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 DISE AND SHINE CHILD CARE CENTERS & ESA		ADMINISTRATOR OF FACILITY		
RISE AND SHINE CHILD CARE CENTERS & FSA FACILITY ADDRESS (NUMBER, STREET, CITY,		Cary Rich	ZIP CODE)	TELEPHONE NUMBER
1135 Farmers Lane	Santa Rosa	CA	95405	(707) 293-9795 message
ProCare App best source of communication!		Director Cell (707) 322-6038 Miss Cary		
I. ASSIGNMENTS DURING AN EMERGENCY (USE REVERSE SID		E IF ADDITIONAL SPACE IS REQUIRED)		
NAME(S) OF STAFF	TIT	ΓLE		ASSIGNMENT
1. Cary Rich	Director		DIRECT EVACUATION AND PERSON COUNT	
2. Cary Rich	Director		HANDLE FIRST AID	
3. Cary Rich	Director		TELEPHONE EMERGENCY NUMBERS	
4. Any staff available			TRANSPORTATION TO MONTGOMERY H.S.	
5. Staff on site	Teacher Asst./Ai	de	OTHER (DESCRIBE) EVACUATION CRIBS	
6. Staff on site Teacher Asst./Ai		0[35030]	CHILD TOTE BAGS	
II. EMERGENCY NAMES AND TELEPHONE NUM	BERS (IN ADDITIO			
POLICE OR SHERIFF (707) 543-3600 RED CROSS (707) 577-7600 HOSPITAL(S) 525-5300 SR Memorial CHILD PROTECTIVE SERVICES (707) 565-4300		OFFICE OF EMERGENCY SERVICES (707) 565-1152 POISON CONTROL (800) 222-1222 OTHER AGENCY/PERSON (707) 588-5026 Community Care Licensing		
Director cell (707) 322-6038 Miss Cary				
Teacher cell (707) 328-7426 Mr. Josiah				
III. FACILITY EXIT LOCATIONS (USING A COPY OF TI	HE FACILITY SKETC	H [LIC 999] INDICATE	EXITS BY NUMBER	3)
Front Entrance through gate toward grass/parking		2. Side door exit (west facing) on driveway		
3. Back door down hall through Happy Time Preschool 4.				
IV. TEMPORARY RELOCATION SITE(S) (IF AVAILABLE, SUBMIT LETTER OF PERMISSION FROM RENTER/LEASSOR/MANAGER/PROPERTY OWNER)				
NAME Side lawn near main parking lot ADDRESS 1135 Farmers Lane, Santa R		Rosa, CA 95405		TELEPHONE NUMBER (707) 322 6038
	sa, CA 95405		TELEPHONE NUMBER (707) 322 6038	
V. UTILITY SHUT—OFF LOCATIONS (INDICATE LOCATION(S) ON THE FACILITY SKETCH [LIC 999])				
West side of Santa Rosa Rise and Shine Classroom (See Emergency Shut-off)				
water South east side of building Wome's Restroom (See Emergency Shut-off)				
West side of Santa Rosa Rise and Shine Classroom (See Emergency Shut-off)				
VI. FIRST AID KIT (LOCATION) Top cabinet right of refrigerator bottom shelf				
VII. EQUIPMENT				
SMOKE DETECTOR LOCATION (IF REQUIRED) Center of ceiling in playroom and naproom FIRE EXTINGUISHER LOCATION (IF REQUIRED)				
Inside naproom next to exit (west facing exit)				
TYPE OF FIRE ALARM SOUNDING DEVICE (IF REQUIRED) Pull station				
LOCATION OF DEVICE East wall of library				
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 Cary Onn Rick				DATE 06/26/2024