

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 First Baptist Christian Schools Early Education Department		ADMINISTRATOR OF FACILITY Jan Hust		
FACILITY ADDRESS (NUMBER, STREET, 3535 N. El Dorado Street		CITY, Stockton	STATE, CA	ZIP CODE) 95204
				TELEPHONE NUMBER (209) 466-1577

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

NAME(S) OF STAFF	TITLE	ASSIGNMENT
1. Jan Hust	Director	DIRECT EVACUATION AND PERSON COUNT
2. Araceli Garcia-Gutierrez	Teacher	HANDLE FIRST AID
3. Evan Hust	Administrative Assistant	TELEPHONE EMERGENCY NUMBERS
4. Stephanie Bulleri	Principal	TRANSPORTATION
5.		OTHER (DESCRIBE)
6.		

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

POLICE OR SHERIFF 209-937-7911	OFFICE OF EMERGENCY SERVICES 209-464-4646
RED CROSS 209-466-6971	POISON CONTROL 800-222-1222
HOSPITAL(S) 209-944-5550 209-333-1289	OTHER AGENCY/PERSON FBI 209-474-8293
CHILD PROTECTIVE SERVICES 209-540-4000	NCR (toxic spills) 800-427-8802

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

1. Room #108	2. Room #114
3. Room #104	4. Room #116

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

NAME FBC Gymnasium	ADDRESS 3535 N. El Dorado St.	TELEPHONE NUMBER (209) 466-4368
NAME FBC Ministry Center	ADDRESS 3535 N. El Dorado St.	TELEPHONE NUMBER (209) 466-4368

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

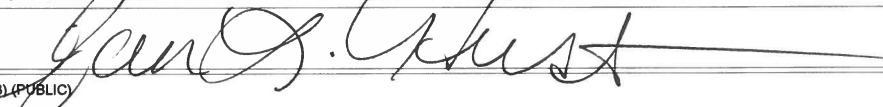
ELECTRICITY #1
WATER #2
GAS #3

VI. FIRST AID KIT (LOCATION) Main office/ First Aid Kit in each classroom as well**VII. EQUIPMENT**

SMOKE DETECTOR LOCATION (IF REQUIRED) Every Classroom
FIRE EXTINGUISHER LOCATION (IF REQUIRED) Every Classroom
TYPE OF FIRE ALARM SOUNDING DEVICE (IF REQUIRED) Siemens
LOCATION OF DEVICE On Playground

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 7-22-16
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