



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):

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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

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

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

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9. List any suggestions for improving future evacuations:

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10. Additional comments or information:

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Name of person completing this form: \_\_\_\_\_ Position: \_\_\_\_\_

Signature of person completing this form: \_\_\_\_\_ Date: \_\_\_\_\_

Administrators Name: \_\_\_\_\_

Administrators Signature: \_\_\_\_\_ Date: \_\_\_\_\_