

EMERGENCY PROCEDURES

LOCATION OF:		
FIRST AID SUPPLIES	ACCIDENT REPORT FORMS	CHILD REGISTRATION AND EMERGENCY INFO. FORMS

EMERGENCY TELEPHONE NUMBERS:

POLICE: _____ AMBULANCE/RESCUE SQUAD: _____
FIRE: _____ POISON CONTROL CENTER: 1-800-222-1222
HOSPITAL: _____

HOSPITAL NAME AND ADDRESS: _____

DIRECTIONS TO HOSPITAL: _____

THE FOLLOWING INFORMATION IS NEEDED WHEN CALLING EMERGENCY SERVICES:

PROGRAM NAME: _____

ADDRESS: _____

PHONE #: _____

ADDRESS OF, AND DIRECTIONS TO CHILD CARE PROGRAM: _____

DESCRIBE THE EMERGENCY OR INJURY: _____

IDENTIFY THE CHILD/CHILDREN INVOLVED: _____

NEVER HANG UP THE PHONE UNTIL THE PERSON YOU CALLED HAS HUNG UP!

EMERGENCY SUBSTITUTE STAFF

NAME: _____ PHONE NUMBER: _____

NAME: _____ PHONE NUMBER: _____

If the emergency results in inadequate staff to child ratios, call in emergency substitute staff.

PROCEDURES FOR RECORDING ACCIDENTS AND INJURIES:

Child care personnel **MUST**, on the date of the injury, inform parents of **ANY** injuries to their child, that require first aid treatment. Child care personnel **MUST** complete an **ACCIDENT REPORT FORM** for any injury more than a minor scrape or bruise.