**LDSS-4439** (5/2014) FRONT

NEW YORK STATE

OFFICE OF CHILDREN AND FAMILY SERVICES

**Record of Evacuation Drills**

**Child Day Care Programs**

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| 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.

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| **Date/Shift** | **Drill Start Time** | **Starting Attendance** | **Drill End Time**1 | **Ending Attendance** | **Name of caregiver conducting drill** | **Exit Route****Followed**2 | **Comments** |
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1Recommend Max 2-3 minutes to complete 2 Please specify: P=Primary, S=Secondary, O=Other

**LDSS-4439** **(**5/2014) REVERSE

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| **Date/Shift** | **Drill Start Time** | **Starting Attendance** | **Drill End Time**1 | **Ending Attendance** | **Name of caregiver conducting drill** | **Exit Route****Followed**2 | **Comments** |
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