checkbox"/> Act as Alternate Liaison. <input type="checkbox"/> Declare hazard is over. <input type="checkbox"/> <b>After an emergency:</b> Review procedures with emergency responders, staff, volunteers, and parents/guardians; revise if necessary.
Deputy Incident Commander	<input type="checkbox"/> Direct movement of staff and children to wind-resistant shelter. <input type="checkbox"/> Count children; report to Incident Commander. <input type="checkbox"/> Count adults; report to Incident Commander. <input type="checkbox"/> Conduct roll call if necessary to identify any missing children and staff; report to Incident Commander. <input type="checkbox"/> Coordinate search for missing children and staff. <input type="checkbox"/> Release non-essential staff. <input type="checkbox"/> Direct movement of staff and children back to playgrounds, classrooms, etc., when hazard is over. <input type="checkbox"/> Serve as Incident Commander as necessary.

## EMERGENCY PROCEDURE: TORNADO/SEVERE WINDS (PAGE 2 OF 3)

<p>Public Information Officer</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Secure Ready-to-Go File.</li> <li><input type="checkbox"/> Determine message(s) for parents/guardians.</li> <li><input type="checkbox"/> Contact parents/guardians or supervise teachers/caregivers in contacting parents/guardians. <b>During drills you must clearly inform parents/guardians: “This is a drill.”</b></li> <li><input type="checkbox"/> Contact National Emergency Child Locator Center (1-866-908-9572) for missing parents/guardians.</li> <li><input type="checkbox"/> Release children to parents/guardians who provide photo ID.</li> <li><input type="checkbox"/> <b>After drills:</b> Notify parents/guardians of the completed drill.</li> <li><input type="checkbox"/> <b>After an emergency:</b> Assist with reviewing procedures with staff and parents/guardians.</li> <li><input type="checkbox"/> Serve as Alternate Deputy Incident Commander.</li> </ul>
<p>Logistics Chief</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Secure Disaster Supplies Kits.</li> <li><input type="checkbox"/> Coordinate help for individuals with disabilities or those with access and functional needs.</li> <li><input type="checkbox"/> <b>During drills:</b> Test smoke detectors.</li> <li><input type="checkbox"/> <b>During drills:</b> Check batteries.</li> <li><input type="checkbox"/> <b>During drills and monthly:</b> Check expiration dates on foods.</li> <li><input type="checkbox"/> <b>After drills:</b> Replace dead batteries and expired foods.</li> <li><input type="checkbox"/> Serve as Alternate Public Information Officer.</li> </ul>
<p>Safety Officer</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Secure AED(s) if available.</li> <li><input type="checkbox"/> Check children and adults.</li> <li><input type="checkbox"/> Administer CPR as needed.</li> <li><input type="checkbox"/> Assist those with disabilities and/or functional and access needs.</li> <li><input type="checkbox"/> Assist with first aid as needed.</li> <li><input type="checkbox"/> Serve as Alternate Logistics Officer.</li> <li><input type="checkbox"/> Secure First Aid Kits.</li> <li><input type="checkbox"/> Check children and adults.</li> <li><input type="checkbox"/> Administer first aid as needed.</li> <li><input type="checkbox"/> Assist those with disabilities and/or functional and access needs.</li> <li><input type="checkbox"/> Assist with CPR as needed.</li> <li><input type="checkbox"/> <b>During drills and monthly:</b> Check expiration dates on medications.</li> <li><input type="checkbox"/> <b>After drills:</b> Replace all expired medications.</li> <li><input type="checkbox"/> <b>After an emergency:</b> Replace all used first aid supplies.</li> </ul>

## EMERGENCY PROCEDURE: TORNADO/SEVERE WINDS (PAGE 3 OF 3)

Each Teacher/Caregiver	<ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Before drills:</b> Explain that drill will be a practice.</li> <li><input type="checkbox"/> <b>During drills:</b> Remind children that the drill is a practice.</li> <li><input type="checkbox"/> Retrieve daily attendance roster.</li> <li><input type="checkbox"/> Guide children to wind-resistant shelter.</li> <li><input type="checkbox"/> Calmly and continually supervise children in usual class or group.</li> <li><input type="checkbox"/> Secure special medical equipment for any children with medical needs.</li> <li><input type="checkbox"/> Place ID badges on children.</li> <li><input type="checkbox"/> Assist with contacting parents/guardians.</li> <li><input type="checkbox"/> Assist with releasing children.</li> <li><input type="checkbox"/> <b>After drills:</b> Praise children for participating in the drill; answer their questions in a reassuring way.</li> <li><input type="checkbox"/> <b>After an emergency:</b> Monitor children's social-emotional wellbeing and provide support, assessments, and referrals as necessary.</li> </ul>
After an emergency or drill, note any problems and corrective actions needed here.	
Date	Signature of Incident Commander

# SAMPLE 4.c

## EMERGENCY PROCEDURE

### Earthquake (PAGE 1 OF 3)

Before a drill, complete the following blanks.			
Date		Start Time	
Drill Leader		End Time	
Number of Participating Adults		Number of Participating Children	

During a drill, check each action as it is completed.	
WHO	ACTION
Incident Commander/ Leader	<input type="checkbox"/> Choose hazard response (shelter-in-place). <input type="checkbox"/> Issue emergency warning and hazard response. <input type="checkbox"/> Maintain hazard response (shelter-in-place) until hazard is clearly past. <input type="checkbox"/> Coordinate with first responders. <input type="checkbox"/> Act as Alternate Liaison. <input type="checkbox"/> Declare hazard is over. <input type="checkbox"/> <b>After an emergency:</b> Review procedures with emergency responders, staff, volunteers, and parents/guardians; revise if necessary.
Deputy Incident Commander	<input type="checkbox"/> Direct movement of staff and children to shelter. <input type="checkbox"/> Count children; report to Incident Commander. <input type="checkbox"/> Count adults; report to Incident Commander. <input type="checkbox"/> Conduct roll call if necessary to identify any missing children and staff; report to Incident Commander. <input type="checkbox"/> Coordinate search for missing children and staff. <input type="checkbox"/> Release non-essential staff. <input type="checkbox"/> Direct movement of staff and children back to playgrounds, classrooms, etc., when hazard is over. <input type="checkbox"/> Serve as Incident Commander as necessary.

## EMERGENCY PROCEDURE: EARTHQUAKE (PAGE 2 OF 3)

<p>Public Information Officer</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Secure Ready-to-Go File.</li> <li><input type="checkbox"/> Determine message(s) for parents/guardians.</li> <li><input type="checkbox"/> Contact parents/guardians or supervise teachers/caregivers in contacting parents/guardians. <b>During drills you must clearly inform parents/guardians: “This is a drill.”</b></li> <li><input type="checkbox"/> Contact National Emergency Child Locator Center (1-866-908-9572) for missing parents/guardians.</li> <li><input type="checkbox"/> Release children to parents/guardians who provide photo ID.</li> <li><input type="checkbox"/> <b>After drills:</b> Notify parents/guardians of the completed drill.</li> <li><input type="checkbox"/> <b>After an emergency:</b> Assist with reviewing procedures with staff and parents/guardians.</li> <li><input type="checkbox"/> Serve as alternate Deputy Incident Commander.</li> </ul>
<p>Logistics Chief</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Secure Disaster Supplies Kits.</li> <li><input type="checkbox"/> Coordinate help for individuals with disabilities or those with access and functional needs.</li> <li><input type="checkbox"/> <b>During drills:</b> Test smoke detectors.</li> <li><input type="checkbox"/> <b>During drills:</b> Check batteries.</li> <li><input type="checkbox"/> <b>During drills and monthly:</b> Check expiration dates on foods.</li> <li><input type="checkbox"/> <b>After drills:</b> Replace dead batteries and expired foods.</li> <li><input type="checkbox"/> Serve as Alternate Public Information Officer.</li> </ul>
<p>Safety Officer</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Secure AED(s) if available.</li> <li><input type="checkbox"/> Check children and adults.</li> <li><input type="checkbox"/> Administer CPR as needed.</li> <li><input type="checkbox"/> Assist those with disabilities and/or functional and access needs.</li> <li><input type="checkbox"/> Assist with first aid as needed.</li> <li><input type="checkbox"/> Serve as Alternate Logistics Officer.</li> <li><input type="checkbox"/> Secure First Aid Kits.</li> <li><input type="checkbox"/> Check children and adults.</li> <li><input type="checkbox"/> Administer first aid as needed.</li> <li><input type="checkbox"/> Assist those with disabilities and/or functional and access needs.</li> <li><input type="checkbox"/> Assist with CPR as needed.</li> <li><input type="checkbox"/> <b>During drills and monthly:</b> Check expiration dates on medications.</li> <li><input type="checkbox"/> <b>After drills:</b> Replace all expired medications.</li> <li><input type="checkbox"/> <b>After an emergency:</b> Replace all used first aid supplies.</li> </ul>

## EMERGENCY PROCEDURE: EARTHQUAKE (PAGE 3 OF 3)

<p>Each Teacher/Caregiver</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Before drills:</b> Explain that drill will be a practice.</li> <li><input type="checkbox"/> <b>During drills:</b> Remind children the drill is a practice.</li> <li><input type="checkbox"/> Retrieve daily attendance roster.</li> <li><input type="checkbox"/> Guide children to wind-resistant shelter.</li> <li><input type="checkbox"/> Calmly and continually supervise children in usual class or group.</li> <li><input type="checkbox"/> Secure special medical equipment for any children with medical needs.</li> <li><input type="checkbox"/> Place ID badges on children.</li> <li><input type="checkbox"/> Assist with contacting parents/guardians.</li> <li><input type="checkbox"/> Assist with releasing children.</li> <li><input type="checkbox"/> <b>After drills:</b> Praise children for participating in the drill; answer their questions in a reassuring way.</li> <li><input type="checkbox"/> <b>After an emergency:</b> Monitor children's social/emotional wellbeing and provide support, assessments, and referrals as necessary.</li> </ul>
<p><b>After an emergency or drill, note any problems and corrective actions needed here.</b></p>	
<p>Date</p>	<p>Signature of Incident Commander</p>

# SAMPLE 4.d

## EMERGENCY PROCEDURE

### Flash Flood (PAGE 1 OF 3)

Before a drill, complete the following blanks.			
Date		Start Time	
Drill Leader		End Time	
Number of Participating Adults		Number of Participating Children	

During a drill, check each action as it is completed.	
WHO	ACTION
Incident Commander/ Leader	<input type="checkbox"/> Choose hazard response (upper-floor shelter-in-place). <input type="checkbox"/> Issue emergency warning and hazard response. <input type="checkbox"/> Maintain hazard response (upper-floor shelter-in-place) until hazard has clearly passed. <input type="checkbox"/> Coordinate with first responders. <input type="checkbox"/> Act as Alternate Liaison. <input type="checkbox"/> Declare hazard is over. <input type="checkbox"/> <b>After an emergency:</b> Review procedures with emergency responders, staff, volunteers, and parents/guardians; revise if necessary.
Deputy Incident Commander	<input type="checkbox"/> Direct movement of staff and children to upper-floor shelter. <input type="checkbox"/> Count children; report to Incident Commander. <input type="checkbox"/> Count adults; report to Incident Commander. <input type="checkbox"/> Conduct roll call if necessary to identify any missing children and staff; report to Incident Commander. <input type="checkbox"/> Coordinate search for missing children and staff. <input type="checkbox"/> Release non-essential staff. <input type="checkbox"/> Direct movement of staff and children back to playgrounds, classrooms, etc., when hazard is over. <input type="checkbox"/> Serve as Incident Commander as necessary.

