**Post-Disaster Child Care Center Sanitation Assessment Form**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date & Time of Inspection: | | | | | | | | | County: | | | | | | | | |
| Name of Facility: | | | | | | | | | Current Facility ID: | | | | | | | | |
| Operator/Director (Name/Title): | | | | | | | | | | | | | | | | | |
| Street Address: | | | | | | | | | | | | | | | | | |
| City: | | | | | | | | | Zip Code: | | | | | | | | |
| Email: | | | | | | | | | Phone Number: | | | | | | | | |
| **Purpose of Assessment** | | | | | | | | | | | | | | | | | |
| Reason for Assessment (ex. hurricane, power outage): | | | | | | | | | | | | | | | | | |
| Name of event, if applicable (ex. Hurricane Florence): | | | | | | | | | | | | | | | | | |
| Is the center currently operating? | | | □ Yes | | | □ No | |  | | | | | | | | | |
| Did the center close at any time? | | | □ Yes | | | □ No | | *If yes,* duration closed: | | | | | | | | | |
| If unable to complete the assessment, explain: | | | | | | | | | | | | | | | | | |
| **\*\*\**IF IT IS NOT SAFE*** *to complete the assessment,* ***DO NOT*** *proceed!\*\*\** | | | | | | | | | | | | | | | | | |
| **Department of Child Development & Early Education (DCDEE) Communication** | | | | | | | | | | | | | | | | | |
| Name of Licensing Consultant: | | | | | | | | | Phone Number: | | | | | | | | |
| Email: | | | | | | | | | | | | | | | | | |
| **Other Agency Communication** | | | | | | | | | | | | | | | | | |
| Has the operator communicated with the following agencies? | | | | | | | | | | | | | | | | | |
|  | | Yes | | No | | |  | | | | | | | | | | |
| DCDEE/Licensing Consultant | | □ | | □ | | | *If yes,* date: | | | | | | | | | | |
| Fire Marshall | | □ | | □ | | | *If yes,* date: | | | | | | | | | | |
| Building Inspection Dept. | | □ | | □ | | | *If yes,* date: | | | | | | | | | | |
| Public Water Supply | | □ | | □ | | | *If yes,* date: | | | | | | | | | | |
| Other (please describe): | | | | | | | Date: | | | | | | | | | | |
| **Communicable Disease** | | | | | | | | | | | | | | | | | |
| Is this visit associated with a communicable disease or outbreak? | | | | | | | | | | | □ Yes | | □ No | |  | | |
| Has the operator communicated with the Communicable Disease Authorities? | | | | | | | | | | | □ Yes (date): | | | | | | □ No |
| *If yes*, who did the operator speak with? | | | | |  | | | | | | | | | | | | |
| Comments: | | | | | | | | | | | | | | | | | |
| **Temporary Center Changes** | | | | | | | | | | | | | | | | | |
| Have any center operations been relocated off site? | | | | | | | | | | | | □ Yes | | □ No | |  | |
| *If yes*, location address: |  | | | | | | | | | | | | | | | | |
| Have children been relocated within the center (ex. temporary room changes)? | | | | | | | | | | | | □ Yes | | □ No | |  | |
| Has access to any areas within the center been restricted (ex. classroom, kitchen)? | | | | | | | | | | | | □ Yes | | □ No | |  | |
| *If yes to any of the above questions,* who approved these changes? | | | | | | | | | |  | | | | | | | |
| Comments: | | | | | | | | | | | | | | | | | |

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| **Environmental Hazards** | | | | | | |
| Are any of the following environmental hazards observed? | | | | | | Location / Other Comments: |
|  | | Yes | | No | Unknown |  |
| Flooding | | □ | | □ | □ |  |
| Structural damage | | □ | | □ | □ |  |
| Damaged foundation | | □ | | □ | □ |  |
| Damaged or burst pipes | | □ | | □ | □ |  |
| Mold growth | | □ | | □ | □ |  |
