**Shelter in Place Report**

Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Center:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Shelter in place drills should be completed two times per year. Please complete and submit yearly to the Safety Coordinator.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date of Drill:** | **Time:** | **Number of Children Present:** | **Evacuation Time:** | **Staff Signature:** |
|  |  |  |  |  |
|  |  |  |  |  |

9/30/10