

Foster Family Emergency Response Plan Drills

Foster Family Name: _____

Date and Time of Day:

Smoke Detectors Checked: _____ Yes _____ No

Names of all participants:

Hypothetical Situation:

Exit Route Used:

Meeting Place:

Minutes to Completely Evacuate or Reach Shelter:

Problems Encountered:

Date and Time of Day:

Smoke Detectors Checked: _____ Yes _____ No

Names of all participants:

Hypothetical Situation:

Exit Route Used:

Meeting Place:

Minutes to Completely Evacuate or Reach Shelter:

Problems Encountered:

Date and Time of Day:

Smoke Detectors Checked: **Yes** **No**

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Problems Encountered:
