



CHILD CARE LICENSING PROGRAM

Division of Public Assistance
Child Care Program Office

Office Use Only

NOTIFICATION OF A FACILITY EMERGENCY

A child care facility is required by child care licensing regulations to immediately report specific child injury, illness, or incidents. "Immediately report" means a report via telephone or in person and in writing, delivered as soon as possible, but no later than 24 hours after the incident. A child care facility must retain records for at least three years from the date of each record's creation.

Name of Facility: _____

Immediately report to Child Care Licensing:

- A fire or other emergency which affects an entity.
An emergency causing the facility to make any unplanned changes, such as; hours operation, plan of operation, and or location.

Within five working days after the emergency report to Child Care Licensing:

- Submit a detailed written report to the Department.

Date of Emergency: _____ Time of Emergency: _____

1. Describe the nature of the emergency:

2. Describe how the evacuation was achieved:

Time necessary to achieve evacuation: _____

3. Were the police or emergency response services contacted?

- Yes No (why not): _____

Who contacted police or emergency response services: _____

Who was contacted: _____ Who responded: _____

4. Were the children(s) parent(s)/legal guardian(s) contacted? Yes No

Name(s) of parent(s) who were not reached: _____

5. Describe responses of the children during the evacuation (use additional blank paper if needed):

6. Names of the employees on duty and fully describe each staff member's action(s) during the evacuation (use additional blank paper if needed):

Name of Employee

Actions taken by employee

7. Were existing policies followed and effective? Yes (explain) No (explain why not)

8. Identify any factors that contributed to an ineffective evacuation:

9. List any suggestions for improving future evacuations:

10. Additional comments or information:

Name of person completing this form: _____ Position: _____

Signature of person completing this form: _____ Date: _____

Administrators Name: _____

Administrators Signature: _____ Date: _____