

# REOPENING REQUEST FORM – Early Learning Centers



Program Type (check one):  Type I  Type II  Type III

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

License Number: \_\_\_\_\_ Parish: \_\_\_\_\_ TIPS Number (If applicable): \_\_\_\_\_

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

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

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

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

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

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

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**Section 2: If you checked number 1 or 2 in Section 1, please answer the following questions in regards to this center.**

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

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

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**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 center lost electricity, has electricity been restored by the electric company?
5.  Yes  No Is the center operating on generator power?
6.  Yes  No Is your facility located in an area that was subject to a boil advisory?
7.  Yes  No Did any flood water enter the center? (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 center or has your center 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
- Director
- Other \_\_\_\_\_

**Section 4:**

If reopening, I certify that this center has sufficient staff to meet child: staff ratios for all hours of operation; has the means to feed the children; 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 revocation of the center's license.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Scan and email form to: [LDELicensing@la.gov](mailto:LDELicensing@la.gov)  
PLEASE put LICENSE number in subject line

Fax form to the following number:  
(225) 342-2498

If unable to fax or email form, please mail to:

Louisiana Department of Education – Division of Licensing  
ATTN: Child Care Center Re-Opening  
P.O. Box 4249  
Baton Rouge, LA 70821-3078

**NOTE: THIS FORM MUST BE COMPLETED AND SUBMITTED BY ALL CENTERS (TYPES I, II, AND III) IN ORDER TO AVOID SUSPENSION OF THE CENTER'S LICENSE AND IN ORDER TO CONTINUE TO SERVE CCAP FAMILIES (TYPE III).**