## EMERGENCY PROCEDURE: FLASH FLOOD (PAGE 2 OF 3)

<p>Public Information Officer</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Secure Ready-to-Go File.</li> <li><input type="checkbox"/> Determine message(s) for parents/guardians.</li> <li><input type="checkbox"/> Contact parents/guardians or supervise teachers/caregivers in contacting parents/guardians. <b>During drills you must clearly inform parents/guardians: “This is a drill.”</b></li> <li><input type="checkbox"/> Contact National Emergency Child Locator Center (1-866-908-9572) for missing parents/guardians.</li> <li><input type="checkbox"/> Release children to parents/guardians who provide photo ID.</li> <li><input type="checkbox"/> <b>After drills:</b> Notify parents/guardians of the completed drill.</li> <li><input type="checkbox"/> <b>After an emergency:</b> Assist with reviewing procedures with staff and parents/guardians.</li> <li><input type="checkbox"/> Serve as Alternate Deputy Incident Commander.</li> </ul>
<p>Logistics Chief</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Secure Disaster Supplies Kits.</li> <li><input type="checkbox"/> Coordinate help for individuals with disabilities or those with access and functional needs.</li> <li><input type="checkbox"/> <b>During drills:</b> Test smoke detectors.</li> <li><input type="checkbox"/> <b>During drills:</b> Check batteries.</li> <li><input type="checkbox"/> <b>During drills and monthly:</b> Check expiration dates on foods.</li> <li><input type="checkbox"/> <b>After drills:</b> Replace dead batteries and expired foods.</li> <li><input type="checkbox"/> Serve as Alternate Public Information Officer.</li> </ul>
<p>Safety Officer</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Secure AED(s) if available.</li> <li><input type="checkbox"/> Check children and adults.</li> <li><input type="checkbox"/> Administer CPR as needed.</li> <li><input type="checkbox"/> Assist those with disabilities and/or functional and access needs.</li> <li><input type="checkbox"/> Assist with first aid as needed.</li> <li><input type="checkbox"/> Secure First Aid Kits.</li> <li><input type="checkbox"/> Check children and adults.</li> <li><input type="checkbox"/> Administer first aid as needed.</li> <li><input type="checkbox"/> Assist those with disabilities and/or functional and access needs.</li> <li><input type="checkbox"/> Assist with CPR as needed.</li> <li><input type="checkbox"/> <b>During drills and monthly:</b> Check expiration dates on medications.</li> <li><input type="checkbox"/> <b>After drills:</b> Replace all expired medications.</li> <li><input type="checkbox"/> <b>After an emergency:</b> Replace all used first aid supplies.</li> </ul>

## EMERGENCY PROCEDURE: FLASH FLOOD (PAGE 3 OF 3)

Each Teacher/Caregiver	<ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Before drills:</b> Explain that drill will be a practice.</li> <li><input type="checkbox"/> <b>During drills:</b> Remind children the drill is a practice.</li> <li><input type="checkbox"/> Retrieve daily attendance roster.</li> <li><input type="checkbox"/> Guide children to upper-floor shelter.</li> <li><input type="checkbox"/> Calmly and continually supervise children in usual class or group.</li> <li><input type="checkbox"/> Secure special medical equipment for any children with medical needs.</li> <li><input type="checkbox"/> Place ID badges on children.</li> <li><input type="checkbox"/> Assist with contacting parents/guardians.</li> <li><input type="checkbox"/> Assist with releasing children.</li> <li><input type="checkbox"/> <b>After drills:</b> Praise children for participating in the drill; answer their questions in a reassuring way.</li> <li><input type="checkbox"/> <b>After an emergency:</b> Monitor children's social/emotional wellbeing and provide support, assessments, and referrals as necessary.</li> </ul>
After an emergency or drill, note any problems and corrective actions needed here.	
Date	Signature of Incident Commander

# SAMPLE 4.e

## EMERGENCY PROCEDURE

### Hazardous Materials (PAGE 1 OF 3)

Before a drill, complete the following blanks.			
Date		Start Time	
Drill Leader		End Time	
Number of Participating Adults		Number of Participating Children	

During a drill, check each action as it is completed.	
WHO	ACTION
Incident Commander/ Leader	<input type="checkbox"/> Choose hazard response (sealed shelter-in-place). <input type="checkbox"/> Issue emergency warning and hazard response. <input type="checkbox"/> Maintain hazard response (sealed shelter-in-place) until hazard is clearly past. <input type="checkbox"/> Coordinate with first responders. <input type="checkbox"/> Act as Alternate Liaison. <input type="checkbox"/> Declare hazard is over. <input type="checkbox"/> <b>After an emergency:</b> Review procedures with emergency responders, staff, volunteers, and parents/guardians; revise if necessary.
Deputy Incident Commander	<input type="checkbox"/> Direct movement of staff and children to sealed shelter. <input type="checkbox"/> Direct staff in sealing windows, doors, and vents as necessary. <input type="checkbox"/> Count children; report to Incident Commander. <input type="checkbox"/> Count adults; report to Incident Commander. <input type="checkbox"/> Conduct roll call if necessary to identify any missing children and staff; report to Incident Commander. <input type="checkbox"/> Coordinate search for missing children and staff. <input type="checkbox"/> Release non-essential staff. <input type="checkbox"/> Direct movement of staff and children back to playgrounds, classrooms, etc., when hazard is over. <input type="checkbox"/> Serve as Incident Commander as necessary.

## EMERGENCY PROCEDURE: HAZARDOUS MATERIALS (PAGE 2 OF 3)

<p>Public Information Officer</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Secure Ready-to-Go File.</li> <li><input type="checkbox"/> Determine message(s) for parents/guardians.</li> <li><input type="checkbox"/> Contact parents/guardians or supervise teachers/caregivers in contacting parents/guardians. <b>During drills you must clearly inform parents/guardians: “This is a drill.”</b></li> <li><input type="checkbox"/> Contact National Emergency Child Locator Center (1-866-908-9572) for missing parents/guardians.</li> <li><input type="checkbox"/> Release children to parents/guardians who provide photo ID.</li> <li><input type="checkbox"/> <b>After drills:</b> Notify parents/guardians of the completed drill.</li> <li><input type="checkbox"/> <b>After an emergency:</b> Assist with reviewing procedures with staff and parents/guardians.</li> <li><input type="checkbox"/> Serve as alternate Deputy Incident Commander.</li> </ul>
<p>Logistics Chief</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Secure Disaster Supplies Kits.</li> <li><input type="checkbox"/> <b>During a drill:</b> Check that materials for sealing doors, windows, and vents are in place.</li> <li><input type="checkbox"/> <b>During an emergency:</b> Assist in sealing windows, doors, and vents as necessary.</li> <li><input type="checkbox"/> Alternate/rotating liaison.</li> <li><input type="checkbox"/> <b>During drills:</b> Test smoke detectors.</li> <li><input type="checkbox"/> <b>During drills:</b> Check batteries.</li> <li><input type="checkbox"/> <b>During drills and monthly:</b> Check expiration dates on foods.</li> <li><input type="checkbox"/> <b>After drills:</b> Replace dead batteries and expired foods.</li> <li><input type="checkbox"/> <b>After an emergency:</b> Replace dead batteries and expired foods.</li> <li><input type="checkbox"/> <b>After an emergency:</b> Replace used materials for sealing doors, windows, and vents.</li> <li><input type="checkbox"/> Serve as Alternate Public Information Officer.</li> </ul>
<p>Safety Officer</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Secure AED(s) if available.</li> <li><input type="checkbox"/> Check children and adults.</li> <li><input type="checkbox"/> Administer CPR as needed.</li> <li><input type="checkbox"/> Assist those with disabilities and/or functional and access needs.</li> <li><input type="checkbox"/> Assist with first aid as needed.</li> <li><input type="checkbox"/> Secure First Aid Kits.</li> <li><input type="checkbox"/> Check children and adults.</li> <li><input type="checkbox"/> Administer first aid as needed.</li> <li><input type="checkbox"/> Assist those with disabilities and/or functional and access needs.</li> <li><input type="checkbox"/> Assist with CPR as needed.</li> <li><input type="checkbox"/> <b>During drills and monthly:</b> Check expiration dates on medications.</li> <li><input type="checkbox"/> <b>After drills:</b> Replace all expired medications.</li> <li><input type="checkbox"/> <b>After an emergency:</b> Replace all used first aid supplies.</li> </ul>

