



Martin County Emergency Management Agency Comprehensive Emergency Management Plan Criteria for Adult Day Care Facilities

FACILITY'S INFORMATION:

Facility Name:	State License No.:
Contact Person:	Phone Number:
Street Address:	
City, State, Zip	
Submitted By:	Phone Number:

The following criteria are to be used for the development of Comprehensive Emergency Management Plans (CEMP) for Adult Day Care (ADC). The criteria will serve as a recommended plan format for the CEMP, and will also serve as the compliance review document for county emergency management agencies upon submission for review and approval pursuant to Chapter 252, F.S.

These minimum criteria satisfy the basic emergency management plan requirements of Chapters 408, Part II and 429, Part III and Chapters 59A-16.107 and 59A-35, F.A.C. for Adult Day Care Centers.

We do not intend these criteria to limit or exclude additional information facilities may decide to include in their plans to satisfy other requirements, or to address other arrangements that they have made for emergency preparedness. Any additional information that you include in the plan will not be subject to approval by Martin County Emergency Management Agency review, although they may provide informational comments.

NOTE: To ensure an expedited and accurate review of your facility's CEMP, please use this crosswalk as a cross reference to your plan by listing the page number(s), sections, or tab in the column titled "Indicate Location". Secondly, our agency has 60 days after the receipt of a plan to start the initial review.

For Official Use Only

Date Received:	Initial Review:
Second Review:	Third Review:
Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No	Approval Date
Reviewed By:	Title:



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I. INTRODUCTION				
CROSSWALK CRITERIA		Indicate Location (page #, section, tab)	Actual Location (MCEMA Use Only)	Meets Criteria
A. Provide basic information concerning the facility to include:				
1	Name of the facility, address, telephone number, emergency contact telephone number, fax number, type of center and state license number.			
Reviewer Comments (MCEMA use only)				
2	Owner of facility, address, and telephone number (private or corporate ownership).			
Reviewer Comments (MCEMA use only)				
3	Year facility was built, type of construction, and date(s) of any subsequent construction.			
Reviewer Comments (MCEMA use only)				
4	Name of Administrator, address, work/home telephone numbers, and the same information of his/her alternate in command.			
Reviewer Comments (MCEMA use only)				
5	Name, address, work/home telephone number of the person implementing the provisions of this plan, <u>*if different from the administrator.</u>			
Reviewer Comments (MCEMA use only)				
6	Name and work/home telephone numbers of person(s) who developed this plan.			
Reviewer Comments (MCEMA use only)				
7	Organizational chart, identifying phone numbers, with key management positions (please include the chart in the plan)			
Reviewer Comments (MCEMA use only)				



Martin County Emergency Management Agency Comprehensive Emergency Management Plan Criteria for Adult Day Care Facilities

B. Provide an <u>"Introduction"</u> to the Plan that describes its purpose, time of implementation, and the desired outcome that will be achieved through the planning process. Also, provide any other information concerning the facility that has bearing on the implementation of this Plan.			
Reviewer Comments (MCEMA use only)			
II. AUTHORITIES AND REFERENCES			
CROSSWALK CRITERIA	Indicate Location (page #, section, tab)	Actual Location <i>(MCEMA Use Only)</i>	Meets Criteria
A. Identify the <u>legal basis</u> for the plan development and implementation to include statutes, rules and local ordinances, (i.e., State of Florida Chapter 429, F.S., 59A-16 F.A.C., etc.)			
Reviewer Comments (MCEMA use only)			
B. Identify the reference materials used in the development of this Plan, (i.e., Red Cross, AHACA, Martin County, FHCA, etc.).			
Reviewer Comments (MCEMA use only)			
C. Identify the hierarchy of authority in place during emergencies. Please provide an organizational chart (if different from the previous chart required).			
Reviewer Comments (MCEMA use only)			
III. HAZARD ANALYSIS			
CROSSWALK CRITERIA	Indicate Location (page #, section, tab)	Actual Location <i>(MCEMA Use Only)</i>	Meets Criteria
A. Describe the potential hazards that your facility is vulnerable to, such as, hurricanes, tornadoes, flooding, fires, hazardous materials incidents from fixed facilities or transportation accidents, power outages during severe cold or hot weather, etc. <i>Indicate past history and lessons learned.</i>			
Reviewer Comments (MCEMA use only)			



