



EMERGENCY PREPAREDNESS CHECKLIST FOR FAMILY CHILD CARE AND IN-HOME PROVIDERS

Provider Name:			TIPS #:
Email Address			Telephone:
Location Where Care is Provided:			
PURPOSE: This is to assist you in developing an emergency preparedness plan in case of a disaster/emergency for the location where care is provided. Emergency plans help ensure that you and the children you care for remain safe when an emergency occurs. It is recommended that for each item below you create step-by-step procedures. Train and practice these periodically with children, parents and all that live or work in or on the location where care is provided.			
\checkmark	Maintain an emergency kit of your emergency plan that is easy to access. Review and update it often. Keep CCAP papers, TIPS number, contact names of LDE and agencies you contact for business, etc.		
\checkmark	Maintain a list of emergency phone numbers such as fire, police, hospitals, Louisiana Poison Control, electric company, gas company, water company, insurance provider, etc. Post this list in several easily visible locations.		
✓	Determine an evacuation plan to include routes/exits; Evacuation of infants/toddlers: how, what and where; Evacuation of children with special needs: how, where and with whom. Evacuation sites: where, how to get there Transportation to sites if needed: who and what		
\checkmark	Determine how to Shelter-In-Place/Lockdown in case of the need to stay at the residence due to weather or any other emergency. Determine what room is safest, ensure emergency supplies are available there, when possible, notify 911, parents, etc.		
~	Parent communication and reunification: in case of the need to evacuate or when parents/guardians are unable to pick up to children, establish a procedure to be followed to reunite children with parents/guardians (or other contacts designated by parent/guardian) as soon as it is safe.		
~	Child/Parent Information: For each child you care for gather and keep information to include child's name, date of birth, address, allergies, parent/guardian information, emergency contact name and numbers (besides parent/guardian), and medical information (doctors name, address, and phone number).		
\checkmark	Evacuation Supply Pack: checked frequently for the expiration dates of supplies and batteries, as well as the location of which is known to all adults.		
\checkmark	Review emergency plan and procedures with children in care, parents, all others living or working in or on the property where care is provided.		
\checkmark	Have practice drills of your plan and procedures.		
\checkmark	Determine how and where to get important information such as alerts and updates about and during a disaster.		
\checkmark	Contact and coordinate your plan with local or parish Office of Emergency Preparedness		
By my signature below, I am indicating agreement with all of the aforementioned requirements.			
Date:		Provider Signature	Print Name:

Sign and return to: CCAP Provider Certification, P. O. Box 2510, Baton Rouge, LA 70821, FAX: 225-342-4180 or email at <u>earlychildhood@la.gov</u>. For questions, contact 225-342-1879.