



Protecting Children in Child Care During Emergencies

Recommended State and National Regulatory and Accreditation Standards for Family Child Care Homes and Child Care Centers and Supporting Rationale

Developed by the National Association of Child Care Resource & Referral Agencies and Save the Children, Domestic Emergencies Unit



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About NACCRRRA

NACCRRRA, the National Association of Child Care Resource & Referral Agencies, is our nation's leading voice for child care. We work with more than 700 state and local Child Care Resource & Referral agencies to ensure that families in every local community have access to quality, affordable child care. To achieve our mission we lead projects that increase the quality and availability of child care, offer comprehensive training to child care professionals, undertake groundbreaking research, and advocate for child care policies that positively impact the lives of children and families. To learn more about NACCRRRA and how you can join us in ensuring access to quality child care for all families, visit www.naccrra.org.

About Save the Children

Save the Children is the leading independent organization creating lasting change in the lives of children in need in the United States and around the world. Recognized for our commitment to accountability, innovation and collaboration, our work takes us into the heart of communities, where we help children and families help themselves. We work with other organizations, governments, non-profits and a variety of local partners while maintaining our own independence without political agenda or religious orientation.

When disaster strikes around the world, Save the Children is there to save lives with food, medical care and education and remains to help communities rebuild through long-term recovery programs. As quickly and as effectively as Save the Children responds to tsunamis and civil conflict, it works to resolve the ongoing struggles children face every day – poverty, hunger, illiteracy and disease – and replaces them with hope for the future.

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Acknowledgements

This guide is designed to help local and state licensing organizations and child care accrediting agencies establish emergency response standards for child care programs. The guide was developed by NACCRRRA with extensive input from the staff of the Save the Children, Domestic Emergencies Unit. Linda Smith, Executive Director of NACCRRRA, Paula Davis, and Sheleen Dumas provided oversight of the project. Jeanne-Aimee De Marrais, Director of the Domestic Emergencies Unit, served as the principal contact from Save the Children. Beverly Schmalzried developed the standards, rationale and final document. The document was designed by Patricia Sadiq and edited by Theresa Klisz.

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Executive Summary

Disasters and emergencies can strike at any moment¹. During the last decade the United States has experienced an unprecedented number of emergencies. Natural, technological or man-made disasters and other emergencies that may occur are likely to continue into this decade unabated. When emergencies occur, those most vulnerable are our youngest citizens, children under 5 years of age. Increasingly, children of this age are separated from their parents during the hours when emergencies may occur because they are in child care settings.

Regardless of whether they are licensed or unlicensed, large or small, center-based or a family child care home, when a local, state or national emergency occurs a child care program may be impacted. Children as well as those caring for them may be separated from their families, injured or killed. Child care programs are particularly vulnerable to disasters because of the age of children enrolled. Most of the children in child care programs are between 6 weeks and 5 years of age. Children at this age are not able to protect themselves from harm.

Child care is a fact of life for most American families with preschool and primary-age children today. Nearly two thirds of children under the age of 6 – or 12.7 million children – are routinely cared for by someone other than their working parent each day (U.S. Census Bureau, 2005). On average, during a normal work week, young children spend more than 36 hours a week in child care. Parents and employers depend on child care programs to protect the health, safety and well-being of children when employees are at work. Communities depend on child care so emergency personnel will be available to protect residents during emergencies.

In 2008 Save the Children commissioned a study to determine if all states were taking the necessary steps to ensure that the thousands of child care facilities

in the United States are prepared to respond to the needs of children in the event of emergencies such as tornados, earthquakes or industrial accidents (Save the Children, 2008). The study found that many state child care regulations fall short when it comes to protecting children in child care in times of disaster. As a result, Save the Children recommended that national disaster preparedness standards be established for child care programs.

In 2010 the National Association of Child Care Resource & Referral Agencies and Save the Children began developing detailed, model child care preparedness standards to operationalize Save the Children's policy recommendations for child care emergency preparedness and to encourage states to incorporate needed changes into their state child care center and family child care regulations. The standards provide specific guidance for state-level planners and policymakers. Separate lists of standards were developed for child care centers and family child care homes since many states have separate child care regulations for these two types of child care facilities. In addition to eight major standards for each type of child care program, sub-standards and supporting rationale were developed.

The eight major standards recommend states require child care centers and family child care providers to:

1. Develop and maintain a written emergency plan that includes policies and procedures to help ensure children's safety and protection.
2. Maintain the information needed to protect children's and staff's health and safety during emergencies.

¹ For the purposes of this document, the use of the term "emergencies" is intended to include disasters (natural, technological and/or man-made) and other emergencies that may occur.

3. Develop and implement plans and procedures and backup plans and procedures for communicating with families before, during and after emergencies and for reuniting children with their families.
4. Be prepared to evacuate the child care facility or family child care home, take shelter-in-place, or lock down the facility or home.
5. Have and maintain the equipment, supplies and materials needed to care for children and staff during emergencies, evacuate children and staff, and communicate with parents, staff members and community agencies during an emergency.
6. Prepare and train staff members, assistants, substitutes and volunteers and, in family child care homes, family members, to protect children's health and safety during an emergency.
7. Protect the health and safety of children and adults with special needs and chronic medical conditions during an emergency.
8. Take the actions needed to protect program information and assets to help ensure the child care program can continue to provide child care after an emergency.

In addition to providing guidance for the development of state regulations, the standards also provide information that may be useful in developing Quality Rating and Improvement Systems (QRIS) and child care accreditation standards, as well as in formulating and implementing training and technical assistance for child care administrators and caregivers and family child care providers on emergency preparation.

There are more than 300,000 licensed child care facilities in the United States (NCCIC/NARA, 2009) including 110,000 child care centers, 147,000 small family child care homes, 50,000 large family child care homes and 18,000 other types of child care facilities. In addition, there are thousands of child care programs which are not licensed by the states because they are administered by religious organizations, the military services, or government organizations or are not required to be licensed because of the limited number of children in care or hours they operate including informal arrangements where a friend, relative or neighbor of the parent or parents provides child care. When an emergency occurs or a disaster strikes during the hours when children are in care, the children are totally dependent on the program to protect them from harm.

This document is designed to help those in child care leadership positions take the steps necessary to ensure the child care community is prepared for the many types of emergencies — natural, technological and man-made — that occur each year in the United States. These steps include reviewing and revising state child care regulations and providing the training and technical assistance child care providers need to be prepared for emergencies. Both the National Association of Child Care Resource & Referral Agencies and Save the Children are committed to working alongside the states and federal and community agencies to provide the support child care programs and providers need to protect this nation's most vulnerable residents, children, when emergencies strike.



Model Standards

Separate lists of standards are provided for child care centers and family child care homes since many states have separate child care regulations for these two types of child care facilities.

Child Care Center Standards

Standard One: The child care center shall develop and maintain a written emergency plan that includes policies and procedures to help ensure children’s safety and protection.



C-1.1. The plan must address the program’s response to natural, technological or man-made disasters and other emergencies that may occur in the area. In the event of an emergency, the center must be prepared to respond as directed by the local emergency officials. The plan shall address what the center will do if there is an emergency and parents are not able to get to their children for up to 72 hours.

C-1.2. In areas where local emergency plans are in place, such as a school district emergency plan, centers may build on these procedures and actions in developing their own plans. However, to ensure coordination with a local entity named in their plan, the center should develop a Letter of Agreement specifying the details for the coordination during emergencies. All plans must be in alignment with and should coordinate with local emergency management plans.

C-1.3. The child care center must alert fire, police and rescue officials in their jurisdiction that they care for children at that site and inform them of hours of operation. This will help ensure that the center is prioritized should an emergency occur. NOTE: This is particularly important if

the child care program is located at a multi-use site when other programs are not in session (for example, if the child care center sublets space from a school district during before-school, after-school or summer hours). While fire, police and rescue officials will coordinate and prioritize emergency plans with the school officials, they may not even be aware that children are present at that site during non-school hours. Centers should not assume that because the site where they are operating has an emergency plan that the program is automatically included.

- C-1.4. The plan must be:
- a. All-hazard.
 - b. Specific to the child care center.
 - c. Relevant to natural, technological and man-made disasters that may occur in the location of the child care center.
 - d. Able to be implemented during the hours of operation of the center.

- e. Coordinated with state licensing and emergency officials. Read, reviewed, exercised and signed by the director, staff members, regular volunteers and parents at least every six months.

C-1.5. The plan must include:

- a. The address and major crossroads for the location of the center.
- b. A sketch showing the safest way to exit each room in the center, a secondary exit, the prearranged location for meeting outside the facility, the location of emergency “ready-to-go” kits, fire extinguisher(s), smoke detectors and first-aid kit(s) and the safest area(s) in the building for responding to emergencies that require shelter-in-place or lockdown actions.
- c. The procedures for responding to each type of emergency likely in the area.
- d. The temporary relocation site(s) near the facility, in the neighborhood or area and outside the immediate area. The center must have a plan for gaining entrance to sites which will be used for temporary relocation and must provide proof of coordination with those sites including a Letter of Agreement, address, and contact phone number for the alternate site(s).
- e. It must include contact information and multiple ways to reach the alternate site(s) clearly specifying a transportation plan for all children and staff, including those with special needs.
- f. With guidance from the local utility company, procedures for shutting off the utilities including the locations for utility shut-off for gas, electric, and water and the phone numbers of the utility companies.
- g. The procedure for and person(s) responsible for securing essential documents (attendance records, emergency contact forms, etc.) and special health care supplies to be carried off site on immediate notice (including an alternate if the primary individual is not on site or unable to fulfill the responsibility).

- h. The methods for internal and external communication during an emergency including multiple ways to contact parents, staff and volunteers, as well as multiple ways for parents to contact the child care facility.

- i. Specific provisions for accommodating all children, staff and volunteers with special needs during emergency actions (including evacuations, sheltering-in-place and lockdowns).

C-1.6. The plan must identify:

- a. Roles and responsible person(s) as well as one or more back-up person(s) for each part of the plan (e.g., director, assistant director, lead teacher, etc.)
- b. The procedures for accounting for all children, staff and volunteers during an emergency including the procedures to be followed if a child or adult is missing or cannot be accounted for.
- c. The procedures for ensuring adequate supervision of children during emergency situations, including while at an emergency relocation site. The plan should also include provisions to enable some non-essential staff to leave to care for their own families. Critical employees must be identified and a system for rotating relief or leave should be developed.
- d. The route, plan and methods for transporting children to a relocation site away from the facility, including vehicles and equipment such as cribs with wheels.
- e. The procedures for reviewing and updating the plan annually or when weather or other conditions suggest the use of the plan may be required (e.g., following a drill or exercise where there are lessons learned and improvements/updates to the plan are identified).
- f. The procedures for child reunification or release with a signature form to appropriate family member or guardians (from the program site or evacuation site).
- g. The procedures for exercising emergency plans.
- h. The date of the last revision of the plan.

- C-1.7. The plan shall be available for immediate review by volunteers, parents and the licensing department during business hours.
- C-1.8. The center administrator is the responsible party and must ensure the plan is followed in the event of an emergency. The center administrator must ensure that there is a back-up staff person who will serve as the responsible party in an emergency if the administrator is away from the site or unable to fulfill that role.

Standard Two: Each child care center shall maintain the information needed to protect children’s and staff’s health and safety during emergencies.

- C-2.1. The center shall collect and maintain updated information on each child’s health, allergies and medications and permission to administer medications and medical treatments during an emergency, if required. Copies of all medical forms should be kept in the emergency “ready-to-go” kit.
- C-2.2. The center shall maintain emergency release forms and permission to transport forms for each child including permission to obtain emergency medical care for the child and to evacuate the child offsite to a safe location. In the event of an evacuation, a staff member (and an alternate) must be assigned to take a copy of the medical permission forms for all children, volunteers and staff in the center.
- C-2.3. The center shall maintain an emergency “ready-to-go” file which includes copies of sign-in/sign-out forms, medication administration forms, and incident/injury forms. A responsible staff person must be assigned to take the emergency “ready-to-go” file. Additionally, there must be an assigned back-up for this person, should they be off-site or unable to fulfill this responsibility.

- C-2.4. The center shall maintain a list of agencies and organizations to contact for help during an emergency. The phone numbers, as well as the center’s name, address and phone number must be posted near each landline phone. Emergency numbers include:
- a. 9-1-1.
 - b. Medical care.
 - c. Police/Sheriff.
 - d. Fire.
 - e. Rescue.
 - f. Local and state emergency management.
 - g. Utility companies.
 - h. Television and radio stations.
 - i. Licensing.
 - j. Child protective services.
 - k. Poison Control.
 - l. Local American Red Cross Chapter.

- C-2.5. The center shall maintain a daily sign-in and sign-out sheet that includes:
- a. The first and last names of staff, volunteers and children.
 - b. The times of arrival and departure for staff, volunteers and children.
 - c. The names of visitors (times of arrival and departure).
 - d. In the event of an emergency, a staff person must be assigned to be responsible to take this list to the pre-identified evacuation site or safe area in the facility.

Standard Three: The child care center shall develop and implement plans and procedures and backup plans and procedures for communicating with families before, during and after emergencies and for reuniting children with their families.

- C-3.1. The center shall maintain current emergency contact information for each child, volunteer and staff member, including contact information for an out-of-area/state emergency contact person, if available. The contact information



should include multiple telephone numbers and email addresses, as well as other emergency contacts. At a minimum, this list should be updated every six months. Store at least one current copy of the list on-site and one off-site.

- C-3.2. The center must have a plan for communicating with parents, volunteers and staff when an emergency has occurred.
- C-3.3. Parents must be kept informed of the center's emergency preparedness plan and the plans for reuniting children with their families after an evacuation or disaster. The plan should be updated and available for review at least once a year, and parent(s) should be required to initial that they have received and reviewed a copy of the plan.
- C-3.4. Parents must be informed of the center's plan in advance for all possible relocation/evacuation site(s) where their child might be relocated if evacuation from the facility is required.
- C-3.5. If it is necessary to take shelter-in-place or lockdown or evacuate the facility, parents must be informed as soon as children's health and safety has been ensured and the parents can be reached by telephone or email.

- C-3.6. If it is necessary to evacuate the facility, a message must be posted on the front door of the facility or on the program's answering machine telling parents where the program has been relocated. If there are security concerns for some children or families, it is suggested that evacuation sites are identified as Site A or B, for example, rather than listing specific addresses.
- C-3.7. If any injuries or incidents occur during emergency drills or preparedness activities or during evacuations or lockdowns, the center shall provide a written incident/injury report to the parents which includes:
 - a. Date and time of injury/incident.
 - b. Name of child.
 - c. Type and circumstance of injury/incident.
 - d. Staff present and staff response.
 - e. Date and time when parents were notified.
 - f. Any future action to prevent recurrence of the injury/incident.
 - g. Action steps to address problems, steps taken, documented changes to the plan.
 - h. Staff and parent signatures.

Standard Four: Each child care center shall be prepared to evacuate the facility, take shelter-in-place, or lockdown the facility.

- C-4.1. The center must have a plan for evacuating children, volunteers, and staff from the building, including a physical way (cribs with wheels, vehicles, etc.) to evacuate all children and adults from the center to a safe site or an alternate location.
 - a. In each room post a floor plan which includes the primary and secondary routes of evacuation and the location of the fire alarm/pull boxes, fire extinguishers, smoke detectors, emergency "ready to go" kits, first aid kit(s), interior safe room and exterior assembly area.

- b. The center must have a facility-wide emergency warning system which includes the exterior areas of the facility used by children, volunteers and staff members (e.g., intercom, emergency bells system, emergency bull horn or whistle).
- C-4.2. At the instruction of local authorities, or when necessary, the center must be prepared to shelter-in-place and keep children inside the facility, for example, in the event of a weather-related situation or chemical spill.
- a. The center must be prepared to seal windows, doors and vents and turn off heating and air conditioning systems.
 - b. The center must have a program-wide method of communicating to staff and volunteers when shelter-in-place is required and when it is safe to move about inside the building or to leave the building such as an all-clear, hand-operated bell signifying that it is safe to move about.
- C-4.3. At the instruction of local authorities, or when necessary, the center must be prepared to lock down the facility.
- a. The center must have a program-wide method of communicating warnings and alerts to all adults on site when lockdown is required and when it is safe to move about, leave and/or reopen the facility.
 - b. In compliance with the local fire code, the center must have a system for immediately locking all center entrances, interior doors, and windows when lockdown is required.
- C-4.4. The center shall implement a monthly practice evacuation and relocation drill as required by the NFPA Life Safety Code 101 and two shelter-in-place and two lockdown drills per year. If possible, practice evacuating to a facility near the center as well as to a safe distance from the center. For guidance on safe evacuation, consult local fire and emergency officials.
- a. At least one-fourth of the drills must simulate the types of emergencies most likely to occur in the area (for example, tornados, hurricanes, earthquakes, wildfires, etc.).
- b. The center shall maintain a record of the dates of the practice drills for 12 months or until the next licensing inspection including:
 - i. The type of drill simulated.
 - ii. The date and time of the drill.
 - iii. The number of children, staff and volunteers participating.
 - iv. The name of the person supervising the drill.
 - v. The total time required for evacuation, taking shelter or locking down.
 - vi. Problems encountered during the drill.
 - vii. Action steps to address problems identified, steps taken, and documented changes to the plan.
 - c. For centers using multiple shifts of caregivers or providing evening or weekend care, the simulated drills shall be divided evenly among the various shifts.
 - d. To the extent possible, include local fire, rescue or emergency officials when conducting a drill.
 - e. Conduct drill(s) when licensing officials are visiting the center. Licensing, as part of their inspection visits, must confirm drills are being conducted as required.
 - f. The center shall vary the days of the week and times of the day when drills are held; at least two drills per year should occur during rest or nap time. While ensuring the safety of children, it is recommended that drills be conducted in a variety of weather conditions and times of the day.
 - g. All children, visitors, volunteers and staff members must evacuate the facility during simulated evacuation drills.
 - h. At least one drill per year should be held when essential/lead staff are not present.



