*(Name of Site)*

# 21st Century Community Learning Center

# Basic Emergency Plan

**Mailing Address: _____**

**City:_____**

**County:_____**

**Date: _____**

***NOTE: Items in italics are for explanation and are not designed to be part of the final plan.***

*By numbering the copies of the plan, you can keep track of where they all are and ensure that any changes are distributed to all of the holders.*

**Copy Number _____**




**The 21st Century Community Learning Center afterschool program is funded by a federal grant from the U.S. Department of Education and administered by the Arizona Department of Education. For more information visit: http://www.azed.gov/21stcclc/**

## Introduction

21st Century Community Learning Centers (21st CCLC) should develop a formal, written emergency readiness plan that is specific and applicable to the afterschool program needs. While it may be appropriate to reference your school district's emergency plan, **it is important that you develop a customized plan for your 21st CCLC program since school staff and other resources may not be available after the regular school day.**

This template (adaptive from the Pennsylvania Department of Education) will guide you through various emergency scenarios and provide direction on what information is needed for each. Note that items in italics are for explanation and are not designed to be part of the final plan. Customize the content as needed and be sure to keep your plan updated. Most importantly, take the necessary time to train staff and practice the procedures outlined in your plan.

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## Fast Facts

| | | | | |
|---|---|---|---|---|
| **Address** | | | | |
| **Phone:** | | **Fax:** | | |
| **Landline Telephone:** *The hardwired non-network and non-VoIP is the fax number* | | | | |
| | | | | |
| | | | | |
| **Primary Law Enforcement:** *Ex: AZ State Police* | | | | |
| **Primary Fire Department:** | | | | |
| **Primary EMS:** | | | | |
| | | | | **Special Needs** |
| **Grade Levels** | | **Average Daytime Population** | Students: | Mobility |
| **Special Classes or Programming** | | | | Hearing |
| | | | Staff: | Visual |
| | | | | Cognitive (MR) |
| | | | | Emotional |
| | | | | Medical |
| | | | | Severe Allergies |
| | | **TOTALS:** | | |
| **Fire Department Information** | | | | |
| **Knox Box Location** | | | | |
| **Enunciator Panel Location** | | | | |
| **Alarm Company** | | | | |
| **Fire Sprinklers in Building: ( ) No ( ) Yes ( ) Partial:** | | | | |
| **Fire Department Connection:** | | | | |
| **Utility Information** | | | | |
| **Electric Supplier** | | | | |
| **Water Source** | | | | |
| **Telephone** | | | | |
| **Gas: Yes ( ) No ( )** | | | | |
| **Oil: ( )** | | | | |
| Emergency Generator | | | | |
| ( ) Yes ( ) No | Location: | | | |
| Power Source: ( ) Diesel ( ) Gasoline ( ) Propane ( ) Other: | | | | |
| Supply on Hand: | | Expected Run Time: | | |
| Video Surveillance | | | | |
| Number of Cameras | Exterior: | Interior: | | |
| Control Station Location | | | | |
| Accessible via Internet: | | | | |
| Primary Contact for Access | | | | |
| Secondary Contact for Access | | | | |
| | | | | |
| Other Information: | | | | |

## Emergency Contact Information

| | |
|---|---|
| ALL EMERGENCIES (Police, Fire or EMS) | 911 |
| Poison Control Center | 1-800-222-1222 or<br>Text POISON to 484848 |
| (*County Name*) County Emergency Management Agency | |
| AZ State Police or Local Police Department | |
| _____ (Fire Department) | |
| _____ (Local EMS) | |
| _____Alarm Company | |
| Red Cross –_____ (Name of Regional Office) | |
| _____(Transportation Contractor) *if applicable*<br>_____(Special Needs Transportation Contractor) *if applicable* | |
| *Insert other applicable phone numbers* | |
| | |
| | |

## Hospitals

| **Hospital Name** | **Address** | **General Number** | **Emergency Department Number** | **Patient Information Number** |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

## Program Contacts

Program Director's Name _____ Cell Phone _____

**Command**

During an emergency, the following persons shall be designated to assume the incident commander position. The incident commander will be in charge of directing emergency activity until relieved by local responders. The command post will be the physical location where the incident commander is located.

| | |
|---|---|
| Primary Commander | |
| Primary Commander's Cell # | |
| Secondary Commander | |
| Secondary Commander's Cell # | |
| Tertiary Commander | |
| Tertiary Commander's Cell # | |
| Primary Command Post Location | |
| Primary Command Post Direct Phone # | |
| Primary Command Post Fax # | |
| Alternate Command Post Location | |
| Alternate Command Post Direct Phone # | |
| Alternate Command Post Fax # | |

## Emergency Response Team Roles

The Program Director will designate staff to fill the following essential roles at each site.

**First Aid Coordinator:** This person will be trained in first aid and cardiopulmonary resuscitation (CPR) and will deliver first aid to injured students and staff. The first aid coordinator will also serve as a liaison to the first emergency medical services (EMS) unit in order to provide a continuity of first aid care and information. Certification for the first aid coordinator must be kept up to date

**Facilities and Materials Coordinator:** This person will have knowledge of the physical building and mechanical operations and will provide onsite assistance to emergency providers and program staff during an emergency or critical event. They will serve as a liaison to the emergency incident commander as needed during actual events.

**Parent-Child Reunification Coordinator:** This person will lead the efforts to ensure that children are reunited with their parents in an efficient and expeditious manner after an emergency occurs. Reunification will be conducted only when it is safe and authorized by the emergency services agencies on the scene.

| **Emergency Team Role** | **Name** | **Contact Information** |
|---|---|---|
| First-Aid Coordinator | | |
| First-Aid Coordinator Alternate | | |
| Facility and Materials Coordinator | | |
| Facility and Materials Coordinator Alternate | | |
| Student-Parent Reunion Coordinator | | |
| Student-Parent Reunion Coordinator Alternate | | |
| **List Other Staff Who Have First-Aid Training** | | |
| **Emergency Team Role** | **Name** | **Contact Information** |
| First-Aid Assistant | | |
| First-Aid Assistant | | |
| First-Aid Assistant | | |

Location of First Aid Kits:

Location of Automated External Defibrillators (AED):

Location of Oxygen (if applicable):

## Concurrence by Outside Resources – *Optional But Recommended*

We have examined this plan and are aware of the requirements.

| Date | Organization | Signature | Date Plan Received | Copy Number |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |

*NOTE: This table can have as many lines as needed to accommodate the agencies reviewing and concurring.* ***You should get concurrence from all outside agencies that will play a role in plan implementation****, especially those that you are depending on to provide resources (shelter space or transportation). Ideally, they will be involved in the planning process. You need one original of this page. Copies of the page can be placed in the distribution copies of the plans.*

## Record of Changes and Review

| Date of Change | Summary of Change | Signature of Person Making Change | Date Change Distributed |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

## Signature of Responsible Party

I have reviewed this plan and the procedures outlined in it. These procedures will be followed in case there is an emergency affecting the facility.

_____ _____

**Signature of Program Director** **Date**

## Foreword

This emergency plan describes the procedures that will be used by *(name of 21st CCLC site)* to provide for the care and the well-being of the children under our care and our staff. This plan is meant to address circumstances that threaten lives and property. The procedures outlined in this plan constitute those temporary measures that will be taken to provide the best available protection for persons under our care. The plan relies on the organization and procedures that are followed on a day-to-day basis. The intent is not to introduce new ways of doing things during high-stress situations.

Much of what is needed to implement a plan like this one should be treated as sensitive information. The exact locations of shelters and assembly areas and the routes to be taken during an evacuation may be useful information to someone with ulterior motives. For this reason, parts of the plan should not be released to the general public. Important details from the plan regarding specific parent actions can be sent home with parents in orientation materials and periodic mailings.

The plan itself is organized into three parts:

1. Basic Emergency Plan - The Basic Emergency Plan provides overall concepts and assignment of responsibility. It does not contain a great amount of detail.
2. The Appendix includes a series of supporting documents.
3. Checklists - The information in the checklists is arranged by function, recognizing that the evacuation planned for a HAZMAT spill will work just as well for a water leak.

The detail in the Appendix and checklists should be confidential.

Public safety officials should be aware of the provisions of this plan. The responsibility of the 21st Century Community Learning Center (21st CCLC) facility is to maintain and implement the plan. A current copy of the plan should be provided to the county emergency management agency and any host organizations, if applicable. The county should forward the plan to local emergency officials if appropriate.

## Basic Emergency Plan

### 1. Purpose and Scope

a. To provide for the protection of children and staff in the event of a natural or human-caused emergency or disaster.
b. To ensure coordination and cooperation with local and county government, and emergency services.
c. The provisions of this plan are designed for situations involving groups of children or the entire facility. This plan is not designed to address emergency situations involving individual children or staff members.

### 2. Situation and Assumptions

The *(name of 21st CCLC site)* is located at *(address, city)* and normally has *(number)* children and *(number)* staff. Normal operating hours for the program are _____ and _____during the summer *(if applicable).* The facility assumes responsibility for the health and safety of the children attending the facility.

The facility is located in *(name of city)* whose emergency management agency will be the primary source of governmental assistance during an emergency.

Assistance during emergencies will be dispatched through the *(county name)* ,County 9-1-1 and be coordinated by the *(county name)* County Emergency Management Agency.

The facility may be subject to the following natural disasters and emergencies:

a. Natural Disasters *(e.g. tornado, severe storms, flood, blizzard, disease outbreak, etc.) Insert the most common in your area:*

*One good source of information about the hazards in your area is your local emergency management agency (EMA). Visit www.pema.state.pa.us for a listing of county EMA coordinators who can direct you to your local EMA coordinator.*

| |
|---|
| |
| |
| |

b. Human Caused Emergencies *(e.g. HAZMAT spill, intruder, fire in the neighborhood, power outage):*

| |
|---|
| |
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| |

## 3. Concept of Operations

a. Regular drills on emergency plans, procedures and duties will be conducted to:

- Provide training for staff, including substitutes
- Orient children on emergency procedures and responsibilities
- Develop skills needed for a real emergency

*Insert schedule here.*

b. Special medical, physical or behavioral needs

- Each site location which is a part of *(name of 21st CCLC)* will maintain a current listing of any children or staff who have a condition that may require special consideration or action to allow that person to take appropriate protective measures during an emergency (see Appendix O). The listing will include both long-term and short-term disabilities.
- A staff member will be assigned responsibility to ensure that those individuals take the appropriate protective measures.
- If special needs include medications or any physical equipment, a staff member will be assigned responsibility to ensure that the medications or equipment accompany the individual with special needs.
- If the necessary specialized equipment requires batteries or supplies, those will be stocked and moved as well.
- The listing of special needs personnel and medicine/equipment will be provided to county EMA along with the annual plan review.

c. Accountability

- Children will only be released to a parent or to an individual designated in writing by the parent.
- In case of an evacuation, attendance will be taken at the assembly area, upon boarding and exiting the emergency transport vehicle(s) (if used) and upon the arrival at the relocation and reunification facilities.

**4. Organization and Responsibilities**

a. Senior on-site facility person (also known in this document as the Primary Commander) will:

- Be familiar with emergency plans for the municipality (city and county).
- Determine a course of action to be taken during an emergency.
- Maintain their plan in a current and usable state. (Ensure that staff names and numbers are up-to-date and ensure that the list of names of students with special needs is current).
- Encourage parents to tune in to local media for information during an emergency.
- Keep the staff and parents aware of the status of the emergency.
- Determine the number and types of transportation needed if evacuation or relocation is required.
- Ensure children's emergency records are taken to the evacuation/relocation site.
- When emergency services arrive, provide information about the status of the children, staff and the facility.
- Retain responsibility for the children and staff while the responders are dealing with the emergency.
- Stay available to responders to provide information about the facility.

*Note: Some of the above responsibilities may be delegated as needed.*

b. Staff will:

- Review and assist in keeping plans and checklists current.
- Maintain supervision of children until they are released to parents or guardians.
- Perform special assignments as specified in this plan.

c. Parents are requested to:

- Be familiar with plans and procedures for ensuring safety of the children.
- Tune in to designated local media for information and instructions during an emergency.

