Clear Form

DEPARTMENT OF HUMAN SERVICES

DHS-7414C-ENG 8-19

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 information

Provider Name

Address	City	State	Zip Code

Date Created	Dates Revised	Phone Number

Caregiver's initials and date of review (if applicable)

2. Shelter-in-place / lockdown procedures

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.

3. Evacuation and relocation procedures

Location 1	Phone Number		
Address	City	State	Zip Code
Location 2 (optional)	Phone Number		
Address	City	State	Zip Code

Explain your evacuation and relocation procedures including exit routes, transportation plans and any special circumstances or procedures needed for accommodating infants and toddlers.

4. Continuing operations procedures

Who might you contact and what steps might you take to continue operations during and after a crisis (i.e., county licensor, law enforcement, insurance adjuster)?

5. Notification procedures for shelter-in-place/lockdown, evacuation and relocation

Emergency responders will be notified when...

Parents / guardians will be notified when...

Describe procedures that will be followed to reunite children with parents / guardians in the event of a shelter-in-place/lockdown or 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 easily accessed in an emergency. Children can only be released to parents/guardians or other individuals listed on the Admission and Arrangements form (with proper identification).

6. Accommodating children with disabilities or chronic medical conditions

Describe any special circumstances or procedures needed to shelter-in-place/lockdown, evacuate and relocate children with disabilities or chronic medical conditions. **(Fill out this section only if it applies to children in your care.)**

Describe procedures for storing a child's medically necessary medicine that facilitates easy removal during an evacuation and relocation. **(Fill out this section only if it applies to children in your care.)**