



Security Plan Contact Information

| Shelter Information | | | | Provider Information | | |
|--|--------|-----------|--|--------------------------------|--------|--------------------------------|
| Name: | | | | Name: | | |
| Address: | | | | Address: | | |
| City: | State: | Zip Code: | | City: | State: | Zip Code: |
| Telephone: | | Email: | | Telephone: | | Email: |
| Building Owner Information | | | | Building Information | | |
| Name: | | | | Population: | | Capacity: |
| Address: | | | | # of Floors: | | Building Materials: |
| City: | State: | Zip Code: | | Occupancy Classification: | | Total Square Foot: |
| Telephone: | | Email: | | # Occupants above grade level: | | # Occupants below grade level: |
| Contact Information Personnel able to provide additional information regarding explanation of plan | | | | | | |
| Name: | | Title: | | Name: | | Title: |
| Telephone: | | Email: | | Telephone: | | Email: |
| Name: | | Title: | | Name: | | Title: |
| Telephone: | | Email: | | Telephone: | | Email: |
| Emergency Personnel Contact: Maintenance Staff, Building Superintendent, etc. | | | | | | |
| Name: | | Title: | | Name: | | Title: |
| Telephone: | | Email: | | Telephone: | | Email: |
| Name: | | Title: | | Name: | | Title: |
| Telephone: | | Email: | | Telephone: | | Email: |

Security Plan

Fire Safety and Evacuation

Reporting Fire Emergencies:

1. Describe the preferred and any alternate means of reporting fires and other emergencies to the local fire department or emergency response organization:

Evacuation Procedures & Escape Routes:

1. Describe emergency egress or escape routes. Explain evacuation of the building and whether it is to be complete or, where approved, by selected floors/areas only:
2. Explain the strategy and procedures for notifying, relocating, or evacuating occupants, including occupants who need assistance:
3. Describe the preferred and any alternate means of notifying occupants of a fire or emergency, and where applicable, include a description of the emergency voice/alarm communication system alert tone and preprogrammed voice messages:

Accountability of Evacuees

1. Explain the procedure for ensuring that the occupants are aware of the fire safety procedures and the designated evacuation assembly area(s):
2. Explain the procedures for accounting for employees and occupants after evacuation has been completed:

Emergency Response Duties:

1. Explain the procedure for employees who must remain to operate critical equipment before evacuating, if applicable:
2. Explain the procedure for assisted rescue of persons unable to use the general means of egress without assistance. List the identification and assignment of personnel responsible for rescue or emergency medical aid, if applicable:

Occupancy Hazards

1. List any major fire hazards associated with the normal use and occupancy of the premises, including maintenance and housekeeping procedures i.e. use of oxygen on site:
2. List the identification and assignment of personnel responsible for any fire protection systems, maintenance, housekeeping and controlling fuel hazard sources:

Site Plans

1. Please provide a building footprint showing location of all exit discharges serving the occupancy and paths leading to the public way.
2. Please identify a location designated as an evacuation assembly area(s) in the written plan. Assembly areas should be at least 50 feet from the building.
3. Please provide a copy of the facilities protocol in the event of a disaster. (snow or ice emergencies, hurricanes, tornados, floods, bomb threats, contagious diseases, etc.) This plan should include communications with emergency responders, staff and residents. Include the measures for ensuring the physical safety of your staff and residents. For any type of disaster this should include either procedures for sheltering in place or evacuation for the facility. If sheltering in place, please indicate which areas of your facility will be used for this purpose and list any emergency supplies available to those being sheltered. If evacuation is necessary, please indicate where staff and residents will be sheltered off-site and how they will be transported there.

Evacuation Drills

1. Submit a copy of the facility's Fire Drill Form. (A sample has been provided that may be altered to fit the needs of this facility)
2. Describe the procedure for conducting and supervising facility evacuation drills. How often are they conducted? Due to the rapid turnover of occupants in emergency housing facilities, drills should be conducted monthly. Drills should be held during the timeframes below at least once per quarter: 7:00am-3:00pm; 3:00pm-11:00pm; 11:00pm-7:00am.
3. Describe the expectations of staff and any other occupants during an evacuation drill:

Safety Monitoring

1. Does this fire system have an Annunciator Panel or direct monitoring by a company or the local fire department? Yes No

Name of Monitoring Company:

Name of Fire Company:

Address:

Address:

2. What is location of the local fire department, and the distance, in miles, from the facility?

3. Does this facility have a fire suppression system in the kitchen? Yes No

4. If yes, is the system inspected every six months? Yes No

Date of last inspection:

Name of inspection company:

Address:

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|--|-------------------------------------|--|-------------------------------------|
| 5. What fire safety devices are installed at this facility? Please check all that apply | | | |
| <input type="checkbox"/> Fire Extinguishers | Quantity | <input type="checkbox"/> Strobe Lights | Quantity |
| <input type="checkbox"/> Smoke Detectors | Quantity | <input type="checkbox"/> Carbon Monoxide Detectors | Quantity |
| <input type="checkbox"/> Battery Operated | <input type="checkbox"/> Hard Wired | <input type="checkbox"/> Battery Operated | <input type="checkbox"/> Hard Wired |
| 6. Does this facility have pull stations? <input type="checkbox"/> Yes <input type="checkbox"/> No Are they monitored by the local fire department or a monitoring company? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| 7. Where are they located in the facility? | | | |
| 8. Does this facility have a Sprinkler System? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Wet System <input type="checkbox"/> Dry System | | | |
| 9. If yes, is it inspected on an annual basis? <input type="checkbox"/> Yes <input type="checkbox"/> No Date of last inspection: | | | |
| Name of inspection company: | | Address: | |
| 10. Are staff trained in fire safety? <input type="checkbox"/> Yes <input type="checkbox"/> No | | What entity provides the training and how often? | |
| 11. Are staff assigned evacuation responsibilities? What are their roles? (E.g. floor marshal, searcher, etc.) | | | |

Security Plan Safety & Security Monitoring

| Safety and Security Planning: | | | |
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| 1. Please describe the neighborhood and the surrounding buildings (if applicable) in which the facility is located (commercial, residential, urban, rural). Is there anything within close proximity to the facility that would pose a safety risk to the residents and workers at the facility? | | | |
| 2. Please indicate the security systems that are in place (Please check all that apply): | | | |
| <input type="checkbox"/> Door Locks / Dead bolts | <input type="checkbox"/> Window Locks | <input type="checkbox"/> Secure Access Control System (Occupants are "Buzzed in") | |
| <input type="checkbox"/> Alarm System - Unmonitored | <input type="checkbox"/> Exterior Lights | <input type="checkbox"/> Motion Lights | <input type="checkbox"/> Camera System |
| <input type="checkbox"/> Alarm System – Monitored | <input type="checkbox"/> Metal Detector / Wands | <input type="checkbox"/> Closed Circuit Television with recording capabilities | |

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|---|--|--|---|
| <input type="checkbox"/> On Site Staffing 24/7 | <input type="checkbox"/> Security Monitoring Staff | <input type="checkbox"/> Panic Buttons | <input type="checkbox"/> Walkie-talkies / Intercom System |
| <input type="checkbox"/> Other (Please describe): | | <input type="checkbox"/> Is there access to local police | Distance to nearest police station: |
| <p>3. Describe sign in/sign out procedures in place for persons entering the facility (staff, residents, visitors, and vendors). Include a description of the main entrance of the facility, staff responsible for monitoring the entrance, and the hours in which building access is permitted.</p> | | | |
| <p>4. Describe how the security devices checked above are utilized to screen residents, staff, vendors and visitors.</p> | | | |
| <p>5. Provide a list of any prohibited items and the procedures for ensuring these items are not brought into the facility.</p> | | | |
| <p>6. Describe who will have 24-hour access to individual units (program staff, maintenance staff, security staff, etc.). Include description of any master key functions including which staff members have access to the master keys.</p> | | | |
| <p>7. If the building or site location is used for purposes other than the provision of shelter services, please describe the measures taken to ensure security for shelter residents and the other individuals in the building.</p> | | | |
| <p>8. Describe the procedures for identifying, preventing and handling safety threats from outside of the shelter (i.e. break-in, trespassing, etc.) Include any information on how the security systems are monitored and/or what a security round entails and how often they are conducted.</p> | | | |
| <p>9. Describe the procedures for identifying, preventing and handling safety threats within the facility (i.e. assaults, theft, threats, etc.)</p> | | | |
| <p>10. Describe the procedure for documenting incidents (OTDA Incident Report Form or approved local equivalent form required for all serious incidents):</p> | | | |
| <p>11. Describe procedures for handling and documenting medical, substance abuse or mental health emergencies. Procedures must include how the facility will arrange for emergency medical care, how records of special medical needs or conditions and prescribed regimens to be followed will be maintained; and how the names and contact information for medical doctors will be recorded and maintained. Include the specific titles of staff responsible for the actions described above.</p> | | | |
| <p>12. Describe security procedures trainings provided to facility employees that help to ensure safety and security. Include any required certifications or licenses for specific staff titles as well as specific training in response to mental health, substance abuse and domestic violence issues. (i.e. basic first aid, CPR, security guard licensing, food handler's certificates, Naloxone certification and other required local certifications etc.)</p> <p>a. Does facility have AED devices on site?</p> | | | |

13. Is community emergency information posted (i.e. poison control, 911, fire department, hospitals, animal control, water department, power utilities, LDSS, ACS/CPS, mobile crisis, etc.)? Yes No Where is it posted?

This plan was submitted by:

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|-------|--------|-------|
| Name: | Title: | Date: |
|-------|--------|-------|

OTDA DSOC use only: Plan reviewed by:

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| Date Plans Received: | <input type="checkbox"/> Plan meets fire safety requirements <input type="checkbox"/> Facility requires support in developing a fire safety plan- |
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| Date Fire Safety Plan Approved: | <input type="checkbox"/> Follow up Required <input type="checkbox"/> Inspection of fire safety systems recommended |
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|------------------------------|---|
| Date Security Plan Approved: | <input type="checkbox"/> Plan meets security regulations. <input type="checkbox"/> Facility requires support in developing a security plan <input type="checkbox"/> Follow up Required <input type="checkbox"/> Inspection of safety and /or security system recommended |
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| | Comments: |
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