EMERGENCY RESPONSE PLAN

Provider's	name:	Child's name:	
Provider's	address:		
Provider's	Phone number:		
Evacuation	on Plans		
If there is	an emergency that requires an evacuation of the emergency is limited to the immediate take the children to (phore that is (phore the emergency is limited to the immediate take the children to (phore take the children to	diate area but children cannot stay in the	e home, I will(address)
•	If the emergency covers a larger area so children can not stay in the area, I will to (facil	•	
•	If an emergency requires a larger area edesignated by emergency personnel. If it is too far to walk, I will transport the edesignated by emergency personnel.		
Emergen	cy Preparedness Plan		
•	If there is an emergency where "Shelter- or notified that conditions are safe. I will	oom/place) in the home and remain the	re until rescued
•	"Shelter-in-place" supplies are kept the home).		
•	I will check supplies every month and do	ocument on a Shelter-in-Place Drill form	ı .
•	Mobile emergency kit supplies are kept within the home). I will check supplies a	and practice monthly drills and record or	(location

Fire/Emergency Drill form. I will maintain supplies that are appropriate for the ages of children in my care.

- In any emergency, I will contact Family/Emergency contacts to make plans to reunite the parent and child.
- I will stay with the children at all times during the emergency. I will check and record time and attendance before evacuation and whenever children are moved. I will bring any necessary medications, supplies, and essential emergency records/documents for the children.
- I will train all adults who help care for the children about the emergency plans and procedures.
- I will post emergency evacuation and shelter-in-place routes and procedures in my home.
- I will review my emergency response plan every six months.

Communication/Notification Plan

- I will talk to parents about my emergency plans or any changes in the emergency plan.
- I will update emergency contact information every six months with parents/guardian.
- I will notify parents by calling work, home, and/or cell phones, blackberries, pagers, e-mail or fax numbers as applicable.
- The plan will include current phone numbers and names of individuals at the parent's work site who can locate the parents if they are not at their work phones.
- If parents can not be reached, I will contact the friends, relatives and neighbors who are authorized to pick up a child in an emergency.

I will try to iden	I will try to identify an out of town contact person that can be reached by phone or e-mail:					
		(name),	(phone),			
	In the event that I receive different instructions from emergency personnel, I will make every attempt to contact parents/guardians/emergency contacts with the alternate plans.					
Provider's Signature	Parent's	s Signature	Date			
Provider is responsible for k	eeping emergency respons	e plan information current w	ith parents or guardians.			
Provider's Signature:						
6 Month Review	Parent's Initials	1 year Review	Parent's Initials			