



Emergency Plan

CHILD CARE CENTER
Anytown, USA



Prepared by:
Ralph Huber, ralph@PHI-Solutions.net
Gilbert Colon, gill@PHI-Solutions.net
James Moody, jim@PHI-Solutions.net
www.PHI-eMsolutions.com



Use this QR code to download
and view the Noah's Ark plan in
PDF format

Introduction and Approval

The Emergency Management Plan for Noah's Ark Child Care Center is approved for use by the Noah's Ark Staff and as a reference for the parents of our students. It takes a comprehensive look at potential hazards that we face, actions that can mitigate those hazards, and appropriate response actions when an event occurs.

The safety of our students is our number one concern and the intent of this plan is to identify those hazards that are the greatest risks to our students and mitigate them to the best of our ability.

We will review this document during staff training periods. We will also offer the families of our students training about our emergency plan and how to prepare their homes for emergencies.

Approved By (Name)	Signature

Emergency Plan Receipt

[illegible]

Basic Information

Organization	
Contact Person	
Address	
Phone	
FAX	
Email	
Police/Fire/Medical	
Poison control	
Child Protection Services	
Number Staff	
Number of Students	
Electric Service Provider	
Water/Sewer Provider	
Oil/Gas Provider	
Insurance Agency	
Primary Evacuation location	
Alternate Evacuation location	
Nearest Hospital	
Other issues:	

Floor Plan

SAMPLE

Emergency Resources

Item	Requirement	Source
Food/Water	Y	Age appropriate food, snacks and drinks on site
Power	No generator on site	Evaluate after two hours without power or water
Transportation	Y	First Student Bus Co.
Shelters	N	Alternate evacuation points identified
Evacuation/ Lockdown Kit	Y	Currently 1 Evac /Lockdown Kit requested
Emergency Plan	Y	Complete

Evacuation/Lockdown Kit Contents

Item
Carry Bag (Easily Identifiable)
Student & Staff Information and Forms
Student and Staff Rescue Medications
First Aid Kit
Flashlight and Batteries
Whistle
Bottled Water
Infant Supplies
Tarp or Ground Cover
Mylar Blankets
Rain Ponchos
Tissues/Toilet Paper
Age Appropriate Snacks
Entertainment Items
Diapers and Other Special Needs Items
5 Gallon Emergency Toilet (Evacuation)

