

Family Home Provider Emergency Plan Post this plan and children's emergency contacts near your phone!

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 care. These numbers are also in the emergency kit. Emergency Contacts: Identify the contact information for emergencies 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		
	ned to implement this emergency plan.	
Emergency drills are practice	ed 4 times each year. Date: Da	te: 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 threatening activity in or around the home, the safety of children and adults is assured by: Locking all doors and windows Closing blinds and curtains Gathering emergency kit and supplies Moving to an interior room		
books and materials to keep child Special plans for infants and	fren occupied; radio with batteries; flash	dren with chronic medical conditions: Medication
Parents: In case of the need to evacuate or when parents/guardians are unable to get to children, families are provided: Information on each evacuation site My contact information including cell phone and home phone After an emergency, if I cannot provide care in my home, I will use this location: 10/6/16 For more information on Emergency Preparedness, http://www.ct.gov/oec/cwp/view.asp?a=4542&q=545156		