

emergency practices

**Purpose:** Providers may use this form or their own form to document emergency practices including evacuation, sheltering in place, and lock-down drills.

**Directions:** To complete this form, the designee documents the dates drills were performed, the exit times, and the dates that smoke detectors and carbon monoxide detectors were inspected. Licensing will review the form at your inspections. If you need additional assistance email the Minimum Standards Comments mailbox.

*Fire Drill:* evacuating the children and caregivers to a designated safe area in an emergency such as a fire. The children must be able to safely exit the building within three minutes. You must practice a fire drill every month.

*Sheltering/Severe Weather:* Taking shelter within the center to temporarily protect children and staff from situations such as a tornado. Sheltering can also be used when an endangering person is in the area, though not on the premises. You must practice a sheltering/severe weather drill four times in a calendar year.

*Lock-Down Drill:* Keeping children and staff in place to protect them from a volatile person on the premises. You must practice a lock-down drill four times in a calendar year.

**BATTERY POWERED LIGHTING IS LOCATED IN EACH CHILD CARE ROOM – CHECK THE BATTERIES**

| FIRE EXTINGUISHERS   |
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| Location of Fire Extinguishers: |
|       |

| RELOCATION SITE   |
| --- |
| RELOCATION SITE FOR CHILDREN AND STAFF AFTER EVACUATING OPERATION: |
|       |
|       |

| SHELTERING/SEVERE WEATHER DRILLLOCK-DOWN DRILL(4x's per year)   |
| --- |
| **Month** | **Date & Time** | **Staff Initials** | **Exit Time****S= shelter****SW = severe weather****LD = lockdown** |
| **January** |       |       |  |
| **February** |       |       |  |
| **March** |       |       |  |
| **April** |       |       |  |
| **May** |       |       |  |
| **June** |       |       |  |
| **July** |       |       |  |
| **August** |       |       |  |
| **September** |       |       |  |
| **October** |       |       |  |
| **November** |       |       |  |
| **December** |       |       |  |

| FIRE DRILLS   |
| --- |
| **Month** | **Date & Time** | **Staff Initials** | **Exit Time** |
| **January** |       |       |  |
| **February** |       |       |  |
| **March** |       |       |  |
| **April** |       |       |  |
| **May** |       |       |  |
| **June** |       |       |  |
| **July** |       |       |  |
| **August** |       |       |  |
| **September** |       |       |  |
| **October** |       |       |  |
| **November** |       |       |  |
| **December** |       |       |  |

| CARBON MONOXIDE (CO) ALARM DETECTOR AND SMOKE DETECTOR TEST   |
| --- |
| **Month** | **CO Alarm Detector Test Date**  | **Smoke Detector Test Date** |
| **January** |       |       |
| **February** |       |       |
| **March** |       |       |
| **April** |       |       |
| **May** |       |       |
| **June** |       |       |
| **July** |       |       |
| **August** |       |       |
| **September** |       |       |
| **October** |       |       |
| **November** |       |       |
| **December** |       |       |

| FIRST AID KIT   |
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| Location of First Aid Kit: |
|       |

| **OPERATION INSPECTIONS**   |
| --- |
| FIRE:       | HEALTH:       | GAS:       |

| PRIVACY STATEMENT   |
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| DFPS values your privacy. For more information, read our [Privacy and Security Policy](http://www.dfps.state.tx.us/policies/privacy.asp).   |