## EMERGENCY PROCEDURE: HAZARDOUS MATERIALS (PAGE 3 OF 3)

<p>Each Teacher/Caregiver</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Before drills:</b> Explain that drill will be a practice.</li> <li><input type="checkbox"/> <b>During drills:</b> Remind children the drill is a practice.</li> <li><input type="checkbox"/> Put on mask [or bandanna] if necessary.</li> <li><input type="checkbox"/> Fit mask [or bandanna] over each child's nose if necessary.</li> <li><input type="checkbox"/> Retrieve daily attendance roster.</li> <li><input type="checkbox"/> Guide children to sealed shelter.</li> <li><input type="checkbox"/> Calmly and continually supervise children in usual class or group.</li> <li><input type="checkbox"/> Secure special medical equipment for any children with medical needs.</li> <li><input type="checkbox"/> Place ID badges on children.</li> <li><input type="checkbox"/> Assist with contacting parents/guardians.</li> <li><input type="checkbox"/> Assist with releasing children.</li> <li><input type="checkbox"/> <b>After drills:</b> Praise children for participating in the drill; answer their questions in a reassuring way.</li> <li><input type="checkbox"/> <b>After an emergency:</b> Monitor children's social/emotional wellbeing and provide support, assessments, and referrals as necessary.</li> </ul>
<p><b>After an emergency or drill, note any problems and corrective actions needed here.</b></p>	
<p>Date</p>	<p>Signature of Incident Commander</p>

# SAMPLE 4.f

## EMERGENCY PROCEDURE

### Lock Down (PAGE 1 OF 3)

Before a drill, complete the following blanks.			
Date		Start Time	
Drill Leader		End Time	
Number of Participating Adults		Number of Participating Children	

During a drill, check each action as it is completed.	
WHO	ACTION
Incident Commander/ Leader	<input type="checkbox"/> Choose emergency procedure (lock down). <input type="checkbox"/> Issue emergency warning. <input type="checkbox"/> Maintain hazard response (lock down) until hazard has clearly passed. <input type="checkbox"/> Coordinate with first responders. <input type="checkbox"/> Act as Alternate Liaison. <input type="checkbox"/> Declare hazard is over. <input type="checkbox"/> <b>After an emergency:</b> Review procedures with emergency responders, staff, volunteers, and parents/guardians; revise if necessary.
Deputy Incident Commander	<input type="checkbox"/> Direct movement of staff and children to interior spaces with doors locked. <input type="checkbox"/> Count children; report to Incident Commander. <input type="checkbox"/> Count adults; report to Incident Commander. <input type="checkbox"/> Conduct roll call if necessary to identify any missing children and staff; report to Incident Commander. <input type="checkbox"/> Coordinate search for missing children and staff. <input type="checkbox"/> Direct staff to close and lock windows, roll down blinds. <input type="checkbox"/> Direct movement of staff and children back to playgrounds, classrooms, etc., when hazard is over. <input type="checkbox"/> Serve as Incident Commander as necessary.

## EMERGENCY PROCEDURE: LOCK DOWN (PAGE 2 OF 3)

<p>Public Information Officer</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Secure Ready-to-Go File.</li> <li><input type="checkbox"/> Determine message(s) for parents/guardians.</li> <li><input type="checkbox"/> Contact parents/guardians or supervise teachers/caregivers in contacting parents/guardians. <b>During drills you must clearly inform parents/guardians: “This is a drill.”</b></li> <li><input type="checkbox"/> Contact National Emergency Child Locator Center (1-866-908-9572) for missing parents/guardians.</li> <li><input type="checkbox"/> Release children to parents/guardians who provide photo ID.</li> <li><input type="checkbox"/> <b>After drills:</b> Notify parents/guardians of the completed drill.</li> <li><input type="checkbox"/> <b>After an emergency:</b> Assist with reviewing procedures with staff and parents/guardians.</li> <li><input type="checkbox"/> Serve as alternate Deputy Incident Commander.</li> </ul>
<p>Logistics Chief</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Secure Disaster Supplies Kits.</li> <li><input type="checkbox"/> Coordinate help for individuals with disabilities or those with access and functional needs.</li> <li><input type="checkbox"/> <b>During drills:</b> Check batteries.</li> <li><input type="checkbox"/> <b>During drills:</b> Check that door locks are in working order.</li> <li><input type="checkbox"/> <b>After drills:</b> Replace dead batteries and expired foods.</li> <li><input type="checkbox"/> <b>After drills:</b> Repair door locks as necessary.</li> <li><input type="checkbox"/> Serve as Alternate Public Information Officer.</li> </ul>
<p>Safety Officer</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Secure AED(s) if available.</li> <li><input type="checkbox"/> Check children and adults.</li> <li><input type="checkbox"/> Administer CPR as needed.</li> <li><input type="checkbox"/> Assist people with disabilities and those with functional and access needs.</li> <li><input type="checkbox"/> Assist with first aid as needed.</li> <li><input type="checkbox"/> Secure First Aid Kits.</li> <li><input type="checkbox"/> Check children and adults.</li> <li><input type="checkbox"/> Administer first aid as needed.</li> <li><input type="checkbox"/> Assist people with disabilities and those with functional and access needs.</li> <li><input type="checkbox"/> Assist with CPR as needed.</li> <li><input type="checkbox"/> <b>During drills and monthly:</b> Check expiration dates on medications.</li> <li><input type="checkbox"/> <b>After drills:</b> Replace all expired medications.</li> <li><input type="checkbox"/> <b>After an emergency:</b> Replace all used first aid supplies.</li> </ul>

