

**NOTICE OF FORM CHANGE NO. 04-101**

DATE

03/25/2004

**TO:**  
County Welfare Director  
Supply Clerk / Forms Coordinator

**FROM:**  
Forms Management Unit  
(916) 657-1907

Community Care Licensing District Offices  
 Private and Public Adoption Agencies

District Attorney  
 Other

Listed below is information regarding a form change. Only applicable information is shown.

This notice updates your Department of Social Services County Forms Catalog.

FORM NUMBER AND TITLE LIC 610 - Emergency Disaster Plan for Child Care Centers

ORDER UNIT <b>MASTER ONLY</b>	<input checked="" type="checkbox"/> Free <input type="checkbox"/> Sold	ESTIMATED PRICE	INITIAL SUPPLY SENT <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> New <input checked="" type="checkbox"/> Revised	DATE OF FORM 10/03	REPLACES 5/01	<input type="checkbox"/> Obsolete
REQUIRED FORM- <input checked="" type="checkbox"/> No Change Permitted	REQUIRED FORM- <input type="checkbox"/> Substitute Permitted With Prior DSS Approval	<input type="checkbox"/> Recommended Form	
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT: <b>Department of Social Services Warehouse P.O. Box 980788 West Sacramento, CA 95798-0788</b>		<input type="checkbox"/> Other:	

**FORMS DISPOSITION AND SPECIAL INSTRUCTIONS**

DISPOSITION OF OLD SUPPLY

Use until exhausted                       Destroy

USE NEW FORM

When supply available in DSS Warehouse                       Use new form effective    10/03

USE FORM IN ACCORDANCE WITH

All County Letter No.  
 Other (specify)

ADDITIONAL INFORMATION REGARDING FORM CHANGE

Attached is a Reproducible Copy

Check on the internet to see if forms are available at [www.dss.cahwnet.gov](http://www.dss.cahwnet.gov)

For camera-ready copies of English and Spanish forms, please call the Forms Management Unit (FMU) at (916) 657-1907, or by electronic mail at: [fmudss@dss.ca.gov](mailto:fmudss@dss.ca.gov). Contact Language Services for other languages at (916) 445-6778 or by electronic mail at [LTS@dss.ca.gov](mailto:LTS@dss.ca.gov).

# 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		ADMINISTRATOR OF FACILITY		
FACILITY ADDRESS (NUMBER, STREET,	CITY,	STATE,	ZIP CODE)	TELEPHONE NUMBER ( )

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

NAME(S) OF STAFF	TITLE	ASSIGNMENT
1.		DIRECT EVACUATION AND PERSON COUNT
2.		HANDLE FIRST AID
3.		TELEPHONE EMERGENCY NUMBERS
4.		TRANSPORTATION
5.		OTHER (DESCRIBE)
6.		

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

POLICE OR SHERIFF	OFFICE OF EMERGENCY SERVICES
RED CROSS	POISON CONTROL
HOSPITAL(S)	OTHER AGENCY/PERSON
CHILD PROTECTIVE SERVICES	

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

1.	2.
3.	4.

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

NAME	ADDRESS	TELEPHONE NUMBER ( )
NAME	ADDRESS	TELEPHONE NUMBER ( )

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

ELECTRICITY
WATER
GAS

### **VI. FIRST AID KIT (LOCATION)**

### **VII. EQUIPMENT**

SMOKE DETECTOR LOCATION (IF REQUIRED)
FIRE EXTINGUISHER LOCATION (IF REQUIRED)
TYPE OF FIRE ALARM SOUNDING DEVICE (IF REQUIRED)
LOCATION OF DEVICE

### **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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