

CRISIS NURSERY MONTHLY REPORT

Month: _____

Facility Name: _____

Facility Number: _____

Licensed Capacity: ____

Name of Child	DOB	24 hr.	Crisis Day*	Date of Admission	Date of Discharge	Length of Stay	Exception Through (Crisis Day Only)	Reason For Use
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11.								
12.								
13.								
14.								
15.								
16.								
17.								
18.								
19.								
20.								

Total: _____

Name and Title of Licensee or Designated Representative: _____ Date: _____

*** Complete Crisis Day Services Sign-in Sign-out sheet — LIC 9219A**

CRISIS NURSERY MONTHLY REPORT

INSTRUCTIONS

Pursuant California Code of Regulations, Title 22, Section 86561 (h) A crisis nursery shall collect and maintain a monthly report that indicates the total number of children placed in the crisis nursery, the length of stay for each child in the crisis nursery, the number of children receiving crisis day services, the reason given for the use of the crisis nursery for each child, and the age of each child.

Original reports must be kept on file for at least three years and be made available for review upon request by an authorized representative of the licensing agency.

1. Month Enter the month and year of this report.
2. Facility Name Enter the name of the facility as it appears on the license.
3. Facility Number Enter the facility number as it appears on the license.
4. Licensed Capacity Enter the licensed capacity on the appropriate line.
5. Name of Child Enter the child's first and last name.
6. DOB Enter the child's date of birth.
7. 24 hr. Indicate with a check mark (✓) if the child is receiving **24 hour care**.
8. Crisis Day* Indicate with a check mark (✓) if the child is receiving Crisis Day Services. Parents/authorized representatives who enroll their child(ren) in the Crisis Day program must sign their child in and out using the Crisis Day Care sign-in/sign-out sheet.
9. Date of Admission Enter the month and day the child was first admitted into the program.
10. Date of Discharge Enter the month and day the child was released from the program.
11. Length of Stay Enter the total number of days the child was in care at the facility for 24 hour overnight care, or the number of hours the child received crisis day services.
12. Exception Through (Crisis Day Only) Indicate if an exception was granted by the licensing agency to allow a child receiving crisis day services to exceed the limitation of 30 calendar days, maximum of 12 hours per day, or a total of 360 hours, in a six month period and note the ending date of the exception.
13. Licensee or Designated Representative Enter the name and title of the individual attesting to the accuracy of the information.
14. Date Enter the date the Crisis Nursery Monthly Report was signed and verified.