

# EMERGENCY DISASTER PLAN FOR CHILD CARE CENTERS

## ***INSTRUCTIONS:***

*Post a copy in a prominent location in facility, near telephone.  
Licensee is responsible for updating information as required.  
Return a copy to the licensing office.*

|                                   |       |                           |           |
|-----------------------------------|-------|---------------------------|-----------|
| NAME OF FACILITY                  |       | ADMINISTRATOR OF FACILITY |           |
| FACILITY ADDRESS (NUMBER, STREET, | CITY, | STATE,                    | ZIP CODE) |
|                                   |       | TELEPHONE NUMBER<br>( )   |           |

### **I. ASSIGNMENTS DURING AN EMERGENCY (USE REVERSE SIDE IF ADDITIONAL SPACE IS REQUIRED)**

| NAME(S) OF STAFF | TITLE | ASSIGNMENT                         |
|------------------|-------|------------------------------------|
| 1.               |       | DIRECT EVACUATION AND PERSON COUNT |
| 2.               |       | HANDLE FIRST AID                   |
| 3.               |       | TELEPHONE EMERGENCY NUMBERS        |
| 4.               |       | TRANSPORTATION                     |
| 5.               |       | OTHER (DESCRIBE)                   |
| 6.               |       |                                    |

### **II. EMERGENCY NAMES AND TELEPHONE NUMBERS (IN ADDITION TO 9-1-1)**

|                           |                              |
|---------------------------|------------------------------|
| POLICE OR SHERIFF         | OFFICE OF EMERGENCY SERVICES |
| RED CROSS                 | POISON CONTROL               |
| HOSPITAL(S)               | OTHER AGENCY/PERSON          |
| CHILD PROTECTIVE SERVICES |                              |
|                           |                              |

### **III. FACILITY EXIT LOCATIONS (USING A COPY OF THE FACILITY SKETCH [LIC 999] INDICATE EXITS BY NUMBER)**

|    |    |
|----|----|
| 1. | 2. |
| 3. | 4. |

### **IV. TEMPORARY RELOCATION SITE(S) (IF AVAILABLE, SUBMIT LETTER OF PERMISSION FROM RENTER/LEASSOR/MANAGER/PROPERTY OWNER)**

|      |         |                         |
|------|---------|-------------------------|
| NAME | ADDRESS | TELEPHONE NUMBER<br>( ) |
| NAME | ADDRESS | TELEPHONE NUMBER<br>( ) |

### **V. UTILITY SHUT—OFF LOCATIONS (INDICATE LOCATION(S) ON THE FACILITY SKETCH [LIC 999])**

|             |
|-------------|
| ELECTRICITY |
| WATER       |
| GAS         |

### **VI. FIRST AID KIT (LOCATION)**

### **VII. EQUIPMENT**

|  |
|--|
| SMOKE DETECTOR LOCATION (IF REQUIRED)            |
| FIRE EXTINGUISHER LOCATION (IF REQUIRED)         |
| TYPE OF FIRE ALARM SOUNDING DEVICE (IF REQUIRED) |
| LOCATION OF DEVICE                               |

### **VIII. AFFIRMATION STATEMENT**

**AS ADMINISTRATOR OF THIS FACILITY, I ASSUME RESPONSIBILITY FOR THIS PLAN FOR PROVIDING EMERGENCY SERVICES AS INDICATED BELOW. I SHALL INSTRUCT ALL CLIENTS/RESIDENTS, AGE AND ABILITIES PERMITTING, ANY STAFF AND/OR HOUSEHOLD MEMBERS AS NEEDED IN THEIR DUTIES AND RESPONSIBILITIES UNDER THIS PLAN.**

|           |      |
|-----------|------|
| SIGNATURE | DATE |
|-----------|------|