



Municipality of Anchorage
Child Care Licensing Program

Office Use Only

NOTIFICATION OF FACILITY EMERGENCY

A child care facility is required by child care licensing regulations to immediately report specific, 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: <input type="checkbox"/> A fire or other emergency which affects an entity. <input type="checkbox"/> An emergency causing the facility to make any unplanned changes, such as: hours of operation, plan of operation, and or location.
Within five working days after the emergency report to Child Care Licensing <input type="checkbox"/> 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 incident or 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
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

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:** _____