| Water damage | | □ | | □ | □ |  |
| Exposed wastewater | | □ | | □ | □ |  |
| Fire damage | | □ | | □ | □ |  |
| Outdoor/landscaping debris | | □ | | □ | □ |  |
| Broken windows/glass | | □ | | □ | □ |  |
| Gas line leaks | | □ | | □ | □ |  |
| Odors from potential leaks | | □ | | □ | □ |  |
| Exposed electrical | | □ | | □ | □ |  |
| Chemical spills | | □ | | □ | □ |  |
| Other (please describe): | | | | | |  |
| Is there an identified history of the following? | | | | | |  |
|  | | Yes | | No | Unknown |  |
| Lead paint | | □ | | □ | □ |  |
| Asbestos | | □ | | □ | □ |  |
| **Power & Electricity** | | | | | | |
|  | | Yes | | No | Unknown | Location / Other Comments: |
| Was power lost? | | □ | | □ | □ |  |
| *If yes*, | duration of outage (days/hours): | | | | |  |
|  | date & time power restored: | | |  | |  |
| Was a generator used? | | □ | | □ | □ |  |
| *If yes,* | did it run consistently? | □ | | □ | □ |  |
|  | run duration (days/hours): | | |  |  |  |
|  | is it still in use? | □ | | □ | □ |  |
|  | equipment connected to generator: | | | | |  |
|  | location of fuel storage: | |  |  |  |  |
| Are any of the following concerns observed? | | | | | |  |
|  | | Yes | | No | Unknown |  |
| Damaged electrical system | | □ | | □ | □ |  |
| Downed power lines | | □ | | □ | □ |  |
| *If yes*: Are they in water? | | □ | | □ | □ |  |
| Insufficient lighting | | □ | | □ | □ |  |
| Other (please describe): | | | | | |  |

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| **Food Storage & Services** | | | | | | | | | | | |
| Under normal operations: | | | Yes | | | | No | Location / Other Comments: | | | |
| Is food prepared on site? | | | □ | | | | □ |  | | | |
| Is food brought from home? | | | □ | | | | □ |  | | | |
| Is food provided by a permitted  establishment or other center? | | | □ | | | | □ |  | | | |
|  | | | |
| *If yes,* | name of establishment or center: | | | | | | |  | | | |
| Under post-disaster operations: | | | Yes | | | No | | Location / Other Comments | | | |
| Is food prepared on site? | | | □ | | | □ | |  | | | |
| Is food brought from home? | | | □ | | | □ | |  | | | |
| Is food provided by a permitted  establishment or other center? | | | □ | | | □ | |  | | | |
|  | | | |
| *If yes,* | name of establishment or center: | | | | | | |  | | | |
| Were any of the following contaminated or impacted? | | | | | | | | If discarded, describe method: | | | |
|  | | | Yes | | No | Unknown | |  | | | |
| Perishable foods | | | □ | | □ | □ | |  | | | |
| Frozen foods | | | □ | | □ | □ | |  | | | |
| Formula | | | □ | | □ | □ | |  | | | |
| Human milk | | | □ | | □ | □ | |  | | | |
| Packaged foods | | | □ | | □ | □ | |  | | | |
| Canned foods | | | □ | | □ | □ | |  | | | |
| Refrigerator | | | □ | | □ | □ | |  | | | |
| Freezer | | | □ | | □ | □ | |  | | | |
| Stove | | | □ | | □ | □ | |  | | | |
| Dishwasher | | | □ | | □ | □ | |  | | | |
| Ice machine | | | □ | | □ | □ | |  | | | |
| Utensils (multi-use) | | | □ | | □ | □ | |  | | | |
| Tableware (multi-service) | | | □ | | □ | □ | |  | | | |
| Single service articles | | | □ | | □ | □ | |  | | | |
| Paper products (ex. towels, | | | □ | | □ | □ | |  | | | |
| napkins) | | |  | | | |
| Other (please describe): | | |  | |  |  | |  | | | |
| **Food Temperature Observations** | | | | | | | | | | | |
| Item/Location | | Temp (°F) | | Item/Location | | | | | Temp (°F) | Item/Location | Temp (°F) |
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| **Refrigerator & Freezer Equipment Observations** | | | | | | | | | | | | | | | | | |
