

School Drill Documentation Form

Type of Drill	Number/Schedule
Fire	Five – Three drills must be completed by December 1
Tornado	Two – One drill must be completed in March
Safety/Security	Three – One drill must be completed prior to December 1 and one after January 1 <ul style="list-style-type: none">One drill shall include security measures that are appropriate to an emergency such as the release of a hazardous material.One drill shall include security measures of a potentially dangerous individual on or near the school premises.Seek input from the administration of the school and local public safety on the nature of the drill.

Note - At least one of the drills must be conducted during a lunch or recess period, or at another time when students are gathered but not in classrooms.

School: Early Learning Center
Principal: Valerie Jens
Date of drill: 9-28-23 Number of students: 167 Number of staff: 35
Time initiated: 2:35:00 (a.m./p.m.) Time concluded: 2:37:15 (a.m./p.m.)

Situation at Start of the Drill (Check the appropriate box)			
<input type="checkbox"/> Before school	<input checked="" type="checkbox"/> During class time	<input type="checkbox"/> Passing time	<input checked="" type="checkbox"/> Recess
<input type="checkbox"/> Lunch time	<input type="checkbox"/> Assembly	<input type="checkbox"/> After school	<input type="checkbox"/> Other:

Remarks: Room 106 Did not hear drill/no PA speaker
3 classrooms were in gym/left to one room.

This report is for: Fire drill number 1 2 3 4 5 for the 2023/2024 school year
(circle number next to applicable drill)

Tornado drill number 1 2 for the 2023/2024 school year

Safety/Security drill number 1 2 3 for the 2023/2024 school year

Name of person conducting drill: Valerie Jens

Title of person conducting drill: P. Principal

Signature or person conducting drill: Valerie Jens Date: 9/28/23

If the drill was coordinated with agencies such as law enforcement, fire department, or emergency management, list the agency, official's name, and title.

Agency: _____ Name: _____ Title: _____

Agency: _____ Name: _____ Title: _____

Agency: _____ Name: _____ Title: _____

Must post on the school's website within 30 days after completing the drill.

Documentation of the completed school safety drills must be maintained on the school's website for at least three years.

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Note - At least one of the drills must be conducted during a lunch or recess period, or at another time when students are gathered but not in classrooms.

School: Early Learning Center

Principal: Valerie Jens

Date of drill: 10-5-23 Number of students: 153 Number of staff: 33

Time initiated: 2:30:00 (a.m./p.m.) (p.m.) Time concluded: 2:31:40 (a.m./p.m.) (p.m.)

Situation at Start of the Drill (Check the appropriate box)			
<input type="checkbox"/> Before school	<input checked="" type="checkbox"/> During class time	<input type="checkbox"/> Passing time	<input type="checkbox"/> Recess
<input type="checkbox"/> Lunch time	<input type="checkbox"/> Assembly	<input type="checkbox"/> After school	<input type="checkbox"/> Other:

Remarks: Good drill

This report is for:
(circle number next to applicable drill)

Fire drill number 1 2 3 4 5 for the 2023/2024 school year

Tornado drill number 1 2 for the 2023/2024 school year

Safety/Security drill number 1 2 3 for the 2023/2024 school year

Name of person conducting drill: Valerie Jens

Title of person conducting drill: Principal

Signature or person conducting drill: Valerie Jens Date: 10/5/23

If the drill was coordinated with agencies such as law enforcement, fire department, or emergency management, list the agency, official's name, and title.

Agency: Seres Dispatch Name: Tabitha Title: _____

Agency: _____ Name: _____ Title: _____

Agency: _____ Name: _____ Title: _____

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Note - At least one of the drills must be conducted during a lunch or recess period, or at another time when students are gathered but not in classrooms.

School: Eastpointe Early Learning Center
Principal: Valene Jens.
Date of drill: 10/18/23 Number of students: 175 Number of staff: 39
Time initiated: 10:00:00 (a.m./p.m.) Time concluded: 10:05:33 (a.m./p.m.)