## EMERGENCY PROCEDURE: LOCK DOWN (PAGE 3 OF 3)

<p>Each Teacher/Caregiver</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Before drills:</b> Explain that drill will be a practice.</li> <li><input type="checkbox"/> <b>During drills:</b> Remind children the drill is a practice.</li> <li><input type="checkbox"/> In case of gunfire: Command children to “Drop and cover!”</li> <li><input type="checkbox"/> Retrieve daily attendance roster.</li> <li><input type="checkbox"/> Guide children to interior spaces and lock doors.</li> <li><input type="checkbox"/> Calmly and continually supervise children in usual class or group.</li> <li><input type="checkbox"/> Secure special medical equipment for any children with medical needs.</li> <li><input type="checkbox"/> Place ID badges on children.</li> <li><input type="checkbox"/> Assist with contacting parents/guardians.</li> <li><input type="checkbox"/> Assist with releasing children.</li> <li><input type="checkbox"/> <b>After drills:</b> Praise children for participating in the drill; answer their questions in a reassuring way.</li> <li><input type="checkbox"/> <b>After an emergency:</b> Monitor children’s social/emotional wellbeing and provide support, assessments, and referrals as necessary.</li> </ul>
<p><b>After an emergency or drill, note any problems and corrective actions needed here.</b></p>	
<p>Date</p>	<p>Signature of Incident Commander</p>

# SAMPLE 4.g

## EMERGENCY PROCEDURE

### Off-Site Evacuation (PAGE 1 OF 4)

Before a drill, complete the following blanks.			
Date		Start Time	
Drill Leader		End Time	
Number of Participating Adults		Number of Participating Children	

During a drill, check each action as it is completed.	
WHO	ACTION
Incident Commander/ Leader	<input type="checkbox"/> Choose emergency procedure (off-site evacuation). <input type="checkbox"/> Choose evacuation location (nearby or distant). <input type="checkbox"/> Issue emergency warning with evacuation location. <input type="checkbox"/> Maintain hazard response (off-site evacuation) until hazard has clearly passed. <input type="checkbox"/> Coordinate with first responders. <input type="checkbox"/> Act as Alternate Liaison. <input type="checkbox"/> Declare hazard is over. <input type="checkbox"/> <b>After an emergency:</b> Review procedures with emergency responders, staff, volunteers, and parents/guardians; revise if necessary.

## EMERGENCY PROCEDURE: OFF-SITE EVACUATION (PAGE 2 OF 4)

<p>Deputy Incident Commander</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Direct movement of staff and children to evacuation vehicles.</li> <li><input type="checkbox"/> Direct movement of staff and children into off-site evacuation location.</li> <li><input type="checkbox"/> Count children; report to Incident Commander.</li> <li><input type="checkbox"/> Count adults; report to Incident Commander.</li> <li><input type="checkbox"/> Conduct roll call if necessary to identify any missing children and adults; report to Incident Commander.</li> <li><input type="checkbox"/> Coordinate search for missing children and staff.</li> <li><input type="checkbox"/> Release non-essential staff.</li> <li><input type="checkbox"/> Carry out weather radio.</li> <li><input type="checkbox"/> Confirm all drivers know off-site evacuation location.</li> <li><input type="checkbox"/> Confirm all children and adults in vehicles before departure.</li> <li><input type="checkbox"/> Direct departure of evacuation vehicles.</li> <li><input type="checkbox"/> Direct return of vehicles to facility for pick-up of more children and adults as necessary.</li> <li><input type="checkbox"/> Serve as Incident Commander as necessary.</li> </ul>
<p>Public Information Officer</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Secure Ready-to-Go File.</li> <li><input type="checkbox"/> Determine message(s) for parents/guardians.</li> <li><input type="checkbox"/> Post notice of evacuation location (nearby or distant) at entrance.</li> <li><input type="checkbox"/> Record child names for each vehicle.</li> <li><input type="checkbox"/> Record child names on sign-in sheet at evacuation site.</li> <li><input type="checkbox"/> Contact parents/guardians as quickly as possible.</li> <li><input type="checkbox"/> Contact parents/guardians or supervise teachers/caregivers in contacting parents/guardians. <b>During drills you must clearly inform parents/guardians: "This is a drill."</b></li> <li><input type="checkbox"/> Contact National Emergency Child Locator Center (1-866-908-9572) for missing parents/guardians.</li> <li><input type="checkbox"/> Release children to parents/guardians who provide photo ID.</li> <li><input type="checkbox"/> <b>After drills:</b> Notify parents of the completed drill.</li> <li><input type="checkbox"/> <b>After an emergency:</b> Assist with reviewing procedures with staff and parents/guardians.</li> <li><input type="checkbox"/> Serve as alternate Deputy Incident Commander.</li> </ul>

## EMERGENCY PROCEDURE: OFF-SITE EVACUATION (PAGE 3 OF 4)

<p>Logistics Chief</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Secure Disaster Supplies Kits.</li> <li><input type="checkbox"/> Load Disaster Supplies Kit in each vehicle.</li> <li><input type="checkbox"/> Coordinate help for individuals with disabilities or those with access and functional needs.</li> <li><input type="checkbox"/> <b>During drills:</b> Check batteries.</li> <li><input type="checkbox"/> <b>During drills:</b> Check that door locks are in working order.</li> <li><input type="checkbox"/> <b>After drills:</b> Replace dead batteries and expired foods.</li> <li><input type="checkbox"/> <b>After drills:</b> Repair door locks as necessary.</li> <li><input type="checkbox"/> Serve as Alternate Public Information Officer.</li> </ul>
<p>Safety Officer</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Secure AED(s) if available.</li> <li><input type="checkbox"/> Check children and adults.</li> <li><input type="checkbox"/> Administer CPR as needed.</li> <li><input type="checkbox"/> Assist people with disabilities and those with functional and access needs.</li> <li><input type="checkbox"/> Assist with first aid as needed.</li> <li><input type="checkbox"/> Secure First Aid Kits.</li> <li><input type="checkbox"/> Check children and adults.</li> <li><input type="checkbox"/> Administer first aid as needed.</li> <li><input type="checkbox"/> Assist people with disabilities and those with functional and access needs.</li> <li><input type="checkbox"/> Assist with CPR as needed.</li> <li><input type="checkbox"/> <b>During drills and monthly:</b> Check expiration dates on medications.</li> <li><input type="checkbox"/> <b>After drills:</b> Replace all expired medications.</li> <li><input type="checkbox"/> <b>After an emergency:</b> Replace all used first aid supplies.</li> </ul>