## 5. Plan Development, Maintenance and Distribution

a. The Program Director is responsible for:

- The development, execution and maintenance of the emergency plan.
- Annual review and update of the plan.
- Ensure agreements are current with relocation facilities and transportation providers (if applicable).
- Documenting the review on the Record of Changes and Review (page 7).
- Making sure that copies of the plan are distributed.

b. Distribute the Emergency Plan to:

- (*Name of County)* County Emergency Management Agency
- Other related organizations listed below (be sure to include all involved emergency response organizations and any labor organizations representing staff):
- _____
- _____

*Note: The Emergency Plan should be redistributed each time it is revised.*

## 6. Supersession

This plan supersedes all previously developed emergency plans.

OR:

This plan supersedes the plan for (name of 21st CCLC) dated (insert the date of the old plan).

## Protective Actions

### 1. Emergency On-Campus Evacuation Locations

When it is determined that it is unsafe for students and staff to remain at their 21st CCLC site location, an evacuation will be ordered. This type of evacuation requires that the students and staff leave the building **and go to a designated area on the immediate grounds (such as a nearby athletic field)**. In the chart below, indicate if there are multiple groups at the site, where they are normally located and what the primary and secondary evacuation points will be as follows.

| Team or Group | Area of Building | Primary Evacuation Point | Secondary Evacuation Point |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

*Insert map(s) here for both primary and secondary evacuation points.*

*Be sure to include any special instructions or evacuation areas for students with special needs.*

*Consider keeping the secondary evacuation points confidential for the sake of operational security.*

### 2. Emergency Off-Site Evacuation Locations

When it is determined that it is not safe for students and staff to remain at their 21st CCLC site location **or on the immediate grounds**, an off-site evacuation will be ordered. Once all students have been safely accounted for, they will be escorted to the following locations:

| Local Evacuation Sites | Facility Name | Address | Facility Telephone | MOU* on File |
|---|---|---|---|---|
| **Primary Site** | | | | |
| **Contacts:** | | | | |
| **Secondary Site** | | | | |
| **Contacts:** | | | | |

*****An MOU is a Memorandum of Understanding which is an agreement between the 21st CCLC and the facility/property willing to provide shelter in the event of an off-site evacuation. See Appendix I for an example.*

*Insert map(s) here for both primary and secondary evacuation points.*

*Be sure to include any special instructions or evacuation areas for students with special needs.*

*Consider keeping these evacuation sites confidential for the sake of operational security.*

**Transportation:**

Please indicate which of the following scenarios applies to your program.

❑ Students will walk to the evacuation point(s) listed above

❑ Students will take buses to the evacuation point(s)

Number of buses needed _____

Special transport vehicles needed _____

Transportation contractor _____

Transportation contractor's office number _____

Transportation contractor's cell number _____

Alternate Transportation Contractor (for special transport vehicles) _____

Alternate Transportation Contractor's office number _____

Alternate Transportation Contractor's cell number _____

*Insert bus loading procedure here if applicable.*

❑ Private vehicles will be used to transport students to evacuation points. See Appendix H.

### 3. Reverse Evacuation

In the event that an emergency occurs outside requiring students and staff to return to the site location for safety, the closest accessible doors should be used. Be sure that all students and staff know the locations of these doors when they exit the building during program hours.

*Insert map showing door locations.*

### 4. Shelter-in-Place

With the potential of transportation accidents and other emergencies involving hazardous materials, it is likely that the students and staff may be given a direction to shelter-in-place as a protective action.

Upon receiving an emergency alert system or direction from civil authorities (typically county or local emergency management) the following action steps will be taken:

a. An announcement will be made to the site via the public address system (or indicate an alternate method if a public address system is not available) to shelter-in-place.

b. Outside activities will be cancelled and a reverse evacuation ordered.

c. All doors to the facility will be locked and signs (Appendix E) placed on the doors to the facility indicating that the site is sheltering-in-place.

d. _____ will be contacted to shut down the HVAC (heating, ventilation and air conditioning) to eliminate air flow exchange to the outside.

e. Students and staff will be held in the building until given an "all clear" signal from civil authorities.

f. Communications will be maintained with the Program Director.

g. Communications will be maintained with county or local EMA.

h. Parental notification will be made via internal and external notification systems under the communication plan included in this document.

### 5. Shelter

During this protective action, all of the above steps will be taken. However, the **HVAC will not need to be shut down** since there is no threat of hazardous materials entering the ventilation system. *(NOTE: If there is a threat of hazardous materials entering the ventilation system, use the Shelter-in-Place procedures outlined above.)* Students and staff must find a safe area in the building and if they are located outdoors when this protective action is called, a reverse evacuation will be ordered.

### 6. Drop, Cover and Hold

**Tornado Watch:**

a. Program Director and each senior on-site facility person (Primary Commander) will follow commercial television/radio and National Oceanic and Atmospheric Administration (NOAA) weather channels for further updates.

b. Staff may be given a notice of the watch but no protective actions are required during a watch.

**Tornado Warning:**

a. A tornado warning signals that a tornado has been sighted and may be approaching the site. A tornado warning announcement will be made on the public address system (or indicate an alternate method if a public address system is not available).

b. Procedures

- All groups outside the building are to return to the facility and go to their designated safety area (as indicated in the chart on page 18).
- Staff shall proceed with all students to the safety areas and remain there with the students until further notice.
    - Upper floors move to the first floor hallways if time permits. If time does not permit, students will drop, cover and hold in the classroom or hallway.
    - First floor should either relocate to a basement or drop, cover and hold.
- Disabled students who need assistance are to be assisted by the person designated to assist them for building evacuations.
- No student shall be allowed out of his/her designated area unless his/her parent comes to the school and requests that the student be released.
- Children will only be released to a parent or to an individual designated in writing by the parent. In an emergency, a child may be released to an individual upon verbal approval by the parent if the individual's identity can be verified by a staff person.
- Proceed to predetermined shelter areas.
    - Students shall crouch on their elbows and knees and face interior walls with their hands over their necks.
    - Students shall remain quiet to wait for instructions.
    - Staff members shall remain alert for students who evidence signs of stress or panic, and when necessary, move such students to an area where they will not influence other students and remain with them until the "all clear" signal is given.
    - The senior on-site facility person (Primary Commander) shall give the "all clear" signal and provide further directions.
- Areas to be avoided.
    - Spaces that are opposite doorways or openings into rooms that have windows in the exterior walls, and areas with large roof spaces.
    - Interior locations that contain glass, such as doors, windows, display cases and the like.
    - Areas where doors swing. When the storm hits, the doors are likely to swing violently.
    - Corridor intersections (stay at least 10 feet away).
    - Interior walls involving or adjacent to large areas such as gym walls or all-purpose room walls.

| Room or Area | Primary Safety Area | Secondary Safety Area |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |

**Ground Shaking Procedure:**

While most places in Arizona are not in a high frequency or probability zone for earth quakes, should ground shaking begin the following actions should be taken.

a. **DROP down onto your hands and knees** before the earthquake knocks you down. This position protects you from falling but allows you to still move if necessary.

b. **COVER your head and neck** (and your entire body if possible) under a sturdy table or desk. If there is no shelter nearby, only then should you get down near an interior wall (or next to low-lying furniture that won't fall on you), and cover your head and neck with your arms and hands.

c. **HOLD ON to your shelter** (or to your head and neck) until the shaking stops. Be prepared to move with your shelter if the shaking shifts it around.

## 7. Lockdown/Intruders

Lockdown procedures may be implemented in situations involving dangerous intruders or other incidents that may result in harm to persons inside the facility. Local police input should be sought before finalizing the procedures recommended below.

Any staff member can issue a lockdown notification by announcing a warning over the public address system, by sending a messenger to each room, or by sounding a bell or other pre-arranged signal. The Primary Commander should then immediately call 911 for assistance. **In an active shooter situation (or if one is suspected), staff should immediately follow this lockdown procedure even if an announcement has not been officially made.**

**Procedure once a lockdown notification has been given:**

a. Everyone is to stay where they are. *(Note that fleeing from the building **may** be an option if the shooter is not close and a safe route and destination is identified).*

b. Teachers are to follow district protocol and may include:
    - Quickly glance outside the room to direct any students or staff members in the hall into your room immediately.
    - Lock the door.
    - Barricade the room with desks and chairs to prevent entry.
    - Place students against the wall or in the "safe corner," so that the intruder cannot see them if he/she looks in the door.
    - Turn out lights and computer monitors.
    - Keep students quiet.
    - DO NOT open the hallway door for anyone once locked down.

c. Students and staff in the gym should move into a locker room, lock all doors and find a safe area.

d. Any students in the cafeteria or in a hallway should move to the nearest pre-designated classrooms.

e. If students and staff are outside the school building, they should relocate to a pre-designated safe location off-campus. If this is not possible, they should stop, drop and remain still until further notice is given.

f. If staff and students are in the bathrooms, they should move to a stall, lock it and stand on the toilet.

g. Students and staff in the library should remain in the library unless evacuation is a safe alternative. A teacher should lock the doors, turn out the lights and have students relocate to a safe area.

h. Never open doors during a lockdown, even in the event of a fire alarm unless you see smoke. A fire alarm may be a ploy to harm more people.

i. Stay in safe areas until directed to move or evacuate, and escorted by law enforcement officers or the primary commander.

j. Defending your students is a last option if you and your students are in imminent danger of harm. (The Program Director in conjunction with local law enforcement personnel should define specific defense strategies that are permissible.)

## Appendix A: Floor Plans

*Insert scanned floor plans here*

Number the doors on your floor plan and include the following information for each numbered door:

| **Door Number** | **Location/Proximity of:** | **Type of Door**<br>**( ) Single ( ) Double**<br>**( ) Multiple ( ) Roll Up** |
|---|---|---|
| Ex: 1 | Ex: Main entrance | Ex: Multiple |
| | | |
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## Appendix B: Shut-Off Procedures

*NOTE: You may need to obtain this information from the owner of your facility.*

### Fire Alarm Shut-Off Locations and Procedures

Location(s) of Fire Alarm Shut-Off:

Procedures to shut off fire alarm:

| STEP | Procedure | Photo |
|---|---|---|
| 1 | | |
| 2 | | |
| 3 | | |

### Sprinkler System Shut-Off Locations and Procedures

Location(s) of Fire Sprinkler Shut-Off:

Procedures to shut off sprinkler system:

| STEP | Procedure | Photo |
|---|---|---|
| 1 | | |
| 2 | | |
| 3 | | |

### Gas/Utility Line Layouts with Marked Shut-Off Valve Locations

*Insert Drawings*

### Cable Television Entry Locations and Shut-Off Procedures

Location(s) of Cable/Satellite TV Feed Location:

Procedures to shut off cable/satellite:

| STEP | Procedure | Photo |
|---|---|---|
| 1 | | |
| 2 | | |
| 3 | | |

## Appendix C: Control Points and Assembly Areas

### Traffic Control Point(s) (TCP) Insert Map Here

*NOTE: A TCP is a pre-designated location where an assigned individual (which may not be a 21st CCLC employee) will stand to control/direct vehicle traffic. Traffic should be directed to the vehicle staging area listed below.*

### Access Control Point(s) (ACP) Insert Map Here

*Note: An ACP is a pre-designated location where an assigned individual (which may not be a 21st CCLC employee) will stand to control pedestrian traffic. Parents should be directed to the parent staging area listed below and press should be directed to the media staging area listed below.*

### Insert Potential Landing Zones (Helispots) Here:

### List Potential Vehicle Staging Areas:

### List Potential Parent Staging/Holding Areas:

### List Potential Media Staging/Press Areas:

**Appendix D: Notice of Relocation**

# NOTICE OF RELOCATION

TO: All Parent and Guardians of (Name of 21st CCLC)

