

In case of an Emergency Situation the following plan will be followed:

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

If a staff member is **unavailable for work** and appropriate staffing cannot be maintained,

I, _____ (name of provider) designated the person below, will be responsible for contacting a qualified replacement staff member/s.

Please contact:

- Qualified Household Member/Caregiver Name: _____
- Relationship /Position to provider: _____
- Contact phone number: _____
- Email address: _____

A *qualified substitute caregiver*, listed below, will be provided to continue care, and will meet all employee/volunteer / household member requirements:

- Drug Test, TB Test, CPR, First AID, and Child Abuse training, Orientation, National Fingerprint Criminal History, and Current completed Consent Form on file with the Office of Early Childhood and Out of School Learning.

Notifying Parents

In the event of an emergency that prohibits appropriate staffing from being maintained, the above person will be responsible for notifying parents to pick up their children.

Emergency contact information for the children is located: _____ in the child care program.

In the event a staff member **cannot be reached**, this person, below, should understand the appropriate staffing requirements and emergency procedures at the program.

Please contact:

- Qualified Household Member/Caregiver Name: _____
- Relationship /Position to provider: _____
- Contact phone number: _____
- Email address: _____

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 house at all times.

Provider Signature _____ Date: _____