



INDIANA

EMERGENCY
RESPONSE

PLANNING
GUIDE

FOR

CHILD CARE
PROVIDERS

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STATE OF INDIANA



OPEN LETTER TO THE CHILD CARE PROVIDER INDUSTRY CONCERNING EMERGENCY PREPAREDNESS PLANNING

The Indiana Department of Homeland Security and the Family and Social Services Administration, Bureau of Child Care and other partner agencies have collaborated to provide the Indiana Emergency Response Planning Guide for Child Care Providers.

The preparation and involvement of child care staff, parents, and the community can directly affect the outcome of an emergency. This guide identifies the hazards common to Indiana and offers practical information on how to prepare your child care program for emergency situations. Further, the guide offers examples from other organizations and input from subject matter experts to equip you with the tools needed to develop plans for emergency situations.

This guide provides basic preparedness and planning information for use in a variety of child care settings. The information can be tailored to meet the needs of your facility and you should consult with key representatives within your area to ensure compliance with state and federal laws.

Every effort has been made to provide accurate, up-to-date information. New hazards can emerge and procedures change over time, so emergency preparedness information is in constant development. Child care providers should routinely update plans and, if necessary, seek additional resources.

We appreciate the time and efforts you use every day to ensure the children of Indiana are cared for in a safe and secure manner.

Thank you for all that you do.

A handwritten signature in black ink, appearing to read "John H. Hill".

John H. Hill, Executive Director
Indiana Department of Homeland Security

A handwritten signature in black ink, appearing to read "Debra Minott".

Debra Minott, Secretary
Family and Social Services Administration

Indiana Emergency Response Planning Guide for Child Care Providers

Version 1.0

TABLE OF CONTENTS

Acknowledgements.....	6
Background.....	7
Purpose.....	7
Scope.....	8
Information From the Threat and Hazard Index Risk Assessment.....	8
Reducing the Potential Threat of Emergencies.....	11
Illness Prevention	12
Emergency Action Plans (EAP)	13
Lockdown	14
Shelter-in-Place.....	14
Temporary Evacuation.....	14
Permanent Evacuation and Off-Site Sheltering.....	15
Child Care Program Planning Considerations	15
Fire	15
Severe Weather.....	15
Flash Flood/Flood	16
Earthquake.....	17
Utility Disruption	18
Physical or Verbal Threats	18
Potentially Violent Situations (Intruder/Hostage Situation)	19
Missing or Abducted Child	20
Hazardous Material (In the facility).....	21
Hazardous Material Spill (Outside facility).....	21

Roles and Responsibilities of Staff.....	22
Emergency Supplies	22
Evacuation	23
Transportation	23
Communication of Emergency Action Plan	23
Reunification	23
Emergency Drills and Procedures.....	24
Guide on Handling Medical Illness Emergencies and Disease Outbreaks	24
Special Considerations for Children With Health Care Needs	25
Recovering From an Emergency.....	25
Staff Training Resources.....	26
Resources.....	26
References	27
Tab 1: Emergency or Temporary Closure List of Conditions	28
Tab 2: Suggested Roles and Responsibilities Checklist.....	29
Tab 3: Ready-to-Go Emergency Kit Supply List	31
Tab 4: First Aid Kit Supply List.....	32
Tab 5: Communicable Disease Symptoms Chart	33
Forms.....	35
Form 1: Emergency Information.....	36
Form 2: Emergency Contact List.....	37
Form 3: Parent Contact Card	39
Form 4: Emergency Consent Form	40
Form 5: Emergency Information for Parents.....	41
Form 6: Parent Wallet Cards	42
Form 7: Transportation Authorization	43
Form 8: Children With Special Health Care Needs	44

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- Indiana State Department of Health, Public Health Preparedness and Emergency Response
- Indiana State Fire Marshal's Office

BACKGROUND

Indiana has more than 4,500 child care facilities serving over 100,000 Hoosier children. For these children, their parents, and facility staff, it is imperative to be prepared if disaster strikes. Recent events show programs with a well developed and regularly practiced emergency plan are better able to protect lives and return to normal operation in a shorter time period.

In recent years, Indiana child care providers have experienced emergencies and disasters including floods, fires, ice storms, tornadoes, extreme weather conditions, and hazardous material spills either within the child care facility or in the vicinity of the facility. In the event of an emergency, the child care facility may close temporarily, and may evacuate and relocate children to an alternate location. In such emergencies, children may or may not understand what is happening, or may be physically or developmentally unable to rescue or protect themselves.

The term “facility” used throughout this guide refers to any location (center, ministry or home) that cares for children, is non-medical, and is for less than 24 hours.

PURPOSE

This guide provides basic preparedness and planning information to enhance the safety of children and staff in any child care setting. Child care providers may use this guide as a planning tool as it also includes forms and additional resources. Forms may be reproduced as needed. Plans should be easily understood rather than complex with multiple steps, which staff, parents, and town officials will not be able implement when faced with an emergency situation.

The five goals of the guide are to educate providers in developing an emergency response plan in the following areas:

1. Creating and executing an emergency evacuation plan.
2. Collecting and posting emergency numbers.
3. Reviewing and posting guides on how to handle an emergency within the child care setting.
4. Training staff on specific roles and responsibilities during an emergency.
5. Reviewing special considerations for children with health needs and disabilities during an emergency.

This guide outlines the roles and responsibilities of the Incident Command System (ICS), which is also part of the National Incident Management System (NIMS). NIMS provides an efficient, practical approach that helps guide departments and agencies at all levels of government, nongovernmental organizations, and the private sector to work seamlessly to prevent, protect against, respond to, recover from and mitigate the effects of incidents regardless of cause, size, location, or complexity in order to reduce the loss of life and property and harm to the environment. ICS provides a chain of command and lays out the roles and responsibilities during an emergency.

SCOPE

This planning guide allows Indiana child care facility managers to be better prepared and continue to provide care for children in a safe and effective environment during emergency conditions. Information in this guide supplements and is consistent with state statutes, laws, and regulations. It applies to a provider's preparation for emergencies regardless of type of child care facility, i.e., center, ministry or home.

This guide should be part of an overall comprehensive emergency preparedness planning and training program. While every disaster cannot be described in this document, child care providers are encouraged to incorporate information in this guide to meet the specific needs of their respective organization or business during any emergency that may arise.

INFORMATION FROM THE THREAT AND HAZARD INDEX RISK ASSESSMENT

The Indiana Department of Homeland Security (IDHS) has identified threats and hazard risks for the State of Indiana in the 2010 Hazard Identification and Risk Assessment. This comprehensive study was completed in 2010 and surveys the most common incidents that pose a risk to the state. The hazards are categorized by natural, man-made and technological occurrences.

These threats and hazard risks are based on a study of disasters and other emergencies in Indiana. Below is a description of each threat and hazard risk which provides suggested planning considerations for each one to help guide a facility director in the decision-making process.

1. Severe Thunderstorm

- a. Description:** A severe thunderstorm is a term designating a thunderstorm that has reached a predetermined level of severity. Often, this level is determined by the storm being strong enough to inflict wind or hail damage. According to the National Weather Service, a storm is considered severe if winds reach more than 58 miles per hour and hail is one inch in diameter or larger.
- b. Planning Considerations:** Severe thunderstorms can produce heavy rain, damaging straight-line winds, large hail, cloud to ground lightning, and tornadoes. These storms can cause significant damage over a large geographical area. Lightning is responsible for many fires as well as causing deaths when people are struck. Under the right conditions, rainfall from thunderstorms can cause flash flooding, which can change small creeks into raging torrents in a matter of minutes, washing away large boulders and most man-made structures. Hail up to the size of softballs damage cars and windows, and kill wildlife caught out in the open. Strong (up to more than 120 mph) straight-line winds associated with thunderstorms can knock down trees and power lines.

