



Safety Operations Plan 2016 - 2017

Orangevale

California Montessori Project
Orangevale Campus
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Confidential
Crime Assessment Cover Sheet

The Site Safety Committee will insert behind this page, except in any physically distributed versions of this document, an assessment of current status of school crime at the school campus or school-related functions.

The Site Safety Committee will review the following reports and statistics to assess possible crime rates at the school campus:

- a. Local Law Enforcement Crime Data
- b. Attendance Rates
- c. Suspension/Expulsion Data
- d. Property Damage Data

Appendices

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Strategies to Maintain a High Level of School Safety

The Orangevale Site Safety Committee have identified appropriate strategies to maintain a high level of school safety and inserted them here.

Safe Physical Climate Goal:		To maintain a safe campus.		
Objectives	Action Steps	Resources	Project Lead/s	Outcomes
To maintain a safe campus from public/intruders	Encourage staff to report any incidents or suspicious activity.	Update at staff meetings/emails/SJUSD	Safety Committee Self Staff	Information is shared via email and Staff Meetings. Incident is reported to appropriate authorities shedding more awareness to the situation.
	Consistent use of wireless communication to report potential strangers.	Update at staff meetings/emails/Reliable bank of walkies	Safety Committee Self Staff	Best Practice
	Keep restrooms locked during afternoon Club M and intersession.		Club Staff Self	Best Practice
	Have Everyone wear badges: *All visitors and guest sign in/out including interviews and wear a name badge. *All employees will wear their badges at all times.	Current Log Sheets/ Visitor Badges	Office Staff/ other staffs	Everyone is identified and accounted for.

Safe Physical Climate Goal: Create a safe ingress and egress for all families.				
Objectives	Action Steps	Resources	Project Lead/s	Outcomes
Create and maintain a safe Ingress and egress	Staffing both morning and afternoon loops	Staff	Admin	To have enough people to safely escort students into and out of the campus.
	Parent/Student education on safe ingress and egress for CMP families and preschool families.	Staff/Admin/Preschool staff	Admin	To Mitigate potential accidents with our loops, parking lots, and streets.
	Wear safety vests/use wireless radios at all times	Staff/Admin	Admin	To Mitigate potential accidents with our loops, parking lots, and streets.

Safe Physical Climate Goal: Create and Maintain a safe playground environment				
Objectives	Action Steps	Resources	Project Lead/s	Outcomes
Create and Maintain a safe playground environment	Repair blacktop that is cracked and crumbling	SJUSD	Admin	A safe area for students to play and mitigate any risk of potential injury.
	Daily checks in morning for inappropriate materials or trash on or around playground/ structures	Staff Materials to safely gather trash/materials (gloves, bags, or trash grabber)	Admin	A safe area for students to play and mitigate any risk of potential injury.

Safe Physical Climate Goal: Create a safe storage area to be used by all staff				
Objectives	Action Steps	Resources	Project Lead/s	Outcomes
Clean/Organize/ and Maintain storage closet for staff/program use.	Clean out any unused items from storage closets and properly donate/dispose of items.	Admin/Staff	Admin/Staff	To mitigate potential accidents and allow space for storage of large items.
	Obtain safe storage shelves and storage containers.	Admin/Staff/Budget	Self	To mitigate potential accidents and allow space for storage of large items.
	Create a designated shelf for specific classroom storage.	Admin/Staff/Shelves and Storage containers	Self	Storage space for large items that do not fit in individual classrooms.

