

CHILD CARE FACILITIES POST-DISASTER INCIDENT ASSESSMENT FORM

Date and time of the incident:

Brief description of incident:

Date and Time of Assessment:

Conducted by:

Assessor's Phone Number:

PART A: DAMAGE ASSESSMENT						
Name of Facility		Facility ID	Address			
			Street _____			
			City _____			
			County _____ ZIP _____			
Name of Director		Director Cell	Alternative person-in-charge & contact			
Facility Contact details						
Phone	Email	Fax	Alternative 1	Alternative 2		
Type of Child Care Program						
<input type="checkbox"/> Group Child Care Center <input type="checkbox"/> Infant/Toddler Child Care Center <input type="checkbox"/> Before and After School <input type="checkbox"/> Family Child Care <input type="checkbox"/> Group Child Care Home						
Employee/Child Status:						
Total No.		No. Absent	No. Injured	No. Unaccounted for	No. Released to Parents	No. Being Cared for
Staff						
Children						
Others						
Operation/Program:						
Is the facility open? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what are the hours of operation? (_____ A.M./P.M -- _____ A.M./P.M.) If no, what are the reasons? <input type="checkbox"/> Structural damage <input type="checkbox"/> No electricity <input type="checkbox"/> No water <input type="checkbox"/> Flooding <input type="checkbox"/> Staff shortage <input type="checkbox"/> Other _____ • If flooding has occurred, clean- up of the facility/home must take place before child care resumes.						

If no, what are the factors that **most** impact your ability to re-open?

☐ Return of electricity ☐ Return of water ☐ Return of staff

☐ Families returning to area or enrolling children returning

☐ Other _____

If no, when is the anticipated re-open date and hours of operation?

(Please call back for any future updates.)

Date: _____ (_____ A.M./P.M. -- _____ A.M./P.M.)

If you are currently temporarily closed, are you and/or your staff interested in working in other child care facilities for a limited time? ☐ Yes ☐ No

Do you have the capacity to serve additional children? ☐ Yes ☐ No

If yes, how many additional children would you be able to accept? _____

Is the building owned or rented? _____

Is the facility a Head Start program? ☐ Yes ☐ No

Does the facility participate in the state child care assistance program? ☐ Yes ☐ No

Does the facility participate in the USDA child nutrition program? ☐ Yes ☐ No

In the absence of electrical power, pre-packaged foods that do not require refrigeration should be used and made available. Consult with your Department of Health, Food Sanitation division for the safe storage of foods.

Number of children served pre-disaster:

_____ Infants
_____ Toddlers
_____ Preschoolers
_____ School-age

Number of children served post-disaster
(at the time of assessment):

_____ Infants
_____ Toddlers
_____ Preschoolers
_____ School-age

Number of employees pre-disaster _____

Current number of employees (at the time of assessment) _____

Number of employees planning to return to work post-disaster _____

Utilities:

Is telephone access available at your facility? ☐ Landline ☐ Cell ☐ Both

Is there electricity available at your facility? ☐ Normal service ☐ None

Is there water available at your facility? ☐ Normal service ☐ Bottled ☐ None

- Water used for drinking or cooking must be purchased (i.e. bottled water). Check with the Department of Health sanitation division for water used for hand washing and cleaning.

A child care facility or family day care home **may not** re-open/remain open if:

- It has structural damage, **or**
- The water and sewage/septic tank are working not working properly, **or**
- Is without electricity, **AND** lighting needs are not being met through the use of either batteries or a generator. Under NO circumstances are candles, open flames, gas or fuel lanterns to be used.

Caution: Generators, if used, must be located outdoors away from windows and doors. Exhaust can easily cause carbon monoxide poisoning if it enters the building or home. The generator must also be inaccessible to children.

No Damages ☐ (review all areas below)

A child care facility or family day care home **will** be able to re-open/remain open if after a site visit by Licensing worker, the Licensing worker determines that :

- It has NO structural damage, **AND**
- It has FULL electrical service, **AND**
- The water and sewage/septic tank are working properly.

Caution: The State Department of Health and the local City and County Department of Environmental Services shall be consulted for Sewage contamination and septic tank capacity, damage, and stress created by excessive rains, flooding, and standing water.

Note: If the child care facility/home SUSTAINS STRUCTURAL DAMAGE, regardless of the extent, an on-site inspection is required PRIOR to caring for children. Licensing staff must ensure that the structure is sound, and no live wires or open access to sewage exists, etc.

Note: Outdoor areas must be safe for play and free from debris.

Each and every situation must be assessed on a case-by-case basis and determinations made based on protecting the health, safety and well-being of the children in care.

Damages (if able, please include photos):

What is your assessment of the damage?

☐ Completely destroyed ☐ Partially destroyed ☐ Little or no evidence of damage

Do you have photos of the damages sustained?

☐ Yes ☐ No

Is street access available?

☐ Yes ☐ No

Were in-door materials damaged or lost?

☐ Yes ☐ No

Was out-door equipment damaged or lost?

☐ Yes ☐ No

Were appliances damaged or lost?

☐ Yes ☐ No

Were stored food, water, and/or other emergency supplies lost? ☐ Yes ☐ No

Describe in detail any major EXTERIOR damage such as broken windows, doors cracks , roof, fences etc.:

Main/Other Entrances:

Walls:

Windows:

Roof:

Playground Equipment:

Additional information:

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Describe in detail any major INTERIOR damage:
Ceiling: <hr/> <hr/>
Walls: <hr/> <hr/>
Doors: <hr/> <hr/>
Toilets/Sinks: <hr/> <hr/>
Fixtures: <hr/> <hr/>
Supplies: <hr/> <hr/>
Office Equipment and Furniture: <hr/> <hr/>
Classroom Equipment/Furniture: <hr/> <hr/>
Additional information: <hr/> <hr/>

Source of Damage (Check all that apply):		
<input type="checkbox"/> Flood <input type="checkbox"/> Fire <input type="checkbox"/> Wind <input type="checkbox"/> Earthquake <input type="checkbox"/> Tsunami <input type="checkbox"/> Other		
Type of Insurance		
<input type="checkbox"/> Property <input type="checkbox"/> Hurricane <input type="checkbox"/> Flood (Structure) <input type="checkbox"/> Flood (Contents) <input type="checkbox"/> None		
Is the building insured to cover the cost of repairs? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Estimate of Damages:		
Repairs to Structure	Replacement of Materials	Total
\$	\$	\$
Disaster Applications:		
Have you completed / submitted a disaster application with FEMA? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Have you applied for other disaster relief? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Additional notes:			
I certify that the above statement is true to the best of my knowledge:			
<div style="display: flex; justify-content: space-between; padding: 5px;"> Provider Name Signature Date </div>			
FOR LICENSING WORKER TO COMPLETE:			
Date Received: _____	<u>Assessment</u> No Structural Damage. Water AND sewage/septic tank are working properly. Has electric service OR lighting needs are met through the use of either batteries or a generator.	<u>Yes</u> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<u>No</u> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
The provider is <input type="checkbox"/> Approved / <input type="checkbox"/> Disapproved to resume child care services as of (date). Continuation of services are subject to a site visit to confirm the assessment above and ensure the safety of the facility. A site visit has been scheduled on (date) at (time).			
If a site visit has not been completed within 10 (ten) working days of the received date of this document, services must be suspended pending a site visit and approval from the licensing worker to resume services.			
<div style="display: flex; justify-content: space-between; padding: 5px;"> Reviewed By: Print Name/Unit Signature Date </div>			