

# ARIZONA DEPARTMENT OF CHILD SAFETY EMERGENCY AND DISASTER PLAN



Provider Name(s)	Provider Primary Phone	Date
Address	City	State   Zip

**Identify a location to relocate in the event of displacement. Provide a plan to include the need for daytime and overnight stays**

*For Child Welfare Agencies, an alternate facility shall not include the owner's residence, staff/volunteer residence or the residence of an acquaintance.*

**1**

Name/Description of Alternate Location	Phone
Address	City   State   Zip

**2**

Name/Description of Alternate Location	Phone
Address	City   State   Zip

**List two emergency contact numbers where the provider can be reached in case of an emergency**

Name of Emergency Contact	Relationship to Provider	Emergency Phone	Alternate Emergency Phone
Name of Emergency Contact	Relationship to Provider	Emergency Phone	Alternate Emergency Phone

**Identify personnel/family member responsibilities in the event of a disaster** *(Disaster kit optional and not a licensing requirement).*

Task	Description	Personnel/Family Member
<b>Important Items</b>	Develop a plan that includes who will transport, receive and safeguard necessary items like medications, birth certificates and social security cards in the event a relocation is necessary.	
<b>Sharing and Maintaining the Plan</b>	Share the plan with those who need to know. Annual review of the plan with household members and with every new placement is recommended.	
<b>Be informed</b>	Maintain access to local media for important and current information about disasters.	
<b>Disaster Kit*</b>	Maintain the disaster kit stocked with items you might want to take to an evacuation shelter. Include items like eyeglasses and important documents.	

\*Optional disaster kit is not a license requirement.

Please consider and fully answer the following questions

- 1 What is the plan for individuals with disabilities or special needs?
- 2 What steps will your family/agency take (meeting place, emergency contact) if forced to relocate and/or separate during an emergency?
- 3 What are some disasters or circumstances that could affect our household and require relocation:  
(i.e. Fire, roof leaks, plumbing issues, natural gas leaks, heating/cooling system breakdowns, natural disaster)
- 4 What vehicles will be used that will accommodate all placements and adults and ensure supervision and ratios are maintained at all times?

**List all Clients, DCS Specialist/Legal Guardian information, and Physician information:**

Client Name	DCS Specialist/Legal Guardian Name & Phone Number	Primary Care Physician Name & Phone Number	Is the client on regularly prescribed medications?

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