Standard Five: Each child care center shall have and maintain the equipment, supplies and materials needed to care for children and staff during emergencies, evacuate children and staff, and communicate with parents, staff members and community agencies during an emergency.

- C-5.1. The center must have a working landline telephone and an alternative means of communication such as a cell phone, ham radio or other similar device. It is highly recommended that a nonelectrical option be identified (for example, battery- or crank-operated).
- C-5.2. The center must maintain a first aid kit on each floor of the building used by children, accessible to outdoor play areas, in vehicles, and on field trips and wherever children are in care.
- a. The first-aid kit must include at a minimum: scissors, tweezers, gauze pads and rolls, adhesive tape, adhesive bandages of assorted types, an antiseptic cleansing solution and pads, a thermometer, triangular bandages, single-use gloves such as surgical or examination gloves, and a first-aid instruction manual.
 - b. The first-aid kit must be in a closed container and easily accessible and identifiable to staff but not to children.
- C-5.3. The center must maintain a working, battery- or crank- operated flashlight on each floor of each building used by children. Batteries should be checked monthly and additional batteries should be kept on hand.
- C-5.4. The center must have a working, battery-operated weather radio with additional batteries in each building used by children and any alternate location.
- C-5.5. The center must maintain a 72-hour emergency supply of disposable bottles, nipples and commercial formula appropriate for the infants in care if infants are enrolled.

- C-5.6. The center must maintain a 72-hour emergency supply of drinking water and nonperishable food for the staff and children enrolled.
- C-5.7. A system for monitoring the expiration date of all feeding products and emergency supplies must be established and expired items should be disposed of and replaced.
- C-5.8. The center should request parents provide at least a 72-hour supply of each child's medications for use during emergencies. The medications may be supplied as part of the daily check-in procedures. Staff members should be advised to have a 72-hour supply of critical medications in their personal belongings.
- C-5.9. The center must have an emergency kit to use during evacuations, shelter-in-place or lockdowns.
 - a. The safety and security of the children, volunteers and staff must first be ensured.
 - b. The kit must be pre-assembled and transportable.
 - c. Staff members must be aware of where the kit is located and one or more staff members assigned to maintain and transport it, including monitoring expiration dates and replacing expired materials.
 - d. The emergency kit must include disposable diapers, wet wipes and tissues, blankets, a radio and extra batteries, flashlights and extra batteries, a first-aid kit, a copy of the individual records for each enrolled child, pain/fever reduction medications, special equipment required for any child in care or staff member, bottled drinking water, disposable cups, concentrated formula, baby food, other nonperishable foods, a can opener and emergency cash. The kit should also include copies of essential papers including the parent emergency contact list, extra set of facility-essential paperwork, alternate site information, special needs information, staff contact information, medical permission forms, etc. In larger programs a kit for each room should be considered to reduce the size and weight of the kit.

Standard Six: Each child care center shall prepare and train staff members and volunteers to protect children's health and safety during an emergency.

- C-6.1. At least one staff member who has current certification in pediatric first aid, including rescue breathing and cardiopulmonary resuscitation (CPR), shall be in attendance in the center and in all places where children are in care.
- C-6.2. Each staff member must be made aware of their roles and responsibilities during emergencies.
 - a. A chain of command for emergency response shall be established and communicated to staff members.
 - b. A primary and secondary person shall be assigned to each duty and responsibility.
- C-6.3. Each staff member and regular volunteer shall receive pre-service training on emergency procedures including a review of the program's written policies and procedures.
- C-6.4. Each staff member and regular volunteer shall receive training every six months, which includes a review of the center's emergency procedures and monthly drills.
 - a. The center shall maintain training records documenting the training.
 - b. Additional training may be required to ensure the safety of children and staff with special needs.
- C-6.5. Each staff member shall be encouraged to develop their own family plan for emergencies. The center plan should include provisions for ensuring that in the event of an emergency and/or disaster sufficient staff coverage is in place to ensure the safety of children at the center, should some non-essential staff need to leave to care for their own families.
- C-6.6. All volunteers present in the center for more than six hours per week shall receive orientation training on the center's emergency procedures.

Standard Seven: Each child care center shall be prepared to protect the health and safety of children, staff members and volunteers with special needs and chronic medical conditions during an emergency.

- C-7.1. The center must address the requirements for keeping children, staff members and volunteers with special needs and chronic medical conditions safe during emergencies.
- a. This information must be updated whenever a child with special needs is enrolled or a staff member with special needs employed or an individual's needs change.
- C-7.2. The center must have a plan for making available any special medications or equipment needed by individuals with special needs or medical conditions during an emergency.
- C-7.3. When children, staff, and volunteers with special needs or medical conditions are enrolled in the center, staff members must receive training on how to protect their health and safety during an emergency. Informational updates and training must be provided to all new staff and volunteers.

Standard Eight: The child care center shall take the actions required to protect program information to help ensure it can continue to provide child care after an emergency.

- C-8.1. The center shall take the actions necessary to ensure the records, documents and computer files the program needs to operate after an emergency will be available. The center should:
- a. Keep a copy of all important records and papers in a waterproof, fireproof, portable container.
 - b. Make copies of all important documents, operating manuals, inventories and other important documents and store them at an off-site location at least 50 miles from the center location.
 - c. Keep a back-up copy of the computer's operating system, boot files and critical software at a location away from the program



- d. Keep the center's inventory of equipment and supplies current and send an electronic copy or a printed copy to a remote site.
 - e. Keep a copy of computer and Internet logon codes and passwords at a remote site.
- C-8.2. The center shall keep a copy of a photo of each enrolled child at a remote location as well as several ways to contact the child's parents.
- C-8.3. The center shall keep a copy of information on all regular and part-time staff at a remote location as well as several ways to contact each staff member after an emergency.

Family Child Care Provider Standards

Standard One: The family child care provider shall develop and maintain a written emergency plan that includes policies and procedures to help ensure children's safety and protection.

- F-1.1. The plan must address the family child care home's response to natural, technological or man-made disasters and other emergencies that may occur in the area. In the event of an emergency, the provider must be prepared to respond as directed by local emergency officials. The plan must address what the provider will do if there is an emergency and parents are not able to get to their children for up to 72-hours.
- F-1.2. In areas where local emergency plans are in place, such as a school district emergency plan, the provider may build on these procedures and actions in developing her own plans. However, to ensure coordination with a local entity named in their plan, the provider should develop a Letter of Agreement specifying the details for the coordination during emergencies. All plans must be in alignment with and should coordinate with local emergency management plans.
- F-1.3. The family child care provider must alert fire, police and rescue officials in their jurisdiction that they care for children in their homes and inform them of hours of operation. This will help ensure that the home is prioritized, should an emergency occur.
- F-1.4. The plan must be:
- All hazard.
 - Specific to the family child care home.
 - Relevant to natural, technological and man-made disasters that may occur in the location of the family child care home.
 - Able to be implemented during the hours of operation of the program.
 - Coordinated with state licensing and emergency officials.
 - Read, reviewed, exercised and signed by the owner, any assistants or substitutes, and
- parent(s), at least every six months.
- F-1.5. The plan must include:
- The address and major crossroads for the location of the family child care home.
 - A sketch showing the safest way to exit each part of the home, a secondary exit, the prearranged location for meeting outside the home, the location of emergency "ready-to-go" kits, fire extinguisher(s), smoke detectors and first-aid kit(s) and the safest area in the house for responding to emergencies that require shelter-in-place or lockdown actions.
 - The procedures for responding to each type of emergency likely in the area.
 - The temporary relocation site(s) near the home, in the neighborhood or area and outside the immediate area. The provider must have a plan for gaining entrance to sites which will be used for temporary relocation and must provide proof of coordination with those sites including a Letter of Agreement, address, and contact phone number for the alternate site(s).
 - It must include contact information and multiple ways to reach the alternate site(s) (clearly specifying a transportation plan for all children and staff, including those with special needs).
 - With guidance from the local utility company, procedures for shutting off the utilities including the locations for utility shut-off for gas, electric, and water and the phone numbers of the utility companies.

- g. The procedure for and person(s) responsible for securing essential documents (attendance records, emergency contact forms, etc.) and special health care supplies to be carried off site on immediate notice (including an alternate if the primary individual is not on site or is unable to fulfill the responsibility).
 - h. The methods for internal and external communication during an emergency including multiple ways to contact parents and assistants, as well as multiple ways for parents to contact the family child care provider.
 - i. Specific provisions for accommodating all children, family members and assistants with special needs during emergency actions (including evacuations, sheltering-in-place and lockdowns).
- F-1.6. The plan must identify:
- a. The person or persons responsible for each part of the plan (e.g., the family child care provider, family members, assistants or substitutes).
 - b. The procedures for accounting for all children, adults and family members during an emergency including the procedures to be followed if a child or adult is missing or cannot be accounted for.
 - c. The procedures for ensuring adequate supervision of children during an emergency situation, including while at an emergency relocation site.
 - d. The route, plan and methods (vehicles and equipment) for transporting children to a relocation site away from the family child care home, if necessary.
 - e. The procedures for reviewing and updating the plan annually or when weather or other conditions suggest the use of the plan may be required.
 - f. The procedures for child reunification or release with a signature form to appropriate family member or guardian (from the program site or evacuation site).
- g. The procedures for exercising emergency plans.
 - h. The date of the last revision of the plan.
- F-1.7. The plan shall be available for immediate review by assistants, parents and the licensing department during business hours.
- F-1.8. The family child care provider is the responsible party and must ensure the plan is followed in the event of an emergency.
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- Standard Two: Each family child care provider shall maintain the information needed to protect children's health and safety during emergencies.**
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- F-2.1. The family child care provider shall collect and maintain updated information on each child's health, allergies and medications and permission to administer medications and medical treatments during an emergency, if required. Copies of all medical forms should be kept in the emergency "ready-to-go" kit.
- F-2.2. The family child care provider shall maintain emergency release forms and permission to transport forms for each child, including permission to obtain emergency medical care for the child and to evacuate the child offsite to a safe location. In the event of an evacuation, the provider or an assistant must take a copy of the medical permission forms for all children and assistants.
- F-2.3. The family child care provider shall maintain an emergency or "ready-to-go" file which includes copies of sign-in/sign-out forms, medication administration forms, and incident/injury forms. The provider or an assistant must be assigned to take the emergency file. Additionally, there must be an assigned back-up for this person, should they be off-site or unable to fulfill this responsibility.

F-2.4. The family child care provider shall maintain a list of agencies and organizations to contact for help during an emergency. The phone numbers, as well as the provider's name, address and phone number must be posted near each landline phone. Emergency numbers include:

- a. 9-1-1.
- b. Medical care.
- c. Police/Sheriff.
- d. Fire.
- e. Rescue.
- f. Local and state emergency management.
- g. Utility companies.
- h. Television and radio stations.
- i. Licensing.
- j. Child protective services.
- k. Poison Control.
- l. Local American Red Cross Chapter.

F-2.5. The family child care provider shall maintain a daily sign-in and sign-out sheet that includes:

- a. The first and last names of children and assistants.
- b. The times of arrival and departure for children and assistants.
- c. The names of visitors along with times of arrival and departure.

In the event of an emergency, the provider or an assistant must be responsible for taking this list to the pre-identified evacuation site or safe area in the facility.

Standard Three: The family child care provider shall develop and implement plans and procedures, and backup plans and procedures, for communicating with families before, during and after emergencies and for reuniting children with their families.

F-3.1. The family child care provider shall maintain current emergency contact information for each child, substitute, and volunteer, including contact information for an out-of-area/state emergency contact person, if available. The

contact information should include multiple telephone numbers and email addresses, as well as other emergency contacts. At a minimum, this list should be updated every six months. Store at least one current copy of the list on-site and one off-site.

F-3.2. The family child care provider must have a plan for communicating with parents, substitutes, and volunteers when an emergency has occurred.

F-3.3. Parents must be kept informed of the family child care provider's emergency preparedness plan and the plans for reuniting children with their families after an evacuation or disaster. The plan should be updated and available for review at least once a year, and parent(s) should be required to initial that they have received and reviewed a copy of the plan.

F-3.4. Parents must be informed of the family child care provider's plan in advance for all possible relocation/evacuation site(s) where their child might be relocated if evacuation from the facility is required.

F-3.5. If it is necessary to take shelter-in-place or lock down or evacuate the facility, parents must be informed as soon as children's health and safety has been ensured and the parents can be reached by telephone or email.

F-3.6. If it is necessary to evacuate the facility, a message must be posted on the front door of the facility or on the program's answering machine telling parents where the program has been relocated. If there are security concerns for some children or families, it is suggested that evacuation sites are identified as Site A or B, for example, rather than listing specific addresses.

- F-3.7. If any injuries or incidents occur during emergency drills or preparedness activities or during evacuations or lockdowns, the provider shall provide a written incident/injury report to the parents which includes:
- Date and time of injury/incident.
 - Name of child.
 - Type and circumstance of injury/incident.
 - Staff present and staff response.
 - Date and time when parents were notified.
 - Any future action to prevent recurrence of the injury/incident.
 - Action steps to address problems, steps taken, documented changes to the plan.
 - Provider and parent signatures.

Standard Four: Each family child care provider shall be prepared to evacuate children from the family child care home, take shelter-in-place, or lock down the family child care home.

- F-4.1. The family child care provider must have a plan for evacuating all children and adults from the home, including a physical way (e.g., vehicles) to evacuate all children and adults from the home to a safe site or an alternate location.
- In each room used for care post a floor plan which includes the primary and secondary routes of evacuation and the location of the fire extinguishers, smoke detectors, emergency “ready to go” kits, first-aid kit(s), interior safe room and exterior assembly area.
 - The family child care provider must have a way of warning assistants and family members of an impending emergency (i.e., a bell or whistle) which includes the exterior parts of the home used for care.
 - The family child care provider must have a plan for gaining entrance to evacuation sites (such as friend’s or neighbor’s home) which may be used as a temporary site. The family child care provider must have a Letter of Agreement with the owner or resident of the site(s), and a clear written plan for gaining entrance to the site(s).



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- F-4.2. At the instruction of local authorities, or when necessary, the family child care provider must be prepared to shelter-in-place and keep children inside the facility, for example, in the event of a weather-related situation or chemical spill.
- The family child care provider must be prepared to seal windows, doors and vents and turn off heating and air conditioning systems.
 - The family child care provider must have a way to communicate with assistants and family members when shelter-in-place is required and when it is safe to move about inside the home or to leave the home such as an all-clear, hand-operated bell.
- F-4.3. At the instruction of local emergency officials, or when otherwise necessary, the family child care provider must be prepared to lock down the family child care home.
- The family child care provider must have a program-wide method of communicating warnings and alerts to assistants, substitutes and family members when lockdown is required and when it is safe to move about in, leave and/or reopen the family child care home.
 - In compliance with local fire codes, the family child care provider must have a system for immediately locking all doors and windows, when lockdown is required.

F-4.4. The family child care provider shall implement a monthly practice evacuation and relocation drill, two shelter-in-place and two lockdown drills per year. If possible, practice evacuating to a facility near the home as well as to a safe distance from the home. For guidance on safe evacuation, consult local fire and emergency officials.

- a. At least one-fourth of the drills must simulate the types of emergencies most likely to occur in the area (for example, tornados, hurricanes, earthquakes, wildfires, etc.). The family child care provider must keep a record of the dates of the practice drills for 12 months or until the next licensing inspection including:
 - i. The type of drill simulated.
 - ii. The date and time of the drill.
 - iii. The number of children, assistants and family members participating.
 - iv. The name of the person supervising the drill.
 - v. The total time required for evacuation, taking shelter or locking down.
 - vi. Problems encountered during the drill.
 - vii. Action steps to address problems identified, steps taken, and documented changes to the plan.
- b. If the family child care provider offers evening or weekend care, some simulated drills must be held during these hours.
- c. To the extent possible, include local fire, rescue or emergency officials when conducting a drill.
- d. The family child care provider shall vary the days of the week and times of the day when drills are held; at least two drills per year must occur during rest or nap time.
- e. All children, assistants, visitors, and family members must evacuate the family child care home during simulated evacuation drills.

Standard Five: The family child care provider shall have and maintain the equipment, supplies and materials needed to care for children during emergencies, evacuate children and adults, and communicate with parents, assistants and community agencies during an emergency.