| Equipment in kitchen/  food prep areas | | | Location/  Room | | | | | Temp (°F) | | | Did food thaw? (Y/N) | | | What was the condition of the food inside?  (ex. unaffected, refrozen, discarded) | | | |
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| **Water Supply** | | | | | | | | | | | | | | | | | |
| Water supply: □ Community\* □ Non-Transient Non-Community\* □ Transient Non-Community\* □ Non-Public | | | | | | | | | | | | | | | | | |
| Has the water supply been contaminated? | | | | | | | □ Yes | | | □ No | | □ Unknown | | | □ N/A | | |
| \**If yes,* for community, non-transient non-community, or transient non-community, EHS should contact public water supply. | | | | | | | | | | | | | | | | | |
|  | | | | Yes | | No | | | Unknown | | Location / Other Comments: | | | | | | |
| Are there any active water  notices or advisories? | | | | □ | | □ | | | □ | |  | | | | | | |
| *If yes*, | please list: | | | | | | | | | |  | | | | | | |
| Is water provided from a well? | | | | □ | | □ | | | □ | |  | | | | | | |
| Has any of the on-site water supply been impacted by flood waters? | | | | □ | | □ | | | □ | |  | | | | | | |
| *If yes,* | has the well been  chlorinated? | | | □ | | □ | | | □ | |  | | | | | | |
|  |  | | | | | | |
| Were water samples collected? | | | | □ | | □ | | | □ | |  | | | | | | |
| *If yes*, | date collected: | | |  | |  | | |  | |  | | | | | | |
| Does EHS need to contact local  On-Site Water Supply Program? | | | | □ | | □ | | | □ | |  | | | | | | |
| *If yes*, | date contacted: | | |  | |  | | |  | |  | | | | | | |
| Do any of the following items present concerns or been  otherwise impacted? | | | | | | | | | | |  | | | | | | |
|  | | | | Yes | | No | | | Unknown | |  | | | | | | |
| Well | | | | □ | | □ | | | □ | |  | | | | | | |
| Power supply (ex. well pump) | | | | □ | | □ | | | □ | |  | | | | | | |
| Water pressure | | | | □ | | □ | | | □ | |  | | | | | | |
| Backflow (pressure loss) | | | | □ | | □ | | | □ | |  | | | | | | |
| Sinks | | | | □ | | □ | | | □ | |  | | | | | | |
| Drinking fountains | | | | □ | | □ | | | □ | |  | | | | | | |
| Other (please describe): | | | | | | | | | | |  | | | | | | |
| **Water Temperature Observations** | | | | | | | | | | | | | | | | | |
| Fixture/Location | | Temp (°F) | | | Fixture/Location | | | | | | | | Temp (°F) | | | Fixture/Location | Temp (°F) |
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| *Water temp requirements: kitchen sink 120°F or above; tempered water 80°F-110°F; can wash 80°F or above* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Wastewater** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Wastewater system: □ Community □ On-site | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Has the wastewater system been impacted or present any concerns? | | | | | | | | | | | | | | □ Yes | | □ No | | | | □ Unknown | | | | | | □ N/A | | | |
| *If yes*, are any of the following malfunctions observed? | | | | | | | | | | | | Location / Other Comments: | | | | | | | | | | | | | | | | | |
|  | | | | | Yes | | | No | | Unknown | |  | | | | | | | | | | | | | | | | | |
| Standing wastewater/effluent | | | | | □ | | | □ | | □ | |  | | | | | | | | | | | | | | | | | |
| Interior overflows or back up | | | | | □ | | | □ | | □ | |  | | | | | | | | | | | | | | | | | |
| Power supply (ex. control panel) | | | | | □ | | | □ | | □ | |  | | | | | | | | | | | | | | | | | |