Effective at _____ on _____
Time Date

All students and staff of this 21st CCLC site have been re-located to:

| |
|---|
| |

For more information, please call_____

**Appendix E: Shelter-in-Place**



# WE ARE SHELTERING-IN-PLACE

# DO NOT ENTER

## CERRADO POR REFUGIO DE EMERGENCIA

## Appendix F: Parent/Guardian Roster

| Staff Member Responsible for Calling | Student Name | Primary Guardian | Primary Contact Phone Number | Secondary Contact Phone Number |
|---|---|---|---|---|
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*NOTE: This document can be used for your post-incident telephone contact tree (see Appendix L). Should you prefer not to use a telephone contact tree post-incident, simply delete the column on the left.*

## Appendix G: Student Release Form – Multiple Students

Incident Date _____ Location _____ Accountability Recorder/Scribe _____

| Student's Name | Grade | Adult Taking Student | Telephone Number | ID Verified | Emergency Contact Form | Notes | Released by |
|---|---|---|---|---|---|---|---|
| | | | | | | | |
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# Appendix H: Sample Emergency Contact Form

| | |
|---|---|
| **CHILD'S NAME** | BIRTHDATE |
| ADDRESS | |
| **MOTHER'S NAME/LEGAL GUARDIAN** | HOME TELEPHONE NUMBER |
| ADDRESS | |
| BUSINESS NAME | BUSINESS TELEPHONE NUMBER |
| ADDRESS | |
| **FATHER'S NAME/LEGAL GUARDIAN** | HOME TELEPHONE NUMBER |
| ADDRESS | |
| BUSINESS NAME | BUSINESS TELEPHONE NUMBER |
| **EMERGENCY CONTACT PERSON(S)** NAME | TELEPHONE NUMBER WHEN CHILD IS IN CARE |
| | |
| **PERSON(S) TO WHOM CHILD MAY BE RELEASED** NAME ADDRESS | TELEPHONE NUMBER WHEN CHILD IS IN CARE |
| | |
| | |
| **NAME OF CHILD'S PHYSICIAN/MEDICAL CARE PROVIDER** | TELEPHONE NUMBER |
| ADDRESS | |
| SPECIAL DISABILITIES (IF ANY) | ALLERGIES (INCLUDING MEDICATION REACTION) |
| MEDICAL or DIETARY INFORMATION NECESSARY IN AN EMERGENCY SITUATION | MEDICATION, SPECIAL CONDITIONS |
| ADDITIONAL INFORMATION ON SPECIAL NEEDS OF CHILD | |
| HEALTH INSURANCE COVERAGE FOR CHILD or MEDICAL ASSISTANCE BENEFITS | POLICY NUMBER (REQUIRED) |
| **PARENT'S SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT** | |
| OBTAINING EMERGENCY MEDICAL CARE / FIRST AID | TRANSPORTATION BY THE FACILITY |
| WALKS AND TRIPS | SWIMMING |

_____ _____

SIGNATURE OF PARENT or GUARDIAN DATE

*NOTE: While a separate form is not included in this Appendix, 21st CCLC sites should also maintain emergency contact information for staff.*

## Appendix I: Private Vehicle Transportation Plan

If it becomes necessary to relocate the children to a safer location and buses are not available, 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:

Owner _____ Type of vehicle _____

Driver _____ # of passengers (including driver) _____

Normal location of vehicle _____

Means of contacting owner _____

Alternate means _____

_____

Owner _____ Type of vehicle _____

Driver _____ # of passengers (including driver) _____

Normal location of vehicle _____

Means of contacting owner _____

Alternate means _____

_____

Owner _____ Type of vehicle _____

Driver _____ # of passengers (including driver) _____

Normal location of vehicle _____

Means of contacting owner _____

Alternate means _____

_____

*Include additional vehicle information is necessary.*

## Appendix J: Memorandum of Understanding

_____ 21st Century Community Learning Center

Memorandum of Understanding (MOU)

Sheltering and Mass Care Facilities

This agreement is made and entered into between the _____ 21st CCLC and Name of the Facility to establish shelter site locations and terms of use in the event of an evacuation of the students and staff of the _____ 21st CCLC Site.

The _____ 21st CCLC Site will make every effort to notify Name of the Facility of evacuation possibilities with as much notice as possible. Contact information between the two parties shall be maintained in a separate appendix and is considered confidential information and is not subject to public disclosure.

Name of the Facility agrees to open their building located at Physical Address of the Facility to provide shelter and assistance to students and staff evacuated during emergency situations when the students and staff have a need to be sheltered. Name of the Facility has a capacity to accommodate approximately ____#__ people.

Name of the Facility understands that their organization will be responsible for opening the building and developing procedures for making the building accessible, including rest rooms and an area with telephone and Internet connection (if available) for the _____ 21st CCLC Site. Furthermore, _____ 21st CCLC Site will provide supervision for all students and staff during the time that the facility is used as an emergency shelter site.

The _____ 21st CCLC Site agrees that it shall exercise reasonable care in the conduct of its activities in said facilities and further agrees to replace or reimburse Name of the Facility for any items, materials, equipment or supplies that may be used by the program in the conduct of its sheltering activities in said facilities.

The _____ 21st CCLC Site will be responsible for replacing, restoring or repairing damage occasioned by the use of any building, facilities or equipment belonging to Name of the Facility.

The _____ 21st CCLC Site will reimburse Name of the Facility for any bona fide expenditure of personnel required to maintain the facility, including overtime costs, upon production of receipts or time sheets. _____ 21st CCLC will not pay any operational or administrative fees to Name of the Facility.

The _____ 21st CCLC Site shall provide any and all releases of information to the press and media. Requests for interviews or information submitted to Name of the Facility shall be directed to the _____ 21st CCLC's Program Director.

The _____ 21st CCLC Site will make every effort to recognize the hospitality of Name of the Facility in any press or media releases pertaining to the re-location and sheltering of students and staff.

Nothing in this MOU is intended to conflict with current laws or regulations of the United States of America, State of Arizona or local government. If a term of this agreement is inconsistent with such authority, then that term shall be invalid, but the remaining terms and conditions of this MOU shall remain in full force and effect.

This agreement shall become effective on insert effective date and may be modified upon the mutual written consent of both parties.

The terms of this agreement, as modified with the consent of both parties, shall be self-renewable for a period of five years from the end date of the agreement unless written termination is given by either party. Either party, upon 60 days written notice to the other party, may terminate this agreement.

The terms of this agreement, as modified with the consent of both parties,

AND NOW, this _____ day of _____ 20____, the parties hereby acknowledge the foregoing as the terms and conditions of their understanding.

| | |
|---|---|
| _____ | _____ |
| Program Director, _____21st CCLC | Authorized Signature, Facility |
| _____ | _____ |
| Date | Date |

## Appendix K: Pre-Incident Communication 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 enrolled 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 attending *(insert name of 21st CCLC).* 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:

1. **Sheltering-in-Place:** Sudden occurrences, weather or hazardous materials related, may dictate that taking cover inside the building is the best immediate response.
2. **Evacuation:** Total evacuation of the facility may become necessary if there is a danger in the building or the area. In this case, children will be taken to a relocation facility. The relocation site will be posted on the door at the time of the emergency and will be based on the size and scope of the incident.

Our tentative parent staging area is _____. In the event of an emergency, please go directly to this area for further information about the incident and instructions for reuniting with your child.

**If you're not sure how to get there, please ask for directions before there is an emergency.**

3. **Modified Operation:** This 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. *Mention any other parent notification system that you have in place (such as a telephone contract tree).*

We ask that you not call during the emergency. This will keep the main telephone line free to make emergency calls and relay information.

*The Program Director may provide an alternate phone number (i.e. cell phone number, etc.) to call in an emergency event.*

An Emergency Contact Form is included with this letter for you to complete and return no later than *(insert reasonable response time here).* The form designates who is authorized to pick up your child and will be used every time your child is released. Please ensure that only those persons you list on the form attempt to pick up your child.

I realize that emergency circumstances may require changes to your plans, but I urge you to not attempt to make different arrangements if at all possible. This will only create additional confusion and divert staff from their assigned emergency duties.

In order to ensure the safety of your children and our staff, I ask for 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,

_____

*Program Director*

## Appendix L: Post-Incident Communication Plan

In the event of an emergency, staff should remain focused on following the procedures outlined in this emergency plan in order to ensure the safety of their students. Upon receiving an emergency alert or direction from civil authorities (typically county or local emergency management), communication can be disseminated to parents and guardians according to this plan.

1. Set up a telephone call tree, password-protected page on your 21st CCLC website, email alert or utilize an automated calling system if one is available.
2. If you choose to use a telephone call tree, utilize Appendix F.
3. Before calls are made, the Primary Commander at the site should indicate to staff what information to share (which should include the location of the parent staging area). Staff should only share the information that they have been authorized to share.
4. Plan how you will communicate with people who are hearing-impaired, have other disabilities, or who do not speak English.
5. The day after the emergency or as soon as possible, the 21st CCLC Program Director should consider sending a letter to parents further explaining the incident, how it was handled and what services (if any) may be available to assist students and parents.

## Appendix M: Emergency Go-Kits and Supplies to consider

This list contains the **minimum** items you should have in your facility in case of an emergency.

*(Go-Kit items should be packed in a backpack or other container that is mobile in the event of an evacuation and be located in a central and easily accessible location.)*

Location of Emergency Go-Kits: _____

Locations of Additional Emergency Supplies: _____

**Go-Kit**

- ❑ Copies of the Parent/Guardian Roster
- ❑ A copy of the 21st CCLC Basic Emergency Plan
- ❑ Student Release Forms
- ❑ Emergency Contact Forms for all children and staff
- ❑ Special medical needs instructions for children and staff (if applicable)
- ❑ Flashlights with extra batteries (optional: light sticks)
  *Long-life, emergency flashlights*
- ❑ Battery-operated radio and extra batteries
  *AM/FM, weather band/TV band*
- ❑ Sunblock and insect repellant
- ❑ First Aid Kit
  *Add gloves, tissues and toilet paper*
- ❑ Notepad, pens/pencils, and fine point permanent markers (optional: clipboard)
- ❑ Scissors
- ❑ Hand-sanitizer and cleansing agent/disinfectant
- ❑ Whistle with lanyard
- ❑ Disposable cups
- ❑ Wet wipes

**In the Center, in general**

- ❑ At least one charged cell phone
- ❑ One gallon of water for every four children and staff
- ❑ Disposable cups
- ❑ Non-perishable food items like granola bars, cereal, crackers, cans of fruit, etc. (food should be nut-free in case of allergies).
- ❑ Extra supplies of critical medication (such as insulin, epi-pens, etc.) for children and staff
- ❑ Trash bags
- ❑ Duct tape

## Appendix N: Important Information to Provide To 9-1-1

**What is the Emergency?**

1. Police
2. Fire
3. Medical

**What is the location?**

We are in _____ (City) Street Address is _____

**Our Call-Back Phone Number is _____**

**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.
- Until someone from public safety arrives, you are the most current and reliable information available to the first responders coming to help you.

**CONFIDENTIAL – DO NOT POST-FERPA**

**A**ppendix O: Persons with Special Needs

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

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? _____ If so, what are they?_____

How the need is accommodated during normal 21st CCLC operations_____

Will this accommodation be available during a shelter-in-place or evacuation? _____

---

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? _____ If so, what are they?_____

How the need is accommodated during normal 21st CCLC operations_____

Will this accommodation be available during a shelter-in-place or evacuation? _____

---

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? _____ If so, what are they?_____

How the need is accommodated during normal 21st CCLC operations_____

Will this accommodation be available during a shelter-in-place or evacuation? _____

