**Child Care Fire Safety & Emergency Drills Record for**       (year)

|  |  |  |
| --- | --- | --- |
| **Annual Maintenance of Fire Extinguishers**  | Date:       |  |
|  |  |
| **Monthly Inspection of Premises to Identify & Eliminate Possible Fire Hazards** |
|  | JAN | FEB | MAR | APR | MAY | JUNE | JULY | AUG | SEPT | OCT | NOV | DEC |
| Date |       |       |       |       |       |       |       |       |       |       |       |       |
| Staff Initials |       |       |       |       |       |       |       |       |       |       |       |       |
| **Monthly checks to ensure these items are working properly:** |
| Alternate alarms |       |       |       |       |       |       |       |       |       |       |       |       |
| Emergency lighting |       |       |       |       |       |       |       |       |       |       |       |       |
| Test smoke detectors |       |       |       |       |       |       |       |       |       |       |       |       |
| Test carbon monoxide detectors |       |       |       |       |       |       |       |       |       |       |       |       |
| Inspect fire extinguishers |       |       |       |       |       |       |       |       |       |       |       |       |

|  |
| --- |
| **Monthly Fire and Evacuation Drills** |
| **Month** | **Date** | **Time of Day/Night** | **# of Children** | **# of** **Staff** | **Length of Drill** | **Notes - How did the drill go? How may the drill be improved?****(continue notes on back page, if necessary)** |
| JAN |       |       |       |       |       |       |
| FEB |       |       |       |       |       |       |
| MAR |       |       |       |       |       |       |
| APR |       |       |       |       |       |       |
| MAY |       |       |       |       |       |       |
| JUNE |       |       |       |       |       |       |
| JULY |       |       |       |       |       |       |
| AUG |       |       |       |       |       |       |
| SEPT |       |       |       |       |       |       |
| OCT |       |       |       |       |       |       |
| NOV |       |       |       |       |       |       |
| DEC |       |       |       |       |       |       |
|  |
| **Earthquake, Lockdown, or Shelter-in-place Drill – once every three calendar months** |
| **Type of Drill** | **Date** | **Time of Day/Night** | **# of Children** | **# of Staff** | **Length of Drill** | **Notes - How did the drill go? How may the drill be improved?****(continue notes on back page, if necessary)** |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |