



West Virginia Department  
of  
Human Services

**Emergency Plan**  
Family Child Care Homes, Informal/Relative Homes, and  
In-Home

**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 (See Page 5 for details)		
Relocation Site #2 (See Page 5 for details)		
Red Cross		
Physician (s)		
Dentist (s)		
Hospital (s)		
Other:		
Other:		

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**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
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**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	

**Communications**

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>(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>	<table border="1"> <tr><td></td></tr> <tr><td></td></tr> <tr><td></td></tr> <tr><td></td></tr> </table>				
<p>Schools</p>					
<p>Churches</p>					
<p>Child Care Resource and Referral Agency</p>					
<p>Others</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>	
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<b>Completion Date and Annual Review</b>	
Date the Emergency plan was completed	
Date the emergency plan will be reviewed and updated	
<b>Continuity of Operations - Procedures for Maintaining Essential Functions</b>	
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).	

<b>Relocation Site#1 for Disaster or Emergencies</b>			
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		
		WV	
	City	State	Zip Code
			Telephone Number

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

Name of facility	
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Facility Address	Street address			
		WV		
	City	State	Zip Code	Telephone Number

Directions to facility	
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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			
		WV		
	City	State	Zip Code	Telephone Number

Directions to facility	
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