Martin County Emergency Management Agency Comprehensive Emergency Management Plan Criteria for Adult Day Care Facilities

<p>B. Provide a site-specific information concerning the facility to include:</p> <ol style="list-style-type: none"> 1. License capacity [_____] 2. Maximum number of staff on site [_____] 3. Identify types of participants served by the center: <ol style="list-style-type: none"> a. Participants with dementia [_____] b. Participants requiring special equipment or other special care, such as oxygen or dialysis [_____] c. Participants who are non-ambulatory [_____] d. Participants who require assistance [_____] e. Participants who do not require assistance [_____] f. Other [_____] 4. Identify hurricane (storm) evacuation zone. [_____] <ol style="list-style-type: none"> a. *Please visit https://www.martin.fl.us/EvacuationZones (include the map showing the facility's address as an attachment) 5. Identify which flood zone as identified on a Flood Insurance Rate Map. [_____] <ol style="list-style-type: none"> a. *Please visit https://www.martin.fl.us/FloodZones (include the map showing the facility's address as an attachment) 6. Number of miles the facility is located from a railroad or major transportation artery. [_____] 7. Identify if the facility is located within 10 miles or 50 miles emergency planning zone of a nuclear power plant. [_____] <ol style="list-style-type: none"> a. Attach a map showing the distance from your facility to 6501 S. Ocean Drive, Jensen Beach 34957) 			
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Reviewer Comments (MCEMA use only)

IV. CONCEPT OF OPERATIONS

This section of the plan should define the policies, procedures, responsibilities, and actions that the facility will take before, during, and after any emergency. At a minimum, the facility plan needs to address direction and control, notification, and evacuation and sheltering.

A. DIRECTION AND CONTROL

Define the management function for emergency operations. Direction and control provide a basis for decision-making and identifies who has the authority to decide for your facility.

CROSSWALK CRITERIA		Indicate Location (page #, section, tab)	Actual Location (MCEMA Use Only)	Meets Criteria
1	Identify by title, who is in charge during an emergency, and one alternate, should that person be unable to serve in that capacity.			

Reviewer Comments (MCEMA use only)



Martin County Emergency Management Agency Comprehensive Emergency Management Plan Criteria for Adult Day Care Facilities

2	Identify the chain of command to ensure continuous leadership and authority in key positions.			
Reviewer Comments (MCEMA use only)				
3	State the procedures to ensure timely activation and staffing of the facility during emergency incidents.			
Reviewer Comments (MCEMA use only)				
4	State the operational and support roles for all of facility staff (this will be accomplished through the development of Standard Operating Procedures (SOP), which must be attached to this Plan).			
Reviewer Comments (MCEMA use only)				
5	State the procedures to ensure the following needs are supplied: <ul style="list-style-type: none"> a. Emergency power and, if applicable, natural gas or diesel. If natural gas, identify alternate means should loss of power occur (which would affect the natural gas system). What is the capacity of the fuel tank for the emergency power system? [] b. Transportation (may be covered in the evacuation section) c. Food and water d. Oxygen, if required for participants. 			
Reviewer Comments (MCEMA use only)				
B. NOTIFICATION				
Procedures must be in place for the center to receive timely information on impending threats and the alerting of the center's decision makers, staff and participants of potential emergency conditions.				
CROSSWALK CRITERIA		Indicate Location (page #, section, tab)	Actual Location (MCEMA Use Only)	Meets Criteria
1	Define how the facility will receive warnings, to include off hours and weekend/holidays.			
Reviewer Comments (MCEMA use only)				
2	Describe how staff will be alerted.			
Reviewer Comments (MCEMA use only)				



Martin County Emergency Management Agency Comprehensive Emergency Management Plan Criteria for Adult Day Care Facilities

