Plan for Provider Illness
Written plan in case of provider illness, injury, or death

Please make sure you fill out this form completely and sign and date the form at the bottom.

- If I should get seriously injured or become seriously ill or expire, emergency personnel will call ________________________ at (_____) ___________________ who will notify the parents to come and pick up their children immediately. The person named above will not care for the children, but only stay long enough for the parents to arrive.

- The children's records are located ________________________________.

- I have provided each parent with the phone number of the childcare resource and referral agency to assist in finding emergency care. The number is 1-800-299-1627.

- If I should get hurt or become ill and I am able to, I will notify the parents or guardians of the children to come and pick them up or I will provide a qualified substitute caregiver.

Are you going to use a substitute caregiver? (Please select one) YES or NO

IF USING A SUBSTITUTE CAREGIVER, please provide the name:
I understand this individual must meet all employee requirements: Drug Test, TB Test, CPR, First Aid, and Child Abuse Training, Orientation, National Fingerprint Criminal History and signed release for Child Abuse and Sex Offender Registry. This employee should be listed on the Employees and Volunteer form #B-1.

- If I care for a child who is capable of understanding what to do in an emergency situation I will teach him or her how to contact another adult and/or call 911.

I understand by my signature I agree that the above plans will be followed in case of my illness and a copy of this will be posted in my home at all times.

Signature ______________________________ Date ______________________________

This form or one similar to it, must be posted in your home in a visible location.

Form 2

LLEP HOME PACKET R2017