

Child Care Emergency Plan

Instructions: State law requires the following providers to use this form to create an emergency preparedness plan: (1) licensed child care centers (Minn. Stat. 245A.41, Subd. 3), (2) licensed family child care providers (Minn. Stat. 245A.51, Subd. 3), and (3) certified child care centers (Minn. Stat. 245H.15). Please refer to the Keeping Kids Safe planning guide for guidance in creating your emergency preparedness plan.

| 1. Provider Inf | ormation | | | | | |
|--|-------------------------------|--------------------|---|--|-----------------|--|
| DATE CREATED | DATE(S) REVISED | | | | | |
| 9/21/2017 | 9/21/2017 7/9/2020 | | | | | |
| PROVIDER NAME | • | | | | | |
| Gaetz Kiddie Kare | e, Inc. | | | | | |
| ADDRESS | | CIT | Y | STATE | ZIPCODE | |
| 1325 Northway Dr | ive | St. | Cloud | MN | 56303 | |
| PHONE NUMBER | | EMERGENCY PH | ONE | <u>I</u> | • | |
| 320-255-5522 | | Messaging throu | igh Brightwheel. | | | |
| 2. Shelter-in-Place procedures will be | | es If we need to | stay in the building due to ar | n emergency | , the following | |
| LOCATION 1 (IN-BUIL | DING) | | LOCATION 2 (IN-BUILDING) | LOCATION 2 (IN-BUILDING) | | |
| Shelter-in-place | | | Lockdown | Lockdown | | |
| • | e basement, under the st | airs | | Lower level – back preschool room, away from windows | | |
| | | | Main level – back toddler room, away from windows | | | |
| PROCEDURES FO | R SHELTER-IN-PLACE / LC | OCKDOWN Desc | cribe your procedures (who, wha | t, where, wher | n) | |
| Children and staff | gather in safe places. | | | | | |
| | all children and staff will m | ove to the base | ment, under the stairs. | | | |
| • | | | ren are kept in back rooms av | way from win | dows. | |
| | | | | | | |
| SHELTER-IN-PLAC | E / LOCKDOWN FOR CHIL | DREN WITH DIS | ABILITIES OR CHRONIC MEDI | CAL CONDITI | ONS | |
| Include any special | circumstances or procedure | s needed for child | lren with disabilities or chronic m | edical condition | ons | |
| Same as above 4 | Additionally, ensure medic | ations are readi | ly accessible | | | |
| Carrie as above. 7 | taditionally, charte medic | ations are readi | ry accessione. | | | |
| Notification | | | | | | |
| EMERGENCY RESPO | ONDERS WILL BE NOTIFIED W | /HEN | | | | |
| Immediately or as | soon as possible. | | | | | |
| PARENTS / GUARDIA | NS WILL BE NOTIFIED WHEN | | | | | |
| After emergency i | esponders clear us to cor | ntact families. | | | | |

Emergency Kit for Shelter-in-Place / Lockdown Situations

PLEASE DESCRIBE YOUR EMERGENCY KIT. Please see Keeping Kids Safe for more information about how to use your emergency kit during shelter-in-place and lockdown situations

Each classroom has a backpack that always travels with the children and staff. The backpack contains emergency contact information for each child and staff member, first aid kits, wipes, individual medications, etc.

3. Evacuation and Relocation Procedures

IF WE NEED TO EVACUATE OUR SITE AND RELOCATE TO ANOTHER SITE, THE FOLLOWING PROCEDURES WILL BE FOLLOWED

EVACUATION ROUTES AND EXITS Show how you and the children will leave from any room in the building

All evacuation routes are posted throughout the building with diagrams.

In case of fire, staff move children as far from the building as possible and will regroup near the parking lot. Monthly fire drills are conducted to ensure all staff understand proper evacuation procedure which includes grabbing room backpack, moving children to the posted exits and keeping children away from the building and taking attendance to ensure no child was missed.

Tornado routes are posted throughout the buildings with diagrams. Staff are trained on proper tornado procedure through monthly drills occurring from April to September.

EVACUATIING INFANTS AND TODDLERS Describe any special circumstances or procedures needed for evacuating infants and toddlers from the building

If needed, infants may be placed in a mobile crib. Staff are trained to ensure toddlers and infants are quickly and efficiently moved down any stairs in an orderly fashion. Hands are held to help guide toddlers to proper locations.

EVACUATIING CHILDREN WITH DISABILITIES OR CHRONIC MEDICAL CONDITIONS Describe any special circumstances or procedures needed for evacuating children with disabilities or chronic medical conditions from the building including procedures for storing a child's medically necessary medicine

Same as above. Additionally, ensure transportation vehicle is accessible for all children/staff, and necessary medications are packed in the classroom backpack.

When relocating by bus, staff members will assist in holding the infants who are unable to sit on their own.

Notification

EMERGENCY RESPONDERS WILL BE NOTIFIED WHEN

Immediately or as soon as possible.

PARENTS / GUARDIANS WILL BE NOTIFIED WHEN

After ensuring safety of children, parents will be notified via phone calls, social media, and/or Brightwheel.

Emergency Kit for Evacuation and Relocation Situations

DESCRIBE YOUR EMERGENCY KIT. Please review Keeping Kids Safe for more information about how to use your emergency kit during evacuation and relocation situations

Each classroom has a backpack that always travels with the children and staff. The backpack contains emergency contact information for each child and staff member, first aid kits, wipes, individual medications, etc.

| Relocation - Location 1 | | | |
|------------------------------|--|-------|----------|
| BUILDING NAME | REASON(S) TO EVACUATE TO LOCATION | 1 | |
| St. Cloud YMCA | Fire, gas leak, and other emergencies. | | |
| ADDRESS | CITY | STATE | ZIP CODE |
| 2001 Stockinger Drive | St. Cloud | MN | 56303 |
| PHONE NUMBER | EMERGENCY PHONE | | |
| 320-253-2264 | | | |
| TRANSPORTATION TO LOCATION S | • | | |

TRANSPORTATION TO LOCATION 2

Some children may be walked to this location (4 blocks), otherwise bus company will be called.

OTHER DETAILS

YMCA contact: Heather Sabin, Associate Executive Director, heather.sabin@scymca.com

| Relocation - Location 2 | |
|--------------------------------|---|
| BUILDING NAME | REASON(S) TO EVACUATE TO LOCATION 2 |
| SCSU Halenbeck Hall Campus Rec | If transport to Location 1 is not practical |

| ADDRESS | CITY | STATE | ZIP CODE |
|------------------------------|-----------------|-------|----------|
| 1000 4h Ave South, S102 | St. Cloud | MN | 56301 |
| PHONE NUMBER | EMERGENCY PHONE | • | • |
| 320-308-3325 | | | |
| TRANSPORTATION TO LOCATION 2 | | | |

TRANSPORTATION TO LOCATION 2

School bus company will be called to secure transport.

OTHER DETAILS

campusrec@stcloudstate.edu

| Relocation - Location 3 | | | |
|--------------------------------|---------------------------------|---------------------|----------|
| BUILDING NAME | REASON(S) TO EVACUATE TO L | OCATION 3 | |
| Gaetz Kiddie Kare | If transport to Locations 1 and | 2 are not practical | |
| ADDRESS | CITY | STATE | ZIP CODE |
| 1227 4 th Ave South | St. Cloud | MN | 56301 |
| PHONE NUMBER | EMERGENCY PHONE | , | l |

TRANSPORTATION TO LOCATION 1

School bus company will be called to secure transport.

OTHER DETAILS

If warranted, City Fire Department will make arrangements with MTC and/or District buses for emergency shelter transportation to other location.

4. 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/designated contacts as soon as it's safe.

PARENTS / GUARDIANS WILL BE NOTIFIED WHEN

As soon as a time and place has been established, parents will be notified via phone calls, social media, and/or Brightwheel.

PARENT/GUARDIAN CONTACT INFORMATION WILL BE MAINTAINED IN THIS LOCATION

Each classroom has a backpack that travels with the children and staff and contains emergency contact information.

Release Children will only be released to parents/guardians or other individuals listed on the child's form (with proper identification) OTHER DETAILS ABOUT REALEASE OR REUNIFICATION

Parents/guardians will sign the children out using the QRL code (Brightwheel) in the classroom emergency books.

5. Continuing Operations Procedures

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

Notification and Decision Making

THE FOLLOWING PEOPLE WILL NEED TO BE NOTIFIED AND BE A PART OF THE DECISION-MAKING PROCESS REGARDING CONTINUED OPERATIONS DURING A CRISIS

Michele Gaetz, Karla Partch, Anne Nikolas, Michael Gaetz, Stephen Gaetz, Carol Gaetz

THE FOLLOWING PEOPLE WILL NEED TO BE NOTIFIED AND BE A PART OF THE DECISION MAKING-PROCESS REGARDING CONTINUED **OPERATIONS AFTER A CRISIS**

Same as above.

ANY ADDITIONAL CONSIDERATIONS FOR OPERATIONS

Some services may be temporarily reduced or discontinued.

6. Emergency Contact Information

Emergencies - Dial 911

| | | Emergenc | sies – Diai 911 | |
|---|---------------|-------------------|------------------------------|-----------------------------|
| Law Enforcement Agencies | | | | |
| CITY (if applicable) | | CONTACT NAM | ME | |
| St. Cloud – Stearns County Sheriff's Office | | Sheriff Steve | Soyka; 320-259-3702 | |
| NON-EMERGENCY NUMBER | | | 24-HOUR EMERGENCY N | UMBER |
| (320) 259-3700 | | | 911 | |
| CITY (if applicable) | | CONTACT NAM | <u> </u> | |
| Sauk Rapids – Police Department | | Police Chief P | Perry Beise; (320) 258-5340; | pbeise@ci.sauk-rapids.mn.us |
| NON-EMERGENCY NUMBER | | | 24-HOUR EMERGENCY N | JMBER |
| (320) 251-9451 | | | 911 | |
| Utility Emergency Phone Numb | ers | | | |
| ELECTRIC | COMP | ANY | | |
| Xcel Energy | Custo | mer Service (800 | 9) 895-4999 | |
| CONTACT PERSON | <u> </u> | | | 24-HOUR EMERGENCY NUMBER |
| Account Number: 51-6105146-3 | | | | 800-895-1999 |
| GAS | COMP | ANY | | 1 |
| Kcel Energy | Custo | mer Service (800 | 9) 895-4999 | |
| CONTACT PERSON | <u> </u> | | | 24-HOUR EMERGENCY NUMBER |
| Account Number: 51-6105146-3 | | | | 800-895-2999 |
| VATER | COMP | ANY | | 1 |
| City of St. Cloud | Depar | tment of Public S | Services, Customer Service (| 320) 255-7211 |
| CONTACT PERSON | <u>.</u> | | | 24-HOUR EMERGENCY NUMBER |
| Account Number: 0070490; Customer | Number: 1 | 5598 | | 320-255-7225 |
| General Emergency Resource N | lumbers | | | |
| POISON CONTROL | | | | PHONE NUMBER |
| Minnesota Poison Control | | | | 800-222-1222 |
| CRIME VICTIM SERVICES | | | | PHONE NUMBER |
| MN Department of Public Safety, Office | ce of Justice | e Programs | | 651-201-7300 |
| POST-CRISIS MENTAL HEALTH HOTLIN | | | | PHONE NUMBER |
| Central MN Mental Health Crisis Servi | | | | 320-252-5010 |
| FIRE DEPARTMENT | | | | PHONE NUMBER |
| City of St. Cloud **DIAL 911 IN EMER | RGENCY** | | | 320-650-3500 |
|) OTHER | | | | PHONE NUMBER |
| School District 742 Transportation Services | | | 320-370-6940 | |
| Guardian School Bus Company | | | | |
| Spanier Bus Service | | | | |
| Trobec Bus Service | | | | |
| Voigt School Bus Service | | | | |
| NAME OF INSURANCE AGENCY | | | | I |
| Affiliated Insurance Services | | | | |
| NSURNANCE CONTACT PERSON | | | | PHONE NUMBER |
| Debe Marofsky | | | | 763-551-1300 |
| Debe Maiolsky | | | | |