3	Describe the procedures and policy for staff reporting to work.			
Reviewer Comments (MCEMA use only)				
4	Describe how participants will be alerted and the precautionary measures that will be taken.			
Reviewer Comments (MCEMA use only)				
5	Identify alternative means of notification should the primary system fail.			
Reviewer Comments (MCEMA use only)				
6	Identify procedures for notifying those facilities (for which mutual aid agreements are in place) to which participants will be evacuated.			
Reviewer Comments (MCEMA use only)				
7	Identify procedures for notifying families of participants that the center is being evacuated or closed.			
Reviewer Comments (MCEMA use only)				
C. EVACUATION Describe the policies, roles, responsibilities, and procedures for the evacuation of participants from the facility.				
CROSSWALK CRITERIA		Indicate Location (page #, section, tab)	Actual Location (MCEMA Use Only)	Meets Criteria
1	Identify the staff position responsible for determining if and when evacuation is required.			
Reviewer Comments (MCEMA use only)				
2	Identify the staff position responsible for implementing center evacuation procedures.			
Reviewer Comments (MCEMA use only)				
3	Identify all arrangements made through mutual aid agreements, memorandums of agreement or understandings that will be used to evacuate participants (copies of the agreements must be updated annually and attached in the appendix).			
Reviewer Comments (MCEMA use only)				



Martin County Emergency Management Agency Comprehensive Emergency Management Plan Criteria for Adult Day Care Facilities

4	Describe transportation arrangements for logistical support to ensure essential records, medications, treatments, and medical equipment remain with the participant at all times.			
Reviewer Comments (MCEMA use only)				
5	Identify the pre-determined locations to which participants will be evacuated.			
Reviewer Comments (MCEMA use only)				
6	Provide a copy of the mutual aid agreement that has been entered into with a facility to receive participants (current, signed annually).			
Reviewer Comments (MCEMA use only)				
7	Identify evacuation routes that will be used and secondary routes that would be used should the primary route be impassable.			
Reviewer Comments (MCEMA use only)				
8	Specify the amount of time it will take to successfully evacuate all participants to the receiving facility.			
Reviewer Comments (MCEMA use only)				
9	Describe the procedures to ensure that the center's staff will accompany evacuating participants.			
Reviewer Comments (MCEMA use only)				
10	Identify procedures that will be used to keep track of participants once they have been evacuated (to include a log system).			
Reviewer Comments (MCEMA use only)				
11	Establish procedures for responding to family inquiries about participants who have been evacuated.			
Reviewer Comments (MCEMA use only)				
12	Establish procedures for ensuring that all participants are accounted for.			
Reviewer Comments (MCEMA use only)				
13	Specify at what point the mutual aid agreements and the notification of alternate facilities will begin.			



Martin County Emergency Management Agency Comprehensive Emergency Management Plan Criteria for Adult Day Care Facilities

Reviewer Comments (MCEMA use only)				
14	Specify at what point the mutual aid agreements for transportation and the notification of alternative host facilities will begin.			
Reviewer Comments (MCEMA use only)				
D. RE-ENTRY				
Once a center has been evacuated, procedures need to be in place for allowing participants to re-enter the center.				
CROSSWALK CRITERIA		Indicate Location (page #, section, tab)	Actual Location <i>(MCEMA Use Only)</i>	Meets Criteria
1	Identify who is the responsible person(s) for authorizing re-entry to occur.			
Reviewer Comments (MCEMA use only)				
2	Identify procedures for inspection of the center to ensure it is structurally sound.			
Reviewer Comments (MCEMA use only)				
V. INFORMATION, TRAINING, AND EXERCISE				
This section identifies the procedures for increasing employee and participant awareness of possible emergency situations and providing training on their emergency roles before, during and after a disaster.				
CROSSWALK CRITERIA		Indicate Location (page #, section, tab)	Actual Location <i>(MCEMA Use Only)</i>	Meets Criteria
A. Identify how and when staff will be trained in their emergency roles during nonemergency times.				
Reviewer Comments (MCEMA use only)				
B. Identify a training schedule for all employees and identify the provider of the training.				
Reviewer Comments (MCEMA use only)				
C. Identify the provisions for training new employees regarding their disaster related role(s).				
Reviewer Comments (MCEMA use only)				
D. Identify a schedule for exercising all or portions of the disaster plan on an annual basis.				
Reviewer Comments (MCEMA use only)				