- F-5.1. The home must have a working landline telephone and an alternative means of communication such as a cell phone, ham radio or other similar device. It is highly recommended that a nonelectrical option be identified (for example battery- or crank-operated).
- F-5.2. The family child care provider must maintain a first-aid kit and have a first-aid kit in vehicles, on field trips and wherever children are in care.
 - a. The first-aid kit must include at a minimum: scissors, tweezers, gauze pads and rolls, adhesive tape, adhesive bandages of assorted types, an antiseptic cleansing solution and pads, a thermometer, triangular bandages, single-use gloves such as surgical or examination gloves, and a first-aid instruction manual.
 - b. The first-aid kit must be in a closed container and easily accessible and identifiable to adults but not to children.
- F-5.3. The home must maintain a working, battery- or crank-operated flashlight on each floor of the home used for child care. Batteries should be checked monthly and additional batteries should be kept on hand.
- F-5.4. The home must have a working, battery-operated weather radio with additional batteries.
- F-5.5. The family child care provider must maintain a 72-hour emergency supply of disposable bottles, nipples and commercial formula appropriate for the infants in care if infants are enrolled.
- F-5.6. The family child care provider must maintain a 72-hour emergency supply of drinking water and nonperishable food for the adults and children enrolled.

- F-5.7. The family child care provider must verify that all feeding products and emergency supplies are within expiration dates and must replace expired items in the emergency kit as appropriate.
- F-5.8. The family child care provider should request that parents provide at least a 72-hour supply of each child's medications for use during emergencies. The medications may be supplied as part of the daily check-in procedures. Family child care providers should maintain at least a 72-hour supply of critical medications needed for themselves and their own family members.
- F-5.9. The family child care provider must have an emergency kit to use during evacuations, shelter-in-place or lockdowns.
- The safety and security of the children and adults must first be ensured.
 - The kit must be pre-assembled and transportable.
 - Assistants and substitutes must be aware of where the kit is located. If they are assigned to maintain or transport it, including monitoring expiration dates and replacing expired materials, they must be aware of their responsibilities.
 - The emergency kit must include disposable diapers, wet wipes and tissues, blankets, a radio and extra batteries, flashlights and extra batteries, a first-aid kit, a copy of the individual records for each enrolled child, pain/fever reduction medications, special equipment required for any child in care, bottled drinking water, disposable cups, concentrated formula, baby food, other nonperishable foods, a can opener, and emergency cash. The kit should also include copies of essential papers including the parent emergency contact list, extra set of program essential paperwork, alternate site information, special needs information, assistant contact information, medical permission forms, etc.

Standard Six: Each family child care provider shall prepare and train assistants, substitutes and volunteers to protect children's health and safety during an emergency. Family members over 12 should be prepared to assist during an emergency.

- F-6.1. The family child care provider or another adult who is currently certified in pediatric first aid including rescue breathing and cardiopulmonary resuscitation (CPR) shall be in the home when children are in care.
- F-6.2. Substitutes and assistants must be made aware of their roles and responsibilities during emergencies.
- F-6.3. Each assistant and substitute shall receive pre-service training on emergency procedures including a review of the program's written policies and procedures.
- F-6.4. Each assistant and substitute shall receive annual training which includes a review of the program's emergency procedures.
- The family child care provider shall maintain training records documenting the training.
 - Additional training may be required to ensure the safety of children and staff with special needs.
- F-6.5. Each assistant and substitute shall be encouraged to develop their own family plan for emergencies.

Standard Seven: The family child care provider shall be prepared to protect the health and safety of children, assistants and family members with special needs and chronic medical conditions during an emergency.

- F-7.1. The family child care provider must have a plan for keeping children, assistants and family members with special needs and chronic medical conditions safe during emergencies.
- This information must be updated whenever a child with special needs is enrolled or an assistant with special needs employed or an individual's needs change.

- F-7.2. The family child care providers must have a plan for making available special medications or equipment needed by individuals with special needs or medical conditions during an emergency.
- F-7.3. The family child care provider and all assistants or substitutes must receive training on how to protect the health and safety of children or family members who have special needs and medical conditions in the household during an emergency.

Standard Eight: The family child care provider shall take the actions required to protect program records and information to help ensure she can continue to provide child care after an emergency.

- F-8.1. The provider shall take the actions necessary to ensure the records, documents, and computer files needed to operate after an emergency will be available. The provider should:
- a. Keep a copy of all important records and papers in a waterproof, fireproof, portable container.
 - b. Make copies of all important documents, operating manuals, inventories and other important documents and store them at an off-site location at least 50 miles from the program location.
 - c. Keep a back-up copy of the computer's operating system, boot files, and critical software at a location away from the program site.
 - d. Keep the program's inventory of equipment and supplies current and send an electronic copy or a printed copy to a remote site.
 - e. Keep a copy of computer and internet logon codes and passwords at a remote site.

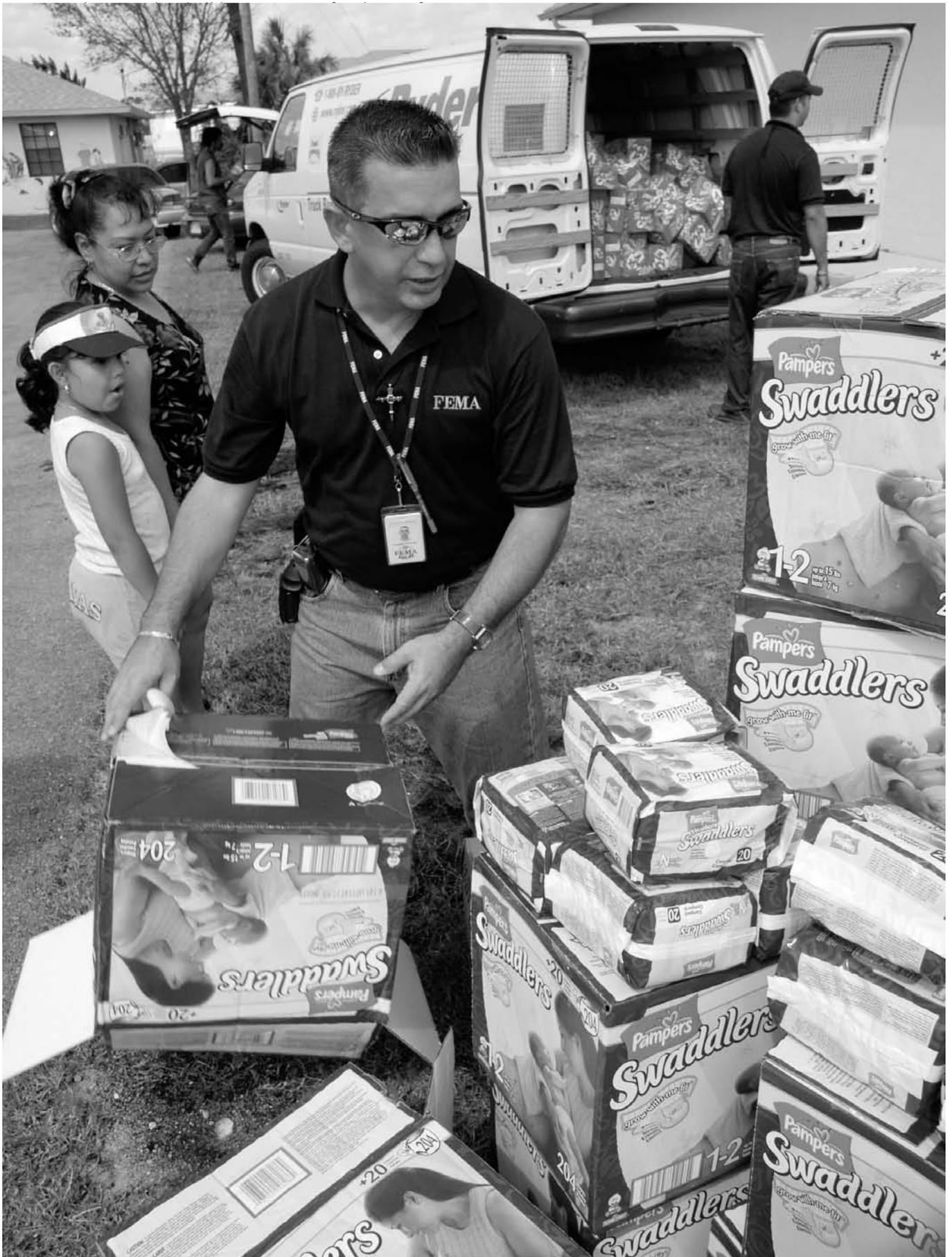


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Rationale

Disasters and emergencies occur frequently in U.S. communities. Child care programs, as part of those communities, are impacted. Individual child care programs may take the actions needed to protect children, employees, volunteers and family members during an emergency or disaster. However, widespread adoption of the practices required is more likely to occur when local, state and federal agencies incorporate emergency preparedness standards in regulations and quality improvement systems; Child Care Resource & Referral agencies and educational organizations address emergency preparedness in training and education; and national accrediting bodies incorporate emergency preparedness standards in accreditation requirements. The purpose of this section is to provide justification for incorporating the model standards in child care licensing regulations, quality improvement system standards, accreditation standards and child care professional development. This information should be helpful in making the case for emergency preparedness being part of regulation, accreditation, and professional preparation in child care.

Standard One: The child care center shall develop and maintain a written emergency plan that includes policies and procedures to help ensure children’s safety and protection.

Standard One: The family child care provider shall develop and maintain a written emergency plan that includes policies and procedures to help ensure children’s safety and protection.

Often the outcome of an emergency is directly related to how well the people involved are prepared. Child care programs that have developed a written emergency plan are better able to protect the lives of children and adults present in the center or family child care home, and recover more rapidly. In an emergency, whether it is a natural, technological or man-made disaster, children in child care settings may not understand what is happening and will be physically and developmentally unable to protect themselves. Many child care programs

employ a mixture of full- and part-time providers; keeping all employees informed about what to do during an emergency can be challenging without a clearly communicated written plan. During an emergency, providers who care for children in their own homes must be prepared to protect the children in their care as well as their own family members.

C-1.1. The plan must address the program’s response to natural, technological or man-made disasters and other emergencies that may occur in the area. In the event of an emergency, the center must be prepared to respond as directed by the local emergency officials. The plan shall address what the center will do if there is an emergency and parents are not able to get to their children for up to 72 hours.

F-1.1. The plan must address the family child care home’s response to natural, technological or man-made disasters and other emergencies that may occur in the area. In the event of an emergency, the provider must be prepared to respond as directed by local emergency officials. The plan must address what the provider will do if there is an emergency and parents are not able to get to their children for up to 72 hours.

The recommended response to an emergency varies by the type and scale of the incident. In addition to the types of disasters that can occur everywhere, such as fires, child care programs must be prepared to respond to the specific types of emergencies that are likely to occur in their area, including hurricanes, tornadoes, floods, earthquakes, winter storms and volcanic eruptions. When an emergency occurs, local, state, regional and federal agencies may become involved in the management the emergency. In most situations, local emergency officials will provide guidance to the citizens, businesses and organizations in the area on how to respond. Local



officials and relief workers will be on scene after an emergency, but they will not be able to reach every child care center or family child care home immediately. In most cases a child care program must be prepared to take care of children for up to 72 hours before their parents can come for them (FEMA, *Are You Ready?*, 2010).

C-1.2. In areas where local emergency plans are in place, such as a school district emergency plan, centers may build on these procedures and actions in developing their own plans. However, to ensure coordination with a local entity named in their plan, the center should develop a Letter of Agreement, specifying the details for the coordination during emergencies. All plans must be in alignment with and should coordinate with local emergency management plans.

F-1.2. In areas where local emergency plans are in place, such as a school district emergency plan, the provider may build on these procedures and actions in developing her own plans. However, to ensure coordination with a local entity named in their plan, the provider should develop a Letter of Agreement specifying the details for the coordination during emergencies. All plans must be in alignment with and should coordinate with local emergency management plans.

In most communities the local school district will have developed a district-wide disaster plan. All child care centers and family child care homes are located in a school district. Some of the enrolled children will be attending school for part of the day. Providers are encouraged, when possible, to build their emergency plans on plans that already exist within their communities, and coordinate with entities that are listed in their plan. Because a school or community center is located nearby, providers should not assume that they will be able to coordinate with that site during an emergency unless they have formally arranged to do so prior to the emergency. A Letter of Agreement will increase the likelihood that both parties (the child care program and the school) have a mutual understanding of how they will coordinate their efforts during an emergency. A child care program will be able to respond to an emergency more effectively when its emergency plan is consistent with the local emergency management plan.

C-1.3. The child care center must alert fire, police and rescue officials in their jurisdiction that they care for children at that site and inform them of hours of operation. This will help ensure that the center is prioritized should an emergency occur. **NOTE:** This is particularly important if the child care program is located at a multi-use site when other programs are not in session (for example, if the child care center sublets space from a school district during before-school, after-school or summer hours). While fire, police and rescue officials will coordinate and prioritize emergency plans with the school officials, they may not even be aware that children are present at that site during non-school hours. Centers should not assume that because the site where they are operating has an emergency plan that the program is automatically included.

F-1.3. The family child care provider must alert fire, police and rescue officials in their jurisdiction that they care for children in their homes and inform them of hours of operation. This will help ensure that the home is prioritized, should an emergency occur.

Fire, police and rescue officials may not be aware of the presence of child care programs, especially family child care programs, in their community. They may not be aware that some child care programs are located in schools and operate during non-school hours including before school, after school and during the summer months. Many family child care homes do not have an exterior sign or other physical features which would suggest that a group of children are being cared for in the home. If emergency agencies are not aware of the child care program they may not have it on their schedule to provide support to during an emergency.

C-1.4. The plan must be:

- a. All-hazard.
- b. Specific to the child care center.
- c. Relevant to natural, technological and man-made disasters that may occur in the location of the child care center.
- d. Able to be implemented during the hours of operation of the center.
- e. Coordinated with state licensing and emergency officials.
- f. Read, reviewed, exercised and signed by the director, staff members, volunteers and parents at least every six months.

F-1.4. The plan must be:

- a. All-hazard.
- b. Specific to the family child care home.
- c. Relevant to natural, technological and man-made disasters that may occur in the location of the family child care home.
- d. Able to be implemented during the hours of operation of the program.
- e. Coordinated with state licensing and emergency officials.
- f. Read, reviewed, exercised and signed by the owner, any assistants or substitutes, and parent(s), at least every six months.

In order to be effective, the plan for a child care program must be developed with an all-hazards approach and specific to that center or family child care home. Child care programs differ in their physical layout; the ages of children served; number and physical abilities of children



Photo Credit: FEMA

in care; the type, background and number of staff they have; the types of services they offer (hourly, weekly, evening and weekend care); and their proximity and access to community and support agencies. Programs near major highways or railroads must be prepared for chemical spills and fires. Programs caring for younger children (birth to 3 years of age) must have detailed plans for evacuating immobile children who are not able to leave a facility on their own. Programs serving children or employing staff (or caring for children) with special developmental, functional or medical needs must be prepared to protect them during an emergency. Facilities with large numbers of part-time employees must ensure that the staff members present (during all shifts) have been trained on emergency procedures. Centers or family child care homes caring for children during evening hours must be prepared to evacuate sleeping children. Programs in rural or urban areas separated by distance or traffic from emergency resources (fire stations, hospitals, etc.) must be prepared to take temporary measures until help can arrive.

If a child care program coordinates its written disaster plan with local emergency officials, local officials can help the program identify additional areas that should be addressed in the plan. Perhaps most importantly, when local officials become aware of the presence of a child care facility in the community they can include the child care facility in its overall community response plan. In some communities, schools have been included in local plans while child care programs have not. When an emergency occurs, emergency resources can be directed to child care programs as well as to other facilities where large numbers of children are present.

Requiring child care programs to coordinate their emergency plans with the licensing office has a number of benefits. Child care licensing staff can help programs identify deficiencies and gaps in their emergency plans. If the state has special regulations in place for child care programs during disasters, these can be integrated into the plan as it is developed rather than being added when an emergency is occurring.

It is important that a child care program's emergency plan be read, exercised and reviewed by the program administration, staff members, volunteers, parents, and, in the case of family child care homes, by household members over age 12 at least every six months. During an emergency any of these individuals may be called on to ensure children's health and safety are protected and there will not be time to review the plan. The responsible individuals must have the knowledge needed to take immediate action.

C-1.5. The plan must include:

- a. The address and major crossroads for the location of the center.
- b. A sketch showing the safest way to exit each room in the center, a secondary exit, the prearranged location for meeting outside the facility, the location of emergency "ready-to-go" kits, fire extinguisher(s), smoke detectors and first-aid kit(s) and the safest area(s) in the building for responding to emergencies that require shelter-in-place or lockdown actions.
- c. The procedures for responding to each type of emergency likely in the area.
- d. The temporary relocation site(s) near the facility, in the neighborhood or area and outside the immediate area. The center must have a plan for gaining entrance to sites which will be used for temporary relocation and must provide proof of coordination with those sites including a Letter of Agreement, address and contact phone number for the alternate site(s).
- e. It must include contact information and multiple ways to reach the alternate site(s) clearly specifying a transportation plan for all children and staff, including those with special needs.

