

**District of Columbia**

**Office of the State Superintendent of Education**

**Division of Early Learning**

**Child Care Provider Homes and Expanded Homes  
Emergency Response Plan (ERP)**

**APPENDIX**

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# Appendix A:

**Applicable 2012 International Fire Code Sections**

**International Fire Code Sections, 2012**

**SECTION 401: GENERAL**

**401.3** **Emergency responder notification.** Notification of emergency responders shall be in accordance with Sections 401.3.1 through 401.3.3.

1. Fire events. In the event an unwanted fire occurs on a property, the owner or occupant shall immediately report such condition to the fire department.
2. Alarm activations. Upon activation of a fire alarm signal, employees or staff shall immediately notify the fire department.
3. Delayed notification. A person shall not, by verbal or written directive, require any delay in the reporting of a fire to the fire department.

**401.4 Required Plan Implementation.** In the event an unwanted fire is detected in a building or a fire alarm activates, the emergency plan shall be implemented.

**401.7 Unplanned Evacuations.** Evacuations made necessary by the unplanned activation of a fire alarm system or by any other emergency shall not be substituted for a required evacuation drills.

**SECTION 404: FIRE SAFETY AND EVACUATION PLANS**

**404.3.1 Fire Evacuation Plans.** Fire evacuation plans shall include the following:

1. Emergency egress or escape routes and whether evacuation of the building is to be completed or, *where approved*, by selected floors or areas only.
2. Procedures for employees who must remain to operate critical equipment before evacuating.
3. Procedures for assisted rescue for persons unable to use the general means of egress unassisted.
4. Procedures to account for employees and occupants after evacuation has been completed.
5. Identification and assignment of personnel responsibility for rescue or emergency medical aid.
6. The preferred and any alternative means of notifying occupants of a fire or emergency.
7. The preferred and any alternative means of reporting fires and other emergencies to the fire department or designated emergency response organization.
8. Identification and assignment of personnel who can be contacted for further information or explanation of duties under the plan.
9. A description of the emergency voice/alarm communication system alert tone and preprogrammed voice messages, where provided.

**404.3.2 First Safety Plans.** Fire safety plans shall include the following:

1. The procedure for reporting a fire or other emergency.
2. The life safety strategy and procedures for notifying, relocating, and evacuating occupants, including occupants who need assistance.
3. Site plans indicating the following:

3.1 The occupancy assembly point.

3.2 The locations of fire hydrants.

3.3 The normal routes of fire department vehicles access.

1. Floor plans identifying the locations of the following:

4.1 Exits.

4.2 Primary evacuation routes.

4.3 Secondary evacuation routes.

4.4 Accessible egress routes.

4.5 Areas of refuge.

4.6 Exterior areas for assisted rescue.

4.7 Manual fire alarm boxes.

4.8 Portable fire extinguishers.

4.9 Occupant-use hose stations.

4.10 Fire alarm annunciators and controls.

1. A list of major fire hazards associated with the normal use and occupancy of the premises, including maintenance and housekeeping procedures.
2. Identification and assignment of personnel responsible for maintenance of systems and equipment installed to prevent or control fires.
3. Identification and assignment of personnel responsible for maintenance, housekeeping and controlling fuel hazard sources.

**404.3.3 Lockdown plans.** Where facilities develop a lockdown plan, the lockdown plan shall be in accordance with Sections 404.3.3.1 through 404.3.3.3.

**3.3.1 Lockdown plan contents.** Lockdown plans shall be *approved* by the *fire code official* and shall include the following:

* 1. Initiation. The plan shall include instructions for reporting an emergency that requires a lockdown.
  2. Accountability. The plan shall include accountability procedures for staff to report the presence or absence of occupants.
  3. Recall. The plan shall include a prearranged signal for returning to normal activity.
  4. Communication and coordination. The plan shall include an approved means of two-way communication between a central location and each secured area.

**3.3.2 Training frequency.** The training frequency shall be included in the lockdown plan. The lockdown drills shall not substitute for any of the fire and evacuation drills required in Section 405.2.

