

MISSOURI OZARKS COMMUNITY ACTION, INC
Head Start
EMERGENCY PLAN
Operational Continuity and Disaster Preparedness Plan

OPERATIONAL CONTINUITY PLAN

Site Name: _____
Address: _____
City, State: _____
Telephone Number: _____

Organizational Chain of Command

In the event of an emergency contact the individuals below in the order given

1. Person-in-charge of this site:

Name: _____
Phone: _____ Work: _____ Home: _____ Cell: _____
Address: _____
City, State: _____

Second Person-in-charge of this site:

Name: _____
Phone: _____ Work: _____ Home: _____ Cell: _____
Address: _____
City, State: _____

2. Area Supervisor of this site:

Name: _____
Phone: _____ Work: _____ Home: _____ Cell: _____
Address: _____
City, State: _____

3. Program Director:

Name: Steven O'Brien
Phone: _____ Work: (573) 765-3263 Home: N/A Cell: (417) 425-7517
Address: 320 Ichord Ave STE H #235
City, State: Waynesville, MO 65583

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If this location is not accessible we will operate from the location below:

Name of Facility: _____
Address: _____
City, State: _____
Phone: _____

The following person is our primary crisis manager and will serve as the site spokesperson in an emergency.

Primary Emergency Contact: _____
Phone: _____
Alternative Phone: _____
E-mail: _____

If the person is unable to manage the crisis, the person below will succeed in management:

Secondary Emergency Contact:
Phone: _____
Alternative Phone: _____
E-mail: _____

EMERGENCY CONTACT INFORMATION

Dial 9-1-1 in an Emergency

Non-Emergency Police: _____
Non-Emergency Fire: _____
Insurance Provider: _____

BE INFORMED

The following natural and man-made disasters could impact our operation.

- Tornado
- Flood
- Earth Quake
- Weather
- Intruders
- Chemical/Biological Hazards
- National Defense Emergency
- Loss of essential services

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DISASTER PREPAREDNESS PLAN

EMERGENCY PLANNING TEAM

The following people will participate in emergency planning and crisis management.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

PLAN TO COORDINATE WITH OTHERS

The following people from the neighboring community will participate on our emergency planning team.

1. _____
2. _____
3. _____
4. _____

OUR CRITICAL OPERATIONS

The following is a prioritized list of our critical operations, staff and procedures we need to recover from a disaster.

Operation	Staff	Action Plan

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EVACUATION PLAN FOR THIS LOCATION

- We have developed these plans in collaboration with neighboring community and businesses owners to avoid confusion or gridlock.
- We have located, copied and posted building and site maps.
- Exits are clearly marked.
- We will practice evacuation procedures 1 times a year.

If we must leave the workplace quickly: **Enter brief statement of what actions are going to occur if the building must be evacuated quickly.**

1. Warning System: fire alarm system sounds once

We will test the warning system and record results 12 times a year.

2. Assembly Site: _____

3. Assembly Site Manager _____

Alternate: _____

- a. Responsibilities Include: Insure all children are safe and accounted for

4. After this building is evacuated and all the people are assembled we will go _____

- a. Means of transportation: Bus

Alternate means: Cars

- b. Person responsible for assembling transportation resources: _____

5. Shut Down Manager: _____

Alternate: _____

- a. Responsibilities Include:

6. _____ is responsible for issuing all clear.

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SHELTER-IN-PLACE PLAN FOR THIS LOCATION

We have talked with co-workers about which emergency supplies the company will provide in the shelter location and which supplies individuals should consider keeping in a portable kit personalized for individual needs.

We will practice shelter procedures _____ times a year.

If we must take shelter quickly:

1. Warning System(s): _____
2. We will test the warning system and record results _____ times a year.
3. Storm Shelter Location: _____
4. Intruder Shelter Location: _____
5. "Seal the Room" Shelter Location: _____
6. Shelter Manager: _____
7. Alternate: _____
8. Responsibilities Include:
9. Shut Down Manager: _____
10. Alternate: _____
11. Responsibilities Include: _____
12. _____ is responsible for issuing all clear.

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COMMUNICATIONS

We will communicate our emergency plans with co-workers in the following way: _____

In the event of a disaster we will communicate with employees in the following way: _____

In the event of a disaster we will communicate with management in the following way:

In the event of a disaster we will communicate with families in the following way: _____

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CYBER SECURITY

To protect our computer hardware, we will: Back up file on jump drive

To protect our computer software, we will: _____

If our computers are destroyed, we will use back-up computers at the following location:
Central Office

RECORDS BACK-UP

Central Office is responsible for backing up our critical records.

Back-up records including a copy of this plan, site maps, insurance policies, bank account records and computer back ups are stored onsite at Central Office.

Another set of back-up records is stored at the following off-site location: _____

If our essential records are destroyed, we will provide for continuity in the following ways:

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ESSENTIAL SUPPLIERS AND CONTRACTORS

Company Name: _____
Street Address: _____
City: _____ State: Mo Zip Code: _____
Phone: _____ Fax: _____
E-Mail: _____
Contact Name: _____
Account Number: _____
Materials/Service Provided: _____

If this company experiences a disaster, we will obtain supplies/materials from the following:

Company Name: _____
Street Address: _____
City: _____ State: Mo Zip Code: _____
Phone: _____ Fax: _____
E-Mail: _____
Contact Name: _____
Account Number: _____
Materials/Service Provided: _____

Company Name: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
E-Mail: _____
Contact Name: _____
Account Number: _____
Materials/Service Provided: _____

If this company experiences a disaster, we will obtain supplies/materials from the following:

Company Name: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
E-Mail: _____
Contact Name: _____
Account Number: _____
Materials/Service Provided: _____

ANNUAL REVIEW

We will review and update this business continuity and disaster plan in _____.