



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		
Alternate Direct Evacuation Manager		
Person Count		
First Aid		
Telephone Emergency Numbers		
Transportation		
Other: _____		
Other: _____		

Emergency Telephone Numbers		
Name/Company	Contact Person's Name	Telephone Number
Fire		911
Police		911
Ambulance		911
Poison Control		
Health Consultant		
Gas Company		
Electric Company		
Water Company		
Electrician		
Plumber		
Child Protective Services		
Licensing / Child Care Regulatory Specialist		
Relocation Site #1 (See Page 6 for details)		
Relocation Site #2 (See Page 6 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

<p align="center">Post a floor plan showing exit path at each room exit. Attach a copy(ies) to this plan.</p>	<p align="center">Exit path copies attached?</p>	<p align="center">Circle one: Yes No</p>
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Utility Shut-off locations

Name of Utility	Location	Name of Utility	Location
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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.,) or needs assistance with transporting children in an emergency, please list phone numbers and contact names at the pick-up locations or agency(ies) assisting with transportation.

Local Emergency Management Officials	
Businesses	
Schools	
Churches	
Child Care Resource and Referral Agency	
Others	

Communications

Describe how program staff will be trained on disaster plan	
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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.	
Completion Date and Annual Review	
Date the Emergency plan was completed	
Date the emergency plan will be reviewed and updated	

Relocation Sites- Please copy for parents upon request.

Facility/Center Name	
Address of Facility/Center	
Phone Number	

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 one of the locations listed below:

Relocation Site#1 for Disaster or Emergencies

Location to which the program 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 the program 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		
Directions to facility			

If necessary, children will be transported to this health care facility:

Facility Address	Street address			
	City	State	Zip Code	Telephone Number
Directions to facility				