



## School Safety Manual

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"By failing to prepare, you are preparing to fail."

— *Benjamin Franklin*

## KIPP: NYC Safety Manual



*A bus catches fire on a KIPP: DC field trip  
April 14, 2011*

### **What is this manual?**

A resource that describes how to prepare for some of the most common emergencies that can take place in a school or on a trip, and how to react when they do occur.

### **Why does this manual exist?**

School safety is an everyday priority for all Operations Leaders because they are responsible for ensuring the safety of students and school personnel. Advance preparation is the best way to deliver on this priority.

### **How should this manual be used?**

Use this manual as a resource to prepare for the emergencies listed on the school and trip safety checklists. Afterwards, revisit it periodically to make sure that your school is prepared for all contingencies.



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## KIPP NYC YEARLY SAFETY TRAINING

In order to ensure our staff and students are prepared for emergencies, yearly training and drills are required for all schools. At each school, the Director of Operations is responsible for working with the Principal and Building Council (as applicable) to ensure the requirements below are met.

### **NYC DOE Existing Safety Requirements:**

- Fire Drills: 12 per school year, 8 before December 1<sup>st</sup>
- Soft Lockdown Drills: 2 per school/campus buildings; 1 by October 31, and 1 between February 1 and March 14.
- Code Blue AED/CPR Drills: 2 per year
- Certified first responders, trained in AED and CPR: 6 staff members per school
- Automated External Defibrillator (AED): 1 installed per school
- Evacuation Map posted in each classroom

\*In co-located schools, the Director of Operations and Principal should work with other schools in the building, the Building Council, and the building Emergency Response Team to schedule and execute drills.

### **KIPP NYC Safety Requirements:**

Our schools will hold additional training and drills to ensure that our students and staff are as prepared as possible in the event of any type of emergency.

- All-staff Safety Training: Mandatory one-hour training per school year by end of September
- Shelter In Drills: 1 required per year; 2 recommended

### **Additional Recommended Safety Practices:**

- Bomb Evacuation Drills: 2 recommended per year
- Student Training: Drills above, additional lesson plans and resources are on [Ops Guidebook](#)
- [Emergency Response Protocol poster](#) in each classroom
- Classroom safety packet: packet in each classroom that includes [emergency response protocol](#), [emergency response cards](#), building floor plan, student rosters for taking attendance, staff contact information, and a key to lock the classroom

**IN-SCHOOL COMMUNICATION**

Communication inside a school should happen quickly and efficiently. Communication procedures should exist in three directions:

- Staff to school leadership
- School leadership to staff
- Staff to staff

**School Leadership**



**Staff to Leadership:**

- Hostile Intruder Sighted
- Injured Student
- Unsafe Conditions

**Leadership to Staff:**

- Lockdown Mode
- Code Blue
- Evacuation

**Staff**



**Staff**

**Staff to Staff:**

- Request for assistance
- Request for materials

There are a variety of methods schools can use for communication, several of which are listed below. Each school should create their own communication plan based on available resources. Once each school decides on its method(s) of communication, each staff member will be responsible for knowing and using that method.

**Loudspeaker**

- 😊 Leadership can contact entire staff and student body quickly
- 😞 Staff cannot contact leadership via loudspeaker; some schools do not have working loudspeakers

**In-Person Communication**

- 😊 Works well in small schools
- 😞 Does not work well for large schools; teachers may not be able to leave their rooms to send messages; some staff members may inadvertently be excluded
- 😞 Can be dangerous for staff members

## Cellphones

- 😊 Can send information quickly between any two people in the school
- 😞 Service can be spotty inside some schools; difficult to contact large numbers of people at one time
  - Best practice may be to create a “chain” so that everyone can be contacted quickly

## One Call

- 😊 Leadership can contact entire staff and student body quickly
- 😞 Only works in one direction; cellphone coverage is spotty in some schools; teachers may not have their cellphones or may not pick them up

## BBMs

- 😊 Works on all KIPP phones even when reception is poor
- 😞 Staff and leadership may not notice when they receive a new BBM; difficult to contact large numbers of people at one time
- 😞 Not all staff have a KIPP blackberry

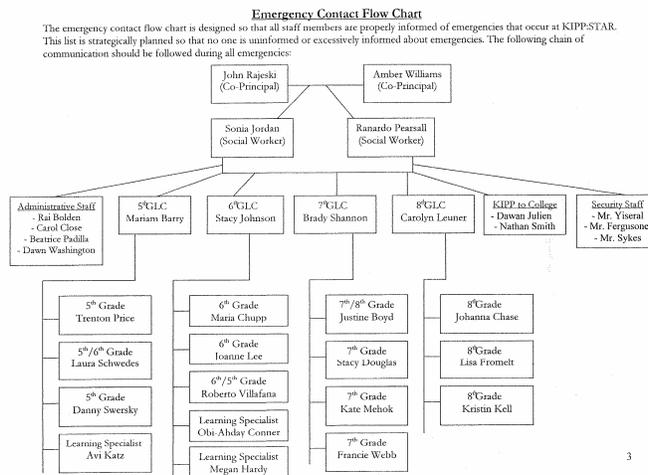
## Smartphone Apps such as “GroupMe”

