

**DOÑA ANA COUNTY HEAD START
EVACUATION DRILL REPORT**

CENTER: _____ AM _____ PM _____ YEAR: 20____

| DATE | TIME | LENGTH OF DRILL | PERSON IN CHARGE | # OF CHILDREN | # OF ADULTS |
|------|------|-----------------|------------------|---------------|-------------|
|------|------|-----------------|------------------|---------------|-------------|

9/ / _____
PROBLEMS ENCOUNTERED: _____

10/ / _____
PROBLEMS ENCOUNTERED: _____

11/ / _____
PROBLEMS ENCOUNTERED: _____

12/ / _____
PROBLEMS ENCOUNTERED: _____

1/ / _____
PROBLEMS ENCOUNTERED: _____

2/ / _____
PROBLEMS ENCOUNTERED: _____

3/ / _____
PROBLEMS ENCOUNTERED: _____

4/ / _____
PROBLEMS ENCOUNTERED: _____

5/ / _____
PROBLEMS ENCOUNTERED: _____

_____ MONTHS IN SESSION _____ NUMBER OF EVACUATION DRILLS AUG. – MAY

***** RETURN COPY TO EDUCATION SERVICES SPECIALIST AT END OF YEAR ***
KEEP ORIGINAL IN YOUR FILE FOR ONE YEAR**