


October 2020

FALL

Provider Name: _____

Date of Fire Drill: _____

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
				1 Activity _____ Target: _____ Outdoor: _____ Off Site: _____	2 Activity _____ Target: _____ Outdoor: _____ Off Site: _____	3
4	5 Activity _____ Target: _____ Outdoor: _____ Off Site: _____	6 Activity _____ Target: _____ Outdoor: _____ Off Site: _____	7 Activity _____ Target: _____ Outdoor: _____ Off Site: _____	8 Activity _____ Target: _____ Outdoor: _____ Off Site: _____	9 Activity _____ Target: _____ Outdoor: _____ Off Site: _____	10
11	CLOSURE DAY	13 Activity _____ Target: _____ Outdoor: _____ Off Site: _____	14 Activity _____ Target: _____ Outdoor: _____ Off Site: _____	15 Activity _____ Target: _____ Outdoor: _____ Off Site: _____	16 Activity _____ Target: _____ Outdoor: _____ Off Site: _____	17
18	19 Activity _____ Target: _____ Outdoor: _____ Off Site: _____	20 Activity _____ Target: _____ Outdoor: _____ Off Site: _____	21 Activity _____ Target: _____ Outdoor: _____ Off Site: _____	22 Activity _____ Target: _____ Outdoor: _____ Off Site: _____	23 Activity _____ Target: _____ Outdoor: _____ Off Site: _____	24
25	26 Activity _____ Target: _____ Outdoor: _____ Off Site: _____	27 Activity _____ Target: _____ Outdoor: _____ Off Site: _____	28 Activity _____ Target: _____ Outdoor: _____ Off Site: _____	29 Activity _____ Target: _____ Outdoor: _____ Off Site: _____	30 Activity _____ Target: _____ Outdoor: _____ Off Site: _____	31