

SECTION TWO

CRISIS PLAN FORMAT

***Please note:** Effective 08/01/06 this Crisis Plan Format, Section Two, can be completed on PORTAL by typing the information into the designated areas. It is recommended that you save a copy to your computer file. It will still be necessary for you to print the completed document, attach floor plans, and forward the completed School Crisis Plan to the Division of School Safety and Security as stated below.*

*School Crisis Plans are to be completed at the beginning of each school year. Please print and complete (and/or modify) the following School Crisis Plan documents according to the needs of your respective location. Refer to SECTION ONE, for definitions and guidance. Attach your building FLOOR PLANS and submit (2) complete copies of your School Crisis Plan to the Division of School Safety and Security by **September 30 of each year.***

This is a (22) twenty-two page fill in the blank document. Complete your School Crisis Plan according to the needs of your building. Use this document as a guide. This document contains the following:

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Distribution: TWO (2) copies to Division of School Safety & Security
TEN (10) copies on hand in school

SCHOOL NAME: _____

ADDRESS:

TELEPHONE:

SCHOOL CRISIS PLAN

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 - FORM E. **ALTERNATE SITE Partnership Agreement**
 - FORM F. **HEALTH TREATMENT CENTER**
 - FORM G. **COUNSELING ROOM**
 - FORM H. **PARENT REUNION AREA**
 - FORM I. **OTHER**
5. **ATTACHMENTS: BUILDING FLOOR PLANS**

VERIFICATION REPORT

I have approved this year's CRISIS PLAN

(Signature of Principal)

(Date)

RESOURCE LIST #1

(Refer to Section One, DEFINITIONS AND GUIDANCE, page 5: Crisis Management Team Defined)

CRISIS MANAGEMENT TEAM (CMT)

RESOURCE LIST #1
CRISIS MANANAGEMENT TEAM (CMT)

	Comments:
<p>1) INCIDENT COMMANDER:</p> <p><i>Back up Commander:</i></p> <p>Work phone:</p> <p>Cell phone:</p>	
<p>2) RECORDER:</p> <p><i>Back up recorder:</i></p> <p>Work phone:</p> <p>Cell phone:</p>	
<p>3) PUBLIC INFORMATION COORDINATOR:</p> <p><i>Back up Coordinator:</i></p> <p>Work phone:</p> <p>Cell phone:</p>	
<p>4) SAFETY SPECIALIST:</p> <p><i>Back up Specialist:</i></p> <p>Work phone:</p> <p>Cell phone:</p>	
<p>5) FINANCE/ADMIN. MANAGER:</p> <p><i>Back up Manager:</i></p> <p>Work phone:</p> <p>Cell phone:</p>	

<p>6) LOGISTICS MANAGER:</p> <p><i>Back up Manager:</i></p> <p>Work phone:</p> <p>Cell phone:</p>	
<p>7) OPERATIONS MANAGER:</p> <p><i>Back up Manager:</i></p> <p>Work phone:</p> <p>Cell phone:</p>	
<p>8) PLANNING/INTELLIGENCE MANAGER:</p> <p><i>Back up Manager:</i></p> <p>Work phone:</p> <p>Cell phone:</p>	
<p>9) TRANSPORTATION COORDINATOR:</p> <p>BACK UP COORDINATOR:</p> <p>Work phone:</p> <p>Cell phone:</p>	
<p>10) OFF-SITE EVACUATION COORDINATOR:</p> <p><i>Back up Coordinator:</i></p> <p>Work phone:</p> <p>Cell phone:</p>	
<p>11) STUDENT ACCOUNTING COORDINATOR:</p> <p><i>Back up Coordinator:</i></p> <p>Work phone:</p> <p>Cell phone:</p>	

<p>12) SECURITY COORDINATOR:</p> <p><i>Back up Coordinator:</i></p> <p>Work phone:</p> <p>Cell phone:</p>	
<p>13) HEALTH TREATMENT COORDINATOR:</p> <p><i>Back up Coordinator:</i></p> <p>Work phone:</p> <p>Cell phone:</p>	
<p>14) COUNSELING COORDINATOR:</p> <p><i>Back up Coordinator:</i></p> <p>Work phone:</p> <p>Cell phone:</p>	
<p>15) PARENT REUNION COORDINATOR:</p> <p><i>Back up Coordinator:</i></p> <p>Work phone:</p> <p>Cell phone:</p>	
<p>16) OTHER SUPPORT COORDINATOR:</p> <p>Work phone:</p> <p>Cell phone:</p>	
<p>17) OTHER SUPPORT COORDINATOR:</p> <p>Work phone:</p> <p>Cell phone:</p>	

