**Example Post Emergency Record**

Early childhood services must report serious incidents to the relevant Department of Education and Training (DET) QARD Area Team in accordance with relevant regulatory requirements. Services with a funding and service agreement will need to contact their regional Early Childhood Improvement Branch and/or your Early Childhood Performance and Planning Advisor

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| --- | --- |
| **Facility Name**  |  |
| **Emergency Event** |  |
| **Date and Time of Emergency**  |  |
|  |  |
| **Description/Details Of Emergency** |  |
|  |
| **Immediate Actions Taken** | **Chief Warden Notified:****YES / NO** Time \_\_\_\_\_**Other staff Notified:****YES / NO** Time \_\_\_\_\_**Emergency Services Notified:****YES / NO** Time \_\_\_\_\_\_ | **IMT Convened:****YES / NO** Time \_\_\_\_\_\_**PMC Notified:****YES / NO** Time \_\_\_\_\_\_ |
| **Key Actions Taken** | **Parent/Guardian Notified** |
| **Issues** | **Operational Debriefing Required:** **YES / NO** Date/Time \_\_\_\_\_ **Person Responsible to Organise:** \_\_\_\_\_\_\_\_\_\_\_\_\_**Confirmation of Operational Debriefing: Date/Time:** **Issues for Follow Up Action:** |
|  |
| **This Record Completed By:** |  |
| **Position Title:** |  |
| **Telephone Number:** |  |
| **Signature and Date:** |  |

**NOTE:** This sample template is a guide only and should be used as an aid to develop or supplement your EMP. Please adapt it as appropriate to ensure relevance to your facility and services)