## Appendix P: Control Points Emergency First Steps

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

| TYPE OF HAZARD | THINGS TO CONSIDER | POSSIBLE PROTECTIVE ACTION |
|---|---|---|
| **Hostile Intruder** | Is the intruder possibly violent?<br>Is there time to move the children?<br>Is there a safer place for them? | • Flight<br>• Lockdown<br>• Defend |
| **Tornado/Severe Storm** | Does it threaten us?<br>Is there a recommended protective action?<br>How much time do we have? | • Drop, Cover, Hold |
| **Winter Weather** | Do we have time to send everyone home?<br>Is it safe to go outside?<br>Is it safe to travel? | • Early Dismissal / Cancel Program<br>• Extend Program |
| **Hazardous Material/ Nuclear Power Plant Incident** | Does it threaten us?<br>Is there a recommended protective action?<br>How much time do we have? | • Evacuation<br>• Shelter-in-Place |
| **Fire** | Where in the building is it?<br>Does it threaten us? | • Evacuation |
| **Utility Failure** | Is the building safe?<br>Do we have time to send everyone home?<br>Is it safe to go outside? | • Evacuation<br>• Early Dismissal |
| **Flooding** | Is the building in danger?<br>Is it safe to go outside?<br>Is it safe to travel? | • Early Dismissal<br>• Evacuation<br>• Extend Program |
| **Earthquake** | What parts of the building are damaged?<br>Is it safe to continue operations in the building<br>Is it safe to move? | • Drop, Cover, Hold<br>• Evacuation (if building unstable) |
| **Building Damage** | What parts of the building are damaged?<br>Is it safe to continue operations in the building<br>Is it safe to move? | • Evacuation (if building unstable)<br>• Early Dismissal |
| **Civil Disturbance/Violence Outside** | Does it threaten us?<br>Might it get worse?<br>Is it safe to go outside? | • Lockdown<br>• Evacuation |

## Checklist A: Semi-Annual or Annual Self-Check

**Print Student Roster and Place in Binder**

Have an updated list of all enrolled students and their guardians (Appendix F) and their emergency contact forms (Appendix H).

☐ NO ☐ YES Has the Parent/Guardian Roster been updated? (Appendix F)

☐ NO ☐ YES Have all Emergency Contact Forms been submitted? (Appendix H)

**Review Inside Safe Assembly Areas (Basic Emergency Plan, p. _____)**

Review the location of Safe Assembly Areas inside your facility with your staff. These will be used to shelter from severe weather or to move children away from rooms on the perimeter of the school.

☐ NO ☐ YES Safe assembly areas inside school identified and reviewed with staff?

**Review On-Campus Evacuation Areas (Basic Emergency Plan, p. ____)**

Review the on-campus evacuation plan on p. 14 to ensure it is still viable. If so, review with staff. If not, make necessary edits and then review changes with staff.

☐ NO ☐ YES On-campus evacuation areas have been identified and reviewed with staff?

☐ NO ☐ YES On-campus evacuation areas shared with students?

**Review Off-Site Evacuation Areas (Basic Emergency Plan, p. ____)**

Review the off-site evacuation plan on p. 14 to ensure it is still viable. If so, review with staff. If not, make necessary edits and then review changes with staff.

☐ NO ☐ YES Off-site evacuation areas have been identified and reviewed with staff?

*(NOTE: Consider if you want to share off-site evacuation locations with students and parents in advance. For the sake of security, this information may be kept confidential. If you choose to share this information in advance with students and parents, add these line items to the checklist directly above this note.)*

**Check and Replenish Contents of Emergency Go-Kit**

Have a Go-Kit for use in case of an emergency. Replenish any items that have been used. Always provide new batteries for flashlights. Take this kit with you if you evacuate the building. Especially make sure these items are inside the backpack/portable container.

☐ NO ☐ YES Updated copy of the Parent/Guardian Roster

☐ NO ☐ YES Student Release Form

☐ NO ☐ YES Fresh batteries

☐ NO ☐ YES Updated List of Persons with Special Needs (Appendix O)

**Check Emergency Resources at Your Facility**

Verify, at the beginning of each program year, that all classrooms and other occupied rooms in the facility have a posted Emergency Evacuation Diagram (map) and other program-specific procedures, maps or responsibilities.

☐ NO ☐ YES Program-specific procedures, maps and/or responsibilities have been disseminated to appropriate staff and/or have been posted in appropriate areas.

☐ NO ☐ YES Evacuation diagram posted in all classrooms and other occupied rooms

**Review Student-Parent Reunion Procedure**

With the Student-Parent Reunion Coordinator, review the procedure to sign out students to parents or authorized individuals in the event of a serious emergency. You will need to identify a location(s) and establish a process for reuniting students and parents.

☐ NO ☐ YES Location(s) identified and procedure to reunite students and parents developed?

**Identify Disabled Individuals Needing Evacuation Assistance and Share Evacuation Plan**

Identify any student or staff member who may need evacuation assistance (e.g., individuals who are in wheel chairs or unable to use stairs). Develop a specific plan for their evacuation and designate a staff member to assist the student in getting to the evacuation area. The designated staff member may need to transfer their students to another staff member to remain with the disabled student until they are evacuated. The Primary Commander must:

- Identify students or staff needing evacuation assistance.
- Develop an evacuation plan for <u>each</u> student or staff member.
- Share these evacuation plans with appropriate staff.
- Put list of individuals with special needs in the Go-Kit.

☐ NO ☐ YES Evacuation plans for special needs students given to key staff?

☐ NO ☐ YES List of students with special needs (Appendix O) in Go-Kits?

## Checklist B: Direction and Control Operations

***Emergency Management***

*The direction and control activities outlined in this checklist apply to all emergency situations. Some of the activities, to include annotating when tasks are completed, may be assigned to individual staff. It is important that each person know what (s)he is responsible to do.*

| | |
|---|---|
| **Considerations for Protective Action Decision**<br>*Evacuation may not be the best decision. Sudden occurrences (explosions, tornadoes, etc.), violent storms/weather conditions, hazardous materials events, and an armed intruder or suspicious person outside may make sheltering options the best choice.* | |
| | Monitor Weather Radio. |
| | Gather information from sources in the facility about the emergency. |
| | Gather information about the emergency from county/local emergency management agency and emergency services. |
| | Consider: Is there time to evacuate? |
| | Consider: Is it safe outside? |
| | Consider: Is there time to send the children home? |
| | Consider: Are the children's homes in a dangerous area? |
| | Consider: Can the children and staff be safe inside the building? |
| | Consider: How long will this event last? |
| | Identify children whose homes are not in safe areas. |
| | Identify the appropriate protective action. |
| | Notify staff of protective action decision. |
| | Notify parents of protective action decision **if time permits.** |
| **Modified Activities**<br>*Emergencies may not affect those protected inside the facility, but may require adjustment of schedule, early dismissal or cancellation of certain activities.* | |
| | Cancel all out-of-building activities. |
| | Determine the extent of cancellations and schedule modifications. |
| | Make provisions to keep those children whose homes are not in a safe area. |

## Checklist C: Protective Actions

***Emergency Management***

*Following are procedures to accomplish one of the following pre-planned protective actions.*
*NOTE: Go-Kits should be pre-prepared to accompany you wherever you need to go.*

| Completed or N/A | Item |
|---|---|
| **On-Campus Evacuation**<br>*Some emergencies require that everyone leave the facility as soon as possible. There normally isn't time to arrange transportation or get to another facility. Immediate activation moves everyone to a safe "assembly area" outside, but near the facility.* | |
| | Sound alarm. |
| | Ensure that the pre-designated assembly area (*location*) is safe. |
| | Post evacuation monitors in hallways and at doors (if extra staff are available).<br>Name: *(list name of staff member)* Location: (*list location )*<br>Name: *(list name of staff member)* Location: (*list location )* |
| | Lead children in an orderly fashion out of the building to the designated assembly area. |
| | Ensure that children/staff who need help getting out have been evacuated. |
| | Take attendance as soon as the children arrive in the assembly area. |
| | Move "Go Kits" medications and special needs equipment to assembly area (time permitting). |
| | Notify 9-1-1. |
| | Move to another shelter if the assembly area is exposed to inclement weather. |
| | Maintain control of the children until instructed to return to facility or go to another location. |
| | If safe, search building to ensure that everyone is out (if staff are available for this task).<br>Search Team Members: *(list name of staff members)*<br>*(list name of staff member)* |
| | Brief emergency services when they arrive onsite. |
| | Determine if the building is safe from any hazards prior to returning to the facility (request expert advice/assistance as appropriate). |
| | Sound "all clear" signal (*what will the signal be?)*. |
| | Brief emergency services regarding final status. |

| **Off-Site Evacuation**<br>*If the entire campus is unsafe, it may be necessary to move the children and staff to another facility that is further away. It's convenient if that "relocation facility" is another school or child care center because it has facilities and equipment. If nothing else is available, the community may have evacuation shelters established.* | |
|---|---|
| | Notify relocation facility (*name, phone number*). |
| | Call for pre-planned transportation vehicles (if needed). Or utilize the private vehicle transportation plan. |
| | Take attendance for accountability and to determine exact number of transport seats needed. |
| | Transportation arrives at the facility. |
| | Notify county emergency management agency (*phone number*) of failure in transportation resources (if applicable). |
| | Give each driver a map to relocation facility in case vehicles get separated. Attach appropriate maps to this checklist. |
| | Load Go Kits, medications and special needs equipment. |
| | Ensure that all children and staff, including those who need assistance are aboard the transportation and arrive in shelter areas. |
| | Post Notice of Relocation (Appendix D). |
| | Take attendance for accountability before transportation departs. |
| | Transportation departs for relocation facility. |
| | Take attendance for accountability when you arrive at relocation facility. |
| | Move children to areas designated for their use at relocation facility. |
| | Retain supervision and accountability for all children. |
| | Notify parents of the relocation of children as time permits. |
| | Sound "all clear" signal (*what will the signal be?*). |

| **Shelter in Place (Hazardous Materials)**<br>*If the emergency makes it unsafe to go outside and there is sufficient warning time, it's best to move the children to a spot in the facility that offers the best protection. It may be necessary to stay there for several hours or even a few days.* | |
|---|---|
| | Ensure that designated shelter areas are ready to receive and shelter children and staff. |
| | Staff move their assigned children to the pre-designated shelter areas. |
| | Ensure that children/staff who need help moving have arrived in shelter areas. |
| | Take attendance to establish accountability for all children and staff. |
| | Remain in place and await further instructions from designated staff person or emergency services. |
| | Notify 9-1-1. |
| | Go Kits, medications and special needs equipment are moved to shelter areas. |
| | Maintain control of the group until instructed to move to another location. |
| | Close windows, blinds, drapes and doors to impede debris from becoming missiles. |
| | Close air intakes for HVAC. |
| | Reduce all other sources of external air. |
| | Take attendance as soon as everyone arrives in the shelter area. |
| | Time permitting, place food and beverages in closed containers. |
| | Brief emergency services when they arrive onsite. |
| | Provide meals/snacks to sheltered children and staff if the duration of the emergency warrants. |
| | Determine building is safe from any hazards prior to returning to normal operations (request expert advice/assistance as appropriate). |
| | Sound "all clear" signal (w*hat will the signal be?*). |

| | |
|---|---|
| **Shelter (Non-Hazardous Materials)**<br>*If there is not sufficient time to move the children to the safest spot in the facility (tornado), whatever shelter is available at or near the children's classroom should be used.* | |
| | Sound alarm. |
| | Unlock doors to closets and utility spaces designated as shelters. |
| | Move the children to the closest shelter areas. |
| | Move Go Kits, medications and special needs equipment to shelter area (time permitting). |
| | Close windows, blinds, drapes and doors to block debris from becoming missiles. |
| | Notify 9-1-1. |
| | Take attendance as soon as the immediate hazard passes. |
| | Maintain control of the children until instructed to move to another location. |
| | Brief emergency services when they arrive on-site. |
| | Search building for hazards. |
| | Sound "all clear" signal (w*hat will the signal be?*). |
| **Drop, Cover and Hold** | |
| | Evacuate students from the building if the building is unsafe. Take emergency supplies. |
| | Check for missing students. |
| | Be sure that students are supervised at all times. |
| | Upon arrival at prearranged safe site, take attendance. |
| | Inspect all utilities for leaks. Shut off the mains of any known or suspected leaking utilities. |
| | Follow parent-child reunification process. |
| **Lockdown** | |
| | Sound alarm (w*hat will the signal be?*) to lock all doors and shelter children at facility. |
| | Notify 9-1-1. |
| | Police search building to find intruder. |
| | Notify parents. |
| | Sound "all clear" signal (w*hat will the signal be?*). |