RESOURCE LIST #2

SCHOOL PHONE CHAIN

RESOURCE LIST #2
SCHOOL PHONE CHAIN

<p>1) <i>Name:</i></p> <p><i>Work phone:</i></p> <p><i>Cell phone:</i></p> <p><i>Pager:</i></p> <p><i>Home:</i></p>	<p>2) <i>Name:</i></p> <p><i>Work phone :</i></p> <p><i>Cell phone:</i></p> <p><i>Pager:</i></p> <p><i>Home:</i></p>
<p>3) <i>Name:</i></p> <p><i>Work phone:</i></p> <p><i>Cell phone:</i></p> <p><i>Pager:</i></p> <p><i>Home:</i></p>	<p>4) <i>Name:</i></p> <p><i>Work phone:</i></p> <p><i>Cell phone:</i></p> <p><i>Pager:</i></p> <p><i>Home:</i></p>
<p>5) <i>Name:</i></p> <p><i>Work phone :</i></p> <p><i>Cell phone:</i></p> <p><i>Pager:</i></p> <p><i>Home:</i></p>	<p>6) <i>Name:</i></p> <p><i>Work phone:</i></p> <p><i>Cell phone:</i></p> <p><i>Pager:</i></p> <p><i>Home:</i></p>
<p>7) <i>Name:</i></p> <p><i>Work phone:</i></p> <p><i>Cell phone:</i></p> <p><i>Pager:</i></p> <p><i>Home:</i></p>	<p>8) <i>Name:</i></p> <p><i>Work phone:</i></p> <p><i>Cell phone:</i></p> <p><i>Pager:</i></p> <p><i>Home:</i></p>

<p>9) <i>Name:</i></p> <p><i>Work phone :</i></p> <p><i>Cell phone:</i></p> <p><i>Pager:</i></p> <p><i>Home:</i></p>	<p>10) <i>Name:</i></p> <p><i>Work phone:</i></p> <p><i>Cell phone:</i></p> <p><i>Pager:</i></p> <p><i>Home:</i></p>
<p>11) <i>Name:</i></p> <p><i>Work phone:</i></p> <p><i>Cell phone:</i></p> <p><i>Pager:</i></p> <p><i>Home:</i></p>	<p>12) <i>Name:</i></p> <p><i>Work phone:</i></p> <p><i>Cell phone:</i></p> <p><i>Pager:</i></p> <p><i>Home:</i></p>
<p>13) <i>Name:</i></p> <p><i>Work phone:</i></p> <p><i>Cell phone:</i></p> <p><i>Pager:</i></p> <p><i>Home:</i></p>	<p>14) <i>Name:</i></p> <p><i>Work phone:</i></p> <p><i>Cell phone:</i></p> <p><i>Pager:</i></p> <p><i>Home:</i></p>
<p>15) <i>Name:</i></p> <p><i>Work phone:</i></p> <p><i>Cell phone:</i></p> <p><i>Pager:</i></p> <p><i>Home:</i></p>	<p>16) <i>Name:</i></p> <p><i>Work phone:</i></p> <p><i>Cell phone:</i></p> <p><i>Pager:</i></p> <p><i>Home:</i></p>
<p>17) <i>Name:</i></p> <p><i>Work phone:</i></p> <p><i>Cell phone:</i></p> <p><i>Pager:</i></p> <p><i>Home:</i></p>	<p>18) <i>Name:</i></p> <p><i>Work phone:</i></p> <p><i>Cell phone:</i></p> <p><i>Pager:</i></p> <p><i>Home:</i></p>

