

School Drill Documentation Form

Type of Drill	Number/Schedule
Fire	Five – Three drills must be completed by December 1
Tornado	Two – One drill must be completed in March
Safety/Security	Three – One drill must be completed prior to December 1 and one after January 1 <ul style="list-style-type: none">One drill shall include security measures that are appropriate to an emergency such as the release of a hazardous material.One drill shall include security measures of a potentially dangerous individual on or near the school premises.Seek input from the administration of the school and local public safety on the nature of the drill.

Note - At least one of the drills must be conducted during a lunch or recess period, or at another time when students are gathered but not in classrooms.

School: Early Childhood Center

Principal: Kim McLean

Date of drill: 11/9/2021 Number of students: 164 Number of staff: 40

Time initiated: 10:01 (a.m./p.m.) Time concluded: 10:06 (a.m./p.m.)

Situation at Start of the Drill (Check the appropriate box)			
<input type="checkbox"/> Before school	<input checked="" type="checkbox"/> During class time	<input type="checkbox"/> Passing time	<input type="checkbox"/> Recess
<input type="checkbox"/> Lunch time	<input type="checkbox"/> Assembly	<input type="checkbox"/> After school	<input type="checkbox"/> Other:

Remarks: construction / furniture crews also in building, and participated in drill

This report is for:
(circle number next to applicable drill)

Fire drill number 1 2 3 4 5 for the 2021/2022 school year

Tornado drill number 1 2 for the 2021/2022 school year

Safety/Security drill number 1 2 3 for the 2021/2022 school year

Name of person conducting drill: Teresa Robinson

Title of person conducting drill: Head Start Nurse

Signature or person conducting drill: Lense Rolin Date: 11/9/2021

If the drill was coordinated with agencies such as law enforcement, fire department, or emergency management, list the agency, official's name, and title.

Agency: _____ Name: _____ Title: _____

Agency: _____ Name: _____ Title: _____

Agency: _____ Name: _____ Title: _____

*Must post on the school's website within 30 days after completing the drill.
The form must be maintained on the school website for at least three years.*

School Drill Observation Form

Problems Encountered (Check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Congestion in hallways
<input type="checkbox"/> Alarm not heard
<input type="checkbox"/> Students unsure of proper procedures
<input type="checkbox"/> Staff unsure of proper procedures
<input type="checkbox"/> Use of personal technologies by students
<input type="checkbox"/> Use of personal technologies by staff
<input type="checkbox"/> Unable to lock doors
<input type="checkbox"/> Windows not covered
<input type="checkbox"/> Windows left open
<input type="checkbox"/> Doors left open
<input type="checkbox"/> Difficulties with evacuation of students or staff with disabilities
<input type="checkbox"/> Staff and adults unaccounted for
<input type="checkbox"/> Staff not serious about drill
<input type="checkbox"/> Students unaccounted for | <input type="checkbox"/> Radio communication problems
<input type="checkbox"/> Network/computer problems
<input type="checkbox"/> Weather-related problems
<input type="checkbox"/> Noise impedes communications
<input type="checkbox"/> Students not out of sight (safety/security drill)
<input type="checkbox"/> Long time to evacuate building
<input type="checkbox"/> Students not serious about drill
<input type="checkbox"/> Frightened students (safety/security drill)
<input type="checkbox"/> Improper or unavailable supplies
<input type="checkbox"/> Confusion
<input type="checkbox"/> Doors or exits blocked
<input type="checkbox"/> Transportation issues
<input type="checkbox"/> Interagency communication issues
<input type="checkbox"/> Incident command problems
<input type="checkbox"/> Other: _____ |
|--|---|

Weather Conditions

- | | |
|--|--|
| <input type="checkbox"/> Clear
<input checked="" type="checkbox"/> Cloudy
<input type="checkbox"/> Raining
<input type="checkbox"/> Rain and wind | <input type="checkbox"/> Windy
<input type="checkbox"/> Snow/sleet
<input type="checkbox"/> Hot (above 80 degrees)
<input type="checkbox"/> Cold (40 to 10 degrees) |
|--|--|

Plans for Improvement

- | | |
|--|--|
| <input type="checkbox"/> Additional staff training
<input type="checkbox"/> Additional student training
<input type="checkbox"/> Address need for additional equipment
<input type="checkbox"/> Improved emergency supplies | <input type="checkbox"/> Cooperative planning with responders
<input type="checkbox"/> Revised emergency procedures
<input type="checkbox"/> Improved communication
<input type="checkbox"/> Other: _____ |
|--|--|

Additional Comments