

**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 <b>LIGHTHOUSE MONTESSORI SCHOOL</b>		ADMINISTRATOR OF FACILITY <b>BARBARA LEWIS</b>		
FACILITY ADDRESS (NUMBER, STREET)	CITY	STATE	ZIP CODE	TELEPHONE NUMBER
<b>3695 ROSE TERRASSE CIR</b>	<b>SAN JOSE</b>	<b>CA</b>	<b>95148</b>	<b>( 408 ) 2382938</b>

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

NAME(S) OF STAFF	TITLE	ASSIGNMENT
1. BARBARA LEWIS	DIRECTOR	DIRECT EVACUATION AND PERSON COUNT
2. ANDREA DO, VIJI ANBALAGAN	TEACHER	HANDLE FIRST AID
3. EDITH RAMIREZ	TEACHER	TELEPHONE EMERGENCY NUMBERS
4. PREETI GAONKAR	TEACHER	TRANSPORTATION
5. LACINA JIANG, ANNA YIN	TEACHER	OTHER (DESCRIBE) SUPERVISION
6. SUSAN XU		TRANSLATION

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

POLICE OR FIRE <b>SAN JOSE POLICE DEPARTMENT (408)2778900</b>	OFFICE OF EMERGENCY SERVICES <b>San Jose Office-Emergency Services (408) 794-7055</b>
RED CROSS <b>RED CROSS SAN JOSE (800)733-2767</b>	POISON CONTROL <b>American Association of Poison Control Centers (800) 222-1222</b>
HOSPITAL(S) <b>Regional Medical Center (408) 259-5000</b>	OTHER AGENCY/PERSON
CHILD PROTECTIVE SERVICES <b>CHILD ABUSE AND NEGLECT (408)299-2071</b>	

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

1. THROUGH ENTRY GLASS DOORS TO PARKING LOT	2. EXIT THROUGH GATE ON PLAYGROUND
3. DOWN STAIRS NEAR ELEVATOR TO 1ST FLOOR PATIO	4. DOWN STAIRS AT END OF HALL NEAR RESTROOMS

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

NAME <b>YI CHEN'S HOME</b>	ADDRESS <b>4170 HORIZON CT SAN JOSE CA 95148</b>	TELEPHONE NUMBER <b>( 408 ) 3961654</b>
NAME <b>Carolyn A. Clark Elementary School</b>	ADDRESS <b>3701 Rue Mirassou, San Jose, CA 95148</b>	TELEPHONE NUMBER <b>( 408 ) 2234560</b>

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

ELECTRICITY <b>IN FRONT OF MAIN ENTRANCE</b>
WATER <b>IN FRONT OF MAIN ENTRANCE</b>
GAZ <b>IN THE BACK OF WORSHIP ROOMS</b>

**VI. FIRST AID KIT (LOCATION) IN EACH CLASSROOM**

**VII. EQUIPMENT**

SMOKE DETECTOR LOCATION (IF REQUIRED) <b>ON THE CEILING IN EACH ROOM</b>
FIRE EXTINGUISHER LOCATION (IF REQUIRED) <b>IN EACH CLASSROOM NEAR DOOR OR COUNTER</b>
TYPE OF FIRE ALARM SOUNDING DEVICE (IF REQUIRED) <b>HARDWIRED</b>
LOCATION OF DEVICE <b>NEAR EXIT 2</b>

**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 *Barbara Lewis* DATE **12/12/2017**