

Hazard Identification Worksheet
Emergency Planning & Preparedness for Child Care Providers

Program Name:

Location (Town/County):

Completed by

Date:

Children:

Ages Served:

1) Our Program Snapshot (What we must plan for)

Our setting is: Center-based Family Child Care Other: _____

Children who may need extra support during emergencies:

Infants (non-walkers)

Toddlers

Children with mobility needs

Children with communication needs

Children with sensory needs

Children with chronic medical needs (asthma, diabetes, seizures, etc.)

Children with allergies/anaphylaxis

Other: _____

Transportation considerations:

No vehicle access / limited vehicles

- Program van(s)
- Parent pick-up only
- Strollers/evac cribs needed
- Other: _____

2) Local Hazards in Our Community

Check hazards that are possible for your location.

Natural Hazards

- Severe winter weather / blizzards
- Flooding / flash flooding
- High winds / downed trees
- Extreme heat
- Severe thunderstorms / lightning
- Wildfire smoke / poor air quality
- Tornado / hurricane remnants
- Earthquake
- Other: _____

Technological / Infrastructure Hazards

- Power outage (short-term)
- Extended power outage (multi-day)
- Heating failure
- Water interruption / boil water notice
- Gas leak / propane leak

- Generator failure
- Phone/internet outage
- Hazardous materials spill nearby
- Other: _____

Man-Made / Community Hazards

- Medical emergency (child or adult)
- Missing child / wandering
- Intruder / unsafe visitor
- Community violence nearby
- Lockdown needed due to police activity
- Threatening behavior from adult
- Other: _____

3) Building & Site Vulnerabilities

Inside the building:

- Limited exits / narrow hallways
- Basement concerns (flooding, access)
- Upstairs classrooms or stairs
- Doors/windows difficult to secure
- Limited safe “shelter” space away from windows
- Heavy furniture not anchored
- Fire alarm / safety system concerns
- Other: _____

Outside the building:

- Busy road/traffic nearby
- River/stream/pond nearby
- Construction zone nearby
- Large trees/power lines nearby
- Limited parking/turnaround for responders
- No safe outdoor meeting space
- Other: _____

4) Hazard Risk Ranking (Choose Top 5)

From the hazards you checked above, list the Top 5 most likely or most impactful risks for your program.

Priority	Hazard	Likelihood (L/M/H)	Impact (L/M/H)	Notes
1		<input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> H	<input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> H	
2		<input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> H	<input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> H	
3		<input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> H	<input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> H	
4		<input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> H	<input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> H	
5		<input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> H	<input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> H	

5) What emergency action might we need?

For each priority hazard, check the likely response(s).

Hazard	Evacuate	Shelter-in-Place	Lockdown
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- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| 1 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

6) People & Partners Who Can Help Us Prepare

- Local Emergency Management Office: _____
- Fire Department: _____
- Law Enforcement: _____
- Utilities (Electric): _____
- Utilities (Gas/Propane): _____
- Child Care Licensing/Regulatory Contact: _____
- Building Inspector / Facilities Contact: _____
- Other: _____

7) Immediate Next Steps (Choose 3)

- Review/Update evacuation routes and meeting location(s)
- Identify safe shelter-in-place space(s) away from windows
- Check lockdown readiness (door locks, window coverage, alert system)
- Update emergency contacts for all children
- Review individualized emergency plans for children with health needs
- Inventory emergency supplies and identify gaps

Plan for infant/toddler evacuation supports (cribs, strollers, carriers)

Create/revise reunification procedures and documentation

Schedule next drill(s)

Other: _____

My 3 next steps are:

1) _____

2) _____

3) _____

8) Quick Reflection (Optional)

What part of emergency planning feels strongest right now?

What part feels hardest or most unclear?
