Family Child Care Emergency Planning Cohort (FCCEP Cohort) Application Form

Please email form back to ccrtraining@snhs.org
Or mail to Child Care Aware of NH
Attn: FCCEP Cohort
88 Temple Street, Nashua, NH 03060 by Friday, August 16, 2019

Program Name: _____________________ Program License ID: ___________________

Program Address/Region: _____________________________________________________________

Your Name: _______________________________________________________________

Email: ______________________________________________ Phone: ________________________

Program Capacity: _____________________ Total Number of Staff: _____________________

Family Child Care Emergency Planning Cohort

The Family Child Care Emergency Planning Cohort is a unique opportunity being offered for the first time to programs operated from the home. The participating programs will enhance their existing Emergency Operations Plans to be comprehensive, sustainable and well-practiced to satisfy Child Care Licensing Rules. This cohort-model approach, facilitated by the CCAoNH Family Child Care Support 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 Family Child Care 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?
   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 (if applicable) taken on emergency preparedness and response? If no one has had training on this topic, please leave blank.
   ____________________________________________________________________________
   ____________________________________________________________________________
5. 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.*

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<thead>
<tr>
<th>Topic</th>
<th>5-Highly Competent</th>
<th>4-Very Competent</th>
<th>3-Competent</th>
<th>2-Fairly Competent</th>
<th>1-Not Competent</th>
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<td>Continuity of Operations Plan (COOP)</td>
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<td>Mitigation Checklist &amp; Risk Assessment</td>
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<td>Weather Hazards &amp; Alert Systems</td>
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<td>Child Reunification Process</td>
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<td>Response Drills</td>
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6. What response drills does your program practice on a regular basis?
Check all that apply and circle the frequency of these drills.

- [ ] Fire Drills: Monthly  Quarterly  Annually  Other___________
- [ ] Drop, Cover and Hold: Monthly  Quarterly  Annually  Other___________
- [ ] Secure Campus: Monthly  Quarterly  Annually  Other___________
- [ ] Shelter-in-Place: Monthly  Quarterly  Annually  Other___________
- [ ] Lockdown: Monthly  Quarterly  Annually  Other___________
- [ ] Evacuation: Monthly  Quarterly  Annually  Other___________
- [ ] Reverse Evacuation: Monthly  Quarterly  Annually  Other___________

7. 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___________

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

9. What day of the week is best for you? (Circle all that apply):
   Monday  Tuesday  Wednesday  Thursday  Friday  Unsure

10. Meeting will be held between 6:00 & 9:00 pm, please select your preferred meeting time?
    (Circle all that apply): 6:00-8:00 pm  6:30 -8:30 pm  7:00-9:00 pm

11. Are you open to hosting the cohort meeting at your program? (Must have adult seating.)
    (Circle one): Yes  No