

<i>All fields are required. Both the parent and provider must sign and date.</i>	Maryland State Department of Education/Office of Child Care Child Care Scholarship Program INFORMAL PROVIDER EMERGENCY PREPAREDNESS PLAN	Return to: informalcare.msde@maryland.gov
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If you need assistance completing this form, call CCS Central at 1-866-243-8796

Section 1 General – Parent & Provider				
Parent Information				
First Name:		Last Name:		
Customer ID Number:		Email:		Telephone:
Provider Information				
First Name:		Last Name:		
Provider ID Number:		Email:		Telephone:
Care Information				
Type of Care (check one): <input type="checkbox"/> Non-relative Informal Provider Care <input type="checkbox"/> Relative Informal Provider Care				
Care Location:	Street Address	City	County	State Zip Code

Note – In the event of an emergency, Parent and Provider should be prepared to respond as needed. Actions might include:

- **Shelter in Place** – Stay or go inside a designated place where you are.
- **Lockdown** – Safely secure the premises and children in protected rooms and/or spaces.
- **Evacuation** – Leave your location, and follow a pre-planned communication, transportation, and relocation plan as possible.

Parent and Provider are required to each have a copy of this completed Emergency Preparedness Plan (EPP), which includes emergency contact information, an authorization for emergency medical care, and a relocation plan in the event of an evacuation. The relocation is to contain a transportation plan, with address and telephone numbers for designated meeting places.

Section 2 Informal Provider Responsibilities (at care location)			
Task	Responsible Person	Task	Responsible Person
Declaring an emergency:		Contacting the parent(s):	
Calling for assistance:		Initiating contact with the relocation site (meeting place):	
Contacting the parent(s):		Carrying the Disaster Supply Kit:	
Determining and taking appropriate action, for example, Shelter in Place, Lockdown, or Evacuation:		Carrying the Emergency Documents:	
Arranging for transportation:		Conducting final home check that everyone is accounted for:	

Note – The Informal Provider is responsible for carrying out and/or coordinating these emergency tasks. It is important to routinely review this Emergency Preparedness Plan to ensure it can be carried out in the event of an actual emergency and the plan is kept up-to-date.

Section 3 Emergency telephone numbers

Directions – List your local emergency service telephone numbers (include names) and personal telephone contacts (include names).

Local Emergency Services

Police:	911
Fire:	911
Ambulance:	911
Poison Control:	1-800-222-1222
Health Department:	communicable diseases
Hospital:	include name
Other:	include name

Personal Emergency Contacts

Doctor's Office:	inc. name
Relative:	include name
Relative:	include name
Neighbor:	include name
Neighbor:	include name
Friend:	include name
Friend:	include name

Section 4 Emergency Communication

Primary person (Informal Provider) responsible for communicating information during an emergency

First Name:	Last Name:	
Relationship:	Email:	Telephone:
The items and methods used to communicate in an emergency: <input type="checkbox"/> Telephone <input type="checkbox"/> Email <input type="checkbox"/> Text/SMS Message <input type="checkbox"/> Other (describe)		

Alternate person responsible for communicating information during an emergency

First Name:	Last Name:	
Relationship:	Email:	Telephone:
The items and methods used to communicate in an emergency are: <input type="checkbox"/> Telephone <input type="checkbox"/> Email <input type="checkbox"/> Text/SMS Message <input type="checkbox"/> Other (describe)		

Section 5 Emergency Ready-to-Go Pack

Prepare an Emergency Ready-to-Go Pack to have available and easily accessible in the event of an emergency. This contains a Disaster Supply Kit (including needed medications) **and** Emergency Documents.

Disaster Supply Kit

Directions – The items below should be included in the Disaster Supply Kit. Be certain that the Disaster Supply Kit contains enough supplies for each child in care.

- | | | |
|---|--|---|
| <input type="checkbox"/> Flashlight | <input type="checkbox"/> Bottled water | <input type="checkbox"/> Folder or binder for EPP documents |
| <input type="checkbox"/> Batteries | <input type="checkbox"/> Non-perishable food | <input type="checkbox"/> Backpack(s) or carrying case(s) |
| <input type="checkbox"/> Portable First Aid Kit | <input type="checkbox"/> Diapers | <input type="checkbox"/> Consider special toys or games |
| <input type="checkbox"/> Thermometer | <input type="checkbox"/> Change of clothes | <input type="checkbox"/> Scissors, tape & sealing plastic |
| <input type="checkbox"/> Medications | <input type="checkbox"/> Blanket(s) | |

Emergency Documents

- Informal Provider Emergency Preparedness Plan (this completed form)
- Authorization for emergency medical care

Planning and Maintenance

Person responsible for updating the Disaster Supply Kit and the Emergency Documents regularly:

First Name:	Last Name:
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Description of how the Emergency Ready-to-Go Pack will be transported to an evacuation location:

Note – Be certain that items in the Disaster Supply Kit are clean, organized, and usable.

