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# **Child Residential or Day Treatment Facilities**

**(Facilities Licensed Under Title 55, Pa  
Code, Chapter 3800)**

## **Supporting Documents**

**Date:** \_\_\_\_\_

These documents support the (name of facility) Child Care Emergency Plan. When filled in, they are confidential, and not to be released outside the facility, except to emergency response organizations.

## **Use of Supporting Documents**

This section of the planning toolkit contains suggested document formats that may be used with the Planning Guide, Basic Plan and Emergency Checklists that comprise the rest of the toolkit. Please look at the forms provided here, and consider the purpose for which they are intended. If your facility already has a way to capture the information on one of these forms, then use that. It is not the intent to create new administrative burdens on the facility. However, if you can use these forms in your planning, or can modify one of these forms to fit your needs, it will help things go more smoothly when a disaster occurs.

Please feel free to modify the forms in any way you see fit. Depending on the size of your facility, you may need to increase the size of the forms, or use multiple forms.

Some of the forms are marked: "Send this Form along with the basic plan and checklists to the County Emergency Management Agency." When filled in, these forms contain information that is particularly helpful to emergency responders.

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**ATTACHMENT 1 – NOTIFICATION PHONE LIST**

FACILITY/OFFICE/AGENCY	TELEPHONE #	E-MAIL
<b>Name of Facility Director</b> _____	(Primary) (Office) (Home)	
<b>Facility Staff Roster</b>		
Staff member _____	(Primary) (Office) (Home)	
Staff member _____	(Primary) (Office) (Home)	
<b>County Emergency Management Agency</b>		
<b>Local Emergency Services Emergency Number</b>	9-1-1	
<b>Local Emergency Services Non-emergency number</b>		
<b>Relocation Facility</b> _____  <b>Point of Contact Name:</b> _____		
<b>Facility Transportation Provider(s):</b> _____	(Primary) (Office) (Home)	



## **ATTACHMENT 3 – TRANSPORTATION ASSETS**

If it becomes necessary to relocate the children and youth to a safer location, the following transportation will be used.

Number of children/staff who will need to be moved \_\_\_\_\_

Amount of supplies/records that will need to be moved \_\_\_\_\_

Vehicles that will be used.

1. Owner \_\_\_\_\_ Type of vehicle \_\_\_\_\_  
Driver \_\_\_\_\_ # of passengers (including driver) \_\_\_\_\_  
Normal location of vehicle \_\_\_\_\_  
Means of contacting owner \_\_\_\_\_  
Alternate means \_\_\_\_\_

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2. Owner \_\_\_\_\_ Type of vehicle \_\_\_\_\_  
Driver \_\_\_\_\_ # of passengers (including driver) \_\_\_\_\_  
Normal location of vehicle \_\_\_\_\_  
Means of contacting owner \_\_\_\_\_  
Alternate means \_\_\_\_\_

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3. Owner \_\_\_\_\_ Type of vehicle \_\_\_\_\_  
Driver \_\_\_\_\_ # of passengers (including driver) \_\_\_\_\_  
Normal location of vehicle \_\_\_\_\_  
Means of contacting owner \_\_\_\_\_  
Alternate means \_\_\_\_\_

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Send this Form along with the basic plan and checklists to the County Emergency Management Agency.

**ATTACHMENT 4 – FACILITY LAYOUT WITH ASSEMBLY AREA AND DESIGNATED SPACES FOR “SHELTER IN PLACE”**

*(Provide sketch of facility floor plan and identify internal shelter areas, staffed checkpoints and assembly areas outside. Doors that are normally locked should be indicated, and whether or not there are plans to open them during an emergency.) This is the plan that should be located in each common area to instruct children, youth and staff where to go to shelter in place, or to evacuate to assembly areas outside the facility.*

Send this Form along with the basic plan and checklists to the County Emergency Management Agency.

