## **EMERGENCY DISASTER PLAN FOR CHILD CARE CENTERS**

INSTRUCTIONS:
Post a copy in a prominent location in facility, near telephone.
Licensee is responsible for updating information as required.
Return a copy to the licensing office.

06/09/2025

NAME OF FACILITY		ADMINISTRATOR OF FACILITY		
RISE AND SHINE CHILD CARE CENTERS & FAMILY SERVICES AGENCY FACILITY ADDRESS (NUMBER, STREET, CITY,		Josiah Rich  STATE, ZIP CODE) TELEPHONE NUMBER		
2000 Humboldt St	Santa Rosa	•	95404	( 707 ) 293-9795
I. ASSIGNMENTS DURING AN EMERGENCY (US	SE REVERSE SIDI	E IF ADDITIONAL	L SPACE IS RE	QUIRED)
NAME(S) OF STAFF	TIT			ASSIGNMENT
1. Josiah Rich	Director		DIRECT EVACUATION AND PERSON COUNT	
2. Steven Davison	Teacher		HANDLE FIRST AID	
3. Josiah Rich	Director		TELEPHONE EMERGENCY NUMBERS	
All available staff		TRANSPORTATION		
5.		OTHER (DESCRIBE)		
6.				
II. EMERGENCY NAMES AND TELEPHONE NUM	BERS (IN ADDITION	· · · · · · · · · · · · · · · · · · ·		
POLICE OR SHERIFF (707) 543-3600  RED CROSS (707) 577-7600		office of emergency services (707) 565-1152  POISON CONTROL (800) 222-1222		
HOSPITAL(S) (707) 525-5300 SR Memorial		OTHER AGENCY/PERSON (707) 588-5026 Community Care Licensing		
CHILD PROTECTIVE SERVICES (707) 565-4300		(101) 000 0020		g
Josiah Rich's cell (707) 328-7426				
Exec. Director cell (707) 322-6038				
III. FACILITY EXIT LOCATIONS (USING A COPY OF THE	HE FACILITY SKETCH	I [LIC 999] INDICATE	EXITS BY NUMB	SER)
1. SE of Door of Infant Classroom #7		2. East of Door of Toddler Classroom #8		
3. SW of Door of Infant Classroom #7		4. West of Door of Toddler Classroom #8		
IV. TEMPORARY RELOCATION SITE(S) (IF AVAILABLE)	LE, SUBMIT LETTER	OF PERMISSION FF	ROM RENTER/LEA	
Santa Rosa Junior College  ADDRESS 1501 Mendocino Ave, Santa R				(707) 527-4011
Franklin Park 2095 Franklin Ave, Santa Rosa				TELEPHONE NUMBER ( 707 ) 529-2035
V. UTILITY SHUT—OFF LOCATIONS (INDICATE LOCATION(S) ON THE FACILITY SKETCH [LIC 999]) ELECTRICITY				
East wall of building outside in play yard				
East wall of building outside in play yard				
East wall of building outside in play yard				
VI. FIRST AID KIT (LOCATION) In class bathroom				
VII. EQUIPMENT				
SMOKE DETECTOR LOCATION (IF REQUIRED)  Ceiling of each classroom (#7 and #8) and naproom (	#6)			
FIRE EXTINGUISHER LOCATION (IF REQUIRED) West wall of Infant Room (#7) inside entry				
TYPE OF FIRE ALARM SOUNDING DEVICE (IF REQUIRED)  Hard wired pull station				
Location of Device Inside church entry hallway North wall outside of Naproom #6				
VIII. AFFIRMATION STATEMENT				
AS ADMINISTRATOR OF THIS FACILITY, I ASSUME RESPONSIBILITY FOR THIS PLAN FOR PROVIDING EMERGENCY SERVICES AS INDICATED BELOW. I SHALL INSTRUCT ALL CLIENTS/RESIDENTS, AGE AND ABILITIES PERMITTING, ANY STAFF AND/OR HOUSEHOLD MEMBERS AS NEEDED IN THEIR DUTIES AND RESPONSIBILITIES UNDER THIS PLAN.				
SIGNATURE				DATE

LIC 610 (10/03) (PUBLIC)

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