

Foster Provider Instructions for Completion of Summary of Emergency Plan

1. Enter the county where the foster care home is located at the top left of the page.
2. Check the original box for the first summary submitted.
3. Check revised and resubmit plan any time there are significant changes.
4. **Site name:** Enter the name of the home or indicate Adult Foster Home (AFH-DD) or Children's Foster Home (CFH-DD).
5. **Type of facility:** Enter AFH-DD or CFH-DD.
6. **Number of residents/clients:** Enter the number of individuals supported in the home.
7. Indicate number of individuals, other than those listed in number six (6), who are usually present during the day and evening including licensed or certified provider and other family members.
8. **Resident disability care needs:** Place a number next to each item that represents the number of individuals in the home having that need.
9. If a specific need is not listed, please describe under additional significant condition(s).
10. **Principal contact:** Enter the licensee's information here even if the licensed or certified provider does not reside at the location.
11. **Secondary contact:** Enter a secondary contact or resident manager if applicable.
12. **Shelter in place:** Indicate the number of days worth of supplies on hand, must be a minimum of three (3).
13. **Emergency transportation:** Enter the additional supports needed for emergency transport in numbers.
14. **Site transportation:** Indicate the capacity the site has for transporting clients. If the site does not have capacity to transport all clients, alternate transportation providers must be identified.
15. **List of transportation providers:** Enter the names of your alternate transportation providers and if you have verbal or written agreements. In times of emergency some back up plans, such as use of local cab company, may not be available unless there is prior written agreement with the company.
16. **Evacuation arrangements:** Indicate the relocation address anticipated if an evacuation should be necessary. One location should be in the immediate area and one located out of area, in the event the local area plan is not available.
17. **Additional Resources:** list any additional resources you may have that may assist others in the area should an event occur: extra capacity, transportation, HAM radio, etc.
18. List any other important information necessary.
19. Indicate where the completed emergency plan can be located at the foster home. (Example: Located in file cabinet, next to resident records.)

The one page summary is due January 1 of each year. Initial foster care emergency plans are to be completed and one page summary submitted by January 1, 2011. If there is significant change in information, an updated plan should be submitted with the changes and again with the new year.