

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 Santa Rosa Rise and Shine Child Care Center		ADMINISTRATOR OF FACILITY Cary Rich	
FACILITY ADDRESS (NUMBER, STREET, 1135 Farmers Lane	CITY, Santa Rosa	STATE, CA	ZIP CODE) TELEPHONE NUMBER 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 SIDE IF ADDITIONAL SPACE IS REQUIRED)

NAME(S) OF STAFF	TITLE	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./Aide	OTHER (DESCRIBE) EVACUATION CRIBS
6. Staff on site	Teacher Asst./Aide	CHILD TOTE BAGS

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) 525-5300 SR Memorial	OTHER AGENCY/PERSON (707) 588-5026 Community Care Licensing
CHILD PROTECTIVE SERVICES (707) 565-4300	
Director cell (707) 322-6038 Miss Cary	
Teacher cell (707) 328-7426 Mr. Josiah	

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

1. 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 Rosa, CA 95405	TELEPHONE NUMBER (707) 322 6038
NAME Montgomery High School Parking Lot	ADDRESS 1250 Hahman Dr., Santa Rosa, CA 95405	TELEPHONE NUMBER (707) 322 6038

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

ELECTRICITY 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)
GAS 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 	DATE 08/02/2023
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