



Emergency Preparedness Plan

Provider's Name: **Artemesa A. Banzon** Child's Name: _____

Provider's Address: **8303 Brookvale Court, Springfield, VA 22153**

Provider's Phone Number: **(703)981-5704**

Evacuation Plans

If there is an emergency that requires an evacuation of this home, one of the following plans will be used:

- If the emergency requires that the children and I evacuate from my home, I will take the children to

Pohick Regional Library

6450 Sydenstricker Rd, Burke, VA 22015
(703) 644-7333

or

St. Raymond of Penafort Church

8750 Pohick Rd, Springfield, VA 22153,
(703) 440-0535

- If a medical examination or treatment is needed, I will bring the children to INOVA HealthPlex Emergency Care Center at 6355 Walker Ln, #500, Springfield, VA 22310 unless emergency personnel designate another location.
- If an emergency requires a larger area evacuation, I will take the children to a mass shelter designated by emergency personnel.
- If it is too far to walk, I will transport the children by car/bus.

Emergency Preparedness Plan

- Mobile emergency kit supplies are kept at **Shelter-in-Place** located at the laundry room in the basement. I will check supplies and practice monthly drills and record on an evacuation/fire drill form. I will maintain supplies that are appropriate for the ages of children in my care.
- I will stay with children at all times during the emergency. I will check and record time and attendance before evacuation and whenever children are moved. I will bring any necessary medications, supplies, and essential emergency records/documents for children.
- If there is an emergency where "Shelter-in-Place" is required, all the children and I will go to **laundry room in the basement of our home** remain there until rescued or notified that conditions are safe. I will sound the emergency alarm by **Whistle**.

- Shelter-in-Place supplies are kept at the bar cabinet in the basement of our home.
- I will check supplies every month and document on a shelter-in-place drill form.
- In any emergency, I will contact family/emergency contacts to make plans to reunite the parent and child.
- I will train all adult who help care the children about the emergency plans and procedures.
- I will post emergency evacuation and shelter-in-place routes and procedures in my home.
- I will review my emergency response plan every six months.

Communication/Notification Plan

- I will talk to parents about my emergency plans or any changes in the emergency plan.
- I will update emergency contact information every six months with parents/guardian.
- I will notify parents by calling work, home, and/or cell phones, BlackBerries, pagers, e-mail or fax numbers, as applicable.
- The plan will include current phone numbers and names of individuals at the parent’s work site who can locate the parents if they are not at their work phones.
- If parents cannot be reached, I will contact the friends, relatives and neighbors who are authorized to pick up a child in an emergency.
- I will try to identify an out of town contact person that can be reached by phone or e-mail:

Name: _____

Phone: _____

Email address: _____

- In the event that I receive different instructions from emergency personnel, I will make every attempt to contact parents/guardians/emergency contacts with the alternate plans.

Artemesa A. Banzon
Provider’s Signature

Parent’s Signature

Date

Provider is responsible for keeping emergency response plan information current with parents or guardians.

Provider’s Signature: _____

6 Month Review _____ Parent’s Initials _____ 1 year Review _____ Parent’s Initials _____
 Date Date