



West Virginia Department of  
Health and Human Resources

**Emergency Plan**  
Family Child Care Homes and Informal/Relative 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 (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**

<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>	
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.	
---	--

<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				

<b>Relocation Site#2 for Disaster</b> 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			