2. Tornado

- a. Description:** A tornado is a funnel shaped, rapidly rotating column of air that passes in a narrow path over land. The size of a tornado can range from a few yards wide to a mile across. Tornadoes can strike with little or no warning. The average forward speed of a tornado is 30 mph, but may vary from stationary to 70 mph. Winds within the funnel can reach 300 mph. Tornadoes are rated according to the Enhanced Fujita Scale, which measures the amount of damage a tornado causes. Tornadoes are rated from EF-0 to EF-5. EF-0 tornadoes cause only minor damage and have winds up to 85 mph. An EF-5 tornado can cause catastrophic damage with winds greater than 200 mph. Approximately 95 percent of all tornadoes in the United States are EF-2 intensity or below. The remaining five percent, consisting of EF-3 to EF-5 tornadoes, are considered very strong to violent. Around 0.1% of all tornadoes reach EF-5 intensity.
- b. Planning Considerations:** On average, Indiana experiences 22 tornadoes per year, including seven strong to violent tornadoes (EF-2 to EF-5). Indiana is second only to Oklahoma in the number of strong to violent tornadoes per 10,000 square miles. Indiana is also ranked second, behind Texas, for tornado damage costs. Indiana has an average of seven people killed by tornadoes every year. Only two states, Texas and Mississippi, have higher annual tornado fatality averages. Indiana is ranked sixth in the U.S. for tornado injuries and fatalities since 1950.

3. Flash Flood

- a. Description:** Flash flooding is the rapid flooding of low-lying areas following heavy rain, ice jam collapses, dam releases or failures, and levee failures. Flash floods are distinguished from a regular flood by a timescale of fewer than six hours.
- b. Planning Considerations:** Flash flooding can be extremely dangerous. More than half of the fatalities attributed to flash floods are people swept away in vehicles when trying to cross flooded intersections. As little as two feet of water can be enough to carry away most vehicles. Fast moving water can also severely damage buildings and can even move them off their foundations.

4. Flood

- a. Description:** A flood is an overflow or accumulation of an expanse of water that submerges land. Flooding may result from an excess volume of water within a stream, river or lake, which overflows and runs over its usual confinements. Flooding may also result from the failure of dams and levees. Indiana is vulnerable to river, lake, regional, urban, and catastrophic flooding.
- b. Planning Considerations:** Floods are one of the most common hazards in the United States. The effects of flooding can be localized, impacting a neighborhood or community, or very large, affecting entire river basins and multiple states. Most floods develop slowly, sometimes over a period of days. Floods can last for a long period of time, creating more damage as time passes. Floods can damage any type of structure, including bridges, cars, buildings, sewer systems, roadways, and flood control infrastructure.

5. Major Earthquake

- a. Description:** An earthquake is the result of a sudden release of energy in the Earth's crust that creates seismic waves. Earthquakes are caused mostly by rupture of geological faults. Two major fault systems are located in or adjacent to Indiana; the New Madrid Seismic Zone and the Wabash Valley Seismic Zone. Sections of these fault systems are located in southwestern Indiana.
- b. Planning Considerations:** The U.S. Geological Survey (USGS) estimates there is a 7 to 10 percent chance, in the next 50 years, of a repeat of a major earthquake like those that occurred in 1811-1812, which likely had magnitudes of between 7.5 and 8.0. There is a 25 to 40 percent chance, in a 50-year timespan, of a 6.0 magnitude or greater earthquake. According to a report released by FEMA: "...a 7.7 magnitude quake or greater would cause damage to tens of thousands of structures affecting water distribution, transportation systems, and other vital infrastructure. A major earthquake could result in thousands of deaths and tens of thousands of injuries across areas of southwestern Indiana."

6. Public Utility Failure

- a. Description:** Incidents that involve the loss or disruption of essential public utility services. These essential lifelines include power, water, wastewater, and natural gas systems. Though they may appear to operate independently, these utilities are part of a complex, interconnected, and interdependent network of systems. A failure of one system, particularly power, can have cascading effects across all systems. Public utilities are vulnerable to a variety of hazards, both natural and man-made.
- b. Planning Considerations:** The interconnected nature of public utilities means the impacts of system failures can be numerous and widespread. A major vulnerability lies in the fact that critical infrastructure is often geographically concentrated. Power lines, water lines, sewers, and gas pipelines are often located in close proximity to one another. If struck by a disaster, the direct effect on this clustered infrastructure is they could suffer major damage, which in turn would affect not only local areas, but could also have statewide and national impacts. The primary impact of public utility system failures is the immediate loss of essential services. Blackouts, loss of water pressure, water contamination, sewer backups, and natural gas service shutdowns have an immediate effect on quality of life. Prolonged outages can disrupt commercial food and fuel distribution, interfere with emergency response operations, and lead to public disorder.

7. Winter Storm

- a. Description:** A blizzard is a severe storm condition characterized by low temperatures, strong winds, and heavy snow. The National Weather Service defines a blizzard as sustained winds or frequent gusts reaching or exceeding 35 mph which lead to blowing snow and cause visibility of 1/4 mile or less, lasting for at least three hours. By definition, the differ-

ence between a blizzard and a snowstorm is the strength of the wind. Ground blizzards are a variation on the traditional blizzard, which require high winds to stir up snow that has already fallen, rather than fresh snowfall. Regardless of the variety of blizzard, they can bring near-whiteout conditions, restricting visibility to close to zero. Another type of severe winter weather is ice storms. The U.S. National Weather Service defines an ice storm as a storm that results in the accumulation of at least 1/4 inch of ice on exposed surfaces.

b. Planning Considerations:

- i. Blizzards create extremely hazardous driving conditions. High winds and snow often create whiteout conditions, reducing visibility to near zero. Deep snow often makes roads impassable, disrupting transportation systems, and delaying fire, law enforcement, and emergency medical responses. Heavy snow accumulation on roofs can also cause structural collapse.
- ii. Ice storms also result in hazardous driving conditions. Branches or even whole trees may break from the weight of ice. Falling branches can block roads, tear down power and telephone lines, and cause other damage. Even without falling trees and tree branches, the weight of the ice itself can easily snap power lines, break and bring down power/utility poles; steel frame transmission line towers have been sent crashing to the ground by the weight of the ice. This can leave people without power for anywhere from several days to a month. Damage from ice storms is highly capable of shutting down entire regions of the state.

8. Human Disease Outbreak

- a. **Description:** Outbreaks of infectious diseases in the last 25 years have resulted in new risks to humans. New infections have been discovered and old pathogens have re-emerged as new threats. Diseases can spread rapidly, due to the mobility of people, increased travel and immigration, and the movement of goods and products.
- b. **Planning Considerations:** Disease outbreaks can be devastating to human populations, the economy, and can disrupt the operations of critical infrastructure, key resources, and essential services. The healthcare and medical sector could be overwhelmed as healthcare providers are faced with increased demand for services and a shortage in personnel, supplies, and equipment. Workplace absenteeism could also impact public utilities and lead to interruptions in service.

Reducing the Potential Threat of Emergencies

Emergency managers or EMAs are responsible for helping a community prepare for, protect against, respond to, and recover from a disaster or emergency. In Indiana, every county has an appointed emergency manager. The EMA is responsible for varying components of an emergency management system that typically includes fire, law enforcement, emergency medical services, public works, volunteers and other groups that contribute to the community's management of emergen-

cies. For further information about specific hazards in your area, or to contact your EMA, please visit your county website or see www.in.gov/dhs. The IDHS website has a section with information about emergency managers in each county.

Focusing on all of the potential hazards can be overwhelming. Dwelling on all of the everyday hazards is unrealistic. Child care facility directors need situational awareness of hazards to develop strategies to prevent, prepare, and/or minimize their impact. Awareness of potential hazards that can affect a facility will assist in a prioritization of tasks and appropriate actions. Consulting with the subject matter experts from your local area about the threats and hazards unique to the area is part of the facility's vulnerability assessment. These are individuals who will provide valuable information to assist in developing the facility's emergency action plans. They include:

- County emergency manager
- Parents
- First responders (i.e., law enforcement, fire, EMS, EMA Directors)
- Local schools and districts
- Local Health Departments
- Child care insurance carrier
- Utility company personnel
- Local business and industry personnel (if applicable)
- Other child care organizations

ILLNESS PREVENTION

Controlling the spread of communicable disease in the community is the legal responsibility of the Indiana State Department of Health (ISDH) and local health departments (LHDs); however, public health officials rely upon the cooperation of schools, child care providers, health care providers, and parents to prevent the spread of disease. A select list of communicable illnesses and their characteristics may be found in Tab 5 of this document. For information on additional illnesses, you may refer to the ISDH Communicable Disease Reference Guide for Schools: 2012 Edition. This document may be found at <http://www.in.gov/isdh/23291.htm>.

