

Childcare Facilities

Facility: _____

Facility Address: _____

Hours of Operation _____

Number: () - Ask for: _____

After hours/Emergency: () - Ask for: _____

Email _____

1. What types of Child Care are performed at this facility?
____ Infant ____ Pre-K ____ Afterschool ____ Other: _____
2. What is your capacity? _____
3. What is your average population? _____
4. Number of infants or mobility impaired on average: _____
5. Do you have any children with functional needs? _____
6. Do you have backup power? Yes: ____ Type: _____ No: ____
Contract in place for backup generators? Yes: _____ No: _____
7. Do you have a plan for continuity of business? Yes: _____ No: _____
8. Do you have an emergency plan for disasters? Yes: _____ No: _____
9. Do you have a NOAA Weather Radio: Yes: ____ No: _____
Alternate method of warning reception: _____
10. Do you have a safe room? _____ FEMA Compliant or other area of
refuge? _____
11. Transportation plan for employees for winter weather: Yes: ____ No: ____
Plan calls for: _____
12. Transportation plan for evacuation of children if needed: Yes: ____ No: ____
Plan calls for: _____
13. Do have food, blankets, and other supplies to support overnight stay?

14. Do you have a reunification plan with accountability of children if your
facility is affected? _____

Notes _____

Date: __ / __ / ____ Time __: __ EMA Zone: _____