## NEW YORK STATE OFFICE OF CHILDREN AND FAMILY SERVICES

## RECORD OF EVACUATION DRILLS CHILD CARE PROGRAMS

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

<u>Evacuation drills must be conducted at least monthly during each shift of care.</u> 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 <sup>1</sup>	Ending Attendance	Name of staff/provider conducting drill	Exit Route Followed <sup>2</sup>	Comments

<sup>&</sup>lt;sup>1</sup>Recommend Max 2-3 minutes to complete

<sup>&</sup>lt;sup>2</sup> Please specify: P=Primary, S=Secondary, O=Other

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

<sup>&</sup>lt;sup>1</sup>Recommend Max 2-3 minutes to complete

<sup>&</sup>lt;sup>2</sup> Please specify: P=Primary, S=Secondary, O=Other