

Appendix A

EMERGENCY CONTACT INFORMATION

Name of Facility:	License #
Phone Number:	Alternate Phone Number:
Location Address:	
Major Cross Streets:	

Name and phone number of contact person:
Alternate phone number of contact person:
Email:

Local contact name and phone number:
Email:

Local contact name and phone number:
Email:

Local contact name and phone number:
Email:

Out of area contact name and phone number:
Email:

Out of area contact name and phone number:
Email:

Date Revised:

Appendix B

CHILD CARE FACILITY EMERGENCY NUMBERS

Organization	Agency Name	Emergency Phone	Non-emergency phone
Medical Emergency		911	
Police		911	
Fire		911	
Emergency Rescue		911	
Local Hospital			
Poison Control		1-800-222-1222	
Division of Early Care and Learning			303-866-5948
Licensing Specialist		303-866-5948	
Emergency Contact			
Animal Control			
Division of Wildlife			
Local Red Cross			
Local Emergency Management			
Local Child Care Referral Agency			
Child Care Food Program			
Local Early Childhood Council			
Report a gas leak		911	
Report an power outage			
Report a water leak			
Insurance Company			

Appendix C

Evacuation Locations

Emergency Evacuation Location #1, within walking distance of the child care facility:

Name, address and telephone number of evacuation location #1:

Walking directions from the child care facility to evacuation location #1 (attach a map):

Alternate walking directions to evacuation location #1 (attach a map):

Emergency Evacuation Location #2, Two to Five (2-5) miles from the child care facility:

Name, address and telephone number of evacuation location #2:

Driving directions from the child care facility to evacuation location #2 (attach a map):

Alternate driving directions to evacuation location #2 (attach a map):

Emergency Evacuation Location #3, Two to Five (2-5) miles from the child care facility:

Name, address and telephone number of evacuation location #3:

Driving directions from the child care facility to evacuation location #3 (attach a map):

Alternate driving directions to evacuation location #3 (attach a map):

Appendix D

SAMPLE PARENT NOTIFICATION

Name of Facility: _____ License # _____

Address: _____

Major cross streets: _____ & _____

Phone number of Facility: _____

Name and Cell phone # of contact person: _____

Email: _____

Secondary contact phone # _____

Email: _____

In the event of an evacuation specific to the child care facility, the staff and children will evacuate the building and gather

at: _____

In the event of a local evacuation, the staff and children will be transported or walk

to: _____ located

at: _____

In the event that the child care facility must be evacuated due to an emergency in the immediate area, the staff and children will be transported

to: _____ located

at: _____

**In the event that the staff and children are evacuated to a shelter due to a pre-evacuation or mandatory evacuation location every attempt will be made to inform parents of the shelter location as soon as staff and children have been safely evacuated.

Parent name

Date

Parent Signature

Appendix E

Portable Go-Kit Checklist

(Each classroom should have at least one backpack kit)

In case of an emergency evacuation, it is critical that every classroom and the administration maintain a “go kit,” which is a self-contained and portable stockpile of emergency supplies, often placed in a backpack and left in a readily accessible but secure location so that it is ready to “go.” The child care facility disaster plan should reference the go kits and note the personnel who is responsible for maintaining and replenishing them. The Shelter in Place kit should contain everything in the short term emergency list in addition to those items listed in the shelter in place column. Go to <http://www.ready.gov/kit> for more information.

	Go Kit-Short Term Emergency (easily carried in backpack or other portable container)	Emergency Kit-Shelter in Place (prepared for up to 3 days)
Administrative Papers	<ul style="list-style-type: none"> ✓ Attendance list ✓ Emergency information on each child in a small notebook or on cards including: list of children by classroom that includes children’s special or medical needs ✓ Current children’s emergency medical authorizations ✓ Current list of staff ✓ Emergency plans and number ✓ Relocation site agreements and Maps ✓ Copy of emergency procedures ✓ Emergency Transportation Permission ✓ Essential financial/continuity of business records for facility placed on external drives 	<ul style="list-style-type: none"> ✓ Attendance list ✓ Emergency information on each child in a small notebook or on cards including: list of children by classroom that includes children’s special or medical needs ✓ Copy of emergency procedures ✓ Current children’s emergency medical authorizations ✓ Current list of staff ✓ Emergency plans and number ✓ Copy of emergency procedures
Water	<ul style="list-style-type: none"> ✓ One gallon of water for every four children/staff 	<ul style="list-style-type: none"> ✓ ½ gallon of water per child and 1 gallon per adult, enough for approximately 3 days ✓ Water purifications tables/regular bleach/eye dropper/cheesecloth
Food	<ul style="list-style-type: none"> ✓ Non-perishable food items such as granola bars and crackers ✓ Formula and jarred baby food for infants ✓ Disposable cups 	<ul style="list-style-type: none"> ✓ Non-perishable food items such as canned fruit and meat ✓ Appropriate eating utensils ✓ Special food for infants ✓ Manual can opener
Clothing and Bedding	<ul style="list-style-type: none"> ✓ Diapers/wipes(and plastic bags for disposal) ✓ Extra children’s clothing ✓ Infant and child size blankets 	<ul style="list-style-type: none"> ✓ Diapers/wipes(and plastic bags for disposal) ✓ Change of clothes per person ✓ Extra bedding/blankets ✓ Extra children’s clothing
First Aid	<ul style="list-style-type: none"> ✓ Small, portable first aid kit ✓ Any needed medications 	<ul style="list-style-type: none"> ✓ Large first aid kit ✓ Any needed medications

Sanitation	<ul style="list-style-type: none"> ✓ Diapers and wipes (and plastic bags for disposal) ✓ Toilet paper ✓ Hand sanitizer ✓ Paper towels/moist towelettes 	<ul style="list-style-type: none"> ✓ Diapers and wipes (and plastic bags for disposal) ✓ Hand soap ✓ Plastic bags (varied sizes) ✓ Toilet paper ✓ Hand sanitizer ✓ Paper towels/moist towelettes
Comfort	<ul style="list-style-type: none"> ✓ At least one age appropriate play activity/books ✓ Blankets 	<ul style="list-style-type: none"> ✓ Several age appropriate play activities/books ✓ Blankets/soft comfort items
Safety	<ul style="list-style-type: none"> ✓ Evacuation crib/strollers/wagons with heavy duty wheels for transporting infants and toddlers ✓ Flashlight with batteries ✓ Pencils and paper ✓ Battery operated radio ✓ Whistle to signal for help ✓ Tarp or ground cover 	<ul style="list-style-type: none"> ✓ Flashlight with batteries ✓ Matches and candles ✓ Duct tape, plastic sheeting and scissors (for sheltering-in-place) ✓ Utility knife (stored safely away from children) ✓ Pencils and paper ✓ Battery or hand crank radio ✓ Whistle to signal for help ✓ Wrench or pliers to turn off utilities and instructions for shutting off utilities, if necessary
Communication	<ul style="list-style-type: none"> ✓ Weather radio and extra batteries ✓ Battery operated or hand crank radio ✓ Cell phone w/ extra charger ✓ Cash/coin/calling card/credit card 	<ul style="list-style-type: none"> ✓ Walkie-talkie ✓ Pens/pencils and paper ✓ Battery operated or hand crank radio ✓ Weather radio and extra batteries ✓ Cell phone w/ extra charger ✓ Non electric landline phone

First Aid Kit Checklist

Items:	Date Replenished
Band-Aids	
Tissue/Kleenex	
Hand sanitizer	
Disposable gloves	
Sterile gauze pads, flexible rolled gauze and tape	
Triangular bandages	
Thermometer	
Cold pack	
Small splints	
Safety pins	
Eye dressings	
Sterile saline solution	
Soap	
Re-sealable plastic bags (one gallon size) for soiled materials	
Pen/pencil and notepad	
Emergency phone numbers	
Emergency medications or supplies prescribed for each child with special health needs	
Current First Aid Guide (Academy of Pediatrics or American Red Cross)	

Appendix F

SAMPLE EMERGENCY RELOCATION SHELTER AGREEMENT

I hereby give permission for _____ (child care facility) to use _____ my home or _____ my business located at:

_____ as an emergency evacuation location. I understand there may be: _____ (#) adults and _____ (#) children evacuated to this location.

Contact Name: _____

Contact Phone # _____ Email: _____

If this is a business location, normal hours of operation: _____

Major cross streets _____ & _____

Directions from child care facility to relocation shelter:

This agreement will remain in effect until _____ (date). The agreement may be terminated only with written notification to each party.