Situation at Start of the Drill (Check the appropriate box)			
<input type="checkbox"/> Before school	<input checked="" type="checkbox"/> During class time	<input type="checkbox"/> Passing time	<input type="checkbox"/> Recess
<input type="checkbox"/> Lunch time	<input type="checkbox"/> Assembly	<input type="checkbox"/> After school	<input type="checkbox"/> Other:

Remarks: _____

This report is for:
(circle number next to applicable drill)

Fire drill number **1 2 3 4 5** for the 2023/2024 school year

Tornado drill number **(1) 2** for the 2023/2024 school year

Safety/Security drill number **1 2 3** for the 2023/2024 school year

Name of person conducting drill: Valene Jens
Title of person conducting drill: Principal

Signature or person conducting drill: Valene Jens Date: 10/18/23

If the drill was coordinated with agencies such as law enforcement, fire department, or emergency management, list the agency, official's name, and title.

Agency: _____ Name: _____ Title: _____

Agency: _____ Name: _____ Title: _____

Agency: _____ Name: _____ Title: _____

*Must post on the school's website within 30 days after completing the drill.
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Note - At least one of the drills must be conducted during a lunch or recess period, or at another time when students are gathered but not in classrooms.

School: Eastpointe Early Learning Center

Principal: Valerie Jens

Date of drill: 11/2/2023

Number of students: 144

Number of staff: 39

Time initiated: 10:00:00 (a.m./p.m.) Time concluded: 10:02:30 (a.m./p.m.)

Situation at Start of the Drill (Check the appropriate box)			
<input type="checkbox"/> Before school	<input checked="" type="checkbox"/> During class time	<input type="checkbox"/> Passing time	<input type="checkbox"/> Recess
<input type="checkbox"/> Lunch time	<input type="checkbox"/> Assembly	<input type="checkbox"/> After school	<input type="checkbox"/> Other:

Remarks: Three classrooms doors were left open, one outside door was left open

This report is for: Fire drill number 1 2 3 4 5 for the 2022/2023 school year (circle number next to applicable drill)
Tornado drill number 1 2 for the 2022/2023 school year
Safety/Security drill number 1 2 3 for the 2022/2023 school year

Name of person conducting drill: Valerie Jens Title of person conducting drill: Principal

Signature or person conducting drill: Valerie Jens Date: 11/2/23

If the drill was coordinated with agencies such as law enforcement, fire department, or emergency management, list the agency, official's name, and title.

Agency: Macomb County OEM	Name: Taylor	Title: _____
Agency: _____	Name: _____	Title: _____
Agency: _____	Name: _____	Title: _____

Must post on the school's website within 30 days after completing the drill.

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Note - At least one of the drills must be conducted during a lunch or recess period, or at another time when students are gathered but not in classrooms.

School: Eastpointe Early Learning Center

Principal: Valerie Jens

Date of drill: 11/30/2023 Number of students: 159 Number of staff: 40

Time initiated: 02:15:00 (a.m./p.m.) Time concluded: 02:17:03 (a.m./p.m.)

Situation at Start of the Drill (Check the appropriate box)			
<input type="checkbox"/> Before school	<input checked="" type="checkbox"/> During class time	<input type="checkbox"/> Passing time	<input checked="" type="checkbox"/> Recess
<input type="checkbox"/> Lunch time	<input type="checkbox"/> Assembly	<input type="checkbox"/> After school	<input type="checkbox"/> Other:

Remarks: One classroom outside for recess, one in gym for recess.

This report is for: Fire drill number 1 2 3 4 5 for the 2022/2023 school year (circle number next to applicable drill)
Tornado drill number 1 2 for the 2022/2023 school year
Safety/Security drill number 1 2 3 for the 2022/2023 school year

Name of person conducting drill: Valerie Jens Title of person conducting drill: Principal

Signature or person conducting drill: Valerie Jens Date: 12/1/23

If the drill was coordinated with agencies such as law enforcement, fire department, or emergency management, list the agency, official's name, and title.

Agency: Macomb County OEM	Name: Taylor	Title: _____
Agency: _____	Name: _____	Title: _____
Agency: _____	Name: _____	Title: _____

Must post on the school's website within 30 days after completing the drill.

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Note - At least one of the drills must be conducted during a lunch or recess period, or at another time when students are gathered but not in classrooms.

School: Eastpointe Early Learning Center



Principal: Valerie Jens

Date of drill: 01/25/2024 Number of students: 1168 Number of staff: 45
Time initiated: 10:30:00 (a.m./p.m.) Time concluded: 10:38:00 (a.m./p.m.)

