


November 2020

Letters, Numbers, Colors and Shapes

Provider Name: _____

Date of Fire Drill: _____

| SUNDAY | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY | SATURDAY |
|--------|--|--|--|--|--|----------|
| 1 | 2 Activity _____ Target: _____ Outdoor: _____ Off Site: _____ | 3 Activity _____ Target: _____ Outdoor: _____ Off Site: _____ | 4 Activity _____ Target: _____ Outdoor: _____ Off Site: _____ | 5 Activity _____ Target: _____ Outdoor: _____ Off Site: _____ | 6 Activity _____ Target: _____ Outdoor: _____ Off Site: _____ | 7 |
| 8 | 9 Activity _____ Target: _____ Outdoor: _____ Off Site: _____ | 10 Activity _____ Target: _____ Outdoor: _____ Off Site: _____ | 11 CLOSURE DAY | 12 Activity _____ Target: _____ Outdoor: _____ Off Site: _____ | 13 Activity _____ Target: _____ Outdoor: _____ Off Site: _____ | 14 |
| 15 | 16 Activity _____ Target: _____ Outdoor: _____ Off Site: _____ | 17 Activity _____ Target: _____ Outdoor: _____ Off Site: _____ | 18 Activity _____ Target: _____ Outdoor: _____ Off Site: _____ | 19 Activity _____ Target: _____ Outdoor: _____ Off Site: _____ | 20 Activity _____ Target: _____ Outdoor: _____ Off Site: _____ | 21 |
| 22 | 23 Activity _____ Target: _____ Outdoor: _____ Off Site: _____ | 24 Activity _____ Target: _____ Outdoor: _____ Off Site: _____ | 25 Activity _____ Target: _____ Outdoor: _____ Off Site: _____ | 26 Activity _____ Target: _____ Outdoor: _____ Off Site: _____ | 27 Activity _____ Target: _____ Outdoor: _____ Off Site: _____ | 28 |
| 29 | 30 Activity _____ Target: _____ Outdoor: _____ Off Site: _____ | |  | | | |