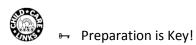


## Emergency & Disaster Preparedness Plan (Please Print)

Section 1							
Name (As it appears or will appear on license):			OCC License Number:				
☐ Family ☐ Ce	nter						
Name of Program:							
Address of Program:							
Emergency Phone Numbers:							
Landline:		Cell:	Cell:				
Section 2 In addition to 911, these Emergence	:y Telephone Numbers и	vill be po	osted (location): _				
Agency/Service	Telephone Number	Agency/Service		Telephone Number			
Substitute		Healt	h Department				
Local Police/Sheriff Dept.		Hospi	tal				
Local Fire Dept.		Your	local OCC office				
Poison Control Center		Neigh	bor #1				
Gas & Electric		Neigh	bor #2				
Water		Relat	ve				
MD Office of Emergency Mgmt. (MEMA)		Other					
Section 3 The local Emergency Alert System (EAS) stations are:  Responsibilities in an Emergency:			AM	FM	TV		
Task		✓		Name			
-Declaring an Emergency/ Determi	ning when it's is over						
-Primary Emergency Contact at Chi	ld Care Program						
-Calling for Assistance							
-Contacting families							
-Making the decision to evacuate							
-Initiating contact with Alternative site							
-Carrying the "Disaster Kit"							
-Arranging transportation, if necessary							
-Carrying medications & special needs equipment							
-Determining when emergency is over							
-Conducting emergency drills							
-Someone to provide assistance with special needs children							
-Carrying & confirming Attendance Records							
-Pet arrangements (only if time permits)							

Note: The majority of tasks above will be 'self' for Family providers. However, it is very important to review and if necessary, designate the task to a family member or neighbor.



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36		U	_

Children, Staff and Program Records						
To s	afeguard the records of the child	dren, staff and the progra	am, I will :			
	tion 5					
			e with using transportation) are:	T		
Nan	ne	Address		Telephone #		
Sec	tion 6	DISASTER SU	JPPLY KIT			
П	Below is a list of suggested items t	o be included in your 'Disas	ster Supply Kit'. These items should be sufficie	nt to sustain your		
Ϋ́	group for 72 hours. Please add an					
<b>✓</b>	Supplies					
	One or more changes of clothing					
	Disposable diapers and pull-ups,					
		•	sanitation and flushing toilets. Dated and reple	nished once a year.		
	Powdered/canned infant formula (if infants are present)					
	Powdered or canned milk					
	Can opener  Baby foods					
	Non-perishable food items including snacks					
	Disposable cups, bowls, plates and eating utensils					
	Hand sanitizers and cleaning agents					
	Blankets					
	Battery operated radio with extra batteries (AM/FM/Weather band)					
	Flashlights with long life batteries	with extra batteries and b	ulbs			
	First aid kit					
	Extra games, books, activities to keep children occupied					
	Whistle to signal for help					
	Charged cell phone					
	Dust and filter masks					
	Basic tool kit (hammer, pliers, wr					
	Plastic sheeting and duct tape to seal off rooms if necessary					
	Garbage bags and plastic ties for personal sanitation  List of all people to be accounted for					
	List of all people to be accounted	101				
	1					
* p	* Please list below the types of <b>natural</b> disasters that are most likely to occur in our local area, keeping in mind that not					
all areas are prone to all disasters.						
3	and the process to an alloadters.					



## ⊷ Preparation is Key!

Section 7							
Evacuation Drill Dates:							
Evacuation Route and S	afe Room Locatio	on					
Please show following i	n the diagram abo	ove:					
Normal Exit Route  Alternate Exit Route  Safe Room   Fire Extinguisher	•		Meeting Place First Aid Kit Disaster Supply Kit	e F			
Emergency & Disaster F	Plan Updated:			Initials: _			-
Description of how child disabled adults will be t		be transported	d to evacuation si	te (inclu	de how infants, n	non-walking child	ren &
Method used to account for all children and adults after an evacuation:							
Trainer Use Only I have reviewed this emergency & disaster plan and have determined that the information submitted above is complete.							
Trainer's printed name		Trainer's signatur	re		Date		