



**CHILD CARE ASSISTANCE PROGRAM  
AND  
CHILD CARE LICENSING PROGRAM**

Office Use Only

Division of Public Assistance  
Child Care Program Office

**EMERGENCY EVACUATION DRILL REPORT**

Child Care Facilities are required by child care licensing and child care assistance regulations to record their monthly emergency evacuation drills (7AAC 10.1010), (7 AAC 41.222) and make their recordings available to the department upon request.

Facility Name: \_\_\_\_\_ Date of Drill: \_\_\_\_\_

Date of Rescheduled Drill: \_\_\_\_\_ Reason for Postponement: \_\_\_\_\_

Time Drill Started: \_\_\_\_\_  am  pm Time Evacuation Completed: \_\_\_\_\_  am  pm

Was everyone evacuated within 150 seconds?  Yes  No

If "No", please explain: \_\_\_\_\_

1. Describe responses of the children during the drill: \_\_\_\_\_

2. List the names of children present who did not participate and reasons for non-participation.

Name of Child:

Reason for non-participation:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. List the names of employees on duty during the drill.

Name of employees:

Actions taken by each employee:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Were existing policies followed?  Yes  No (If “No” please explain and then proceed to #6)

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5. Were existing policies effective?  Yes  No If “No”, describe how the policy will be revised for future drills.

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6. List any suggestions for improving future drills.

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7. Was this drill modified? For example, did you use an alternative route?  Yes  No

a. List reasons for modification(s): \_\_\_\_\_

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b. Describe nature of the modification: \_\_\_\_\_

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**Name and title of person completing this form:**

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date