DHS-7955-ENG 4-24



**Clear Form**

OFFICE OF INSPECTOR GENERAL - LICENSING DIVISION

Child Care Emergency Plan

***\*IMPORTANT:*** If you are not able to complete this form online, click Print Blank Form to print the form and complete it by hand.



**Print Blank Form**

Instructions: State law requires the following providers to use this form to create an emergency preparedness plan:

(1) licensed child care centers (Minn. Stat. 245A.41, Subd. 3), (2) licensed family child care providers (Minn. Stat. 245A.51, Subd. 3), and (3) certified child care centers (Minn. Stat. 245H.15). Please refer to the Keeping Kids Safe planning guide for guidance in creating your emergency preparedness plan.

# Provider information

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| DATE CREATED | DATE OF FIRST REVISION | | DATE OF SECOND REVISION | | DATE OF THIRD REVISION | | DATE OF FOURTH REVISION | |
| PROVIDER NAME | | | | | | | | |
| STREET ADDRESS | | | | CITY | | STATE | | ZIP CODE |
| PHONE NUMBER | | EMERGENCY PHONE NUMBER | | EMAIL ADDRESS | | | | |

**Shelter-in-place/lock-down procedures**

If we need to stay in the building due to an emergency, the following procedures will be followed:

|  |  |
| --- | --- |
| LOCATION 1 (IN-BUILDING) | LOCATION 2 (IN-BUILDING) |
| DESCRIBE PROCEDURES FOR SHELTER-IN-PLACE/LOCK-DOWN (WHO, WHAT, WHERE, WHEN): | |
| DESCRIBE SPECIAL CIRCUMSTANCES OR PROCEDURES NEEDED FOR ACCOMMODATING INFANTS AND TODDLERS: | |
| DESCRIBE SPECIAL CIRCUMSTANCES OR PROCEDURES NEEDED FOR CHILDREN WITH DISABILITIES OR CHRONIC MEDICAL CONDITIONS: | |

**Notification**

|  |
| --- |
| EMERGENCY RESPONDERS WILL BE NOTIFIED WHEN: |
| PARENTS/GUARDIANS WILL BE NOTIFIED WHEN: |

**Emergency kit for shelter-in-place/lock-down situations**

|  |
| --- |
| DESCRIBE YOUR EMERGENCY KIT. SEE KEEPING KIDS SAFE FOR MORE INFORMATION ABOUT HOW TO USE YOUR EMERGENCY KIT DURING SHELTER-IN-PLACE AND LOCK-DOWN SITUATIONS. |

# Evacuation and relocation procedures

If we need to evacuate our site and relocated to another site, the following procedures will be followed:

|  |
| --- |
| DESCRIBE EVACUATION ROUTES AND EXITS. SHOW HOW YOU AND THE CHILDREN WILL LEAVE FROM ANY ROOM IN THE BUILDING: |
| DESCRIBE SPECIAL CIRCUMSTANCES OR PROCEDURES NEEDED FOR ACCOMMODATING INFANTS AND TODDLERS: |
| DESCRIBE SPECIAL CIRCUMSTANCES OR PROCEDURES NEEDED FOR CHILDREN WITH DISABILITIES OR CHRONIC MEDICAL CONDITIONS, INCLUDING PROCEDURES FOR STORING A CHILD'S MEDICALLY NECESSARY MEDICINE: |

**Notification**

|  |
| --- |
| EMERGENCY RESPONDERS WILL BE NOTIFIED WHEN: |
| PARENTS/GUARDIANS WILL BE NOTIFIED WHEN: |

**Emergency kit for evacuation and relocation situations**

|  |
| --- |
| DESCRIBE YOUR EMERGENCY KIT. SEE KEEPING KIDS SAFE FOR MORE INFORMATION ABOUT HOW TO USE YOUR EMERGENCY KIT DURING EVACUATION AND RELOCATION SITUATIONS. |

**Relocation - location 1**

|  |  |  |  |
| --- | --- | --- | --- |
| BUILDING NAME | | | |
| REASON(S) TO EVACUATE TO LOCATION 1 | | | |
| STREET ADDRESS | CITY | STATE | ZIP CODE |
| PHONE NUMBER | EMERGENCY PHONE NUMBER | | |
| TRANSPORTATION TO LOCATION 1 | | | |
| OTHER DETAILS | | | |

**Relocation - location 2**

|  |  |  |  |
| --- | --- | --- | --- |
| BUILDING NAME | | | |
| REASON(S) TO EVACUATE TO LOCATION 2 | | | |
| STREET ADDRESS | CITY | STATE | ZIP CODE |
| PHONE NUMBER | EMERGENCY PHONE NUMBER | | |

|  |
| --- |
| TRANSPORTATION TO LOCATION 2 |
| OTHER DETAILS |

# Parent/guardian and child reunification procedures

If we need to evacuate, shelter-in-place, or when parents/guardians are unable to get to children, the following procedures will be followed to reunite children with parents/guardians or designated contacts as soon as it is safe:

|  |
| --- |
| PARENTS/GUARDIANS WILL BE NOTIFIED WHEN: |
| DESCRIBE HOW YOU WILL KEEP PARENT/GUARDIAN INFORMATION UP TO DATE. HOW WILL YOU ACCESS THIS INFORMATION IN AN EMERGENCY? |
| DESCRIBE HOW CHILDREN WILL ONLY BE RELEASED TO PARENTS/GUARDIANS OR OTHER INDIVIDUALS LISTED ON THE CHILD'S FORM (WITH PROPER IDENTIFICATION). INCLUDE ANY RELEVANT DETAILS ABOUT RELEASE OR REUNIFICATION: |

