## EMERGENCY PLAN PROCEDURES\* \*Shall be readily accessible in designated location(s) within the center.

| Police                | 911 |                |
|-----------------------|-----|----------------|
| Fire                  | 911 |                |
| Ambulance             | 911 |                |
| <b>Poison Control</b> |     | (800) 222-1222 |

| Cen             | ter Information                    |                              |                                     |                                    |
|-----------------|------------------------------------|------------------------------|-------------------------------------|------------------------------------|
| Center N        | lame:                              |                              |                                     | Center Phone:                      |
| Center <i>F</i> | Address:                           |                              |                                     |                                    |
|                 | <b>.</b>                           | <del>,</del>                 |                                     |                                    |
|                 | # of Children                      | Describe below any special n | eeds of staff or children enrolled: |                                    |
|                 | # of Staff                         |                              |                                     |                                    |
|                 | # of Non-Ambulatory Children       |                              |                                     |                                    |
| Loca            | ntions of Emergency In             | formation and Eq             | uipment                             |                                    |
| First a         | aid kit and any additional first a | aid supplies:                |                                     |                                    |
| Emer            | gency Manual (if applicable):      |                              |                                     |                                    |
| Fire E          | xtinguishers:                      |                              |                                     |                                    |
| Fire A          | larms Pull Stations:               |                              |                                     |                                    |
| Parer           | ital Authorization for Emergen     | cy Medical Treatment:        |                                     |                                    |
| Emer            | gency Contact Information for      | Each Child:                  |                                     |                                    |
| Other           | ~:                                 |                              |                                     |                                    |
| Mad             | lical Care                         |                              |                                     |                                    |
|                 | ician or Health Facility to be     | used in emergencies:         | Hospital or Clinic where injur      | rad or ill children will be taken. |
| Name:           | ician of ficantiff actiffy to be   | e useu in emergencies.       | Name:                               | ed of ill children will be taken.  |
| Address         |                                    |                              | Address:                            |                                    |
| 71001033        | •                                  |                              | ridal 633.                          |                                    |
| City:           |                                    |                              | City:                               |                                    |
| Phone:          |                                    |                              | Phone:                              |                                    |
| Fma             | rgency Transportation              | v Stan Ry Stan Pro           | cedures For Obtaining               | Transportation                     |
|                 | MERGENCY MEDICAL ATTENT            |                              | TO OFF-SITE (INDOOR) EVACU          |                                    |
|                 |                                    |                              |                                     |                                    |
|                 |                                    |                              |                                     |                                    |
|                 |                                    |                              |                                     |                                    |
|                 |                                    |                              |                                     |                                    |
|                 |                                    |                              |                                     |                                    |
|                 |                                    |                              |                                     |                                    |
|                 |                                    |                              |                                     |                                    |

| <b>Evacuation and R</b> If we need to evacuate our si                                    |                        |   |                           | owing procedures will be follo  | owed                  |
|--|------------------------|---|---------------------------|---|-----------------------|
| EVACUATION ROUTES  |                        |   | 7 1011                    | ormig procedures vim be rone  |                       |
| □Center Diagram Attac  | hed (include           | s evacuation rou  | tes                       | from each classroom and   | outdoor play area)    |
| EVACUATING INFANTS Describe any special circumstan                                       |                        |   | ing ir                    | nfants and toddlers from the build  | ding.                 |
|  | ces or procedure       | es needed for evacuat   | ing c                     | ONIC MEDICAL CONDIT hildren with disabilities or chroni licine.   |                       |
| Procedures for Eva   | cuation                |   |                           | Notification  |                       |
|  |                        |   |                           | EMERGENCY RESPONDERS  | WILL BE NOTIFIED WHEN |
|  |                        |   |                           | PARENTS/GUARDIANS WILI  | L BE NOTIFIED WHEN    |
| Emergency Kit  |                        |   |                           |   |                       |
| LOCATION(S)  |                        | CONTENTS  |                           |   |                       |
| Evacuation Location  | ns                     | l   |                           |   |                       |
| On-Site Evacuation L   | ocation (i.e           | . fire drills, very short                                     | time                      | period of displacement)   |                       |
| ON-SITE LOCATION   |                        | ALTERNATE ON-SITE LOCATION                                    |                           |   |                       |
|  |                        |   |                           | re, any center displacement for a   |                       |
| OFF-SITE (INDOOR) EVACUATION LOCATION Building Name                                      |                        | ALTERNATE OFF-SITE (INDOOR) EVACUATION LOCATION Building Name |                           |   |                       |
| Street Address   | City                   |   | Street                    | : Address   | City                  |
| Phone Number   | ne Number Contact Name |   | Phone Number Contact Name |   | Contact Name          |
| Other Details  |                        | Other Details   |                           |   |                       |
| ☐Operates during the same op☐Location is within safe walkin☐Transportation required. See | g distance.            |   |                           | perates during the same operatir<br>ocation is within safe walking dist<br>ransportation required. See "Eme | ance.                 |