Hand washing is the single most effective means of preventing the spread of infections. Many diseases, such as the common cold, influenza (flu), ear infections, strep throat, diarrhea, and other intestinal infections, can be spread by unwashed or improperly washed hands. Bacteria and viruses that cause disease can get on your hands in many ways, such as handling food or animals, touching doorknobs, shaking hands, using phone receivers or computer keyboards, and using the toilet. Properly washing hands with soap and water can reduce the spread of many bacteria and viruses. Additional information regarding hand washing can be found on the ISDH website at <http://www.in.gov/isdh/21926.htm>.

EMERGENCY ACTION PLANS (EAP)

Below is a table listing the potential threats and hazards that may occur at a child care facility. The list is not all inclusive. Response to these threats and hazards falls into one of four types of emergency actions: lockdown, shelter-in-place, temporary evacuation, and permanent evacuation.

An "X" indicates the recommended action to take. Some threats and hazards have more than one "X" marked because the situation's severity may require additional actions. Gray-shaded areas indicate actions that may not be necessary.

Threats & Hazards	Lockdown	Shelter- in- Place	Temporary Evacuation	Permanent Evacuation
Fire			X	X
Severe Weather		X		
Tornado		X		
Flash Flood/Flood		X	X	X
Earthquake			X	X
Winter Storm		X	X	X
Temporary Utility Disruption		X	X	X
Hazmat Spill On-Site		X	X	X
Hazmat Spill Off-Site		X		X
Physical/Verbal Threat	X		X	X
Potential Violent Threat (Intruder/Hostage Situation)	X	X	X	X
Missing or Abducted Child Care Attendee	X			

These threats and hazards are discussed throughout this document to provide additional understanding of the issues and provide guidance during the planning process and the development of Emergency Action Plans. While every incident is not covered in this document, facilities are encouraged to consult with local EMAs, first responders, and other community leaders to assist in developing the facility's Emergency Action Plans.

A facility's preparedness could become part of the county EMA's larger comprehensive emergency management plan. A facility may want to notify local officials of the willingness to have the facility available to assist other children and families who may need immediate shelter. Additionally, there may be an immediate need to provide child care for emergency responders. Indiana state statute 470 IAC 3-4.8 has a list of emergency or temporary conditions that require a child care facility to close due to various measures that could occur during a disaster. (See Tab 1.)

Lockdown

A hazard may create conditions to make it necessary to lockdown the facility to protect staff and children. If the safety and health of children and staff are in danger, then a message should be communicated to alert the staff of the potential danger. The alert should be simple statements such as “lockdown” or “intruder” instead of code words. The use of code words or phrases is not recommended as this can be confusing to parents, visitors, or new staff members. The announcement should be calm and clear.

Much like shelter-in-place listed below, the primary goal is to stay in place until proper authorities initiate the “all-clear”. Staff should swiftly check halls and get any children, visitors, staff members or other individuals into the child care rooms. Staff should quickly lock the doors, close the blinds, and if time allows, cover the interior windows and room door. Children who use wheelchairs should remain in their wheelchairs. At the time of lockdown, an effort should be made to help the child into the wheelchair if the child is out of the wheelchair, unless this jeopardizes the child’s safety. It is important to maintain a calm atmosphere in the room, keeping alert to any emotional needs of the children.

Shelter-in-Place

Shelter-in-Place keeps the occupants inside a building and out of danger. Local authorities may issue orders for shelter-in-place during an accidental release of toxic chemicals or other emergencies that threatens air quality. Severe or threatening weather conditions, like severe thunderstorms or tornado warnings, may also prompt a facility to shelter-in-place. Once the order to seek shelter immediately is given either from emergency officials or received through other means:

- Do not leave the building until official notification that the danger has passed is given or it is obvious the storm has passed through the area.
- Do not call 9-1-1 unless you have an emergency.

Temporary Evacuation

Evacuation for on-site simply means temporarily leaving the facility because an emergency condition warrants it. Situations could include a small fire, unusual odors, or other incident which will force staff and children to temporarily leave the premises. No one should go back into the facility until proper authorities give the “all-clear.” Evacuation plans should be in accordance with the local and state fire codes for Indiana and should have the following elements:

- Emergency exits or escape routes.
- How everyone will be accounted for once out of the building.
- Methods used to alert staff and children for the need to evacuate.
- Location of the evacuation point (meeting location).
- List the primary and alternate person that can provide information to the fire department or other emergency response organization.

Permanent Evacuation and Off-Site Sheltering

If the hazard is more widespread, it may be necessary to relocate staff and children to a pre-identified shelter area. A child care facility director needs to identify evacuation sites prior to the emergency. The alternate facility management will need to understand the conditions to use the facility. The alternate facility is a building or site open to the public during the child care facility's hours of operation and within walking distance. Contact the owner or other appropriate person to determine its availability for possible sheltering. In the event that a disaster would strike a large area surrounding your facility, it is wise to identify another alternate site. Unless proper authorities have given an "all-clear," the facility, by Family & Social Service Administration, Bureau of Child Care policy, is unable to reopen until the building is properly inspected.

CHILD CARE PROGRAM PLANNING CONSIDERATIONS

Listed below are best practices on handling diverse types of emergencies which are a potential threat or hazard to Indiana and child care settings. These guides provide recommended planning considerations for each event.

Fire

The Indiana Fire Code IC 404.3 outlines fire evacuation and safety plans. In the event of a fire, the area should be evacuated immediately, the fire alarm pulled and 9-1-1 or the local fire department called. An evaluation of the situation should be conducted by the facility director, paying close attention to determining where the fire is located, within proximity to the facility, the size and nature of the fire.

Life safety should be the first priority. No matter how small or large the fire appears, notify the local fire department and begin evacuation. If the fire is small and is not located in a room where children are present, a fire extinguisher may be used to put out the fire. This should only be done if the responding staff has received proper training, and there is not an imminent safety threat.

An accountability of the child care attendees and staff should be taken to ensure everyone is out of the building. If there is any threat to the children and staff at the designated evacuation site, it may be necessary to immediately move to a different location or area.

Severe Weather

The National Oceanic and Atmospheric Administration (NOAA) sends out alert tones and messages through a weather alert radio which can help in the preparedness of severe weather. A facility should consider purchasing an NOAA Weather Radio. These radios are particularly important in areas where there may not be siren alerts for approaching storms or tornadoes, especially at night. The basic thing to remember is to put as many internal walls between you and the outside as possible, stay away from doors and windows, and get to the lowest floor possible.

NOAA Weather Radios send out notices for the following:

- **Severe Thunderstorm Watch** – *Conditions are favorable for a severe thunderstorm within the next several hours.*
 - All staff should be advised of the Severe Thunderstorm Watch and approaching conditions.
 - A facility representative or director should monitor the radio, television, or NOAA Weather Radio for additional weather updates.
 - Outdoor activities should be modified to ensure that quick access to shelter is available.
- **Severe Thunderstorm Warning** – *Issued when severe weather hazard is imminent or occurring.*
 - Outdoor activities should be terminated; begin seeking shelter.
 - The facility director or staff representative will monitor sky conditions as best and safely as possible. If a dark/funnel cloud is seen, seek shelter immediately. If possible, call 9-1-1 to report a tornado.
- **Tornado Watch** – *Conditions are favorable for a tornado within the next several hours.*
 - Facility director or staff representative will advise other staff members of the weather conditions.
 - A facility representative or director should monitor the radio, television, or NOAA Weather Radio for additional weather updates.
 - Outdoor activities should be modified to ensure that quick access to shelter is available.
 - Upon the approach of thunderstorms, outdoor activities should be stopped to ensure access to quick sheltering.
 - The facility director or staff representative will monitor sky conditions as best and safely as possible. If a dark/funnel cloud is seen, seek shelter immediately. If possible, call 9-1-1 to report a tornado.
- **Tornado Warning** – *Issued when a tornado is imminent or occurring.*
 - All items listed above **AND**:
 - If time permits and it can be done in a safe manner, turn off all utilities.
 - Staff and children will move to their designated shelter area.

Flash Flood/Flood

According to the National Weather Service, floods and flash flooding kill more people in the United States than any other type of severe weather. Because of its rivers, creeks, and streams, and the fact that approximately 24 percent of the state was historically covered by wetlands, a large amount of Indiana is at risk to be flood prone under the right circumstances. Flooding may be caused by heavy or excessive rains, fast snow melts, or dam failures. When this occurs, waterways can become raging torrents capable of great destruction.

A flash flood is a rapid rise of water along a stream or low lying area. Flash floods tend to form quickly in areas adjacent to streams and can be because of a combination of heavy rain, dam or levy failure, as well as rapid snowmelt and ice jams. Since flash floods occur mainly along streams, a facility can determine its risk based on its proximity to streams, rivers, creeks and other low-lying areas.

Except in cases of flash flooding, most floods are a relatively slow process where the build up can be several days. Reports from the National Weather Service should be monitored through the NOAA Weather Radio for changing conditions of lakes, rivers, and streams. Child care facility directors should know the proximity to where the lakes, rivers, creeks and streams are in relationship to the location of the facility.

Child care facilities that provide their own water supply (such as those on wells) must contact the Indiana Department of Environmental Management when flooding occurs to determine if water testing is necessary.

The facility director should advise staff of the weather conditions that are approaching. Records and valuable equipment should be moved to higher floors and chemicals in the facility should be stored to avoid contact with potential floodwaters. Transportation preparations to move children and staff should be considered in the event of the need to evacuate.

Earthquake

All persons including adults should be instructed to **DROP, COVER AND HOLD** as soon as the shaking starts. As soon as the shaking stops, evacuate the facility and begin a basic damage assessment of the facility. Evacuations should be done in a calm and orderly fashion. If you are unable to re-enter the building, evacuate to an alternate location. Injuries should be handled by those trained in first aid. If the injuries are severe and the decision is made not to move the victim, assign a staff person to stay with the individual(s) until qualified medical personnel arrive. The lead staff person should make any assessment as to the next steps that would need to be taken. This decision will be based on present danger, weather, as well as any other factors.

Emergency kits should be made and have supplies for all children. The provider should take a portable/cellular telephone outside that enables him/her to change voice mail. Below are messages for the facility's voice mail system to reassure parents and provide further instructions, if necessary:

“You have reached (name of child care facility). We are all safe; no one is hurt. We have evacuated the building to check for structural damage. Please pick up your child (at your regular time)/(as soon as you are able)/(immediately).”

OR

“You have reached (name of child care facility). We are all safe; no one is hurt. I have checked the building for safety. I am now spending time reassuring the children that everything is OK. Please pickup your child at your normal pick-up time.”

Utility Disruption

The measures listed below are if the condition is only temporary or until a parent/guardian can be reached to make pickup arrangements. Indiana state statute 470 IAC 3-4.8 has a list of emergency or temporary conditions that require a child care facility to close due to various measures that could occur during a disaster. (See Tab 1.)

Loss of electricity is likely in many disaster situations. Planning ahead and being prepared will minimize disruption to child care. Adequate flashlights and battery-operated lanterns should meet needs for a short time. Facilities should check the flashlights on a regular basis and keep extra batteries on hand.

If the facility obtains water from a well, the facility will lose water in the event of a loss of electricity. Facilities should ensure enough water is on hand for each person in your facility. The water must be replaced every three to six months or as indicated by the expiration date.

According to the Indiana Family & Social Services Administration, Bureau of Child Care, if a facility loses electricity, as long as public water and sewage are working properly, children can stay in the building until parent/guardian picks them up. Parents/guardians should be notified as soon as possible of the situation. This allows parents/guardians to decide on whether to leave the children or pick them up. Loss of electricity prevents the facility to do proper food cleanup without hot water and must use disposable dishes and utensils. If power is not restored by the next day, the facility cannot open.

For facilities with well water, parents must pick up children within two hours of the loss of electricity. If power is not restored by the next day, the facility cannot open.

Along with loss of water, loss of heat will occur likely even if the heat source is not electrical. The fans blowing heated air are electrically operated; therefore, the heat system will not operate.

If the facility has a generator to run electrical heat, it may be used. Child care facilities may not use a gas or kerosene alternate heat source.

Cellular phones could be inoperable for some time after any type of disaster. Overuse will limit cellular networks to provide timely service. In certain disasters, cell towers could be destroyed which would disrupt cell phone service for a period of time.

Landlines (telephone lines that come into our homes and businesses) will be unavailable because of overuse. After an emergency, check to see if your telephone is on the cradle and properly hung up. Only use telephones in the event of an emergency.

Physical or Verbal Threats

The following information is a general response to physical threats that may present itself in a child care facility. These include threats from outside the facility as well as inside the facility. In every situation, the facility director and facility staff members should evaluate the situation, and only address the situation when personal safety is not compromised. If any person in the facility does not feel safe in the situation, 9-1-1 should be contacted if it can be done in a safe manner.

- Any physical threats made inside or outside the child care facility should be taken seriously.
- Physical threats directed towards the children or staff members in the child care setting should be reported to the authorities and the facility director for documentation.
- When the threat comes from within the facility, the facility director should notify law enforcement of the incident and communicate with staff members who were involved in the incident.
- When staff members are involved in an altercation, they should be separated. Appropriate administrative actions should be taken to ensure the safety and well-being of the children. Children should be removed from the area in which the altercation is taking place and should return only after the situation has been resolved if it can be done in a safe manner.
- When the physical threat comes from outside the facility, the facility director should be notified of the incident and the facility director should notify law enforcement of the incident.
- Child care attendees should be removed from the area in which the altercation is taking place and should return only after the situation has been resolved if it can be done in a safe manner.
- Verbal threats should be treated the same way as physical threats.
- Follow Family & Social Services Administration, Bureau of Child Care's mandatory reporting procedures if a child is threatened.

Potentially Violent Situations (Intruder/Hostage Situation)

A potentially violent situation such as a hostage situation, disgruntled person, or an unstable custody matter may be cause for a lockdown or evacuation. The premise behind a selective evacuation is that it enables large numbers of children and staff to stay out of harm's way when an individual who is potentially violent is on-site.

If a potentially violent individual gains access to your facility and leaves:

- Immediately call 9-1-1 law enforcement.
- Indicate to law enforcement and another facility representative that a condition may exist for a lockdown.
- If the individual cannot be isolated and chooses to leave the premises, allow them the freedom to exit, making sure to note car make and model, license plate, and the directions of their travel.
- Communicate this immediately to the 911 dispatcher.

Note: If the individual is leaving and taking a child or staff member, it is still often better to let the individual leave rather than prompt a confrontation that would increase the risk of injury.

If a potentially violent individual gains access to your facility and remains:

- Immediately call 9-1-1 law enforcement and seek advice on how to handle the situation.
- Indicate to another facility representative a condition may exist for a lockdown. If there is reason to suspect that the individual has a weapon, then order a lockdown as soon as possible.

- Try to isolate the potential aggressor from as many adults and children as possible. Seek to move the individual(s) to an office, break room, conference room, or other less populated area.
- If the individual entered a classroom, seek to move them into the least utilized portion of the room.
- Remain calm and be polite.
- Do not physically restrain or block their movement.
- While talking to the potentially violent individual, others should direct unaffected classrooms to move to locations around the facility that are farthest from the incident point. The lockdown and possible evacuation should precede room-by-room and as orderly and quietly as possible, being careful to use routes not visible to the incident point.
- Upon arrival, law enforcement will assume control of the situation.
- If a decision is made to relocate to the alternate site, follow the appropriate evacuation procedures.

Missing or Abducted Child

The following information is a general response to a missing or abducted child.

- If a child is not accounted for at any time, the staff member responsible for the child should search the premises for him/her. Each area that a child could potentially hide should be searched, as well as the outdoor areas of the facility.
- If the child is not located after all potential hiding spots and immediate outdoor areas have been searched, the facility director should be notified that the child is missing.
- A staff member should also double-check to confirm the child such was not picked up by a parent or guardian.
- Begin lockdown procedures, monitoring all exits and letting no one in or out of the facility.
- The staff member responsible for the child will call 9-1-1, since he/she will have the best knowledge of what the child was wearing that day, along with other distinctive features. The following information should be written down.
 - ◆ Child's name, age, height, weight, date of birth, and hair color.
 - ◆ Child's clothing that he/she was wearing that day, along with any other identifying features.
 - ◆ The time at which the child was noticed missing.
 - ◆ If child abduction is suspected, were there any suspicious vehicles or persons located around the child care facility? If so, what was the appearance of the person or vehicle?
 - ◆ The facility director will notify the parents/guardians of the child that the child is missing from the facility.
 - ◆ While law enforcement is en route to the facility, staff of the child care facility will continue

to search the facility for the missing child. The staff should look in every cabinet, closet, cubby, and location where a child may hide.

