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**Safety/Disaster/Fire/Earthquake Drill**

 **Resource Family Home**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Training Hours** \_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 FFA SW Resource Parent Resource Parent

Drills must be conducted with all the residents every six months (CCL80023). To ensure preparation in an emergency, we require quarterly drills.

Please refer to your posted Evacuation Plan and make sure everyone knows where the designated meeting locations are both in front and back of your property. (These should be marked with a red X on your Evacuation Plan).

Make sure everyone knows where the On-Call emergency numbers are posted within the residence.

Serenity/D&M On-Call Emergency (626) 347-0950.

Discuss what to do in different disasters (thick smoke, fire, earthquake, etc.)

Alternate types of drills (fire/earthquake/medical emergency/etc):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* All walk to the front location together
* All walk to the back location together

 **Please hang form in home and SW give a copy to office**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **Children Present**  | **FFASW Signature** | **Resource Parent(s) Present - Signature** |
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All Resource Parent(s) need to sign the Safety/Disaster/Fire/Earthquake Drill which acknowledges that they understand and have completed the drill with everyone. **Please list occupants of the home and what Bedrooms they occupy:**

Bedroom # 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Adult \_\_\_\_ Child \_\_\_\_ Age of Child \_\_\_\_

Bedroom # 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Adult \_\_\_\_ Child \_\_\_\_ Age of Child \_\_\_\_

Bedroom # 3: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Adult \_\_\_\_ Child \_\_\_\_ Age of Child \_\_\_\_

Bedroom # 4: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Adult \_\_\_\_ Child \_\_\_\_ Age of Child \_\_\_\_

Bedroom # 5: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Adult \_\_\_\_ Child \_\_\_\_ Age of Child \_\_\_\_

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Please list any adults moving in or out of the home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list any structural changes made to home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list any new animals in the home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Optional - Safety Training - Please mark that you have trained & verified the following**

 **Areas (1 hour of training):**

€ Completed Fire Drill

€ Fire Extinguisher Operational & in the Green

 € Smoke and carbon monoxide detectors work (you need to test)

€ All poisons locked up

 € No hazards or broken items in Home or Surrounding areas

 € All medications locked up

 € SIR reportable events examples (3)

 € Emergency Numbers and Plot Plan posted

 € Personal Rights are posted and visible

 € On-Call Numbers are readily available

 € Other

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