



# REOPENING REQUEST FORM – Family Child Care and In-Home Providers

Program Type (check one):  Family Child Care Provider  In-Home Provider

Name of Storm: \_\_\_\_\_

TIPS Provider Number: \_\_\_\_\_ Parish: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Telephone Number(s): \_\_\_\_\_

**Section 1: Please check one of the following statements below:**

- 1.  This home DID NOT sustain damage and was able to continue operation effective \_\_\_\_\_.
- 2.  This home DID NOT sustain damage and is expected to reopen \_\_\_\_\_.  
NOTE: If reopen date changes, contact your Licensing Consultant.
- 3.  This home DID sustain minimal damage and is expected to reopen \_\_\_\_\_. **(Complete Section 2)**  
**NOTE: If reopen date changes, contact your Licensing Consultant.**
- 4.  This home DID sustain major damage and is expected to reopen \_\_\_\_\_. **(Complete Section 2)**  
**NOTE: Homes shall not reopen without inspections from Fire and Licensing.**  
**NOTE: If reopen date changes, contact your Licensing Consultant.**
- 5.  This home did sustain damage and WILL NOT REOPEN. Please close my center effective: \_\_\_\_\_.  
**(Complete Section 2 #1 and go directly to Section 3)**

**Section 2: Please answer the following questions in regards to this home.**

- 1.  Yes  No Did the home sustain any major structural damage to include fence?

Describe type of damage: \_\_\_\_\_

Please attach pictures.

- 2.  Yes  No Are all utilities (water, sewages, electricity) currently operating normally?
- 3.  Yes  No Was electricity off for more than 48 hours? (Note: If yes, it is your responsibility to destroy and dispose of any food or food items properly.)
- 4.  Yes  No  N/A If the home lost electricity, has electricity been restored by the electric company?
- 5.  Yes  No Is the home operating on generator power?
- 6.  Yes  No Is your home located in an area that was subject to a boil advisory?
- 7.  Yes  No Did any flood water enter the home? (Note: If yes, it is your responsibility to destroy and properly dispose of any items that came into contact with flood waters.)
- 8.  Yes  No Is there any visible mold in your home or has your home been treated for mold remediation?
- 9.  Yes  No Is the fire alarm system working?
- 10.  Yes  No Are the smoke detectors working?

11.  Yes  No Do you have a sprinkler system?
12.  Yes  No  NA If you have a sprinkler system, it is in working order?
13.  Yes  No Are the exits free and unobstructed?
14.  Yes  No Are the exit doors in proper working condition?
15. Additional Comments:
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**Section 3: Who completed and submitted the Reopening Form?**

- Owner
- Other \_\_\_\_\_
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**Section 4:**

If reopening, I certify that my home has means to feed the children; my home is free of any hazards both inside and on the play area; and that the information above is true and correct. I understand that any false information provided above may lead to termination of my certification.

Signature \_\_\_\_\_

Date \_\_\_\_\_

<p>Scan and email form to: <a href="mailto:LDELicensing@la.gov">LDELicensing@la.gov</a>  <b>PLEASE put TIPS number in Subject line</b></p> <p>Fax form to the following number:          (225) 342-2498</p>	<p><b>If unable to fax or email form, please mail to:</b>          Louisiana Department of Education – Division of Licensing          ATTN: Home Re-Opening P.O. Box          4249          Baton Rouge, LA 70821-3078</p>
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**NOTE: THIS FORM MUST BE COMPLETED AND SUBMITTED BY ALL HOMES IN ORDER TO AVOID SUSPENSION OF THE HOME’S REGISTRATION AND IN ORDER TO CONTINUE TO SERVE CCAP FAMILIES.**