- f. With guidance from the local utility companies, procedures for shutting off the utilities including the locations for utility shut-off for gas, electric, and water and the phone numbers of the utility companies.
- g. The procedure for and person(s) responsible for securing essential documents (attendance records, emergency contact forms, etc.) and special health care supplies to be carried off-site on immediate notice (including an alternate if the primary individual is not on-site or unable to fulfill the responsibility).
- h. The methods for internal and external communication during an emergency including multiple ways to contact parents, staff and volunteers, as well as multiple ways for parents to contact the child care facility.
- i. Specific provisions for accommodating all children, staff and volunteers with special needs during emergency actions (including evacuations, sheltering-in-place and lockdowns).

F-1.5. The plan must include:

- a. The address and major crossroads for the location of the family child care home.
- b. A sketch showing the safest way to exit each part of the home, a secondary exit, the prearranged location for meeting outside the home, the location of emergency "ready-to-go" kits, fire extinguisher(s), smoke detectors and first-aid kit(s) and the safest area in the house for responding to emergencies that require shelter-in-place or lock down actions.
- c. The procedures for responding to each type of emergency likely in the area.
- d. The temporary relocation site(s) near the home, in the neighborhood or area and outside the immediate area. The provider must have a plan for gaining entrance to sites which will be used for temporary relocation and must provide proof of coordination with those sites including a Letter of Agreement, address, and contact phone number for the alternate site(s).

- e. It must include contact information and multiple ways to reach the alternate site(s) (clearly specifying a transportation plan for all children and staff, including those with special needs).
- f. With guidance from the local utility companies, procedures for shutting off the utilities including the locations for utility shut-off for gas, electric, and water and the phone numbers of the utility companies.
- g. The procedure for and person(s) responsible for securing essential documents (attendance records, emergency contact forms, etc.) and special health care supplies to be carried off site on immediate notice (including an alternate if the primary individual is not on site or is unable to fulfill the responsibility).
- h. The methods for internal and external communication during an emergency including multiple ways to contact parents and assistants, as well as multiple ways for parents to contact the family child care provider.
- i. Specific provisions for accommodating all children, family members and assistants with special needs during emergency actions (including evacuations, sheltering-in-place and lockdowns).

The written plan should include the address and major crossroads for the child care center or family child care home. If a copy of the plan is provided to local emergency offices and child care licensing offices, it can help officials get emergency help for the program. Having both the address and major crossroads available can help emergency personnel locate the facility. During some types of emergencies, house numbers, street signs and other community markers may not be visible.

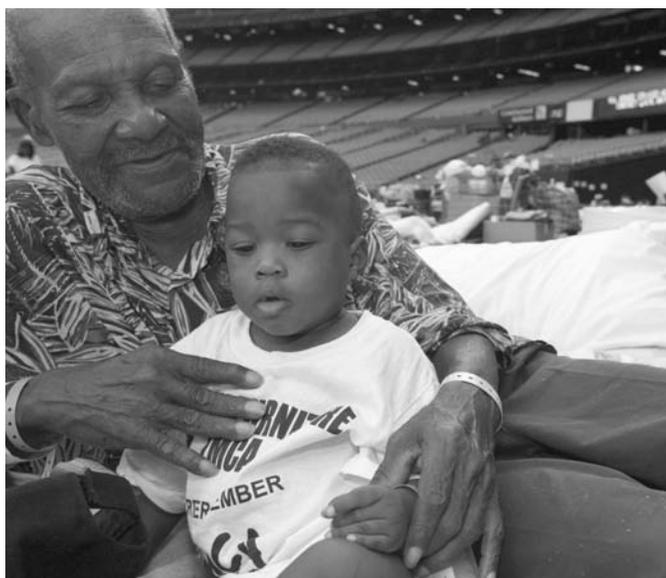
There are many external resources that may be needed in an emergency. Having the names and phone numbers of these resources can assist staff (and even children) in calling for help. In many communities 9-1-1 is used to contact fire, police, medical and emergency personnel. Having this number posted can remind staff, family members and children of how to call for help. If 9-1-1 is not used in the community, the specific numbers for each of the services should be posted so they can be contacted without delay. Other agencies that may need to

be contacted include the office of emergency services, the local American Red Cross chapter, the child care licensing office, poison control and child protective services.

Displaying a sketch of the center or family child care home with identified routes to exit the facility and marked emergency exits can prevent injury and save lives. The sketch should include the primary and secondary evacuation routes from each room in a center or a family child care home, the prearranged location for meeting outside the facility, and the safest area of the building to go to during different types of emergencies (e.g., earthquakes, tornadoes, and intruders). Providers, including substitutes and volunteers, can access this information more quickly if it is posted in every room in which they are providing care. Having it posted also serves as a reminder of the need to be prepared for emergencies and the actions to take when one occurs.

Different types of emergencies require different types of responses from a child care program. Most frequently child care programs may be required to keep children inside the facility until the emergency has passed. Staying in the facility (also called taking shelter-in-place) may be advised for weather-related situations, chemical spills and other man-made or technological disasters. Locking down (another response action that includes staying inside the facility) may be required when there is a potentially violent situation (intruder, non-custodial parent or guardian, parent or guardian under the influence of alcohol or drugs, a hostage situation, or an individual with a weapon) near the facility. Evacuation is called for when a fire, flood or another type of disaster is about to occur and it is possible to get children to a safer location outside of the facility. Child care programs must have a plan for responding to all of the types of emergencies likely to occur in their area.

If it is necessary to evacuate a center or family child care home, children must be taken to a safe location where they can be protected until their parents can come for them. If the emergency is going to be of a short nature – power outage, minor flooding from a broken pipe, fire limited to a small area of the center or home, or similar event – it may be possible to take children to a nearby facility (library, school or other public building or business) until the parents arrive. More widespread events such as tornadoes, major floods, wildfires and chemical explosions may require the program to take children out



of the immediate area and to a more distant location. Emergencies that cover wide areas may require programs to evacuate children out of the region or even the state. If a program has planned in advance where they will take children and how they will get them there, it will be better prepared to protect children and adults and reunite children with their families.

When some types of emergencies occur, it is critical that the program staff or family child care provider is aware of the action steps required by utility companies to be able to turn off the utilities to the building or home if necessary. Breaks in gas lines can cause asphyxiation and pose tremendous fire risks. Electrical shorts caused by falling debris can make traditional household appliances extremely dangerous. Breaks in water lines can lead to flooding. Emergency service providers and utility employees will be overwhelmed following a disaster, so it is important that program staff and providers know how and where to control the utilities. Turning off the gas and electricity may be an important step in ensuring that children, staff and family members will survive a disaster. After immediate action has been taken, contact should be made with the utility companies for guidance and to restore service.

When it is necessary to evacuate a child care facility, program staff or the provider will need to take critical records with them. At a minimum, those documents include a list of children and staff in attendance that day with contact numbers for their families and medical emergency and medication administration forms.

The attendance list is needed so that the program staff can check to be sure all children and staff have been accounted for. Contact information for each child is needed so parents or other authorized individuals can be notified that the child is no longer at the facility and where the parents can come to get the child and safe reunification can occur. It may be necessary to provide medications to a child during the evacuation or to seek medical care for a child. A person or persons should be designated to ensure that the needed records are taken along when children and staff evacuate. Unless someone is given this responsibility and a procedure developed for accomplishing it, it may not occur.

During an evacuation, shelter-in place or lockdown, those providing care must be able to communicate with one another, with parents and outside entities. Center staff and family child care providers must have a means for receiving information about impending disasters and methods for letting everyone in the facility know that action is required. They must be able to contact help if help is needed. During a disaster they must be able to communicate with one another if they are separated in the facility or en route to an evacuation site. Once the children's safety has been secured, the program must be able to communicate their whereabouts to parents and emergency personnel.

During an incident, materials such as a fire extinguisher or first-aid kit can be critical to ensure safety. Program staff members may need to use a fire extinguisher in the event of a fire emergency. The location of fire extinguishers should be noted on the facility sketch to make it easy for staff members, substitutes and providers to locate them. Staff should also be trained in how to use the fire extinguishers. During an emergency, first-aid supplies may be needed to provide minor first aid. Having the location of the first-aid kit noted on the facility sketch will help those who need first-aid supplies to locate them. During a shelter-in-place, lockdown, or other emergency, these supplies and equipment may be needed. If children and adults must evacuate from the building, emergency supplies (see description of items in emergency "Ready to Go" Kit) must be taken with them. Having the location of the emergency kit(s) marked on the facility sketch will help those who need it to locate it quickly.



C-1.6. The plan must identify:

- a. Roles and responsible person(s) as well as one or more back-up person(s) for each part of the plan (e.g., director, assistant director, lead teacher, etc.).
- b. The procedures for accounting for all children, staff and volunteers during an emergency, including the procedures to be followed if a child or adult is missing or cannot be accounted for.
- c. The procedures for ensuring adequate supervision of children during emergency situations, including while at an emergency relocation site. The plan should also include provisions to enable some non-essential staff to leave to care for their own families. Critical employees must be identified and a system for rotating relief or leave should be developed.
- d. The route, plan and methods for transporting children to a relocation site away from the facility, including vehicles and equipment such as cribs with wheels.
- e. The procedures for reviewing and updating the plan annually or when weather or other conditions suggest the use of the plan may be required (e.g., following a drill or exercise where there are lessons learned and improvements/updates to the plan are identified).

- f. The procedures for child reunification or release with a signature form to appropriate family member or guardians (from the program site or evacuation site).
- g. The procedures for exercising emergency plans.
- h. The date of the last revision of the plan.

C-1.7. The plan shall be available for immediate review by volunteers, parents and the licensing department during business hours.

C-1.8. The center administrator is the responsible party and must ensure the plan is followed in the event of an emergency. The center administrator must ensure that there is a back-up staff person who will serve as the responsible party in an emergency if the administrator is away from the site or unable to fulfill that role.

F-1.6. The plan must identify:

- a. The person or persons responsible for each part of the plan (e.g., the family child care provider, family members, assistants or substitutes).
- b. The procedures for accounting for all children, adults and family members during an emergency, including the procedures to be followed if a child or adult is missing or cannot be accounted for.
- c. The procedures for ensuring adequate supervision of children during an emergency situation, including while at an emergency relocation site.
- d. The route, plan and methods (vehicles and equipment) for transporting children to a relocation site away from the family child care home, if necessary.
- e. The procedures for reviewing and updating the plan annually or when weather or other conditions suggest the use of the plan may be required.
- f. The procedures for child reunification or release with a signature form to appropriate family member or guardian (from the program site or evacuation site).

g. The procedures for exercising emergency plans.

h. The date of the last revision of the plan.

F-1.7. The plan shall be available for immediate review by assistants, parents and the licensing department during business hours.

F-1.8. The family child care provider is the responsible party and must ensure the plan is followed in the event of an emergency.

When a child care program is impacted by an emergency or a disaster there are many duties that need to be performed related to the ongoing care of children as well as to address the impending situation. When the person or persons responsible for each part of the emergency plan have been identified and they know what is expected of them, there will be less confusion and panic. One of the most important duties is accounting for all children and staff during the emergency. A program must have a system in place to account for all those who were in the facility. This is particularly critical when the staff members in a large center are preparing to evacuate the facility or part of the facility has been damaged and some of children have been separated from staff members. This situation is even more complex if some of children are on the playground, on a walk or on a field trip when disaster strikes. A person must be assigned to look through the center or family child care home checking closets, bathrooms, and cabinets making sure no child is left behind.

Leaving a facility without accounting for all children and adults who were present can result in fatalities. If it is discovered after the evacuation occurs that one or more children or adults have been left behind, returning to the facility to find them can be dangerous. After the staff or providers have arrived at the planned evacuation site an additional attendance check is needed to ensure no staff or children were lost en route. The accountability procedures should also include the procedures to be followed if an adult or child is missing. If the adults have been prepared in advance for this possibility they will be better able to respond if it does occur.

The program staff should plan the evacuation route and have an alternate route for getting children to the safest place. Practicing the routes in advance will ensure

that children can be evacuated to the site more quickly and efficiently. If there are fallen wires or other damage from the disaster it may not be possible to follow the primary route so a secondary route is needed. For most programs it will be challenging to transport children away from the facility if relocation outside of walking distance is required. Few facilities have the number of vans or buses required to evacuate all children enrolled at one time. An alternate plan such as using staff vehicles or transportation services in the community should be developed to ensure all children can be moved away from the facility quickly and safely.

Supervising children and ensuring their safety is more difficult when they are not in familiar surroundings. Planning how the staff or adults will divide and execute their supervision responsibilities after an evacuation or when children are relocated to a safe area in the facility will help ensure children are comforted and kept safe.

The emergency plan should be reviewed at least every six months to ensure that conditions have not changed. There may have been changes in the ages, numbers or capabilities of children enrolled. Staffing patterns and staff qualifications may have changed. Emergency numbers may be different. Relocation sites or transportation resources may no longer be available. The threat of certain types of disasters such as flooding may have increased in an area. To ensure that the emergency plan is still relevant, a six-month review (at minimum) is required.

The emergency plan should be available for immediate review and readily accessible at all times. In many child care programs there are frequent staff changes. The plan should be required for new staff to read during orientation and their first weeks on the job. Parents new to the program should be able to read the plan when they enroll their child. Parents who have been with the program for some time may want to read it during the seasons of the year when disasters are most likely to occur in their area. During licensing inspections and visits, licensing personnel may be required to or elect to review the program's plan.

Emergency plans are effective only if they are kept current, practiced (exercised) and communicated to all staff. Not abiding by the plans can result in injuries and fatalities. Failing to take adequate measures to protect

children's safety during an emergency can lead to legal claims and punishments if children or staff members are injured or killed as a result of negligence on the part of the program administration or family child care provider.

Standard Two: Each child care center shall maintain the information needed to protect children's and staff's health and safety during emergencies.

Standard Two: Each family child care provider shall maintain the information needed to protect children's health and safety during emergencies.

C-2.1. The center shall collect and maintain updated information on each child's health, allergies and medications and permission to administer medications and medical treatments during an emergency, if required. Copies of all medical forms should be kept in the emergency (ready-to-go) kit.

F-2.1. The family child care provider shall collect and maintain updated information on each child's health, allergies and medications and permission to administer medications and medical treatments during an emergency, if required. Copies of all medical forms should be kept in the emergency "ready-to-go" kit.

During an emergency, children may need to receive medications or medical treatments for chronic conditions such as asthma or diabetes. Staff members and family child care providers must be aware of which medications or treatments are needed, be trained in how to safely administer them, and have the parents' permission to administer them. Program staff must also be aware of any food or other allergies children may have so that they can protect them from an allergic reaction if they must remain in the facility or be evacuated to another location.

C-2.2. The center shall maintain emergency release forms and permission to transport forms for each child including permission to obtain emergency medical care for the child and to evacuate the child off-site to a safe location. In the event of an evacuation, a staff member

(and an alternate) must be assigned to take a copy of the medical permission forms for all children, volunteers and staff in the center.

F-2.2. The family child care provider shall maintain emergency release forms and permission to transport forms for each child including permission to obtain emergency medical care for the child and to evacuate the child off-site to a safe location. In the event of an evacuation, the provider or an assistant must take a copy of the medical permission forms for all children and assistants.

During an emergency a child care program may have to evacuate all children from the center or family child care home. Permission to transport children or provide life-saving medical care in the event of an emergency can be requested prior to an incident. If a child is injured during an emergency the program staff or providers may need to get emergency medical care for the child. Having parents' written permission to take these actions will help prevent misunderstandings between programs and parents. It will also help program staff feel more confident that they are carrying out the parents' wishes for their child's care.

C-2.3. The center shall maintain an emergency "ready-to-go" file which includes copies of sign-in/sign-out forms, medication administration forms, and incident/injury forms. A responsible staff person must be assigned to take the emergency "ready-to-go" file. Additionally, there must be an assigned back-up for this person, should they be off-site or unable to fulfill this responsibility.

F-2.3. The family child care provider shall maintain an emergency "ready-to-go" file which includes copies of sign-in/sign-out forms, medication administration forms, and incident/injury forms. The provider or an assistant must be assigned to take the emergency file. Additionally, there must be an assigned back-up for this person, should they be off-site or unable to fulfill this responsibility.



When it is necessary to evacuate a child care center or family child care home, certain records must be taken along so the staff and providers can continue to provide care for children at the temporary location and communicate with parents, staff and key contacts. When an emergency occurs there may not be time to gather these materials together before evacuation is required. Some materials, such as copies of each child's individual information, parent contact information, information on children and adults with special needs, information to facilitate family reunification (such as release forms) as well as blank incident/injury forms can be kept in the file and the other materials added daily (e.g., sign-in sheets). If copies of the latter materials are made at the beginning of the day and placed in the file, the program will be able to evacuate the facility more quickly.

C-2.4. The center shall maintain a list of agencies and organizations to contact for help during an emergency. The phone numbers, as well as the center's name, address and phone number must be posted near each landline phone. Emergency numbers include:

- a. 9-1-1.
- b. Medical care.
- c. Police/Sheriff.
- d. Fire.
- e. Rescue.
- f. Local and state emergency management.
- g. Utility companies.

- h. Television and radio stations.
- i. Licensing.
- j. Child Protective Services.
- k. Poison Control.
- l. Local American Red Cross chapter.

