CHILD CARE EVACUATION DISASTER PLAN

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
EARLY CHILDHOOD SERVICES
SFN 517 (1-2017)

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 (Street and Apartment Number)		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 (Street and Apartment Number)		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 Aware of North Dakota to be used in emergency situations only.