

Disaster Preparedness Plan

Here at Preschool on the Hill (First Baptist Preschool), we know that it is essential to be prepared for a potential emergency or disaster. The plan that we have implemented involves the staff, the children, and you, the parents.

The staff knows the physical characteristics of our facility. They have been informed as to how, where and when to turn off the gas, water and electricity. They know the safest places for the children in their rooms. They are all current with CPR and First Aid training. Each room is equipped with a first aid kit for use in case of a minor emergency or a disaster. We also keep most of our food, water and other supplies in the storage trailer on the main parking lot. We have 1 major earthquake drill a year as well as monthly fire and "duck and cover" drills. Our classrooms have been safety checked, the furniture is secured to the walls and the windows are covered with safety film. Disaster preparedness is included in our curriculum.

The children are instructed on the proper safety procedures concerning fire and earthquakes and they practice those fire drills and "duck and cover" earthquake drills regularly. The parents can and should discuss the safety procedures for school with their children as well as implement an emergency plan for home. Remember to keep the conversation age appropriate to avoid excessive fear.

Finally, please supply your child with an emergency food packet that will be stored at school for the entire school year. This packet should sustain your child for 24 – 48 hours. If your child has asthma, severe allergies and/or requires medication, please be sure to note that on the "Child ID Information" form on the reverse side of this page. Please be sure that that medication is stored in the preschool office and that the indications for use, dosage and instructions for administering the medication are clearly written in the space provided on this form and are also included with the medication itself. You may include a picture of adult family members (parents, grandparents, aunts and uncles) who might pick up the child in case of emergency.

The food packets need to be uniform in size for easy storage. Please do not put the packet in a backpack or duffle bag. **Use a gallon size Zip-Lock bag** and fill it with food your child can and will eat, with consideration to your child's food preferences and any allergies. **Please do not include nuts or nut products of any kind. (We are a nut free school!)** Also, remember that nothing will be heated or cooked. All items must be nonperishable! Canned goods are best because they have a longer shelf life. All canned goods must have pop-top lids. Please write your child's name on the Zip-Lock bag with permanent marker and include the form on the reverse side of this page inside the packet.

Some ideas of what might be in a packet:

- Pop-top single serving size containers of pasta or soup etc.
- Pop-top canned meat (Vienna sausage, tuna or chicken salad kits, etc.)
- Packs of cheese and cracker Handi-snacks
- Cereal bars
- Individual packs of snack crackers
- Pop-top individual cans of fruit
- Cans of juice

Remember, these are just ideas. Put in the packet what your child will eat. We will return the packets on the last day of school, unless your child is enrolled in summer school, in which case it will be returned the last day of summer school. A fresh emergency food packet is required each school year.

Please put this inside your child's earthquake food packet.

Child ID Information:

Child's Name _____

Address _____

Home Phone (_____) _____

Mother's Name _____ Cell Phone (_____) _____

Father's Name _____ Cell Phone (_____) _____

Child's Doctor _____

Phone (_____) _____ Patient # _____

My Child is allergic to the following foods and / or medications. _____

My Child has asthma: Yes _____ No _____

If YES, be sure medication is stored in the preschool office and include information (indications for use, dosage and directions for administering) on the following lines:

My Child is in need of medication within a 48 hour period for _____

. Yes _____ No _____

If YES, be sure medication is stored in the preschool office and include information (indications for use, dosage and directions for administering) on the following lines:

For the Red Cross, if needed:

Out of State family/friend contact: Name _____

Phone (_____) _____ Address _____

Relationship _____ City _____ State _____ Zip _____

Out of Area family/friend contact: Name _____

Phone (_____) _____ Address _____

Relationship _____ City _____ State _____ Zip _____

In case of disaster, my child may be picked up by the following adults: _____

Please note that parents/family/friends picking up child must have valid identification with them.

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The following is to be filled out by the staff.

Condition of the child upon release: _____

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Name of adult picking up child (please print clearly) _____

Date _____ **Time** _____ **Staff Name** _____

ID provided _____ **#** _____

Signature of adult picking up child _____