



DIVISION OF EARLY LEARNING

Licensing and Compliance Unit

PHONE: (202) 727-1839 • FAX: (202) 741-5304

MAILING ADDRESS: 810 FIRST STREET, NE • 4th FLOOR • WASHINGTON DC 20002

ANNUAL EMERGENCY CONTINGENCY PLAN

1. In the event of emergency closure, due to any reason that will prohibit the facility from caring for the children

Temporarily, the following plan will be in effect:

CONTACT PERSON:

Name of Provider: _____

Address: _____

Telephone: _____
(Area Code)

Pager: _____
(Area Code)

Cell Phone: _____
(Area Code)

Fax: _____
(Area Code)

2. The Office of the State Superintendent of Education, Division of Early Childhood Education, Program Monitoring Unit if applicable and parents/guardians will be notified immediately by fax, telephone and in writing.

3. The children will be relocated to the following location: (If more than one (1) location is used please indicate

On the back and check this block):

Emergency Provider's Name: _____

Address: _____

Telephone: _____
(Area Code)

Pager: _____
(Area Code)

Cell Phone: _____
(Area Code)

Fax: _____
(Area Code)

4. The children will be transported by: Foot Bus Car/Van Other _____
Any cost involved in transporting the children will be paid by:

Provider Parent Not Applicable

5. In the event of emergency closure due to any reason that will prohibit the facility from caring for the children permanently; the children will be referred to other licensed child development facilities.

Signature of Provider

Date

6. I have read this agreement and grant the provider named above permission to use my facility in case of emergency evacuation of the provider's facility.

Signature of Emergency Provider

Date

.Please keep a copy for your records