

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 RP		ADMINISTRATOR OF FACILITY Cary Rich	
FACILITY ADDRESS (NUMBER, STREET, 5435 Snyder Lane	CITY, Rohnert Park	STATE, CA	ZIP CODE) 94928
		TELEPHONE NUMBER (707) 293-9795	

Executive 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. Ian Rich	Assistant	HANDLE FIRST AID
3. Cary Rich	Director	TELEPHONE EMERGENCY NUMBERS
4. All staff available		TRANSPORTATION
5.		OTHER (DESCRIBE)
6.		

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

POLICE OR SHERIFF (707) 584-2600	OFFICE OF EMERGENCY SERVICES (707) 565-1152
RED CROSS (707) 577-7600	POISON CONTROL 1-800-222-122
HOSPITAL(S) Memorial (707) 525-5300	OTHER AGENCY/PERSON
CHILD PROTECTIVE SERVICES (707) 565-4304	

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

1.Exit 1 North/east	2. Exit 2 North/west
3.Exit 3 South/west	4. Exit 4 Building #2 Exit 5 Building #3

IV. TEMPORARY RELOCATION SITE(S) (IF AVAILABLE, SUBMIT LETTER OF PERMISSION FROM RENTER/LEASSOR/MANAGER/PROPERTY OWNER)

NAME Cross and Crown	ADDRESS 5475 Snyder Lane, RP 94928	TELEPHONE NUMBER (707) 795-7853
NAME	ADDRESS	TELEPHONE NUMBER ()

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

ELECTRICITY South/west inside locked utility shed
WATER West side of building
GAS n/a

VI. FIRST AID KIT (LOCATION)

VII. EQUIPMENT

SMOKE DETECTOR LOCATION (IF REQUIRED) Each room
FIRE EXTINGUISHER LOCATION (IF REQUIRED) Exit 2 North/west and Exit 3 South/west
TYPE OF FIRE ALARM SOUNDING DEVICE (IF REQUIRED) Fire Alarm
LOCATION OF DEVICE Inside Administration Office

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 07/29/2025
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