

**FAMILY HOME CHILD CARE SOCIETY**

**FIRE DRILL RECORD**

Care Provider: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

MONTH	Date	Time of Day	Length of Time to Evacuate	Children Present
JANUARY				
FEBRUARY				
MARCH				
APRIL				
MAY				
JUNE				
JULY				
AUGUST				
SEPTEMBER				
OCTOBER				
NOVEMBER				
DECEMBER				