**3.3.3 Lockdown notification.** The method of notifying building occupants of a lockdown shall be included in the plan. The method of notification shall be separate and distinct from the fire alarm signal.

**404.4 Maintenance.** Fire safety and evacuation plans shall be reviewed or updated annually or as necessitated by changes in staff assignment occupancy, or the physical arrangement of the building.

**404.5 Availability.** Fire safety and evacuation plans shall be available in the workplace for reference and review by employees, and copies shall be furnished to the fire code official for review upon request.

**5.1 Distribution.** The fire safety and evacuation plans shall be distributed to the tenants and building service employees by the *owner* or *owner’s* agent. Tenants shall distribute to their employees applicable parts of the fire safety plan affecting the employees’ actions in the event of a fire or other emergency.

**SECTION 405: EMERGENCY EVACUATION DRILLS**

**405.1 General.** Emergency evacuation drill complying with the provisions of this section shall be conducted at least annually in the occupancies listed in Section 404.2 or when required by the fire code officials. Drills shall be designed in cooperation with the local authorities.

**405.2 Frequency.** Required emergency evacuation drills shall be held at the intervals specified in Table 405.2 or more frequently where necessary to familiarize all occupants with the drill procedure.

**TABLE 405.2 - FIRE EVACUATION DRILL FREQUENCY AND PARTICIPATION**

|  |  |  |
| --- | --- | --- |
| **Occupancy** | **Frequency** | **Participation** |
| Home-based child care | Monthly | All Occupants |

**405.3 Leadership.** Responsibility for the planning and conduct of drills shall be assigned to competent persons designated to exercise leadership.

**405.4 Time.** Drills shall be held at unexpected times and under varying conditions to simulate the unusual conditions that occur in case of fire.

**405.5 Record keeping.** Records shall be maintained of required emergency evacuation drills and include the following information:

1. Identity of the person conducting the drill.
2. Date and time of the drill.
3. Notification method used.
4. Staff members on duty and participating.
5. Number of occupants evacuated.
6. Special conditions simulated.
7. Problems encountered.
8. Weather conditions when occupants were evacuated.
9. Time required to accomplish complete evacuation.

**405.6 Notification.** Where required by the fire code official, prior notification or emergency evacuation drills shall be given to the fire code official.

**405.7 Initiation.** Where a fire alarm system is provided, emergency evacuation drills shall be initiated by activating the fire alarm system.

**405.8 Accountability.** As building occupants arrive at the assembly point, efforts shall be made to determine if all occupants have been successfully evacuated or have been accounted for.

**405.9 Recall and reentry.** An electrically or mechanically operated signal used to recall occupants after an evacuation shall be separate and distinct from the signal used to initiate the evacuation. The recall signal initiation shall be manually operated and under the control of the person in charge of the premises or the official in charge of the incident. No one shall reenter the premises until authorized to do so by the official in charge.

**SECTION 406: EMPLOYEE TRAINING AND RESPONSE PROCEDURES**

**406.1 General.** Staff/Employees in the occupancies listed in Table 405.2 shall be trained in the fire emergency procedures described in their fire evacuation and fire safety plans. Training shall be based on these plans and as described in Section 404.3.

**406.2 Frequency.** Staff/Employees shall receive training in the contents of fire safety and evacuation plans and their duties as part of new employee orientation and at least annually thereafter. Records shall be kept and made available to the fire code official upon request.

**406.3 Employee training program.** Staff/Employees shall be trained in fire prevention, evacuation and fire safety in accordance with Sections **406.3.1** through **406.3.4**.

**3.1 Fire prevention training.** Staff/Employees shall be apprised of the fire hazards of the materials and processes to which they are exposed. Each employee shall be instructed in the proper procedures for preventing fires in the conduct of their assigned duties.

**3.**3 **Emergency lockdown training.** Where a facility has a lockdown plan, staff/employees shall be trained on their assigned duties and procedures in the event of an emergency lockdown.

**3.2 Evacuation training.** Staff/Employees shall be familiarized with the fire alarm and evacuation signals, their assigned duties in the event of an alarm or emergency, evacuation routes, areas of refuge, exterior assembly areas, and procedures for evacuation.

