

# Louisiana DCFS Child Welfare Emergency Preparation Guide & Checklists for Foster Caregivers and EFC Youth

During an emergency event, continuous communication with DCFS is critical to ensure the safety and well-being of foster children and youth.



#### **Evacuate When Ordered**

If a mandatory evacuation is issued, it is expected that all youth and caregivers who are caring for foster children comply with that order.



## **Reach Out for Help When Needed**

A Foster Caregiver Support Line is activated at **1-833-788-1351** when a Tropical Storm or Hurricane Warning is issued in Louisiana. **This phone number is active only during emergency events.** The purpose of this support line is for you to communicate with us about your foster children's needs and whereabouts.



## **Respond to DCFS Texts & Emails**

DCFS uses a "RAVE" text messaging and email system to communicate information to you. It is important to follow all directions included in RAVE messages, including responding to requests for information.



#### Let Us Know You're Safe

When a tropical event impacts your local area, and you have a child placed in your home, it is important to do two things:



**CONTACT** your assigned Foster Care worker to let them know that you are safe and where you are located, **AND** 



**IMMEDIATELY RESPOND** to requests for information sent through the RAVE alert system regarding the safety of your family.



#### **Plan Ahead**

Make an Emergency Preparation Plan now using the Checklist on the next page. Additional guidance can be found at <a href="https://www.getagameplan.org/make-a-plan/">www.getagameplan.org/make-a-plan/</a>

## **Emergency Preparation Checklist, part 1**



## **BEFORE HURRICANE SEASON STARTS**

| Identify where you would go if ordered to evacuate   |  |                  |   |           |                |  |
|--|--|------------------|---|-----------|----------------|--|
| Choose at least two places, like a relative's home in another town, motel or shelter.  Ask at least two relatives or friends to serve as the "family contact." Provide this information to your assigned DCFS worker.  In the event family members are separated, have a plan for getting back together. |  |                  |   |           |                |  |
|  | Develop an emergency communication plan for family members.  |                  |   |           |                |  |
| Infor  | nform DCFS staff of changes in your contact info   |                  |   |           |                |  |
|  | Let us know which phone number we should use to send RAVE alerts.  |                  |   |           |                |  |
|  | Certified foster parents provide updated contact information to <b>Home Development</b> staff.             |                  |   |           |                |  |
|  | EFC Youth and Non-Certified caretakers provide updated information to your <b>Foster Care/EFC Worker</b> . |                  |   |           |                |  |
| Obtain a supply of each child's or youth's medication and necessary  |  |                  |   |           |                |  |
| medical equipment.   |  |                  |   |           |                |  |
| Develop a special evacuation plan for children with special medical care needs.  |  |                  |   |           |                |  |
| Secure each child's or youth's records, including  |  |                  |   |           |                |  |
|  | Birth certificates   |                  | Medical card and copies of im                           | ımuniza   | tion records   |  |
|  | School records   |                  | 98-A Placement Agreements f                             | or foste  | r caregivers   |  |
|  | Most recent case plans   |                  | 98-B Cumulative Medical Reco                            | ord for F | oster Children |  |
|  | Court orders   |                  | Other pertinent information                             |           |                |  |
| Obtai  | in a list of each child's  | case             | eworker and supervisors                                 | ' emai    | il addresses   |  |
| and telephone numbers.   |  |                  |   |           |                |  |
| Asser  | mble emergency supp  | lies, s          | such as   |           |                |  |
|  | 3-day supply of water  |                  | Battery-powered radio/tv                                |           | Flashlights    |  |
|  | Canned food  |                  | Manual can opener                                       |           | First aid kit  |  |
|  | Cash and credit cards  |                  | Extra set of car keys                                   |           | Batteries      |  |
|  | Automobile chargers for cell phones  |                  | Copies of important personal documents                  |           |                |  |
|  | •  |                  | ber of the local Red Cros                               |           |                |  |
| emer   | emergency management plan within your area. ( <u>www.redcross.org</u> )                                    |                  |   |           |                |  |
|  | Also check the following www.getagameplan.org  | ebsites<br>-and- | for emergency management i<br>www.emergency.louisiana.g |           | tion:          |  |
| Deve   |  |                  | Local animal shelters wi                                |           | le you         |  |
| regai  | rding your pets if forc  | ed to            | evacuate.   |           |                |  |

## **Emergency Preparation Checklist, part 2**



## When there is a threat of a Tropical Storm or Hurricane impacting <u>your</u> area:

| Evacuate when ordered to do so by local officials.   |
|--|
| Foster Caregivers with foster children placed in their home and EFC youth <b>are expected to evacuate their premises</b> when ordered to do so by local officials. |
| Ensure that medications are refilled with at least a <u>two-week</u> supply.   |
| Touch base with your assigned FC or EFC worker to let them know you are <u>safe</u> and <u>how they can reach you</u> if you evacuate.                             |
| <u>Pay close attention to any RAVE alerts</u> from DCFS and follow any directions provided.  |

## **Emergency Checklist Information Sheet**



Duplicate sheet as needed to document each child in home and attach to Emergency Contact Form of caretaker.

| Child's Name  |  |
|---|--|
| Child's TIPS#   |  |
| Child's DOB   |  |
| Child's SSN   |  |
| Medicaid ID#  |  |
| Medications, Dosage,<br>Pharmacy, Prescription<br>Numbers |  |
| Allergies, Diagnoses or<br>Medical Conditions             |  |
| Treating Physicians and<br>Contact Info                   |  |
| Other information / special needs                         |  |
| Assigned Worker and<br>Contact Info                       |  |
| Assigned Supervisor and<br>Contact Info                   |  |