Martin County Emergency Management Agency Comprehensive Emergency Management Plan Criteria for Adult Day Care Facilities

E. Establish procedures for correcting deficiencies noted during training exercises.				
Reviewer Comments (MCEMA use only)				
F. Describe the method by which family members of participants will be made aware of the center's emergency plan prior to a disaster.				
Reviewer Comments (MCEMA use only)				
APPENDIX				
The following information is required, yet placement in an appendix is optional, if the material is included in the body of the plan..				
A. Roster of employees and companies with KEY disaster related roles:				
CROSSWALK CRITERIA		Indicate Location (page #, section, tab)	Actual Location <i>(MCEMA Use Only)</i>	Meets Criteria
1	List the names, addresses, and telephone numbers of all staff.			
Reviewer Comments (MCEMA use only)				
2	List the name of the company, agency, organization, contact person, telephone number and address of emergency service providers such as transportation, emergency power, fuel, water, police, fire, rescue, Red Cross, emergency management, etc.			
Reviewer Comments (MCEMA use only)				
B. Agreements, Understandings, and Contracts:				
CROSSWALK CRITERIA		Indicate Location (page #, section, tab)	Actual Location <i>(MCEMA Use Only)</i>	Meets Criteria
Provide copies of any mutual aid agreements, memorandums of agreement or any other understandings entered into pursuant to the fulfillment of this plan. This is to include reciprocal host center agreements, transportation agreements, current vendor agreements or any other agreement needed to ensure the operational integrity of this plan.				
Please complete the table by listing the information for each category. If a category does not apply, please indicate "N/A".				
Host Shelters MOUs				



Martin County Emergency Management Agency Comprehensive Emergency Management Plan Criteria for Adult Day Care Facilities

Name of Agency	Date Signed	Expiration Date	Meets Criteria
Transportation Agreements (i.e., charter bus, rental, etc.)			
Name of Company	Date Signed	Expiration Date	Meets Criteria
Food and Water Agreements			
Name of Company	Date Signed	Expiration Date	Meets Criteria
Pharmacy and Medical Agreements			
Name of Company	Date Signed	Expiration Date	Meets Criteria
Fuel Agreements			
Name of Company	Date Signed	Expiration Date	Meets Criteria
Service Agreements (i.e., A/C unit, generator, etc.)			
Name of Company	Date Signed	Expiration Date	Meets Criteria
Reviewer Comments (MCEMA use only)			
C. Evacuation Route Map(s):			



Martin County Emergency Management Agency Comprehensive Emergency Management Plan Criteria for Adult Day Care Facilities

CROSSWALK CRITERIA		Indicate Location (page #, section, tab)	Actual Location (MCEMA Use Only)	Meets Criteria
A map of the primary and secondary evacuation routes and description of how to travel to receiving facility(ies).				
Reviewer Comments (MCEMA use only)				
D. Support Material:				
CROSSWALK CRITERIA		Indicate Location (page #, section, tab)	Actual Location (MCEMA Use Only)	Meets Criteria
1	Any additional material needed to support the information provided in the plan.			
Reviewer Comments (MCEMA use only)				
2	Copy of the facility's annual Fire Safety Plan approval letter from the local fire department (Fire Prevention). Date of Approval: _____ *Must be dated within the same year of the review.			
Reviewer Comments (MCEMA use only)				
3	Copy of the facility's annual Life/Safety Inspection report from the local fire department (Fire Prevention). Date of Inspection: _____ *Must be dated within the same year of the review.			
Reviewer Comments (MCEMA use only)				
Facilities within Martin County, please mail, email, or drop off to: Martin County Fire Rescue Administration Fire Prevention 800 SE Monterey Road, 2 nd Floor Stuart FL 34994 Phone: (772) 288-5633 Email: fire_prev@martin.fl.us		Facilities is within the City of Stuart, please mail, email, or drop off to: City of Stuart Fire Marshall Fire Prevention 800 SE Martin Luther King, Jr. Blvd. Stuart FL 34994 Phone: (772) 288-5360 Email: fireprevention@ci.stuart.fl.us		