

Appendix 8: Child Care Center/Child Care Home Initial Rapid Damage Assessment

In the aftermath of a disaster, as soon as it is safe to do so, it is imperative to communicate the condition of your center/home as well as status of your program with your licensing representative and Child Care Resource and Referral representative that serves the county where your center/home is located.

Remember, safety comes first! In an event of an emergency, call the local emergency services (e.g. 911). Make sure staff and children are safe before reporting disaster related information to your licensing representative and Child Care Resource and Referral representative that serves the county where your center/home is located.

The *Child Care Center/Child Care Home Initial Rapid Damage Assessment* tool is used to assist with the initial rapid damage assessment of child care center/home after a disaster or emergency event and to be better able to efficiently and effectively respond to situations by providing appropriate assistance and information to child care centers/homes.

Objectives of the Child Care Center/Child Care home Initial Rapid Damage Assessment

- To rapidly assess overall losses to child care centers/homes.
- To rapidly assess interruptions in services provided by child care programs.
- To rapidly assess the number of children and staff impacted by the disaster.
- To determine the overall operational capability and capacity of the child care community immediately after a disaster.
- To inform emergency management officials and community decision makers of the damages sustained by the child care community.
- To record available and/or needed resources to support the response and recovery of the child care community.

The Child Care Initial Rapid Damage Assessment tool was initially created by child-focused and emergency management partners in Harris County Texas – including Collaborative for Children, Child Care Licensing, Harris County Office of Homeland Security and Emergency Management and Save the Children. Permission to use and adapt this tool was granted from the Harris County Office of Homeland Security and Emergency Management.

Date and time of the incident: [Click here to enter a date.](#) [Click here to enter time.](#)

Brief description of incident: [Click here to enter description.](#)

Conducted by:[Click here to enter name.](#) **Assessor's Phone Number:** [Click here to enter phone number](#)

Date and Time of Assessment:[Click here to enter a date.](#) [Click here to enter time.](#)

Name of Center/Home		Center/Home ID	Address	
Click here to enter text.		Click here to enter text.	Street: Click here to enter text. City: Click here to enter text. County: Click here to enter text. Zip code: Click here to enter text.	
Name of Director		Director Cell	Alternative person-in-charge & contact	
Click here to enter text.		Click here to enter text.	Click here to enter text.	
Center/Home Contact details				
Phone	Email	Fax	Alternative 1	Alternative 2
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Type of Child Care Program				
<input type="checkbox"/> Center <input type="checkbox"/> Accredited Center <input type="checkbox"/> Home <input type="checkbox"/> Government <input type="checkbox"/> Tribal <input type="checkbox"/> Private Non-Profit <input type="checkbox"/> Other <input type="checkbox"/> Not Sure				
Type of Insurance				
<input type="checkbox"/> Property <input type="checkbox"/> Hurricane <input type="checkbox"/> Flood (Structure) <input type="checkbox"/> Flood (Contents) <input type="checkbox"/> Tornado <input type="checkbox"/> None What approximate payment is expected from the insurer? Click here to enter text. Is the building insured to cover the cost of repairs? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Damages				
What is your assessment of the damage? <input type="checkbox"/> Completely destroyed <input type="checkbox"/> Partially destroyed <input type="checkbox"/> Little or no evidence of damage Do you have photos of the damages sustained? <input type="checkbox"/> Yes <input type="checkbox"/> No Is street access available? <input type="checkbox"/> Yes <input type="checkbox"/> No Were in-door materials damaged or lost? <input type="checkbox"/> Yes <input type="checkbox"/> No Was out-door equipment damaged lost? <input type="checkbox"/> Yes <input type="checkbox"/> No Were appliances damaged or lost? <input type="checkbox"/> Yes <input type="checkbox"/> No				

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

Describe any major EXTERIOR damages such as new or enlarged cracks, broken windows, etc.:

Damage/Problem	Location of damage/problems	Detailed descriptions
Main entrance	Click here to enter text.	Click here to enter text.
Other entrances	Click here to enter text.	Click here to enter text.
Walls	Click here to enter text.	Click here to enter text.
Windows	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.