## EMERGENCY PROCEDURE: OFF-SITE EVACUATION (PAGE 4 OF 4)

<p>Each Teacher/Caregiver</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Before drills:</b> Explain that drill will be a practice.</li> <li><input type="checkbox"/> <b>During drills:</b> Remind children the drill is a practice.</li> <li><input type="checkbox"/> Retrieve daily attendance roster.</li> <li><input type="checkbox"/> Guide children to evacuation vehicles.</li> <li><input type="checkbox"/> Calmly and continually supervise children in usual class or group.</li> <li><input type="checkbox"/> Secure special medical equipment for any children with medical needs.</li> <li><input type="checkbox"/> Place ID badges on children.</li> <li><input type="checkbox"/> Serve as evacuation drivers as designated.</li> <li><input type="checkbox"/> Continue supervising children at evacuation location.</li> <li><input type="checkbox"/> Assist with contacting parents/guardians.</li> <li><input type="checkbox"/> Assist with releasing children.</li> <li><input type="checkbox"/> <b>After drills:</b> Praise children for participating in the drill; answer their questions in a reassuring way.</li> <li><input type="checkbox"/> <b>After an emergency:</b> Monitor children's social/emotional wellbeing.</li> </ul>
<p>Each Driver</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Locate and carry out First Aid Kit for vehicle.</li> <li><input type="checkbox"/> Locate and assist special-needs children and adults for vehicle.</li> <li><input type="checkbox"/> Drive designated evacuation vehicle to evacuation location.</li> </ul>
<p><b>After an emergency or drill, note any problems and corrective actions needed here.</b></p>	
<p>Date</p>	<p>Signature of Incident Commander</p>

# #4 BEST PRACTICE FOUR: CHECKLIST

## Emergency Procedures

» This checklist corresponds with Worksheets 21 and 22, and Samples 4.a–4.g

Date	
Facility Name (not administrative agency)	
Facility License Number (if applicable)	

TARGET DATE	COMPLETE	TASK
	<input type="checkbox"/>	Identify the Emergency Team (with alternate members). <input type="checkbox"/> For each shift that the facility is open, assign two employees to get certified in First Aid and CPR. <input type="checkbox"/> File copies of certification in employee personnel files.
	<input type="checkbox"/>	Create an Emergency Warning System. <input type="checkbox"/> Clearly mark shelter-in-place locations on posted site plan and floor plans.
	<input type="checkbox"/>	Designate evacuation drivers.
	<input type="checkbox"/>	Clearly mark outside evacuation locations on posted site plan and floor plans.
	<input type="checkbox"/>	Post lock down procedures in shelter-in-place locations.
	<input type="checkbox"/>	Obtain signed letters of agreement from hosts of nearby and distant evacuation sites.
	<input type="checkbox"/>	Store maps, with nearby and distant evacuation sites clearly marked, in every vehicle: <input type="checkbox"/> Every facility vehicle <input type="checkbox"/> Every employee vehicle

## CHECKLIST: BEST PRACTICE FOUR (PAGE 2 OF 2)

TARGET DATE	COMPLETE	TASK
	<input type="checkbox"/>	Complete drill procedure documents, with details appropriate for the facility, for each type of emergency and duplicate for use in periodic drills: <ul style="list-style-type: none"> <li><input type="checkbox"/> Fire</li> <li><input type="checkbox"/> Tornado/Severe Winds</li> <li><input type="checkbox"/> Earthquake</li> <li><input type="checkbox"/> Flash Flood</li> <li><input type="checkbox"/> Hazardous Materials</li> <li><input type="checkbox"/> Lock Down</li> <li><input type="checkbox"/> Off-Site Evacuation</li> </ul>
	<input type="checkbox"/>	Other: _____
<b>Date and sign this checklist to document that you have completed or reviewed these actions.</b>		
Print first and last name clearly.		
Date	Signature	

# WORKSHEET 23

## DESIGNATE EVACUATION VEHICLES

What vehicles will you use in an off-site evacuation?	
_____	_____
_____	_____
_____	_____
Who will drive?	
_____	_____
_____	_____
_____	_____
Do you have enough capacity in the vehicles for every child and adult with disabilities or those with functional and access needs? What about individuals in wheelchairs? Rolling beds? What about children with oxygen tanks or feeding tubes?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, what will you do to make sure you will be able to transport everyone in an emergency?	<input type="checkbox"/> Call for volunteers who may be nearby to help drive. <input type="checkbox"/> _____ <input type="checkbox"/> _____
Note provisions your program must make for children or adults with additional needs.	
Date and sign this worksheet to document that you have completed or reviewed these actions.	
Date	Signature

# #5 BEST PRACTICE FIVE: CHECKLIST

## Equipment and Supplies

» This checklist corresponds with **Worksheet 23**

Date	
Facility Name (not administrative agency)	
Facility License Number (if applicable)	

TARGET DATE	COMPLETE	TASK
	<input type="checkbox"/>	Facility has a working landline telephone.
	<input type="checkbox"/>	Facility has at least one alternative telephone or communications device (cellular telephone or ham radio).
	<input type="checkbox"/>	Facility has a working, battery-operated NOAA Weather Radio with extra batteries <b>[and/or a smart phone with an emergency weather news application]</b> in each building.
	<input type="checkbox"/>	Facility has a working, battery- or crank-operated flashlight, stored with extra batteries, on each floor of each building.
	<input type="checkbox"/>	A wrench or pliers, as needed, is stored at each utility shut-off location.
	<input type="checkbox"/>	Facility has a First Aid Kit, in a clearly marked closed container, on each floor of each building.
	<input type="checkbox"/>	Facility has a First Aid Kit in easy reach from each outdoor play area.
	<input type="checkbox"/>	Parents are requested to provide at least a 72-hour supply of any essential medications, a change of clothing, and a blanket for use during emergencies. <input type="checkbox"/> This requirement is in the facility's handbook for parents.
	<input type="checkbox"/>	Employees are responsible for carrying at least a 72-hour supply of any essential medications for themselves for use during emergencies. <input type="checkbox"/> This requirement is in the facility's handbook for employees.
	<input type="checkbox"/>	Evacuation vehicles are identified.

