**Please email form back to ccrrtraining@snhs.org**

**Or mail to SNHS: Southern / Main Office,**

**Attn: Shaquanna McEachern, Training and TA Specialist**

**88 Temple Street, Nashua, NH 03060 by Friday, February 2, 2018**

Program Name: Click here to enter text. Program License ID: Click here to enter text.

Program Address/Region: Click here to enter text.

Contact Person and Role: Click here to enter text.

Email: Click here to enter text. Phone: Click here to enter text.

Program Capacity: Click here to enter text. Total Number of Staff: Click here to enter text.

Type of Program: Choose an item.

**Emergency Operation Planning in Child Care Cohort**

The EOP Cohort, is a new initiative for CCAoNH, intended for child care centers and family child care providers. This unique opportunity is being piloted for the first year in Greater Manchester and Greater Concord. The participating programs will develop a comprehensive and sustainable EOP with a cohort-model approach facilitated by a CCAoNH Training and TA Specialist. This Cohort, to assist with satisfying Child Care Licensing Rules, will be provided with resources and tools to better prepare for, respond to, and recover from the next incident, emergency or major disaster. In addition, this Cohort will assist in creating and informing a user-friendly guide for statewide use for any child care personnel to utilize in their own EOP process*. Please respond to the questions below. Your responses will be used to assess your program eligibility and needs for this pilot program.*

1. Has your program participated in the Progressive Training and Technical Assistance Program (PTTAP) focused on the Program Emergency Preparedness and Response initiative offered by Child Care Aware of New Hampshire? [ ]  Yes (Year? Choose an item.) [ ]  No [ ]  Unsure
2. Does your program have an emergency operations plan?

[ ]  Yes [ ]  No (If no, skip question 3.)

1. What does your emergency operations plan include (Please be specific)?



1. What training, if any, have you or your staff taken on emergency preparedness and response? If no one has had training on this topic, please leave blank.



1. Does your program have a formalized chain of command for how emergencies are handled? Please describe:



1. When considering your existing plan, how would you rate your prior knowledge and competence in the following topics:

*Please rate your competence level, on a scale of 1 to 5, check the box that applies.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | *5-Highly Competent* | *4- Very Competent* | *3-Competent* | *2-Fairly Competent* | *1-Not Competent* |
| Continuity of Operations Plan (COOP) |[ ] [ ] [ ] [ ] [ ]
| Mitigation Checklist |[ ] [ ] [ ] [ ] [ ]
| Trauma Informed Services |[ ] [ ] [ ] [ ] [ ]
| Child Reunification Process |[ ] [ ] [ ] [ ] [ ]
| Response Drills |[ ] [ ] [ ] [ ] [ ]

1. What response drills does your program practice on a regular basis?

Check all that apply and circle the frequency of these drills.

[ ]  Fire Drills: Frequency: Choose an item.

[ ]  Drop, Cover and Hold: Frequency: Choose an item.

[ ]  Secure Campus: Frequency: Choose an item.

[ ]  Shelter-in-Place: Frequency: Choose an item.

[ ]  Lockdown: Frequency: Choose an item.

[ ]  Evacuation: Frequency: Choose an item.

[ ]  Reverse Evacuation: Frequency: Choose an item.

1. Are you familiar with the following Phases of Emergency Management?

Choose the most appropriate response.

Prevention: Choose an item.

Preparedness/Protection: Choose an item.

Mitigation: Choose an item.

Response: Choose an item.

Recovery: Choose an item.

1. Are you able to meet with this cohort every other month? Choose an item.
2. When is the best time for you to meet? Choose an item.
3. What day of the week is best for you? (Check all that apply):

[ ]  Monday [ ]  Tuesday [ ]  Wednesday [ ]  Thursday [ ]  Friday [ ]  Unsure

1. Which region is more convenient to meet in? Choose an item.