Others useful information: Click here to enter text.

Describe any major INTERIOR damages:

Damage/Problem	Location of damage/problems	Detailed descriptions of damage
Ceiling	Click here to enter text.	Click here to enter text.
Walls	Click here to enter text.	Click here to enter text.
Doors	Click here to enter text.	Click here to enter text.
Floor/Carpet	Click here to enter text.	Click here to enter text.
Water Leaks	Click here to enter text.	Click here to enter text.
Toilet	Click here to enter text.	Click here to enter text.
Light fixtures	Click here to enter text.	Click here to enter text.
Supplies	Click here to enter text.	Click here to enter text.
Desks	Click here to enter text.	Click here to enter text.
Play equipment	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.

Other useful information: Click here to enter text.

Employee/Child Status:

	Total #	# Absent	# Injured	# Sent to Hospital	# Dead	# Unaccounted for	# Released to Parents	# Being cared for
Staff	<u>Enter #</u>	<u>Enter #</u>	<u>Enter #</u>	<u>Enter #</u>	<u>Enter #</u>	<u>Enter #</u>	<u>Enter #</u>	<u>Enter #</u>
Children	<u>Enter #</u>	<u>Enter #</u>	<u>Enter #</u>	<u>Enter #</u>	<u>Enter #</u>	<u>Enter #</u>	<u>Enter #</u>	<u>Enter #</u>
Others	<u>Enter #</u>	<u>Enter #</u>	<u>Enter #</u>	<u>Enter #</u>	<u>Enter #</u>	<u>Enter #</u>	<u>Enter #</u>	<u>Enter #</u>

Source of Damage (Check all that apply)

Flood Fire Wind/Wind driven rain Earthquake Other [Click here to enter text.](#)

Estimate of Damages

Repairs	Contents	Total
\$ Click here to enter amount	\$ Click here to enter amount	\$ Click here to enter amount

Operation/Program

Is the center/home open? Yes No

If yes, what are the hours of operation? (Enter time Choose AM/PM to Enter time Choose 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
- Ability to complete forms to receive assistance
- Once forms submitted approval and receive financial assistants
- Financial assistant to replace lost or damage materials in classrooms
- 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: [Click here to enter a date.](#) (Enter time Choose AM/PM to Enter time Choose 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

Do you have the capacity to serve additional children? (If you are not at capacity.)

Yes No

If yes, how many additional children would you be able to accept? [Click here to enter text.](#)

Do you have a generator system? Working Not working

What supplies or materials would you need immediately to continue or resume your program?

*This information will be passed onto the emergency management agencies and assistance organizations but the provision of the items to your sites can not be guaranteed.

[Click here to enter text.](#)

Is the building owned or rented? Yes No

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 state nutrition program? Yes No

Number of children served pre-disaster

Infants: [Click here to enter number](#)

Toddlers: [Click here to enter number](#)

Preschoolers: [Click here to enter number](#)

School-age: [Click here to enter number](#)

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

Infants: [Click here to enter number](#)

Toddler: [Click here to enter number](#)

Preschoolers: [Click here to enter number](#)

School-age: [Click here to enter number](#)

Number of employees pre-disaster: [Click here to enter number](#)

Current number of employees (at the time of assessment): [Click here to enter number](#)

Number of employees planning to return to work post-disaster: [Click here to enter number](#)

Utility

Is telephone access available at your center/home? Landline Cell Both Neither

Is there electricity available at your center/home? Generator-based Normal None

Is there water available at your center/home? Normal service Bottled None

Collaborative for Children Funding Application

Did you submit a funding application? Yes No Withdrew

Were you granted funding? Yes No

If no, what was the reason why funding was not granted? Withdrew Denied

Ineligible Unable to contact No damage No information provided

Provider on corrective or adverse action Pending result Other [Click here to enter text.](#)

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
Public Assistance Eligibility (if there is a PA Declaration)		
Are you located within a designated disaster area?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Were you in active use at the time of the disaster?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Were damages sustained as the result of the declared disaster or emergency?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you a state, local, tribal entity or private non-profit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Others		
Click here to enter text.		