

## Office of Child Care (OCC) Information Collection Form

This form provides the affected state(s) and territories with standard requests and questions from the Administration for Children and Families (ACF). These questions may not be the only ones that will be asked – there may be others – but they are the standard. This form is intended to guide the data that the OCC Central Office and Regional Offices and the Office of Human Services Emergency Preparedness and Response (OHSEPR) need during and following a disaster.

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**Name of disaster** \_\_\_\_\_

**Date of current report** \_\_\_\_\_

**Name and title of person completing report** \_\_\_\_\_

**Agency and contact information** \_\_\_\_\_

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### A. Baseline information (this can be completed by OCC or state/territory)

1. How many child care providers are in the state/territory? \_\_\_\_\_

- i. Number of family child care providers \_\_\_\_\_
- ii. Number of center-based providers \_\_\_\_\_

2. Number of children currently served by CCDF in the state/territory  
\_\_\_\_\_

3. What is the (projected) disaster impact zone?

4. Total number of child care slots in the (projected) disaster impact zone (if known)  
\_\_\_\_\_

5. Total number of child care providers in the (projected disaster) impact zone (if known)

- i. Number of family child care providers
  - ii. Number of center-based providers
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### B. Disaster impacts (3 days to 1 week post-disaster)

1. Please complete the table below to the best of your knowledge:

|                        | Number of providers in disaster impact zone open | Number of providers permanently closed | Number of providers damaged but able to reopen | Number of providers unable to contact |
|------------------------|--|--|--|---------------------------------------|
| Center-based Providers |  |  |  |                                       |
| Family Child           |  |  |  |                                       |

|                |  |  |  |  |
|----------------|--|--|--|--|
| Care Providers |  |  |  |  |
|----------------|--|--|--|--|

2. Select all the reasons for child care closures in your state/territory:

- a. Lack of water supply
- b. Structural/building damage
- c. Road damage affecting transportation to/from center
- d. Providers/staff cannot get to work
- e. Other: \_\_\_\_\_

3. Estimated number of child care slots at closed centers: \_\_\_\_\_

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**C. Disaster impacts and recovery (30 days up to a year post-disaster)**

1. Please complete the table below to the best of your knowledge:

|                             | Number of providers in disaster impact zone open | Number of providers permanently closed | Number of providers damaged but able to reopen | Number of providers unable to contact |
|-----------------------------|--|--|--|---------------------------------------|
| Center-based Providers      |  |  |  |                                       |
| Family Child Care Providers |  |  |  |                                       |

2. Select all the reasons for child care closures in your state/territory:

- a. Lack of water supply
- b. Structural/building damage
- c. Road damage affecting transportation to/from center
- d. Providers/staff cannot get to work
- e. Other: \_\_\_\_\_

3. What is the timeline for opening closed providers? \_\_\_\_\_

4. Estimated number of child care slots at closed centers: \_\_\_\_\_

5. How many enrolled children were able to find child care at a new provider?  
\_\_\_\_\_

6. Has there been an increase in families applying for child care assistance in the state/territory?

- a. Yes
- b. No

c. Unknown

Comments:

Public reporting burden of this collection of information is estimated to average 2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number.