

STOCKTON UNIFIED SCHOOL DISTRICT

701 N. Madison Street
Stockton, California 95202

DUE 08/25/22

**2022 – 2023
READINESS AND EMERGENCY MANAGEMENT
SCHOOL PLAN**

School Name: _____

Address: _____

Principal's Name: _____ Date: _____

PRINCIPAL'S CHECKLIST

Initials

_____ Appendix A-2: School Leadership Team (ICS) Staff Designations
(Assignments)

_____ Appendix A-3: Site Crisis Intervention Team Directory (Roster)

_____ Appendix A-6: Site Facility and Recommended Equipment/Disaster Kit
Supply Information

_____ Appendix A-7: Emergency/Disaster Kit Inventory List

_____ Appendix B-4: Drill Schedule, Procedures, and Report

_____ Appendix B-8: Reunification Sites

_____ Attachment: School Map/Floor Plans

**E-Mail Completed Packet to the District Emergency Services
School Safety Coordinator**

NO LATER THAN THURSDAY, August 25, 2022

CC: Copy to your designated Director

Stockton Unified School District

Readiness and Emergency Management for Schools (REMS) 2022-2023

School Name: _____ **Date:** _____

School Address: _____

Principal's Name: _____ **Telephone:** _____

Principal's E-Mail Address: _____



REMS School Leadership Team and Staff Designation

School Name: _____

Confidential

Member Directory Information Form

Note: Contact listing is intended to be shared with team members to enhance communication in the event of a critical incident. It is recommended that the Principal and Designee establish an intranet list server to further enhance communications. The personal information listed is intended for team members.

REMS Team Members	Primary Contact	Secondary Contact	Backup
School Incident Commander	Name: Home Phone: Cell Phone:	Name: Home Phone: Cell Phone:	Name: Home Phone: Cell Phone:
Communication Unit Leader	Name: Home Phone: Cell Phone:	Name: Home Phone: Cell Phone:	Name: Home Phone: Cell Phone:
Student Accounting Group Supervisor	Name: Home Phone: Cell Phone:	Name: Home Phone: Cell Phone:	Name: Home Phone: Cell Phone:
Emergency Medical /Triage Group Supervisor	Name: Home Phone: Cell Phone:	Name: Home Phone: Cell Phone:	Name: Home Phone: Cell Phone:
Crisis Intervention/Counseling Group Supervisor	Name: Home Phone: Cell Phone:	Name: Home Phone: Cell Phone:	Name: Home Phone: Cell Phone:
Safety Officer	Name: Home Phone: Cell Phone:	Name: Home Phone: Cell Phone:	Name: Home Phone: Cell Phone:
Information Officer	Name: Home Phone: Cell Phone:	Name: Home Phone: Cell Phone:	Name: Home Phone: Cell Phone:
Police and Fire Group Supervisor	Name: Home Phone: Cell Phone:	Name: Home Phone: Cell Phone:	Name: Home Phone: Cell Phone:
Bus/Staging Area Manager	Name: Home Phone: Cell Phone:	Name: Home Phone: Cell Phone:	Name: Home Phone: Cell Phone:
Evacuation Unit Leader	Name: Home Phone: Cell Phone:	Name: Home Phone: Cell Phone:	Name: Home Phone: Cell Phone:
Parent Reunification Unit Leader	Name: Home Phone: Cell Phone:	Name: Home Phone: Cell Phone:	Name: Home Phone: Cell Phone:
Personnel Unit Leader	Name: Home Phone: Cell Phone:	Name: Home Phone: Cell Phone:	Name: Home Phone: Cell Phone:
Emergency Drill and Tabletop Unit Leader	Name: Home Phone: Cell Phone:	Name: Home Phone: Cell Phone:	Name: Home Phone: Cell Phone:

Appendix A-3

Readiness and Emergency Management for Schools Site Crisis Intervention Team Directory (Roster)

School Name: _____

Member Directory Information Form

Crisis Intervention Team Members	Primary Contact	Backup
COORDINATOR (Should not be Principal of the School)	Name: Home Phone: Cell Phone:	Name: Home Phone: Cell Phone:
ADMINISTRATOR	Name: Home Phone: Cell Phone:	Name: Home Phone: Cell Phone:
KEY TEACHER	Name: Home Phone: Cell Phone:	Name: Home Phone: Cell Phone:
SCHOOL COUNSELOR	Name: Home Phone: Cell Phone:	Name: Home Phone: Cell Phone:
SCHOOL PSYCHOLOGIST (Should be trained in ASIST)	Name: Home Phone: Cell Phone:	Name: Home Phone: Cell Phone:
SCHOOL NURSE	Name: Home Phone: Cell Phone:	Name: Home Phone: Cell Phone:
A Staff member trained in ASIST (Applied Suicide Intervention Skills Training) Psychologist or Counselor if available	Name: Home Phone: Cell Phone:	Name: Home Phone: Cell Phone:
OTHER	Name: Home Phone: Cell Phone:	Name: Home Phone: Cell Phone:

Appendix A-6

Site Facility and Recommended Equipment/Disaster Kit Supply Information

Equipment/Supplies Checklist

Indicate the *exact* locations of the items listed below. *Be specific*, so that in your absence anyone can locate critical supplies and materials.

	Office/room	Specific location
Classroom Emergency Folders* (See next page for required contents of the Classroom Emergency Folder)	<i>In all classrooms</i>	<i>Next to door</i>
Site REMS Plan		
School Map/Floor Plan*		
Student Rosters		
Student Emergency Cards		
Staff Roster and Room Assignments		
First Aid Supplies/Blankets		
Emergency AM/FM Crank Radio		
Two-way Radios		
Flashlights/Batteries for office staff		
Rescue Tools (Shovels, crowbars, wrenches, etc.)		
Soap/Restroom Supplies		
Food/Water Supplies		
Extra keys to all rooms		
Safety Vests for Staff		

Disaster Supply Kits* Number of Kits on Site: _____ List Specific Location

** Please see next page for details*

Complete Appendix A-6 and A-7 and submit to District Emergency Services Program Coordinator with site REMS plan.

Emergency/Disaster Kit Inventory List

Appendix A-7

School Site: _____

School Year: _____

Item	Required Qty.	Actual Qty.	Date Checked	Initials	Date Checked	Initials
Mobile Storage Container	1					
Tarps	1					
Rope	1					
Emergency Survival Blankets	5					
Personal Protective Apparel Kit:						
Gloves (2 pairs)	2					
Barrier Gown	1					
Goggles	1					
Shoe Liners (1 pair)	1					
Goggles	1					
Toilet Bucket Assembly Kit:						
Bucket (5 gal.)	1					
Snap On Seat	1					
Toilet Bags (12 pack)	1					
Chemicals (12 pack)	1					
Wipes (100 pack)	1					
Flashlight + extra batteries	1					
Leather Work Gloves (1 pair)	1					
Set of permanent markers, pens, pencils, paper tablets.	1					
Paper Towels (1 roll)	1					
Kleenex (1 box)	1					
Zip Lock Storage Bags Gal. size (1 box)	1					
Duct Tape (1 roll)	1					
First Aid Supplies:						
Latex Gloves (1 box)	1					
Extra Large Band-aids (1 box)	1					
Disinfectant Wipes (1 cont.)	1					
Triangle Bandages (6 pack)	1					
Large Bottle Bactine	1					
Adhesive Tape (2 rolls)	2					
¾" x 3" Band-aids (1 box)	1					
Large Sterile Gauze (2 boxes)	2					
Scissors	1					
Microshield (CPR) Clear Mouth Barrier	1					
(Main Office Kit Only)						
Safety Vests K-8 Schools	5					
Safety Vests High Schools	10					
Emergency AM/FM Radio (Main Office Kit Only)	1					
School Supplies File Tote for Items Below (Main Office Kit Only)	1					
Complete Site REMS Plan with Site Map/Floor Plan	1					
Master Roster of all classes	1					
Master Bell Schedule	1					
Bell Schedule	1					
Staff Roster (emergency contacts)	1					
School Phone Directory	1					

Appendix B-4

Drill Schedule, Guidelines, and Report

Student Drills

Include scheduled drill dates, completed drill date, and drill completion time.

Emergency Action	Specific Signal	Frequency	Scheduled Drill Dates	Actual Drill Date	Drill Time/Min./Sec.
1. Action Leave Building (fire, bomb threats, etc.)	Fire Alarm and Voice Signal Site Determine: Share911	Elementary: Monthly Secondary: 2x/Year	1.	1.	1.
			2.	2.	2.
			3.	3.	3.
			4.	4.	4.
			5.	5.	5.
			6.	6.	6.
			7.	7.	7.
			8.	8.	8.
			9.	9.	9.
2. Lockdown/Action Secure Building (student unrest, weapons, intruders, etc.)	Voice Signal Share911	Minimum: 1 Hard lockdown Elementary: 4x /Year Secondary: 2x /Year	1.	1.	1.
			2.	2.	2.
			3.	3.	3.
			4.	4.	4.
3. Action Stop, Drop, and Cover or Drop and Cover (earthquakes, explosion, weapons, etc.)	Voice Signal Share911	Elementary: 4x /Year Secondary: 2x /Year	1.	1.	1.
			2.	2.	2.
			3.	3.	3.
			4.	4.	4.
4. Action All Clear	Voice Signal Share911	As needed to clear each drill.	See above.		

REMS Staff In-services

(minimum 2 x per year)

Certificated Staff Dates: 1. _____ 2. _____

Classified Staff Dates: 1. _____ 2. _____

Parent Reviews/Meetings

(minimum 2 x per year)

1. Written Notice Date: _____

2. Parent Meeting Date: _____

Note: This report to be submitted with Appendix B-6 Mid and End-of-Year Evaluation Reports.

Family Reunification Sites

List Indoor, Outdoor and Offsite Reunification Sites

Note: During inclement weather the indoor location will become the primary choice for reunification. All locations are subject to change.

1. Indoor Reunification site

Request Gate Location: _____

Release Gate Location: _____

Holding Area Location: _____

Notes: Depending on the staffing levels and size of campus the Release Gate and Holding Area may be combined as one Area/Team. Ensure location is beyond the parents' field of vision.

2. Outdoor Reunification site

Request Gate Location: _____

Release Gate Location: _____

Holding area Location: _____

Notes: Depending on the staffing levels and size of campus the Release Gate and Holding Area may be combined as one Area/Team. Ensure location is beyond the parents' field of vision.

3. Offsite Reunification locations

Walking location/distance: _____

Nearest High School: _____

READINESS AND EMERGENCY MANAGEMENT FOR SCHOOLS

REMINDER:

Attach copy of School Map/Floor Plan to this Principal's Checklist Packet.

Refer to the REMS District Plan for additional information.

Clearly mark the following on the school map:

1. Classrooms, library, first aid stations, multipurpose rooms, cafeteria, locker rooms, restrooms hallways and doors.
2. Main shut-offs for gas, water, electricity
3. Fire extinguishers and first aid kits
4. Disaster Supply Kits
5. Outside water faucets/hoses
6. Evacuation routes (including alternate routes)
7. Designated outside assembly areas
8. Fence lines and gate location.

Before determining large-group assembly areas and evacuation routes, site administrators should request an on-site meeting with Facilities and Emergency Services personnel to identify potential hazards which may occur during a major earthquake.