**ATTACHMENT 5 – EVACUATION PLAN MAP TO RELOCATION  
CENTER**

**DRAWING OF EVACUATION ROUTE FROM \_\_\_\_\_  
CHILD RESIDENTIAL OR DAY TREATMENT FACILITY,  
\_\_\_\_\_(address)\_\_\_\_\_, \_\_\_\_\_ COUNTY TO  
\_\_\_\_\_(address)\_\_\_\_\_, \_\_\_\_\_,  
COUNTY**

*(Provide sketch or map from Child Residential or Day Treatment Facility to Relocation Facility)*

Send this Form along with the basic plan and checklists to the County Emergency Management Agency.



## **ATTACHMENT 6 – COMMUNICATIONS WITH PARENTS/GUARDIANS**

*Parents and guardians need to be informed of provisions in the Emergency Plan. This letter will provide the information that they need. A copy of this letter should be given to parents of newly assigned children, and at least once per year to all parents.*

***Insert your own wording here or use this suggested script.***

To the Parent (s)/Guardian (s) of **(child's name)**:

This letter is to assure you of our concern for the safety and welfare of children and youth at **(insert name of child residential or day treatment facility)**. Our Emergency Plan provides for response to all types of emergencies. Depending on the circumstance of the emergency, we will use one of the following protective actions:

- *Immediate evacuation:* Children and youth are evacuated to a safe area on the grounds of the facility in the event of a fire, etc. In case of inclement weather, we may then proceed indoors at a nearby facility.
- *In-place sheltering:* Sudden occurrences, weather or hazardous materials related, may dictate that taking cover inside the building is the best response. Depending on the immediacy of the emergency we may shelter where we are, or we may move to more protected areas within the facility.
- *Relocation:* Total evacuation of the facility may become necessary if there is a danger in the neighborhood, or if our facility becomes unsafe. In this case, children and youth will be taken to a relocation facility.

If it ever becomes necessary to relocate, a sign will be posted on the door.

- *Modified Operation:* May include cancellation/postponement or rescheduling of normal activities. These actions are normally taken in case of a winter storm or building problems (such as utility disruptions) that make it unsafe for children, but may be necessary in a variety of situations.

Please listen to **(list your local radio/television stations here)** for announcements relating to any of the emergency actions listed above.

We ask that you not call during the emergency. This will keep the main telephone line free to make emergency calls and relay information. When we have reached a stable and safe situation, we will notify you of any changes in your loved ones' circumstances. For this reason it is important that you ensure that the contact information that we have on you is current.

In order to assure the safety of your children and our staff, I ask your understanding and cooperation. Should you have additional questions regarding our emergency operating procedures, contact *(name of individual designated to handle inquiries and their telephone number/extension)*.

Sincerely,

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***(Title)***

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## ATTACHMENT 7 – SPECIAL NEEDS PERSONS

The following is a list of persons (children, youth or staff) who may need help in evacuating or sheltering, or who may have special medical needs that need addressed at a host facility, or while in transit.

1. Name \_\_\_\_\_ Age \_\_\_\_\_  
Type of special need \_\_\_\_\_  
Is this a temporary situation? \_\_\_\_\_ If so, when should it terminate? \_\_\_\_\_  
Does this individual have any allergies? \_\_\_\_\_  
Does this individual have any special medications or equipment? \_\_\_\_\_  
Does this equipment require supplies or batteries that should be taken along in case of evacuation? \_\_\_\_\_ What? \_\_\_\_\_  
How is the need accommodated during normal operations \_\_\_\_\_  
Will this accommodation be available during a shelter-in-place or evacuation? \_\_\_\_\_  
\_\_\_\_\_
2. Name \_\_\_\_\_ Age \_\_\_\_\_  
Type of special need \_\_\_\_\_  
Is this a temporary situation? \_\_\_\_\_ If so, when should it terminate? \_\_\_\_\_  
Does this individual have any allergies? \_\_\_\_\_  
Does this individual have any special medications or equipment? \_\_\_\_\_  
Does this equipment require supplies or batteries that should be taken along in case of evacuation? \_\_\_\_\_ What? \_\_\_\_\_  
How is the need accommodated during normal operations \_\_\_\_\_  
Will this accommodation be available during a shelter-in-place or evacuation? \_\_\_\_\_  
\_\_\_\_\_
3. Name \_\_\_\_\_ Age \_\_\_\_\_  
Type of special need \_\_\_\_\_  
Is this a temporary situation? \_\_\_\_\_ If so, when should it terminate? \_\_\_\_\_  
Does this individual have any allergies? \_\_\_\_\_  
Does this individual have any special medications or equipment? \_\_\_\_\_  
Does this equipment require supplies or batteries that should be taken along in case of evacuation? \_\_\_\_\_ What? \_\_\_\_\_  
How is the need accommodated during normal operations \_\_\_\_\_  
Will this accommodation be available during a shelter-in-place or evacuation? \_\_\_\_\_

Send this Form along with the basic plan and checklists to the County Emergency Management Agency.

