

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 Trust Children's Center			ADMINISTRATOR OF FACILITY Sarah Davis		
FACILITY ADDRESS (NUMBER, STREET, 4085 Earthwood Lane		CITY, San Luis Obispo	STATE, CA	ZIP CODE) 93401	TELEPHONE NUMBER (805) 5481286

I. ASSIGNMENTS DURING AN EMERGENCY (USE REVERSE SIDE IF ADDITIONAL SPACE IS REQUIRED)

NAME(S) OF STAFF	TITLE	ASSIGNMENT
1. Sarah Davis	Director	DIRECT EVACUATION AND PERSON COUNT
2. Carissa Cabalar	Lead Teacher	HANDLE FIRST AID
3. Kylie Garcia/ Dawn Drysdale	Teachers	TELEPHONE EMERGENCY NUMBERS
4. Jessica De La Cruz	Lead Teacher/ Site Supervisor	TRANSPORTATION
5.		OTHER (DESCRIBE)
6.		

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

POLICE OR SHERIFF San Luis Obispo Police Department (805)781-1700	OFFICE OF EMERGENCY SERVICES (805) 781-5011
RED CROSS American Red Cross (805) 543-0696	POISON CONTROL (805) 222-1222
HOSPITAL(S) Sierra Vista Hospital (805) 546-7600	OTHER AGENCY/PERSON
CHILD PROTECTIVE SERVICES San Luis Obispo County Child Welfare Services (805) 781-5437	

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

1. child's bathroom door	2. infant room door
3. preschool room doors (2)	4.

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

NAME Sports Warehouse (parking lot)	ADDRESS 181 Suburban Rd	TELEPHONE NUMBER (805) 781-6464
NAME Damon Garcia Sports Fields	ADDRESS 680 Industrial Way	TELEPHONE NUMBER (805) 996-0277

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

ELECTRICITY adult restroom
WATER adult restroom/ main shut off at rd.
GAS laundry room

VI. FIRST AID KIT (LOCATION) near main doors of infant and preschool rooms

VII. EQUIPMENT

SMOKE DETECTOR LOCATION (IF REQUIRED) ceiling of infant room, preschool room, and kitchen
FIRE EXTINGUISHER LOCATION (IF REQUIRED) near door of infant room, preschool room, and kitchen
TYPE OF FIRE ALARM SOUNDING DEVICE (IF REQUIRED) horn strobe
LOCATION OF DEVICE preschool room, infant room, nap room, bathrooms

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
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