



Municipality of Anchorage
Child Care Licensing Program

Office Use Only

NOTIFICATION OF FACILITY EMERGENCY
COVID-RELATED CLOSURE

Name of Facility: _____

Point of Contact: _____ Phone number: (___) _____

A child care facility is required by child care licensing regulations to immediately report to the department, a fire or other emergency, injury or illness of a child, or unplanned change in plan of operation affecting a facility. "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.

This report form is specific to COVID-related emergencies affecting a child care facility.

Closure of **facility** due to COVID Closure of **classroom(s)** due to COVID

First date of closure: ____/____/____

Reason for closure (select all that apply, use the provided lines for explanation if needed):

Child COVID positive Staff COVID positive lack of available staff due to COVID

Name of Classroom(s) closed, if applicable:

_____ Ages of children served: _____

_____ Ages of children served: _____

Anticipated reopening date: ____/____/____

If the facility/classroom does not reopen by the anticipated date, facility must send an updated report (CC65) to CCL by email to ahdcovidccl@anchorageak.gov and courtesy copy (CC) the licensing specialist.

Printed name of person completing this form

Signature

Date