<p>19) <i>Name:</i></p> <p><i>Work phone:</i></p> <p><i>Cell phone:</i></p> <p><i>Pager:</i></p> <p><i>Home:</i></p>	<p>20) <i>Name:</i></p> <p><i>Work phone:</i></p> <p><i>Cell phone:</i></p> <p><i>Pager:</i></p> <p><i>Home:</i></p>
<p>21) <i>Name:</i></p> <p><i>Work phone:</i></p> <p><i>Cell phone:</i></p> <p><i>Pager:</i></p> <p><i>Home:</i></p>	<p>22) <i>Name:</i></p> <p><i>Work phone:</i></p> <p><i>Cell phone:</i></p> <p><i>Pager:</i></p> <p><i>Home:</i></p>
<p>23) <i>Name:</i></p> <p><i>Work phone:</i></p> <p><i>Cell phone:</i></p> <p><i>Pager:</i></p> <p><i>Home:</i></p>	<p>24) <i>Name:</i></p> <p><i>Work phone:</i></p> <p><i>Cell phone:</i></p> <p><i>Pager:</i></p> <p><i>Home:</i></p>
<p>25) <i>Name:</i></p> <p><i>Work phone:</i></p> <p><i>Cell phone:</i></p> <p><i>Pager:</i></p> <p><i>Home:</i></p>	<p>26) <i>Name:</i></p> <p><i>Work phone:</i></p> <p><i>Cell phone:</i></p> <p><i>Pager:</i></p> <p><i>Home:</i></p>
<p>27) <i>Name:</i></p> <p><i>Work phone :</i></p> <p><i>Cell phone:</i></p> <p><i>Pager:</i></p> <p><i>Home:</i></p>	<p style="text-align: center;">For additional entries utilize the RESOURCE LIST 2 <u>OPTIONAL ADDENDUM</u> (Available as a separate document)</p>

RESOURCE LIST #3

OTHER AVAILABLE RESOURCES

RESOURCE LIST #3
OTHER AVAILABLE RESOURCES

EMERGENCY	Police/Fire Department/Ambulance	9-1-1
MPS	Office of School Administration	475-8016
MPS	Division of School Safety Office	345-6635
BMCW	Division of Milwaukee Protective Services	220-7233
Non-emergency	Milwaukee Police Department	933-4444
Non-emergency	Milwaukee Fire Department	286-8948
Non-emergency	Milwaukee County Sheriff Department	278-4700
MHD	Milwaukee Health Department	286-3521
MCTS	Milwaukee County Transit System	937-0477
Emergency	Poison Center (Children's Hospital of Wis.)	266-2222
Emergency	Poison Help	1-800-222-1222
Non-emergency	Children's Hospital of Wisconsin	266-2000
MPS	Public Information	475-8393
MPS	Facilities and Maintenance Division	283-4600
MPS	Student Services	475-8448

STAGING AREA WORK SHEETS

(Refer to Section One, DEFINITIONS AND GUIDANCE, page 10; Staging Areas Defined)

FORM A:	COMMAND POST
FORM B:	MEDIA STAGING AREA
FORM C:	BUS STAGING AREA
FORM D:	ALTERNATE SITE EVACUATION AREA
FORM E:	ALTERNATE SITE EVACUATION AREA <i>Partnership Agreement</i>
FORM F:	HEALTH TREATMENT AREA
FORM G:	COUNSELING ROOMS
FORM H:	PARENT REUNION AREA
FORM I:	OTHER STAGING AREA

(FORM A)

COMMAND POST (CP)

ON SITE LOCATION: _____

(Indicate room number or other identifier)

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MPS Division of School Safety and Security

ADDRESS: _____

TELEPHONE: _____

INCIDENT COMMANDER: _____

SPECIAL INSTRUCTIONS:

TRAFFIC OR SECURITY CONCERNS FOR THIS AREA:

ALTERNATE SITE CP LOCATION: _____
(Location away from school; also indicate room number or other identifier)

ADDRESS:

TELEPHONE:

CONTACT PERSON: (OFF SITE)

DIRECTIONS FROM SCHOOL:

OTHER INFORMATION:

(FORM B)

MEDIA STAGING AREA

ON SITE LOCATION:
(Recommended that this be located within the proximity of the school, but away from students and staff in the building)

ADDRESS:

TELEPHONE:

PUBLIC INFORMATION COORDINATOR :

SPECIAL INSTRUCTIONS:

TRAFFIC OR SECURITY CONCERNS FOR THIS AREA:

ALTERNATE SITE MEDIA STAGING AREA:

(Location away from school; indicate room number or other identifier)

ADDRESS:

TELEPHONE:

CONTACT PERSON: (OFF SITE)

DIRECTIONS FROM SCHOOL:

OTHER INFORMATION:

(FORM C)

BUS STAGING AREA

LOCATION:

(Location where buses will park for loading and unloading)

ADDRESS:

TELEPHONE:

DIRECTIONS FROM SCHOOL:

**TRANSPORTATION
COORDINATOR:**

**ESTIMATED NUMBER OF BUSES NEEDED TO EVACUATE ALL STUDENTS & STAFF IN THE
EVENT OF A GEOGRAPHICAL AREA EVACUATION:** (Maximum 40 persons per bus)

BUSES NEEDED:

SPECIALLY HANDICAP EQUIPPED BUSES NEEDED:

SPECIAL INSTRUCTIONS:

SPECIAL TRAFFIC OR SECURITY CONCERNS FOR THIS AREA:

ALTERNATE SITE BUS STAGING AREA:

(Location away from school; where buses will park for loading and unloading)

ADDRESS:

TELEPHONE:

CONTACT PERSON (OFF SITE):

DIRECTIONS FROM SCHOOL:

OTHER INFORMATION:

(FORM D)

ALTERNATE SITE EVACUATION LOCATION/AREA

PRIMARY ALTERNATE SITE:

(List supplemental sites and addresses in the SPECIAL INSTRUCTIONS box below.)

