EMERGENCY PREPAREDNESS AND RESPONSE PLAN
(Required by Standards for Licensed Family Day Homes 22 VAC 40-111-800, 810, & 820)

Name of Family Day Home

A. Name, Address, and Telephone Number of Person to Provide Emergency Backup Care (must be 18 years of age and be able to arrive at the home within 10 minutes):

__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

B. EVACUATION (Due to Fire or _____________________________________________________)

Primary Route to Exit the Home (try to avoid hazardous areas such as furnace room, wooden stairs, and take advantage of firewalls)

__________________________________________________________________________________
__________________________________________________________________________________

Secondary Route to Exit the Home:

__________________________________________________________________________________

Designated Safe Assembly Point Outside the Home:

__________________________________________________________________________________

Method Used to Alert Provider of Emergency:

__________________________________________________________________________________

Method to Alert Children, Caregivers, and Household Members of Emergency:

__________________________________________________________________________________

Methods to Ensure Everyone is Evacuated (room searches, head counts):

__________________________________________________________________________________

Methods to Alert Emergency Responders After Evacuation (who calls 911/how?):

__________________________________________________________________________________
Methods to Alert Emergency Back-up Caregiver (how will her contact information be available at the assembly point?)

Methods to Ensure Everyone Arrived Safely at Assembly Point:

Methods to Ensure Children’s Safety and Supervision at Assembly Point: (who will supervise children while someone meets emergency responders; how will emergency supplies such as blankets, medications, water, telephones, protection from rain/snow be readied and how will these supplies be made available at the assembly point):

Methods to Ensure Children’s and Caregiver’s Emergency Contact Information is Available After Evacuation:

Methods to Contact Parents After Evacuation:

Methods to Ensure Children are Released Only to Parent or Designated Person:
C. SHELTER IN PLACE (Due to Tornado, Severe Storms, Loss of Utilities, or ______________)

Designated Safe Location Within the Home: ____________________________________________
__________________________________________________________________________________

Primary Route to Safe Location ________________________________________________________
__________________________________________________________________________________

Secondary Route to Safe Location: ______________________________________________________
__________________________________________________________________________________

Method Used to Alert Provider of Emergency: __________________________________________
__________________________________________________________________________________

Method to Alert Children, Caregivers, and Household Members of Emergency: __________
__________________________________________________________________________________

Methods to Ensure Everyone is Moved to Safe Location (using daily attendance sheet, performing room searches and head counts, etc): _________________________________
__________________________________________________________________________________

Methods to Alert Emergency Responders After Arrival in Safe Location (who calls 911/how?):
__________________________________________________________________________________

Methods to Ensure Everyone Arrived at Safe Location (using daily attendance sheet, performing room searches and head counts, etc): _________________________________
__________________________________________________________________________________

Methods to Ensure Children’s Safety and Supervision at Safe Location: (who will supervise children while someone meets emergency responders; how will emergency supplies such as blankets, medications, water, food, toileting supplies, telephone be readied and how will these supplies be made available at the safe location):
__________________________________________________________________________________

__________________________________________________________________________________
Methods to Ensure Children’s and Caregiver’s Emergency Contact Information is Available After Movement to Safe Location:

Methods to Contact Parents:

Methods to Ensure Children are Released Only to Parent or Designated Person:

D. RELOCATION (Due to flooding, loss of utilities, or ________________________________)

Designated Relocation Site Away from the Area of the Home:

Method Used to Alert Provider of Emergency:

Method to Alert Children, Caregivers, and Household Members of Emergency:

Methods to Alert Emergency Back-up Caregiver (how/when will she be contacted)

Method to Alert Relocation Site:
Method to Transport Children and Caregivers to Relocation Site (prior arrangements made for emergency transportation resources, if necessary):
____________________________________________________________________________________

Method to Alert Extra Transportation Providers:
____________________________________________________________________________________

Methods to Ensure Everyone is Moved to Relocation Site (using daily attendance record, performing room searches and head counts):
____________________________________________________________________________________
____________________________________________________________________________________

Primary Route to Relocation Site
____________________________________________________________________________________
____________________________________________________________________________________

Secondary Route to Relocation Site:
____________________________________________________________________________________

Methods to Ensure Everyone Arrived Safely at Relocation Site (using daily attendance record, head counts, name tags):
____________________________________________________________________________________

Methods to Ensure Children’s Safety and Supervision at Relocation Site: (who will supervise children; how will emergency supplies such as blankets, medications, water, food, telephones be readied and how will these supplies be made available at the relocation site):
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
Methods to Ensure Children’s and Caregiver’s Emergency Contact Information is Available After Relocation:

____________________________________________________________________________________

Methods to Contact Parents After Relocation:

____________________________________________________________________________________

Methods to Ensure Children are Released Only to Parent or Designated Person:

____________________________________________________________________________________

____________________________________________________________________________________

____________________________  _______________________________________________________
Date Plan Prepared     Provider’s Signature

__________________________
Date of Annual Plan Review

Plan Updated  [ ] Yes  [ ] No   If yes, date assistant and substitute provider trained_________

____________________________
Provider’s Signature

__________________________
Date of Annual Plan Review

Plan Updated  [ ] Yes  [ ] No   If yes, date assistant and substitute provider trained_________

____________________________
Provider’s Signature

__________________________
Date of Annual Plan Review

Plan Updated  [ ] Yes  [ ] No   If yes, date assistant and substitute provider trained_________

____________________________
Provider’s Signature