

## DWS FFN PROVIDER HEALTH AND SAFETY PLAN

*You are required to complete this document and have it available for review at all inspections.  
You can complete it and save it electronically (recommended) or complete it, print it, and save the hard copy.*

Provider's Name:

### Building and Premises Safety

I will do the following to keep children safe from vehicular traffic:

Check all that apply:

There is a pool that is not emptied after each use on the premises.

There is a hot tub with water in it on the premises.

There is a water hazard or hazards (such as ponds, streams, and/or fountains with more than 2 inches of water) on the premises.

If any of the above apply – I will do the following to ensure children are protected from unintended access to the water hazard(s):

Check if this applies:

There are other safety hazards on the premises. They are:

If this applies – I will do the following to ensure children are protected from the safety hazard(s):

I will do the following to ensure hazardous materials (some cleaning products, motor oil, antifreeze, insecticides, etc.) are handled, stored, and disposed of properly:

Child Health and Safety

I will do the following to help prevent and control infectious diseases:

I will do the following to prevent food and allergic reactions:

Check if this applies:

I will give prescription medication to the children.

I will give over-the-counter medication to the children.

If either of the above applies – In addition to reporting any adverse reactions and any error in administration to the parent immediately upon recognizing the error or reaction, I will do the following when administering medication (include how you obtain parental consent):

Check if this applies:

I will transport the children.

If this applies – In addition to having children wear individual safety restraints, not leaving them unattended in the vehicle, and never being intoxicated or impaired when transporting them, I will do the following to keep the children safe during transportation:

I will do the following to ensure I meet the nutritional needs of the children in care:

I will do the following to ensure the children in care have enough physical activity:

Check if this applies:

I will care for children with special needs.

If this applies, I will make the following accommodations to meet their needs:

## Emergency Preparedness

In addition to contacting emergency personnel and parents,  
I will do the following if a child needs emergency medical attention:

I will do the following if there's a fire:

I will do the following if there's an earthquake:

I will do the following if there's a flood:

I will do the following if there's a power failure:

I will do the following if there's a water failure:

I will do the following if there is a man-caused emergency (such as a terrorist threat, armed intruder, hostage situation, or possible bomb):

If needed, my evacuation plan is:

If the home is not safe, I will go to:

I will get there by (walking, driving, etc. and the route):

If the neighborhood is not safe, I will go to:

I will get there by (walking, driving, etc. and the route):

I will take the following with me:

I will communicate with the parents (let them know where we are and when to pick up their children) by:

I will make the following accommodations for infants and toddlers, children with disabilities, and children with chronic medical conditions:

If it's not safe to go outside (for example, if there is an earthquake or a lock-down), my designated Shelter-in-Place space is:

After an emergency or disaster, I will let parents know about my child care services (if I won't be providing care for a period of time or providing care in another location for a period of time) by:

I will ensure I have required fire evacuation drills and disaster drills by: