**OCFS-6007 (**5/2014) FRONT

NEW YORK STATE

OFFICE OF CHILDREN AND FAMILY SERVICES

**Record of Shelter-In-Place Drills**

**Child Day Care Programs**

|  |  |  |  |
| --- | --- | --- | --- |
| Program Name: |  | License/Registration Number: |  |
| Address: |  | | |

***Shelter-in-place drills must be conducted twice per year during each shift of care.*** It is recommended that all caregivers be able to lead a shelter in place drill. Attendance is taken at the beginning and end of the drill. This form or an approved equivalent must be used to document shelter-in-place drills.

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| --- | --- | --- | --- | --- | --- | --- |
| **Date/Shift** | **Drill Start Time** | **Drill End Time** | **Name of caregiver conducting drill** | **Supplies Checked** | **Drill Location** | **Comments** |
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**OCFS-6007** (5/2014) REVERSE

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| **Date/Shift** | **Drill Start Time** | **Drill End Time** | **Name of caregiver conducting drill** | **Supplies Checked** | **Drill Location** | **Comments** |
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