



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 | | 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 | |

| | |
|---|--|
| | |
| 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> | |
| | |
| | |
| | |
| | |
| Describe how you will coordinate with local emergency management officials. | |
| Describe disaster plan procedures to address | |

| | |
|---|--|
| <p>the needs of individual children, including children with special needs, infants, etc. Emergency responders will appreciate knowing about any special needs.</p> | |
| Completion Date and Annual Review | |
| <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 | | | | |