## EMERGENCY PREPAREDNESS AND RESPONSE PLAN

(Required by Standards for Licensed Family Day Homes 22 VAC 40-111-800, 810, & 820)

Name of Family Day Home				
<b>A.</b>	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):			
В.	EVACUATION (Due to Fire or)			
	imary Route to Exit the Home (try to avoid hazardous areas such as furnace room, wooden airs, and take advantage of firewalls)			
Se	condary Route to Exit the Home:			
De	esignated Safe Assembly Point Outside the Home:			
Mo	ethod Used to Alert Provider of Emergency:			
Mo	ethod to Alert Children, Caregivers, and Household Members of Emergency:			
Me	ethods to Ensure Everyone is Evacuated (room searches, head counts):			
Me	ethods to Alert Emergency Responders After Evacuation (who calls 911/how?)			

Methods to Alert Emergency Back-up Caregiver (how will her contact information be available at the assembly point?)		
Methods to Ensure Everyone Arrived Safely at Assembly Point:		
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 Caregiver'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:		

C. SHELTER IN PLACE (Due to Tornado, Severe Storms, Loss of Utilities, or)
Designated Safe Location Within the Home:
Primary Route to Safe Location
Secondary Route to Safe Location:
Method Used to Alert Provider of Emergency:
Method to Alert Children, Caregivers, and Household Members of Emergency:
Methods to Ensure Everyone is Moved to Safe Location (using daily attendance sheet, performing room searches and head counts, etc):
Methods to Alert Emergency Responders After Arrival in Safe Location (who calls 911/how?)
Methods to Ensure Everyone Arrived at Safe Location (using daily attendance sheet, performing room searches and head counts, etc):
Methods to Ensure Children's Safety and Supervision at Safe Location: (who will supervise children while someone meets emergency responders; how will emergency supplies such as blankets, medications, water, food, toileting supplies, telephone be readied and how will these supplies be made available at the safe location):

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Methods to Ensure Children's and Caregiver's Emergency Contact Information Movement to Safe Location:	
Methods to Contact Parents:	
Methods to Ensure Children are Released Only to Parent or Designated Per	rson:
D. RELOCATION (Due to flooding, loss of utilities, or	
Designated Relocation Site Away from the Area of the Home:	
Method Used to Alert Provider of Emergency:	
Method to Alert Children, Caregivers, and Household Members of Emerge	ncy:
Methods to Alert Emergency Back-up Caregiver (how/when will she be con	tacted)
Method to Alert Relocation Site:	

Method to Transport Children and Caregivers 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:		
Methods to Ensure Everyone Arrived Safely at Relocation Site (using daily attendance record, head counts, name tags):		
Methods to Ensure Children's Safety and Supervision at Relocation Site: (who will supervise children; how will emergency supplies such as blankets, medications, water, food, telephones be readied and how will these supplies be made available at the relocation site):		

	and Caregiver's Emergency Contact Information is Available After
Methods to Contact Parents A	fter Relocation:
Methods to Ensure Children a	re Released Only to Parent or Designated Person:
Date Plan Prepared	Provider's Signature
Date of Annu	ual Plan Review
Plan Updated  Yes  No	If yes, date assistant and substitute provider trained
Provider's Signature	
Date of Annu	ual Plan Review
Plan Updated  Yes No	If yes, date assistant and substitute provider trained
Provider's Signature	
Date of Annu	ual Plan Review
Plan Updated 🗌 Yes 🗌 No	If yes, date assistant and substitute provider trained
Provider's Signature	