

# SURVEY REGARDING ASSISTANCE FROM STATE AND/OR LOCAL AGENCIES WITH RADIOLOGICAL EMERGENCY PLANNING FOR CHILD CARE FACILITIES

PLEASE CHECK THE APPROPRIATE ANSWER (Please only select one)

1. Does your child care facility reside within ten miles of a nuclear power plant?  
 Yes    No    Not Sure   (If **NO** do not proceed with this survey)
  
2. If **YES**, please identify the nuclear power plant: \_\_\_\_\_  
\_\_\_\_\_
  
3. Have State or Local Agencies provided your facility with emergency planning in the event of radiological incident.  
 Yes    No    Not Sure
  
4. Have State or Local Agencies provided transportation vehicles for your facility for a radiological evacuation?  
 Yes    No    Not Sure
  
5. If **YES**, who will be providing the vehicles and how many have been provided: \_\_\_\_\_  
\_\_\_\_\_
  
6. Have State or Local transportation providers sent you supporting letters or agreements that they have planned for and will provide emergency transportation for a radiological evacuation?  
 Yes    No    Not Sure
  
7. If **YES**, please identify the date of the letter: \_\_\_\_\_
  
8. Have State or Local Agencies provided directions and assignments to a prearranged relocation centers five to 10 miles outside of the 10-mile Emergency Planning Zone for a radiological evacuation?  
 Yes    No    Not Sure
  
9. If yes, where is your relocation center? \_\_\_\_\_
  
10. Have State or Local Agencies provided prearranged emergency notification for protective actions in the event of a radiological emergency?  
 Yes    No    Not Sure
  
11. How many years has your child care facility been provided planning for a radiological evacuation? \_\_\_\_\_
  
12. Have any State or Local Agencies refused to provide any of these protective actions in the event of a radiological emergency?  
 Yes    No    Not Sure

Name \_\_\_\_\_

Facility \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ - \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_