

West Virginia Department of Health and Human Resources

**Emergency Plan**  
Family Child Care Homes

**Family Child Care Home Information**

|                  |                |       |          |                  |
|------------------|----------------|-------|----------|------------------|
| Provider Name    |                |       |          |                  |
| Physical Address | Street address |       |          |                  |
|                  |                | WV    |          |                  |
|                  | City           | State | Zip Code | Telephone Number |
|                  |                |       |          |                  |

**Emergency Telephone Numbers**

| Name/Company                     | Contact Person's Name | Telephone Number |
|----------------------------------|-----------------------|------------------|
| Fire                             |                       | <b>911</b>       |
| Police                           |                       | <b>911</b>       |
| Ambulance                        |                       | <b>911</b>       |
| Poison Control                   |                       |                  |
| Gas Company                      |                       |                  |
| Electric Company                 |                       |                  |
| Water Company                    |                       |                  |
| Electrician                      |                       |                  |
| Plumber                          |                       |                  |
| Child Protective Services        |                       |                  |
| Child Care Regulatory Specialist |                       |                  |

|  |  |  |
|--|--|--|
| Relocation Site #1<br>(See Page 5 for details) |  |  |
| Relocation Site #2<br>(See Page 5 for details) |  |  |
| Red Cross                                      |  |  |
| Physician (s)                                  |  |  |
| Dentist (s)                                    |  |  |
| Hospital (s)                                   |  |  |
| Other: _____                                   |  |  |
| Other: _____                                   |  |  |

| <b>Types of Disasters Most Likely to Occur In or Around the Program Area</b> |  |
|--|--|
| <b>Disaster Type</b>   | <b>Describe how each disaster might affect the child care program</b>              |
| Fire   |  |
| Flood  |  |
| Wildfire   |  |
| Severe Winter Weather  |  |
| Hazardous Material Spill   | <i>(Listen for Emergency System on evacuation or shelter in place instruction)</i> |
| Hostage/Active Shooter   | <i>(Listen for Law Enforcement instruction)</i>                                    |
| Other:   |  |

|        |  |
|--------|--|
| Other: |  |
|--------|--|

**Exit Locations**

|  |                            |  |
|--|----------------------------|--|
| Post a floor plan showing exit path at each room exit.<br>Attach a copy(ies) to this plan. | Exit path copies attached? | Circle one:<br>Yes                  No |
|--|----------------------------|--|

**Utility Shut-off locations**

| Name of Utility | Location | Name of Utility | Location |
|-----------------|----------|-----------------|----------|
| Electricity     |          | Gas             |          |
| Water           |          | <b>Other:</b>   |          |

**Disaster Plan Coordination**

**Name and Phone Number**

**If the program regularly picks up children from other locations (schools, church programs etc.,) list phone numbers and contact names at the pick up location.**

|   |  |
|---|--|
| Local Emergency Management Officials    |  |
| Businesses                              |  |
| Schools                                 |  |
| Churches                                |  |
| Child Care Resource and Referral Agency |  |
| Others                                  |  |

**Communications**

|  |  |
|--|--|
| <p>Describe how parents will be notified of the emergency or relocation. Include plans for reunifying parents and children. Parents will want to know that you have a plan for keeping their child safe.</p> <p>(A copy of page 5 of this plan must be provided to parents annually)</p> |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| <p>Describe how you will coordinate with local emergency management officials.</p>   |  |
|  |  |
| <p>Describe disaster plan procedures to address the needs of individual children, including children with special needs, infants, etc. Emergency responders will appreciate knowing about any special needs.</p>   |  |
|  |  |
|  |  |
| <b>Completion Date and Annual Review</b>   |  |
| <p>Date the Emergency plan was completed</p>   |  |
| <p>Date the emergency plan will be reviewed and updated</p>  |  |

**Relocation Site#1 for Disaster or Emergencies**

Location to which you and the children will evacuate nearby – Include simple map of route as well as directions.

|                        |                |  |  |  |
|------------------------|----------------|--|--|--|
| Name of facility       |                |  |  |  |
| Facility Address       |                |  |  |  |
|                        | Street address |  |  |  |
|                        |                |  |  |  |
|                        | City           |  |  |  |
| Directions to facility |                |  |  |  |

**Relocation Site#2 for Disaster or Emergencies**

Location to which you and the children will evacuate out of the immediate area– Include simple map of route as well as directions.  
Relocation Site #2 needs to be a further distance away than Site #1.

|                        |                |  |       |          |                  |
|------------------------|----------------|--|-------|----------|------------------|
| Name of facility       |                |  |       |          |                  |
| Facility Address       |                |  |       |          |                  |
|                        | Street address |  |       |          |                  |
|                        |                |  |       |          |                  |
|                        | City           |  | State | Zip Code | Telephone Number |
| Directions to facility |                |  |       |          |                  |

In the event the facility must be evacuated because of an emergency in the immediate area the children and staff will be transported by \_\_\_\_\_ to:

If necessary, children will be transported to this health care facility:

|                        |                |  |       |          |                  |
|------------------------|----------------|--|-------|----------|------------------|
| Facility Address       |                |  |       |          |                  |
|                        | Street address |  |       |          |                  |
|                        |                |  |       |          |                  |
|                        | City           |  | State | Zip Code | Telephone Number |
| Directions to facility |                |  |       |          |                  |