

# 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 ( )

### **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 ( )
NAME	ADDRESS	TELEPHONE NUMBER ( )

### **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
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