



**Department of Health in Pinellas County
Child Care Licensing Program**

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**PLAN FOR EVACUATION AND CARE OF CHILDREN DURING
EMERGENCIES AND DISASTERS FOR FAMILY DAY CARE HOMES**

Keep the plan updated as changes are made. Emergency evacuation plans must include plans for off-site evacuations for events such as: fire, flood, bomb threat, or structural damage. The plan must also include strategies for emergencies requiring staying in-place such as: lockdown, chemical release, or tornado.

FAMILY DAY CARE HOME EMERGENCY INFORMATION

Name of Provider: _____

Address of Provider: _____

Major Crossroads/Intersections: _____

Simple Directions: _____

Corded Telephone Number (Landline): _____ Cellular Telephone Number: _____

Email Address: _____

Emergency Contact Person (someone who will know the location of the children and your plan):

Name: _____

Address: _____

Corded Telephone Number: _____ Cellular Telephone Number: _____

For Life-Threatening Emergencies

Call 911

PLAN FOR IN-PLACE EMERGENCIES

(Emergencies when you remain in your home)

Location of Safe Room in your home (away from windows/doors): _____

Utility Shut-off Location:

Gas/Propane _____ Gas Company Telephone Number: _____

Electric _____ Electric Company Telephone Number: _____

Water: _____ Water System Telephone Number: _____

Equipment Location:

Fire Extinguisher: _____ Fire Alarm: _____

Smoke Detector: _____ Fuse Box _____

Considerations for Children in Care:

Where will you store the following items to move them quickly to your Safe Room or for off-site relocation?

First Aid Kit: _____ Flashlight: _____

Food: _____ Water: _____

Battery Operated Radio: _____ Spare Batteries: _____

Children's Records including Emergency Contact Names and Telephone Numbers: _____

Communication Plan for Each Child's Parent/Guardian: _____

How will you meet the needs of infants? _____

How will you meet the needs of children with Special Needs? _____

How will you meet the needs of children with chronic medical needs? _____

PLAN FOR OFF-SITE EVACUATION
(Emergencies when you must leave your home)

ORDERED EVACUATION

In the event of an immediate, ordered evacuation, I plan to: _____

Name of Relocation Site: _____

Address of Relocation Site: _____

Corded Telephone number of Relocation Site: _____

How will you reunite parents and children: _____

Transportation to Off-site Location

How will you transport children (consider the number of children that may need to be transported)? _____

How will you obtain permission to transport? _____

Communication Plan:

How will parents/guardians be notified/updated if off-site relocation is necessary? _____

Supervision of Children:

List your plans for supervising children during the evacuation: _____

List your plans for supervising children at the relocation site: _____

PLANS FOR OTHER EMERGENCIES

HURRICANE

Hurricane Evacuation Zone: _____

In the event of a hurricane, I plan to: _____

FLOOD

In case of a flood in your home and you must leave, I plan to:

FIRE In the event of a fire and you must leave your home, I plan to:

LOCKDOWN (shelter in place)

In the event of an ordered lockdown, I plan to (be sure to include how you would notify parents) _____

BOMB THREAT (evacuate home)

In the event of a bomb threat, I plan to: _____

TOXIC FUMES/CHEMICAL RELEASE

In the event of toxic fumes and you must leave you home, I plan to:

TOXIC FUMES/CHEMICAL RELEASE

In the event of toxic fumes and you can remain in home, I plan to:

TORNADO (stay in home)

In the event of a tornado, I plan to: _____

Evacuation Kit Supplies: (It is suggested that you keep an evacuation kit with the following items)

- Children’s Records w/Emergency Information
- Food
- Water
- First Aid Kit
- Battery Operated Radio
- Flashlight
- Spare Batteries
- Books
- Appropriate Toys
- Blankets
- Diapers and Moistened Wipes

My contingency plan for emergencies or disaster situations will be: _____

- My substitute and household members have been trained to manage an emergency.

Signature of Provider: _____

Date: _____