# Continuing operations procedures

In the period during and after a crisis, the following procedures will be followed regarding continuing operations:

|  |
| --- |
| THE FOLLOWING PEOPLE WILL NEED TO BE NOTIFIED AND BE A PART OF THE DECISION-MAKING PROCESS REGARDING CONTINUED OPERATIONS **DURING** A CRISIS: |
| THE FOLLOWING PEOPLE WILL NEED TO BE NOTIFIED AND BE A PART OF THE DECISION MAKING-PROCESS REGARDING CONTINUED OPERATIONS **AFTER** A CRISIS: |
| ANY ADDITIONAL CONSIDERATIONS FOR OPERATIONS: |

# Emergency contact information

**For Emergencies - Dial 911**

**Law enforcement agencies**

|  |  |  |
| --- | --- | --- |
| CITY (IF APPLICABLE) | CONTACT NAME | |
| NON-EMERGENCY NUMBER | | 24-HOUR EMERGENCY NUMBER |
| CITY (IF APPLICABLE) | CONTACT NAME | |
| NON-EMERGENCY NUMBER | | 24-HOUR EMERGENCY NUMBER |

**Utility emergency phone numbers**

COMPANY

ELECTRIC

|  |  |  |
| --- | --- | --- |
| CONTACT PERSON | | 24-HOUR EMERGENCY NUMBER |
| GAS (IF APPLICABLE) | COMPANY | |
| CONTACT PERSON | | 24-HOUR EMERGENCY NUMBER |
| WATER | COMPANY | |
| CONTACT PERSON | | 24-HOUR EMERGENCY NUMBER |

**General emergency resource numbers**

|  |  |
| --- | --- |
| MINNESOTA POISON CONTROL | PHONE NUMBER  800-222-1222 |
| CRIME VICTIM SERVICES | PHONE NUMBER |
| POST-CRISIS MENTAL HEALTH HOTLINE | PHONE NUMBER |
| FIRE DEPARTMENT | PHONE NUMBER |
| OTHER | PHONE NUMBER |
| NAME OF INSURANCE COMPANY | |
| INSURANCE CONTACT PERSON | PHONE NUMBER |

**Licensing or certification information**

|  |  |
| --- | --- |
| LICENSING OR CERTIFICATION NUMBER | |
| ARE YOU LICENSED BY THE STATE OR THE COUNTY? | |
| LICENSOR NAME | LICENSOR PHONE |

**Child Care Assistance Program (CCAP) information (if applicable)**

|  |  |
| --- | --- |
| CCAP PROVIDER ID | |
| CCAP AGENGY/AGENCIES REGISTERED WITH | CCAP AGENCY PHONE NUMBER(S) |

# Identification of hazards

This section is provided as a resource for your emergency preparedness. It allows you to identify the risk of certain hazards occurring, the impact that a hazard could have if it did occur, and how you would continue operating during and after the emergency.

**Attention licensed child care centers:** You are not required to complete this section as you should have already identified potential risks and impacts as part of your Risk Reduction Plan (see Minn. Stat. 245A.66). If you have not addressed any of these hazards that could impact your site, you should use this section or add items to your Risk Reduction Plan.

|  |  |
| --- | --- |
| **Hazards** | **Risk of harm, potential impact at your site, and plan for continuing operations during an after the emergency** |
| Fire |  |
| Flood |  |
| Gas/Chemical Leaks |  |
| Hazardous Materials |  |
| High or Low Temperatures |  |
| Infectious Diseases |  |
| Nuclear Power Plant  There are two nuclear power plants in MN (in Welch and Monticello). Depending on location you may/may not have "potential risk of harm". |  |
| Severe Winter Weather |  |
| Thunderstorm |  |
| Tornado |  |
| Violent Incidents |  |
| Other |  |

# Child emergency contact information

You should collect each child’s emergency contact information and keep it with your emergency kit(s). Licensed child care centers and licensed family child care providers already collect this information from parents/guardians upon enrollment.

Keep the following information with your emergency kit(s) in case of an emergency:

## Child specific information:

* Child's name
* Child's address
* Child's date of birth
* Special instructions for children with disabilities or chronic medical conditions (if applicable)

## Parent/guardian information:

* Name(s) & relationship to child
* Preferred contact information (i.e. phone number or email address)
* Alternate emergency contacts
* Individuals authorized for pick-up

For licensed family child care providers, this information is on the first page of each child’s Admissions and Arrangements form. Keep a copy of the first page of each child’s Admissions and Arrangements form with your emergency kit(s) so that the information can be easily accessed in an emergency.

Please note: Do not post any child-specific information with your emergency plan or share it with other parents.

# Yearly review of child care emergency plan

This section is provided for programs to document a yearly review of the child care emergency plan.

DATE

NAME OF PERSON COMPLETING YEARLY REVIEW



***Add name***