

EMERGENCY PREPAREDNESS AND RESPONSE PLAN

Date:	Name of Family Day Care Home:
LOCATION	
Family Day Care Home Physical Address:	
Nearest Major Intersection:	
Hours of Operation:	Days of Operation:
CONTACT INFORMATION	
Provider's Landline Tel. Number:	Provider's Mobile Tel. Number:
EMERGENCY BACK-UP CONTACT INFORMATION	
<i>The designated person to provide emergency backup care must be 18 years of age and be able to arrive at the home within 10 minutes.</i>	
Name of Emergency Back-Up:	Emergency Back-up Address:
Emergency Back-up Landline Tel. Number:	Emergency Back-up Mobile Tel. Number:
LICENSE INFORMATION / CAPACITY	
Number of Caregiver(s):	Maximum Children Capacity:
Age Range of Children (choose all that apply): <input type="checkbox"/> 0-12 months <input type="checkbox"/> 12-24 months <input type="checkbox"/> 2 years <input type="checkbox"/> 3-5 years <input type="checkbox"/> School-age	Disabilities or Those with Access and Functional Needs of Any Children and Staff (choose all that apply): <input type="checkbox"/> Wheelchair-bound <input type="checkbox"/> Crib-bound <input type="checkbox"/> Other: _____
LAYOUT OF FAMILY DAY HOME	
Number of Floor(s):	

EMERGENCY PREPAREDNESS AND RESPONSE PLAN

EVACUATION

Reason for Evacuation (ex: fire): _____

Method Used to Alert Provider of Emergency:

- Radio station(s) TV station(s)
 Cellphone Alert System
 Website (enter URL): _____
 Social Media: _____
 Other: _____

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

- Intercom Loud buzzer, whistle, or bell
 Flashing lights Loud alarms
 Vibrating alarm system
 Other: _____

Methods to Ensure Everyone is Evacuated:

- Family Day Home Room Searches
 Head Count of all children, caregiver(s), and household member(s)
 Children roster
 Other: _____

Methods to Alert Emergency Responders After Evacuation:

- Who is in charge in an emergency?
 First and Last Name: _____
 Who calls 911?
 First and Last Name: _____
 How is 911 going to be called? _____
 Other: _____

Method to Alert Emergency Back-up Caregiver: _____

PRIMARY Route to Exit the Family Day Home:

SECONDARY Route to Exit the Family Day Home:

Designated Safe Evacuation Assembly Point Away from Home: _____

Nearest intersection(s): _____

Method to Account for all Children at Evacuation Assembly Point:

Methods to ensure essential documents, including emergency contact information, medications, and supplies are taken to the Safe Assembly Point:

Methods of Communication with Parents and Emergency Responders:

Methods to Contact Parents After Evacuation:

- Phone Call Text Message E-mail Social Media: _____ Other: _____

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

Procedures to reunite children with a parent or authorized person designated by the parent to pick up the child:

EMERGENCY PREPAREDNESS AND RESPONSE PLAN

SHELTER-IN-PLACE

Reason for Shelter-in-Place (ex: tornado, severe storms):

Method Used to Alert Provider of Emergency:

- Radio station(s) TV station(s)
 Cellphone Alert System
 Website (enter URL): _____
 Social Media: _____
 Other: _____

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

- Intercom Loud buzzer, whistle, or bell
 Flashing lights Loud alarms
 Vibrating alarm system
 Other: _____

Methods to Ensure Everyone is Moved to Safe Shelter-in-Place Location Within the Home:

- Family Day Home Room Searches
 Head Count of all children, caregiver(s), and household member(s)
 Children roster
 Other: _____

Methods to Alert Emergency Responders After Shelter-in-Place:

- Who is in charge in an emergency?
 First and Last Name: _____
 Who calls 911?
 First and Last Name: _____
 How is 911 going to be called? _____
 Other: _____

Method to Alert Emergency Back-up Caregiver:

PRIMARY Route to Safe Location Within the Home:

SECONDARY Route to Safe Location Within the Home:

Designated Safe Shelter-in-Place Location Within the Home:

Method to Account for all Children at Shelter-in-Place Assembly Point:

Methods to ensure essential documents, including emergency contact information, medications, and supplies are taken to the safe location:

Methods of Communication with Parents and Emergency Responders:

Methods to Contact Parents After Shelter-in-Place:

- Phone Call Text Message E-mail Social Media: _____ Other: _____

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

Procedures to reunite children with a parent or authorized person designated by the parent to pick up the child:

EMERGENCY PREPAREDNESS AND RESPONSE PLAN

LOCKDOWN

Reason for Lockdown (ex: active shooter, police activity):

Method Used to Alert Provider of Emergency:

- Radio station(s) TV station(s)
 Cellphone Alert System
 Website (enter URL): _____
 Social Media: _____
 Other: _____

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

- Intercom Loud buzzer, whistle, or bell
 Flashing lights Loud alarms
 Vibrating alarm system
 Other: _____

Methods to Ensure Everyone is Moved to Safe Lockdown Location Within the Home:

- Family Day Home Room Searches
 Head Count of all children, caregiver(s), and household member(s)
 Children roster
 Other: _____

Methods to Alert Emergency Responders After Lockdown:

- Who is in charge in an emergency?
 First and Last Name: _____
 Who calls 911?
 First and Last Name: _____
 How is 911 going to be called? _____
 Other: _____

Method to Alert Emergency Back-up Caregiver:

PRIMARY Route to Exit the Family Day Home:

SECONDARY Route to Exit the Family Day Home:

Designated Safe Lockdown Location Within the Home:

Methods to Account for all Children at Lockdown Assembly Point:

Methods to ensure essential documents, including emergency contact information, medications, and supplies are taken to the Safe Assembly Point:

Methods of Communication with Parents and Emergency Responders:

Methods to Contact Parents After Lockdown:

- Phone Call Text Message E-mail Social Media: _____ Other: _____

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

Procedures to reunite children with a parent or authorized person designated by the parent to pick up the child:

EMERGENCY PREPAREDNESS AND RESPONSE PLAN

RELOCATION

Reason for Relocation (ex: flooding, loss of utilities):	
Method Used to Alert Provider of Emergency: <input type="checkbox"/> Radio station(s) <input type="checkbox"/> TV station(s) <input type="checkbox"/> Cellphone Alert System <input type="checkbox"/> Website (enter URL): _____ <input type="checkbox"/> Social Media: _____ <input type="checkbox"/> Other: _____	Method to Alert Children, Caregivers, and Household Members of Emergency: <input type="checkbox"/> Intercom <input type="checkbox"/> Loud buzzer, whistle, or bell <input type="checkbox"/> Flashing lights <input type="checkbox"/> Loud alarms <input type="checkbox"/> Vibrating alarm system <input type="checkbox"/> Other: _____
Methods to Ensure Everyone is Moved to Safe Relocation Site: <input type="checkbox"/> Family Day Home Room Searches <input type="checkbox"/> Head Count of all children, caregiver(s), and household member(s) <input type="checkbox"/> Children roster <input type="checkbox"/> Other: _____	Methods to Alert Emergency Responders After Relocation, if applicable: <input type="checkbox"/> Who is in charge in an emergency? First and Last Name: _____ <input type="checkbox"/> Who calls 911? First and Last Name: _____ <input type="checkbox"/> How is 911 going to be called? _____ <input type="checkbox"/> Other: _____
Methods to Alert Emergency Back-up Caregiver:	
PRIMARY Route to Exit the Family Day Home:	SECONDARY Route to Exit the Family Day Home:
Designated Safe Relocation Site Away from the Home:	Methods to Alert Relocation Site:
Method to Transport Children and Caregivers to Relocation Site:	Method to Alert Extra Transportation Providers:
Method to Account for all Children at Relocation Site:	
Methods to ensure essential documents, including emergency contact information, medications, and supplies are taken to the Safe Assembly Point:	
Methods of Communication with Parents and Emergency Responders:	
Methods to Contact Parents After Relocation: <input type="checkbox"/> Phone Call <input type="checkbox"/> Text Message <input type="checkbox"/> E-mail <input type="checkbox"/> Social Media: _____ <input type="checkbox"/> Other: _____	
Accommodations or special requirements for infants, toddlers, and children with special needs:	
Procedures to reunite children with a parent or authorized person designated by the parent to pick up the child:	

EMERGENCY PREPAREDNESS AND RESPONSE PLAN

ANNUAL PLAN REVIEW

Date of Annual Plan Review: _____

Plan Updated: Yes No If yes, date caregivers trained: _____

Provider's Signature: _____

Date of Annual Plan Review: _____

Plan Updated: Yes No If yes, date caregivers trained: _____

Provider's Signature: _____

Date of Annual Plan Review: _____

Plan Updated: Yes No If yes, date caregivers trained: _____

Provider's Signature: _____

Date of Annual Plan Review: _____

Plan Updated: Yes No If yes, date caregivers trained: _____

Provider's Signature: _____