**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

|  |  |  |
| --- | --- | --- |
| **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)