EMERGENCY PREPAREDNESS AND RESPONSE PLAN
(Subsidy Requirements for Family Day Homes 22VAC40-665-400)

Name of Family Day Home

A. The following procedures will be followed if evacuation, shelter-in-place; lockdown, or relocation is necessary. Procedures will be specific to the action required in response to the emergency:

Method Used to Alert Caregivers and Occupants of Emergency:

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

Methods to Ensure Everyone Arrived at Safe Location and is accounted for (using daily attendance sheet, performing room searches and head counts, etc.):

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 Staff’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:

________________________________________________________

________________________________________________________

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 (The following procedures will be followed if evacuation is necessary due to fire, severe storms, flooding, tornadoes, loss of utilities, earthquakes, intruders, violence on or near the premises, chemical spills, and facility damage or situations that may require evacuation. Evacuation routes are posted near the exits of the home). Evacuation drills will be conducted monthly and recorded on the *Monthly Evacuation, Shelter in Place, and Annual Lockdown Drill Record.*

Primary Route to Exit the Home:

________________________________________________________

________________________________________________________

Secondary Route to Exit the Home:

________________________________________________________

________________________________________________________

Designated Safe Assembly Point Outside the Home:

________________________________________________________

________________________________________________________
Methods for home containment:

C. SHELTER IN PLACE (The following procedures will be followed if shelter-in-place is necessary due to severe storms, tornados, earthquakes, intruders, violence on or near the premises, chemical spills, and facility damage or situations that may require shelter-in-place. Shelter-in-place procedures are posted near the exits of the home. Shelter-in-place drills will be conducted twice annually and recorded on the Monthly Evacuation, Shelter in Place, and Annual Lockdown Drill Record.

Designated Safe Location Within the Home:

Note: The children and the provider will remain in the home until recued or notified that conditions are safe.

Primary Route to Safe Location:

Secondary Route to Safe Location:

Provisions for transporting children to the shelter if necessary:

Location of shelter-in-place supplies:
D. LOCKDOWN (The following procedures will be followed if lockdown is necessary due to a situation where children need to be isolated from a security threat and access within and to the home needs to be restricted; or other situations that may require lockdown). Lockdown drills will be conducted annually and recorded on the Monthly Evacuation, Shelter in Place, and Annual Lockdown Drill Record.

Designated Safe Location Within the Home:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Note: The children and the provider will remain in the home until rescued or notified that conditions are safe.

Primary Route to Safe Location:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Secondary Route to Safe Location:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Provisions for transporting children to the shelter if necessary:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Methods to contact parents, guardians, and emergency contacts with alternate plans if different instructions received from emergency personnel:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Location of shelter-in-place supplies:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
E. **RELOCATION** (The following procedures will be followed if relocation is necessary due to fire, severe storms, flooding, tornadoes, loss of utilities, earthquakes, intruders, violence on or near the premises, chemical spills, and facility damage or situations that may require evacuation).

Designated Relocation Site Away from the Area of the Home:


Method Used to Alert Staff, Children, and Occupants of Emergency:


Method to Alert Relocation Site:


Method to Transport Children and Staff 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:

_________________________________________________________________________

_________________________________________________________________________

F. ADDITIONAL INFORMATION:

Location of Mobile emergency kit supplies:

_________________________________________________________________________

_________________________________________________________________________

*Supplies appropriate for the ages of the children in care will be maintained as part of the mobile emergency kit. Emergency supplies will be checked monthly and recorded on the evacuation drill form.

Methods to for contacting poison control, health department, local media, etc.:

_________________________________________________________________________

_________________________________________________________________________

Accommodations or special requirements for infants, toddlers, and children with special needs:

_________________________________________________________________________

_________________________________________________________________________

Methods to ensure essential documents to include attendance record, parent contact information and special health supplies are carried to the designated assembly points:

_________________________________________________________________________

_________________________________________________________________________

Methods for continuing operations during an emergency:

_________________________________________________________________________

_________________________________________________________________________
VDSS Model Form

Other special procedures:

<table>
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<tr>
<th>Date Plan Prepared</th>
<th>Provider’s Signature</th>
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<tr>
<th>Date of Annual Plan Review</th>
<th>Provider’s Signature</th>
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Plan Updated  ☐ Yes  ☐ No  If yes, date assistant and substitute provider trained ________

FDH-Emergency Preparedness & Response Plan

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