

Emergency Preparation Forms

Talk with your supervisor. Complete this form with information from your program.

| Child Care Program Information | |
|--|--|
| Name of Program | |
| Street Address | |
| City | |
| State | |
| Zip Code | |
| Telephone Number | |
| Alternate On-Installation Facility (Program may operate in this facility if the main facility is not accessible) | |
| Name of Facility | |
| Street Address/ Building Number | |
| City | |
| State | |
| Zip Code | |
| Telephone Number | |
| Directions to Facility | |
| Alternate Off-Installation Facility | |
| Name of Facility | |
| Street Address | |
| City | |
| State | |
| Zip Code | |
| Telephone Number | |
| Directions to Facility | |

| Primary POC for my Facility | |
|---|-----|
| Name | |
| Telephone Number | |
| Alternate Telephone Number | |
| Email Address | |
| Telephone number outside of area | |
| Emergency Contacts | |
| Life Threatening Emergency | 911 |
| Non-Emergency Police | |
| Non-Emergency Fire | |
| Insurance Provider | |
| Emergency Essential Personnel | |
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| Evacuation Plan | |
| Evacuation Manager and Alternate | |
| Person responsible for issuing all-clear | |
| Assembly site manager and alternate | |
| Assembly site location | |
| Person able to handle medical emergencies | |
| Location of evacuation exits | |
| Location of Nearby-Assembly Site | |
| Location of Distant Assembly Site | |
| Location of More Distant Assembly Site | |

| Shelter-In-Place Plan | |
|--|--|
| Person responsible for issuing all-clear | |
| Person able to handle medical emergencies | |
| Storm shelter location | |
| Person responsible for maintaining and refreshing emergency supplies | |
| Location where personal supplies are stored (if staff must remain in building for extended period of time) | |
| Location where children's supplies are stored for extended shelter-in-place events | |
| Materials included in shelter-in-place kit | |
| Evacuation Plan | |
| Evacuation Manager and Alternate | |
| Person responsible for issuing all-clear | |
| Assembly site manager and alternate | |
| Assembly site location | |
| Person able to handle medical emergencies | |
| Location of evacuation exits | |
| Location of Nearby-Assembly Site | |
| Location of Distant Assembly Site | |
| Location of More Distant Assembly Site | |
| Shelter-In-Place Plan | |
| Person responsible for issuing all-clear | |
| Person able to handle medical emergencies | |
| Storm shelter location | |
| Person responsible for maintaining and refreshing emergency supplies | |
| Location where personal supplies are stored (if staff must remain in building for extended period of time) | |

| | |
|--|--|
| Location where children’s supplies are stored for extended shelter-in-place events | |
| Materials included in shelter-in-place kit | |
| Lock-Down Plan | |
| Person responsible for issuing all-clear | |
| Person able to handle medical emergencies | |
| Lock-down shelter locations in classroom | |
| Lock-down shelter locations in common areas (playground, etc.) | |
| General Emergency Plan | |
| Location of First Aid kit in classroom | |
| Communications | |
| How will emergency plans be communicated to me? (television, chain of communication) | |
| How will emergency plans be communicated to families? | |
| How can I check in with my command following an emergency? | |

Adapted from Child Care Aware USA (2006) and Sample Emergency Plan at www.ready.gov