

1. Program Information							
Date Created Date(s)	Created Date(s) Reviewed						
Provider Name							
Program Street Address	City/Town	State	Zip Code				
Dhana Niverban							
Phone Number							
2. Emergency Pho	one Numbers and Contact Inf	ormation					
General Emergency		911					
Non-emergency Police (Local depart	ment)	<u> </u>					
Non-emergency Fire (Local departm							
Local Hospital							
Program Physician							
Poison Control Center		800-222-1222					
Child Abuse Hotline	1-800-R	I-CHILD (800-74	2-4453)				
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3. Evacuat	ion and Relocation Procedure	es					
If we need to evacuate the building, the followi	ng procedures will be followed:						
	cuation Routes and Exits						
Plan for Fy	vacuating Infants and Toddle	irs					
Plan for Evacuating Infants and Toddlers							
DI ( E							
Plan for Evacuating Children with Disabilities or Chronic Medical Conditions							
F	Relocation - Location						
Building Name							
Street Address	City/Town	State	Zip Code				
Oli Col Addi Coo	Oity/ TOWIT	Otate	Zip Gode				
Phone Number							



3. Evacuation and Relocation Procedures					
If we need to evacuate the building, the following procedures will be followed:					
Notification to Emergency Responders (when)					
Notification to Parents/Guardians (when)					
Notification to Farcing Guardians (Wilen)					
Emergency Kits (contents and location)					
4. Shelter-in-Place and Lock Down Procedures					
If we need to stay in the building due to an emergency, the following procedures will be followed:					
Describe the Procedures (who, what, where, when)					
Accommodations for Children with Disabilities or Chronic Medical Conditions					
Notification to Emergency Responders (when)					
Troumount of Emolgency responses (missing					
Notification to Parents/Guardians (when)					
Emergency Kits (contents and location)					
Emergency Rits (contents and location)					
5. 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.  Notification to Parents/Guardians (when)					
(Wilett)					



#### 5. 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.

Location of Parents/Guardians Emergency Contact Information

# Release of Children Children will only be released to parents/guardians or other individuals listed on the child's form (with proper identification) Additional Details (as needed)

#### 6. Continuing Operations Procedures

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

The following people will need to be notified and be a part of the decision-making process regarding continued operations during a crisis.

Name

Title/Relation to Program

The following people will need to be notified and be a part of the decision making-process regarding continued operations after a crisis.

Name

Title/Relation to Program

Additional Considerations for Operations



## Rhode Island Department of Human Services

### **Emergency Plan**

Group/Family Child Care Homes

#### 7. Staff and Volunteer Emergency Preparedness Training and Practice Drills

Each program must conduct emergency drills **once per month** with both obstructed and obstructed situations. A log of these drills must be maintained and available for review. The following logs should be completed after each drill.

#### **Evacuation and Relocation Drill Log**

Month	Day/Year	Time Started	Time Ended	Obstructed	Number of Staff	Number of Children	Notes/Areas to Improve
January				Yes / No			
February				Yes / No			
March				Yes / No			
April				Yes / No			
May				Yes / No			
June				Yes / No			
July				Yes / No			
August				Yes / No			
September				Yes / No			
October				Yes / No			
November				Yes / No			
December				Yes / No			



# Rhode Island Department of Human Services

**Emergency Plan**Group/Family Child Care Homes

#### **Shelter-in-Place/Lock Down Drill Log**

Month	Day/Year	Time Started	Time Ended	Obstructed	Number of Staff	Number of Children	Notes/Areas to Improve
January				Yes / No			
February				Yes / No			
March				Yes / No			
April				Yes / No			
May				Yes / No			
June				Yes / No			
July				Yes / No			
August				Yes / No			
September				Yes / No			
October				Yes / No			
November				Yes / No			
December				Yes / No			