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