Central Kentucky Community Action Council, Inc.

Head Start Program

Earthquake Drill Participation Record

Center__________________ **Classroom**___________________________ **Teacher**_____________________________

___ denotes presence at time of drill

Participant (first and last name)	Aug.	Sept	Oct	Nov	Dec	Jan	Feb	Mar	April	May	June	July

* Add pages as needed. These records must be kept for 5 years.