

SAFE SCHOOL PLAN INFORMATION SHEET
Chicago Police Department

DISTRICT BEAT NO.

SCHOOL SECURITY TEAM BEAT NO.

DATE

NAME OF SCHOOL

ADDRESS

TELEPHONE NO. (MAIN)

TELEPHONE NO. (SECURITY)

EARLIEST START TIME

LAST DISMISSAL TIME

RANGE OF GRADES

NUMBER OF STUDENTS

NUMBER OF DISABLED STUDENTS (LIST DISABILITIES)

NUMBER OF TEACHERS

NUMBER OF LUNCH ROOM PERSONNEL

NUMBER OF MAINTENANCE STAFF

NUMBER OF OTHER STAFF

NUMBER OF SECURITY STAFF

TYPE OF STRUCTURE (i.e. Two story brick, two buildings connected by walkway)

NAMES OF ON-DUTY SCHOOL SECURITY TEAM OFFICERS

NAMES OF OFF-DUTY POLICE OFFICERS

NAMES OF UNARMED SECURITY OFFICERS

NAME OF SCHOOL PRINCIPAL/ADMINISTRATOR

CELL TELEPHONE NO.

HOME TELEPHONE NO.

EMAIL ADDRESS

NAME OF SCHOOL ASSIST. PRINCIPAL/SECURITY DIRECTOR

CELL TELEPHONE NO.

HOME TELEPHONE NO.

EMAIL ADDRESS

NAME OF SCHOOL ENGINEER

CELL TELEPHONE NO.

HOME TELEPHONE NO.

EMAIL ADDRESS

WHO HAS KEYS FOR THE SCHOOL? (If different from names listed above, please include name and telephone no.)

DOES THE SCHOOL HAVE A FIRE EVACUATION PLAN? IF YES, ATTACH IT TO THIS FORM.

DOES THE SCHOOL HAVE A PUBLIC ADDRESS SYSTEM?

IF YES, WHERE IS THE MICROPHONE LOCATED?

DOES THE SCHOOL HAVE A VIDEO SURVEILLANCE SYSTEM?

IF YES, WHERE ARE THE C.C.T.V. MONITORS LOCATED?

DOES THE SCHOOL HAVE A FIRE/BURGLAR ALARM SYSTEM?

IF YES, WHERE ARE THEY LOCATED?

WHERE IS THE SHUTOFF FOR THE FIRE/BURGLAR ALARM SYSTEM?

WHERE IS THE SHUTOFF FOR THE SPRINKLER SYSTEM?

DOES THE SCHOOL PROVIDE WALKIE-TALKIES TO THE STAFF AND/OR POLICE? (Be specific as to who should have a walkie talkie and provide radio call signs).

DOES THE SCHOOL PROVIDE OTHER SERVICES (I.E. DAY CARE) OR ARE THERE PRIVATE BUSINESSES ON THE PREMISES?

WHERE IS THE ELEVATOR LOCATED?

DOES THE SCHOOL HAVE A FLOOR (KEY) PLAN? IF YES, ATTACH IT TO THIS FORM.

WHERE IS THE OUTSIDE RELOCATION POINT FOR STUDENTS AND STAFF? (Keep in mind the relocation point should not be too close to the school. In the event an inner and outer perimeter is required, the relocation point should not be located in either. Be aware to try and use closed structures in case of inclement weather, etc. Identify the type of location you are using). Provide Address.

DETERMINE AN APPROPRIATE LOCATION FOR STUDENTS TO RELOCATE INSIDE THE SCHOOL (SHOULD THE NEED ARISE TO KEEP THEM IN SCHOOL).

DETERMINE AN APPROPRIATE OFF-SITE LOCATION FOR FAMILY AND PARENTS TO ASSEMBLE TO OBTAIN INFORMATION.

DETERMINE AN APPROPRIATE LOCATION FOR A COMMUNICATION CENTER SHOULD THE SCHOOL OFFICE BE UNAVAILABLE? (The location should have ample phone lines, computer lines, etc.)

DETERMINE WHERE THE UTILITY SHUT-OFF VALVES ARE (e.g. water, electricity, natural gas). (Specify by floor, room no., quadrant.)

INDICATE THE SPECIFIC LOCATION OF THE FOLLOWING. (Be specific, such as the Chemistry Lab is on the third floor, northeast corner. The school office is on the second floor, midway on the east side of the building. Use a street address as reference when indicating north or south).

EXTERIOR DOORS	NORTH	SOUTH	EAST	WEST
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CHEMISTRY/SCIENCE LAB(If chemicals are kept in another room, indicate that room also).

MAINTENANCE ROOM (If cleaning supplies are stored elsewhere, indicate that room also).

POLICE OFFICE

SECURITY OFFICE

SCHOOL OFFICE

RECORDS ROOM (STUDENT INFORMATION FILES)

CAFETERIA

GYM

AUDITORIUM

SHOP (If applicable, i.e. Wood, Metal, Craft, Electrical, Computer Repair)

LIBRARY/MEDIA ROOM

NURSE'S OFFICE

GARAGE

ADDITIONAL INFORMATION

CHICAGO POLICE DEPARTMENT USE ONLY

THE DISTRICT COMMANDER HAS THE RESPONSIBILITY TO DETERMINE THE FOLLOWING:

DETERMINE A SUGGESTED LOCATION FOR A POLICE INCIDENT COMMAND POST

DETERMINE A SUGGESTED LOCATION FOR A POLICE MOBILIZATION AREA

DETERMINE A SUGGESTED LOCATION FOR AN EMS TRIAGE AREA

DETERMINE A SUGGESTED LOCATION FOR MEDIA/FAMILY BRIEFING AREA

SIGNATURE & STAR NO. OF OFFICER SUBMITTING THIS FORM

SIGNATURE & STAR NO. OF SUPV. REVIEWING THIS FORM

DATE