**3.4 Fire safety training.** Staff/Employees assigned fire-fighting duties shall be trained to know the locations and proper use of portable fire extinguishers or other manual fire-fighting equipment and the protective clothing or equipment required for its safe and proper use.

# Appendix B:

**Agreements**

Insert FACILITY USE Agreement between Child care Homes and Expanded Homes (CCFHP) and designated relocation site or local evacuation site. Also insert Agreement with COOP site if available with alternate site to continue operations, if CCFHP is closed down for an extended period of time.

# Appendix C:

**Emergency Procedures Quick Sheets**

**Emergency Procedures for a Fire**

Step 1. Call 9-1-1 and notify Director and other caregivers of the fire.

Step 2. Move children and staff away from the fire & towards the nearest exit.

Step 3. Fight the fire IF it is small and you can do so without endangering yourself or children; use PASS method (Pull, Aim, Squeeze, Sweep).

Step 4. Attempt to extinguish the fire if the exit is blocked by fire or to extinguish a person on fire.

Step 5. Grab children’s emergency contact list and take with you to AA.

Step 6. Direct or carry children and staff towards the safest exit.

Step 7. Go to the designated AA and account for all children staff.

Step 8. If anyone is missing, report to a first responder or Incident Commander, immediately.

Step 9. Contact and notify families of the emergency and actions taken.

Step 10. Never reenter the house for any reason until the “All Clear” is given.

**Emergency Evacuation Procedures**

Step 1. Direct staff to pick up and carry infants and ask or assist all mobile children to form a line at the doorway.

Step 2. Account for children in line; if anyone is not present, notify staff person to check all areas.

Step 3. Take children’s emergency contact list to Assembly Area (AA).

Step 4. Remind staff and visitors of the location of the AA.

Step 5. Inform everyone to remain calm, stay together & meet at the AA.

Step 6. Lead children or carry infants to the safest and nearest exit door.

Step 8. Help exiting children out of the building and designate one person to make sure everyone has exited, if necessary and safe to do so.

Step 9. After exiting the building, move quickly but carefully to the AA and account for all children and staff.

Step 10. Notify Incident Commander or Home Director that all children and staff are accounted for. If missing, provide name & last seen location.

Step 11. Never reenter the house for any reason until the “All Clear” is given.

Step 12. Contact and notify families of the emergency and actions taken.

**Lockdown Procedures**

1. Pick up or assemble all infants and children.
2. Lock all doors, close all blinds and shades & cover window boxes.
3. Move to an interior room with few or no windows or look for the “Safe Corner” of the room.
4. Assign one person to barricade the door if it does not lock from inside.
5. Seat children against the wall and away from windows and doors in the “Safe Corner” of the room.
6. Turn out lights and silence your cell phone.
7. Keep children and infants calm and QUIET.
8. Gather and hold onto children’s emergency contact list (in case evacuation is necessary).
9. Keep in contact with Director and other staff using text messaging.
10. Monitor situation for updates and follow directions from first responders.
11. Provide an “ALL CLEAR” announcement once safe to do so and exit the house.
12. Contact and notify families of the emergency and actions taken.

**Shelter-in-Place Procedures**

1. Direct staff to pick up and carry infants and ask or assist all mobile children to form a line at the doorway.
2. Account for children in line; if anyone is not present, notify staff person to check all areas.
3. Remind staff of Shelter-in-Place (SIP) location and take children’s emergency contact list.
4. Direct a staff person to transport the first aid kit and SIP kit.
5. Inform everyone to remain calm, stay together and move to SIP Room.
6. **DO NOT ACTIVATE the ALARM SYSTEM.**
7. Move carefully but quickly to SIP Room & account for children & staff.
8. Keep children and infants calm and “entertained”.
9. Contact and notify families of the emergency and actions taken.
10. Monitor situation for updates and follow directions from first responders.
11. Provide an “ALL CLEAR” announcement once safe and exit the house.