Safe Social Climate Goal:		Create and maintain clean and welcoming social environments for staff		
Objectives	Action Steps	Resources	Project Lead/s	Outcomes
Create and Maintain a clean staff room	Create a schedule to get staff to clean the staff room (including dishes, counter/sink, microwave, and table).	Schedule, Cleaning supplies Admin/Staff	Self	A clean/healthy staff room that welcomes staff to gather in and create connections
	Create a routine in which the refrigerator is cleaned out regularly.	Schedule, Cleaning supplies Admin/Staff	Self	Healthy and clean environment
Create and Maintain a clean workspace/cubby area	Throw away unwanted papers in cubbies.	Staff	Staff	Clean work area for staff to safely prep materials.
	Remove all items from workspace and copier.	Staff	Staff	Clean work area for staff to safely prep materials.
Create and foster a social climate	Hold regular staff meetings/ in-services		Admin	Provides opportunity to meet as a team/get to know one and other.
	Staff gatherings (potlucks, birthdays, celebrations)			An opportunity to connect with other staff and create connections
	Open door policy		Principal/Dean	Support Staff

**Plan 1: Section 10: Procedures of Safe Ingress and Egress of Stakeholders
Drop off and Pick up procedures and/or map Coversheet**

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Campus Specific Drop-Off and Pick-Up Procedures and/or Map

Cover Sheet Only

The Site Safety Committee will insert Campus Specific drop-off and pick-up procedures and/or map behind this page, except in any publicly distributed versions of this document.

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Risk Assessment Template

Cover Sheet Only

The Site Safety Committee will insert their Risk Assessment behind this page, except in any publically distributed versions of this document.

Specific information to include in your risk assessment is:

1. School Facility/Location

a. Location of School and Neighborhood

(Fill in information about where your school is located and describe the neighborhood your school is in. Example: CMP-AR's current enrollment is approximately 400 Tk-8th grade students located on the Little John Elementary School Site within the San Juan Unified School District in the community of Fair Oaks. The school site is situated in a neighborhood of family homes.)

b. Building Information

- i. [Each CMP Site will need to make this section specific to their campus. Example: CMP-AR is located on a 40-acre lot and includes four buildings (a multipurpose room, offices, and two wings of classrooms) a basketball court, a baseball field, and one staff parking lot. All classes take place in the two wings. Our school was built in [1969] by [San Juan unified school district] and is [brick and mortar, modular, etc].
- ii. Each CMP site will need to include a map of the building annotated with after hour's number, site spec maps, evacuation routes, shelter locations, fire alarm pull station, fire hydrants, fire extinguishers, first aid kits, hazardous material storage, and utility shutoffs and is reflected in Appendix 1-8. All staff members are required to know these locations as well as how to operate the utility shutoffs.

2. School Population

a. General Population

CMP-[AR's] current enrollment is approximately [] Tk-8th. These students are supported by a committed staff consisting of:

- X Teachers
- X Teacher Assistants
- X Administrators
- X Administrative Assistants
- X Outside Services
- X Maintenance and Custodial Staff
- X Club M Staff
- X Community Service Volunteers (ex: ROP)
- X After School Enrichment Teachers

A master schedule of where classes, grade levels, and staff are located during the day is provided to each classroom and is available in the main office. The master schedule is included with this Risk Assessment for reference.

b. Special Needs Population

CMP is committed to the safe evacuation of students and staff with special needs.

The special needs population includes students/staff with:

- Limited English Proficiency
- Blindness or Visual Disabilities
- Cognitive or Emotional Disabilities
- Deafness or Hearing Loss
- Mobility/Physical Disabilities (permanent and temporary)
- Medically Fragile Health (including asthma and severe allergies)

The school's current enrollment of students with special needs is approximately [X]; however, this number will fluctuate. Students and/or staff may require additional assistance if they are temporarily on crutches, wearing casts, etc.

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Site Map of the Building

Cover Sheet Only

Each CMP site will insert behind this page, except in any publically distributed versions of this document a map of the building annotated with afterhours number/s (i.e.: landlords or districts), site spec maps, evacuation routes, shelter locations, fire alarm pull station, fire hydrants, fire extinguishers, first aid kits, hazardous material storage, and utility shutoffs. All staff members are required to know these locations as well as how to operate the utility shutoffs. If you lease your property your landlords will need to be contacted for this.

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Vicinity Map

Cover Sheet Only

Each CMP site will need to include a Vicinity Map behind this page, except in any publically distributed versions of this document.

This will be a Google Image of your site and surrounding area including your offsite assembly area.

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Site Incident Command System Cover Sheet

Cover Sheet Only

Each Site will insert, behind this page, their Incident Command System except in any publically distributed versions of this document.

Public Information Officer
Actions and Communications Log

Page: _____

Person filling out form: _____

Date: _____

Emergency: _____

Scribe
Planning and Intelligence Team
Actions and Communications Log

Page: _____

Person filling out form: _____

Date: _____

Emergency:

Log of Emergency Developments and Response Actions

- Record the actions taken during an emergency
- Monitor incident tracking, task completion and follow-up
- Provide for information exchange between departments/agencies
- Provide a chronology of activities
- Provide legal documentation of the situation and actions taken by the site.
- Provide a means for appropriate tracking of financial commitments and expenditures (Appendix 2-12).
- Provide information which may assist in reconciling issues such as staff schedules, injuries, etc.
- Assist in improving the SERP through recommendations and revisions.

Plan 2: Section 2: Incident Command System
Communications Officer: Status Board Example

Status Board Example

Date: _____
Name: _____

MANAGEMENT

- ICS: _____
- PIO: _____
- Safety Officer: _____
- Agency Liaison: _____

Incident Type _____
Level of Emergency _____
Public Statement needed/
given _____
Medical Needs _____
Injuries _____
Deaths _____

PLANNING & INTELLIGENCE

Officer: _____
Scribe: _____
Communications Officer: _____

OPERATIONS

Officer: _____

Assembly Team

- Leader: _____
- Notes: _____

First Aid Medical Team

- Location: _____
- Leader: _____
- Medical Needs: _____
- Injuries: _____
- Deaths: _____

Search and Rescue

- Leader: _____
- Location of injured _____
- Number of injured _____
- Condition of injured _____
- Gas Leaks/Fires/
Structural Damage _____

Fire Suppression/Hazmat

- Leader: _____
- Damage Assessment
Report Forms _____
- Fires: locations/
extinguished _____
- Gas Leaks: locations/
valve shut off _____
- Structural damage
report _____

Psychological First Aid

- Leader: _____
- Psychological needs _____

Request Gate

- Leader: _____
- Needs _____

Reunion Gate

- Leader: _____
- Support Needed _____
- Problems _____
- Status _____

LOGISTICS

Officer: _____

Supplies & Equipment

- Leader: _____
- Food and Water Status _____
- Sanitary Supplies _____
- Port-a-potties _____
- Special Needs _____
- Medicine _____

Security/ Utilities

- Leader: _____
- Air system shut down _____
- Gas shut off _____
- Power shut off _____
- Water main status _____
- External gates locked _____

FINANCE & ADMIN

Officer: _____

Note: be sure to note time
and locations and who
reported to you.

**Plan 2: Section 2: Incident Command System
First Aid Medical Team: Injury and Missing Persons Report Form**

Injury and Missing Persons Report Form

School _____

Room Number _____

Teacher's Name _____

Date _____

INJURED		
Name	Type of Injury	Location

MISSING PERSONS				
Name	Last Seen Location	Found	Time	Location

Deceased			
Name	Location Found	Time	Reported

Injury Record Form

School _____

Room Number _____

Teacher's
Name _____

Date _____

Name of Injured Person:

Type of Injury:		
Actions Taken:		
Action Taken:	By Whom:	Time:

Notes:

**Plan 2: Section 2: Incident Command System
Fire Suppression/Hazmat: Damage Assessment Report Form**

Damage Assessment Report Form

NOTE: Do not enter building unless the structural evaluation has been completed and the building is designated as safe to enter.

School/Site Name: _____

Location/Building Code: _____

District: _____

Date: ____/____/____

Time: ____:____ a.m. / p.m.

