

# 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 <b>Santa Rosa Rise and Shine Child Care Center</b>		ADMINISTRATOR OF FACILITY <b>Josiah Rich</b>		
FACILITY ADDRESS (NUMBER, STREET, <b>2000 Humboldt St</b>	CITY, <b>Santa Rosa</b>	STATE, <b>CA</b>	ZIP CODE) <b>95404</b>	TELEPHONE NUMBER <b>( 707 ) 293-9795</b>

### 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. Josiah Rich	Director/Teacher	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 <b>(707) 543-3600</b>	OFFICE OF EMERGENCY SERVICES <b>(707) 565-1152</b>
RED CROSS <b>(707) 577-7600</b>	POISON CONTROL <b>(800) 222-1222</b>
HOSPITAL(S) <b>(707) 525-5300 SR Memorial</b>	OTHER AGENCY/PERSON <b>(707) 588-5026 Community Care Licensing</b>
CHILD PROTECTIVE SERVICES <b>(707) 565-4300</b>	
Josiah Rich's cell <b>(707) 328-7426</b>	Miss Maia's cell <b>(510) 484-3043</b>
Exec. Director cell <b>(707) 322-60381</b>	Miss Amy <b>(707) 293-6784</b>

### 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/LESSOR/MANAGER/PROPERTY OWNER)

NAME <b>Santa Rosa Junior College</b>	ADDRESS <b>1501 Mendocino Ave, Santa Rosa, CA</b>	TELEPHONE NUMBER <b>( 707 ) 527-4011</b>
NAME <b>Franklin Park</b>	ADDRESS <b>2095 Franklin Ave, Santa Rosa, CA 95404</b>	TELEPHONE NUMBER <b>( 707 ) 529-2035</b>

### V. UTILITY SHUT—OFF LOCATIONS (INDICATE LOCATION(S) ON THE FACILITY SKETCH [LIC 999])

ELECTRICITY <b>East wall of building outside in play yard</b>
WATER <b>East wall of building outside in play yard</b>
GAS <b>East wall of building outside in play yard</b>

### VI. FIRST AID KIT (LOCATION) In class bathroom

### VII. EQUIPMENT

SMOKE DETECTOR LOCATION (IF REQUIRED) <b>Ceiling of each classroom (#7 and #8) and naproom (#6)</b>
FIRE EXTINGUISHER LOCATION (IF REQUIRED) <b>West wall of Infant Room (#7) inside entry</b>
TYPE OF FIRE ALARM SOUNDING DEVICE (IF REQUIRED) <b>Hard wired pull station</b>
LOCATION OF DEVICE <b>Inside church entry hallway North wall outside of Naproom #6</b>

### 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 <b>03/29/2023</b>
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