

**LANE COUNTY DEVELOPMENTAL DISABILITIES SERVICES
CHILD FOSTER HOME**

HOUSEHOLD FIRE EXIT PLAN

(To be completed **when two or more household occupants require physical assistance to exit within three minutes**)

Name of Provider: _____

Address: _____

I. Types of assistance each child is likely to need to exit within three (3) minutes:

1. Please code the following chart for each child in each type of emergency situation with a (1) if the child is generally independent but needs monitoring to insure safe exiting, a (2) if child is likely to need only verbal cues to exit, a (3) if the child is likely to need limited physical assistance, or a (4) if the child is likely to need total physical assistance.

TYPE OF EMERGENCY SITUATION

| Name of Child | All Doorway exits accessible | Only one doorway exit accessible | Only bedroom window exit accessible | Smoke requires resident to crawl to exit |
|---------------|------------------------------|----------------------------------|-------------------------------------|--|
| 1) | | | | |
| 2) | | | | |
| 3) | | | | |
| 4) | | | | |
| 5) | | | | |

II. Plan for providing assistance to child(ren):

1. Describe plan for who will provide assistance to whom so that all child(ren) can exit in three (3) minutes for less:

2. Describe the place where all children and provider's family members or staff will meet to insure that everyone is out of the home:

Signature of Provider

Date

(Please review fire exit procedure with all respite staff if provider is to be gone overnight)

****Keep this form in Child's Record Notebook***