Licensing Divisions (LD)

Emergency and Evacuation Plan (Kinship)

Complete this page and discuss with your assigned licensor.

Visit [www.doh.wa.gov/emergencies/be-prepared-be-safe/get-ready](http://www.doh.wa.gov/emergencies/be-prepared-be-safe/get-ready) to learn more about planning for emergencies.

# Evacuation Plan

Write your plan to evacuate children if there is a fire, emergency, or other disaster.

How will you let children know when they need to leave in an emergency? What is your plan to evacuate all children, especially those who cannot walk?

If you care for anyone with special needs, how will you alert and help them in an emergency? For example, using flashing fire alarms or ramps.

What supplies do you have in case of a disaster (like an earthquake) that might cut off electricity, water, food, or communication? For example, do you have extra food, medicine, and water?

# Emergency Contacts

If we cannot reach you during an emergency, we may reach out to your emergency contacts. An out-of-state contact may be used if there is a widespread disaster in Washington (like an earthquake).

## Nearby Emergency Contact

Name

Street Address

City  State  Zip

Primary Phone  Alternate Phone

Email

## Out-Of-State/Area Emergency Contact

Name

Street Address

City  State  Zip

Primary Phone  Alternate Phone

Email

# Signatures

Applicant A Signature Date

Applicant B Signature Date

## Household Address

Street Address

City  State **WA** Zip  County

Landline or Dedicated Home Cell Phone Number (*If Applicable*)

# In Case of Emergency

* Dial 9-1-1
* If unsafe, evacuate all children. Meet at your designated spot outside.
* Once outside, account for everyone.
* Once safe, contact the child’s caseworker, your licensor, or 1-866-363-4276 to report on the well-being of the children in your home.

Name of adult responsible for evacuation

Designated meeting place outside

List any child-specific evacuation instructions:

## Emergency Information

Poison Control **1-800-222-1222**

Local Police

Emergency Contact (*Name and Phone Number*)

Local Fire

## Worker Information (Caregivers complete this section outside of WA CAP)

Licensor (*Name and Phone Number*)

Child’s Caseworker (*Name and Phone Number*)

Child’s Caseworker (*Name and Phone Number*)

Child’s Caseworker (*Name and Phone Number*)