## CHECKLIST: BEST PRACTICE FIVE (PAGE 2 OF 2)

TARGET DATE	COMPLETE	TASK
	<input type="checkbox"/>	Facility has a Disaster Supplies Kit stored in each shelter-in-place location in the facility.
	<input type="checkbox"/>	Facility has a Disaster Supplies Kit, labeled with a tag such as "Blue Van," (or similar identifying language) stored near an exit, for each evacuation vehicle.
	<input type="checkbox"/>	Disaster Supplies Kits are in easy-to-carry containers such as backpacks or wheeled suitcases so adults' hands and arms are free during evacuations.
	<input type="checkbox"/>	Other: _____
	<input type="checkbox"/>	Other: _____
	<input type="checkbox"/>	Other: _____
<b>Date and sign this checklist to document that you have completed or reviewed these actions.</b>		
Print first and last name clearly.		
Date	Signature	

# WORKSHEET 24

## SCHEDULE DRILLS

- Schedule an equal number of drills during each shift that the facility is open (morning, afternoon, and overnight).
- Schedule one drill when the Incident Commander will be absent.
- Hold a surprise drill during a licensing visit.
- Schedule three drills based on local risks.
- Complete your facility's usual staff sign-in sheet at each drill; file with emergency plan documents.

Work with your Deputy Incident Commander to review your program calendar and complete the following.

Schedule each of the following drills. *(Use the last three rows for drills for local hazards.)*

PROCEDURE	MONTH / DATE	TIME OR SHIFT
Fire		
Lock Down		
Fire		
Airborne Hazard		
Lock Down		
Fire		
Off-Site Evacuation		
Fire		
Severe Weather		

WORKSHEET 24 (PAGE 2 OF 2)

Date and sign this worksheet to document that you have completed or reviewed these actions.	
Date	Signature

# #6 BEST PRACTICE SIX: CHECKLIST

## Drills

» This checklist corresponds with **Worksheet 24**

Date	
Facility Name (not administrative agency)	
Facility License Number (if applicable)	

TARGET DATE	COMPLETE	TASK
	<input type="checkbox"/>	Test each emergency procedure in this manual with your Emergency Team: <ul style="list-style-type: none"> <li><input type="checkbox"/> Fire</li> <li><input type="checkbox"/> Tornado/Severe Winds</li> <li><input type="checkbox"/> Earthquake</li> <li><input type="checkbox"/> Flash Flood</li> <li><input type="checkbox"/> Airborne Hazard</li> <li><input type="checkbox"/> Lock Down</li> <li><input type="checkbox"/> Off-site Evacuation</li> </ul>
	<input type="checkbox"/>	Review and revise your Emergency Plan (locations of shelters, evacuation routes, evacuation locations, etc., as necessary but at least once a year).
	<input type="checkbox"/>	Test each emergency procedure in this manual with your Emergency Team and a group of selected teachers/caregivers and children: <ul style="list-style-type: none"> <li><input type="checkbox"/> Fire</li> <li><input type="checkbox"/> Tornado/Severe Winds</li> <li><input type="checkbox"/> Earthquake</li> <li><input type="checkbox"/> Flash Flood</li> <li><input type="checkbox"/> Airborne Hazard</li> <li><input type="checkbox"/> Lock Down</li> <li><input type="checkbox"/> Off-site Evacuation</li> </ul>
	<input type="checkbox"/>	Review and revise your Emergency Plan (locations of shelters, evacuation routes, evacuation locations, etc., as necessary but at least once a year).

## CHECKLIST: BEST PRACTICE SIX (PAGE 2 OF 2)

TARGET DATE	COMPLETE	TASK
	<input type="checkbox"/>	Reproduce or revise each emergency procedure as necessary to match your Emergency Plan: <ul style="list-style-type: none"> <li><input type="checkbox"/> Fire</li> <li><input type="checkbox"/> Tornado/Severe Winds</li> <li><input type="checkbox"/> Earthquake</li> <li><input type="checkbox"/> Flash Flood</li> <li><input type="checkbox"/> Airborne Hazard</li> <li><input type="checkbox"/> Lock Down</li> <li><input type="checkbox"/> Off-site Evacuation</li> </ul>
	<input type="checkbox"/>	Make copies of each emergency procedure for use during the first program-wide drill of each procedure.
	<input type="checkbox"/>	Complete a year-round schedule of drills and incorporate dates into calendars for staff and parents/guardians.
	<input type="checkbox"/>	Other: _____
	<input type="checkbox"/>	Other: _____
	<input type="checkbox"/>	Other: _____
<b>Date and sign this checklist to document that you have completed or reviewed these actions.</b>		
Print first and last name clearly.		
Date	Signature	

## WORKSHEET 25

### CONSIDER INDIVIDUALS WITH DISABILITIES OR ACCESS AND FUNCTIONAL NEEDS

What children or adults in your program have disabilities or access and functional needs that would require special attention during a drill, an actual evacuation, or an actual shelter-in-place or lock down emergency?  
(Use *first names only*.)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Which teachers/caregivers will you assign to assist these individuals during an emergency? As their drivers?

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**WORKSHEET 25 (PAGE 2 OF 2)**

**What other special arrangements should you make in advance? *Check all that apply.***

- Wheelchair access for off-site evacuation and shelter-in-place locations
- A power source in the shelter locations for medical equipment such as an oxygen tank
- An ice chest for transporting medications that require refrigeration and ice
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_

**Date and sign this worksheet to document that you have completed or reviewed these actions.**

Date	Signature
------	-----------

# #7 BEST PRACTICE SEVEN: CHECKLIST

## Include Children and Adults with All Levels of Abilities in Your Plans

» This checklist corresponds with **Worksheet 24**

Date	
Facility Name (not administrative agency)	
Facility License Number (if applicable)	

TARGET DATE	COMPLETE	TASK
	<input type="checkbox"/>	Provide for individuals with disabilities and/or functional and access needs in your Emergency Plan: <ul style="list-style-type: none"> <li><input type="checkbox"/> Include the number of children and adults with disabilities and/or functional and access needs.</li> <li><input type="checkbox"/> Designate off-site evacuation locations that are wheelchair-accessible.</li> <li><input type="checkbox"/> Designate shelter-in-place locations that are wheelchair-accessible.</li> </ul>
	<input type="checkbox"/>	Include the following information on your Child/Staff Roster: <ul style="list-style-type: none"> <li><input type="checkbox"/> Allergies: _____</li> <li><input type="checkbox"/> Medications: _____</li> <li><input type="checkbox"/> Special Care Needs: _____</li> <li><input type="checkbox"/> Emergency Transport Vehicle: _____</li> </ul>
	<input type="checkbox"/>	Include the same information on child and staff ID badges: <ul style="list-style-type: none"> <li><input type="checkbox"/> Allergies: _____</li> <li><input type="checkbox"/> Medications: _____</li> <li><input type="checkbox"/> Special Care Needs: _____</li> <li><input type="checkbox"/> Emergency Transport Vehicle: _____</li> </ul>
	<input type="checkbox"/>	Store duplicate child and staff ID badges in an off-site location.
	<input type="checkbox"/>	Require parents to provide at least a 72-hour supply of any essential medications for children for use during emergencies.