Printed Name of Child Care Facility Representative

DATE

Signature of Child Care Facility Representative

Printed Name of Shelter Representative

DATE

Signature of Shelter Representative

Appendix G

Create a detailed interior and exterior floor plan of your facility that includes:

- All rooms used by children
- All emergency exits
- Evacuation meeting place outside of the building
- Interior rooms/areas (without windows, on the lowest level of the facility, if possible)
- Location of Go kits
- Location of first aid kits
- Location of all fire extinguishers
- Location of portable records and files
- Location of shut off valves for gas, electricity and water

Appendix H

EMERGENCY TRANSPORTATION PLAN

Date

Name of Child Care facility:	
Address:	
Contact Person	Phone Number

Total capacity of child care facility:
Infants under the age of 1 year:
Toddlers under the age of 2 ½ years:
Preschool children between 2 ½-5 years:
School Age children between 5-18 years:
Total # of staff:

Are there enough vehicles to evacuate all children and staff safely? ___yes ___no

Are there enough car seats? ___ yes ___ no

How many car seats will be necessary to safely transport children?

Rear-facing _____ (Regardless of weight, children under 1 year old are required to be in a rear-facing seat and secured in the back seat of the vehicle).

Forward-facing _____ (Child must be at least 20 pounds to sit in a forward-facing seat. The seat that is used must be used correctly and follow the weight/height limits according to the manufacturer's instructions).

Booster Seats _____ (Regardless of age, restrain your child in a car seat or booster seat until they are about 57" (4'9"). A child's height is the best predictor of proper seat belt fit).

Is there alternate transportation immediately available? ___yes ___no

If not, who will provide transportation? _____

**Appendix K
APPEAL FORM**

Date: _____ License #: _____

Facility Name: _____

Facility Location Address: _____ City/Zip: _____

Facility Mailing Address: _____ City/Zip: _____

Your Name: _____ Telephone No. _____

Check Type of Facility:

- | | |
|---|---|
| <input type="checkbox"/> Family Child Care Home | <input type="checkbox"/> School-age Child Care Center |
| <input type="checkbox"/> Child Care Center | <input type="checkbox"/> Day Treatment |
| <input type="checkbox"/> Preschool | <input type="checkbox"/> Children's Resident Camp |

Licensed Capacity and Ages: _____

License Dates if Provisional/Probationary: _____

OR Anniversary Date if Permanent License: _____

Date of last visit by a representative of this Department: _____
(Attach copy of Report of Inspection)

What is the date this hardship was created? _____

Pandemic Appeal Request date: _____

***Note: Request for waiver must be submitted within 60 days of the date on which the rule allegedly was too stringently applied or created the hardship.**

List the specific rule(s), BY NUMBER, for which waiver is requested and briefly describe the issue(s).

Please describe the specific hardship to you, or the children and families of your community that compliance would create.

Print using black or blue ink. If additional space is needed, please use an 8 ½ x 11 sheet of paper. Do not write on reverse side of this sheet of paper.

Instructions for Completing the Appeal Form

1. Please complete the form on the reverse. Attach any additional information you feel the panel may need as they consider your request.

Family Care Homes must attach the “Weekly Schedule of children’s attendance” form. Family Child Care providers must also include any children under the age of 12 who are also residents of the family child care home.

Below is a listing of exhibits or information you may attach for the appeal panel to consider:

Current Report of Inspection	
Detailed letter from you	Staffing patterns
Floor plan of the facility	Letters from affected parents
Documentation re: education, experience	Letters of support
Health or Fire Department Inspection	Photos
Any other pertinent information	

2. Send the completed form and any attachments to the address below:

Child Care Licensing Appeal Panel
Division of Early Care and Learning
Colorado Department of Human Services
1575 Sherman Street, 1st Floor
Denver, Colorado 80203-1714

3. Appeals are heard by the panel the month after they are received. Decision letters are mailed approximately 10 days after the panel meets. Panel meetings are paper review only and personal testimony is not heard. Be sure that you are including all information you want considered for this meeting.
4. Consult the General Rules for child Care Facilities at 7.701.13 for more information or contact your licensing worker if you have any questions about this form or the appeal process.

Note: If the form is not completed properly and all relevant information included it will cause a delay in a decision regarding your waiver request.

The information contained in this request for a waiver is accurate and all relevant information has been included. I understand that providing false information to the Colorado Department of Human Services could result in my being fined as much as \$100 a day to a maximum of \$10,000. **THIS FORM MUST BE SIGNED AND DATED TO BE PROCESSED.**

Signature

Date