**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 beenchlorinated? | □ | □ | □ |  |
|  |  |
| Were water samples collected? | □ | □ | □ |  |
| *If yes*,  | date collected: |  |  |  |  |
| Does EHS need to contact localOn-Site Water Supply Program? | □ | □ | □ |  |
| *If yes*, | date contacted: |  |  |  |  |
| Do any of the following items present concerns or beenotherwise 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 localOn-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** |
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|  |  |
| EHS Inspector (Print) | (Signature) | (Date) |
|  |  |
| Operator/Director (Print) | (Signature) | (Date) |