

Emergency Plan

Child Care Center and Family Child Care Facility

Child Care Program Information				
Name of program				
Program 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: _____				
Other: _____				
Other: _____				
Other: _____				

Emergency Telephone Numbers		
Name/Company	Contact Person's Name	Telephone Number
Fire		911
Police		911
Ambulance		911
Poison Control	National Poison Control Hotline	1-800-222-1222
Health Consultant		
Gas Company		
Electric Company	Allegheny Power Company	1-800-255-3443
Water Company		
Electrician		
Plumber		
Child Protective Services		
Licensing Specialist/ Child Care Regulatory Specialist		
Relocation Site #1		
Relocation Site #2		
Red Cross	Eastern Panhandle Chapter, American Red Cross Kearneysville, WV	304-725-5015
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	
Other:	
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
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Utility Shut-off locations

Name of Utility	Location	Name of Utility	Location
Electricity		Gas	
Water		Other:	

Relocation Site#1 for Disaster or Emergencies

Location to which the program will evacuate nearby

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

Relocation Site#2 for Disaster or Emergencies

Location to which the program will evacuate out of the immediate area

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

**Disaster Plan Coordination
Name and Phone Number**

Local Emergency Management Officials	<p align="center">Barbara Miller, Director (304) 728-3290 Terri Mehling, Deputy Director (304) 728-3329 If you call 725-8484, they will know who the EM on call is if you do not get an answer at the above numbers</p>
Businesses	
Schools	
Churches	
CCR&R	
Others	

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Communications

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.

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.

**Emergency Contact Information
Annual Review**

Date the emergency plan will be reviewed and updated

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Parent Disaster Plan Information Form

(Must be given to parents at least annually)

Child Care Program Information				
Name of program				
Program 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:				

In the event the facility must be evacuated because of a confined emergency, the staff and children will leave the building and gather in the immediate area at:

Relocation Site#1 for Disaster or Emergencies				
Location to which the program will evacuate nearby				
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:

Relocation Site#2 for Disaster or Emergencies

Location to which the program will evacuate out of the immediate area

Name of facility				
Facility Address	Street address			
	City	State	Zip Code	Telephone Number
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				