

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, 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. Cary Rich	Exec. Director	TELEPHONE EMERGENCY NUMBERS
4. Josiah and Cary Rich		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	
Director/Teacher cell (707) 328-7426	
Exec. Director (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 06/10/2022
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