Licensing or Certification Information

| LICENSING OR CERTIFICATION NUMBER | |
|---|--------------|
| 804169 | |
| LICENSED OR CERTIFIED BY STATE OR COUNTY – State of Minnesota | |
| LICENSOR NAME | PHONE NUMBER |
| Michelle Harris | 651-431-6536 |

Child Care Assistance Program (CCAP) Information (If applicable)

| CCAP PROVIDER ID | |
|---|-----------------------------|
| 2900 | |
| CCAP AGENCIES REGISTERED WITH | CCAP AGENCY PHONE NUMBER(S) |
| Stearns, Benton, Sherburne. Plus, other counties as family needs arise. | 320-656-6000 (Stearns) |

7. Identification of Hazards

This section is provided as a resource for your emergency preparedness. It allows you to identify the risk of certain hazards occurring, the impact that a

hazard could have if it did occur, and how you would continue operating during and after the emergency.

Attention licensed child care centers: You are not required to complete this section as you should have already identified potential risks and impacts as part of your Risk Reduction Plan (see Minn. Stat. 245A.66). If you have not addressed any of these hazards that could impact your site, you should use this section or add items to your Risk Reduction Plan.

| HAZARDS | RISK OF HARM, POTENTIAL IMPACT AT YOUR SITE, AND PLAN FOR CONTINUING OPERATIONS DURING AND AFTER THE EMERGENCY |
|-----------------------|--|
| Fire | Operations may be temporarily reduced or discontinued. |
| Flood | Minimal flood risk. We are above the 500-year flood plain. If runoff seeps into building, Carlson Cleaning Co (or other carpet/restoration service) 320-203-8862. |
| Gas/Chemical Leaks | Operations may be temporarily reduced or discontinued. |
| Hazardous Materials | All cleaning chemicals are stored out of reach of children and in locked cabinets. Other hazardous materials risk is minimal. |
| High or Low | Minimal risk as redundant heating and cooling systems are properly maintained. |
| Temperatures | Advanced Heating - Cooling & Service Co. 320-25-9362. |
| Infectious Diseases | In case of severe outbreak, center may close temporarily. Otherwise all procedures established with health nurse and/or city and state officials will be followed. |
| Nuclear Power Plant | Please note, there are two nuclear power plants in Minnesota. Depending on your proximity to these plants, which are located in Welch and Monticello, you may/may not have a potential "risk of harm." |
| | N/A; no nuclear facilities in the area. |
| Severe Winter Weather | Shelter-in-place. In some instances, center may opt to close early. |
| Thunderstorm | Shelter-in-place. |
| Tornado | Shelter-in-place making sure to move children to tornado shelters. |
| Violent Incidents | DIAL 911. Lockdown procedure if necessary. |
| Other | |

8. Child Emergency Contact Information

You should collect each child's emergency contact information and keep it with your emergency kit(s). Licensed child care centers and licensed family child care providers already collect this information from parents/guardians upon enrollment.

Keep the following information with your emergency kit(s) in case of an emergency:

| Child specific information: | Parent/guardian information: |
|---|--|
| □ Child's name | □ Name(s) & relationship to child |
| □ Child's address | □ Preferred contact information (i.e., phone |
| □ Child's date of birth | number or email address) |
| □ (If applicable) Special instructions | □ Alternate emergency contacts |
| for children with disabilities or chronic | □ Individuals authorized for pick-up |
| medical conditions | |

For licensed family child care providers, this information is on the first page of each child's Admissions and Arrangements form. Keep a copy of the first page of each child's Admissions and Arrangements form with your emergency kit(s) so that the information can be easily accessed in an emergency.

Please note: Do not post any child-specific information with your emergency plan or share it with other parents.