School Events

Event Name	Approximate Size	Location

Misc Resources Available

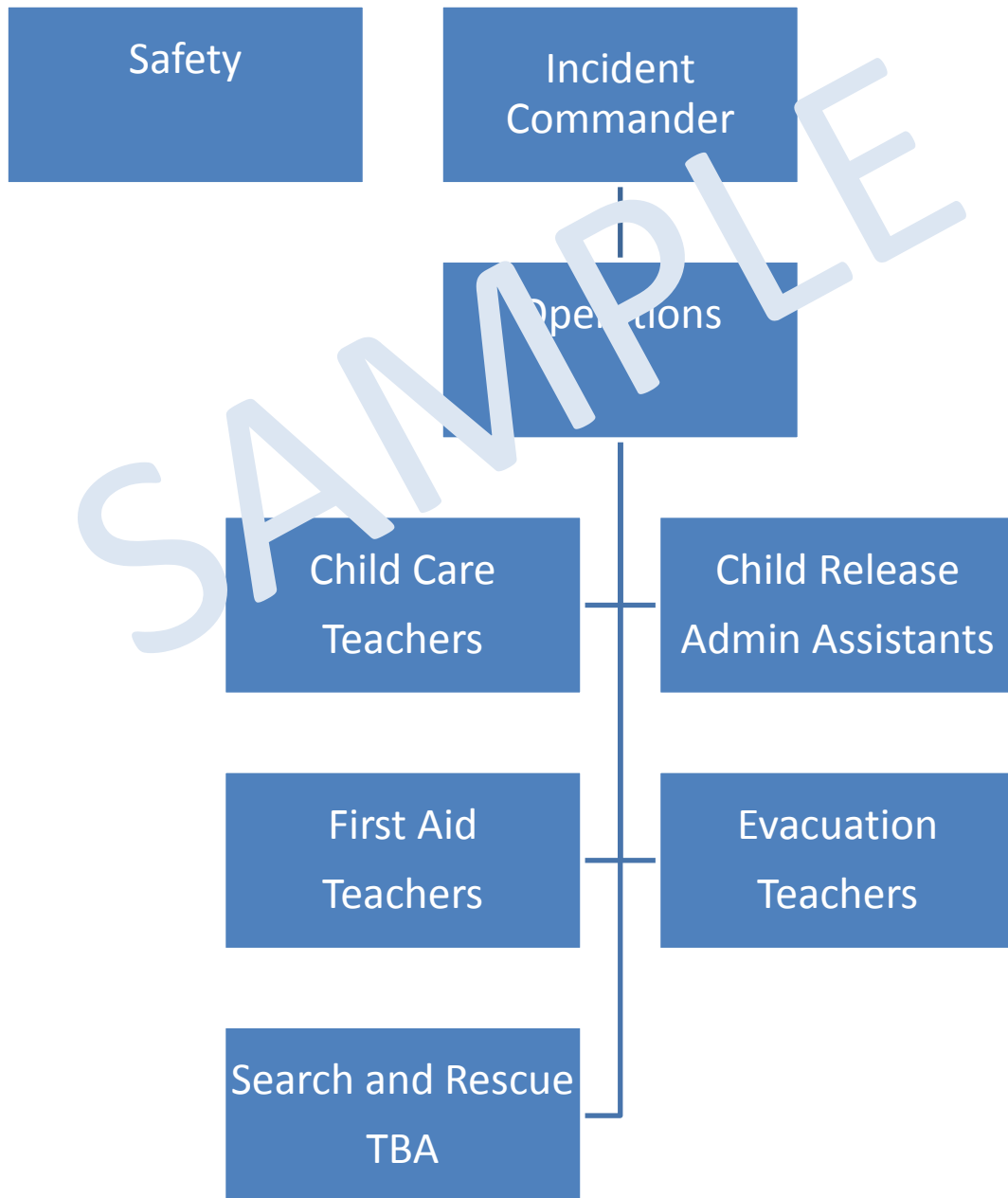
Resource Name	Internal	External	Capacity
Evacuation / Lockdown Kit(s)	Y - 1		30 Students
First Aid Kits	1 in every room		Entire School
Fire Alarm	Yes		
Fire Extinguishers	Yes – 2 in hallway; 1 in kitchen		
Communication			
Voice	Hardline & Cell		Phones in all rooms except Kitchen
Digital	Internet in office		
Notification	Intercom		Panic button in office activates lights in classrooms
Surveillance	3 cameras	5 cameras	Monitored in office
Alarm	Yes		Set at end of the day
Security Doors			Need to be buzzed into office; keycards used by staff & parents to enter classroom area

Hazard Mitigation Checklist

Room _____ Teacher: _____

Safety Action Taken	Date and Comments
Is tall or heavy furniture secured to a wall stud?	
Are heavy objects placed low or properly secured?	
Do shelves have adequate lips or strapping to prevent items from flying off?	
Are chemicals and poisons stored safely, out of reach of children, in closed cabinets (no bleach and ammonia together)?	
Are windows made of safety glass or adapted to prevent shattering and injury?	
Are evacuation/exit routes free from hazards such as equipment, furniture, and other large objects?	
Are all exits unlocked or can be unlocked / locked from the inside without a key?	
Does each room have a copy of the emergency plan and procedures?	

