Provider's Name:_____

FAMILY/GROUP FAMILY DAY CARE PROVIDER ANNUAL FIRE & STORM DRILL RECORD

(From_____ through _____)
Month/Year Month/ Year

Fire Drill Record

Date of Drill	Alarm Sounded? (Y/N)	Time Taken to Vacate Home	Number of Children	Number of Staff

Storm Drill Record

Date of Drill	Time Taken to Gather in Designated Location	Number of Children	Number of Staff