Situation at Start of the Drill (Check the appropriate box)			
<input type="checkbox"/> Before school	<input checked="" type="checkbox"/> During class time	<input type="checkbox"/> Passing time	<input type="checkbox"/> Recess
<input type="checkbox"/> Lunch time	<input type="checkbox"/> Assembly	<input type="checkbox"/> After school	<input type="checkbox"/> Other:

Remarks: Did not hear drill in main office, kitchen, training room, restrooms and four classrooms.
Restrooms were in use and doors were not secure.

This report is for:
(circle number next to applicable drill)

Fire drill number 1 2 3 4 5 for the 2022/2023 school year

Tornado drill number 1 2 for the 2022/2023 school year

Safety/Security drill number 1 2 3 for the 2022/2023 school year

Name of person conducting drill: Connie Roemer

Title of person conducting drill: Administrative Assistant

Signature or person conducting drill: Connie Roemer Date: 1/25/20

If the drill was coordinated with agencies such as law enforcement, fire department, or emergency management, list the agency, official's name, and title.

Agency: Macomb County OEM Name: _____ Title: _____

Agency: _____ Name: _____ Title: _____

Agency: _____ Name: _____ Title: _____

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Note - At least one of the drills must be conducted during a lunch or recess period, or at another time when students are gathered but not in classrooms.

School: Eastpointe Early Learning Center
Principal: Valerie Jens
Date of drill: 2-8-28 Number of students: 160 Number of staff: 38
Time initiated: 2:15:00 (a.m./p.m.) Time concluded: 2:17:50 (a.m./p.m.)

Situation at Start of the Drill (Check the appropriate box)			
<input type="checkbox"/> Before school	<input checked="" type="checkbox"/> During class time	<input type="checkbox"/> Passing time	<input type="checkbox"/> Recess
<input type="checkbox"/> Lunch time	<input type="checkbox"/> Assembly	<input type="checkbox"/> After school	<input type="checkbox"/> Other:

Remarks: Good drill

This report is for:
(circle number next to applicable drill)

Fire drill number **1 2 3 4 5** for the 2023/2024 school year

Tornado drill number **1 2** for the 2023/2024 school year

Safety/Security drill number **1 2 3** for the 2023/2024 school year

Name of person conducting drill: Valerie Jens

Title of person conducting drill: Principal

Signature or person conducting drill: Valerie Jens Date: 2-8-24

If the drill was coordinated with agencies such as law enforcement, fire department, or emergency management, list the agency, official's name, and title.

Agency: _____ Name: _____ Title: _____

Agency: _____ Name: _____ Title: _____

Agency: _____ Name: _____ Title: _____

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Note - At least one of the drills must be conducted during a lunch or recess period, or at another time when students are gathered but not in classrooms.

School: Eastpointe Early Learning Center
Principal: Valerie Jens
Date of drill: 3-6-24 Number of students: 162 Number of staff: 35
Time initiated: 2:00:00 (a.m./p.m.) Time concluded: 2:03:28 (a.m./p.m.)

Situation at Start of the Drill (Check the appropriate box)			
<input type="checkbox"/> Before school	<input type="checkbox"/> During class time	<input type="checkbox"/> Passing time	<input type="checkbox"/> Recess
<input type="checkbox"/> Lunch time	<input type="checkbox"/> Assembly	<input type="checkbox"/> After school	<input type="checkbox"/> Other:

Remarks: one Classroom (head start) had students sleeping
And could not get out of the room in time

This report is for:
(circle number next to applicable drill)

Fire drill number **1 2 3 4 5** for the 2023/2024 school year

Tornado drill number **1 2** for the 2023/2024 school year

Safety/Security drill number **1 2 3** for the 2023/2024 school year

Name of person conducting drill: Valerie Jens

Title of person conducting drill: Principal

Signature or person conducting drill: Valerie Jens Date: 3/6/24

If the drill was coordinated with agencies such as law enforcement, fire department, or emergency management, list the agency, official's name, and title.

Agency: _____ Name: _____ Title: _____

Agency: _____ Name: _____ Title: _____

Agency: _____ Name: _____ Title: _____

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Note - At least one of the drills must be conducted during a lunch or recess period, or at another time when students are gathered but not in classrooms.

