



West Virginia Department of  
Health and Human Resources  
**Emergency Plan**  
Child Care Center and Family Child Care Facility



**Child Care Program Information**

Name of Child Care Service/Name of Location if Different				
Physical Address	Street address			
		WV		
	City	State	Zip Code	Telephone Number

**Primary Emergency Contact at Child Care Program**

Name		Position	
Telephone Number		Alternate Telephone Number	
Email Address			

**Staff Assignments During an Emergency**

Assignment	Name of Staff	Title
Direct Evacuation Manager		
Alternative Direct Evacuation Manager		
Person Count		
First Aid		
Telephone Emergency Numbers		

Transportation		
Other: _____		
Other: _____		

<b>Emergency Telephone Numbers</b>		
<b>Name/Company</b>	<b>Contact Person's Name</b>	<b>Telephone Number</b>
Fire		<b>911</b>
Police		<b>911</b>
Ambulance		<b>911</b>
Poison Control		
Health Consultant		
Gas Company		
Electric Company		
Water Company		
Electrician		
Plumber		
Child Protective Services		
Licensing Specialist/ Child Care Regulatory Specialist		

Relocation Site #1 (See Page 6 for Details)		
Relocation Site #2 (See Page 7 for Details)		
Red Cross		
Physician(s)		
Dentist(s)		
Hospital(s)		
Other: _____		
Other: _____		

<b>Types of Disasters Most Likely to Occur In or Around the Program Area</b>	
<b>Disaster Type</b>	<b>Describe how each disaster might affect the child care program</b>
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:	

<b>Communications</b>	
Describe how program staff will be trained on disaster plan procedures.	
Describe how parents will be notified of the emergency or relocation. Include plans for reunifying parents and children.  (A copy of page 6 of this plan must be provided to parents annually)	

Describe how the program will coordinate with local emergency management officials.	
Describe disaster plan procedures to address the needs of individual children, including children with special needs, infants, etc.	

<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 or Emergencies</b>				
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			
		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 are 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				