**Disaster Plan**

**Use of this form:** Use of this form is mandatory to comply with DCF 57.06(5), DCF 59.06(21)(d), DCF 52.11(22). Failure to comply may result in issuance of a non-compliance statement and possible enforcement action. Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m), Wisconsin Statutes].

**Instructions:** This plan must be reviewed quarterly, and the review must be documented and available for the Department upon request. If this document is revised an updated document must be submitted to the Department.

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| Name-Facility | | | | | Facility ID Number |
| **Effective Date** | **Dates of Review** | | | | |
| In the event of a natural or man-made disaster, such as a tornado, blizzard, flood, fire, power outage or other emergency, staff will organize housing and resident care, including the move to one of two designated locations, with the goal of safety and security for the residents. | | | | | |
| **Location 1:** Somewhere in the area (for example, a hotel or a local Red Cross Chapter) | | | **Location 2:** Somewhere outside of the area (for example, a hotel or other approved facility) | | |
| Name | | | Name | | |
| Address | | | Address | | |
| Telephone | | | Telephone | | |
| Staff must check in with the Department and placing agency(s) regarding the emergency situation. | | | | | |
| **CONTACT INFORMATION** | | | | | |
| **Name** | | **Telephone** | | **Email** | |
| Licensee Full Name | |  | |  | |
| DCF Contact Full Name | |  | | [DCF.SIR@wi.gov](mailto:DCF.SIR@wi.gov) | |
| Other Full Name | |  | |  | |
| Placing Agency | |  | |  | |
| Placing Agency | |  | |  | |
| Placing Agency | |  | |  | |
| Placing Agency | |  | |  | |
| Placing Agency | |  | |  | |
| Additional Contact Full Name | |  | |  | |
| **In order to ensure the continuity of services to residents during the disaster, the agency should consider what is necessary to:**  Manage resident medications without interruption;  Address first-aid needs of the residents;  Provide residents with basic hygiene products and a change of clothing, when possible;  Inform the resident’s emergency contact and/or parent/legal guardian; and  Access other emergency information pertinent to the resident’s care. | | | | | |