- ◆ The facility director will stay on the facility premises at all times to be the contact person for law enforcement as well as the missing child's parent/guardian.

Hazardous Material (In the facility)

Material Safety Data Sheets (MSDS) are an important component for hazardous materials. MSDSs provide workers and emergency personnel procedures for handling, working and storing the substance in a safe manner. MSDSs also provide information on proper procedures to clean up and, if necessary, contact emergency personnel.

If there is a hazardous spill within your facility, the facility director should consult the MSDS and determine if it is safer to shelter-in-place or evacuate the facility. If it's necessary to evacuate the area, move away from the spill area and call 9-1-1. Begin evacuation procedures and wait until appropriate authorities give the all-clear.

Hazardous Material Spill (Outside facility)

During an accidental release of toxic chemicals or other emergencies where air quality is threatened, a facility should shelter-in-place. This ensures building occupants remain inside a building and out of danger. Local authorities issue orders for shelter-in-place during chemical emergencies. Local officials will relay emergency action steps to the media on a continual basis until the crisis is over.

Once the order for shelter-in-place has been issued, do not leave the building location until official notification is received that the danger has passed. Close and lock all the doors and windows to the outside. (Windows often seal better when locked. Turn off HVAC and switch intakes to the closed position. Seal any gaps around window-type air conditioners with towels, or other cloth materials.

In addition, turn off all exhaust fans in kitchens, bathrooms and any other spaces, close all fireplace dampers, and close as many nonessential and internal doors as possible. Use tape and plastic food wrapping, wax paper or aluminum wrap to cover and seal fireplaces, bathroom exhaust and grilles, range vents, dryer vents, and other openings to the outdoors to the extent possible. Seal any obvious gaps around external windows and doors. Close the drapes, curtains or shades for additional protection. Go to an above-ground room (not the basement) preferably with the fewest doors and windows.

If the vapors begin to bother the staff and children, hold wet handkerchiefs or cloths over the nose and mouth. For a higher degree of protection, go into the bathroom(s), close the door(s) and turn on the shower(s) in a strong spray to "wash" the air. Do not worry about running out of air to breathe, as this is very unlikely in normal homes and buildings. If anyone is experiencing medical issues, notify emergency officials.

ROLES AND RESPONSIBILITIES OF STAFF

During an emergency, it is paramount for each staff member to understand the individual roles and responsibilities to minimize chaos and confusion. Specific staff member roles and responsibilities are listed in Tab 2.

EMERGENCY SUPPLIES

- Maintain an inventory of at least 24 hours of emergency supplies. (See Tab 3 for a complete list of recommended supplies.)
- Ensure availability of first aid supplies. (See Tab 4 for a complete list of recommended supplies.)
- Consider any child's medical needs when creating the supply inventory.
- Keep on hand portable radios with extra batteries and check battery expiration date periodically.
- Provide multiple flashlights with extra batteries and bulbs within each room.
- Maintain an adequate supply of personal hygiene and sanitation supplies including toilet paper, paper towels, disposable diapers, wipes and resealable plastic bags.
- Instruct staff to keep personal necessity items safely stored at the facility.
- Store extra bedding and blankets to provide warmth and comfort, in case utilities fail.
- Include any items necessary to meet the needs of staff and children.

Water

- Provide an adequate supply of commercial bottled drinking water, a minimum of 24 hours for the staff and children. (Ideally, the supply should be one gallon for each child and adult per day.)
- Date the bottled water supply, and replenish it at least once per year to keep it fresh. If your water supply has an expiration date, you may have to check it more often than once a year.
- Additional water may be needed for flushing toilets. Identify an available source in your area.

Note: Water from a potentially contaminated source can be purified for storage by adding eight drops of chlorine bleach to every one gallon of water.

Food

- Maintain a dated 24-hour emergency supply of nonperishable food. Consider any child's food allergies when acquiring nonperishable food items. Use and replace food on a regular basis.
- Maintain a supply of disposable bowls and eating utensils and a manually operated can opener.
- Maintain a supply of ready-mixed formula, or other infant nutritional supplements brought in as part of the child's emergency kit by parent or guardian.

Emergency Backpacks

Emergency backpacks should be kept ready to go. For larger programs, there should be a backpack for each classroom. The backpack should include emergency supplies in portions to meet the evacuation needs of the number of children. Backpacks should not be so cumbersome and heavy as to hinder the evacuation process. Emergency information on children, medication, first aid supplies, sanitary items, flashlight, portable radio, and comfort items should be included, as well as food, water, diapers, and other items.

A checklist to help determine what items may need to go in the bags is provided (See Tab 3: Ready-to-Go Emergency Kit Supply List.)

EVACUATION

- Post a current and accessible written evacuation plan with at least two escape routes.
- Determine which children or staff may require additional assistance to evacuate during a drill or actual emergency.
- Always ensure that you have a system in place to account for children and staff at all times.
- Count children often. Be sure staff knows the children for which they are responsible.

TRANSPORTATION

- Obtain permission from parents to transport their children in an emergency.
- Develop a plan to supplement transportation by the use of volunteers, additional staff, nearby schools, or neighbors.

COMMUNICATION OF EMERGENCY ACTION PLAN

Communication is important and a facility should have effective methods for communicating changes or updates to the facility's EAP. Newsletters, e-mails, and parent meetings are all excellent means for communicating changes in policies to a parent/guardian. Other methods for a more immediate situation or emergency should be contacting a local radio or television station to broadcast information if the facility closes due to an emergency.

Child care facilities should consider a phone which does not require electricity and plugs directly into the phone jack. These types of phones include older model telephones or inexpensive, plug-in phones that do not require batteries.

Reunification

Before evacuating the facility to the evacuation point, it is recommended a representative from the child care facility take the sign-in log of all the children present in the facility. Staff members should carry the emergency evacuation bag located in the classroom or nursery. Once at the designated relocation site, a representative from the facility should set up in a designated area to greet parents/guardians.

The parents/guardians should provide the child care provider staff member with the child's name and be able to present a photo ID. This allows the staff member to reference with the emergency files in the ready to go book to verify the child's parents/guardians. When the child is located and brought to the parents/guardians, the parents/guardians will sign the child out of the building/location serving as the evacuation point. This procedure is not different than the facility's normal pickup procedures.

Each child should have a completed emergency consent form (Form 4) with an attached recent photograph, if they are prescribed any medications, require any medical treatments, or have any underlying medical health conditions, to verify reunification. If a child is prescribed any medications, requires any medical treatments, or has any underlying medical health conditions, a completed American Academy of Pediatrics Emergency Information Form (Form 8) with an attached recent photograph should be utilized to verify reunification.

Emergency Drills and Procedures

An approved fire safety and evacuation plan should be prepared and maintained for all child care facilities as per Indiana Fire Code 404.3.1. Child care facilities need to consider provisions in the event of fire, shelter-in-place, lockdown, relocation and evacuation. Drills should be conducted for each type of emergency. Staff should know what to do for each type of emergency. Plans should be developed and practiced for relocating to more than one alternate site if necessary.

Below are items to consider when developing drills and procedures:

- In case the electrical system is not functioning, establish an alternative way to communicate an immediate message to all staff in all areas that they need to shelter-in-place, lockdown, or evacuate immediately.
- Consider including neighbors, the governing board, local emergency officials, and local emergency planning committees, businesses, and volunteers in your planning.
- Contact local Emergency Management Director, fire department, or local Chapter of the American Red Cross to assist with training for your program.
- Ensure staff members are prepared at home, and have a family plan, as necessary.
- Involve parents and emergency personnel in drills and rehearsals. Emergency personnel are usually willing to assist and provide information on improving the speed and efficiency of the facility's evacuation. After a practice session conduct a debriefing session with parents and emergency personnel to talk about what worked well and where you need to adjust and update the plan.

GUIDE ON HANDLING MEDICAL ILLNESS EMERGENCIES AND DISEASE OUTBREAKS

For more detailed information on Medical Illnesses and Disease Outbreaks, please refer to Tab 5: Communicable Disease Symptoms Chart.

