

CHILD CARE INITIAL DAMAGE ASSESSMENT

Name/Title of Person Completing Assessment	Brief Description of Incident/Disaster

Name of Program & Contact Person	DHS Provider Number	Address
		Street: _____ _____ _____ City: _____ County: _____ ZIP: _____

Director or Owner's Name (if not contact person)	Phone (landline and cell)	Email	Fax

Child/Employee Status at the Time of the Disaster:						
	# Enrolled/ Employed	# Present	# Injured	# Missing	# Released to Parents/ Authorized Person	Other
Children						
Staff						
Others						

Type of Child Care Program	
<input type="checkbox"/> Child Care Center <input type="checkbox"/> Child Development Home <input type="checkbox"/> Non-Registered Child Care Home	
Check all that apply to your program:	
<input type="checkbox"/> State Funded <input type="checkbox"/> Private Non-Profit <input type="checkbox"/> Private For-Profit <input type="checkbox"/> Military Program	
<input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Public Non-Profit <input type="checkbox"/> Public For-Profit <input type="checkbox"/> Accredited Program	
<input type="checkbox"/> Participate in Child Care Assistance (CCA) Program <input type="checkbox"/> Participate in Food Program (CACFP)	
Number of children served pre-disaster: _____ Infants _____ Toddlers _____ Preschoolers _____ School-age	Current number of children served post-disaster: _____ Infants _____ Toddlers _____ Preschoolers _____ School-age

Operation/Program

Is the facility open? Yes No

If yes, what are the hours of operation? _____ AM/PM -- _____ AM/PM

If no, what are the reasons? Structural damage No electricity No water
 Flooding Staff shortage Other _____

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

- Return of electricity Return of water Return of staff
- Repair of structural damage
- Financial assistance to replace lost or damaged materials in the facility
- Families not returning to impacted area or not returning children to care
- Other _____

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

Date: _____ AM/PM -- _____ AM/PM

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

If your facility is open, do you have the capacity to serve additional children? (If you are not currently at capacity.)

Yes No If yes, how many? _____

Number of employees pre-disaster: _____

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

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

Damages

What is your assessment of the damage to your child care program?

- Completely destroyed Partially destroyed Little or no evidence of damage

Is street access available? Yes No

What repairs, supplies or materials are needed immediately to continue or resume caring for children?

Is the building... Owned Rented

Source of Damage (Check all that apply)		
<input type="checkbox"/> Flood	<input type="checkbox"/> Fire	<input type="checkbox"/> Wind/wind driven rain
<input type="checkbox"/> Tornado	<input type="checkbox"/> Other _____	
Estimates of Damages		
Repairs	Contents	Total
\$	\$	\$

Type of Insurance
<input type="checkbox"/> Property <input type="checkbox"/> Tornado <input type="checkbox"/> Flood (structure) <input type="checkbox"/> Flood (contents) <input type="checkbox"/> Fire <input type="checkbox"/> None
What approximate payment is expected from the insurer? _____
Is the building/home insured to cover the cost of repairs? <input type="checkbox"/> Yes <input type="checkbox"/> No

Utility
Is telephone access available at your facility? <input type="checkbox"/> Landline <input type="checkbox"/> Cell <input type="checkbox"/> Both <input type="checkbox"/> Neither
Is there electricity available at your facility? <input type="checkbox"/> Generator-based <input type="checkbox"/> Normal <input type="checkbox"/> None
Is there water available at your facility? <input type="checkbox"/> Normal service <input type="checkbox"/> Bottled <input type="checkbox"/> None

Disaster Applications
Have you completed/submitted a disaster application with FEMA? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you completed/submitted a disaster application with the Small Business Association? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you completed/submitted a disaster application with other agencies (please specify) <input type="checkbox"/> Yes <input type="checkbox"/> No

Return the completed form to your Child Care Resource & Referral consultant.

Adapted from the Child Care Initial Rapid Damage Assessment Tool developed by the Texas Department of Family and Protective Services & Collaborative of Children