Section 6 Shelter in Place

Location in the Informal Child Care home that is the easiest to shelter from the outside. The location(s):

List immediate steps to take if there is a need to seal shelter spaces from the outside:

Section 7 Lockdown

Partial lockdown is when doors to the outside will be locked and access restricted.

Full lockdown procedures are instituted if an intruder/danger is already in the care location. Children will be locked down within the assigned room, if there is suspicious or criminal activity occurring outside the care location.

List how the Informal Provider will communicate with parents before, during, and after a lockdown event occurs.

Before lockdown:

During lockdown:

After lockdown:

Section 8 Evacuation Locations

Evacuation Location (primary)

Location Name:	Telephone:	Agreement: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Contact Person:	Telephone:	Note:
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Location:	Street Address	City	State	Zip Code	County
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Describe how children and the Informal Provider will be transported to the evacuation site (include how non-walking children (babies) and/or disabled adults will be transported):

Alert – Review Maryland’s Child Passenger Safety Law for Transportation listed below.

Evacuation Location (alternate)					
Location Name:		Telephone:		Agreement: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Contact Person:		Telephone:		Note:	
Location:	Street Address	City	State	Zip Code	County
Describe how children and the Informal Provider will be transported to evacuation site (include how non-walking children (babies) and/or disabled adults will be transported):					
Alert – Review Maryland’s Child Passenger Safety Law for Transportation listed below.					

**Maryland’s Child Passenger Safety Laws
Transportation Article 22-412.2 (Child Restraints)**

- Maryland’s law (effective October 1, 2013) requires that children under eight years must ride in an appropriate child restraint,* unless the child is 4’9” or taller.
*Child restraint includes car seats and booster seats and other federally approved safety devices.
- Every child from 8 to 16 years old who is not secured in a child restraint must be secured in the vehicle’s seat belt, in every seating position in the vehicle.
- This law is applicable to in-state and out-of-state vehicles.
- It is the driver’s responsibility for making sure all children are correctly buckled up

INFANTS Infants should be placed in the back seat, rear-facing until they are 2 years old and weigh at least twenty pounds.

TODDLERS Toddlers should use a fully upright, forward-facing child seat after the child reaches 2 years old and weighs between 20 and 40 pounds.

PRESCHOOLERS Preschoolers should remain in a safety seat with a harness system until 40 pounds. After 40 pounds, it is time for a booster seat to raise the child so that the vehicle lap and shoulder belt fit correctly. Use a booster seat until your child weighs 60 to 80 pounds and is about four feet, nine inches tall.

SCHOOL AGE CHILDREN School Age Children should remain in booster seats (see preschoolers). Never place the shoulder belt under the arm or behind the back. The safest position for a child is in the back seat until is the child big enough to use a safety belt.

Section 9 Accounting for children and/or adults after an emergency

Person responsible to ensure that all children are accounted for after an emergency:

First Name:

Last Name:

Method used to account for all children and/or adults:

Section 10 Additional Recommendations

It is strongly recommended that the Parent and Provider teach proper evacuation procedures to the children so that they can respond promptly and appropriately in the event of an emergency. These include:

- Fire Evacuation Plan** – The Parent and Provider conduct fire drills from all the areas of the home that are used for child care so children can learn different evacuation routes.
- Calling 9-1-1** – The Parent and Provider instruct children who are able to self-direct and are ready to learn in the use of the 9-1-1 telephone number to summon help in an emergency.
- Orient children** – The Parent and Provider regularly orient children, who are old enough to understand, in procedures to be used in the event of a fire or other emergency requiring escape from the home.
- Older children** – The Parent and Provider regularly review the evacuation procedures with older children.
- Declared Emergencies** – In the event of a declared emergency, be prepared to respond as directed by the local emergency management agency through sources of public information.

Section 11 Signature & Date

Confirmed Agreement: I have reviewed and will implement this Emergency Preparedness Plan and have determined that the information submitted above is complete.

PARENT		PROVIDER	
Printed Name:		Printed Name:	
Signature:		Signature:	
Date:	Phone:	Date:	Phone:

**Emergency Preparedness Plans must be signed and dated by the Parent and Provider to be processed.
Electronic signatures are not acceptable.**