



## Emergency Operations Planning in Child Care (EOP Cohort) Application Form

Please email form back to [ccrrtraining@snhs.org](mailto: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: \_\_\_\_\_ 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**

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? \_\_\_\_\_)      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.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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

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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
<b>Continuity of Operations Plan (COOP)</b>					
<b>Mitigation Checklist</b>					
<b>Trauma Informed Services</b>					
<b>Child Reunification Process</b>					
<b>Response Drills</b>					

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 _____



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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. When is the best time for you to meet? (Circle one): Daytime      Evening      Unsure

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

Monday      Tuesday      Wednesday      Thursday      Friday      Unsure

12. Which region is more convenient to meet in? (Circle one): Manchester      Concord