F-2.4. The family child care provider shall maintain a list of agencies and organizations to contact for help during an emergency. The phone numbers, as well as the provider's name, address and phone number must be posted near each landline phone. Emergency numbers include:

- a. 9-1-1.
- b. Medical care.
- c. Police/Sheriff.
- d. Fire.
- e. Rescue.
- f. Local and state emergency management.
- g. Utility companies.
- h. Television and radio stations.
- i. Licensing.
- j. Child Protective Services.
- k. Poison Control.
- l. Local American Red Cross chapter.

Before, during and after a disaster, child care program staff will need to be in contact with other organizations and individuals in their community. In addition to being able to reach emergency personnel, staff/providers may need to contact the local and state emergency management offices for guidance on what actions to take. They may need to contact utility companies for guidance on when and how to turn off utilities or have utilities turned on. They may need to contact television and radio stations to request announcements be made regarding when they are closing or reopening. State licensing regulations may require the state licensing office be informed when the program is experiencing or has experienced an unusual event. State licensing offices may also need to be contacted to get permission to operate under emergency conditions in order to continue to provide service to families and the community.

Having the numbers 9-1-1 posted on each landline and cell phone can help a child care program get help more quickly. The three-digit telephone number “9-1-1” has been designated as the “universal emergency number,” throughout the United States. It is intended as a nationwide telephone number and gives the public fast and easy access to a Public Safety Answering Point (PSAP). In most areas of North America, child care programs have basic or enhanced 9-1-1 service from their phones. Basic 9-1-1 means that when the three-digit number is dialed, a call taker/dispatcher in the local public safety answering point (PSAP), or 9-1-1 center, answers the call. The emergency and its location are communicated by voice between the caller and the call taker. In areas serviced by Enhanced 9-1-1, the local 9-1-1 center has equipment and database information that allow the call taker to see the caller’s phone number and address on a display. This lets them quickly dispatch emergency help, even if the caller is unable to communicate where they are or what the emergency is. In many areas, this is the only number to call for emergency help. As a backup, a child care program should post the phone numbers for fire, police and rescue services separately if different numbers exist. It is helpful to have the program’s name, address, and phone number also posted. If an adult or child who does not know the address calls for help they can use this information to give to the emergency contact, if the emergency contact is not able to obtain it electronically.

C-2.5. The center shall maintain a daily sign-in and sign-out sheet that includes:

- a. The first and last names of staff, volunteers and children.
- b. The times of arrival and departure for staff, volunteers and children.
- c. The names of visitors (times of arrival and departure).
- d. In the event of an emergency, a staff person must be assigned to be responsible to take this list to the pre-identified evacuation site or safe area in the facility.

F-2.5. The family child care provider shall maintain a daily sign-in and sign-out sheet that includes:

- a. The first and last names of children and assistants.

- b. The times of arrival and departure for children and assistants.
- c. The names of visitors (times of arrival and departure).
- d. In the event of an emergency, the provider or an assistant must be responsible for taking this list to the pre-identified evacuation site or safe area in the facility.

When a disaster occurs, program staff must be able to account for all children and adults who are in the facility at that time. Having a list of those present makes it easier to be sure everyone has been accounted for. The list should be reviewed to be sure everyone has been accounted for before evacuating or locking down the facility. If it is necessary to evacuate the facility, the list should be taken along and checked once children and staff arrive at the temporary relocation site. Not knowing who is in the facility can result in delays while staff members look for children or adults who have already left for the day. Such delays can further endanger the lives of all children and staff.

Standard Three: The child care center shall develop and implement plans and procedures and backup plans and procedures for communicating with families before, during and after emergencies and for reuniting children with their families.

Standard Three: The family child care provider shall develop and implement plans and procedures, and backup plans and procedures, for communicating with families before, during and after emergencies and for reuniting children with their families.

C-3.1. The center shall maintain current emergency contact information for each child, volunteer and staff member, including contact information for an out-of-area/state emergency contact person, if available. The contact information should include multiple telephone numbers and email addresses, as well as other emergency contacts. At a minimum, this list should be updated every six months. Store at least one current copy of the list on-site and one off-site.



C-3.2. The center must have a plan for communicating with parents, volunteers and staff when an emergency has occurred.

F-3.1. The family child care provider shall maintain current emergency contact information for each child, substitute, and volunteer, including contact information for an out-of-area/state emergency contact person, if available. The contact information should include multiple telephone numbers and email addresses, as well as other emergency contacts. At a minimum, this list should be updated every six months. Store at least one current copy of the list on-site and one off-site.

F-3.2. The family child care provider must have a plan for communicating with parents, substitutes, and volunteers when an emergency has occurred.

When an emergency occurs, child care programs must be able to contact each child's parents to let them know their child is safe and when and where the parents may come for them. If the parents cannot be reached at their usual or provided phone number because their workplace has been impacted by the disaster or phone service has been disrupted, the program must have other ways of reaching parents or someone authorized to pick up and care for the child. If the disaster is widespread it may be necessary to contact someone out of the area who can

relay information to the parents when contact is made, or to come for the child if the parents are not able to, have been incapacitated, or are deceased. When phone service is disrupted it may still be possible to contact the parents or other emergency contacts by email.

C-3.3. Parents must be kept informed of the center's emergency preparedness plan and the plans for reuniting children with their families after an evacuation or disaster. The plan should be updated and available for review at least once a year, and parent(s) should be required to initial that they have received and reviewed a copy of the plan.

C-3.4. Parents must be informed of the center's plan in advance for all possible relocation/evacuation site(s) where their child might be relocated if evacuation from the facility is required.

F-3.3. Parents must be kept informed of the family child care provider's emergency preparedness plan and the plans for reuniting children with their families after an evacuation or disaster. The plan should be updated and available for review at least once a year, and parent(s) should be required to initial that they have received and reviewed a copy of the plan.

F-3.4. Parents must be informed of the family child care provider's plan in advance for all possible relocation/evacuation site(s) where their child might be relocated if evacuation from the facility is required.

Keeping parents informed about the program's emergency preparedness plan and the plan for reuniting children with their families after an evacuation or disaster will help assure parents that their children's safety is a priority for the program. During an emergency the program and parents must work together to protect children's health and safety. If parents are not aware of the actions the program is going to take when a disaster strikes they may unnecessarily risk their lives trying to get back to where they left their child for care. Children can be quickly reunited with their parents if the program has informed parents where children will be relocated if an

evacuation is required. Having children returned to their parents more quickly will free program staff to return to their own families.

C-3.5. If it is necessary to take shelter-in-place or lockdown or evacuate the facility, parents must be informed as soon as children’s health and safety has been ensured and the parents can be reached by telephone or email.

C-3.6. If it is necessary to evacuate the facility, a message must be posted on the front door of the facility or on the program’s answering machine telling parents where the program has been relocated. If there are security concerns for some children or families, it is suggested that evacuation sites are identified as Site A or B, for example, rather than listing specific addresses.

F-3.5. If it is necessary to take shelter-in-place or lockdown or evacuate the facility, parents must be informed as soon as children’s health and safety has been ensured and the parents can be reached by telephone or email.

F-3.6. If it is necessary to evacuate the facility, a message must be posted on the front door of the facility or on the program’s answering machine telling parents where the program has been relocated. If there are security concerns for some children or families, it is suggested that evacuation sites are identified as Site A or B, for example, rather than listing specific addresses.

Informing parents in advance of where their child will be relocated if an evacuation is required can expedite children being reunited with them and can reduce parents’ concern about the safety of their children. Contacting parents during an emergency may be difficult because phone service may be disrupted. It may not be possible to contact parents by landline phone, cell phone, or email during or after a disaster. If parents do not know where their children have been relocated, they may try to return to the center or family child care home and place themselves in danger. If they do not know where their children are, reunification will be delayed which



can increase the trauma that children and caregivers experience in a disaster. It can also delay staff members and family child care providers being able to care for their own families. Parents will feel more secure if they know the program has a plan for relocating children and they have been informed of the plan.

When a shelter-in-place or lockdown occurs, parents may hear the news and become concerned for their children’s safety. They may try to return to the center or family child care home and put their own lives in danger. Having some means of getting the message out as quickly as possible to parents that children are safe, through a group email or phone tree, can reduce parents’ anxiety and encourage them to stay away from the facility until it is safe to return for their children.

If parents hear that the program in which their child is receiving care has been evacuated, they may try to call the center or family child care provider. If a message has been left on the answering machine parents can be redirected to the temporary evacuation site or to a cell phone number (however, cell phones may not be working). If parents are not able to reach the center or family child care home they may return and be alarmed if no one is there. Leaving a note on the door lets parents know where their child is and where they may come for him or her.

C-3.7. If any injuries or incidents occur during emergency drills or preparedness activities or during evacuations or lockdowns, the center shall provide a written incident/injury report to the parents which includes:

- a. Date and time of injury/incident.
- b. Name of child.
- c. Type and circumstance of injury/incident.
- d. Staff present and staff response.
- e. Date and time when parents were notified.
- f. Any future action to prevent recurrence of the injury/incident.
- g. Action steps to address problems, steps taken, documented changes to the plan.
- h. Staff and parent signatures.

F-3.7. If any injuries or incidents occur during emergency drills or preparedness activities or during evacuations or lockdowns, the provider shall provide a written incident/injury report to the parents which includes:

- a. Date and time of injury/incident.
- b. Name of child.
- c. Type and circumstance of injury/incident.
- d. Staff present and staff response.
- e. Date and time when parents were notified.
- f. Any future action to prevent recurrence of the injury/incident.
- g. Action steps to address problems, steps taken, documented changes to the plan.
- h. Provider and parent signatures.

During emergency drills or actual emergencies, incidents or injuries may occur. It is important that these situations be documented in writing and a copy of the written document provided to and signed by any staff/providers involved as well as parents. After the emergency passes, these written documents can be reviewed to determine if additional staff training is required or if the program's emergency procedures need to be changed. Parents are more likely to accept the program's actions if they are kept fully informed and learn about the incident or injury from program staff instead of others. If legal action is taken against the program because of an incident or injury occurring during an emergency, having a written record of the event can help the program defend its actions.

Standard Four: Each child care center shall be prepared to evacuate the facility, take shelter-in-place, or lock down the facility.

Standard Four: Each family child care provider shall be prepared to evacuate children from the family child care home, take shelter-in-place, or lock down the family child care home.

C-4.1. The center must have a plan for evacuating children, volunteers, and staff from the building, including a physical way (cribs with wheels, vehicles, etc.) to evacuate all children and adults from the center to a safe site or an alternate location.

- a. In each room post a floor plan which includes the primary and secondary routes of evacuation and the location of the fire alarm/pull boxes, fire extinguishers, smoke detectors, emergency "ready to go" kits, first-aid kit(s), interior safe room and exterior assembly area.
- b. The center must have a facility-wide emergency warning system which includes the exterior areas of the facility used by children, volunteers and staff members (e.g., intercom, emergency bells system, emergency bull horn or whistle).

F-4.1. The family child care provider must have a plan for evacuating all children and adults from the home, including a physical way (e.g., vehicles) to evacuate all children and adults from the home to a safe site or an alternate location.

- a. In each room used for care post a floor plan which includes the primary and secondary routes of evacuation and the location of the fire extinguishers, smoke detectors, emergency "ready to go" kits, first-aid kit(s), interior safe room and exterior assembly area.
- b. The family child care provider must have a way of warning assistants and family members of an impending emergency (e.g., a bell or whistle) which includes the exterior parts of the home used for care.

- c. **The family child care provider must have a plan for gaining entrance to evacuation sites (such as friend's or neighbor's home) which may be used as a temporary site. The family child care provider must have a Letter of Agreement with the owner or resident of the site(s), and a clear written plan for gaining entrance to the site(s).**

During several types of emergencies it may be necessary for child care staff or a family child care provider to evacuate children and adults out of the building to keep them safe. Evacuation is the best course of action during fires or when smoke or noxious or toxic fumes have entered or are about to enter the building. It may also be required when there is a bomb threat or other security issue. It may be called for when a suspicious item has been left in or delivered to the center or family child care home. After a disaster has occurred such as an earthquake, hurricane or tornado, it may be necessary to evacuate everyone from the building because the building is no longer safe.

Displaying a floor plan of the center or family child care home in each room with critical routes and places marked can prevent injury and save lives. The floor plan should include the primary and secondary evacuation routes from the room or family child care home, the prearranged location for meeting outside the facility, and the safest area of the building to go to during different types of emergencies (e.g., earthquakes, tornadoes, and intruders). Providers can access this information more quickly if it is posted in the room in which they are providing care. Having it posted also serves as a reminder to providers of the need to be prepared for disasters and the actions to take when one occurs.

When it is necessary to evacuate a child care center or family child care home there must be a way to notify everyone in the building that an evacuation is about to begin. At the moment of crisis some children and providers may be outside the building on the playground. Unless those on the playground are warned they may re-enter the building when it is not safe to do so. If a loss of electrical power occurs, centers with intercom systems may not be able to use this means of contacting all of the staff members. Phone service into each classroom may be disrupted. In a family child care home, family members may be in upstairs or basement rooms. Having

a dependable way, as well as a back-up plan, to notify everyone in the child care facility that evacuation is necessary can prevent injuries and save lives.

After all children and staff have been evacuated, they must be taken to another site where they can be protected from harm. Outside locations may not be safe in extreme weather or when there are smoke or noxious fumes in the area. Arrangements to use facilities such as libraries, schools, and other public or private buildings as temporary locations should be made in advance. Evacuations may be necessary when these facilities are not open to the public. Unless the program has made arrangements to enter the facility when this is the case, it may not be able to use the facility as a temporary site.

After an evacuation and children are safe, parents should be notified immediately. News of the evacuation of a child care facility travels fast. If parents are concerned they may try to return to the child care facility to get their children – putting themselves and others in harm's way. If it is possible for parents to safely pick up their children at the temporary evacuation site, this should be done as quickly as possible for children's comfort and in response to the parents' concern for their child's safety. Having a way to notify the parents quickly that an evacuation has occurred is important to children, parents and the program staff.

C-4.2. At the instruction of local authorities, or when necessary, the center must be prepared to shelter-in-place and keep children inside the facility, for example, in the event of a weather-related situation or chemical spill.

- a. **The center must be prepared to seal windows, doors, and vents and turn off heating and air conditioning systems.**
- b. **The center must have a program-wide method of communicating to staff and volunteers when shelter-in-place is required and when it is safe to move about inside the building or to leave the building such as an all-clear, hand-operated bell signifying that it is safe to move about.**

F-4.2. At the instruction of local authorities, or when necessary, the family child care provider must be prepared to shelter-in-

place and keep children inside the facility, for example, in the event of a weather-related situation or chemical spill.

- a. The family child care provider must be prepared to seal windows, doors and vents and turn off heating and air conditioning systems.**
- b. The family child care provider must have a way to communicate with assistants and family members when shelter-in-place is required and when it is safe to move about inside the home or to leave the home such as an all-clear, hand-operated bell.**

The safest course of action in certain emergencies or disasters may require that child care programs keep children and adults inside the facility. Examples of situations in which staying inside may be the recommended course of action include tornadoes, windstorms, floods and some chemical emergencies. Staying inside, at least temporarily, is recommended when the emergency presents danger that could quickly overtake children and adults if outside, or if there is not enough time to safely evacuate children and adults.

Chemical emergencies can occur anywhere chemicals are used, stored or transported. To keep children and adults safe when one occurs, the program must follow the guidance of emergency officials. Steps may include action to keep the dangerous fumes outside the building. To do this requires sealing the rooms as tightly as possible by closing and locking all windows and doors. To keep outside air from entering the building, tape or wet towels can be placed at the bottom of doors and windows to absorb gases that may leak into the center or home.

It is also necessary to turn off all heating, cooling, and ventilation devices including window and attic fans and anything else that moves air in and out of the center or family child care home. Fireplace dampers should also be closed to prevent noxious fumes from entering through chimneys. If children and adults are outside the center or family child care facility when taking shelter-in-place is required they must be warned to move indoors immediately. It is important that everyone stay inside until the danger has passed; leaving the facility prematurely could result in illness and/or death.



Photo Credit: FEMA

C-4.3. At the instruction of local authorities, or when necessary, the center must be prepared to lock down the facility.

- a. The center must have a program-wide method of communicating warnings and alerts to all adults on site when lockdown is required and when it is safe to move about, leave and/or reopen the facility.**
- b. In compliance with the local fire code, the center must have a system for immediately locking all center entrances, interior doors, and windows when lockdown is required.**

F-4.3. At the instruction of local emergency officials, or when necessary, the family child care provider must be prepared to lock down the family child care home.

- a. The family child care provider must have a program-wide method of communicating warnings and alerts to assistants, substitutes and family members when lockdown is required and when it is safe to move about in, leave and/or reopen the family child care home.**
- b. In compliance with local fire codes, the family child care provider must have a system for immediately locking all doors and windows, when lockdown is required**

Locking down the child care center or family child care home may be the safest response to a potentially violent situation. Locking down means securing the windows and doors so that no one from the outside can enter the

facility. Locking down is recommended when there is a potential intruder, a non-custodial parent or guardian is threatening to remove their child from the facility, a parent or guardian is outside the building and is clearly intoxicated or under the influence of drugs, there is a hostage in the area, or there is an individual in the area with a weapon.

A child care program must have a way to notify adults and children in the building and on the playground that a potentially violent situation is in progress. Failing to notify everyone of the presence of danger could result in injury, kidnapping or fatalities. The program also needs a way to notify everyone when it is safe to move about and reopen the facility.

A child care center or family child care home may have multiple doors and unlocked windows. If the program has a plan in place for who will be responsible for locking each of them when a lockdown is directed, the facility can be made secure more quickly. It may be necessary to lock interior doors if an intruder, non-custodial parent without permission to pick up the child, an inebriated parent or any other person who is a threat to children's safety has already entered the facility.

C-4.4. The center shall implement a monthly practice evacuation and relocation drill as required by the NFPA Life Safety Code 101 and two shelter-in-place and two lockdown drills per year. If possible, practice evacuating to a facility near the center as well as to a safe distance from the center. For guidance on safe evacuation, consult local fire and emergency officials.

- a. At least one-fourth of the drills must simulate the types of emergencies most likely to occur in the area (e.g., tornados, hurricanes, earthquakes, wildfires, etc.).
- b. The center shall maintain a record of the dates of the practice drills for 12 months or until the next licensing inspection including:
 - i. The type of drill simulated.
 - ii. The date and time of the drill.
 - iii. The number of children, staff and volunteers participating.
 - iv. The name of the person supervising the drill.



Photo Credit: FEMA

- v. The total time required for evacuation, taking shelter or locking down.
 - vi. Problems encountered during the drill.
 - vii. Action steps to address problems identified, steps taken, and documented changes to the plan.
- c. For centers using multiple shifts of caregivers or providing evening or weekend care, the simulated drills shall be divided evenly among the various shifts.
 - d. To the extent possible, include local fire, rescue or emergency officials when conducting a drill.
 - e. Conduct drill(s) when licensing officials are visiting the center. Licensing, as part of their inspection visits, must confirm drills are being conducted as required.
 - f. The center shall vary the days of the week and times of the day when drills are held; at least two drills per year should occur during rest or nap time. While ensuring the safety of children, it is recommended that drills be conducted in a variety of weather conditions and times of the day.
 - g. All children, visitors, volunteers and staff members must evacuate the facility during simulated evacuation drills.
 - h. At least one drill per year should be held when essential/lead staff are not present.

F-4.4. The family child care provider shall implement a monthly practice evacuation and relocation drill, two shelter-in-place and two lockdown drills per year. If possible, practice evacuating to a facility near the home as well as to one a safe distance from the home. For guidance on safe evacuation, consult local fire and emergency officials.

- a. At least one-fourth of the drills must simulate the types of emergencies most likely to occur in the area (e.g., tornados, hurricanes, earthquakes, wildfires, etc.). The family child care provider must keep a record of the dates of the practice drills for 12 months or until the next licensing inspection including:**
 - i. The type of drill simulated.**
 - ii. The date and time of the drill.**
 - iii. The number of children, assistants and family members participating.**
 - iv. The name of the person supervising the drill.**
 - v. The total time required for evacuation, taking shelter or locking down.**
 - vi. Problems encountered during the drill.**
 - vii. Action steps to address problems identified, steps taken, and documented changes to the plan.**
- b. If the family child care provider offers evening or weekend care, some simulated drills must be held during these hours.**
- c. To the extent possible, include local fire, rescue or emergency officials when conducting a drill.**
- d. The family child care provider shall vary the days of the week and times of the day when drills are held; at least two drills per year must occur during rest or nap time.**
- e. All children, assistants, visitors, and family members must evacuate the family child care home during simulated evacuation drills.**

It is essential that programs conduct emergency drills in order for children and staff to understand how to respond in the event of an emergency. Drills should be held so children and adults know how to evacuate the facility, take shelter-in-place and lockdown the building. Each type of emergency response requires different actions on

the part of adults and children. Everyone will be better prepared if they have practiced all three types of actions.

It is important for child care programs to practice responding to the types of emergencies likely to occur in their area. While many types of disasters can occur almost anywhere, there are specific types of disasters likely to occur in some states and regions. For example, programs in Hawaii and California may be impacted by tsunamis while programs in Kansas or Indiana are not at risk for tsunamis. The recommended response varies by the type of disaster. What staff and children should do during a tornado is different from what they should do when there is a bomb threat and different from what they should do during a fire. Knowing the specifics of how to best respond to each type of emergency likely to occur in their area can help child care programs save lives and prevent injuries.

Keeping a record of emergency drills may be required for state child care licensing. In addition, having a record of emergency drills can help a child care program ensure that it has completed the recommended number and types of drills. Analyzing the data from drills (i.e., the time required to complete a drill and problems encountered), can help a program improve its emergency procedures. Emergencies can occur during any time of the day or night. Practicing should reflect the array of conditions during which the disaster or emergency could occur. When a child care center operates with more than one shift of caregivers, each group of caregivers must be prepared to evacuate children, take shelter-in-place or lock down the facility. Conducting some practices during each shift will help ensure all the staff members are prepared to keep children safe during an emergency.

Times that emergency drills are conducted should vary. Many types of activities occur during a child care day including arrival, structured and unstructured play, snack time and meals, outdoor play, and resting or napping. During some parts of the day it is more difficult to evacuate children or to move them to a safer area in the facility. When children are sleeping it may be difficult to awaken them and get them to move quickly out of the building or to a safe room. When children are playing outdoors it takes longer to get them gathered together to move to a safe spot away from the center or family child care home. In some programs, especially part-day preschools, the ages and numbers of children vary based

on the time of day and day of the week. In child care centers and family child care homes, school-age children may not be present during school hours but are present at other times. Some staff members may work only on certain days of the week. For these reasons, it is important to vary the day of the week and the time of the day when emergency drills are held.

Unless everyone in the facility actually leaves the facility during an evacuation drill it is impossible to ensure that their safety could be protected in the event of a real emergency. Child care program staff may be tempted to not participate in the drill to evacuate sleeping children or infants in cribs because this upsets their daily routine and can make caring for them for the rest of the day more challenging. Not practicing how sleeping children will be awakened and evacuated and how infants will be carried or moved out of the facility in cribs can lead to injury and/or death if a fire or other emergency occurs.

Standard Five: Each child care center shall have and maintain the equipment, supplies and materials needed to care for children and staff during emergencies, evacuate children and staff, and communicate with parents, staff members and community agencies during an emergency.

Standard Five: The family child care provider shall have and maintain the equipment, supplies and materials needed to care for children during emergencies, evacuate children and adults, and communicate with parents, assistants and community agencies during an emergency.

C-5.1. The center must have a working landline telephone and an alternative means of communication such as a cell phone, ham radio or other similar device. It is highly recommended that a non-electrical option be identified (e.g., battery- or crank-operated).



Photo Credit: FEMA

F-5.1. The home must have a working landline telephone and an alternative means of communication such as a cell phone, ham radio or other similar device. It is highly recommended that a non-electrical option be identified (e.g., battery- or crank-operated).

Before, during and after an emergency center staff or the family child care provider will need to contact emergency personnel, parents, and other staff members. Weather or other conditions may have disrupted landline phone service or the lines may be busy because they are in use by emergency personnel and others. Having two forms of external communication increases the potential for reaching help and communicating with parents.

C-5.2. The center must maintain a first-aid kit on each floor of the building used by children, accessible to outdoor play areas, in vehicles, and on field trips and wherever children are in care.

- a. The first-aid kit must include at a minimum: scissors, tweezers, gauze pads and rolls, adhesive tape, adhesive bandages of assorted types, an antiseptic cleansing solution and pads, a thermometer, triangular bandages, single-use gloves such as surgical or examination gloves and a first-aid instruction manual.

- b. **The first-aid kit must be in a closed container and easily accessible and identifiable to staff but not to children.**

F-5.2. The family child care provider must maintain a first-aid kit and have a first-aid kit in vehicles, on field trips and wherever children are in care.

- a. **The first-aid kit must include at a minimum: scissors, tweezers, gauze pads and rolls, adhesive tape, adhesive bandages of assorted types, an antiseptic cleansing solution and pads, a thermometer, triangular bandages, single-use gloves such as surgical or examination gloves, and a first-aid instruction manual.**
- b. **The first-aid kit must be in a closed container and easily accessible and identifiable to adults but not to children.**

Having a first-aid kit available makes it possible for staff members or family child care providers to treat minor injuries that may occur during an emergency. Having injuries treated can help children feel more comfortable and prevent further damage until the child can receive medical care. Receiving medical care may be delayed during an emergency. Some state child care regulations specify what items should be included in a child care program first aid kit. Additional guidance on what to include in a first-aid kit is included in “Caring for Our Children: National Health and Safety Standards for Out-of-Home Child Care,” 2nd Edition. Some of the items in first-aid kits should be kept out of children’s reach because they are poisonous if ingested or have sharp points.

C-5.3. The center must maintain a working, battery- or crank- operated flashlight on each floor of each building used by children. Batteries should be checked monthly and additional batteries should be kept on hand.

F-5.3. The home must maintain a working, battery- or crank-operated flashlight on each floor of the home used for child care. Batteries should be checked monthly and additional batteries should be kept on hand.

During an emergency, electrical power to the facility may be lost. An emergency flashlight will increase mobility in complete darkness and is useful in signaling for help. Having flashlights available on each floor and room used by children can help staff and family child care providers find needed supplies, use the telephone to contact emergency personnel, and evacuate children safely.

C-5.4. The center must have a working, battery-operated weather radio with additional batteries in each building used by children and any alternate location.

F-5.4. The home must have a working, battery-operated weather radio with additional batteries.

Many disasters occur without notice; however, some disasters are predicted in advance. For example, hurricanes and winter storms may be predicted several hours in advance. Listening to weather forecasts and storm warnings may enable child care programs to return children to their parents and close the facility before the disaster hits. Weather and other disaster warnings are typically broadcast over radio and television stations. During and after certain emergencies, weather radios and other devices are used to:

- Keep track of developing weather events.
- Be informed of sudden onset events.
- Take appropriate actions as directed by emergency officials.

In the event of a power outage during an emergency, an emergency radio for listening to local emergency broadcast updates and communicating with others could be a matter of life and death. Having an emergency radio with National Oceanic and Atmospheric Administration (NOAA) auto-alert broadcasts, will allow a child care program to receive early weather warnings and be better prepared. Some radios offer the ability for two-way communication. The ability to communicate with others, before, during, or after an emergency is essential in emergency situations. The ability to relay critical information or account for the status of a facility to emergency personnel, parents or others in the surrounding areas is essential for ensuring the safety of all children and staff.



C-5.5. The center must maintain a 72-hour emergency supply of disposable bottles, nipples and commercial formula appropriate for the infants in care if infants are enrolled.

C-5.6. The center must maintain a 72-hour emergency supply of drinking water and nonperishable food for the staff and children enrolled.

C-5.7. A system for monitoring the expiration date of all feeding products and emergency supplies must be established and expired items should be disposed of and replaced.

F-5.5. The family child care provider must maintain a 72-hour emergency supply of disposable bottles, nipples and commercial formula appropriate for the infants in care if infants are enrolled.

F-5.6. The family child care provider must maintain a 72-hour emergency supply of drinking water and nonperishable food for the adults and children enrolled.

F-5.7. The family child care provider must verify that all feeding products and emergency supplies are within expiration dates and must replace expired items in the emergency kit as appropriate.

It may take up to 72 hours for help to arrive in some areas after a disaster of great magnitude. Children have smaller stomachs and less body fat and are unable to survive for long periods without food and water. Children must have constant access to potable water if the regular approved supply of drinking water is temporarily interrupted. During an emergency, electrical power to the center or family child care home may be lost resulting in spoilage of perishable foods.

C-5.8. The center should request parents provide at least a 72-hour supply of each child's medications for use during emergencies. The medications may be supplied as part of the daily check-in procedures. Staff members should be advised to have a 72-hour supply of critical medications in their personal belongings.

F-5.8. The family child care provider should request that parents provide at least a 72-hour supply of each child's medications for use during emergencies. The medications may be supplied as part of the daily check-in procedures. Family child care providers should maintain at least a 72-hour supply of critical medications needed for themselves and their own family members.

It may take up to 72 hours for help to arrive in some areas after a disaster of great magnitude. To keep children and adults healthy during that period they should continue to receive the medications prescribed for their daily use.

C-5.9. The center must have an emergency kit to use during evacuations, shelter-in-place or lockdowns.

- a. The safety and security of the children, volunteers and staff must first be ensured.
- b. The kit must be pre-assembled and transportable.
- c. Staff members must be aware of where the kit is located and one or more staff members assigned to maintain and transport it, including monitoring expiration dates and replacing expired materials.

- d. The emergency kit must include disposable diapers, wet wipes and tissues, blankets, a radio and extra batteries, flashlights and extra batteries, a first-aid kit, a copy of the individual records for each enrolled child, pain/fever reduction medications, special equipment required for any child in care or staff member, bottled drinking water, disposable cups, concentrated formula, baby food, other nonperishable foods, a can opener, and emergency cash. The kit should also include copies of essential papers including the parent emergency contact list, extra set of facility-essential paperwork, alternate site information, special needs information, staff contact information, medical permission forms, etc. In larger programs a kit for each room should be considered to reduce the size and weight of the kit.

F-5.9. The family child care provider must have an emergency kit to use during evacuations, shelter-in-place or lockdowns.

- a. The safety and security of the children and adults must first be ensured.
- b. The kit must be pre-assembled and transportable.
- c. Assistants and substitutes must be aware of where the kit is located. If they are assigned to maintain or transport it, including monitoring expiration dates and replacing expired materials, they must be aware of their responsibilities.
- d. The emergency kit must include disposable diapers, wet wipes and tissues, blankets, a radio and extra batteries, flashlights and extra batteries, a first-aid kit, a copy of the individual records for each enrolled child, pain/fever reduction medications, special equipment required for any child in care, bottled drinking water, disposable cups, concentrated formula, baby food, other nonperishable foods, a can opener, and emergency cash. The kit should also include copies of essential papers including the parent emergency contact list, extra set of program essential paperwork, alternate site information, special needs information, assistant contact information, medical permission forms, etc.

Caring for young children requires access to supplies such as diapers, hand and diaper wipes, and tissues. In addition, supplies are needed to be able to feed infants and older children and protect them from harsh weather. During an emergency the facility may no longer have heat or water. Heat, water, food and other needed supplies may not be available at the relocation site. When a disaster strikes there may not be time to assemble all of the needed items and evacuate children in a timely manner. Having all the required materials gathered together and stored in the container which can be easily transported, can decrease the amount of time required to evacuate the building or move children to a safe location within the facility. A staff member and back-ups should be assigned to maintain the kit and ensure that it is transported with children so that it will be available for use.

Standard Six: Each child care center shall prepare and train staff members and volunteers to protect children’s health and safety during an emergency.

Standard Six: Each family child care provider shall prepare and train assistants, substitutes and volunteers to protect children’s health and safety during an emergency. Family members over age 12 should be prepared to assist during an emergency.

- C-6.1. At least one staff member who has current certification in pediatric first aid, including rescue breathing and cardiopulmonary resuscitation (CPR), shall be in attendance in the center and in all places where children are in care.

- F-6.1. The family child care provider or another adult who is currently certified in pediatric first aid including rescue breathing and cardiopulmonary resuscitation (CPR) shall be in the home when children are in care.

To ensure the health and safety of children in a child care setting, someone who is qualified to respond to life-threatening emergencies such as a child having an asthma attack must be present at all times but especially during disasters when injury is more likely to occur. A person trained in pediatric first aid, including management of a blocked airway and rescue breathing, can mitigate the consequences of injury and reduce the potential for death

from life-threatening conditions. Knowledge of pediatric first aid, including management of a blocked airway and rescue breathing, and the confidence to use these skills, are critically important to the outcome of an emergency situation (Emergency Disaster Procedures, 2004).

C-6.2. Each staff member must be made aware of their roles and responsibilities during emergencies.

- a. A chain of command for emergency response shall be established and communicated to staff members.
- b. A primary and secondary person shall be assigned to each duty and responsibility.

F-6.2. Substitutes and assistants must be made aware of their roles and responsibilities during emergencies.

During an emergency there are many roles and responsibilities to be performed. If each person in the facility is aware of their roles and responsibilities, the response will occur more effectively. When people know what is expected of them there is likely to be less confusion and panic. It is critical that one person be responsible for coordinating the program's response and, if that person is not present or is unable to perform the duties, a backup person takes charge. In the case of family child care, it will most likely be the family child care provider who is the program owner. Not having one person in charge can result in contradictory actions or the adults failing to complete critical tasks.



Photo Credit: FEMA

C-6.3. Each staff member and volunteer shall receive pre-service training on emergency procedures including a review of the program's written policies and procedures.

F-6.3. Each assistant and substitute shall receive pre-service training on emergency procedures including a review of the program's written policies and procedures.

Many of the individuals hired to work in child care programs have had limited child care training and experience. Unless they are trained prior to being given responsibility for the care of children, they may not know what to do when an emergency occurs. Reviewing the program's policies and procedures for handling emergencies can give them the knowledge they need to protect children's health and safety during an emergency.

C-6.4. Each staff member and volunteer shall receive training every six months, which includes a review of the center's emergency procedures and monthly drills.

- a. The center shall maintain training records documenting the training.
- b. Additional training may be required to ensure the safety of children and staff with special needs.

