EMERGENCY DISASTER PLAN FOR ADULT DAY PROGRAMS, ADULT RESIDENTIAL FACILITIES, RESIDENTIAL CARE FACILITIES FOR THE CHRONICALLY ILL AND SOCIAL REHABILITATION FACILITIES

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.

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

<table>
<thead>
<tr>
<th>NAME(S) OF STAFF</th>
<th>TITLE</th>
<th>ASSIGNMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td>DIRECT EVACUATION AND PERSON COUNT</td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td>HANDLE FIRST AID</td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td>TELEPHONE EMERGENCY NUMBERS</td>
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<tr>
<td>4.</td>
<td></td>
<td>TRANSPORTATION</td>
</tr>
<tr>
<td>5.</td>
<td></td>
<td>OTHER (DESCRIBE)</td>
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<td>6.</td>
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II. EMERGENCY NAMES AND TELEPHONE NUMBERS (IN ADDITION TO 9-1-1)

- FIRE/Paramedics
- Police or Sheriff
- Red Cross
- Office of Emergency Services
- Physician(s)
- Poison Control
- Hospital(s)
- Ambulance
- Dentist(s)
- Crisis Center
- Long Term Ombudsman
- Other Agency/Person

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/LEASEE/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

LIC 610D (10/03) (PUBLIC)