



SAFETY AND EMERGENCY PLAN

HEALTH CARE PLAN

Please answer the following questions and add any further comments you may have.

1. What physician will you be taking a foster child for needed medical care?

2. If need be, will you take a child to a physician specified by the caseworker?

3. How will you get the child to needed medical care? (car, buses, taxis, etc.)

4. If you have a car available, are you willing to transport the child for the necessary medical care?

5. Who will be available to get the child to the physician?

6. What hospital emergency room will you use for a medical emergency and how will you get a child there?

7. For working mothers, please specify backup plan and who can provide transportation?

8. Do you have emergency numbers, including poison control, by the phone, for use?

9. Are there any further comments?

Foster Parent Signature: _____ Date: _____

Foster Parent Signature: _____ Date: _____



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EMPLOYMENT CHILD CARE PLAN

WAC 388-148-1610 May I be employed if I am a Foster Parent?

- 1) *If you are a single parent or both parents of a two-parent household are employed outside the home, you must give the child-placing agency or the department a written outline of your plan for supervising the children under your care while you are working.*
- 2) *At least one parent must be available to respond to school crisis.*

Please write a summary or outline describing your plans for child care or day care while you are at work:

If licensing for child/children who will require day care Identify licensed day care facilities you have contacted and are available to take placement of a child in your care:

Day Care Name	Address	Telephone number
_____	_____	_____
_____	_____	_____

I/we understand that the APCH Licensor must be updated with child care/day care plans anytime placements have changed.

Foster Parent Signature: _____ Date: _____

Foster Parent Signature: _____ Date: _____

TRANSPORTATION CERTIFICATION

1. I certify that my vehicle is in safe operating condition.	Make of car:	Model:	Year:
2. I have a current Washington State Driver's license on file with the agency (APCH).	License #:	State:	Expiration Date:
3. I carry liability and insurance per agency requirement stated in Note above and on file with the agency (APCH).	Insurance Co:		Expiration Date:
Foster Parent Signature: _____ Date: _____			
Foster Parent Signature: _____ Date: _____			

HOME FLOOR PLAN

Please draw a basic floor plan of your home on the using the legends at the bottom of Page 4, "Evacuation Procedures Emergency Escape Plan". You may use a CAD drawing or Excel drawing on a separate sheet if it facilitates your work. Please, include a floor plan of each level. Please indicate the following:

1. Location of outside exits and windows
2. Location of exits from each room.
3. Location of smoke detectors and fire extinguisher.
4. Length and width of bedrooms used for foster children. Identify each room (i.e. master bedroom, foster bedroom, kitchen, etc.)
5. Draw in and identify furnishings in each foster bedroom.
6. Plan of escape in case of fire.

Escape Plan: In a fire or other emergency, you may need to evacuate your home, apartment or mobile home on a moment's notice. You should be ready to get out fast.

Develop an escape plan by drawing a floor plan of your residence. Using a black or blue pen, show the location of doors, windows, stairways, and large furniture. Indicate the location of emergency supplies (Disaster Supplies Kit), fire extinguisher, smoke detectors, collapsible ladders, first aid kits and utility shut off points. Next, use a colored pen to draw a broken line charting at least two escape routes from each room. Finally, mark a place outside of the home where household members should meet in case of fire.

Be sure to include important points outside such as garages, patios, stairways, elevators, driveways and porches. If your home has more than two floors, use an additional sheet of paper. Practice emergency evacuation drills with all household members at least two times each year

REUNION LOCATIONS:

1. **Right outside your home:**

2. **Alternate site in the neighborhood:**



SAFETY AND EMERGENCY PLAN

EVACUATION PROCEDURES EMERGENCY ESCAPE PLAN

This floor plan is for our home located at:

Signature of foster parent: _____ Date: _____

FLOOR PLAN: Floor 1

FLOOR PLAN: Floor 2

If there are additional floors, use the back of this sheet.