Special Considerations for Children With Health Care Needs

Academy of Pediatrics provides the following information:

“The American Academy of Pediatrics recommends that a summary of information important for hospital or pre-hospital management of a child with special health care needs or disabilities be formulated, updated regularly and maintained in an accessible and usable format. Parents and other caregivers should be educated to optimize the use of the summary for all health care encounters. Mechanisms to quickly identify children with special health care needs in an emergency should be established and made available to local EMS and hospital personnel. A universally accepted, standardized form should be used for summaries.” Children with a medical condition that requires specific care or medication should be included. This includes children with asthma, ADHD, and etc.

For your convenience, the recommended form for use from the American Academy of Pediatrics is included in this guide. (See Form 8.) Confidentiality of this form should be carefully maintained. Parental permission to establish the emergency information form and distribute it to appropriate agencies should be obtained and kept on file.

RECOVERING FROM AN EMERGENCY

A child care facility prepared for emergencies has a shorter recovery time. Recovery involves efforts to return the program, staff, and children to a normal routine as soon as possible. Depending on the amount of damage, returning to normal operations could be a long-term process. If necessary, the facility may require an inspection prior to re-entry to ensure the facility had not sustained structural damage.

The cumulative crisis-related stress of an emergency may impact the psychological and physical well-being of children and adults. Develop reasonable expectations for staff and children during the emergency when coping ability is low and frustrations are high. Despite best efforts to provide support and reassurance, children and adults may continue to experience symptoms and reactions which may indicate a need for professional consultation. These symptoms may include:

Children: Withdrawn behavior, depression, helplessness, generalized fear, loss of verbal skills, sleep disturbance, loss of toileting skills, anxious attachment and clinging, uncharacteristic hostility or acting out.

Adults: Withdrawal or depression, feelings of inadequacy and helplessness, difficulty in concentration, slowness to respond, substance abuse, psychosomatic or real physical symptoms (headache, bladder/bowel problems, chest pains, cramps, sleep disturbance, change in food consumption patterns.)

Program staff can assist in psychological recovery by giving children and adults correct information about the emergency or event. Provide opportunities to talk and share feelings with others, facilitating communication with loved ones or family members outside of the program.

After a disaster, children, parents, and staff may need to meet with crisis counselors. For assistance in locating crisis counselors or for more information on mental health issues, visit the Family & Social Services Administration, Division of Mental Health & Addiction's website <http://www.in.gov/fssa/dmha/index.htm>.

STAFF TRAINING RESOURCES

The following are recommended courses to consider learning more about emergency planning and how to prepare for emergencies. This list is not all-inclusive and courses are provided by the Federal Emergency Management Agency's Emergency Management Institute at no additional cost. These are in addition to the required training for licensure from the Indiana Family and Social Services Administration, Bureau of Child Care.

- IS-36 Multihazard Planning for Childcare
- IS-100.SCa Introduction to the Incident Command System for Schools
- IS-230.b Fundamentals of Emergency Management
- IS-366 Planning for the Needs of Children in Disasters
- IS-700.a National Incident Management System
- IS-909 Community Preparedness: Implementing Simple Activities for Everyone

RESOURCES

There are many resources and agencies available to assist in your emergency planning efforts. Some of the resources and agencies you may want to contact for further information on emergency planning follow.

- County Emergency Managers
- Local and County First Responders
- Local Chapters of the American Red Cross
- Indiana Department of Homeland Security: www.in.gov/dhs
- Indiana Department of Child Services. 800-840-8757: www.in.gov/dcs
- Indiana Family & Social Services Administration, Bureau of Child Care: www.in.gov/fssa/carefinder/2728.htm
- Indiana State Department of Health: www.in.gov/isdh/index.htm
- Indiana Family & Social Services Administration, Division of Mental Health and Addiction: www.in.gov/fssa/dmha/index.htm
- Federal Emergency Management Agency (FEMA): www.fema.gov
- Federal Small Business Administration: www.sba.gov
- American Red Cross: www.redcross.org
- The American Academy of Pediatrics Family Readiness Kit offers concrete advice for what families can do in advance to prepare for the disruptions and possible dangers presented by a disaster: www.aap.org/family/frk/frkit.htm

- Institute for Business and Home Safety: www.ibhs.org
- National Child Care Information Center: www.nccic.org
- Small Steps toward being prepared for an emergency: www.Do1thing.com
- Emergency assistance agency internet website addresses (check your local phone book for phone numbers.)
- Provider groups/associations to share information on emergency planning and emergency resources in your community.

References

The following is a list of the organizations and agencies whose information and plans were used in the development of these guides and template:

- *American Academy of Pediatrics: Emergency Preparedness for Children with Special Health Care Needs, Pediatrics*; Vol 104 No 4 (October 1999)
- *Communicable Disease Reference Guide for Schools*; 2012 Edition, Indiana State Department of Health (2012)
- *Comprehensive All-Hazard Daycare Planning Guide and Model Plan*; Kitsap County Department of Emergency Management, 1720 Warren Ave, Bremerton, WA 98337(Fall, 2002)
- *Disaster Preparation*; National Association of Child Care Resource and Referral Agencies, 3101 Wilson Blvd, Suite 350, Arlington, VA 22201 (2006)
- *Emergency Response Planning Guide for Child Care*; Child Development Division 103 South Main, 2 North Waterbury, VT 05671 (Fall 2002)
- *Indiana Family Disaster Readiness*; http://www.indianaemsc.org/resources/parent/documents/BePreparedIndiana8_20_12.pdf
- *It Pays to Prepare: An Emergency Preparedness Guide for Child Care Providers*; Virginia Department of Health, Division of Child and Adolescent Health, Healthy Child Care Virginia (2006)
- *Keeping Kids Safe: Your Home Child Care Emergency Plan*; Minnesota Department of Human Services, PO Box 64962, St Paul, MN 55164-0962 (Jan 2008)
- National Association of Childcare Resource and Referral Agencies; 1515 N. Courthouse Rd, 11th fl, Arlington, VA 22201
- *Public Health - Seattle and King County Emergency Preparedness for Childcare Centers*; 401 5th Ave, Ste 1300, Seattle, WA 98104 (Mar 2009)

Tab 1: Emergency or Temporary Closure List of Conditions

Rule 4.8. Emergency or Temporary Closure of Child Care Centers and Child Care Homes

470 IAC 3-4.8-1 List of conditions

Authority: IC 12-13-5-3; IC 12-17.2-4-18.7; IC 12-17.2-5-18.7

Affected: IC 4-21.5-4; IC 12-17.2-4; IC 12-17.2-5

Sec. 1. (a) The following are the list of conditions that pose immediate threat to the life or well-being of a child in the care of a child care provider that may subject a child care facility or child care home to emergency or temporary closure order:

(1) Building damage due to:

- (A) earthquake;
- (B) Flooding or water damage;
- (C) Tornado;
- (D) Severe wind;
- (E) Ice storm;
- (F) Fire;
- (G) Lead contamination; or
- (H) Asbestos.

(2) Sewage problems as follows:

- (A) Sewage backup.
- (B) Toilets cannot be flushed or are overflowing.
- (C) Sewage system is not operating properly.

(3) Inadequate or unsafe water supply as follows:

- (A) Contaminated water supply.
- (B) Water supply not functioning.

(4) No electricity in the building.

(5) Heating system problems.

(6) Gas, carbon monoxide, or other noxious gases leak.

(7) Filthy conditions.

(8) Rodent, roach, or vermin infestation.

(9) Building renovation occurring in a room or area occupied by children.

(10) Lack of supervision, which results in the death or serious injury of a child.

(b) If an employee or agent of the division determines that a violation in subsection (a) exists, the division shall:

(1) issue an emergency or another temporary order under IC 4-21.5-4 requiring the licensee to immediately cease operations of the child care facility or home; and

(2) Contact the parent or guardian of each child enrolled in the child care facility or child care home to inform the parent or guardian:

- (A) That the division has issued an order to require the licensee to cease operations of the child care facility or child care home; and

- (B) The reason for the order to cease operation.

