KIDS CENTRAL, INC.
A COMMUNITY APPROACH TO THE WELFARE OF CHILDREN
Building Better Lives

FIRE DRILL LOG

Foster Home _____

	Date	Time	Names of Participants	Evacuation Time
Jan				
Feb				
March				
April				
May				
June				
July				
Aug				
Sept				
Oct				
Nov				
Dec				

I/We, _____, certify that the above information is correct and that a fire drill was held with all of the members of my household on the dates noted.

_____ _____

Foster Parent 1 Date Foster Parent 2 Date