Damage Category	No Damage	Slight Damage	Severe Damage	Hazardous Condition	Location / Room # / Note
Electrical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Natural Gas Lines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Water Heater/ Boiler	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sewer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hazardous Materials					
Custodial chemicals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>Chemical Type/Quantity spilled or leaking:</u>
Lab chemicals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>Chemical Type/Quantity spilled or leaking:</u>
Asbestos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Lead	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Physical Hazards					
Sink Holes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Construction Areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Damaged Bldg. Material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Broken Glass	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

OR 2016-2017
Appendix 2-2-7
Plan 2: Section 2: Incident Command System
Fire Suppression/Hazmat: Damage Assessment Report Form

Notes: (description of trouble, location, severity or hazardous materials):

Findings

- Building or room safe for re-occupancy ☐ Yes ☐ No
- Building or room closed due to hazardous condition ☐ Yes ☐ No
- The following corrective measures need to be completed prior to re-occupancy:

[Note: Send a copy of this form to Central Administration Office and maintain the original in the emergency document file.]

Plan 2: Section 2: Incident Command System

Supply Equipment Team: Recommended Classroom Emergency Supplies

Recommended Classroom Emergency Supplies

School Site: _____ Classroom: _____

Item	Recommended Quantity	Quantity at Hand
Backpack	1	
Flashlight	1	
Batteries	2	
Pair of scissors	1	
First Aid instruction summary sheet	1	
Pad of paper (for name tags, etc.)	1	
Pen	1	
Pencil	1	
Light stick	1	
Whistle	1	
Sewing kit	1	
Package of safety pins	1 package	
Solar blanket	1	
Package of 10 gums	1 package	
Package of 10 life savers	1 package	
Package of plastic trash bags	6 packages	
Package of small paper bags	2 packages	
Package of paper cups	2 packages	
Package of pre-moistened towelettes	1 package	
Bottle of hydrogen peroxide	1	
Small package of Tylenol	2 packages	
Package of Tums	1 package	
Ammonia inhalants	4	
Ziploc sandwich bags	2	
Box of Telfa pads	1	
Pair of tweezers	1	
Box of Band-Aids	1	
Cold packs	2	
2" roller bandage	1	
3" roller bandage	1	
Box of triangular bandages	1	
Roll of adhesive tape	1	
Pair of disposable gloves	10	
Container of waterproof matches	1	
Box of toilet tissue	1	
Box of sanitary napkins	1	
Bottle of saline solution	1	

Location: Place these supplies next to primary evacuation doorway in each classroom

Recommended School Emergency Supplies

*[Suggested quantities are for 100 people for a period of 72 hours.
Packaged food recommended i.e. power bars and nut free alternatives.]*

Type	Item	Recommended Quantity	Quantity at Hand
Food			
Packaged food is recommended i.e. power bars and nut free alternatives. Classroom safety kits include a majority of what you will need. In addition to the kits see below:			
	Raisins – boxed and dated	20 lbs.	
	Large canned beans – dated	20 cans	
	Large mixed fruit or fruit – dated	60 cans	
	Large peanut butter	20 tubs	
	Crackers	2 cases	
	Canned fruit juice	2 cases	
	Sugar cubes	4 boxes	
	Can opener	several	
Rescue Team Member			
	Back Pack	1	
	Gloves	1	
	Helmet	1	
	Orange Vest	1	
	Goggles	1	
	Boots	1	
	Heavy Clothing	1	
	Flashlight	1	
	Extra Batteries	1	
	Personal First Aid Kit	1	
	Water and Paper Cups	1	
	Whistle	1	
	Marker Pens	1	
	Fire Extinguisher 3-A:40-B:C	1	
	Pry Bars 36 and 66 Inches Long	1	
	Axes	1	
	Sledge Hammer 5-8 lb.	1	
	Pocket Knife	1	
	Duct Tape	1	
	Utility Shutoff Tools	1	
	Note Pad and Pen	1	
	Cyalume Sticks	1	
	Walkie-Talkie	1	

OR 2016-2017
Appendix 2-2-10
Plan 2: Section 2: Incident Command System
Supply/Equipment Team: Recommended School Emergency Supplies

Type	Item	Recommended Quantity	Quantity at Hand
First Aid			
	First Aid Manual (Red Cross, up-to-date)	1	
	Alcohol	4 bottles	
	Alcohol prep (100 count)	4 boxes	
	Aluminum foil – 18 inches wide	4 rolls	
	Antibiotic solution (betadyne)	4 bottles	
	Aromatic spirits of ammonia (10 count)	4 boxes	
	Band-Aids – assorted sizes	8 boxes	
	Bandages: ACE wrap, Kerlix, Kling or other conforming bandage of several widths (2, 3, 4, 6 inch)	4 boxes each	
	Bandage scissors – blunt nose type	9 pairs	
	Bandage, triangular – 36 x 40 x 55 inch	30	
	Basin, emesis – disposable	10	
	Blankets – space or disposable	150	
	Blood pressure cuff with manometer	6	
	Burn sheets – sterile, disposable	4 packages	
	Cervical collar – small, medium & large	4 each	
	Cotton balls – unsterile	4 large packages	
	Disinfectant – hand washing	4 gallons	
	Dressings – 2x2's, 3x3's & 4x4's sterile	4 boxes each	
	Dressings – 5x9's & 8x10's sterile	4 boxes each	
	Dressings – eye pad, oval sterile	15 boxes	
	Dressings – Vaseline gauze 3x36 inch sterile	4 boxes	
	Ipecac	4 bottles	
	Kleenex	10 boxes	
	Marking pens – for all surfaces	6	
	Needles – for removing splinters & glass	4 packages	
	Note pads	20	
	Pack – cold Temp-Aid	1 case	
	Paper cups	4 boxes	
	Pack – hot Temp-aid	1 case	
	Paper bags	4 boxes	
	Paper towels	4 cases	
	Pencils or ball point pens	4 packages	
	Petroleum jelly	4 large jars	
	Pitcher or jar with cover – can be used as a measuring device	4 one quart size	
	Q-tip swabs	6 packages	
	Safety pins – assorted sizes	6 packages	

**Plan 2: Section 2: Incident Command System
Supply/Equipment Team: Recommended School Emergency Supplies**

Type	Item	Recommended Quantity	Quantity at Hand
	Saline 1 tsp. per quart sterile water = normal saline	4 boxes	
	Sanitary napkins – can be used for heavy bleeding wounds	2 cases	
	Spine board – long and short	2 each	
	Splints – inflatable, boards, magazines or other	Several sets	
	Standard surgical gloves – medium and large	4 boxes	
	Table	4	
	Thermometer – oral – Tempa-dot, disposable	4 boxes each	
	Toilet tissue	4 cases	
	Tongue depressors	4 packages	
	Towelettes – moist	15 boxes	
	Treatment log	1	
	Triage tags (from Office of Emergency Services)	150	
	Tweezers – large	9 pairs	
	Tylenol (15 grains)	6 bottles	
	Water purification tablets or	4 bottles	
	Household bleach (6 drops in 1 gallon of water)	2 gallons	
Other			
	Blankets	100	
	Large battery operated radio with batteries	1	
	Heavy duty flashlights with batteries & bulbs	4	
	Whistles (for communicating w/ stakeholders)	4	
	Clipboards	4	
	Ink pens	6	
	Medium garbage bags (40 count)	4 packages	
	Large 3-ply garbage bags (20 count)	4 packages	
	Plastic buckets – 5 gallon	6	
	Pads of paper	4	
	Scotch tape	4 rolls	
	Bed sheet strips (use as optional bandages)	4	
	Plastic cups (100 count)	6 packages	
	Paper plates (100 count)	6 packages	
	Plastic spoons, knives and forks (100 count)	6 packages	
	Can openers – manual	5	
Other – Site Specific Needs			

Page # _____

Emergency: _____

1.11.16 Safety Committee/OR m

Biological and Chemical Release Response Checklist

School _____

Date _____

	Yes	No	Note
Have students and staff been evacuated from area of contamination?	_____	_____	_____
Have all students and staff been accounted for?	_____	_____	_____
Has the area of contamination been cordoned off and secured?	_____	_____	_____
Has the area of contamination been affixed with conspicuous signs reading: "DO NOT ENTER"?	_____	_____	_____
Have the doors and windows to the area of contamination been closed and locked?	_____	_____	_____
Have fans and ventilators serving the area of contamination been turned off?	_____	_____	_____
Has staff, students, or other personnel who came in contact with the area of contamination cleaned their hands with soap and water?	_____	_____	_____

Other:

Completed by _____

Date _____

Bomb Threat Report

School _____

Date of Call _____ Time of Call _____ a.m. _____ p.m. _____

Call Received by _____

Location _____ (Phone Number) _____

The person answering the threat call should ask the following questions and record the answers below

When is the bomb going to explode? _____ a.m. _____ p.m. _____

Where is it? _____

What will cause it to explode? _____

What kind of bomb? _____

Why are you doing this? _____

Who are you? _____

What can we do for you to
avoid the bomb from
exploding? _____

How can you be contacted? _____

Record the exact language of the threat:

Voice on the Phone: Man () Woman () Child () Age _____
 Intoxicated () Accent () Speech Impediment ()
 Other () _____

Background Noise: Music () Talking () Children () Machines ()
 Airplane () Typing () Traffic ()
 Other () _____

Completed by _____

Date _____

[Note: Send a copy of this form to Local Sheriff and maintain the original in the emergency document file]

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School Personnel Emergency Contact Numbers

Cover Sheet Only

Insert School Personnel Emergency Contact Numbers behind this page, except in any publically distributed versions of this document.

2.5.5: Contact Information: Emergency Phone Numbers Template

CONFIDENTIAL**External Emergency Phone Numbers Template****Cover Sheet Only**

Insert School Personnel Emergency Contact Numbers behind this page, except in any publically distributed versions of this document.

School Name			
School Address			
School Phone		Location Code	
District			
	Name	Phone Numbers	
Principal			
Dean of Students			
Administrative Assistants			
CMP Executive Director			
Office of School Operations			
Public Information Officer			

Emergency Numbers		
Emergency (Sheriff, Fire & Medical Emergencies)	911	
Emergency for cell phone users	916-874-5111	
Sacramento Police Department	911 or 916-732-0100	
California Poison Control System	800-222-1222	www.calpoison.org

2.5.5: Contact Information: Emergency Phone Numbers Template

Non-Emergency Numbers		
Sheriff: Sacramento County	916-874-5115	
Sheriff: Yolo County	530-666-8282	
California Highway Patrol	916-861-1300	800-835-5247
Sac Metro Fire Department	916-859-4300	
City of Sacramento Fire Dept.	916-808-1300	
	Fire	Police
Elk Grove	916-405-7100 (Cosumnes CSD)	916-714-5115
Rancho Cordova	916-859-4300 (Sac Metro)	916-362-5115 (Sheriff)
Sacramento	916-808-1300	916-264-5471
West Sacramento	916-617-4600	916-372-3375
Citrus Heights		Emergency: 916-726-3015 Non-Emergency: 916-726-2499 916-727-5500

