

**RECOMMENDED ACCIDENT, EVACUATION, AND EMERGENCY PLAN**

**A.A.C. R9-5-514 (B) (1-5)**

1. The first aid kit is located \_\_\_\_\_

2. The staff with current first aid certification are:      **Name**                              **Exp. Date**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

3. The staff with current CPR certification are:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. In the event of an accident or emergency, parents are to be notified verbally within 30 minutes by phone or other expeditious means, which will be accomplished by doing the following:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In the event of an accident or emergency, parents are to be given written notification within 24 hours, which will be accomplished by doing the following:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. The facility's address is: \_\_\_\_\_

Emergency Phone Numbers (Actual Phone Numbers in case 911 is down):

Fire Department: \_\_\_\_\_

Police Department: \_\_\_\_\_

Ambulance Service: \_\_\_\_\_

Poison Control Center: \_\_\_\_\_

Update completed: \_\_\_\_\_ (Update every 12 months or when information changes occur.)

Maintain this plan on the facility premises in a location accessible to staff members and post in any facility activity area that does not have an operable telephone service or two-way communication.