|  |  |
| --- | --- |
| http://intranet.dcyf.wa.gov:8090/drupal-8.4.0/sites/default/files/graphics/DCYF-Logo-BW.jpg | LICENSING DIVISION (LD)  **Emergency and Evacuation Plan** |
|  | |
| Complete this page and discuss with your assigned worker. You do not need to post this page.  You must practice your evacuation plan with all the children in your household, and review it when a new child comes to stay with you. Visit <https://doh.wa.gov/emergencies/be-prepared-be-safe/get-ready> to learn more about planning for emergencies. | |
| **Evacuation plan:** Write your plan to evacuate children in the event of a fire, emergency, or other disaster. | |
| How will you alert and evacuate the children from your home, especially those that cannot walk? | |

|  |
| --- |
|  |

|  |
| --- |
| If anyone in your household has special needs, please describe your plan for alerting and assisting them in an emergency (e.g. visual fire alarms, ramp). |

|  |
| --- |
|  |

|  |
| --- |
| Describe your preparations for a natural disaster (e.g. earthquake) that could result in loss of electricity, water, food, and/or communication. For example, do you have supplies of shelf-stable food, medications, and extra water? |

|  |
| --- |
|  |

|  |  |
| --- | --- |
| **Emergency contacts:** If we cannot reach you in an emergency, we may reach out to these contacts. Out-of-state may be used in case of a widespread disaster in Washington (such as an earthquake). | |
| Nearby emergency contact:  Name:  Street Address:  City:  State:  Zip:  Home Phone:  Work Phone:  Cell Phone:  Email Address: | |
| Out-of-state emergency:  Name:  Street Address:  City:  State:  Zip:  Home Phone:  Work Phone:  Cell Phone:  Email Address: | |
| **Signatures** | |
| APPLICANT A SIGNATURE DATE | APPLICANT B SIGNATURE DATE |

|  |  |  |  |
| --- | --- | --- | --- |
|  | | | |
| *-- Post this page in a prominent location in your home. –* | | | |
| **Household Address** | | | |
| STREET ADDRESS | CITY  , WA | ZIP (+4 OPTIONAL) | COUNTY |
| LANDLINE OR DEDICATED HOME CELL PHONE NUMBER (IF APPLICABLE) | | | |
| **IN CASE OF EMERGENCY** | | | |
| * Dial 9-1-1 * If unsafe, evacuate all children. Meet at your designated spot outside. * Once outside, account for everyone. * Once safe, call the child’s worker, your licensor, or 1-866-END-HARM to report on the well-being of the children in your home. | | | |
| Name of adult responsible for evacuation |  | Designated meeting place outside |  |
| List any child-specific evacuation instructions: |  | | |
| **Emergency Information** | | | |
| POISON CONTROL | 1-800-222-1222 | POLICE |  |
| EMERGENCY CONTACT  (name and phone number) |  | FIRE |  |
| **Worker Information (Caregivers complete this section outside of WA CAP)** | | | |
| LICENSOR  (name and phone number) |  | CHILD’S WORKER  (name and phone number) |  |
| CHILD’S WORKER  (name and phone number) |  | CHILD’S WORKER  (name and phone number) |  |

|  |
| --- |
| *-- Post this page in a prominent location in your home. –* |
| **Please draw your home (see example on the next page):**   * Mark all exits to the outside and between rooms (e.g. doors, windows). * Mark all fire ladders (if applicable), carbon monoxide (CO) detectors, smoke alarms, and fire extinguishers. * List the # and type of beds (crib, toddler, twin, full, queen, king) and who sleeps in them. Write “open” if the bed is available for a child in out-of-home care. |

