

Damage Assessment Tool

Name/Title of Person Completing Assessment: _____

Brief Description of Disaster: _____

Name of Program: _____ Contact Person: _____

Address: _____

Director or Owner's Name (If not contact person): _____

Home Phone: _____ Cell Phone: _____

Fax: _____ E-mail: _____

Employee/Child Status

	#Enrolled/ Employed	# Present	# Injured	# Missing	# Released	Other
Staff						
Children						
Others						

Additional Notes:

Type of child care program

Child Care Center Family Child Care Other

Please check if any of the following apply to your program:

State Funded Private Non-Profit Private For-Profit Tribal Program
 Head Start/Early Head Start Public Non-Profit Public For-Profit Military Program
 Participate in Food Program Accredited Program

	Licensing capacity # of:	Current # of children served post disaster:
Infants		
Toddlers		
Preschoolers		
School-age		

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

Significant Partial Little or no evidence of damage

Is street access available? Yes No

Is your facility open? Yes No

If yes, what are the hours of operation? _____

Do you have the capacity to serve additional children? Yes No

If yes, how many? _____

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

- Return of utilities (electricity/water) Return of staff Repair of structural damage
- Financial assistance to replace lost or damaged materials in classrooms
- Families not returning to impacted area or not returning children to care
- Other: _____

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

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

Utilities

Is telephone access available at your facility? Landline Cell Both Neither

Is electricity available at your facility? Generator-based Normal None

Is water available at your facility? Bottled Normal None

Estimate of Damages

Repairs (Structural damage)	Contents (Materials)	Total
\$	\$	\$

Type of Insurance

Is the building insured to cover the cost of repairs? Yes No

Check all types of insurance coverage you have:

- Property Fire Flood (Structure) Flood (Contents) Earthquake None

What approximate payment is expected from the insurer? _____

Funding Applications

Have you completed/submitted a disaster application with FEMA? Yes No

Have you completed/submitted a disaster application with the Small Business Association? Yes No

Have you completed/submitted a disaster application with other agencies (please specify)? Yes No