

Child Care Emergency Drill Record

Name of Facility: _____

Address: _____

Director/Provider: _____

of Activity Rooms _____

License Number _____

Fire Drill	January	February	March	April	May	June	July	August	September	October	November	December
Date & Time												
Duration												
# of Children												
Comments												
Staff initials												
Other Drills	January	February	March	April	May	June	July	August	September	October	November	December
Type of Drill												
Date & Time												
Duration												
# of Children												
Comments												
Staff Initials												

Please refer to OAR 414-300-0170(3)(c) and (c)(A) for the rules that apply to certified child care centers.
 Please refer to OAR 414-350-0170(15) for the rules that apply to certified child care homes.