

SAFE EVACUATION SITE - HOME

"Safe Evacuation Site" (Section 148.4(b)), which is where teachers and children relocate to during an emergency and wait for parents to pick up their children.

HOME:	
Provider's Name:	
Address:	
Telephone:(Area Code)	
Fax:(Area Code)	
The children will be relocated to the on the back and check this box): \Box	e following location: (If more than one location is used, please indicate
Emergency Evacuation Site Nan	ne:
Owner/Agent Name:	
Address:	
Telephone:(Area Code)	Cell Phone:(Area Code)
Fax:(Area Code)	
The children will be transported by	: □ Foot □ Bus □ Car/Van □ Other
Any cost involved in transporting th	
Any cost involved in transporting th ☐ Provider ☐ Parent ☐ No In the event of emergency closure d	ne children will be paid by: ot Applicable
Any cost involved in transporting th ☐ Provider ☐ Parent ☐ No In the event of emergency closure d	ne children will be paid by: ot Applicable lue to any reason that will prohibit the facility from caring for the children ferred to other licensed child development facilities.
Any cost involved in transporting the Provider Parent No. In the event of emergency closure depermanently, the children will be residual. Signature of Owner/Age.	ne children will be paid by: ot Applicable lue to any reason that will prohibit the facility from caring for the children ferred to other licensed child development facilities. Int Date ot the provider named above permission to use my facility in case of