

CHILD CARE FACILITY

\*\*\* **EMERGENCY CARE PLAN** \*\*\*

Name of Facility \_\_\_\_\_ Phone (     ) \_\_\_\_\_  
Address \_\_\_\_\_ Phone Locations \_\_\_\_\_  
Directions to Facility \_\_\_\_\_  
\_\_\_\_\_

1. **Emergency information** on children and staff is kept: \_\_\_\_\_  
\_\_\_\_\_

2. **Staff persons responsible** for determining the degree of care needed, contacting medical resources and determining appropriate transportation: \_\_\_\_\_  
\_\_\_\_\_

3. **Health Consultant:** Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_

4. **Hospital Emergency Room:** Name \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
Directions \_\_\_\_\_  
\_\_\_\_\_

5. **Poison Control** \_\_\_\_\_ Phone \_\_\_\_\_

6. **Emergency transportation:**  
Name \_\_\_\_\_ Phone \_\_\_\_\_  
Name \_\_\_\_\_ Phone \_\_\_\_\_  
Rescue Squad \_\_\_\_\_ Phone \_\_\_\_\_

7. **Staff persons responsible for**

- **giving First Aid:** \_\_\_\_\_  
\_\_\_\_\_
- **performing CPR:** \_\_\_\_\_  
\_\_\_\_\_
- **accompanying** the ill/injured person for medical attention: \_\_\_\_\_  
\_\_\_\_\_
- **assuring that signed authorization is taken** with person for emergency treatment: \_\_\_\_\_  
\_\_\_\_\_
- **notification of parents** or emergency contact of illness/accident: \_\_\_\_\_  
\_\_\_\_\_
- **obtaining substitute staff:** \_\_\_\_\_

8. **Child Care Licensing Consultant:** \_\_\_\_\_ Phone \_\_\_\_\_

\*\*\* **POST IN A PROMINENT PLACE WITH CHARTS ON FIRST AID, CPR, AND CHOKING** \*\*\*