**ATTACHMENT 8 - NOTICE OF RELOCATION POSTING**

*(Name of Facility)*

**CHILDREN, YOUTH AND STAFF  
HAVE  
RELOCATED TO AN  
EMERGENCY RELOCATION FACILITY**

**For information, call \_\_\_\_\_**

Use of this form is optional, but it is recommended.  
Using a code for the actual site of the relocation facility is recommended for security reasons, but is optional, too. You may wish to use plain English to say where you've gone.

## **ATTACHMENT 9 – EMERGENCY “GO-KITS” AND SUPPLIES**

This list contains the **minimum** items you should have in your center in case of an emergency.  
(“Go-Kit” items should be packed in plastic containers or other boxes that are mobile in the event of an evacuation and be located in a central and easily accessible location.)

Location of Emergency Kits: \_\_\_\_\_

Locations of Additional Emergency Supplies: \_\_\_\_\_

Location of Cell Phone: \_\_\_\_\_

### **“Go-Kit”**

- Copies of all contact lists
  - *For applicable Juvenile Probation Offices or County Children and Youth Offices, families **and** staff, include the name, phone number, and e-mail*
- A copy of this plan
- Special medical needs instructions for children & youth and staff
- Flashlights with extra batteries
  - *Long-life, emergency flashlights*
- Battery-operated radio and extra batteries
  - *AM/FM, weather band/TV band*
- Manual can-opener
- First Aid Kit
  - *Add gloves and Kleenex*
- Notepad and pens/pencils
- Scissors
- Hand-Sanitizer and cleansing agent/disinfectant
- Whistle
- Disposable Cups
- Wet Wipes

### **In the facility in case of extended Shelter in Place**

- Charged cell phone
- One gallon of water per person per day (Consider water in normal plumbing – like in hot water heaters.)
- Disposable cups
- Non-perishable food items like soft granola bars, cereal, cheese and crackers, cans of fruit, and special infant items, etc. – should be nut-free in case of allergies
- Extra supplies of critical medication such as insulin, epi-pens, etc. for children and staff

### **Each child or youth should have:**

- A change of seasonally appropriate clothing
- A blanket

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## **ATTACHMENT 10: IMPORTANT INFORMATION TO PROVIDE TO 9-1-1**

### **What is the Emergency?**

- Police
- Fire
- Medical

### **What is the location?**

We are in \_\_\_\_\_ (City/Borough/Township)  
Street Address is \_\_\_\_\_

### **Our Call-Back Phone # is \_\_\_\_\_**

### **Detailed Information about the call:**

- *If Medical:* Is the person conscious, breathing, bleeding, or trapped?
- Try to get you and the telephone as close as is possible to the person requiring Medical Attention in the event you are given instructions to assist prior to arrival of EMS personnel.
- *If Fire:* What is on fire? Is anyone still inside a building? Is an evacuation in progress? Is anyone injured or ill
- *If Law Enforcement:* Why are the Police needed? Is the suspect still there; are there any weapons involved or visible? Try to provide the following information: physical description of suspect, clothing description of suspect, suspect vehicle description, and direction of travel if the suspect has departed the scene.

### **Remember:**

- Don't hang up until instructed to do so (unless you are in danger).
- Don't become frustrated, even though you are being questioned concerning the situation you called about, the incident has already been dispatched.
- Remember: until someone from Public Safety arrives you are the most current and reliable information available to the First Responders coming to help you.

