



West Virginia Department of
Health and Human Resources



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 | | 911 |
| Police | | 911 |
| Ambulance | | 911 |
| 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: | | |

| 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 | |

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. (A copy of page 5 of this plan must be provided to parents annually) | |
| Describe how you will coordinate with local emergency management officials. | |
| Schools | |

| | |
|---|--|
| Churches | |
| Child Care Resource and Referral Agency | |
| Others | |

| | |
|---|--|
| 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. | |
|---|--|

| | |
|--|--|
| 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 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 Location to which you and the children will evacuate out of the immediate Relocation Site #2 needs to be a further distance | | | | |
|--|----------------|-------|----------|------------------|
| 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:

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