| Other (please describe): | | | | |  | | |  | |  | |  | | | | | | | | | | | | | | | | | |
|  | | | | | Yes | | | No | | Unknown | |  | | | | | | | | | | | | | | | | | |
| Does EHS need to contact local  On-Site Wastewater Program? | | | | | □ | | | □ | | □ | |  | | | | | | | | | | | | | | | | | |
| *If yes*, | date contacted: | | | |  | | |  | |  | |  | | | | | | | | | | | | | | | | | |
| **Water Intrusion or Damage** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Is there visible water intrusion from **rainwater** (ex. ceiling, wall, floor, etc.)? | | | | | | | | | | | | | | | | | | | | | | □ Yes | | | □ No | | | | □ N/A |
| Is there visible water intrusion from **surface flooding** (ex. creeks, rivers, etc.)? | | | | | | | | | | | | | | | | | | | | | | □ Yes | | | □ No | | | | □ N/A |
| Do any materials have visible water damage/contamination (ex. furniture, toys, etc.)? | | | | | | | | | | | | | | | | | | | | | | □ Yes | | | □ No | | | |  |
| Do any materials have visible mold/mildew (ex. walls/baseboard, ceiling, toys, etc.)? | | | | | | | | | | | | | | | | | | | | | | □ Yes | | | □ No | | | |  |
| *If yes to any of the above questions,* complete the table below to provide details: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Item | | Location | | | | Damage | | | | | Item | | | | | | Location | | | | | | | Damage | | | | | |
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| **HVAC** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Per the operator, does the HVAC system function like it did prior to the disaster? | | | | | | | | | | | | | | | □ Yes | | | | □ No | | | | □ Unknown | | | | | | □ N/A |
| *If no*, has the operator contacted a licensed HVAC contractor? | | | | | | | | | | | | | | | □ Yes | | | | □ No | | | | *If yes*, date: | | | | | |  |
| Are all room temperatures within 65°F – 85°F? | | | | | | | | | | | | | | | □ Yes | | | | □ No | | | |  | | | | | |  |
| *If any rooms are out of temperature range or feel humid,* complete this table to detail which room(s): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Room/Location | | | | Temp (°F) | | | | | Humid (Y/N) | | Room/Location | | | | | | | | | | Temp (°F) | | | | | | Humid (Y/N) | | |
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| Other Comments: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| **Pest Control & Outdoor Learning Environment** | | | | | | | | | | | |
| Are any of the following concerns observed? | | | | | | Location / Other Comments: | | | | | |
|  | | Yes | No | | N/A |  | | | | | |
| Debris | | □ | □ | | □ |  | | | | | |
| Damaged play structure | | □ | □ | | □ |  | | | | | |
| Damaged fence | | □ | □ | | □ |  | | | | | |
| Standing water | | □ | □ | | □ |  | | | | | |
| Insects (fire ants, mosquitos, etc.) | | □ | □ | | □ |  | | | | | |
| Rodents (rats, mice, etc.) | | □ | □ | | □ |  | | | | | |
| Other pests (snakes, possums, etc.): | |  |  | |  |  | | | | | |
| Are there sites nearby that may contaminate or otherwise affect the child care facility? | | | | | | | | □ Yes | □ No | | □ Unknown |
| *If yes*, | Source of contamination: | | | | | | Potential hazard: | | | | |
|  | Location of hazard with respect to child care center (ex. distance, downhill/uphill): | | | | | | | | | | |
| **General Comments** | | | | | | | | | | | |
|  | | | | | | | | | | | |
|  | | | | | |  | | | | | |
| EHS Inspector (Print) | | | | (Signature) | | | | | | (Date) | |
|  | | | |  | | | | | | | |
| Operator/Director (Print) | | | | (Signature) | | | | | | (Date) | |