(Division of Family Resources; 470 IAC 3-4.8-1; filed Aug 11, 2004, 11:05 a.m.: 28 IR 196; readopted filed Oct 24, 2007, 11:25a.m.: 20071121-IR-470070448RFA)

Tab 2: Suggested Roles and Responsibilities Checklist

The Child Care Provider or Facility Manager:

- Develops the facility Emergency Action Plan (EAP) with the help from a planning team and coordinates with the county emergency management agency to ensure they have identified potential disaster situations for their area.
- Provides copies of the Emergency Action Plan to the county emergency manager and necessary first responders.
- Coordinates repairs of potential dangers identified with management and facility maintenance personnel.
- Assures that staff and children are trained on the emergency action plan.
- Assigns emergency responsibilities to staff members. (Assign a specific person to maintain and transport pertinent files, which include children's names and contact information, medical information including medicines, photos as well as employee emergency information in the event of an evacuation.)
- Obtains necessary training for staff members (CPR and first aid) or other training required by law or policy or as applicable.
- Conducts drills and initiates plan revisions based on drill evaluations.
- Keeps parents and staff members informed of emergency plan revisions.
- Conducts periodic safety checks of the physical facility, equipment and vehicles.

The Facility Staff:

- Participates in developing the emergency plan.
- Knows and understands their roles and responsibilities during an emergency situation.
- Participates in emergency preparedness training and drills.
- Assumes responsibility for taking emergency supply packs with them in the event of an evacuation.
- Helps children develop confidence in their ability to care for themselves.
- Knows locations of the main shut-off valve for main gas valve, oil, water and electricity or main utility box for electricity.

Facility Maintenance Personnel (if applicable):

- Conducts periodic safety inspections of the facility according to policy.
- Identifies shut-off valves and switches for gas, oil, water and electricity.
- Shuts off ventilating system in an emergency.
- Practices lockdown procedures.

Facility Food Service Personnel (if applicable):

- Maintains 72 hours of supplies of nonperishable food and water for emergency use.
- Labels stockpiled food/water with date stored. Replenishes stocked supplies every six months.

Parents:

- Become familiar with the emergency plan and procedures they need to follow.
- Assist facility manager in developing the plan.
- Provide facility with emergency phone numbers and information regarding time required to pick up child in the event of an emergency evacuation.
- Provide medical care information for child, including list of medications and other special instructions, if necessary.
- Provide school with unexpired emergency supply of medications if applicable.
- Provide recent photo of child for providers' records.

Tab 3: Ready-to-Go Emergency Kit Supply List

Be sure this is located somewhere you can grab it on the way out the door – **The Ready-to-Go Kit should be taken whenever you evacuate the building, even for drills.** Items in this list are FEMA suggested items as part of an overall survival plan and may not be all-inclusive.

These suggested items are for a 72- hour or three-day supply. Develop a supply rotation system that allows you to use perishable supplies in your normal operations before the expiration date.

- **Bag, backpack, cart on wheels, etc., for easy identification containing:**

- Emergency forms for children and staff
- Rescue medications with authorization forms (i.e., epi-pens, insulin, seizure medications or other lifesaving medications)
- First aid kit
- Flashlight and batteries
- Whistle
- Water
- Age-appropriate snacks/infant formula
- Paper cups and infant bottles
- Permanent marker for putting names on cups
- Tarp or ground cover and emergency blankets
- Tissues, toilet paper, wipes, and diapers
- Hand sanitizer
- Notepad and pencil/pen
- Paper towels
- Plastic bags (one gallon and trash bags that can be used as rain ponchos)
- Safety pins
- Scissors
- Charged cell phone and chargers
- Cash, including change in case cell phone doesn't work
- Enough slipper socks or tube socks for every child (should you need to evacuate without stopping for shoes)
- NOAA Weather Radio or a battery powered or hand-crank radio
- Age-appropriate time passers (books, crayons, paper, small stuffed animals to cuddle, etc.)

Tab 4: First Aid Kit Supply List

- Disposable, non-porous gloves
- Adhesive Band-Aids of assorted sizes
- Sealed packages of alcohol wipes or antiseptic wipes
- Scissors
- Tweezers
- Thermometer
- Bandage tape
- Sterile gauze pads (2" and 3")
- Flexible roller gauze (1" and 2")
- Triangular bandages
- Small splints
- Cold pack
- Safety pins
- Eye dressings
- Insect sting preparation
- Water
- Soap
- Resealable plastic bags (one gallon size) for soiled materials
- Pen/pencil and notepad
- Current First Aid Guide (Academy of Pediatrics or American Red Cross) or American Red Cross booklet "First Aid Fast"
- Emergency phone numbers
- Emergency medications or supplies prescribed for each child with special health needs

Tab 5: Communicable Disease Symptoms Chart

Disease/Condition	Signs/Symptoms	Incubation Period	Mode of Transmission	Period of Communicability	Exclusion/Attendance	Prevention
Aseptic (Viral) Meningitis	Fever, severe headache and stiff neck.	Varies depending on virus or cause. For enteroviral meningitis, 3-6 days	Person to person by airborne droplets and direct contact with nose and throat discharges.	Varies depending on virus or other organism.	Patients generally too sick to attend school and can return when recovered.	Hand washing and avoid direct contact with nasal and throat discharges.
Conjunctivitis (Pink Eye)	Redness of eye involving tearing, irritation, swelling and discharge.	Bacterial: 1-3 days Viral: 12 hours-3 days	Contact with discharge from conjunctivae or upper respiratory tract of infected persons. Fingers and inanimate objects can also be sources of transmission.	Possibly up to 14 days but depending on cause.	Exclusion recommended until examination by physician and then approved for readmission.	Use precautions in handling eye discharge and hand washing.
Hand, Foot and Mouth Disease	Fever, malaise, sore throat and red blister spots that turn into ulcers in the mouth.	3-5 days	Fecal-oral or direct contact with infectious respiratory secretions.	During illness up to several weeks.	Exclude during acute illness or while child who has blisters drools from the mouth or has weeping lesions on hands.	Hand washing and avoid direct contact with nasal and throat discharges.
Influenza	Fever greater than 100 degrees F, headache, tiredness, cough, sore throat, runny or stuffy nose, and muscle aches. Nausea, vomiting, and diarrhea also can occur in children.	1-3 days	Person to person by direct contact with infected secretions or via large or small droplet aerosols.	1 day prior to symptoms through 7 days from clinical onset.	Exclusion of the student should be based on the condition of the child and if there is a school policy that warrants exclusion for symptoms of influenza.	Immunizations are available for most students and adults unless contraindicated. Cover the mouth and nose in the nook of your elbow and discard tissues immediately.

Communicable Disease Symptoms Chart, continued

Disease/Condition	Signs/Symptoms	Incubation Period	Mode of Transmission	Period of Communicability	Exclusion/Attendance	Prevention
Measles	Fever, runny nose, cough, rash by 3rd day.	10-14 days (range of 7-18 days)	Contact with respiratory droplets.	4 days before rash onset to 4 days after rash onset.	Index Case: Excluded until 4 days after rash onset Contacts: Contacts who are not immunized excluded until 14 days after last case.	Vaccine Available 2 doses of measles-containing vaccine (MMR)
Pediculosis (Lice)	Main symptom is itching of scalp. Lice (or eggs) can be identified by close examination of scalp.	Eggs hatch in a week with resultant lice able to multiply within 8-10 days.	Direct contact with person who has live infestation or sharing personal belongings that are harboring lice (i.e., hats, scarves).	As long as live lice are present or eggs in hair are within 1/4 inch of scalp.	No applicable state laws for exclusion. Follow school policy.	Inform parents of infestations and proper control measures for home elimination.
Pertussis (Whooping Cough)	Initial cough, coryza, eye irritation, leading to a progressive cough that comes in bursts, may be followed by a "whoop."	10 days (range of 4-21 days)	Direct contact with infectious respiratory secretions.	From onset of cough and cold-like illness through 5 days of appropriate antibiotic therapy. If not on antibiotics, 21 days from the onset of the cough.	Exclude for 5 days while receiving appropriate antibiotic therapy.	Vaccine Available Age appropriate vaccination: DTaP, Tdap. Antibiotic prophylaxis for direct contacts.

Note: Children under 5 years of age may experience quicker onset and more severe symptoms due to weaker immune systems.

FORMS

These forms are based on best practices and should be considered for incorporation into provider emergency planning to create a more effective and efficient response.

