



WEST VIRGINIA DEPARTMENT OF

HUMAN SERVICES

West Virginia Department of
Human Services

Emergency Plan
Child Care Center and Family Child Care Facility

| Child Care Program Information | | | | |
|--|----------------|-------|----------|------------------|
| Name of Child Care Service/Name of Location if Different | | | | |
| Physical Address | Street address | | | |
| | | WV | | |
| | City | State | Zip Code | Telephone Number |
| | | | | |

| Primary Emergency Contact at Child Care Program | | | |
|---|--|----------------------------|--|
| Name | | Position | |
| Telephone Number | | Alternate Telephone Number | |
| Email Address | | | |

| Staff Assignments During an Emergency | | |
|---------------------------------------|---------------|-------|
| Assignment | Name of Staff | Title |
| Direct Evacuation Manager | | |
| Alternative Direct Evacuation Manager | | |
| Person Count | | |

| | | |
|-----------------------------------|--|--|
| First Aid | | |
| Telephone Emergency Numbers | | |
| Transportation | | |
| Other: _____ | | |
| Other: _____ | | |

| Emergency Telephone Numbers | | |
|------------------------------------|------------------------------|-------------------------|
| Name/Company | Contact Person's Name | Telephone Number |
| Fire | | 911 |
| Police | | 911 |
| Ambulance | | 911 |
| Poison Control | | |
| Health Consultant | | |
| Gas Company | | |
| Electric Company | | |
| Water Company | | |
| Electrician | | |

| | | |
|---|--|--|
| Plumber | | |
| Child Protective Services | | |
| Licensing Specialist/ Child Care Regulatory Specialist | | |
| Relocation Site #1 (See Page 6 for Details) | | |
| Relocation Site #2 (See Page 7 for Details) | | |
| Red Cross | | |
| Physician(s) | | |
| Dentist(s) | | |
| Hospital(s) | | |
| Other: _____ | | |
| Other: _____ | | |

Types of Disasters Most Likely to Occur In or Around the Program Area

| Disaster Type | Describe how each disaster might affect the child care program |
|--------------------------|--|
| 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. Attach a copy(ies) to this plan. | Exit path copies attached? | Circle one: Yes No |

| Utility Shut-off locations | | | |
|----------------------------|----------|-----------------|----------|
| Name of Utility | Location | Name of Utility | Location |
| Electricity | | Gas | |
| Water | | Other: | |

| 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 | |
|--|--|
| Describe how program staff will be trained on disaster plan procedures. | |
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| | |
| Describe how parents will be notified of the emergency or relocation. Include plans for reunifying parents and children. (A copy of page 6 of this plan must be provided to parents annually) | |
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| Describe how the program will coordinate with local emergency management officials. | |
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| Describe disaster plan procedures to address the needs of individual children, including children with special needs, infants, etc. | |
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| Completion Date and Annual Review | |
|--|--|
| Date the Emergency plan was completed | |
| Date the emergency plan will be reviewed and updated | |

| Continuity of Operations - Procedures for Maintaining Essential Functions | |
|--|--|
| Describe how will you ensure essential functions can be maintained so children are safe and healthy during an emergency: | |
| Toileting/Diapering | |
| Feeding | |
| Sleeping | |

| | |
|---|--|
| Engagement (age-appropriate play materials, books, toys, etc. so that children can be engaged in play during an emergency). | |
|---|--|

| Relocation Site#1 for Disaster or Emergencies | | | | |
|--|------------------------|-------|----------|------------------|
| Location to which you and the children will evacuate nearby – Include a simple map of route as well as directions. | | | | |
| Name of facility | | | | |
| Facility Address | Street address | | | |
| | | WV | | |
| | City | State | Zip Code | Telephone Number |
| | 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 a 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 | | | |
| | | WV | | |
| | 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:

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