

# Childcare



## Emergency Action Plan

DRAFT

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**Basic Information:** Record information on your childcare site to ensure preparedness in case of an emergency.

Facility Name:	
Facility Address:	
Facility Phone:	
Facility Main Contact:	
Emergency Kit Location(s):	
Number of Children:	

**Emergency Contacts:** Identify the contact information for emergencies and post in easily accessible locations.

Resource	Contact Name	Phone	Website/E-Mail
Fire	Sioux Falls Fire Rescue	911	<a href="http://www.siouxfalls.org/fire">www.siouxfalls.org/fire</a>
Police	Sioux Falls Police	911	<a href="http://www.siouxfalls.org/police">www.siouxfalls.org/police</a>
EMS/Ambulance		911	
Poison Control	Sanford	328-6670	
Poison Control	Avera	1-800-222-1222	
Electric Company			
Gas Company			
Water	City of Sioux Falls	373-6941	
Sewer	City of Sioux Falls	367-8188	
Insurance			

**Evacuation:** In case of the need to evacuate our site, the following procedures will be followed:

<b>Evacuation Routes/Exits:</b>	<ul style="list-style-type: none"> <li>Describe facility/home exits.</li> </ul>
<b>Evacuating Infants/Toddlers:</b>	
<b>Notification:</b>	<p>Once all children are safely evacuated:</p> <ul style="list-style-type: none"> <li>911 will be called.</li> <li>Parents will be notified of the evacuation.</li> </ul>
<b>Emergency Kits/Information:</b>	<ul style="list-style-type: none"> <li>Emergency kits and parent contact lists will be taken when possible.</li> </ul>
<b>Evacuation Sites:</b>	<ul style="list-style-type: none"> <li>Neighborhood (eg., for fire): Site Address</li> <li>Out-of-neighborhood (e.g. , explosion, flooding): Site Address</li> </ul>
<b>Transportation to Evacuation Locations:</b>	<ul style="list-style-type: none"> <li>Children will walk, be pushed in strollers, carried by staff or transported via personal vehicle to the neighborhood and out-of-neighborhood sites.</li> <li>Children will be driven in personal vehicle to _____ site.</li> </ul>

**Shelter-In-Place:** In case of the need to stay put due to a tornado or notification from authorities, the following procedures will be followed:

<b>Location:</b>	Children will be taken to an interior room in the lowest level of the house/facility.
<b>Emergency Supplies:</b>	<ul style="list-style-type: none"> <li>Emergency kits with toys and water are stored in basement.</li> <li>A first aid kits stored in basement.</li> <li>A battery-powered radio and NOAA weather radio.</li> <li>Cell phone will be brought to basement.</li> <li>Emergency contact sheets are kept with supplies.</li> </ul>
<b>Notification:</b>	Parents/guardians will be notified once the immediate threat has passed.

**Parent Reunification:** In the case of the need to evacuate or when parents/guardians are unable to get to children, the following procedures will be followed to reunite children with parents/guardians (or other designated contacts) as soon as it is safe.

<b>Notification:</b>	<ul style="list-style-type: none"> <li>• Parents/Guardians are provided:               <ul style="list-style-type: none"> <li>○ Information on each evacuation site.</li> <li>○ Contact information for supervisor _____'s, cell phone.</li> </ul> </li> <li>• Parent/Guardian contact numbers are:               <ul style="list-style-type: none"> <li>○ Stored in supervisor _____'s cell phone.</li> <li>○ Kept in emergency kits</li> </ul> </li> </ul>
<b>Release:</b>	<ul style="list-style-type: none"> <li>• Children will only be released to contacts listed on the child's form with proper identification.</li> </ul>

**Child/Parent Information:** For each child at your site identify contact and emergency information. Keep a copy of this information with your emergency kits and plan.

<b>CHILD'S INFORMATION</b>		
<b>Child's Name:</b>		<b>Date of Birth:</b>
<b>Address:</b>	<b>City:</b>	<b>State:</b>
<b>Allergies, Special Instructions, Comforting Items:</b>		
<b>Parent Guardian Information (1)</b>		
<b>Parent/Guardian Name:</b>		
<b>Relationship to Child:</b>		
<b>Address: Same</b>	<b>City:</b>	<b>State:</b>
<b>Home #:</b>	<b>Cell #:</b>	<b>Work#:</b>
<b>Email (personal):</b>		<b>Email (Work):</b>
<b>Place of Work:</b>		<b>Address:</b>
<b>Parent Guardian Information (2)</b>		
<b>Parent/Guardian Name:</b>		
<b>Relationship to Child:</b>		
<b>Address:</b>	<b>City:</b>	<b>State:</b>
<b>Home#:</b>	<b>Cell#:</b>	<b>Work#:</b>
<b>Email (personal)</b>		<b>Email (Work):</b>
<b>Place of Work:</b>		<b>Address:</b>
<b>Additional Emergency Contact (1)</b>		
<b>Name:</b>		
<b>Relationship to Child:</b>		
<b>Address:</b>	<b>City:</b>	<b>State:</b>
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<b>Home#:</b>	<b>Cell#:</b>	<b>Work#</b>
<b>Email (Personal):</b>		<b>Email (work):</b>
<b>Medical Information</b>		
<b>Practice:</b>		<b>Doctor's Name:</b>
<b>Address:</b>	<b>City:</b>	<b>State:</b>
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