

School Drill Documentation

Type of Drill	Number/Schedule
Fire	Five drills – Three must be completed by December 1
Tornado	Two drills – One must be completed in March
Safety/Security	Three drills – One 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: Livonia Principal: Greg Morris

Date of drill: 9-22-2025 Number of students: 15 Number of Staff: 4

Time initiated: 8:51 a.m. p.m. Time concluded 8:52 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: (check box next to applicable drill)

Fire drill number 1 2 3 4 5 for the 25-26 school year

Tornado drill number 1 2 for the _____ school year

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

Name of person conducting drill: Greg Morris

Title of person conducting drill: School leader

Signature or person conducting drill: [Signature] on behalf of G.M. Date: 11-24-25

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.
The form must be maintained on the school 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: Livonia Principal: Greg Morris

Date of drill: 10-14-2025 Number of students: 17 Number of Staff: 4

Time initiated: 10:05 a.m. p.m. Time concluded 11:06 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: (check box next to applicable drill)

Fire drill number 1 2 3 4 5 for the _____ school year

Tornado drill number 1 2 for the _____ school year

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

Name of person conducting drill: Greg Morris

Title of person conducting drill: School leader

Signature or person conducting drill: [Signature] on behalf of G.M. Date: 11-25-25

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: Livonia Principal: Greg Morris

Date of drill: 11-24-2025 Number of students: 17 Number of Staff: 4

Time initiated: 12:30 a.m. p.m. Time concluded 12:33 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: (check box next to applicable drill)

Fire drill number 1 2 3 4 5 for the _____ school year

Tornado drill number 1 2 for the _____ school year

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

Name of person conducting drill: Kathleen Travis

Title of person conducting drill: Director

Signature or person conducting drill:  Date: 11-24-25

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: Livonia Principal: Marcelle Monchman

Date of drill: 2-12-26 Number of students: 16 Number of Staff: 4

Time initiated: 10:45 a.m. p.m. Time concluded 10:47 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 checked="" type="checkbox"/> Other:

Remarks:

This report is for: (check box next to applicable drill)

Fire drill number 1 2 3 4 5 for the 25-26 school year

Tornado drill number 1 2 for the _____ school year

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

Name of person conducting drill: Kathleen Travis

Title of person conducting drill: Director

Signature or person conducting drill:  Date: 2-12-26

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: Livonia Principal: Marcella Mochanin

Date of drill: 3-3-26 Number of students: 18 Number of Staff: 4

Time initiated: 11:50 a.m. p.m. Time concluded 11:51 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:

This report is for: (check box next to applicable drill)

Fire drill number 1 2 3 4 5 for the 25-26 school year

Tornado drill number 1 2 for the _____ school year

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

Name of person conducting drill: Kathleen Travis

Title of person conducting drill: Director

Signature or person conducting drill:  Date: 3-3-26

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: Livonia Principal: Greg Morris

Date of drill: 9-16-2025 Number of students: 15 Number of Staff: 4

Time initiated: 9:50 a.m. p.m. Time concluded 9:51 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:

This report is for: (check box next to applicable drill)

Fire drill number 1 2 3 4 5 for the _____ school year

Tornado drill number 1 2 for the _____ school year

Safety/Security drill number 1 2 3 for the 25-26 school year

Name of person conducting drill: Greg Morris

Title of person conducting drill: School leader

Signature or person conducting drill: [Signature] on behalf of GM Date: 11-24-2025

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: Livonia Principal: Marcelle Monchenin

Date of drill: 1-14-2026 Number of students: 15 Number of Staff: 4

Time initiated: 10:15 a.m. p.m. Time concluded 10:17 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:

This report is for: (check box next to applicable drill)

Fire drill number 1 2 3 4 5 for the _____ school year

Tornado drill number 1 2 for the _____ school year

Safety/Security drill number 1 2 3 for the 25-26 school year

Name of person conducting drill: Kathleen Travis

Title of person conducting drill: Director

Signature or person conducting drill: [Signature] Date: 1-14-26

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: Livonia Principal: Marcelle Monahan

Date of drill: 3-26-26 Number of students: 17 Number of Staff: 4

Time initiated: 10:44 a.m. p.m. Time concluded 10:46 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:

This report is for: (check box next to applicable drill)

Fire drill number 1 2 3 4 5 for the _____ school year

Tornado drill number 1 2 for the _____ school year

Safety/Security drill number 1 2 3 for the 25-26 school year

Name of person conducting drill: Kathleen Travis

Title of person conducting drill: Director

Signature or person conducting drill: [Signature] Date: 3-26-26

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: Livonia Principal: Marcelle Monchanin

Date of drill: 3-3-2026 Number of students: 18 Number of Staff: 4

Time initiated: 12:05 a.m. p.m. Time concluded 12:06 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:

This report is for: _____ Fire drill number 1 2 3 4 5 for the _____ school year
 (check box next to applicable drill)

Tornado drill number 1 2 for the 25-26 school year

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

Name of person conducting drill: Kathleen Travis

Title of person conducting drill: Director

Signature or person conducting drill: [Signature] Date: 3-3-26

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: Livonia Principal: Marcelle Monchanin

Date of drill: 5-5-2026 Number of students: 15 Number of Staff: 4

Time initiated: 11:30 a.m. p.m. Time concluded 11:31 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:

This report is for: (check box next to applicable drill)

Fire drill number 1 2 3 4 5 for the _____ school year

Tornado drill number 1 2 for the 25-26 school year

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

Name of person conducting drill: Kathleen Travis

Title of person conducting drill: Director

Signature or person conducting drill: [Signature] Date: 5-5-26

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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