For Office Use Only:
Effective date:

CHILD DAY CARE RE-OPENING REQUEST FORM – HURRICANE ISAAC

Program Class (circle one): Class A Class B

License Number:_____ Parish:_____

TIPS Number: _____ Email: _____

Facility Name:_____

Physical Address:_____

Mailing Address:_____

Fax Number: _____

Contact Name:_____Contact Telephone Number(s):_____

Anticipated re-opening date:_____

Please check one of the following statements below:	
	This facility did not sustain damage and was able to continue operation.
	This facility did sustain damage and has been repaired.

Does your center have operating utilities (water, sewerage, electricity)? ___Yes ___No

Please complete the following questions for the Office of Public Health:

1. Did your facility lose electric power for more than 48 hours? ___Yes ___No If yes, it is your responsibility to destroy and properly dispose of any food or food items that may have been in storage for longer than 48 hours without proper refrigeration.
2. Did any flood water enter your facility? ___Yes ___No If yes, it is your responsibility to destroy and properly dispose of any items that came into contact with flood waters.
3. Did your facility sustain any major structural damage? ___Yes ___No

If you answered "yes" to OPH question #3, an on site inspection and approval by OPH is required prior to re-opening.

Please complete the following questions for the State Fire Marshal:

1. Has your facility's electrical systems been restored by the electrical company? ___Yes ___No
2. Is the Fire Alarm System working? ___Yes ___No
3. Are smoke detectors working? ___Yes ___No
4. Is your sprinkler system in service? ___Yes ___No ___Not applicable
5. Are the exits free and unobstructed? ___Yes ___No
6. Are the exit doors in proper working condition? ___Yes ___No
7. Are you operating on generator power? ___Yes ___No

If you answered "no" to OSFM question #2, #3, #4, #5, #6 and/or "yes" to question #7, an on site inspection and approval by OSFM is required prior to re-opening.

I certify that my center has sufficient staff to meet child/staff ratio for all hours of operation; the center has means to feed the children; the center is free of any hazards both inside and on the play area; and that the information above is true and correct. I understand that providing false or inaccurate information may result in the revocation of my license.

I do not anticipate re-opening, please close my facility effective:_____.

_____ _____

Signature Date

Email form: Dss.licensing@la.gov PLEASE type License number in Subject line OR **Fax form (no cover sheet required):** (225) 342-9690	**If unable to fax form, please mail to:** DCFS Licensing Section ATTN: Child Care Center Re-opening P. O. Box 3078 Baton Rouge, LA 70821-3078

Note: You may not re-open your center without approval from DCFS, Licensing Section.

The date your parish was declared a disaster parish can be found on the dcfs website at dcfs.louisiana.gov.