



# Disaster & Emergency Preparedness Plan

## Taking P.A.R.T. in MISSOURI'S Ready in 3 Emergency Preparedness

Missouri adopted the *Disaster and Emergency Preparedness Rule*. The center has developed a plan in accordance with this law and has posted the plan in each classroom. Training and drills of relocation to off-site shelter locations, on-site shelter areas, and lock downs will be conducted to ensure the safety of all children and staff.

### CHILD INFORMATION/EMERGENCY CONTACTS AND PERSONS AUTHORIZED TO TAKE CHILD FROM FACILITY

Child Name	Birth date
Mother/Guardian	Email
Home Address	Phone (hm/cell)
Work/School Address	Phone (wk/sch)
Father/Guardian	Email
Home Address	Phone (hm/cell)
Work/School Address	Phone (wk/sch)
Contact #3	Email
Home Address	Phone (hm/cell)
Work/School Address	Phone (wk/sch)
Contact #4 (Out of Area)	Email
Home Address	Phone (hm/cell)
Work/School Address	Phone (wk/sch)

### MEDICAL SERVICES

Physician	Phone
Hospital	Phone

### AUTHORIZATION FOR EMERGENCY MEDICAL CARE

I understand that an above contact will be notified in case of an emergency with my child, and I will make arrangements for medical care of my child with a physician or hospital of my choice. If an above contact can not be reached to make necessary arrangements, or in a critical emergency requiring medical care, I authorize the above child care center to contact the following or an alternate if necessary. The child's family will be responsible for medical expenses incurred.

Parent/Guardian signature	Date
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**CHILD CARE CENTER INFORMATION**

Name Show-Me Child Care Center, Inc.		DVN 000712885
Address (Street, City, State, Zip) 2702 East McCarty Street, Jefferson City, MO 65101		
Phone 573-761-9998	Email Showmechildcare@embarqmail.com	Website

**AUTHORIZATION FOR OFF-SITE EMERGENCY SHELTER**

## Emergency Shelter Locations

I understand that in the event of an emergency, my child will be relocated to the locations listed below. I grant permission for my child to participate in monthly drills, be transported by foot, contracted bus company, or personal vehicle to the below locations, and for necessary means to be used as warranted by the emergency at hand. I understand that in case of relocation, I may need to pick my child up at the designated off-site shelter location. I understand that in case of an emergency warranting on-site shelter or a lock-down, I may not be allowed to remove my child from the premises until an "All clear" is issued.

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Date

**OFF-SITE SHELTER LOCATION #1 - Emergency that warrants relocation off of premises**

*For All Children and Staff:*

Missouri Co-operatives, 2722 E. McCarty St., Jeff City, MO 65101 573-635-6857 (Pick up in parking lot)

**OFF-SITE SHELTER LOCATION #2—Emergency that warrants relocation off of premises at a greater distance**

*For All Children and Staff:*

Jefferson City Jaycees Fairgrounds, 1445 Fairgrounds Rd., Jefferson City, MO 65109 573-893-3950

**OFF-SITE SHELTER LOCATION FOR OVERNIGHT CARE—Nighttime emergency that warrants relocation off of premises**

*For All Children and Staff:*

Jefferson City Jaycees Fairgrounds, 1445 Fairgrounds Rd., Jefferson City, MO 65109 573-893-3950

**NOTIFICATIONS**

Notification of emergencies will be made via phone calls, texts, radio, television, e-mail, and/or other social networking.

Attempt to notify a parent/guardian will always be made in the event of an emergency which warrants off-site shelter, on-site shelter, or lock down.

**SPECIAL CONSIDERATIONS**

Are there any special considerations regarding your child to be aware of in case of emergency/crises? If so, please indicate below and provide necessary medications, equipment, etc. to the center.

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\_\_\_\_\_

\_\_\_\_\_

First Annual Update	Parent/Guardian Signature	Date
Second Annual Update	Parent/Guardian Signature	Date
Third Annual Update	Parent/Guardian Signature	Date