

K -12 School Emergency Plan Self Review Checklist

Name of School: _____ Address: _____

Point of Contact: _____ Phone: _____

School Official Municipal Official Consultant E-mail: _____

This Plan is a Original Plan – First submission Revised Plan of one submitted on _____

Item to Check	Yes	No	Page #
1. Is there a Table of Contents in the Plan?	<input type="checkbox"/>	<input type="checkbox"/>	
2. Are the members involved with plan development as required by General Statute identified and indicated in the Plan? <input type="checkbox"/> CEO <input type="checkbox"/> Superintendent <input type="checkbox"/> Law Enforcement <input type="checkbox"/> Fire <input type="checkbox"/> Health <input type="checkbox"/> Emergency Mgt. <input type="checkbox"/> EMS <div style="text-align: right;"><i>Standard 1</i></div>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
3. Have all members signed the Signatory Page?	<input type="checkbox"/>	<input type="checkbox"/>	
4. Does the plan reference an organizational structure based on the National Incident Management System (NIMS) with use of the Incident Command System (ICS)? A. Incident Command System Organizational Chart <input type="checkbox"/> B. Evidence of NIMS and ICS Training (Sign-in Sheets, FEMA Training Certificates) <input type="checkbox"/> C. Use of Standard Language and Definitions <input type="checkbox"/> <div style="text-align: right;"><i>Standard 2</i></div>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Is there an established School Security and Safety Committee (SSSC) at the each school? A. Are the following members of the Committee identified? <input type="checkbox"/> Police Officer <input type="checkbox"/> First Responder <input type="checkbox"/> School Administrator <input type="checkbox"/> School Teacher <input type="checkbox"/> Mental Health Professional <input type="checkbox"/> Parent/Guardian of Student B. Is there evidence that the Committee assisted in the development of the Security/Safety Plan? C. Is the School Security and Safety Committee tasked to provide guidance and direction for School Emergencies? REFERENCE: <i>Organization and Responsibilities</i> Plan Template Section D – 1(a) and (b) *NOTE: SSSC is tasked to manage emergencies if an Executive Group is not established <div style="text-align: right;"><i>Standard 3</i></div>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
6. Is the plan appropriately dated indicating an annual submission? <div style="text-align: right;">Date: _____ <i>Standard 4</i></div>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Is the Plan an Annex of the municipality’s Local Emergency Operations Plan? <input type="checkbox"/> Verified by local EMD <input type="checkbox"/> Signified in the Plan <div style="text-align: right;"><i>Standard 5</i></div>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Does the Plan include a current Hazard/Vulnerability Assessment? <div style="text-align: right;"><i>Standard 8</i></div>	<input type="checkbox"/>	<input type="checkbox"/>	
9. Does the Plan contain procedures for managing various types of emergencies based on risks identified in their current Hazard Assessment? <div style="text-align: right;"><i>Standard 6</i></div>	<input type="checkbox"/>	<input type="checkbox"/>	

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16. Is there an indication that each school constructs a reference kit available for first responders and that the kit includes: <input type="checkbox"/> Several copies of laminated easy-to-read floor plans <input type="checkbox"/> Master keys to interior and exterior door locks <input type="checkbox"/> Other items determined to be needed through consultation with School Officials, Local Law Enforcement, Emergency Management Director, and First Responders <i>Standard 11</i>	<input type="checkbox"/>	<input type="checkbox"/>	
17. Does the plan address <u>the emergency communications plan requirements of CT P.A. 19-184?</u> An emergency communication plan" means a plan developed for a student identified as deaf, hard of hearing or both blind or visually impaired and deaf, that includes procedures for alerting such student of an emergency situation and ensuring that the specific needs of the student are met during the emergency situation. P.A. 19-184 Standard 13	<input type="checkbox"/>	<input type="checkbox"/>	
18. Does the School Security and Safety Plan follow the format of the All-Hazards School Security and safety Plan Template released/revised by DEMHS-DESPP? Does the local plan submitted: A. Achieve the objectives outlined in the Plan Template? - Namely, does the plan serve to protect the lives and well-being of the school students and staff by outlining necessary procedures which allow for the timely response of adequately trained school personnel during emergencies? B. Reflect the use of Standard Terminology? C. Demonstrate that it is based on the all-hazards planning paradigm and on the results of a Hazard Analysis and Security Audit. D. Have a training component which includes staff training, and drills and exercises. E. Undergo a periodic review process which facilitates the improvement process. Outline who is responsible for its maintenance and how it will be maintained? <i>Standard 12</i>	<input type="checkbox"/>	<input type="checkbox"/>	
19. Does the plan contain "Emergency Action Plan for Interscholastic and Intermural Athletic Events" as required by Public Act 21-92 ? <i>Standard 14</i>	<input type="checkbox"/>	<input type="checkbox"/>	

FUNCTIONAL ANNEXES

<u>Item to Check</u>	<u>Yes</u>	<u>No</u>	<u>Page</u> <u>#</u>
19. Does the plan have functional annexes tailored for each the school?	<input type="checkbox"/>	<input type="checkbox"/>	
20. Does the plan have an "Accounting for all Personnel Annex?"	<input type="checkbox"/>	<input type="checkbox"/>	
21. Does the plan have a "Communications and Warning Annex?"	<input type="checkbox"/>	<input type="checkbox"/>	
22. Does the plan have a "Family Reunification Annex?"	<input type="checkbox"/>	<input type="checkbox"/>	

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23. Does the plan have a “Continuity of Operations Annex?”	<input type="checkbox"/>	<input type="checkbox"/>	
24. Does the plan have a “Recovery Annex” that includes academic, physical, fiscal and psychological recovery?	<input type="checkbox"/>	<input type="checkbox"/>	
25. Does the plan have a “Public Health, Medical, and Mental Health Annex?”	<input type="checkbox"/>	<input type="checkbox"/>	
26. Does the plan have an “Emergency Plan for Students with Disabilities Annex?”			
27. Does the plan have an “Emergency Action Plan for Interscholastic and Intermural Athletic Events Annex?”			

Review Conducted by: _____

Any questions regarding plan requirements can be made to your DEMHS Regional Office, or sent to: SchoolSecurityPlanStandards@ct.gov

Final plan will be filed with DEMHS Regional Coordinator.

E-mailed to _____	Date: _____
DEMHS Regional Coordinator	
E-mailed to _____	Date: _____
Local Emergency Management Director	

Additional Comments and Recommendations: