

# Post-Disaster Child Care Center Sanitation Assessment Form

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

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

<b>Food Storage &amp; Services</b>				
Under normal operations:	Yes	No	Location / Other Comments:	
Is food prepared on site?	<input type="checkbox"/>	<input type="checkbox"/>		
Is food brought from home?	<input type="checkbox"/>	<input type="checkbox"/>		
Is food provided by a permitted establishment or other center?	<input type="checkbox"/>	<input type="checkbox"/>		
<i>If yes,</i>	name of establishment or center:			
Under post-disaster operations:	Yes	No	Location / Other Comments	
Is food prepared on site?	<input type="checkbox"/>	<input type="checkbox"/>		
Is food brought from home?	<input type="checkbox"/>	<input type="checkbox"/>		
Is food provided by a permitted establishment or other center?	<input type="checkbox"/>	<input type="checkbox"/>		
<i>If yes,</i>	name of establishment or center:			
Were any of the following contaminated or impacted?				If discarded, describe method:
	Yes	No	Unknown	
Perishable foods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Frozen foods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Formula	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Human milk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Packaged foods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Canned foods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Refrigerator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Freezer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Stove	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Dishwasher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ice machine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Utensils (multi-use)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Tableware (multi-service)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Single service articles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Paper products (ex. towels, napkins)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other (please describe):				

<b>Food Temperature Observations</b>					
Item/Location	Temp (°F)	Item/Location	Temp (°F)	Item/Location	Temp (°F)

### 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)

### 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?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>If yes,</i>	please list:				
Is water provided from a well?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Has any of the on-site water supply been impacted by flood waters?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>If yes,</i>	has the well been chlorinated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Were water samples collected?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>If yes,</i>	date collected:				
Does EHS need to contact local On-Site Water Supply Program?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>If yes,</i>	date contacted:				
Do any of the following items present concerns or been otherwise impacted?					
		Yes	No	Unknown	
Well		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Power supply (ex. well pump)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Water pressure		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Backflow (pressure loss)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sinks		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Drinking fountains		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other (please describe):					

### Water Temperature Observations

Fixture/Location	Temp (°F)	Fixture/Location	Temp (°F)	Fixture/Location	Temp (°F)


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

<i>If yes, are any of the following malfunctions observed?</i>				Location / Other Comments:	
	Yes	No	Unknown		
Standing wastewater/effluent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Interior overflows or back up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Power supply (ex. control panel)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Other (please describe):					
	Yes	No	Unknown		
Does EHS need to contact local On-Site Wastewater Program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<i>If yes,</i>	date contacted:				

**Water Intrusion or Damage**

Is there visible water intrusion from <b>rainwater</b> (ex. ceiling, wall, floor, etc.)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Is there visible water intrusion from <b>surface flooding</b> (ex. creeks, rivers, etc.)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Do any materials have visible water damage/contamination (ex. furniture, toys, etc.)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Do any materials have visible mold/mildew (ex. walls/baseboard, ceiling, toys, etc.)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

*If yes to any of the above questions, complete the table below to provide details:*

Item	Location	Damage	Item	Location	Damage

**HVAC**

Per the operator, does the HVAC system function like it did prior to the disaster?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	<input type="checkbox"/> N/A
<i>If no,</i> has the operator contacted a licensed HVAC contractor?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<i>If yes,</i> date:	
Are all room temperatures within 65°F – 85°F?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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)

Other Comments:

**Pest Control & Outdoor Learning Environment**

Are any of the following concerns observed?				Location / Other Comments:
	Yes	No	N/A	
Debris	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Damaged play structure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Damaged fence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Standing water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Insects (fire ants, mosquitos, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Rodents (rats, mice, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other pests (snakes, possums, etc.):				

Are there sites nearby that may contaminate or otherwise affect the child care facility?  Yes  No  Unknown

<i>If yes,</i>	Source of contamination:	Potential hazard:
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	Location of hazard with respect to child care center (ex. distance, downhill/uphill):
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**General Comments**

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EHS Inspector (Print) (Signature) (Date)

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Operator/Director (Print) (Signature) (Date)