Emergency Organization – Operations



Emergency Organization – Plans

SAMPLE

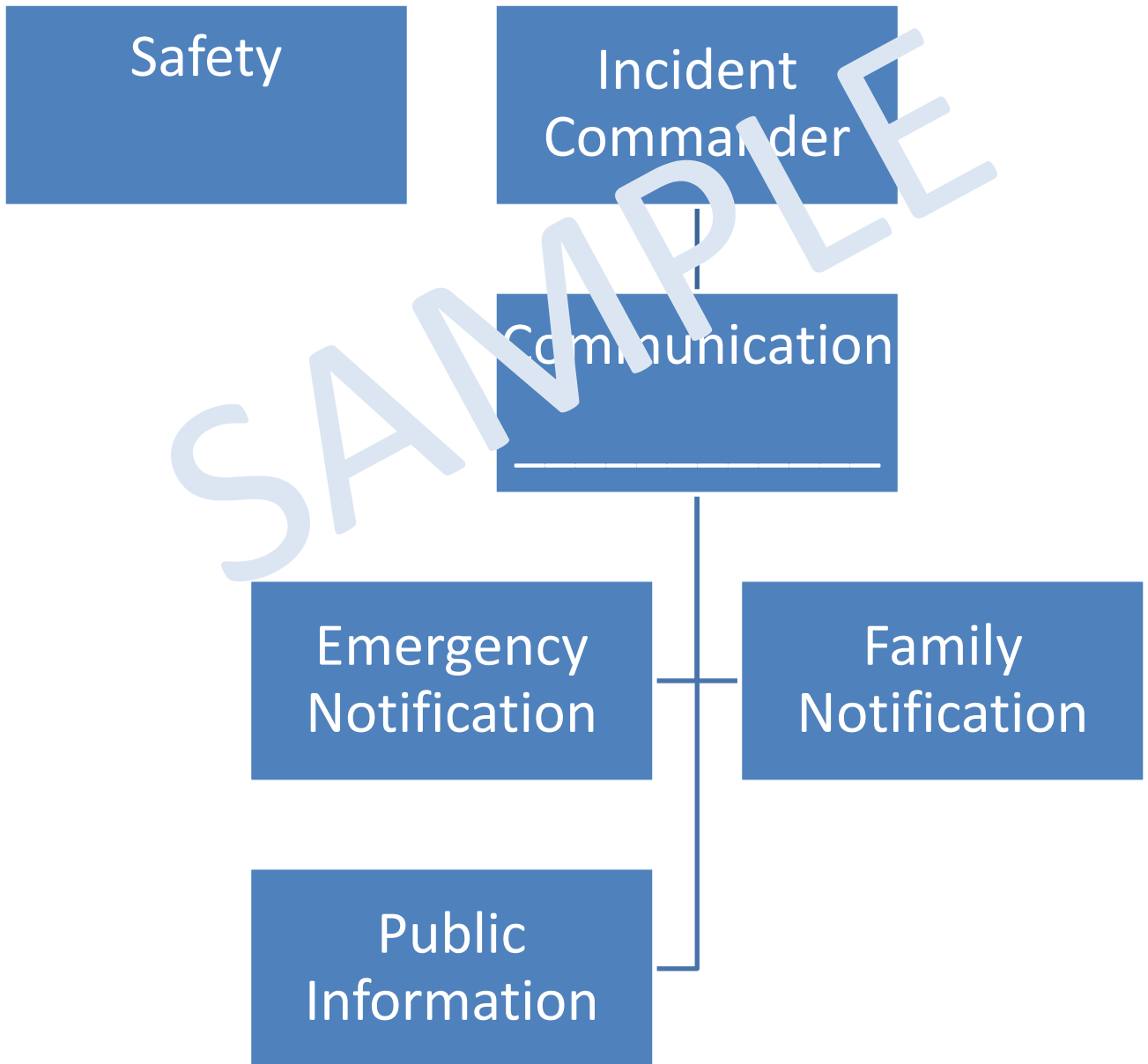
Emergency Organization – Logistics

SAMPLE

Emergency Organization – Admin & Finance

SAMPLE

Emergency Organization – Communications



Emergency Roles and Responsibilities (1 of 3)

- **Incident Commander (IC)** – Sets the incident objectives, strategies, and priorities and has overall responsibility for the incident. (This is likely your director, but doesn't have to be.) The IC is responsible for all tasks until delegated. The incident commander also sets the tone for the response.

SAMPLE

first aid, and emotional support. Also responsible to triage and coordinate with EMS responders.

Emergency Roles and Responsibilities (2 of 3)

Planning – Supports the incident action planning process by tracking resources, collecting/analyzing information, and maintaining documentation.

