

Facility Name:

Facility Address: Facility Phone:

Family Home Provider Emergency Plan Post this plan and children's emergency contacts near your phone!

Provider Main Contact Name:		
Emergency Kit Location(s):		
Number of Children Served:		
	my cell phone for each child in my care. econtact information for emergencies a	These numbers are also in the emergency kit. nd post near the phone.
Contact Name	Phone	Email/Web Site
Fire/Rescue (911)		
Police (911)		
Fire (911)		
Hospital		
Poison Control Poison Center		
Electric Company		
Gas Company		
Water Company		
Staff and volunteers are train	ned to implement this emergency plan.	
Emergency drills are practiced at least twice each year. Date: Date:		
Evacuation: In case of the need to evacuate the home, we will go to: Location in the neighborhood: Location out-of-neighborhood:		
Directions to get there:		
We will get there by: Car	Walk/Stroller/Wagon, etc.	Other:
Shelter in place: In case of the n shelter in this safe location in the	· · ·	ency, or notification from authorities, we will
Lock – down: In case of threater Locking all doors and window Moving to an interior room		safety of children and adults is assured by Gathering emergency kit and supplies
books and materials to keep child Special plans for infants and t	dren occupied; radio with batteries; flasl	Iren with chronic medical conditions: Medication;

Parents: In case of the need to evacuate or when parents/guardians are unable to get to children, families are provided

5/25/16 For more information on Emergency Preparedness, http://www.ct.gov/oec/cwp/view.asp?a=4542&q=545156

After an emergency, if I cannot provide care in my home, I will use this location:

Information on each evacuation site

My contact information including cell phone and home phone