EMERGENCY EXIT PLAN

Classrooms
1. Toddler
2. Toddler
3. Preschool
4. Preschool

Exits
5. Front building
6. Rear building

Facilities
A. Electricity
B. Water
C. Gas
D. Fire Alarm
E. Pull Stations
F. Fire Extinguishers

CENTRO DE ALEGRIA
420 N. Soto Street
Los Angeles, CA 90033
EMERGENCY DISASTER PLAN FOR
CHILD CARE CENTERS

NAME OF FACILITY
Centro de Alegría

NAME OF STAFF
RAFAEL RAMIREZ

TITLE
DIRECTOR

ASSIGNMENT
DIRECT EVACUATION AND PERSON COUNT

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

2. MARTHA MORENO

TITLE
SITE SUPERVISOR

ASSIGNMENT
HANDLE FIRST AID

3. AZUCENA MEJIA

TITLE
LEAD TEACHER

ASSIGNMENT
TELEPHONE EMERGENCY NUMBERS

4. RAFAEL RAMIREZ/PATRICIA PADILLA

TITLE
DIRECTOR/ASSISTANT

ASSIGNMENT
TRANSPORTATION

5. TANIA LOPEZ

TITLE
LEAD PRESCHOOL TEACHER

ASSIGNMENT
OTHER (DESCRIBE)

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

POLICE OR SHERIFF
213-466-2541

RESCUES
323 780 7680

HOSPITAL(S)
323 268 5000 WHIT MEMORIAL HOSPITAL

CHILD PROTECTIVE SERVICES
213-35-5690

OFFICE OF EMERGENCY SERVICES
323 435 6202

POISON CONTROL
800 876 4766

OTHER AGENCY/PERSON

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

1. FRONT BUILDING ENTRANCE/EXIT

2. TODDLER CLASSROOMS NORTHERN ENTRANCE/EXIT

3. PRESCHOOL CLASSROOM - NORTHERN OUTSIDE/ENTRY

4. REAR BUILDING ENTRANCE/EXIT

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

NAME
SHERIDAN ELEMENTARY SCHOOL
BANK OF AMERICA

ADDRESS
416 N CORNWELL STREET
2308 CESAR CHAVEZ

TELEPHONE NUMBER
(323) 269 9818

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

ELECTRICITY
NORTHEAST CORNER OF BUILDING

WATER
SOUTHEAST CORNER OF BUILDING

GAS
SOUTHWEST CORNER OF BUILDING

VI. FIRST AID KIT (LOCATION) EACH CLASSROOM AND IN THE MAIN OFFICE

VII. EQUIPMENT

SMOKE DETECTOR (LOCATION OF REQUIRED)
EVERY CLASSROOM AND EVERY ROOM AND ALL HALLWAYS

FIRE EXTINGUISHER LOCATION (IF REQUIRED)
EVERY CLASSROOM, FRONT OFFICE AND EACH HALLWAY

TYPE OF FIRE ALARM BELLING DEVICE (IF REQUIRED)
ELECTRIC FIRE ALARM PANEL AND PULL STATIONS

LOCATION OF INCREASE
OFFICE CORRIDOR

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
RAFAEL RAMIREZ

DATE
12/15/14