



## **Emergency Preparedness Plan** Family Child Care

State law requires providers to use this form to create an emergency preparedness plan (Minn. Stat. 245A.51, Subd. 3).

1. Provider info	ormation				
Provider Name					
Address		City	State	Zip Code	
Date Created	Dates Revised	Phone N	umber	•	
Caregiver's initials and date	e of review (if applicable)	<u>,                                      </u>			
2. Shelter-in-pl	ace / lockdown procedure	es			
Location 1 (In building)		Location 2 (In building) (optional)			

Explain your shelter-in-place and lockdown procedures, including any special circumstances or procedures needed for accommodating infants and toddlers.

Evacuation and relocation procedures				
cation 1	Phone Number			
dress	City	State	Zip Code	
cation 2 (optional)	Phone Number			
dress	City	State	Zip Code	
plain your evacuation and relocation procedures including exit re reded for accommodating infants and toddlers.	outes, transportation plans and an	y special circumsta	ances or procedures	
Continuing operations procedures				
ho might you contact and what steps might you take to continue surance adjuster)?	operations during and after a cris	is (i.e., county licer	nsor, law enforcemer	

5. Notification procedures for shelter-in-place/lockdown, evacuation and relocation	
Emergency responders will be notified when	
Parents / guardians will be notified when	
Parents / guardians will be notined when	
Describe procedures that will be followed to reunite children with parents / guardians in the event of a shelter-in-place/lockdown o and relocation.	r evacuation
and relocation.	
It is best practice to store a copy of the first page of each child's Admission and Arrangements form so that the information can be e accessed in an emergency. Children can only be released to parents/guardians or other individuals listed on the Admission and Arra	easily
form (with proper identification).	ingements

escribe any special circumstances or procedures needed to shelter-in-place/lockdown, evacuate and relocate children with disabilities ronic medical conditions. (Fill out this section only if it applies to children in your care.)  secribe procedures for storing a child's medically necessary medicine that facilitates easy removal during an evacuation and relocation in this section only if it applies to children in your care.)	escribe any special	ting children with				ate children with disabilit	ties
scribe procedures for storing a child's medically necessary medicine that facilitates easy removal during an evacuation and relocation it this section only if it applies to children in your care.)	ronic medical con	litions. <b>(Fill out this sect</b>	ion only if it applie	s to children in yo	ur care.)	ace crimaren with alsabilit	11000
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