

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
RECORD OF EVACUATION DRILLS
CHILD CARE PROGRAMS

Program Name: _____ License/Registration/Enrollment Number: _____

Address: _____

Evacuation drills must be conducted at least monthly during each shift of care. The exit route must be varied to ensure that all approved means of egress are practiced. All providers/staff should be able to lead during an evacuation drill. This form or an approved equivalent must be used to document evacuation drills.

Date/Shift	Drill Start Time	Starting Attendance	Drill End Time ¹	Ending Attendance	Name of staff/provider conducting drill	Exit Route Followed ²	Comments

¹Recommend Max 2-3 minutes to complete

² Please specify: P=Primary, S=Secondary, O=Other

Date/Shift	Drill Start Time	Starting Attendance	Drill End Time ¹	Ending Attendance	Name of staff/provider conducting drill	Exit Route Followed ²	Comments

¹Recommend Max 2-3 minutes to complete
² Please specify: P=Primary, S=Secondary, O=Other