



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

**Please email form back to [ccrtraining@snhs.org](mailto: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.

	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					

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