



Emergency Operation Planning in Child Care (EOP Cohort) Application Form



Child Care Aware of New Hampshire powered by Southern New Hampshire Services
Please email application to ccrtraining@snhs.org or mail it to
CCAoNH at 88 Temple Street, Nashua, NH 03060 by Friday, September 13, 2019.

Program Name: _____ Program License ID: _____

Program Address/Region: _____

Contact Person and Role: _____

Email: _____ Phone: _____

Program Capacity: _____ Total Number of Staff: _____

Type of Program (Circle one): Child Care Center Family Child Care Preschool Program

Emergency Operation Planning in Child Care Cohort

Child Care Aware of NH powered by Southern New Hampshire Services will be offering the Emergency Operations Planning (EOP) in Child Care Cohort. The **EOP Cohort** is intended for child care centers and family child care providers. This unique opportunity is being offered for its 3rd time. This year, we will be offering this cohort in the **Western region**. The participating programs will **enhance their existing EOP to be comprehensive, sustainable and well-practiced** to satisfy Child Care Licensing Rules. This cohort-model by a CCAoNH Training and TA Specialist, is intended to support this work. Throughout this cohort, resources and tools will be provided to better prepare for, respond to and recover from the next incident, emergency or major disaster.

Please respond to the questions below. Your responses will be used to assess your program eligibility and needs for this 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? _____) No Unsure
2. Does your program have an emergency operations plan?
(Circle one): Yes No (If no, skip question 3.)
3. What does your emergency operations plan include (Please be specific)?

4. 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.

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

6. 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 & Risk Assessment					
Weather Hazards & Alert Systems					
Child Reunification Process					
Response Drills					

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

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

- | | | | | |
|--|---------|-----------|----------|-------------|
| <input type="checkbox"/> Fire Drills: | Monthly | Quarterly | Annually | Other _____ |
| <input type="checkbox"/> Drop, Cover and Hold: | Monthly | Quarterly | Annually | Other _____ |
| <input type="checkbox"/> Secure Campus: | Monthly | Quarterly | Annually | Other _____ |
| <input type="checkbox"/> Shelter-in-Place: | Monthly | Quarterly | Annually | Other _____ |
| <input type="checkbox"/> Lockdown: | Monthly | Quarterly | Annually | Other _____ |
| <input type="checkbox"/> Evacuation: | Monthly | Quarterly | Annually | Other _____ |
| <input type="checkbox"/> Reverse Evacuation: | Monthly | Quarterly | Annually | Other _____ |

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

Circle the appropriate response.

- | | | | | |
|--------------------------|-----|----|--------|-------------|
| Prevention: | Yes | No | Unsure | Other _____ |
| Preparedness/Protection: | Yes | No | Unsure | Other _____ |
| Mitigation: | Yes | No | Unsure | Other _____ |
| Response: | Yes | No | Unsure | Other _____ |
| Recovery: | Yes | No | Unsure | Other _____ |

9. Are you able to meet with this cohort every other month? (Circle one): Yes No Unsure

10. Meetings will be held between 10:00 am & 3:00 pm, please select your preferred meeting time? (Circle all that apply): 10:00 am-1:00 pm 11:00 am-2:00 pm 12:00 pm-3:00 pm

11. What day of the week is best for you? (Circle all that apply):

- Monday Tuesday Wednesday Thursday Friday Unsure

12. Are you open to hosting the cohort meeting at your location (*Please note: your location must have adult seating*)? (Circle one): Yes No Unsure

Child Care Aware of NH is a Child Care Resource and Referral Program powered by Southern New Hampshire Services. The preparation of this flyer financed under a Contract with the State of NH, Department of Health and Human Services, Division of Economics and Housing Stability, Bureau of Child Development and Head Start Collaboration, with funds provided in part by the State of NH and the US Department of Health and Human Services.