Plan 2: Section 5: Communication Plan

2.5.5: Contact Information: Emergency Phone Numbers Template

City/County Information		
City of Sacramento		
Animal Control – Front Street	916-808-7387	www.saccountyshelter.net
Animal Control – Florin-Perkins Rd	916-383-7387	www.cityofsacramento.org
Animal Control – Citrus Heights	916-727-4708	
Storm Drains – Sac County	916-875-7246	
Storm Drains – Sac County After Hours	916-875-5000	
Automobiles: Abandoned Vehicle Complaints	311 or	916-264-5011
Fire Department	916-228-3000	
Fire – Fire Response Requested	916-228-3035	
Office of Emergency Services	916-808-1300	
Community Emergency Response Team	916-808-1363	
Police – Police Response Requested	916-264-5471	
Police Departments – North Area	916-808-6402	
Police Departments – South Area	916-808-6001	
Utilities Department Emergencies (Evening, Weekends, & Holidays)	311 or	916-264-5011
Flood Control or Flooding	311 or	916-264-5011
Leaks or broken pipes	311 or	916-264-5011
Sewers	311 or	916-264-5011
Storm Drains	311 or	916-264-5011
Water	311 or	916-264-5011
City of West Sacramento		
Police: Non-Emergency Dispatch	916-372-3375	
Public Works Department: Road, Sewer & Water Emergency	916-617-4850	916-372-3375
Public Works Department: Water Quality Concerns	916-617-4860	
Sacramento County		
Animal Control – Front Street	916-808-7387	www.saccountyshelter.net
Animal Care & Regulation	311	916-368-7387
Stray, loose, dead or nuisance animals	916-875-4311	
Child Protective Services 24 Hour line	916-875-5437	
Emergency Services Sacramento Office of Disaster: Planning and Coordination	916-874-4670	
Environmental Management Department: Hazardous Materials General Info	916-875-8550	916-875-5000 (Emergency #)
Fire Department: Sac Metro (24 hour non emergency)	916-228-3035	
Flooding	916-875-7246	
Health & Human Services:	916-875-6091	
Child Protective Services 24 Hour Line	916-875-5437	
Sacramento Area Flood Control Agency	916-874-7606	
Sacramento Area Sewer District 24 Hour line	916-875-6730	

Plan 2: Section 5: Communication Plan

2.5.5: Contact Information: Emergency Phone Numbers Template

Utilities / Other		
Air Quality Management District	916-874-4800	http://www.airquality.org/
Pacific Gas and Electric		
24 Hour Emergency Service	800-743-5000	
24 Hour Information on Electric Outages	800-743-5002	
Road Conditions (Cal Trans)	800-427-7623	
Sacramento Suburban Water District	916-972-7171	
SMUD (Sacramento Municipal Utility District) No Power – Service Problems – 24 Hours	888-456-7683	

Hospitals / Medical Facilities		
Facility	Address	Telephone Number
Kaiser Roseville	1600 Eureka Road Roseville, CA 95661	General Info: 916-784-4000
Kaiser Sacramento	2025 Morse Ave Sacramento, CA 95825	General Info: 916-973-5000
Kaiser South Sacramento	6600 Bruceville Road Sacramento, CA 95823	General Info: 916-688-2000
Med 7 Urgent Care	4156 Manzanita Ave, Carmichael, CA 95608	General Info: 916-426-4962
Mercy General Hospital	4001 J Street Sacramento, CA 95819	General Info: 916-453-4545 Emergency: 916-453-4424
Mercy Hospital of Folsom	1650 Creekside Drive Folsom, CA 95630	General Info: 916-983-7400 Emergency: 916-983-7470
Mercy San Juan	6501 Coyle Avenue Carmichael, CA 95608	General Info: 916-537-5000 Emergency: 916-537-5120
Methodist Hospital of Sacramento	7500 Hospital Drive Elk Grove, CA 95823	General Info: 916-689-9000
Sutter General Hospital	2820 L Street Sacramento, CA 95816	General Info: 916-454-2222 Emergency: 916-733-3003
Sutter Roseville Medical Center (Level 2 Trauma Center)	1 Medical Plaza Drive Roseville, CA 95661	General Info: 916-781-1000 Emergency: 916-781-1533 Other: 916-781-4042
Sutter Health 24 Hour Crisis Response Line		800-801-3077
UC Davis Medical Center	2315 Stockton Blvd. Sacramento, CA 95817	General Info: 916-734-2011

Incident Summary Report

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The following items should be included in an Incident Summary Report and submitted to the CMP Safety Coordinator within 7 days of the incident.

- Compile a brief description of facts caused by the emergency.
- Provide an explanation of the site's approach to addressing the emergency.
- Create a timeline of when events occurred, individuals/agencies were informed, aid was provided, and information was delivered to stakeholders.
- Assess the extent of the damage caused by the emergency and compose a statement about the site's profile after the emergency.
- Include minutes and notes taken from any meetings that were held in relation to the incident.
- Include a copy of all documentation recorded on the incident.

Person filling out form: _____

Date: _____

Emergency: _____

Team: _____

Names: _____