School: Eastpointe Early Learning Center
Principal: Valerie Jens
Date of drill: 4-22-24 Number of students: 188 Number of staff: 44
Time initiated: 9:31:00 (a.m./p.m.) Time concluded: 9:32:54 (a.m./p.m.)

Situation at Start of the Drill (Check the appropriate box)			
<input type="checkbox"/> Before school	<input checked="" type="checkbox"/> During class time	<input type="checkbox"/> Passing time	<input type="checkbox"/> Recess
<input type="checkbox"/> Lunch time	<input type="checkbox"/> Assembly	<input type="checkbox"/> After school	<input type="checkbox"/> Other:

Remarks: good drill

This report is for:
(circle number next to applicable drill)

Fire drill number 1 2 3 (4) 5 for the 2023/2024 school year

Tornado drill number 1 2 for the 2023/2024 school year

Safety/Security drill number 1 2 3 for the 2023/2024 school year

Name of person conducting drill: Valerie Jens
Title of person conducting drill: Principal

Signature or person conducting drill: Valerie Jens Date: 4-22-24

If the drill was coordinated with agencies such as law enforcement, fire department, or emergency management, list the agency, official's name, and title.

Agency: _____ Name: Ashley Title: Dispatcher
Agency: _____ Name: _____ Title: _____
Agency: _____ Name: _____ Title: _____

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Note - At least one of the drills must be conducted during a lunch or recess period, or at another time when students are gathered but not in classrooms.

School: Eastpoint Early Learning Center

Principal: Valerie Jens

Date of drill: 5-14-24 Number of students: 148 Number of staff: 35

Time initiated: 2:28:00 (a.m./p.m.) Time concluded: 2:29:50 (a.m./p.m.)

Situation at Start of the Drill (Check the appropriate box)			
<input type="checkbox"/> Before school	<input type="checkbox"/> During class time	<input type="checkbox"/> Passing time	<input checked="" type="checkbox"/> Recess <u>Some</u>
<input type="checkbox"/> Lunch time	<input type="checkbox"/> Assembly	<input type="checkbox"/> After school	<input type="checkbox"/> Other:

Remarks: _____

This report is for:
(circle number next to applicable drill)

Fire drill number 1 2 3 4 5 for the 2023/2024 school year

Tornado drill number 1 2 for the 2023/2024 school year

Safety/Security drill number 1 2 3 for the 2023/2024 school year

Name of person conducting drill: Valerie Jens

Title of person conducting drill: Principal

Signature or person conducting drill: Valerie Jens Date: 5-14-24

If the drill was coordinated with agencies such as law enforcement, fire department, or emergency management, list the agency, official's name, and title.

Agency: Kari Name: _____ Title: _____

Agency: _____ Name: _____ Title: _____

Agency: _____ Name: _____ Title: _____

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Note - At least one of the drills must be conducted during a lunch or recess period, or at another time when students are gathered but not in classrooms.

School: EASTPOINT EARLY LEARNING CENTER
Principal: Valerie Jens
Date of drill: 5-30-24 Number of students: 186 Number of staff: 41
Time initiated: 9:31:00 (a.m./p.m.) Time concluded: 9:33:45 (a.m./p.m.)

Situation at Start of the Drill (Check the appropriate box)			
<input type="checkbox"/> Before school	<input checked="" type="checkbox"/> During class time	<input type="checkbox"/> Passing time	<input type="checkbox"/> Recess
<input type="checkbox"/> Lunch time	<input type="checkbox"/> Assembly	<input type="checkbox"/> After school	<input type="checkbox"/> Other:

Remarks: _____

This report is for:
(circle number next to applicable drill)

Fire drill number **1 2 3 4 5** for the 2023/2024 school year

#3 Tornado drill number **1 2** for the 2023/2024 school year

Safety/Security drill number **1 2 3** for the 2023/2024 school year

Name of person conducting drill: Valerie Jens

Title of person conducting drill: Principal

Signature or person conducting drill: Valerie Jens Date: 5/30/24

If the drill was coordinated with agencies such as law enforcement, fire department, or emergency management, list the agency, official's name, and title.

Agency: _____ Name: _____ Title: _____

Agency: _____ Name: _____ Title: _____

Agency: _____ Name: _____ Title: _____

Must post on the school's website within 30 days after completing the drill.

Documentation of the completed school safety drills must be maintained on the school's website for at least three years.