ADDRESS:

TELEPHONE:

CONTACT PERSON (OFF SITE):

DIRECTIONS FROM SCHOOL:

ALTERNATE SITE

EVACUATION COORDINATOR:

SPECIAL INSTRUCTIONS:

(Supplemental sites are additional alternate site evacuation locations/areas. List the supplemental site(s) information in this box if your primary evacuation site is not adequate to hold your student/staff population.)

TRAFFIC OR SECURITY CONCERNS FOR THIS AREA:

SECONDARY ALTERNATE SITE:

(Evacuation site to be used in the event the primary alternate site is not available.)

ADDRESS:

TELEPHONE:

CONTACT PERSON (OFF SITE):

DIRECTSIONS FROM SCHOOL:

(FORM E)

ALTERNATE SITE EVACUATION - PARTNERSHIP AGREEMENT

(Complete this form for the primary evacuation site and all supplemental and secondary sites)

DATE:

ALTERNATE SITE PARTNERSHIP SCHOOL/FACILITY:

ADDRESS:

PRINCIPAL/CONTACT PERSON:

CONTACT NUMBERS:

LOCATION WITHIN THE BUILDING WHERE STUDENTS WILL BE SHELTERED:

CRISIS MANAGEMENT TEAM MEMBER RESPONSIBLE FOR COORDINATING EVACUATION TO HOST SCHOOL: (ALTERNATE SITE EVACUATION COORDINATOR):

NAME:

SPECIAL INSTRUCTIONS:

PRINCIPAL SIGNATURE: _____

ALTERNATE SITE AUTHORITY SIGNATURE: _____

HEALTH TREATMENT CENTER

LOCATION:

(Indicate room number or other identifier)

ADDRESS:

TELEPHONE:

**HEALTH TREATMENT
COORDINATOR:**

SPECIAL INSTRUCTIONS:

TRAFFIC OR SECURITY CONCERNS FOR THIS AREA:

ALTERNATE SITE:

(Location away from school; indicate room number or other identifier)

ADDRESS:

TELEPHONE:

CONTACT PERSON (OFF SITE):

DIRECTIONS FROM SCHOOL:

OTHER INFORMATION:

COUNSELING ROOMS

LOCATION:

(Indicate room number or other identifier)

ADDRESS:

TELEPHONE:

**HEALTH TREATMENT
COORDINATOR:**

SPECIAL INSTRUCTIONS:

TRAFFIC OR SECURITY CONCERNS FOR THIS AREA:

ALTERNATE SITE:

(Location away from school; indicate room number or other identifier)

ADDRESS:

TELEPHONE:

CONTACT PERSON (OFF SITE):

DIRECTIONS FROM SCHOOL:

OTHER INFORMATION:

PARENT REUNION AREA

LOCATION:

(Indicate room number or other identifier)

ADDRESS:

TELEPHONE:

**HEALTH TREATMENT
COORDINATOR:**

SPECIAL INSTRUCTIONS:

TRAFFIC OR SECURITY CONCERNS FOR THIS AREA:

ALTERNATE SITE:

(Location away from school; indicate room number or other identifier)

ADDRESS:

TELEPHONE:

CONTACT PERSON (OFF SITE):

DIRECTIONS FROM SCHOOL:

OTHER INFORMATION:

OTHER STAGING AREA:

LOCATION:

(Indicate room number or other identifier)

ADDRESS:

TELEPHONE:

**HEALTH TREATMENT
COORDINATOR:**

SPECIAL INSTRUCTIONS:

TRAFFIC OR SECURITY CONCERNS FOR THIS AREA:

ALTERNATE SITE:

(Location away from school; indicate room number or other identifier)

ADDRESS:

TELEPHONE:

CONTACT PERSON (OFF SITE):

DIRECTIONS FROM SCHOOL:

OTHER INFORMATION:

(Attachment)

BUILDING FLOOR PLANS

Please attach a full set of building floor plans to each copy the School Crisis Plan submitted.