F-6.4. Each assistant and substitute shall receive annual training which includes a review of the program's emergency procedures.

- a. The family child care provider shall maintain training records documenting the training.
- b. Additional training may be required to ensure the safety of children and staff with special needs.

Frequent training of child care staff, assistants and substitutes (at least every six months) can help ensure they will remember what to do when an emergency occurs. Since the information is not used on a daily basis it is easy for everyone involved to forget what to do. Also, the program's procedures may have changed in the last year because of changes in guidance from emergency management personnel, facility alterations, enrollment changes, or other factors.

C-6.5. Each staff member shall be encouraged to develop their own family plan for emergencies. The center plan should include provisions for ensuring that in the event of an emergency and/or disaster sufficient staff coverage is in place to ensure the safety of children at the center, should some non-essential staff need to leave to care for their own families.

F-6.5. Each assistant and substitute shall be encouraged to develop their own family plan for emergencies.

During an emergency, child care program staff and family child care providers may be torn between their responsibilities to the enrolled children and their own family responsibilities. If they have developed a family emergency plan with their own family members they are more likely to be willing to stay to protect children in care and their own family will be better prepared for an unexpected event.

C-6.6. All volunteers present in the center for more than six hours per week shall receive orientation training on the center's emergency procedures.

F-6.6. All assistants, substitutes and volunteers present for more than six hours per week shall receive orientation training on the program's emergency procedures.

If volunteers are present in a child care program for extended periods of time they are likely to be present when a disaster occurs. If they have been trained on the program's emergency procedures they will be prepared to assist with evacuations and to help with the overall emergency response. They will also be better prepared to protect themselves from harm.

Standard Seven: Each child care center shall be prepared to protect the health and safety of children, staff members and volunteers with special needs and chronic medical conditions during an emergency.

Standard Seven: The family child care provider shall be prepared to protect the health and safety of children, assistants and family members with special needs and chronic medical conditions during an emergency.

C-7.1. The center must address the requirements for keeping children, staff members and volunteers with special needs and chronic medical conditions safe during emergencies

a. This information must be updated whenever a child with special needs is enrolled or a staff member with special needs employed or an individual's needs change.

F-7.1. The family child care provider must have a plan for keeping children, assistants and family members with special needs and chronic medical conditions safe during emergencies.

a. This information must be updated whenever a child with special needs is enrolled or an assistant with special needs employed or an individual's needs change.

The best way to prevent injury and loss of life during an emergency is planning that prepares child care programs to protect the health and safety of any enrolled children with special needs or any staff members or volunteers with special needs. Experience shows that without proper planning and preparation, disasters become even more chaotic and can result in unnecessary loss of life and injuries. During a disaster those with disabilities may face increased risk, higher death rates and difficulty in evacuating without prior planning by the child care program.

For example, prior to an emergency, the child care program must consider:

- How it will communicate an approaching emergency to those with hearing or visual impairments.
- How it will transport children or adults in wheelchairs, on crutches or with limited mobility to evacuation sites.
- How it will continue to provide required medical treatments to individuals with chronic illnesses.
- **The center must have a plan for making available any special medications or equipment needed by individuals with special needs or medical conditions during an emergency.**

F-7.2. The family child care providers must have a plan for making available special medications or equipment needed by individuals with special needs or medical conditions during an emergency.

Most child care centers have enrolled children and/or staff members with asthma, allergies or other chronic conditions. During an emergency it may be necessary to provide medical treatments for children or staff with chronic conditions. Unless the medications or equipment needed to provide this care is available during an emergency, including during an evacuation, the child's or adult's health may be in danger.

C-7.3. When children, staff, and volunteers with special needs or medical conditions are enrolled in the center, staff members must receive training on how to protect their health and safety during an emergency. Informational updates and training must be provided to all new staff and volunteers.

F-7.3. The family child care provider and all assistants or substitutes must receive training on how to protect the health and safety of children or family members who have special needs and medical conditions in the household during an emergency.

Center staff and family child care providers must be trained on how to protect the health and safety of children and other adults with special needs or chronic medical conditions during a disaster or emergency. Knowing what to do can enable providers to save and protect others' health and lives. When providers know how to care for those with special needs or chronic conditions they will have more time available to care for children and adults without these conditions.

Standard Eight: The child care center shall take the actions required to protect program information to help ensure they can continue to provide child care after an emergency.

C-8.1. The center shall take the actions necessary to ensure the records, documents and computer files the program needs to operate after an emergency will be available. The center should:

- a. Keep a copy of all important records and papers in a waterproof, fireproof, portable container.
- b. Make copies of all important documents, operating manuals, inventories and other important documents and store them at an off-site location at least 50 miles from the center location.
- c. Keep a back-up copy of the computer's operating system, boot files and critical software at a location away from the program site.
- d. Keep the center's inventory of equipment and supplies current and send an electronic copy or a printed copy to a remote site.
- e. Keep a copy of computer and Internet logon codes and passwords at a remote site.

C-8.2. The center shall keep a copy of a photo of each enrolled child at a remote location as well as several ways to contact the child's parents.

C-8.3. The center shall keep a copy of information on all regular and part-time staff at a remote location as well as several ways to contact each staff member after an emergency.

Standard Eight: The family child care provider shall take the actions required to protect program records and information to help ensure she can continue to provide child care after an emergency.

- F-8.1.** The provider shall take the actions necessary to ensure the records, documents and computer files needed to operate after an emergency will be available. The provider should:
- a. Keep a copy of all important records and papers in a waterproof, fireproof, portable container.
 - b. Make copies of all important documents, operating manuals, inventories and other important documents and store them at an off-site location at least 50 miles from the program location.
 - c. Keep a back-up copy of the computer's operating system, boot files, and critical software at a location away from the program site.
 - d. Keep the program's inventory of equipment and supplies current and send an electronic copy or a printed copy to a remote site.
 - e. Keep a copy of computer and Internet logon codes and passwords at a remote site.
- F-8.2.** The provider shall keep a copy of a photo of each enrolled child at a remote location as well as several ways to contact the child's parents.
- F-8.3.** The provider shall keep a copy of information on all assistants and substitutes at a remote location as well as several ways to contact each after an emergency.

During a disaster the assets of a child care program can be lost, damaged or destroyed. The building in which child care is provided can be damaged, outdoor and indoor equipment destroyed, materials scattered and electronic equipment such as computers damaged beyond repair. Most child care programs have limited cash reserves and repairing or replacing these assets can be difficult. The effects of the disaster may make it difficult or impossible to continue to provide child care in the days and weeks immediately after the disaster, taking away the program's or provider's ability to generate the income required to



Photo Credit: FEMA

pay operating and other expenses. While damage from a disaster may not be prevented, there are steps a program or provider can take to minimize the amount of risks and damage, as well as enable the center or family child care home to begin providing care more quickly.

Child care programs need different types of records to operate – information on children, employee records, Child and Adult Care Food Program (CACFP) records, parent charges and payments and others. In addition, most programs have insurance policies, rental agreements, copies of inventories, and other important papers needed to operate a program. After a disaster, access to some of these records becomes even more vital. Not having access to these records can result in financial loss and delays in restoring child care services.

Most child care programs, including family child care providers, store important information on their computer in electronic files. During a disaster computers and related equipment can be destroyed and valuable files lost. Not having access to its electronic records can result in financial loss and delays in restoring child care services.

Most child care programs have limited property insurance and cash reserves for replacing damaged or lost equipment, materials and other physical assets. If the physical assets of a child care program, for example, computers can be moved to a safe location (even to the second floor, in some cases) it may be possible to protect them for future use. Such actions should only be taken when doing so does not distract the staff members or

providers from protecting their own health and safety and that of others for whom they are responsible.

After a disaster has passed, a child care program may be able to provide child care so the parents who have their children enrolled can begin receiving emergency services, assist with recovery efforts, or return to work. It may not be possible to contact parents through the usual means such as work or cell phones if phone service is disrupted. In order to provide care, employees must be contacted to determine if they are available. Some employees may have left the area to escape the effects of the disaster.

Having photos of each child can be helpful if children are missing after an emergency and efforts are being made to locate them and reunite them with their parents. Parent contact information is helpful if the program wants to communicate with parents and let them know when the program will reopen for service. If parents are not contacted in a timely manner they may seek child care services from another source.

After an emergency, the regular staff in a child care center or assistants in a family child care home may no longer be available to provide child care. They may have been injured or killed or left the area if their home was damaged. The child care director or family child care provider may need to contact substitutes in order to restart or continue operating the program.



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Useful Terms

Biological Attack: The deliberate release of germs or other biological substances that can make you sick.

Business Continuity Plan: A plan that comprises clearly defined and documented procedures and information to use to keep the business operating when a disaster occurs.

Chemical Attack: The deliberate release of a toxic gas, liquid or solid that can poison people and the environment.

Damage Assessment: The process of assessing the financial and nonfinancial damage after a disaster has occurred.

Disaster: A sudden unplanned event that causes great damage and/or serious loss.

Disaster Declaration: A formal announcement by pre-authorized personnel that a disaster or severe outage is predicted or has occurred and that triggers pre-arranged mitigating actions.

Earthquake: A sudden slipping or movement of a portion of the earth's crust accompanied and followed by a series of vibrations.

Emergency: A sudden, unexpected event requiring immediate action due to its potential threat to health and safety, the environment, or property.

Emergency Management: The organization and management of resources and responsibilities for dealing with all aspects of emergencies, in particular preparedness, response and rehabilitation.

Emergency Response: The reaction to an emergency or incident and its focus is to protect human life and the key organizational assets.

Evacuation: The process of leaving a potentially dangerous area.

Exercise: To review, practice, evaluate and strengthen the emergency plan.

Extent: The size of an area affected by a hazard or hazardous event.

Federal Emergency Management Agency (FEMA): Independent federal agency created in 1979 to provide a single point of accountability for all federal activities related to disaster mitigation and emergency preparedness, response, and recovery.

Flood Hazard Area: The area shown to be inundated by a flood of a given magnitude on a map.

Flood Insurance Rate Map (FIRM): Map of a community, prepared by FEMA that shows both the special flood hazard areas and the risk premium zones applicable to the community under the National Flood Insurance Program.

Flood Zone: A geographical area shown on a FIRM that reflects the severity or type of flooding in the area.

Hazard: The potential harm or damage, or a situation which poses a level of threat to life, health, property or environment.

Hazard Mitigation: Sustained actions taken to reduce or eliminate long-term risk from hazards and their effects.

Hurricane: A severe tropical storm with torrential rain and extremely strong winds. Hurricanes originate in areas of low pressure in equatorial regions of the Atlantic or Caribbean, and then strengthen, traveling northwest, north, or northeast.

Landslide: Downward movement of a slope and materials under the force of gravity.

Lockdown: Confinement for safety. An emergency safety procedure in which people remain in a locked indoor space.

Magnitude: A measure of the strength of a hazard event. The magnitude (also referred to as the severity) of a given hazard event is usually determined using technical measures specific to the hazard.

National Response Plan (NRP): Establishes a comprehensive all-hazards approach to enhance the ability of the United States to manage domestic incidents. The plan incorporates best practices and procedures from incident management disciplines - homeland security, emergency management, law enforcement, firefighting, public works, public health, responder and recovery worker health and safety, emergency medical services, and the private sector - and integrates them into a unified structure. It forms the basis of how the federal government coordinates with state, local, and tribal governments and the private sector during incidents.

National Weather Service (NWS): Agency that prepares and issues flood, severe weather, and coastal storm warnings and can provide technical assistance to federal and state entities in preparing weather and flood warning plans.

Natural Disaster: A catastrophe that occurs as a result of forces of nature. Natural disasters include hurricanes, tornados, severe storms, floods, tsunamis, earthquakes, and volcanic eruptions.

Preparedness: Activities and measures taken in advance to ensure effective response to the impact of hazards, including the issuance of timely and effective early warnings and the temporary evacuation of people and property from threatened locations.

Prevention: Activities to provide outright avoidance of the adverse impact of hazards and means to minimize related natural, technological or attack disasters.

Recovery: Decisions and actions taken after a disaster with a view to restoring or improving the pre-disaster living conditions of the stricken community, while encouraging and facilitating necessary adjustments to reduce disaster risk.

Response: The actions taken by an individual or community after a catastrophic event to restore order and lifelines in a community.

Risk: The estimated impact that a hazard would have on people, services, facilities, and structures in a community.

Shelter-in-Place: The process of staying where you are and taking shelter, rather than trying to evacuate.

Syrup of Ipecac: A medicine used to induce vomiting in the case of accidental poisoning. Use syrup of Ipecac only under the instruction of poison control authorities because some poisons can cause more damage by being vomited.

Technological Disaster: Danger originating from technological or industrial accidents, dangerous procedures, infrastructure failures or certain human activities, which may cause the loss of life or injury, property damage, social and economic disruption or environmental degradation. Some examples: industrial pollution, nuclear activities and radioactivity, toxic wastes, dam failures; transport, industrial or technological accidents (explosions, fires, spills).

Tornado: A column of swirling wind: an extremely destructive funnel-shaped rotating column of air that passes in a narrow path over land.

Tropical Cyclone: A generic term for a cyclonic, low-pressure system over tropical or semi-tropical waters.

Tsunami: Great sea wave produced by submarine earth movement or volcanic eruption.

Wildfire: An uncontrolled fire spreading through vegetative fuels, exposing and possibly consuming structures.

Guidance on Reunification

During an emergency, children can become separated from their families. There are steps child care programs can take in advance to help reduce the potential this will occur. There are also steps that can be taken during the emergency. If children do become separated from their parents there are national, federal and local resources available to help child care programs reunite families.

What Child Care Programs Can Do In Advance

There are several actions a child care program can take in advance to ensure they will be able to reunite children with their families after an emergency. To be prepared for emergencies center staff and family child care providers should:

- Ensure they have multiple phone numbers for family members including home, cell and work phone numbers for both parents or guardians and others to whom the child can be released.
- Ensure parents or guardians have designated in writing the relatives or friends to which children can be released after a disaster, including one or more individuals outside the area.
- Inform parents in advance where the children will be taken if an evacuation is required.
- Ensure they have the phone number of a family member or trusted friend out of the area such as a grandparent or other relative who can be contacted to locate the parents.
- Establish an 800 (toll-free) or other emergency number for the program outside the area that parents can contact to learn where their child or children have been relocated.

- Take and maintain a current digital photo of each child enrolled in the program that can be used if it is necessary to post the child's photo to aid in reunification; with the parents' permission email a copy of the photo files to a location outside the area for use in reuniting children with their parents during a disaster.
- Become familiar with the National Emergency Family Registry and Locator System (NEFRS) and the National Emergency Child Locator Center and the American Red Cross systems which have been developed to help reunite families who are separated during a disaster

What Child Care Programs Can Do During the Emergency

During the emergency it is critical for programs to keep children safe and with program personnel who will be able to reunite children with their parents after the event. If there is sufficient warning and it is safe to do so, child care programs should strive to reunite children with their parents before the event occurs. If this not possible and an emergency response is required the program should:

- Place an identification bracelet on each child or pin information on each child that will help reunite the child with his or her parents or other trusted individuals.
- Assign an individual (staff member or assistant) and a backup to be responsible for each child's safety during the event.
- Release children only to individuals the parents have designated as approved to take the child from the program; require any such individuals to show photo identification before releasing a child to them.
- Keep parents informed when children are evacuated from the facility to a nearby or distant location.

What to Do If Parents or Other Designated Individuals Cannot Be Contacted

Following the 2005 hurricane season, Congress passed the Post-Katrina Emergency Management Reform Act (PKEMRA) of 2006, amending the Robert T. Stafford Disaster Relief and Emergency Assistance Act, and authorizing the establishment of the National Emergency Family Registry and Locator System (NEFRLS). During a disaster, NEFRLS is activated to reunite families that have become separated as a result of a disaster. Individuals and families can register online at www.fema.gov. Call centers may be reached at 1-800-588-9822, 24-hours a day when it is activated. NEFRLS enables FEMA to provide a Web-based system for people to voluntarily register and share specific information on their post-disaster well-being or location with specified family members.

By going online or calling the Family Registry System, people who have been separated from their families and friends can provide information about themselves and where they can be found. At the same time, families looking for a lost family member also are urged to go online at www.fema.gov or call the toll-free number as they search for them. For those who have become separated from children 21 years of age and younger, FEMA will activate the National Emergency Child Locator Center (NECLC) to help families, local and tribal governments, and law enforcement agencies track and locate children separated from their parents or guardians because of the disaster. The toll-free number for the Emergency Child Locator Center is 1-866-908-9572 and is staffed 24-hours a day. The Center's operations are managed by the National Center for Missing and Exploited Children, with support from FEMA. People who call the Family Registry to locate children will be directed to the Child Locator Center.

If a child remains in the program's care and it is not possible to locate the child's parents or another trusted individual, notify the local emergency management office and the state child care licensing office and contact the NECLC. When requested, provide a digital photo of the child and the information required by the Center. Keep the child safe and comfortable until contacted by the child's parents or another individual the parents have approved to take the child from the program. If no one can be found to release the child to and the program is no longer able to provide care of the child, contact the state Department of Social Services to obtain temporary foster care for the child.

Emergency Water and Food Supplies for Shelter-in-Place

Source: Adapted from Centers for Disease Control and Prevention materials.

If a natural or human-caused disaster strikes your community, your program might not have access to food, water and electricity for a while. By taking steps now to store emergency food and water supplies, along with a disaster supply kit, you can help minimize the effect of any such disaster on your program.

Water Supplies

In an emergency having a supply of clean water* is a top priority, for drinking, food preparation and hygiene.

- Store at least one gallon per person and pet per day.
- Store at least a three-day supply of water for each child and adult.

How and Where to Store Water

- In a cool, dark place in the center or family child care home and each vehicle.
- Preferably, in store-bought, factory-sealed water containers.
- Alternately, in food-grade quality containers made for storing water and available from sporting goods and surplus stores and other retailers. These containers must be thoroughly washed, sanitized and rinsed**, and the water you store in them, if it is from your tap, may need to be treated before being stored. Ask your public health service or water provider for information on whether and how to treat the water. Follow those instructions before storing any.

Avoid using

- Store-bought water past the expiration or “use by” date on the container.
- Containers that cannot be sealed tightly.
- Containers that can break, such as glass bottles.

- Containers that have ever held any toxic substance.
- Plastic milk bottles and cartons. They are difficult to clean and break down over time.

Do

- Change stored water every six months.

Alternate Emergency Water Sources Inside and Outside the Program

Inside

If a disaster catches your program without a stored supply of clean water, you can use the water in:

- The hot-water tank.
- Pipes and faucets.
- Ice cubes.

To use the water in the hot-water tank, be sure the electricity or gas is off, and then open the drain at the bottom of the tank. Start the water flowing by turning off the water intake valve at the tank and turning on a hot-water faucet. Refill the tank before turning the gas or electricity back on. If the gas is turned off, only a professional can turn it back on.

To use the water in the pipes, identify and turn on the highest faucet in the center or home to let air into the plumbing. You then can get water from the lowest faucet.

Outside

If you need to find water outside the center or family child care home, try:

- Rainwater.
- Streams, rivers and other moving bodies of water.
- Ponds and lakes.
- Natural springs.

Take steps to make water from any of these sources safer before drinking it.* You should not drink flood water or serve it to children. Avoid water with floating material, an odor or dark color. Use salt water only if you distill it first.

Food Supplies

During and after a disaster, it will be vital that the children and adults (including the pets) eat enough to maintain their strength.

- Store foods that you serve to children regularly. Foods that require no refrigeration, preparation or cooking are best.
- Store enough food for two weeks. It is better to have extra you can share than to run out.
- Individuals with special diets and allergies will need particular attention, as will babies, toddlers, ill and elderly people. Canned dietetic foods, juices and soups may be helpful for ill or elderly householders in a family child care home.
- Make sure the program has a manual can opener and disposable utensils.

During and after a disaster, be sure children and adults eat at least one well-balanced meal each day, more if they are working hard. If activity is reduced, healthy people can survive on half their usual food intake for an extended period and without any food for many days. Food, unlike water, may be rationed safely, except for children and pregnant women.

For emergency cooking, the program can use a fireplace or a charcoal grill or camp stove outdoors. Use only approved devices—like candle warmers, chafing dishes and fondue pots—for warming food. If you heat food in its can, be sure to open it and remove the label before heating. Never leave open flames unattended.

How and Where to Store Food

- Keep food in a dry, cool spot—out of the sun, if possible.
- Wrap perishable foods, such as cookies and crackers, in plastic bags and keep them in sealed containers.
- Empty opened packages of sugar, dried fruits and nuts into screw-top jars or airtight cans to keep them fresh and unspoiled.

Avoid

- Canned goods that have become swollen, dented or corroded.
- Fatty, high-protein or salty foods when your water supply is low.

Do

- Be sure children and adults keep hands clean — it is one of the best ways to keep from getting sick. If soap and running water are not available, use alcohol-based hand gels or wipes to clean hands.
- Inspect all food for signs of spoilage before use. Throw out perishable foods, such as meat and poultry, that have been left out at room temperature for more than two hours.
- Replace the stored food on a regular basis* with fresh supplies, dated on the container.
- Eat salt-free crackers, whole grain cereals and canned foods with high liquid content if water supplies are low.
- If there is a power outage, eat food in the refrigerator first, the freezer next and lastly from the stored supplies. In a well-filled, well-insulated freezer, foods will usually still have ice crystals in their centers (meaning foods are safe to eat) for at least two days.

For more information, contact any of the following:

- Centers for Disease Control and Prevention (www.bt.cdc.gov)
- Your local American Red Cross chapter (www.redcross.org)
- State and local health departments (www.cdc.gov/doc.do/id/0900f3ec80226c7a)
- Local emergency management agency
- CDC Public Response Hotline (English 1-888-246-2675, Spanish 1-888-246-2857, TTY 1-866-874-2646)

The Recommended Shelf Life of Foods in Storage

Within six months, use:

- Boxed potatoes.
- Dried fruit.
- Dry, crisp crackers.
- Powdered milk.

Within one year, use:

- Canned, condensed meat and vegetable soups.
- Canned fruits, fruit juices and vegetables.
- Hard candy and canned nuts.
- Jelly.
- Peanut butter.
- Ready-to-eat cereals and uncooked instant cereals.
- Vitamins.

In proper containers and conditions, the following can be stored indefinitely:

- Baking powder.
- Bouillon products.
- Dried corn.
- Dry pasta.
- Instant coffee, tea and cocoa.
- Soft drinks.
- Vegetable oils.
- Salt.
- Soybeans.
- Wheat (for bread making).
- White rice.

Ways to Make Outdoor Water Safer

** These instructions are not for treating water to be stored, only for emergencies when no other water is available.*

Untreated water can make children and adults very sick. Besides having a bad odor and taste, it can contain toxic chemicals, heavy metals and germs that cause such diseases as dysentery, typhoid and hepatitis. Before drinking outdoor water, using it in food preparation or for hygiene, make it safer to use by:

- **Straining it.** Pour the water through paper towels, a clean cloth or a coffee filter to remove any suspended particles.
- **Boiling it.** In a large pot or kettle, bring water to a rolling boil for one full minute. Cool it and pour it back and forth between two clean containers to improve its taste before drinking it.
- **Chlorinating it.** Using household liquid bleach that contains 5.25 to 6.0 percent sodium hypochlorite (listed on the label) as its only active ingredient, add 16 drops (1/8 teaspoon) per gallon to water in a large pot or kettle. Stir and let stand for 30 minutes. If the water does not have a slight bleach odor, repeat the dosage and let stand another 15 minutes. If it still does not smell of chlorine, find another source of water and start over.
- **Distilling it.** Fill a pot halfway with water. Tie a cup to the handle on the pot's lid so that the cup will hang right-side-up inside the pot when the lid is upside-down without dangling into the water. Boil the water for 20 minutes. The water that drips from the lid into the cup is distilled.

None of these methods is perfect. The best solution is to use all of them. Boiling and chlorination will kill most microbes but will not remove other contaminants, such as heavy metals, salts and most other chemicals. Distillation will kill or remove most of any remaining contaminants.

***Having a supply of clean water**

Learn where the water intake valve to your center or home is. If you hear reports of broken water or sewage lines, or if local officials recommend doing so, shut off water to the center or house at the incoming water valve to stop contaminated water from entering the center or home.

**** Washed, sanitized, rinsed**

(1) **Wash** containers with dishwashing soap and rinse with water, (2) **sanitize** by swishing a solution of 1 teaspoon of liquid household chlorine bleach to a quart of water on all interior surfaces of the container and (3) **rinse** thoroughly with clean water before use.

First-Aid Kits

First-aid kits should include the following:

- Disposable nonporous gloves.
- Scissors.
- Tweezers.
- A nonglass thermometer to measure a child's temperature.
- Bandage tape.
- Sterile gauze pads.
- Flexible roller gauze.
- Triangular bandages.
- Safety pins.
- Sterile eye bandage.
- Pen/pencil and note pad.
- Cold pack.
- Current American Academy of Pediatrics (AAP) standard first-aid chart (http://www.aap.org/bst/showdetl.cfm?&DID=15&Product_ID=2246) . There is a fee for this document) or a similar first-aid guide.
- Coins for use in a pay phone.
- Water.
- Small plastic or metal splints.
- Liquid soap.
- Adhesive strip bandages, plastic bags for cloths, gauze, and other materials used in handling blood.
- Any emergency medication needed for a child with special needs.
- List of emergency phone numbers, parents' home and work phone numbers, and the Poison Control Center phone number (1-800-222-1222)

Note: Syrup of Ipecac was recommended for first-aid kits prior to 2004. Because of recent research, it is no longer considered the best practice to include it in first-aid kits. Instead caregivers should call their Poison Control Center or 9-1-1 for instructions when they think a child may have taken a poison. See <http://nrckids.org/CFOC/updates.htm>.

Source: *National Resource Center for Health and Safety in Child Care*, 1-800-598-5437, <http://nrckids.org>

Insurance Guidance

Natural disasters can strike with little or no warning. So can man-made disasters and attacks. A child care program can take certain precautions to improve the odds of the program surviving after such an event, but it is impossible to make a program totally disaster proof. To protect the investment that has been made in the center or family child care home, owners and organizations should consider purchasing insurance. There are a number of different types of insurance available to child care programs including

Liability

- Comprehensive General Liability.
- Abuse and Molestation Coverage.
- Professional Liability.
- Crime Coverage.
- Corporal Punishment.
- Umbrella Coverage.

Property Building

- Building Contents.
- Property Extension Endorsements.

Automobile Owned Business Automobiles

- Nonowned Business Automobiles.
- Hired Autos.

Several of these types can be important for repairing and reopening the facility after an emergency.

Most commercial and homeowners insurance policies cover damage from the following natural events:

- Freezing weather leading to bursting pipes and ice dams.
- Hail.
- Hurricanes.
- Tornadoes.
- Wildfires.

However, most policies do not cover damage from earthquakes or damage caused by floods. Additional coverage is usually required to protect a center from those types of damage. Earthquake coverage is usually sold as an extra coverage to a commercial or homeowner policy. In earthquake-prone areas it is more expensive to purchase than in areas that are less earthquake-prone.

The federal government provides flood insurance through the National Flood Insurance Program (NFIP). Since standard homeowners insurance doesn't cover flooding, it's important to have protection from the floods associated with hurricanes, tropical storms, heavy rains and other conditions that impact the United States. In 1968, Congress created the NFIP to help provide a means for property owners to financially protect themselves. The NFIP offers flood insurance to homeowners, renters, and business owners if their community participates in the NFIP. Participating communities agree to adopt and enforce ordinances that meet or exceed FEMA requirements to reduce the risk of flooding. Keep in mind that 25 to 30 percent of all flood claims are paid for homes outside of special flood hazard areas.

In selecting an insurance carrier for a child care center or family child care home:

- Assess what financial risks the program needs to be protected against.
- Evaluate the available insurance options carefully. Talk with agents from several companies.
- Ask the same questions about each policy and possible endorsements. Record the answers so you can evaluate the policy after your conversation with each agent. Obtaining a copy of the policy from the agent can assist you in answering the questions. Pay special attention to the pages providing “definitions.”
- Ask questions until you are certain you understand exactly what is and is not covered by each policy. If you feel the agent with whom you are talking is not knowledgeable about insurance for child care programs, look for one who is. If the agent assures you that coverage for particular exposures you ask about is a part of the policy, insist he or she put that assurance or clarification in writing. If your program files a claim later and the insurance company denies it, the program can file a suit against the agent under the agent’s errors and omissions coverage.

If the center or your family child care home is damaged during a disaster, report it immediately to the program’s insurance agent or your company representative and make temporary repairs to prevent further damage.

Emergency “Ready to Go” File

When evacuating children from a child care facility or sequestering them into one part of the facility some program information and information on individual children and staff members must be taken along. This information includes:

- Daily sign-in and sign-out sheets showing which children, staff members, family members and volunteers were in the facility at the time of the emergency.
- Contact information for each child providing several ways to contact each child’s parents or other individuals authorized to take the child from the program.
- Medication administration and medical emergency forms authorizing the program to administer medications to children requiring medications or medical treatments or to seek medical treatment for children requiring medical services.
- Contact information for each staff member providing several ways to contact each staff member’s family or other emergency contacts in the event the staff member is injured or becomes ill or the program needs to call in additional staff for assistance.
- A list of the food and other allergies of any children and adults in the program.
- Incident/injury forms on which to record incidents or injuries that occur during the emergency.
- The emergency contact numbers needed to secure help including fire, rescue, and emergency medical services.

Emergency “Ready To Go” Kit for Evacuations, Shelter-In-Place or Lockdowns

If it is necessary to evacuate the children from the child care center or family child care home or sequester the children and adults into a protected area, some supplies and equipment must be taken along in order to be able to provide care for the children. These items include:

- Disposable diapers and pull-ups (if infants and toddlers are in care).
- Wet wipes, moist towelettes and tissues.
- Water (1 gallon per child, 2 gallons per adult, additional for sanitation and flushing toilets).
- Powdered or canned infant formula (if infants are in care).
- Powdered or canned milk.
- Baby food for each older infant.
- Nonperishable food items.
- Non-electric can opener.
- Supplies of critical medications for children and adults including insulin and EpiPens, if needed.
- Disposable cups, bowls, plates and eating utensils.
- Paper towels, toilet paper and personal sanitation items.
- Hand sanitizer and cleaning agents.
- Blankets to keep children and staff warm.
- Battery-operated radio with extra batteries.
- Flashlights with long-life batteries and extra batteries and bulbs.
- First aid supplies.
- Changes of clothing for each child.
- A cell phone.
- A whistle to call for help.
- Dust and filter masks (available at hardware stores).
- Wrench or pliers to turn off utilities.
- Plastic sheeting and duct tape to seal off rooms.
- Garbage bags and plastic ties for personal sanitation and disposal of diapers and pull-ups.
- Emergency cash.

In a center with more than one room of children, to reduce bulk, provide a kit for each group of children. Placing the items in a cooler or suitcase with wheels will make it easier to move.

Medical Guidance

If a child or adult is injured during an emergency:

- Remain calm. Reassure the victim and the others in the program.
 - Send word to the person who handles emergencies in your program. This person will take charge of the emergency, assess the situation, and give any further first aid as needed.
 - Stay with the child and give help until the person with first-aid and cardiopulmonary resuscitation (CPR) training arrives where you are waiting with the child or adult.
 - Do not move a severely injured or ill person except to save their life.
 - If appropriate, phone for help. Give all the important information slowly and clearly. To make sure that you have given all the necessary information, wait for the other party to hang up first. Arrange for transportation of the injured person by ambulance or other such vehicle, if necessary. Do not drive unless accompanied by another adult. Bring the Emergency Transportation Permission Form and the Medical Treatment Form for the child with you.
 - Do not give any medication unless authorized by the local Poison Control Center (for poisoning) or by a physician or previously, in writing, by the child's parents.
 - If possible, notify the parent(s) of the emergency and agree on a course of action with the parent(s).
 - If the parents cannot be reached, try to notify the parents' emergency contact person and call the physician shown as the child's emergency contacts.
 - Be sure that a responsible individual from the program stays with the child until medical personnel or the parent(s) take charge.
- Fill out the accident report within 24 hours. File it in the child's folder as soon as possible. Give the parents a copy, as soon as possible. Note the injury information in a central injury log.

The following situations require that emergency medical services be called immediately if that is possible:

- The child's life is at risk or there is a risk of permanent injury.
- The child is acting strangely, much less alert, or much more withdrawn than usual.
- Has difficulty breathing or is unable to speak.
- Has rhythmic jerking of arms and legs and a loss of consciousness (seizures).
- Is unconscious.
- Is less and less responsive.
- Has any of the following after a head injury: decrease in level of alertness, confusion, headache, vomiting, irritability, or difficulty walking.
- Has increasing or severe pain anywhere.
- Has a cut or burn that is large, deep, and/or will not stop bleeding.
- Is vomiting blood.
- Has a severe stiff neck, headache, and fever.
- Is significantly dehydrated; has sunken eyes, is lethargic, not making tears, not urinating.
- The child's skin or lips look blue, purple, or gray.

During an emergency some children may exhibit symptoms that do not necessarily require ambulance transport but still need medical attention. If possible, contact the child's parents or emergency contact to inform them of the child's condition. If the program cannot reach emergency medical care for guidance within an hour, if possible, take the child to the hospital. If the medical care cannot be obtained, follow the guidance in the program's copy of the first-aid manual. These conditions include:

- Fever in any age child who looks more than mildly ill.
- Fever in a child less than 2 months (8 weeks) of age.
- A quickly spreading purple or red rash.
- A large volume of blood in the stools.
- A cut that may require stitches.
- Any medical condition specifically outlined in a child's care plan requiring parental notification.

Adapted from California Childcare Health Program (2006). *Emergency Preparedness*, which was based on Appendix N of *Caring for Our Children: National Health and Safety Performance Standards*, 2nd Edition, available at <http://nrckids.org/CFOC/PDFVersion/Appendix%20N.pdf>.

National Association of Child Care Resource & Referral Agencies

1515 N. Courthouse Road, 11th Floor, Arlington, VA 22201

Phone (703) 341-4100 Fax (703) 341-4101 www.naccrra.org

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