Form 1: Emergency Information

Facility Information
Address:
Nearest Cross Streets:
Phone Number:
Emergency Contact Name & Phone Number:
Alternate Off-Site Evacuation Location:
Building Information
Fire Extinguisher locations:
Gas Shut-Off:
Water Shut-Off:
Electrical Panel:

Form 2: Emergency Contact List

	Name	Phone Number (24 hour when available)	E-mail
Facility Emergency Contact			
Hospital Emergency Department			
Police			
Fire			
Rescue			
Hospital			
Poison Control			
Local Emergency Management			
State Emergency Management	Indiana Department of Homeland Security (IDHS)	317-232-3980	
Electric Company			
Gas Company			
Water Company			
For Facilities on Wells	Indiana Department of Environmental Management (IDEM)	317-234-7418	
Property Manager			
Waste Disposal			
Newspaper			
Television Station			
Radio Station			
Cable TV			

Emergency Contact List, continued

	Name	Phone Number (24 hour when available)	E-mail
Child Care Resource & Referral			
State Child Care Resource & Referral Network			
Licensing Consultant			
Department of Social Services			
Local Health Department			
Building Inspector			
Bank			
Insurance Agent • Policy # _____ • Auto Policy # _____			
Creditors			
Accountant			
Payroll Services			
Milk Supplier			
Food Supplier			
Laundry Service			
Child Care Food Program			
Medical Advisor/ Public Health Nurse			
Crime Victim Services			
Post-Crisis Mental Health Hotline			
Child Protective Services			

Form 3: Parent Contact Card

PHOTO OF CHILD INSERTED HERE

Child's Name:	
Date of birth:	
Child's special needs, chronic medical condition and/or long-term medications:	
Parent/guardian 1 name:	
Employer:	
Work phone:	Cell phone:
Home phone:	
Home address:	
Parent/guardian 2 name:	
Employer:	
Work phone:	Cell phone:
Home phone:	
Home address:	
Other adult(s) authorized to pick up child from child care:	
Other emergency phone 1:	
Other emergency phone 2:	
Other emergency phone 3:	

Form 4: Emergency Consent Form

If your child needs emergency medical care and you are not available to give formal consent to medical authorities, care may be unnecessarily delayed. To protect your child, complete and return this EMERGENCY CONSENT FORM to your child care provider. In the event of a medical or other emergency, the form should accompany your child to the hospital so that medical treatment can be rendered. You may want to keep a completed form (authorizing a licensed medical doctor to give consent) in your baby's diaper bag for extra measure of safety. Make copies of this blank form to share with a friend, and to have extras available.

I/We hereby authorize _____ to give consent for all medical and/or surgical treatment that may be required for our child during our absence from _____ until _____. (Consent expires one year from this date.)

Child's name:	
Chronic illnesses:	
Allergies:	
Current medications:	
Date of last tetanus immunization:	
Other health information:	
Physician:	Phone:
Health insurance company:	
Member number:	Group number:
Home address of parent/guardian:	
Phone number of parent/guardian:	
Additional phone numbers:	
Parent/guardian employer:	Phone:
Nearest relative:	Phone:
Additional relative:	Phone:
Signed, parent/guardian:	Date:

Form 5: Emergency Information for Parents

Emergency Plan for _____	PROVIDER NAME
Address:	
Phone:	Alternate phone:
Name of emergency contact for provider:	
Phone number for emergency contact:	Cell phone:
If necessary, children will be transported to this health care facility:	
Address of health care facility:	Phone number:
When we need to evacuate from the building	
Where we will meet outside the building (describe corner of yard, landmark on property):	
In the event the facility must be evacuated because of an emergency in the immediate area, the children and staff will be transported by _____ to:	
Alternate child care location name 1:	
Address:	
Phone:	Cell phone:
Alternate child care location name 2:	
Address:	
Phone:	Cell phone:
When we need to take shelter inside the building	
Where we will be inside the building (describe by floor, corner, room, etc.)	
Plan for infectious disease	
Policy if child is sick:	
Policy if provider is sick:	

Form 6: Parent Wallet Cards

Make copies of the page; fill out, cut, fold, and laminate.

Child Care Provider: Name: _____ Phone: _____ Alt. Phone: _____	Evacuation Location 1: Location: _____ Phone: _____ Alt. Phone: _____ Address: _____ _____
Out of area contact: Name: _____ Phone: _____ Alt. Phone: _____ City: _____ State: _____ Evacuation message location: _____	Evacuation Location 2: Location: _____ Phone: _____ Alt. Phone: _____ Address: _____ _____

Form 7: Transportation Authorization

Emergency Transport Permission Form

This form authorizes emergency transportation for a child. This form does not authorize or guarantee treatment.

I, _____ give do not give
(PARENT OR GUARDIAN NAME) (CHECK ONE)

permission to _____ to
(NAME OF CHILD CARE PROVIDER)

transport my child, _____ to
(CHILD'S NAME)

_____ or the nearest
(HOSPITAL NAME)

emergency location for emergency medical care.

Parent/Guardian Signature: _____

Date: _____

Form 8: Children With Special Health Care Needs

Emergency Information Form for Children With Special Needs																																																																													
 American College of Emergency Physicians*	American Academy of Pediatrics 	Date form completed By Whom	Revised Initials																																																																										
<table border="1"><tr><td>Name:</td><td>Birth date:</td><td>Nickname:</td></tr><tr><td>Home Address:</td><td colspan="2">Home/Work Phone:</td></tr><tr><td>Parent/Guardian:</td><td colspan="2">Emergency Contact Names & Relationship:</td></tr><tr><td>Signature/Consent*:</td><td colspan="2"></td></tr><tr><td>Primary Language:</td><td colspan="2">Phone Number(s):</td></tr><tr><td colspan="3">Physicians:</td></tr><tr><td>Primary care physician:</td><td colspan="2">Emergency Phone:</td></tr><tr><td></td><td colspan="2">Fax:</td></tr><tr><td>Current Specialty physician:</td><td colspan="2">Emergency Phone:</td></tr><tr><td>Specialty:</td><td colspan="2">Fax:</td></tr><tr><td>Current Specialty physician:</td><td colspan="2">Emergency Phone:</td></tr><tr><td>Specialty:</td><td colspan="2">Fax:</td></tr><tr><td>Anticipated Primary ED:</td><td colspan="2">Pharmacy:</td></tr><tr><td colspan="3">Anticipated Tertiary Care Center:</td></tr><tr><td colspan="4">Diagnoses/Past Procedures/Physical Exam:</td></tr><tr><td>1.</td><td colspan="3">Baseline physical findings:</td></tr><tr><td>2.</td><td colspan="3"></td></tr><tr><td>3.</td><td colspan="3">Baseline vital signs:</td></tr><tr><td>4.</td><td colspan="3"></td></tr><tr><td>Synopsis:</td><td colspan="3">Baseline neurological status:</td></tr><tr><td></td><td colspan="3"></td></tr><tr><td></td><td colspan="3"></td></tr></table>				Name:	Birth date:	Nickname:	Home Address:	Home/Work Phone:		Parent/Guardian:	Emergency Contact Names & Relationship:		Signature/Consent*:			Primary Language:	Phone Number(s):		Physicians:			Primary care physician:	Emergency Phone:			Fax:		Current Specialty physician:	Emergency Phone:		Specialty:	Fax:		Current Specialty physician:	Emergency Phone:		Specialty:	Fax:		Anticipated Primary ED:	Pharmacy:		Anticipated Tertiary Care Center:			Diagnoses/Past Procedures/Physical Exam:				1.	Baseline physical findings:			2.				3.	Baseline vital signs:			4.				Synopsis:	Baseline neurological status:										
Name:	Birth date:	Nickname:																																																																											
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*Consent for release of this form to health care providers																																																																													

Last name:

Children With Special Health Care Needs, continued

Diagnoses/Past Procedures/Physical Exam continued:	
Medications:	Significant baseline ancillary findings (lab, x-ray, ECG):
1.	
2.	
3.	
4.	
5.	
6.	

Last name: _____

Management Data:	
Allergies: Medications/Foods to be avoided	and why:
1.	
2.	
3.	
Procedures to be avoided	and why:
1.	
2.	
3.	

Immunizations (mm/yy)					
Dates					
DPT					
OPV					
MMR					
HIB					
Antibiotic prophylaxis:			Indication:	Medication and dose:	

Common Presenting Problems/Findings With Specific Suggested Managements		
Problem	Suggested Diagnostic Studies	Treatment Considerations

Comments on child, family, or other specific medical issues:	
Physician/Provider Signature:	Print Name:

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