

Facility Name:

Facility Address:

Facility Phone:

Provider Main Contact Name:

Emergency Kit Location(s):

Number of Children Served:

A contact number is stored	in my cell phone for each child in my car	re. These numbers are also in the emergency kit.	
Emergency Contacts: Identify th	e contact information for emergencies a	and 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 trai	ned to implement this emergency plan.		
Emergency drills are practic	ed 4 times each year. Date: Da	ate: 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 need to stay put due to a weather emergency, or notification from authorities, we will shelter in this safe location in the home:			
Lock – down: In case of threater Locking all doors and windov Moving to an interior room		safety of children and adults is assured by: Gathering emergency kit and supplies	
books and materials to keep chil	dren occupied; radio with batteries; flas	dren with chronic medical conditions: Medicati	
 Information on each evacuation After an emergency, if I cannot an emergency if I cannot an emer	tion site 🔲 My contact information in not provide care in my home, I will use the set of the set o		