Crossroads Head Start/ Early Head Start **GEN-8**

Power Outage Drill Documentation

Upon completion, fax to the Health and Nutrition Coordinator

Location/Center: _____

Date: _____ Time: _____Drill Performed by: _____

Shift: (Circle One) Morning Afternoon

Power Outage Drill Information

Weather Conditions (Hot, Cold, Rainy, Snowy, Windy): _____

Number of Drill Participants: _____

Center Director/Lead Teacher simulated contacting local power company? [ ] Yes [ ] No

Name and number of your local power company? _____

Emergency lighting working properly? [ ] Yes [ ] No

Staff carrying Flashlights? [ ] Yes [ ] No

Administrative Staff conduct check for remaining staff and clients. [ ] Yes [ ] No

Drill analysis:

Staff Comments:

Recommendations for Improvement or Confirmation of Current Practices:

Drill occurred as the result of a real-life situation. Yes No Incident/Accident Report filled out and turned in? Yes No

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Date Improvement completed: _____

_____

Health and Nutrition Coordinator

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