Use this legend in your layout:

Identify all interior and exterior doors and windows
Identify who sleeps in each bedroom

→	Normal Exit Route	DS	Disaster Supplies Kit	*	Reunion Location (outside)	[]	Windows
⇒	Emergency Exit	/	Doors	=	Stairways	+	First Aid Kit
FE	Fire Extinguisher -Class 2A -	~ ~	Collapsible Ladder				
!	Utility shut off	/S	Smoke Alarm	/CO2	Carbon dioxide Alarm		

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MEDICAL CARE STATEMENT AND EMERGENCY PLAN

1. The First Aid Kit is located: _____
(Kit must contain: Bandages, scissors, tweezers, Ace bandage, gauze and non-breakable/non-mercury thermometer.)
2. When First Aid and/or CPR are indicated, _____ and _____ are qualified to administer it.
3. If medical advice is needed, _____ will contact _____ who is a licensed medical provider at _____.
4. If transportation to a medical facility is necessary, _____ will transport the child or call _____ for emergency medical transportation.
5. When the situation is life-threatening, _____ will call _____ at this telephone number: _____.
6. _____ or _____ will document the date, youth's name, incident (including medical need and what happened), care given, and signature within _____ days of incident.
7. Emergency numbers which we keep by the phone include:

Emergency Aid	911
After Hours	360-689-7793 or 253-303-1730
Crisis Intervention	479-3033
Fire Department	911
Police	911
Poison Control Center	1-800-222-1222
CPS (Intake)	1-800-562-5624
8. Reporting a Run Away:
If the child has RUN AWAY, the incident must also be reported to:
 - (1) State social worker if available; if not available, then to
 - (2) Children's Administration Centralized Intake line at 1-800-562-5624, AND
 - (3) local law enforcement AND
 - (4) Washington State Patrol Missing Children's Clearinghouse at 1-800- 543-5678 AND
 - (5) APCH Case Manager assigned to the child.



SAFETY AND EMERGENCY PLAN

EMERGENCY EVACUATION PLAN

WAC 388-148-1460

Name of foster parents: _____

Address: _____

What actions will be taken by the person discovering fire, natural disaster or other emergency in the home?

What method will be used to “sound the alarm” to others on the premises?

Who will take responsibility for the children in the event of a fire, natural disaster or other emergency?

What action will be taken to evacuate the residence? If your home is more than one story, please include evacuation plan for each floor. Please include presence and location of fire ladders, if needed.

Describe the plan for notification regarding their whereabouts and well-being of the children following the evacuation.

What action will you take while waiting for the fire department or other emergency personnel and where will you meet family members?

Foster Parent Signature: _____ Date: _____

Foster Parent Signature: _____ Date: _____

DISASTER PREPAREDNESS

Each foster home is required to have a minimum of 72 hours food, water, clothing and medication for each family member. A basic disaster kit must include:

- 1 gallon of water per day/per person for three days, for drinking and sanitation
- 3 day supply of non-perishable food with manual can opener and if applicable, infant formula
- 3 day supply of medications
- First aid kit
- 3 day supply of clothing and diapers

Other recommended items for the disaster kit are:

- Moist towelettes, garbage bags and ties for sanitation
- Flashlight & extra batteries
- Cell phone charger, from car battery or solar
- Wrench and/or pliers to turn off utilities
- Battery, crank or solar emergency radio (extra batteries if battery powered)
- Fire extinguisher

Where will food, water, medications and other necessary supplies be stored?

Who will be responsible for accessing these supplies at the time of an emergency?

If a disaster occurs, at your earliest opportunity, you are required to call the Agency worker and licenser and the child's Social Worker or intake at 1-866-END-HARM to report the location and well-being of the foster children in your care.

Emergency evacuation drills must be practiced and documented at least quarterly with the children placed in your home. You must review the evacuation procedures with every child when he/she is placed in your home.

Primary contact Signature: _____ Date: _____

Secondary contact Signature: _____ Date: _____