

# Division of Early Care and Education



**SC Child Care**  
EARLY CARE & EDUCATION

## Family, Friend and Neighbor Emergency Plan Template

*Federal law requires child care facilities that receive federal funds to have a plan in place that addresses emergency medical situations and evacuation in the event of an emergency or disaster.*

*The Division of Early Care and Education has developed this template to serve as a model to assist Family, Friend, and Neighbor Providers develop their own emergency plan. Fill in the blanks with information that applies to you to create your emergency plan.*

---

**SC Voucher Call Center: 1-800-262-4416**

**DISASTER RESPONSE E-MAIL: [childcare.disaster.response@dss.sc.gov](mailto:childcare.disaster.response@dss.sc.gov)**

**Visit us on the Web at: [www.scchildcare.org](http://www.scchildcare.org)**

---



If you need help filling out this form, please call 1-800-262-4416.

### Emergency Plan for

Name: \_\_\_\_\_ Phone (with Area Code): \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### 1. Emergency Phone Numbers

| Title/Agency                | Contact Name | Phone Number |
|-----------------------------|--------------|--------------|
| Emergency                   | N/A          | 911          |
| Police (non-emergency)      |              |              |
| Fire (non-emergency)        |              |              |
| Poison Control              |              |              |
| Local Health Dept.          |              |              |
| SC Voucher Program          |              |              |
| Alternate/Evacuation Site   |              |              |
| County Emergency Management |              |              |
|                             |              |              |
|                             |              |              |
|                             |              |              |

### 2. Medical Emergencies

A. List any medical emergencies that would require immediate attention by a health care professional or cause you to call 911. (A list of possible medical emergencies is provided in section II A of the “Child Care Emergency Plan Guidelines,” which is available at [www.schildcare.org](http://www.schildcare.org).)

|       |       |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

B. List the steps you will follow in a medical emergency: (A sample of these steps is provided in Section II B of the “Child Care Emergency Plan Guidelines” which is available at [www.schildcare.org](http://www.schildcare.org).)

---



---



---



---



---



---



---



---



---



---

3. Evacuation Plans

**In-Place Evacuation:** Where in your house will you take children during a tornado, storm, or other emergency that does not make you leave the house? \_\_\_\_\_

**On-Site Evacuation:** Where on your property will you take children if there's a fire or other emergency that makes you evacuate your home? \_\_\_\_\_

**Relocation Site:** (if you need to move children to a place close by)

Name of Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Please call your county emergency management agency to find out where your Evacuation Shelter and Radiological Evacuation sites are located.**

**Evacuation Shelter Site:** (If officials tell you to evacuate due to a disaster)

Shelter Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Radiological Evacuation Site:** (Complete this section if you are within 10 miles of a nuclear power plant)

Shelter Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

4. In case of an evacuation, a sign with the relocation site and address will be posted at this location of my home: \_\_\_\_\_

5. Briefly describe the procedures you will follow for the safe and prompt evacuation of infants, toddlers, and special needs children: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Briefly describe the procedures you will follow for releasing children to authorized adults. Include safeguards to prevent the inappropriate release of a child to an unauthorized person:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Evacuation Checklist

| <i>Item</i>                                  | <i>Check-off</i> |
|--|------------------|
| Contact List for Children’s Families         |                  |
| Children’s Emergency Information             |                  |
| Medications/Medical Supplies                 |                  |
| Charged Cell Phone                           |                  |
| First Aid Kit                                |                  |
| Flashlights w/ extra batteries               |                  |
| Battery operated radio w/ extra batter-      |                  |
| Hand Sanitizer/Cleansing Agent/ Disinfectant |                  |
| Wet Wipes and Tissues                        |                  |
| Disposable Cups                              |                  |
| Water and Non-Perishable Food                |                  |
| Diapers for infants                          |                  |
| Formula for infants                          |                  |
| Blankets                                     |                  |
| Vehicle Keys                                 |                  |
|  |                  |
|  |                  |
|  |                  |

8. The hospital children will be taken to if they are injured is:  
 \_\_\_\_\_

9. The method of transportation to be used in an emergency is: \_\_\_\_\_  
 \_\_\_\_\_

***Reminder: Take the child’s emergency medical information with him/her to the hospital and stay with the child at the hospital until the parent/guardian arrives.***

**Location of First Aid Kit:** \_\_\_\_\_

**Location of Fire Extinguisher:** \_\_\_\_\_

**Location of Electricity Shut-Off:** \_\_\_\_\_

**Location of Gas Shut-Off:** \_\_\_\_\_

**Location of Water Shut-Off** \_\_\_\_\_

In all emergency situations, child care staff will:

- ***Pay attention to warnings***
- Remain with the children throughout the event
- Check attendance every time the children are relocated
- Take any necessary medications and emergency supplies with them during an evacuation
- Take the children's emergency records with them during an evacuation
- Take a cell phone if available to use for notifying parents/guardians