- 😊 Works on all phones even when reception is poor; allows the creation of customizable groups that can all be contacted at once
- 😞 Staff and leadership may not notice when they receive a new GroupMe message

## Buzzer or Bell

- 😊 Can quickly signal the entire building
- 😞 Only allows one-way communication

### Example Cellphone Communication Chain:



## Co-Located Schools

It is also vital to establish solid communication procedures with co-located schools. For example, they must know right away if you receive a bomb threat or a hostile visitor, and vice versa.

## COMMUNICATING WITH FAMILIES

One Call is an excellent resource for quickly communicating information to large groups of families. One Call has the following features:

### Text-to-Speech

Can translate into 19 languages

### Recorded Voice Message

Must be pre-recorded and added the audio library ahead of time

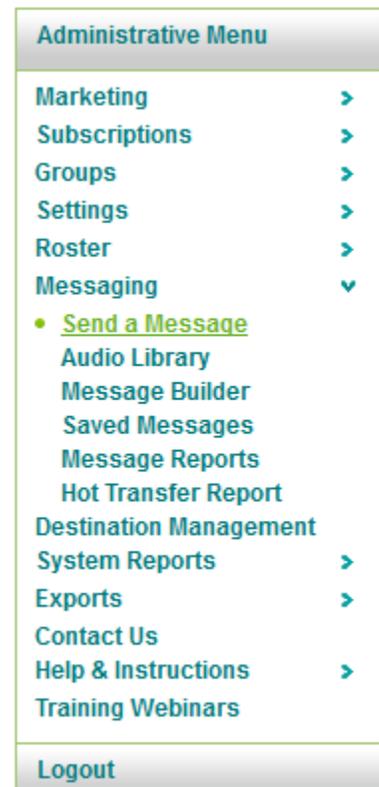
### SMS Text

Because receiving texts costs money, some wireless plans allow customers to opt in or opt out. This means parents might not receive your text message.

### Instructions for Sending a One Call Message From Your Computer

1. In the administrative menu, choose Messaging and then Send a Message
2. Select the type of message (*e.g.* informational, priority)
3. Select the contact information source (*e.g.* roster, external file)
4. Select your call type (*e.g.* phone, email, SMS text, or some combination of the three)
5. Select how you will create your message (*e.g.* text-to-speech, library message, or SMS text)
6. Choose the delivery date and time
7. Confirm the roster and send the message

Emergencies: In case of a mass emergency (*e.g. another 9/11*), One Call can send a “priority call” to every email address and phone number in its address book. Use this feature only in a true emergency, however, as families may not appreciate receiving the same message on their cellphone, home phone, and email.



Administrative Menu	
Marketing	>
Subscriptions	>
Groups	>
Settings	>
Roster	>
Messaging	▼
• <a href="#">Send a Message</a>	
Audio Library	
Message Builder	
Saved Messages	
Message Reports	
Hot Transfer Report	
Destination Management	
System Reports	>
Exports	>
Contact Us	
Help & Instructions	>
Training Webinars	
Logout	

## VISITOR CONTROL PROCEDURES

### When a visitor checks in with the SSA:

- ❖ If a shared space, does the SSA use the same visitor controls for all schools?
- ❖ Does the **SSA** require visitors to show identification and sign in?
- ❖ Is the **SSA** expected to notify the **Main Office** of impending visitors? If so, how? (e.g. phone, walkie talkie, etc.)

### When a visitor is prohibited from entering the building:

- ❖ How does the **SSA** alert the **Main Office** that a visitor has been turned away? (e.g. phone, walkie talkie)
- ❖ Does **SSA** know which adults are not allowed into the building? (e.g. due to protective order)
- ❖ In case a visitor is turned away, is the **Main Office** required to notify CPS, the police, or the family?

Note: If a parent/guardian gives proof of a protective order, the school must take the necessary steps to prevent access.

### When a visitor enters the KIPP space:

- ❖ Are visitors required to sign in at the **Main Office**?
- ❖ Does the main office have floor plans and “visitor passes?” (e.g. badge, placard)
- ❖ Does the **Main Office** know which adults are not allowed into the building? (e.g. due to protective order)
- ❖ When a visitor comes from ACS, does the **Main Office** ask him or her to provide ID and write down his or her name, phone number, and the date and time of their visit?
  - Some schools have had problems with visitors pretending to be from ACS
- ❖ Will KIPP staff direct strangers without visitor passes to the **Main Office**?

## LOCKDOWN PROCEDURE

### LOCKDOWN MODE

- All staff and students enter the nearest classroom
- Teachers immediately lock the doors and windows and turn off the lights
- Keep students away from doors and windows

**Step 1:** Staff requests that unauthorized visitor checks in at the Main Office.

*Note:* Intervene only if can be done safely

**Step 2:** If the intruder refuses, immediately contact School Leaders and communicates all relevant details (e.g. location, appearance, number of intruders)

**Step 3:** School Leaders should initiate *lockdown mode* if they deem the intruder dangerous. Co-located school(s) should also be notified at this time.

**Step 4:** Upon being notified of *lockdown mode*, staff look for students in the hallways and seek shelter in the nearest classroom. Classroom teachers should not panic; they should advise students to stay calm and, if possible, continue their lessons.

**Step 5:** If the intruder is looking for one particular student, staff should move that student or place him or her under special protective care until the situation has been resolved.

**Step 6:** School Leaders immediately contact SSA and the police.

**Step 7:** School Leaders may make contact with the intruder *after assessing the situation and safety considerations*.

*Note:* Consult police and SSA before contacting intruders.

**Step 8:** School leaders remain in constant two-way contact with staff, SSA, and police.

**Step 9:** If the intruder is found and the situation is again safe, schools leaders lift *lockdown mode*.

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<b>SHELTER-IN</b>
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Shelter-in procedures are used in case of:

- Emergency weather (*e.g.* severe storms)
- Hazardous material released outside the building

A shelter location should be predetermined. Shelter locations should be insulated against the outside world and as far from doors and windows as possible to minimize the possibility of flying glass. They can include pre-built shelters, gymnasiums, cafeterias, or a hallway.

**Step 1:** School Leaders should initiate *shelter-in mode*.

**Step 2:** Upon being notified of *shelter-in mode*, staff directs all individuals to the predetermined shelter location (including visitors who chose to remain in the building).

**Step 3:** Teachers close all windows and doors.

**Step 4:** No individuals will enter or leave the building during a shelter-in drill.

**Step 5:** School leaders remain in constant two-way contact with staff, SSA, and police.

**Step 6:** Once the situation has been resolved, schools leaders will lift *shelter-in mode* via a predetermined signal.

## PROTECTIVE ORDERS

### Orders of Protection

When an order of protection (OP) is issued to protect a child, the party against whom the OP is issued must stay away from child, both at home and school. Because schools are required by law to relinquish custody of a child to any biological or adoptive parent, it is very important that schools have accurate information about all custody or domestic issues. Without copies of court orders, protective orders, divorce decrees or child custody agreements, the school is legally bound to release the child to any biological or adoptive parent.

### Verification

When an order of protection is issued, a copy is automatically filed with the New York City Police Department precinct in which the complainant-parent resides. If the complainant-parent would also like the OP to be filed with the school, he/she must make a formal request to the court. The school must obtain either a duplicate (from the complainant-parent) or an original (from the court) for its records.

### School Personnel Guidelines

Upon receiving a protective order, schools should following these guidelines:

- Distribute copies to the Counselor, Director of Operations, Principal, and School Security.
- Also distribute copies to any faculty member who assists with arrival and/or dismissal (*e.g. Deans, APs*)
- Require all students to be signed out by a staff member with access to the Protective Order.
- Keep a book for ACS of who has signed students out.
- Let teachers know that the protective order exists, but give as little specific information as possible.

If the student must take public transportation to and from school, the child may qualify for DOE transportation regardless of grade level or geographic proximity. The complainant-parent should complete a Multi-Purpose Variance Request (MPVR) citing emergency circumstances (*e.g. custody disagreement, court order*). The MPVR must be completed by both the parent and the school.

The school should mail the MPVR to the Office of Pupil Transportation's Variance Review Unit:

NYC DOE/OPT  
Variance Review Unit  
44-36 Vernon Boulevard  
Long Island City, NY 11101-7006

## **BOMB THREATS AND TERRORISM**

### **ALL BOMB THREATS**

- Call 911 via LAND LINE ONLY (no radio or cell phone transmissions) and provide the following information:
  - Your name and telephone number
  - Address of the school
  - Description of the threat
  - Location of the bomb inside building (if known)
- Turn off all radios and wireless devices, including cell phones and blackberries. These devices may cause the bomb to detonate.
- Notify co-located school(s).
- Evacuate the building.

