

*Abundant Love Child Care
Emergency Preparedness Plan*

In the event of an emergency, my first responsibility is to move the children to a designated safe area and/or an alternate shelter. If this should ever be the case, the children in my care at Abundant Love Child Care will be relocated to the designated safe haven if need be. If we do not need to leave the home, we will shelter in place at Abundant Love Child Care. If we should need to move away from the home for safety reasons, the chosen safe haven will be facilities close to me. I have chosen two choices as safe havens. The first safe haven that I will go to is to Mary Austin Holley Elementary located at 16655 Bissonnet in Houston, Texas 77083. The number there is 281-634-3850. If for some reason they are full, I will go to Southwest Christian Community Center located at 14880 Bellaire Blvd in Houston, Texas 77083. The number there is 281-575-9400. These emergency procedures will be implemented on short notice and will ensure optimal safety for children. If this should happen, the parents will be notified as soon as possible and once children are in a safe haven.

Parental emergency contact telephone numbers for each child in care will be with me, including authorization for emergency care for each child. The attendance record information for the children in my care at the time of the emergency will be with me as well to assure that all children are accounted for. If you should have any questions, please feel free to contact me at 832-755-9958.

*LaShawn Grisby
Caregiver*

Receipt of Emergency Preparedness Plan

For

Abundant Love Child Care

16102 Dawn Marie Lane

Sugarland, Texas 77498

832-755-9958

I (we) have received a copy of the Emergency Preparedness Plan Procedures of Abundant Love Child Care and agree to the terms of this agreement. I understand clearly that once my child/children have arrived in a safe place, I will be contacted.

Parents Printed Name: _____

Parents Signature: _____

Child/Children Name: _____

Relationship to Child/Children: _____

Date: _____

Provider's Printed Name: _____

Provider's Signature: _____

Date: _____