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.

<table>
<thead>
<tr>
<th>TYPE OF EMERGENCY SITUATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Child</td>
</tr>
<tr>
<td>1)</td>
</tr>
<tr>
<td>2)</td>
</tr>
<tr>
<td>3)</td>
</tr>
<tr>
<td>4)</td>
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<tr>
<td>5)</td>
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</tbody>
</table>
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:

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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:

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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*