

# 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.

NAME OF FACILITY RISE AND SHINE CHILD CARE CENTERS & FAMILY SERVICES AGENCY		ADMINISTRATOR OF FACILITY Josiah Rich		
FACILITY ADDRESS (NUMBER, STREET, 2000 Humboldt St	CITY, Santa Rosa	STATE, CA	ZIP CODE) 95404	TELEPHONE NUMBER ( 707 ) 293-9795

### I. ASSIGNMENTS DURING AN EMERGENCY (USE REVERSE SIDE IF ADDITIONAL SPACE IS REQUIRED)

NAME(S) OF STAFF	TITLE	ASSIGNMENT
1. Josiah Rich	Director/Teacher	DIRECT EVACUATION AND PERSON COUNT
2. Josiah Rich	Director/Teacher	HANDLE FIRST AID
3. Maia Diaz	Teacher/Dir Assistant	TELEPHONE EMERGENCY NUMBERS
4. All available staff		TRANSPORTATION
5.		OTHER (DESCRIBE)
6.		

### II. EMERGENCY NAMES AND TELEPHONE NUMBERS (IN ADDITION TO 9-1-1)

POLICE OR SHERIFF (707) 543-3600	OFFICE OF EMERGENCY SERVICES (707) 565-1152
RED CROSS (707) 577-7600	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	
Josiah Rich's cell (707) 328-7426	Miss Maia's cell (707) 308-8425
Exec. Director cell (707) 322-6038	

### III. FACILITY EXIT LOCATIONS (USING A COPY OF THE FACILITY SKETCH [LIC 999] INDICATE EXITS BY NUMBER)

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, SUBMIT LETTER OF PERMISSION FROM RENTER/LEASSOR/MANAGER/PROPERTY OWNER)

NAME Santa Rosa Junior College	ADDRESS 1501 Mendocino Ave, Santa Rosa, CA	TELEPHONE NUMBER ( 707 ) 527-4011
NAME Franklin Park	ADDRESS 2095 Franklin Ave, Santa Rosa, CA 95404	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
WATER East wall of building outside in play yard
GAS 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 06/26/2024
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