Emergency Disaster Plan Addendum for Child Care Programs

This form can be used with LIC 610/610A to show how child care providers meet the Federal Child Care and Development Block Grant (CCDBG) disaster planning requirements and best practice recommendations for emergency preparedness.

| 1) ADDITIONAL ASSIGNMENTS DURING AN EMERGENCY | |
|--|-----------------------|
| Name(s) of Facility Safety Coordinator | |
| Name(s) of Security, Attendance, and Reunification Coordinator | |
| Name(s) of Supervision and Care Coordinator | |
| Name(s) of Supplies Coordinator | |
| 2) SHELTER-IN-PLACE AND LOCKDOWN | |
| Designated safe place location(s) in your building | |
| Location of long-term (72 hour) emergency supplies | |
| 3) EVACUATION | |
| Location of on-site gathering place for evacuation | |
| Location of back-up, on-site gathering place for evacuation | |
| Location of "Ready-to-Go" Kit (6 hour) emergency supplies | |
| Location of "Ready-to-Go" File (emergency contact forms, documents, letters of agreement, maps, and other information) | |
| Location(s) of carbon monoxide detector | |
| 4) COMMUNICATION | |
| Child Care Licensing Regional Office, phone number | |
| Resource & Referral Agency name and phone number | |
| Local Mental Health support name and phone number | |
| 5) REUNIFICATION | |
| Location of daily attendance sheet | |
| Primary mode of communication with families | |
| Alternate mode(s) of communication with families | |
| 6) ACCOMODATION OF INFANTS, TODDLERS, AND CHILDREN WITH SPECIAL NEEDS | |
| Location(s) of wheeled equipment for non-ambulatory children | |
| Location of special health care plans | |
| Location(s) of medications and special equipment | |
| Location(s) of infant and toddler feeding supplies (breast milk, formula, and appropriate food for infants and toddlers) | |
| 7) CONTINUITY OF OPERATIONS AND SERVICES AND RECOVERY | |
| Contact information for local agency responsible for facility safety inspection | |
| Contact information for food service vendor | |
| Contact information for other vendors or professional services | |
| Location (s) of other available computers in the event that on-site com are destroyed | mputers |
| Name of person(s) responsible for backing up critical records includin children's/staff records, payroll, accounts, etc. | ng |
| Location of back-up records | |
| 8) PRACTICE DRILLS | |
| Types of drills (based on hazard assessment) | |
| Name of person(s) responsible for documenting drills | |
| 9) EMERGENCY DISASTER PLAN TRAINING AND COMMUNICATION | |
| | |
| Emergency contact information for community partners and families i | is up-to-date. |
| Emergency contact information for community partners and families i All staff members have completed training on this emergency disaste instructed on their roles and responsibilities before, during, and after | er plan and have been |

NEXT DATE THE PLAN WILL BE REVIEWED AND UPDATED: