

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
RECORD OF FIRE DRILLS FOR CHILD DAY CARE

PROVIDER/PROGRAM:

ADDRESS:

◆◆◆ It is recommended that you alternate exits and days with each drill ◆◆◆

DATE (Check Day)	TIME		NUMBER OF CHILDREN	NAME OF PERSONS CONDUCTING DRILL	EXIT ROUTE FOLLOWED P=Primary S=Secondary O=Other (Please Specify)			COMMENTS (Include any special conditions)
	Start	End			P	S	O	
1. <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F / /					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F / /					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F / /					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F / /					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F / /					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F / /					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F / /					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F / /					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F / /					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	