

# Sample Emergency Planning Forms

The following forms have been excerpted from *Is Child Care Ready?: A Disaster Planning Guide for Child Care Resource & Referral Agencies*, © NACCRRA 2006. Materials may be copied for educational and training purposes only.



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# Sample Emergency Planning Forms

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# Child Care Program Emergency Plan

(Adapted from the Sample Emergency Plan at [www.ready.gov](http://www.ready.gov))

	<b>Child Care Program Information</b>
Name of program	
Street address	
City	
State	
Zip code	
Telephone number	
	<b>Location of Alternate Facility</b>
Name of facility	
Street address	
City	
State	
Zip code	
Telephone number	
Directions to facility	
	<b>Primary Emergency Contact at Child Care Program</b>
Name	
Telephone number	
Alternate telephone number	
E-mail address	
Telephone number outside of area	
	<b>Who We Will Contact 9-1-1</b>
Emergency	
Non-emergency police	
Non-emergency fire	
Insurance provider	
	<b>Types of Disasters Most Likely to Occur in Our Area</b>
	<b>Members of Our Emergency Planning Team</b>
Staff	
Staff	
Staff	

Parent	
Parent	
Others	
Others	
Others	
	<b>Name and Phone Number of Others to Coordinate this Plan With</b>
Neighbors	
Businesses	
Schools	
Churches	
CCR&R	
Others	
	<b>Person in Charge of Operations Needed for Reopening</b>
Facility inspection and repair	
Contacting families and employers	
Obtaining equipment and supplies	
Setting up rooms	
Accessing records	
Restoring meal and snack service	
Obtaining building inspections and licensing approval	
Other:	
Other:	
Other:	
	<b>Contact for Help with Post-Disaster Clean-up</b>
Name	
Street address	
City/state/zip code	
Phone/Fax	
E-mail address	
	<b>CCR&amp;R Contacts (phone, fax, e-mail)</b>
Local	
State	

National	<b>NACCRRA, (703) 341-4100, (703) 341-4101 (fax), naccrra@mail.org</b>
	<b>Contact for Food and Water</b>
Company name	
Phone/Fax	
E-mail address	
Street address	
Contact name	
Account number	
	<b>Licensing Contact (phone/fax/e-mail)</b>
Local	
State	
	<b>Evacuation Plan</b>
Evacuation manager & alternate:	
Person responsible for issuing all clear:	
Assembly site manager and alternate:	
Responsibilities of assembly site manager:	
Persons able to handle medical emergencies:	
Contact number out of the area:	
E-mail address out of the area:	
Number of times and dates evacuation warning system will be tested per year	
Person who will locate, copy, and post building and site maps	
Persons who will mark evacuation exits	
Location of evacuation exits	
Number of times per year and dates evacuation procedures will be practiced	
<b>Near-by Assembly Site:</b> Location to which we will evacuate nearby (street address, phone number, contact person, e-mail, fax number)	
<b>Distant Assembly Site:</b> Location to which we will evacuate out of the immediate area (street	

address, phone number, contact person, e-mail, fax number)	
<b>More Distant Assembly Site:</b> Location to which we will evacuate at a far distance (street address, phone number, contact person, e-mail, fax number)	
	<b>Shelter-in-Place Plan</b>
Close-program manager and alternate	
Close-program manager responsibilities	
Shelter manager and alternate	
Shelter manager responsibilities:	
Person responsible for issuing all-clear:	
Persons able to handle medical emergencies:	
Storm shelter location	
“Seal the room” shelter locations:	
Person responsible for maintaining and refreshing emergency supplies	
Process for reminding staff to keep personal supplies needed to remain in place	
Dates plan to stay in place will be practiced	
Dates warning system will be tested for taking shelter in place	
	<b>Communications</b>
How we will communicate our emergency plans to the staff	
How we will communicate our emergency plans to the children	
In the event of a disaster how we will communicate with the staff	
	<b>Cyber Security</b>
How we will protect our computer hardware	
How we will protect our computer software	
If our computers are destroyed, where we will use back-up computers	
	<b>Back-Up of Records</b>
Person responsible for backing up critical records including	

children's records, payroll, accounts, etc.	
Where back-up records including a copy of insurance policies, facility plans, bank account records, and computer back-ups are stored onsite	
Offsite location of another set of back-up records	
How the program will provide for continuity if the accounting and payroll records are destroyed	
	<b>Emergency Contact Information Annual Review</b>
Date the emergency plan will be reviewed and updated	

## Child Care Program Emergency Contact List

Organization	Name	Phone Number	E-mail Address
Medical Emergency			
Police			
Fire			
Rescue			
Hospital			
Poison Control			
Local Emergency Management			
State Emergency Management			
Electric Company			
Gas Company			
Water Company			
Waste Disposal			
Newspaper			
Television Station			
Radio Station			
Cable TV			
CCR&R			
State CCR&R Network			
Department of Social Services			
Local Health Department			
Building Inspector			
Bank			
Insurance Agent			
Creditors			
Accountant			
Payroll Services			
Milk Supplier			
Food Supplier			
Laundry Service			
Child Care Food Program			
Medical Advisor			
Key Staff			
Key Staff			

Key Staff			
Key Staff			
Staff			
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Staff			
Families			
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# Insurance Discussion Form

(Adapted from the Insurance Discussion Form at [www.ready.gov](http://www.ready.gov))

Child care programs can use this form to discuss their insurance coverage with their insurance providers. Having adequate coverage will help programs recover more rapidly from catastrophes.

Programs should keep a copy of this form on the child care premises and at an off-site location.

Insurance Agent: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Insurance Policy Information				
Type of Insurance	Policy No.	Deductibles	Policy Limits	Coverage (General Description)

Do I need flood insurance?     Yes     No

Do I need earthquake insurance?     Yes     No

Do I need business income and extra-expense insurance?     Yes     No

**Other disaster-related insurance questions:**

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## Evacuation Requirements Form

Facility name/address:	
Contact person	
Phone number of contact person	
Number of children at site	
Number of staff at site	
Vehicles required to evacuate staff and children	
Host facility	
Address of host facility	
Point of contact at host facility	
Phone number at host facility	
Transportation provider	
Phone number of transportation provider	
Alternate transportation provider & phone number	
Number of children and staff transported to host facility	
Number of vehicles dispatched to host facility	
Time vehicles dispatched to host facility	
Number of children and staff assembled at host facility	
Notes	

# Parent Emergency Evacuation Information Form

(to be given to parents at least annually)

Name of program	
Program address	
Emergency contact at program	
Phone number of emergency contact	
Cell phone of emergency contact (Please do not call cell phone number during non-emergencies; it will not be turned on.)	
In the event the facility must be evacuated because of a confined emergency, the staff and children will leave the building and gather in the immediate area at	
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	
The address, phone number, and contact person at the assembly area is	
If necessary, children will be transported to this health care facility:	
Address, phone number, and contact person at health care facility	

# Child Identification Card

(to be placed out-of-sight on each child during an evacuation)

<b>Child's Name</b>	
<b>Parent/Guardian #1 Name</b>	
<b>Parent/Guardian #2 Name</b>	
<b>Address</b>	
<b>Home Phone</b>	
<b>Parent/Guardian #1 Day Phone</b>	
<b>Parent/Guardian #1 Cell Phone</b>	
<b>Neighbor/Friend and Phone</b>	
<b>Contact Outside of Area and Phone</b>	
<b>Child Care Program Name</b>	
<b>Child Care Program Phone</b>	