



Child Care Agency Emergency Preparedness Plan Template

In consultation with local authorities and local emergency management, child care agencies shall develop a written multi-hazard plan to protect children in the event of emergencies as required by T.C.A. § 71-3-517. This template is intended as a guide to ensure basic requirements of a proper emergency preparedness plan are addressed. The typical plan may include more detail.

CHILD CARE AGENCY INFORMATION – (Please Print)

Agency Name:

Street Address:

City:

State:

Zip Code:

Primary Agency Contact

Primary Contact Phone

Primary Contact Email

() -

Alternate Agency Contact

Alternate Contact Phone

Alternate Contact Email

() -

GENERAL

The following emergency numbers are readily available to staff and located at *each* agency phone location:

Fire Department	
Police Department	
Sheriff's Office	
Ambulance/Fire Squad	
Poison Control Center	
911 or local equivalent	
Local Emergency Management	
DCS Child Abuse Hotline	(877) 237-0004
DHS Child Care Complaint Hotline	(800) 462-8261

If necessary, **following an evacuation we will relocate** to:

Relocation Site Name:

Relocation Site Address/Location:

Phone Number to call at Relocation Site:

In the event of an emergency, **designated relocation and evacuation routes are posted** in the following places:

In the event of an emergency, our **procedure for parent notification** is:

Unless otherwise specified, following an emergency our **reunification plan for children with families** is:

If we are instructed by emergency personnel to relocate to a temporary shelter, our **transportation plan** is:

Potential risk(s) specific to our location include:

Provisions for a range of possible events that the Emergency Preparedness Plan must include, but are not limited to:

FIRES

Our fire alarm signal is:

Our all-clear signal is:

If necessary, the person(s) **who will shut off utilities** using clearly written instructions posted at *each* utility control or shut off point will be:

Primary:	Alternate:
----------	------------

There are two (2) evacuation routes from every room and the routes are posted in each room. To ensure that all children are safely evacuated and accounted for, **our evacuation procedure** is:

If required, the **temporary shelter** is located at:

Name of Shelter:
Address/Location of Shelter:

Following an evacuation, the **check-in station** where parents may pick-up their children is located at:

We have informed and trained staff on the location and use of fire extinguishers. The frequency at which all **fire extinguishers are regularly** inspected is:

--

The frequency at which **all smoke detectors and/or fire alarms are regularly** inspected is:

--

TORNADOS/SEVERE WEATHER

We receive warnings of severe weather using:

--

The designated **safe gathering location inside the building** is:

Staff are trained to move children from outdoors to indoors immediately. **To alert staff** without alarming children, we:

Severe weather procedures are posted at the following locations:

EARTHQUAKES

Children and staff know how to crouch, protect to their heads and necks, and hold on. If inside, everyone should shelter under tables and cover their heads. If outdoors, everyone should stay outdoors and avoid trees, fences, power poles/lines, and other potential falling debris.

After an earthquake, our plan is:

CHEMICAL SPILLS & HAZARDOUS MATERIALS

To receive notifications of hazardous materials incidents, we:

In the event of a hazardous materials incident, our **response plan** is:

Our **plan to ensure all children are in a safe place** is:

If necessary, the **person(s) who will shut off the HVAC** using clearly written instructions posted at the HVAC control will be:

Primary:	Alternate:
----------	------------

FLOODS

To determine if our facility is in a flood plain, we have contacted:

--

To **receive flood warnings**, we have:

To alert staff without alarming children, **our response plan** is:

We have a supply of water in the event water service is interrupted. When evacuating, the precautions we will take include:

If necessary, the person(s) **who will shut off utilities** using clearly written instructions posted at *each* utility control or shut off point will be:

Primary:	Alternate:
----------	------------

LAW ENFORCEMENT EMERGENCIES

In the event of any law enforcement emergency, **children will be moved to the safest location in our facility.** We will immediately contact:

To avoid alarming children, the code we have established for law enforcement emergencies is:

--

BOMB THREATS

All staff understands that only law enforcement personnel should check the building for bombs. In the event of a bomb threat, our procedure is:

To **alert staff without alarming children to evacuate** the facility, we:

--

If it is safe to evacuate the building, we will notify parents after gathering at the following safe place:

INDIVIDUAL PLANS ACCOMMODATING CHILDREN WITH SPECIAL NEEDS

(attach additional pages/details as necessary)

All **staff are trained annually** on this Emergency Preparedness Plan. This Emergency Preparedness Plan is **reviewed monthly**. Review and training documentation is located at:

--

Fire drills are conducted every month. (If applicable, alternate monthly drills are conducted to cover each shift.) A drill *other than fire* is conducted once every six (6) months. Practice drills are conducted to simulate (as closely as practicable) conditions of a real emergency. Documentation of drills is located at:

--

Our plan to safeguard records is:

Parents/Guardians for all children have been informed of this Emergency Preparedness Plan. In developing this plan, we have consulted with:

This Emergency Plan was adopted by our agency on and will be reviewed one (1) year from:	Date:
Owner/Director Name Signature:	

EPP RESOURCE – EMERGENCY PREPAREDNESS PLAN TRAINING & REVIEW LOG

Month	Date of Monthly Review by Owner/Director	Date of Annual Staff Review	Date(s) of Additional Staff Training	Training Description	Conduct/Coordinated By:
January					
February					
March					
April					
May					
June					
July					
August					
September					
October					
November					
December					
Agency Notes					

EPP RESOURCE – FIRE DRILL LOG

Month	Fire Drill Date/Time	Conducted By: <i>(Initial)</i>	Fire Alarm Test Date/Time	Conducted By: <i>(Initial)</i>	Smoke Detector Test Date/Time	Conducted By: <i>(Initial)</i>	Fire Extinguisher Inspection Date/Time	Conducted By: <i>(Initial)</i>
January								
February								
March								
April								
May								
June								
July								
August								
September								
October								
November								
December								
Agency Notes								

EPP RESOURCE – ALL OTHER DRILLS LOG

Month	Tornado Drill Date/Time	Flood Drill Date/Time	Hazardous Material Drill Date/Time	Law Enforcement Drill Date/Time	Earthquake Drill Date/Time	Bomb Threat Drill Date/Time	Other Drill Date/Time	Conducted By: <i>(Initial)</i>
January								
February								
March								
April								
May								
June								
July								
August								
September								
October								
November								
December								
Agency Notes								

EPP RESOURCE – MEDICATION LOG

Instructions: Use this log to record children taking prescription medications. During an emergency situation, provide this list to emergency personnel or first responders to ensure prescription medicines are made available.

Simply note an end date for children no longer prescribed medicines in the log. It is recommended to update this with each enrollment and at minimum during your month review of this Emergency Preparedness Plan. Print as many as may be necessary.

Child Name	DOB	Medication Name	Dosage	Medication Expiration Date	Frequency Administered	Date Medicine Started	Date Medicine Ended

EPP RESOURCE – PARENT/GUARDIAN EMERGENCY CONTACT INFORMATION

Instructions: Record the contact information of parents/guardians of all children for use in emergency situations. It is recommended to update this with each enrollment and at minimum during your monthly review of this Emergency Preparedness Plan. Print as many as necessary.

Child Name	Parent/Caregiver	Phone Number	Emergency Contact	Phone Number