## CHECKLIST: BEST PRACTICE SEVEN (PAGE 2 OF 2)

TARGET DATE	COMPLETE	TASK
	<input type="checkbox"/>	Designate an Assistant Incident Commander/Emergency Coordinator with specific responsibilities for children and adults with disabilities and/or functional and access needs.
	<input type="checkbox"/>	Involve children and adults with disabilities and/or functional and access needs in regular drills.
	<input type="checkbox"/>	Other: _____
	<input type="checkbox"/>	Other: _____
<p><b>Date and sign this checklist to document that you have completed or reviewed these actions.</b></p>		
Print first and last name clearly.		
Date		Signature

# WORKSHEET 26

## STORE DATA OFF SITE

Identify an off site location for storage of back-up copies of crucial emergency information and vital program records.	<input type="checkbox"/> Bank safe deposit box located at least 50 miles from your facility <input type="checkbox"/> Storage unit located at least 50 miles from your facility <input type="checkbox"/> Other: _____
Select an electronic back-up for additional security. <i>Check all that apply.</i>	<input type="checkbox"/> A web-based server <input type="checkbox"/> A portable computer drive <input type="checkbox"/> Other: _____
Identify the vital program records that should be stored off site. <i>Check all that apply.</i>	<input type="checkbox"/> Mortgage documents <input type="checkbox"/> Deeds <input type="checkbox"/> Insurance policies <input type="checkbox"/> Bank account files <input type="checkbox"/> Lease agreements <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____

# WORKSHEET 27

## CONSIDERATIONS FOR A DISASTER SAVINGS PLAN

<p>What if major disaster structural damage forced you to close your program for several months? <i>Check all that apply.</i></p>	<ul style="list-style-type: none"><li><input type="checkbox"/> Our commercial property or homeowner insurance would cover repairs to the facility.</li><li><input type="checkbox"/> Our insurance would cover payroll and other operating costs as well as repairs to the facility.</li><li><input type="checkbox"/> We would not be able to repair the building.</li><li><input type="checkbox"/> We would not be able to continue paying our staff.</li><li><input type="checkbox"/> Other: _____</li></ul>
<p>Whom could you consult for advice on a disaster savings plan? <i>Check all that apply.</i></p>	<ul style="list-style-type: none"><li><input type="checkbox"/> Our program or company accountant</li><li><input type="checkbox"/> Our program or company banker</li><li><input type="checkbox"/> Our volunteer board of directors</li><li><input type="checkbox"/> A parent who has financial expertise</li><li><input type="checkbox"/> Our insurance carrier</li><li><input type="checkbox"/> Other: _____</li><li><input type="checkbox"/> Other: _____</li></ul>
<p>What is your next step in planning financial protection for your program?</p>	

# # 8 BEST PRACTICE EIGHT: CHECKLIST

## Business Continuity

» This checklist corresponds with Worksheets 26 and 27

Date	
Facility Name (not administrative agency)	
Facility License Number (if applicable)	

TARGET DATE	COMPLETE	TASK
	<input type="checkbox"/>	Obtain one or two waterproof, fireproof, portable containers to use as Ready-to-Go Files.
	<input type="checkbox"/>	Keep one Ready-to-Go File in your facility's central office.
	<input type="checkbox"/>	<p>Update the following records monthly and store paper copies in the Ready-to-Go File:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Child/staff roster</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"/> Vehicle insurance records</li> <li><input type="checkbox"/> Vehicle registration records</li> <li><input type="checkbox"/> Back up essential records</li> <li><input type="checkbox"/> Store essential records in a location at least 50 miles from your facility, replacing records every three months:               <ul style="list-style-type: none"> <li><input type="checkbox"/> Physical Address: _____ _____</li> <li><input type="checkbox"/> Contact Tel.: _____</li> </ul> </li> <li><input type="checkbox"/> Upload copies of all essential records to an off-site web-based server; replacing all records every month:               <ul style="list-style-type: none"> <li><input type="checkbox"/> URL: _____</li> <li><input type="checkbox"/> User Name: _____</li> </ul> </li> </ul>

## CHECKLIST: BEST PRACTICE EIGHT (PAGE 2 OF 2)

TARGET DATE	COMPLETE	TASK
	<input type="checkbox"/>	Meet with your facility's banker to discuss a savings plan for business continuity.
	<input type="checkbox"/>	Meet with your facility's insurance agent to discuss insurance needs for business continuity.
	<input type="checkbox"/>	Other: _____
	<input type="checkbox"/>	Other: _____
<b>Date and sign this checklist to document that you have completed or reviewed these actions.</b>		
Print first and last name clearly.		
Date	Signature	

# WORKSHEET 28

## SCHEDULE TRAINING SESSIONS

Work with the Deputy Incident Commander to set dates for the following training sessions.	
DATE(S)	SESSION
	<input type="checkbox"/> Annual Emergency Plan Orientation (for employees and volunteers)
	<input type="checkbox"/> Annual Emergency Plan Orientation (for parents/guardians)
	<input type="checkbox"/> FEMA IS-36 <i>Multihazard Planning for Childcare</i> (for employees and volunteers)
	<input type="checkbox"/> Protect Your Family (for employees, volunteers, and parents/guardians)
	<input type="checkbox"/> First Aid (for selected employees): _____ _____ _____ _____
	<input type="checkbox"/> CPR certification (for selected employees): _____ _____ _____ _____
Review other resources for ideas and topics for staff training sessions (see “Resources” in participant manual). Note ideas and topics here.	

# NOTES





Save the Children  
U.S. Programs  
2000 L Street NW, Suite 500  
Washington, DC 20036



[www.savethechildren.org/USCenter](http://www.savethechildren.org/USCenter)