CHILD CARE EVACUATION DISASTER PLAN

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
EARLY CHILDHOOD SERVICES
SFN 517 (3-2010)

Clear Fields

Child Care Provider/Program Legal Name		License Number	Today's Date	
Address		City	State	ZIP Code
Telephone Number	Cell Phone Number	E-Mail Address		

This document contains my relocation plan in the event that I am required to leave my child care address due to a natural disaster or catastrophic event.

FIRST CHOICE, WITHIN THE SAME COMMUNITY

Contact Name				
Address		City	State	ZIP Code
Telephone Number	Cell Phone Number	Additional Contact Information (E-Mail Address, etc.)		

SECOND CHOICE, WITHIN THE SAME COMMUNITY

Contact Name				
Address		City	State	ZIP Code
Telephone Number	Cell Phone Number	Additional Contact Information (E-Mail Address, etc.)		

OUTSIDE OF COMMUNITY

Contact Name				
Address		City	State	ZIP Code
Telephone Number	Cell Phone Number	Additional Contact Information (E-Mail Address, etc.)		

Contact information for the person with whom I will be in touch in case of an emergency, and who the agency can contact if necessary (e.g., family member or friend, living outside of the immediate area):

Contact Name				
Address		City	State	ZIP Code
Telephone Number	Cell Phone Number	Additional Contact Information (E-Mail Address, etc.)		

I understand that there are critical items I am urged to take with me when we evacuate. These may include:

- Agency contact information (e.g. agency emergency contact number)
- Contact information for currently enrolled families

I understand that in the event that I must evacuate my child care, I am required to report my location to the licensing agent or the North Dakota Department of Human Services. To contact the North Dakota Department of Human Services, I can call 1-800-245-3736 (toll-free in-state), 701-328-3591, or e-mail my location to dhscfs@nd.gov.

I understand that if any of the information included in this plan changes, I am to update the licensing agent or the North Dakota Department of Human Services within 14 days of the change.

Printed Name	
Authorized Signature	Date

Return form to your county licensor. Keep a copy in your files. A copy of this form will be shared with Child Care Resource and Referral to be used in emergency situations only.