# ATTACHMENT 11 - BOMB THREAT CHECKLIST

## Bomb Threat Checklist

Time of Call: \_\_\_\_\_ Date: \_\_\_\_\_

Person Receiving Call: \_\_\_\_\_ Phone # \_\_\_\_\_

Exactly what did the caller say? (Information to be obtained as accurately as possible)

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

Ask the caller:

1. When is bomb going to explode?

\_\_\_\_\_

2. Where is it right now?

\_\_\_\_\_

3. What does it look like?

\_\_\_\_\_

4. What kind of bomb is it?

\_\_\_\_\_

5. Did you place the bomb?

\_\_\_\_\_

6. What will cause it to explode?

\_\_\_\_\_

7. Why?

\_\_\_\_\_

8. What is your address?

\_\_\_\_\_

9. What is your name?

\_\_\_\_\_

About the Caller

Gender of Caller: \_\_\_\_\_ Recognizable accent? \_\_\_\_\_

Approximate Age of Caller: \_\_\_\_\_

Caller's Voice (e.g., calm, angry, slow, crying, etc.): \_\_\_\_\_

Was voice familiar? If so, who? \_\_\_\_\_

Background Sounds: (e.g., street noises, voices, motors, machinery etc.) \_\_\_\_\_

Other: \_\_\_\_\_

Threat Language (e.g., well-spoken, foul, irrational, incoherent, taped): \_\_\_\_\_

## **ATTACHMENT 12 – EMERGENCY DECISION-MAKING AID**

The following is a list of possible emergencies and considerations for determining which emergency/protective actions to implement.

<b>TYPE OF HAZARD</b>	<b>THINGS TO CONSIDER</b>	<b>POSSIBLE PROTECTIVE ACTION</b>
<b>Hostile Intruder</b>	Is the intruder possibly violent? Is there time to move the children? Is there a safer place for them?	<ul style="list-style-type: none"> <li>• Lockdown</li> <li>• Immediate Evacuation</li> <li>• Shelter</li> </ul>
<b>Tornado/Severe Storm</b>	Does it threaten us? Is there a recommended protective action? How much time do we have?	<ul style="list-style-type: none"> <li>• Immediate Shelter</li> <li>• Deliberate Shelter</li> </ul>
<b>Winter Weather</b>	Do we have time to send everyone home? Is it safe to go outside? Is it safe to travel outside?	<ul style="list-style-type: none"> <li>• Early Dismissal</li> <li>• Shelter in Place</li> </ul>
<b>Hazardous Material/ Nuclear Power Plant Incident</b>	Does it threaten us? Is there a recommended protective action? How much time do we have?	<ul style="list-style-type: none"> <li>• Evacuation</li> <li>• Immediate Shelter</li> <li>• Deliberate Shelter</li> </ul>
<b>Fire</b>	Where in the building is it? Does it threaten us?	<ul style="list-style-type: none"> <li>• Evacuation</li> </ul>
<b>Utility Failure</b>	Is the building safe? Do we have time to send everyone home? Is it safe to go outside?	<ul style="list-style-type: none"> <li>• Immediate Evacuation</li> <li>• Early Dismissal</li> <li>• Shelter in Place</li> </ul>
<b>Flooding</b>	Is the building in danger? Is it safe to go outside? Is it safe to travel outside?	<ul style="list-style-type: none"> <li>• Early Dismissal</li> <li>• Evacuation</li> <li>• Shelter in Place</li> </ul>
<b>Earthquake</b>	What parts of the building are damaged? Is it safe to continue operations in the building Is it safe to move?	<ul style="list-style-type: none"> <li>• Evacuation</li> <li>• Immediate Shelter</li> </ul>
<b>Building Damage</b>	What parts of the building are damaged? Is it safe to continue operations in the building Is it safe to move?	<ul style="list-style-type: none"> <li>• Early Dismissal</li> <li>• Immediate Shelter</li> <li>• Evacuation</li> </ul>
<b>Civil Disturbance/Violence Outside</b>	Does it threaten us? Might it get worse? Is it safe to go outside?	<ul style="list-style-type: none"> <li>• Lockdown</li> <li>• Immediate Evacuation</li> <li>• Deliberate Shelter</li> </ul>
<b>Other</b>		<ul style="list-style-type: none"> <li>•</li> </ul>