

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

Program Name: \_\_\_\_\_ License/Registration Number: \_\_\_\_\_

Address: \_\_\_\_\_

**Evacuation drills must be conducted at least monthly. One drill during each shift of care.** The exit route must be varied to ensure that all approved means of egress are practiced. All caregivers 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 caregiver conducting drill	Exit Route Followed <sup>2</sup>	Comments

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

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