- ❑ **The Site/Facility Check & Security Team** – Protects the site and the people present at the site from further damage or injury. Duties include fire and utility control, creating a secure area for children and staff, and checking site/facility for any hazards and mitigating them.

SAMPLE

Emergency Roles and Responsibilities (3 of 3)

Administration/Finance – Responsible for the collection, evaluation,

SAMPLE

- ☐ Ensuring that 9-1-1 and other response agencies are notified.
- ☐ Notifying parents.
- ☐ Coordinating the release of public information.

Safety Checklist (1 of 2)

Fire and Emergency

1. Fire drill conducted on monthly basis.

Y

N

Y

N

Y

N

Y

N

Y

N

Y

N

Y

N

Y

N

Comments:

Dangerous Substances

1. Toxic substances are out of the reach of children, stored in locked cabinets or in cabinets equipped with child safety latches.

Y

N

Y

N

Y

N

Y

N

Y

N

Comments:

Safety Checklist (2 of 2)

First Aid and Medication

1. First aid supplies are stored out of the reach of children.

Y

N

Y

N

Y

N

Y

N

Y

N

Comments:

Classrooms

1. All electrical outlets are covered.

Y

N

Y

N

Y

N

Y

N

Comments:

Outdoor Play Areas

1. Toys are not broken and are in good working order.

Y

N

Y

N

Y

N

Y

N

Y

N

Y

N

Y

N

Comments:

Risk Assessment

Hazard	Risk (H/M/L)	Impact (H/M/L)
Severe Storm	SAMPLE	
Power Failure		
Hazardous Materials		
Fire		
Flooding		
On –Site Accident		
Off-Site Accident		
Vehicle Accident		
Lost Child		
Poisoning		
Hostile Person		
Comments:		

Bomb Threat

- Check caller ID if available.
- Signal to another staff member to call 911, if able. (*Write "BOMB threat" on piece of paper, along with phone number on which call was received.*)

SAMPLE

- Confer with police regarding evacuation. If evacuation is required, follow **EVACUATION** procedures.

Chemical or Radiation Exposure

- If emergency is widespread, monitor radio for information and emergency instructions.

SAMPLE

Dangerous Person

- If a person at or near your program site is making children or staff uncomfortable, monitor the situation carefully, communicate with other staff, and be ready to put your plan into action.

SAMPLE

Remaining checklists have been deleted in this sample
Contact info@phi-solutions.net for more information

Injury Report

CHILD CARE INJURY REPORT

TO BE COMPLETED FOR ANY INJURIES THAT REQUIRE TREATMENT, OTHER THAN MINOR SCRAPES OR BRUISES, AND RETAINED ON FILE AT THE PROGRAM FOR 3 YEARS FROM THE DATE OF INJURY.

NOTE: A STAFF PERSON WHO IS CERTIFIED IN FIRST AID MUST PROVIDE FIRST AID TREATMENT.

NAME OF CHILD CARE PROGRAM _____

NAME OF INJURED CHILD _____

DATE OF BIRTH _____

DATE OF INJURY: _____

TIME OF INJURY: _____

WHERE WAS CHILD WHEN HE/SHE WAS INJURED? _____

WHAT WAS CHILD DOING AT TIME HE/SHE WAS INJURED? _____

HOW DID INJURY HAPPEN? _____

TYPE OF INJURY & BODY PART INJURED: _____

WHAT FIRST AID TREATMENT WAS GIVEN & WHAT TIME AND DATE WAS THE FIRST AID PROVIDED? _____

NAME OF STAFF PERSON WHO ADMINISTERED FIRST AID: _____

IF INJURY REQUIRED ADDITIONAL MEDICAL TREATMENT, IDENTIFY THE INDIVIDUAL OR MEDICAL FACILITY PROVIDING THAT TREATMENT: _____

NAME, TIME & METHOD OF PARENT NOTIFICATION: _____

I HAVE REVIEWED THE ABOVE INJURY REPORT AND CERTIFY IT IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE:

WITNESS _____

DATE: _____

STAFF PERSON RESPONSIBLE FOR SUPERVISION OF INJURED CHILD AT TIME OF INJURY: _____

DATE: _____

CENTER DIRECTOR/FAMILY CHILD CARE PROVIDER: _____

DATE: _____

I HAVE READ THE ABOVE INJURY REPORT AND HAVE EXAMINED MY CHILD'S INJURY:

COMMENTS: _____

PARENT'S SIGNATURE _____

DATE SIGNED _____

Emergency Drills

Type	Frequency	Last Conducted
Fire/Evacuation Drill	Monthly	
Lockdown	Quarterly	
Missing Child	Quarterly	
Injury/Accident	Semiannual	
Communication	Semiannual	
Drop and Cover	Annual	
Dangerous Person	Semiannual	

Emergency Drill Record

Item	Results
Date & Time of Drill	
Type of Drill	
Participants	
Objectives	
Evaluation	
Improvement Items	
Date Completed	
Name of Drill Supervisor	

Staff Training

- Staff training is conducted periodically throughout the year. We review this plan and any updates to it annually in the month of August. The following areas are focused on during all training sessions:

SAMPLE

- Parents/guardians are educated about the program's plan, including:
 - The care provided to children in all circumstances.
 - The communication plan in case of a disaster.
 - The procedures for releasing children.

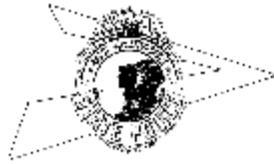
Student Safety and Security

- The safety and security of our students is always our first concern.

SAMPLE

- Information provided will be handled in a confidential manner and destroyed once suitability has been determined.

Police Record's Check (1 of 1)



New Hampshire Department of Safety
DIVISION OF STATE POLICE
Central Repository for Criminal Records
33 Hazen Drive, Concord, NH 03305

Form CCLU-1

NEW HAMPSHIRE HEALTH AND HUMAN SERVICES CRIMINAL HISTORY RECORD INFORMATION AUTHORIZATION
CHILD CARE FORM NH RSA 170-E:7 II

Must select one (please see instructions before checking a box)

FINGERPRINTS AND STATE BACKGROUND CHECK (LiveScan or Inked): ☐ \$24

NH State background check ONLY: ☐ -\$7.50

LIVESCAN TRACKING # (for official use only) _____

PLEASE TYPE OR PRINT CLEARLY
ALL INFORMATION IN SECTIONS **MUST BE FULLY COMPLETED**

If all sections are not complete the individual may be required to complete the fingerprint process again; additional fees may apply.

SECTION I

NAME _____
(LAST) (MAIDEN/ALIAS) (FIRST) (MI)

ADDRESS _____
(STREET) (CITY) (STATE) (ZIP CODE)

DATE OF BIRTH _____ HAIR COLOR _____ EYE COLOR _____ SEX _____

DRIVER LICENSE NUMBER _____ STATE _____

CHILD CARE PROGRAM _____ PROGRAM LIC. # _____
(no abbreviations)

CHILD CARE PROGRAM ADDRESS _____
(Physical Street Address) (City/Town)

My signature below certifies I am the individual listed above and that the information provided is true.

YOUR SIGNATURE _____ DATE _____
Signed under penalty of unsworn falsification pursuant to NH RSA 641:3.

SECTION II

I hereby authorize the release of my criminal conviction(s) record, if any, to the following:

NAME: Mvchelle Brown /DHHS, Child Care Licensing Unit ADDRESS: 129 Pleasant St. Concord, NH 03301

YOUR SIGNATURE _____ DATE _____
Must be signed by the person listed above in Section I

NOTARY'S SIGNATURE _____ DATE _____
(Affix Seal) (Comm. Exp.)

NOTE: Make checks payable to: **State of NH – Criminal Records**. Payment must accompany this form.
Form must be notarized and signatures must be originals. Copies will not be accepted. Incomplete forms will not be accepted.

REVISED 4/2012

Police Records Check (2 of 2)

Instructions

ALL INFORMATION MUST BE FULLY COMPLETED.

Fingerprints submitted within the last three years? If you have had fingerprints completed for DHHS you may not need to repeat fingerprinting. Please see the July 2011 Frequently Asked Questions from Child Care Licensing.