|   |                                    | Lockdown* Proc      |                                    | uros will be followed                   |  |  |
|---|------------------------------------|---------------------|------------------------------------|---|--|--|
| If we need to stay in the building due to an emergency, the follow LOCATION #1 IN CLASSROOMS/BUILDING   |                                    |                     | LOCATION #2 IN CLASSROOMS/BUILDING |   |  |  |
|   |                                    |                     |                                    |   |  |  |
|   |                                    |                     |                                    |   |  |  |
| Proced  | ures for She                       | lter-In-Place/Lockd |                                    | Notification                            |  |  |
|   |                                    |                     | EMERGE                             | NCY RESPONDERS WILL BE NOTIFIED WHEN    |  |  |
|   |                                    |                     |                                    |   |  |  |
|   |                                    |                     |                                    |   |  |  |
|   |                                    |                     |                                    |   |  |  |
|   |                                    |                     | PARENTS                            | PARENTS/GUARDIANS WILL BE NOTIFIED WHEN |  |  |
|   |                                    |                     |                                    |   |  |  |
|   |                                    |                     |                                    |   |  |  |
|   |                                    |                     |                                    |   |  |  |
| _   |                                    |                     |                                    |   |  |  |
|   | ency Kit                           | CONTENTS            |                                    |   |  |  |
| LOCATIO   | LOCATION(S) CONTENTS               |                     |                                    |   |  |  |
|   |                                    |                     |                                    |   |  |  |
|   |                                    |                     |                                    |   |  |  |
|   |                                    | nd Child Reunificat |                                    |   |  |  |
| If we need to evacuate, shelter-in-place, or when parents/guardians/guardians are unable to get to children, the following procedures will be followed to reunite children with parents/guardians or designated contacts as soon as it is safe. |                                    |                     |                                    |   |  |  |
| Notification  |                                    |                     |                                    |   |  |  |
| PARENTS   | /GUARDIANS WIL                     | L BE NOTIFIED WHEN  |                                    |   |  |  |
|   |                                    |                     |                                    |   |  |  |
| Release of Children   |                                    |                     |                                    |   |  |  |
| Children will only be released to parents/guardians or other individuals listed on the child's form (with proper ID)  |                                    |                     |                                    |   |  |  |
| OTHER DETAILS ABOUT REUNIFICATION   |                                    |                     |                                    |   |  |  |
|   |                                    |                     |                                    |   |  |  |
| Local Enforcement Agency Notifications  |                                    |                     |                                    |   |  |  |
|   |                                    |                     | Contact Person:                    | Notes:                                  |  |  |
| Law Enforcement (Police)  |                                    | Phone Number: (     | Contact Person:                    | Notes:                                  |  |  |
| Emergency Management   Friorie Null   |                                    | Thore Number.       | ontact i croon.                    | Notes.                                  |  |  |
| Fire Department Phone Number: Contact Pers  |                                    | Contact Person:     | Notes:                             |   |  |  |
|   |                                    |                     |                                    |   |  |  |
| Utility   | Information                        |                     |                                    | Les compare                             |  |  |
| Gas Company Name: 24-Hour Nur   |                                    | 24-Hour Number:     | Shut-Off Location:                 |   |  |  |
| Electric  | Electric Company Name: 24-Hour Nui |                     | 24-Hour Number:                    | Shut-Off Location:                      |  |  |
|   | Company Name:                      |                     | 24-Hour Number:                    | Shut-Off Location:                      |  |  |
| Water   |                                    |                     |                                    |   |  |  |

## Posted diagram shall include:

- how the center is to be evacuated during emergencies from each classroom and the outdoor play area; and
- OOL approved areas and rooms.

## **Child Care Center**

Street Address, City 00000

Phone: (609) 000-0000