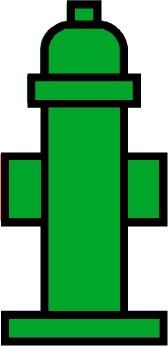
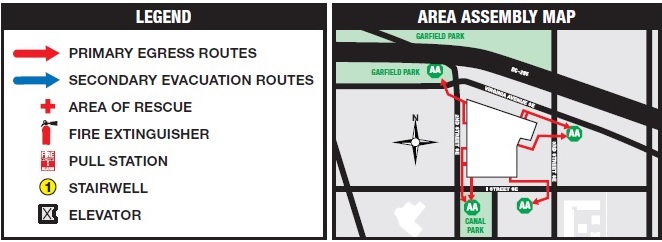
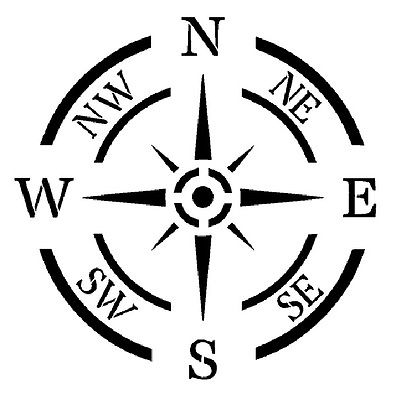
# Appendix D:

**Evacuation & Assembly Area Maps**

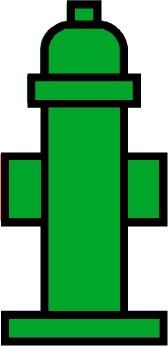
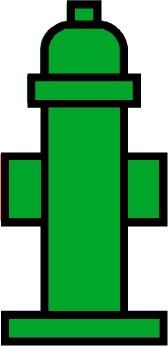
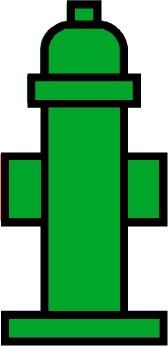
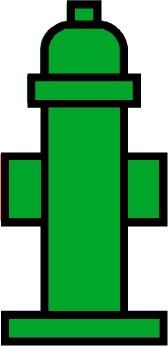
*DIRECTIONS: On the following pages insert an evacuation map for each floor or separate area that the Childcare Center occupies. The maps must include a legend and an area map. The maps must show and label the following:*

* Surrounding Street Names or North Nautical **🞏** Legend & Area Map w/ AA & Cont. Site
* Primary Exit Routes (RED Arrows) **🞏** Alternate Exit Route (BLUE Arrows)
* Exit Doors / Stairwells **🞏** Fire Extinguishers / Pull Stations
* Area of Rescue ( symbol) **🞏** Shelter-in-Place Room ( symbol)
* “You are Here” Marker (hallway Maps) **🞏** Fire hydrants around or near the building

**SAMPLE EVACUATION & AREA MAP**



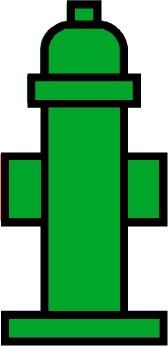
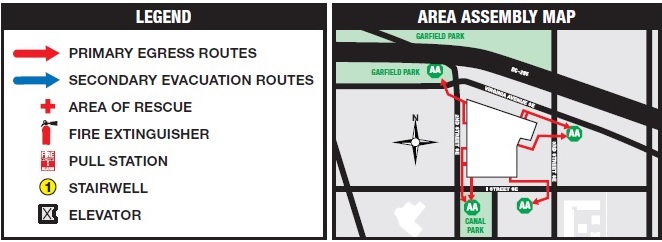
**FIRE HYDRANT**



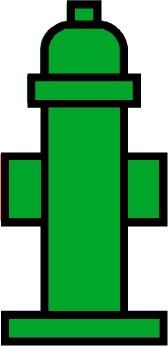
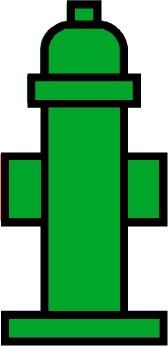
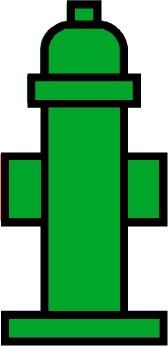
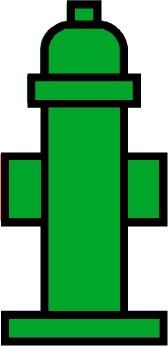


Assembly Area Map: Create and include an area map showing the Center with the surrouding streets and the path that evacuees would take to reach the Assembly Area(s) and/or the Contingency Site.

**SAMPLE LEGEND & AREA MAP**



**FIRE HYDRANT**



# Appendix E:

**Supply List for**

**Centralized & Transportable First Aid Kit  
Shelter-In-Place Kit**

**Centralized First Aid Kit Should Include:**

|  |  |
| --- | --- |
| ☐ Current edition of the First Aid Guide published by the American Academy of Pediatrics, The American Red Cross, or an equivalent; | ☐ Telephone number(s) of the local Poison Control Center; |
| ☐ One (1) roll of one-half (1/2) inch non-allergenic adhesive tape; | ☐ One (1) roll of two (2) inch gauze roller bandage; |
| ☐ Ten (10) individually wrapped sterile gauze squares in assorted sizes; | ☐ Twenty-five (25) adhesive compresses, such as Band-Aids, in assorted sizes; |
| ☐ Three (3) clean cotton towels or sheeting pieces, approximately 24 x 36 inches each; | ☐ One (1) measuring tablespoon or dosing spoon; |
| □ Safety pins in assorted sizes; | ☐ One (1) working flashlight; |
| ☐ One (1) non-mercury, non-glass thermometer; | ☐ One (1) pair of scissors; |
| □ One (1) pair of tweezers; | ☐ Rubbing alcohol and alcohol swabs; |
| □ Cotton balls; | ☐ One (1) ice pack or gel pack |
| ☐ Liquid sanitizer; | □ Sanitary soap; |
| ☐ Disposable, nonabsorbent latex free or non-powdered latex free gloves (Nitrile); | ☐ One-third (1/3) cup of powdered milk for dental first aid (mx to make a liquid solution); |
| ☐ All items needed for disposal of blood-borne pathogens; | ☐ One-way valves for infants (if served), young children, and adults; |
| ☐ Pen or pencil and notepad; | ☐ Eye patch or dressing; |
| □ Whistle | □ Wipes; |

**Transportable First Aid Kits Should Include;**

|  |  |
| --- | --- |
| ☐ Current edition of the First Aid Guide published by American Academy of Pediatrics, American Red Cross, or equivalent; | ☐ List of children in attendance, organized by the staff member they are assigned to, and each child’s emergency contact information; |
| ☐ Disposable, nonabsorbent latex free or non-powdered latex free gloves (Nitrile); | ☐ One (1) roll of one-half (1/2) inch non-allergenic adhesive tape; |
| ☐ Ten (10) individually wrapped sterile gauze squares in assorted sizes; | ☐ One (1) roll of two (2) inch gauze roller bandage; |
| ☐ One (1) pair of scissors; | □ Safety pins in assorted sizes; |
| ☐ One (1) working flashlight; | □ One (1) pair of tweezers; |
| ☐ Rubbing alcohol and alcohol swabs; | □ Cotton balls; |
| ☐ One (1) ice pack or gel pack | ☐ Liquid sanitizer; |
| ☐ Pen or pencil and notepad; | □ Wipes; |
| □ Whistle; | ☐ Special care plans for children w/ a plan; |
| ☐ Emergency medications or supplies as specified in the special care plan; | ☐ Written transportation policy and contingency plans. |
| ☐ Twenty-five (25) adhesive compresses, such as Band-Aids, in assorted sizes; | ☐ One-way valves for infants (if served), young children, and adults; |
| ☐ List of phone numbers for Poison Control Center, nearby hospitals, emergency care clinics & other community resource agencies; | |

*A Licensee shall ensure a transportable First Aid Kit is taken along by facility staff on each outing, and when children under the care and supervision of the facility are being transported.*

In addition to the First Aid Kits, a portable Shelter-in-Place (SIP) Kit should be created. The SIP Kit will allow your Home or Expanded Home to shelter-in place within your facility or shelter at the relocation site for an extended period of time with the supplies you need to remain safe until the “All Clear” is given.

**Shelter In Place (SIP) Kits Should Include:**

|  |  |
| --- | --- |
| ☐ Transportable First Aid Kit; | ☐ Two (2) flashlights; |
| ☐ Battery-powered or hand crank NOAA Weather Radio; | ☐ Whistle (to signal for help); |
| ☐ Two (2) bullhorns to provide directions to fellow staff members and children; | ☐ Extra batteries in various sizes (for radio, flashlight, bullhorns, cell phones); |
| ☐ At least three (3) gallons of water per person (1 gallon / person/ day = 3 days of water); | ☐ Canned food and can opener (enough for three (3) days, for each person); |
| ☐ Two (2) rolls of duct tape (to cover gaps and opening around windows and doors); | ☐ Basic tools (hammer, nails, wrenches, pliers, pry bar, screwdrivers); |
| ☐ Cell phone charging cables (if possible a battery powered cell phone charger) | ☐ Dust masks (enough for each person occupying SIP location) to filter contaminated air; |
| ☐ Emergency thermal blankets (enough for each person); | ☐ Heavy-duty six-millimeter (6 mil.) plastic sheeting; |
| ☐ paper towels & work gloves, for minor clean-up activities; | ☐ Medication for children, i.e. (inhalers, Epipens, insulin, glucose testing supplies, etc.). |
| ☐ Written instructions for shutting off the heating and air conditioning unit (HVAC), gas, electricity and water; | |

RECOMMENDATION for Child care Staff:

Care givers and regular volunteer personnel should be asked to create a personal Go-Kit for themselves that includes any prescription medications they take every day, a change of clothes appropriate for the season, and a copy of vital documents on a flash drive or in hard copy. They may also want to keep prescribed medical devices and supplies such as glucose and blood pressure monitoring equipment.

# Appendix F:

**Bomb Threat Form**

**BOMB THREAT FORM**

If a Bomb Threat is received by telephone: KEEP CALM – DO NOT GET EXCITED OR EXCITE OTHERS

Time Call Received: \_\_\_\_\_\_\_\_\_\_\_AM / PM Call terminated \_\_\_\_\_\_\_\_\_\_\_\_\_AM / PM

EXACT WORDS OF THE CALLER:

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

DELAY: ASK THE CALLER TO REPEAT:

Questions you should ask:

* Time the bomb is set to explode?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Where is the bomb located? Floor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Area\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Kind of bomb?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Description \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Why kill/harm innocent people?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Voice Description:

\_\_\_\_\_ Female \_\_\_\_\_ Calm \_\_\_\_\_ Young \_\_\_\_\_ Rough

\_\_\_\_\_ Male \_\_\_\_\_ Anxious \_\_\_\_\_ Mature \_\_\_\_\_ Refined

\_\_\_\_\_ Foreign/Accent \_\_\_\_\_ Irritated \_\_\_\_\_ High-Pitched

Unusual phrases?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Recognized voice? Who?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Background noises:

\_\_\_\_\_ Music \_\_\_\_\_ Horns \_\_\_\_\_ Television \_\_\_\_\_ Whistles

\_\_\_\_\_ Aircraft \_\_\_\_\_ Machinery \_\_\_\_\_ Traffic \_\_\_\_\_ Bells

\_\_\_\_\_ Other voices \_\_\_\_\_ Running Motor (type) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ Other distinctive sounds\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ Tape recorder

Additional Information:

* Did the caller indicate knowledge of the building? If so, how? In what way?

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

* What line did the call come in on?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Did the number appear on a caller ID? \_\_\_\_\_ Yes #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_ No
* Any other identification? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Private, unknown caller, out of area)

Call-taker’s signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_

# Appendix G:

**Staff & Volunteer Training Record**

**CHILD CARE DIRECTOR / STAFF / VOLUNTEER TRAINING RECORD**

Staff/Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

🞐 New Employee Orientation 🞐 Annual Training 🞐 Volunteer Training

|  |  |
| --- | --- |
| **Required Trainings** | **Completion Date** |
| Child abuse and neglect, prevention, detection and reporting; |  |
| Emergency preparation and response planning for emergencies resulting from a natural disaster or a human-caused event; |  |
| Prevention of sudden infant death syndrome and use of safe sleep practices; |  |
| Prevention of shaken baby syndrome and abusive head trauma; |  |
| First aid and CPR; |  |
| Prevention and control of infectious diseases, including immunization; |  |
| Administration of medication, consistent with standards for parental or guardian consent; |  |
| Prevention of and response to emergencies due to food and allergic reactions; |  |
| Home and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, water, and vehicular traffic; |  |
| Handling and storage of hazardous materials and the appropriate disposal of bio contaminants; |  |
| Identifying, approaching and referring children showing signs of psychological distress to appropriate support services. |  |

Employee Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_

Instructor/

Supervisor Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_

# Appendix H:

**Record of Emergency Drills & Exercises**

**CHILD CARE STAFF / VOLUNTEER TRAINING RECORD**

**DIRECTIONS:** Use the table below to record any drills (e.g. Fire Drills) and exercises that you conduct during the term of your license. Record the date, time and type of exercise (Use the following labels)

**FIRE = Fire Drill SIP = Shelter-In-Place Lock = Lockdown ME = Medical Emergency**

|  |  |  |  |
| --- | --- | --- | --- |
| **Drill / Exercise Date** | **Drill / Exercise Time** | **Type of Drill / Exercise** | **Authorized Signature** |
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**AFTER DRILL / EXERCISE REPORT**

Notification method used: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Time it took for all to reach SIP Room or Evacuate the building:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Special conditions simulated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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What went right / well? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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Problems encountered: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Plan of correction (include what to correct, who is assigned responsibility, completion timeframe)

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

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

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Completed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_

# Appendix I:

**Medical Emergency & Unusual Incident Report (UIR) Forms**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Medical Emergency Reporting Form** | | | **Provider Name:** | |
|  | | |  | |
| **Facility Address:** | | **Provider Phone Number:** | | **Type of Facility (Check One):** |
|  | |  | | 🞐 **Center** 🞐 **Home** 🞐 **Expanded Home** |
| **Date Of Incident:** | **Time Incident Occurred:** | **Today’s Date:** | **IF CHILD ABUSE OR NEGLECT IS IDENTIFIED, CALL:**  **24 Hour Child Abuse and Neglect Hotline: 202-671-SAFE** | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of Reporter:** |  | **Reporter’s Title/ Position:** |  | **Reporter’s Contact Info:** | |  | | |
| **Name of Student:** |  | | | **Age of**  **Child:** |  | | **Sex of**  **Child** | **(Check One)**  🞐 **M** 🞐 **F** |
| **Type of Medical Emergency:** |  | | | | | | | |
| **Details of Medical Emergency:** |  | | | | | | | |
| **Details of Actions Taken by Staff:** |  | | | | | | | |
| **Additional Information:** |  | | | | | | | |



**DIVISION OF EARLY CHILDHOOD EDUCATION**

**INSTRUCTIONS FOR COMPLETING**

**THE UNUSUAL INCIDENT REPORT (UIR) FORM**

Completed forms should be faxed to the Compliance and Integrity Division (CID) at 202-727-7295.

Unusual incidents can also be reported via the dedicated hotline at 202-727-2993 or emailed to [OSSE.ChildcareComplaints@dc.gov](mailto:OSSE.ChildcareComplaints@dc.gov)

**Definition: An “Unusual Incident” is any event that is not ordinary to the regular operations or established procedure that may adversely affect the health, safety or well-being of any child or children in the child care facility.**

*Examples include, but are not limited to: accident or injury; physical, sexual, or verbal abuse of a child by staff or other child(ren); staff negligence; communicable disease occurrence; facility / property issues, including building security, theft, arson, bomb, fire threats, false alarms; and request for information or access to the participation from the press, attorneys, government officials outside OSSE/ECE; or persons other than those authorized by the parent.*

**UIR Forms must be filled out completely and accurately.**

**PART I – REPORTING INDIVIDUAL -** Enter required information

**PART II – INCIDENT INFORMATION -** Enter required information

NOTE: *Upon completion of item #7, if there are no other persons involved and no witnesses, skip to PART III and complete the details of the incident.*

**PART III – DESCRIPTION AND DETAILS OF INCIDENT**

Enter complete information on who was involved, what occurred, where the incident occurred and how it occurred. List first and last names of everyone involved.

**PART IV – WHAT ACTIONS WERE TAKEN AND BY WHOM**

Enter any actions that were taken in response to the incident, such as police or family notified, medical treatment provided, etc. Also indicate corrective measures taken to prevent reoccurrence, including administrative, managerial or disciplinary actions taken and by whom.

**SIGNATURE REQUIREMENT**

The reporting person’s signature and date of signing is required.

|  |  |  |  |
| --- | --- | --- | --- |
|  | | | |
|  | **COMPLIANCE AND INTEGRITY DIVISION** PHONE: (202) 727-2993  FAX: (202) 727-7295 | **UNUSUAL INCIDENT REPORT FORM** | MAILING ADDRESS:  810 First Street, NE 4th Floor  Washington, DC 20002 |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **PART I - REPORTED BY** | | | | | |
| **1. PERSON REPORTING INCIDENT TO CID** | | | **FACILITY NAME:** | | |
| **TITLE / POSITION** | | | **ADDRESS** | | |
| **Home Telephone Number (with area code):** | | | **DIRECTOR/ OWNER** | | |
| **DATE REPORTED** | **TIME REPORTED** | | **OFFICE #** | | **CELL #** |
| PART II -INCIDENT INFORMATION | | | | | |
| **2. Date of Incident:** | | **3. Time of Incident:** | | **4. Date of Report:** | |

**5. Type of Incident:**

***(accident, injury or unusual occurrence)***

**6. Incident Location Address:**

|  |  |
| --- | --- |
| **7. Person Involved (Adult Child ) Age \_**  **NAME: \_**  *Last First Middle* | **8. Person Involved (Adult Child ) Age**  **NAME: \_\_\_\_\_\_\_\_**  *Last First Middle* |
| **Home Telephone Number (with area code):** | **Home Telephone Number (with area code):** |
| **9. Person Involved (Adult Child )**  **NAME:**  *Last First Middle* | **10. Person Involved (Adult Child )**  **NAME:**  *Last First Middle* |
| **Home Telephone Number (with area code):** | **Home Telephone Number (with area code):** |
| **Additional persons involved attach a separate sheet.** |  |
| **11. Witness 1:**  **NAME:**  *Last First Middle* | **12. Witness 2:**  **NAME:**  *Last First Middle* |
| **11a. Home Telephone Number (with area code):** | **12a. Home Telephone Number (with area code):** |
| **13. Witness 3:**  **NAME:**  *Last First Middle* | **14. Witness 4:**  **NAME:**  *Last First Middle* |
| **13a. Home Telephone Number (with area code):** | **14a. Home Telephone Number (with area code):** |
| **Additional witnesses attach a separate sheet.** |  |

**PART III -DESCRIPTION AND DETAILS OF INCIDENT**

***15. Who, What, Where and How: (If necessary, attach a separate sheet for additional information)***

**PART IV - WHAT ACTIONS WERE TAKEN AND BY WHOM**

**Signature**

# Appendix J:

**Staff & Family Emergency Contact Lists**

**Child care Provider Personnel Emergency Contact List**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Title / Position** | **Cell Phone** | **E-mail** |
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**Family Emergency Contact Information**

|  |  |  |  |
| --- | --- | --- | --- |
| **Child’s Name** | **Emergency Contact** | **Cell Phone** | **E-mail** |
| KJ Kidd | 1. John Doe--Father | (202) 123-4567 | emergencycontact@gmail.com |
|  | 2. Jane Kidd--Mother | (202) 987-6543 | safetyfirst@anyemail.com |
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