State Criminal Record Check only:

- ☐ A check or money order made payable to **State of NH - Criminal Records** for \$7.50. Send directly to:
Department of Safety, Division of State Police, Criminal Records Unit, 33 Hazen Drive, Concord NH 03305

Fingerprints at a Department of Safety Fingerprint Station:

1. Call the appointment desk at the Department of Safety at 603-223-3867.
2. Be sure to bring the following 3 items to your appointment:
 - ☐ A notarized Criminal Record Release Authorization Child Care Form (form CCL-1) for each person who has an appointment.
 - ☐ Official photo identification such as a driver's license, State issued photo ID, or passport.
 - ☐ A check or money order made payable to **State of NH - Criminal Records** for \$16.50 for each individual being fingerprinted. The stations listed below all use LiveScan (digital) fingerprinting.
3. Once printed, submit a completed Household and Personnel form from CCL (form 2010) for the individual printed, to the Child Care Licensing Unit, 129 Pleasant Street, Concord NH 03301. The completed fingerprints to be submitted to State Police must be included on the Household and Personnel form.

Department of Safety Fingerprint Station: hours of operation, please call the appointment desk at the Department of Safety at 603-223-3867.

NH Department of Safety: 33 Hazen Drive (James H. Fernald Building), Concord

Troop C –Keene Area: 15 Ash Brook Court, Keene

DMV Manchester Commo: 377 North Willow Street, Manchester

Troop E –Ossipee Area: 1863 White Mountain Highway, Tamworth

DMV Dover Point: 50 Boston Harbor Road, Dover

Troop F –Littleton Area: 549 Route 302, Twin Mountain

Local Police Station: Some local police may charge an additional service fee and may delay the licensing process.

Local Police Locations w/ ink

1. Request an ink card from the Child Care Licensing Unit.
2. Make an appointment with your local police station to be fingerprinted. Call the local police station directly, **DO NOT CALL** the appointment desk number listed above.
3. Submit your completed ink card to State Police with:
 - ☐ A notarized records release form
 - ☐ A check in the amount of \$24 made payable to **State of NH—Criminal Records**.

Send to: Department of Safety, Division of State Police,
Criminal Records Unit,
33 Hazen Drive, Concord NH 03305
4. Submit a Household and Personnel form for the person being printed to: The Child Care Licensing Unit
129 Pleasant Street
Concord NH 03301

NOTE: INK PRINTS ARE OFTEN REJECTED BY THE FBI. THIS WILL DELAY THE PROCESS AND MAY RESULT ADDITIONAL PRINTING AND ADDED COSTS.

Local Police Locations w/ LiveScan:

1. Make an appointment with your local police station to be fingerprinted. Call the local police station directly, **DO NOT CALL** the appointment desk number listed above.
 2. Bring a check for \$16.50 payable to State of NH—Criminal Records. The local police station will submit fingerprints only to the State Police.
- Once printed:
1. Submit a notarized criminal records release form with a check for \$7.50 payable to **State of NH—Criminal Records** send to:
Department of Safety, Division of State Police,
Criminal Records Unit, 33 Hazen Drive, Concord NH 03305
 2. Submit a Household and Personnel form for the person being printed to the Child Care Licensing Unit: 129 Pleasant Street, Concord NH 03301

ALL SECTIONS OF THE CRIMINAL RECORD RELEASE AUTHORIZATION CHILD CARE FORM MUST BE COMPLETED FULLY IN INK AND MUST BE LEGIBLE. Incomplete forms may result in being turned away from your appointment or your results may not be associated with your child care program, resulting in additional fingerprinting and costs. All signatures must be original. Photocopies of the signed and notarized form will not be accepted. Forms must be notarized *before* you arrive for your appointment. State Police will no longer accept previously issued release forms from the Child Care Licensing Unit.

KEEP COPIES OF ALL DOCUMENTATION FOR YOUR RECORDS

Please visit <http://www.dhhs.state.nh.us/DHHS/BCCL> for additional information.

If you need clarification or have any questions, please call our office at 603-271-9025.

t:\program support\licensing\cc\group\2008 cc rules\fp\packet_aug2011\2008 criminal record release authorization form_apr2012.doc