### **BOMB THREAT BY PHONE**

- Check caller ID to see if there is a number. If so, note it.
- Keep the caller on the line as long as possible (do not hang up).
- Ask the following questions:
  - WHEN is the bomb going to explode?
  - WHERE is the bomb right now?
  - WHAT does the bomb LOOK like?
  - What KIND of bomb is it?
  - WHERE are you calling from?
  - WHY did you place the bomb?
- Listen for background sounds, voice characteristics, and speech patterns.
- Try to write down or record the conversation.
- Dial \*69 (return call) or \*57 (caller ID).

### **BOMB THREAT BY LETTER, E-MAIL, VOICEMAIL, FAX, OR GRAFFITI**

- Preserve threat evidence; do not delete or erase
- Do not handle the item and isolate if possible
- Maintain crime scene. Do not clean anything around the area.

## SUSPICIOUS PACKAGE

**Is a package suspicious or not?** Characteristics of a suspicious package may include:

- Strange odors, oily stains, or crystallization.
- No return address or one that cannot be verified as legitimate
- A city or state in the postmark that does not match the return address
- Excessive postage
- Unusual weight based on size
- Lopsided or oddly shaped
- Protruding wires
- Excessive tape or string
- Misspelled words

Steps to take if a suspicious package is received:

- Avoid touching the package. If you've picked it up, put it down.
- Call 911 via LAND LINE ONLY (no radio or cell phone transmissions) and provide the following information:
  - Your name and telephone number
  - Address of the school
  - Description of the threat
  - Location of the bomb inside building (if known)
- Evacuate the building if necessary
- Alert others to the presence of the package, evacuate the immediate area and close the door behind you.
- Cordon-off area, if possible, to prevent re-entry.
- Turn off all radios and wireless devices, including cell phones and blackberries.
- Notify co-located school(s).

## TYPES OF MEDICAL EMERGENCIES IN SCHOOLS

There are three (3) primary types of medical emergencies in schools:

### Trauma

- ☹️ General trauma
- ☹️ Facial trauma (e.g. eyes, nose, dental)
- ☹️ Head or spinal injury
- ☹️ Wound (e.g. abrasion, laceration) or fractures

### Respiratory

- ☹️ General respiratory
- ☹️ Anaphylaxis/allergy
- ☹️ Asthma
- ☹️ Bite or sting

### Pre-Existing Conditions

- ☹️ Diabetes
- ☹️ Epilepsy
- ☹️ Sickle-cell anemia
- ☹️ Headaches

- If a student has a pre-existing condition (e.g. diabetes, severe allergies, asthma), parents must provide medication, procedures for administration, and signed permission to administer.
- Medication should be locked in one central location (e.g. the main office)
- A student's pre-existing conditions should be shared among school leadership, the school's first responders, and all of that student's teachers.

### Calling a Code Blue

- When notified of a medical emergency, schools leaders may choose to call a **Code Blue**.
- A **Code Blue** is a signal for all first responders report to the site of the emergency.
- First responders will take charge of the scene until 911 personnel arrive.

### Regarding Costs:

In case of an emergency, DO NOT hesitate to call 911 on account of costs. KIPP's insurance will cover any emergency rooms and ambulance costs, even if the student's family does not have health insurance. SAFETY FIRST, DOLLARS SECOND.

In case of a potential insurance claim, type up an incident report and send it to SST Operations. We will act as a liaison with Arthur J. Gallagher & Co., which handles KIPP: NYC's insurance.

## RESPONDING TO A MEDICAL EMERGENCY

In case of emergency, staff members should follow a four-step emergency protocol:

1. **Across the room assessment**
2. **Scene safety assessment**
3. **Brief physical assessment**
4. **Brief health history**

**1** **Across the room assessment**  
Quickly observe the student’s general appearance. Identify life-threatening emergencies. If life-threatening, call 911 and immediately contact school leadership.

**2** **Scene safety assessment**  
Assess the scene to determine whether you can safely approach the student. Before rendering aid, ensure your safety as well as the safety of bystanders.

Look for hazards in the form of:

- Environmental dangers (e.g. unstable structure, fire, and electrical hazards)
- Situational dangers (e.g. armed perpetrators, weapons)
- Substances (e.g. blood or other bodily fluids, noxious fumes, toxic chemicals)

**If the scene appears unsafe, do not approach the student.**

**3** **Brief physical assessment**  
If it is safe to approach the student, conduct a quick search for symptoms or injuries. When conducting the physical assessment, look for:

- |              |                      |            |                  |
|--------------|----------------------|------------|------------------|
| • Bleeding   | • Burn               | • Fracture | • Impaled Object |
| • Laceration | • Skin Discoloration | • Swelling | • