# MARCUTURE 1

#### **Tennessee Department of Human Services**

## **Child Care Agency Emergency Preparedness Plan Template**

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

CHILD CARE AGENCY II	NFC	RM	ΑT	ION -	- (Ple	ase Prin	it)	
Agency Name:								
Street Address:								
City:	_						State:	Zip Code:
Primary Agency Contact	Pri	mary	Cor	ntact Ph	none	Primary C	Contact Em	nail
	(	)		-				
Alternate Agency Contact	Alte	ernate	e Co	ontact F	Phone	Alternate	Contact E	mail
	(	)		-				
GENERAL								
The following emergency number	s are	read	ily a	availabl	e to sta	aff and loca	ted at eac	h agency phone location:
Fire Department								
Police Department								
Sheriff's Office								
Ambulance/Fire Squad								
Poison Control Center								
911 or local equivalent								
Local Emergency Management	t							
DCS Child Abuse Hotline			(	(877)	237-0	004		
DHS Child Care Complaint Hot	line		(	(800)	462-8	261		
If necessary, following an evacu	atior	ı we ı	will	reloca	te to:			
Relocation Site Name:								
Relocation Site Address/Location	า:							
Phone Number to call at Relocat	ion S	ite:						
In the event of an emergency, <b>de</b> splaces:	signa	ated i	relo	cation	and e	vacuation	routes are	e posted in the following

In the event of an emergency, our <b>procedure for parent notification</b> is:
Unless otherwise specified, following an emergency our reunification plan for children with families is:
If we are instructed by emergency personnel to relocate to a temporary shelter, our transportation plan is:
Potential risk(s) specific to our location include:
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Potential risk(s) specific to our location include:

limited to: **FIRES** Our fire alarm signal is: Our all-clear signal is: If necessary, the person(s) who will shut off utilities using clearly written instructions posted at each utility control or shut off point will be: Primary: Alternate: There are two (2) evacuation routes from every room and the routes are posted in each room. To ensure that all children are safely evacuated and accounted for, our evacuation procedure is: If required, the **temporary shelter** is located at: Name of Shelter: Address/Location of Shelter: Following an evacuation, the check-in station where parents may pick-up their children is located at: We have informed and trained staff on the location and use of fire extinguishers. The frequency at which all fire extinguishers are regularly inspected is: The frequency at which all smoke detectors and/or fire alarms are regularly inspected is:

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

TORNADOS/SEVERE WEATHER
We receive warnings of severe weather using:
The designated safe gathering location inside the building is:
Staff are trained to move children from outdoors to indoors immediately. <b>To alert staff</b> without alarming children, we:
Severe weather procedures are posted at the following locations:
EARTHQUAKES
Children and staff know how to crouch, protect to their heads and necks, and hold on. If inside, everyone should shelter under tables and cover their heads. If outdoors, everyone should stay outdoors and avoid trees, fences, power poles/lines, and other potential falling debris.
After an earthquake, our plan is:

CHEMICAL SPILLS & HAZA	RDOUS MATERIALS
To receive notifications of hazardou	s materials incidents, we:
In the event of a hazardous materials in	ncident, our <b>response plan is</b> :
Our plan to ensure all children are in	a safe place is:
If necessary, the <b>person(s) who will s</b> control will be:	hut off the HVAC using clearly written instructions posted at the HVAC
Primary:	Alternate:
FLOODS	
To determine if our facility is in a flood	olain, we have contacted:
To receive flood warnings, we have:	
To alert staff without alarming children,	our response plan is:

We have a supply of water in the extake include:	vent water service is interrupted. When evacuating, the precautions we will
If necessary, the person(s) who wi control or shut off point will be:	ill shut off utilities using clearly written instructions posted at each utility
Primary:	Alternate:
LAW ENFORCEMENT EM	IFRGFNCIES
In the event of any law enforcemen facility. We will immediately contact	nt emergency, children will be moved to the safest location in our ct:
	<u></u>
To avoid alarming children, the cod	de we have established for law enforcement emergencies is:
BOMB THREATS	
All staff understands that only law a bomb threat, our procedure is:	enforcement personnel should check the building for bombs. In the event of
To alert staff without alarming ch	nildren to evacuate the facility, we:
If it is safe to evacuate the building,	, we will notify parents after gathering at the following safe place:

INDIVIDUAL PLANS ACCOMMODATING CHILD (attach additional pages/details as necessary)	DREN WITH SPECIAL NEEDS
All <b>staff are trained annually</b> on this Emergency Preparedness is <b>reviewed monthly</b> . Review and training documentation is loc	
Fire drills are conducted <u>every month</u> . (If applicable, alternate shift.) A drill other than fire is conducted <u>once every six (6) month</u> (as closely as practicable) conditions of a real emergency. Docu	ths. Practice drills are conducted to simulate
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Our plan to safeguard records is:	
Parents/Guardians for all children have been informed of this Er this plan, we have consulted with:	mergency Preparedness Plan. In developing
This Emergency Plan was adopted by our agency on and will be reviewed one (1) year from:	Date:
Owner/Director Name Signature:	

EPP RES	EPP RESOURCE – EMERGENCY PREPAREDNESS PLAN TRAINING & REVIEW LOG								
Month	Date of Monthly Review by Owner/Director	Date of Annual Staff Review	Date(s) of Additional Staff Training	Training Description	Conduct/Coordinated By:				
January									
February									
March									
April									
May									
June									
July									
August									
September									
October									
November									
December									
Agency Notes									

EPP RESC	OURCE - FIRE	DRILL LOG						
Month	Fire Drill Date/Time	Conducted By:	Fire Alarm Test Date/Time	Conducted By: (Initial)	Smoke Detector Test Date/Time	Conducted By: (Initial)	Fire Extinguisher Inspection Date/Time	Conducted By: (Initial)
January								
February								
March								
April								
Мау								
June								
July								
August								
September								
October								
November								
December								
Agency Notes		,						

EPP RESC	PP RESOURCE – ALL OTHER DRILLS LOG								
Month	Tornado Drill Date/Time	Flood Drill Date/Time	Hazardous Material Drill Date/Time	Law Enforcement Drill Date/Time	Earthquake Drill Date/Time	Bomb Threat Drill Date/Time	Other Drill Date/Time	Conducted By: (Initial)	
January									
February									
March									
April									
Мау									
June									
July									
August									
September									
October									
November									
December									
			1	1				1	
Agency Notes									

### **EPP RESOURCE - MEDICATION LOG**

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

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

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

## **EPP RESOURCE - PARENT/GUARDIAN EMERGENCY CONTACT INFORMATION**

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

Child Name	Parent/Caregiver	Phone Number	Emergency Contact	Phone Number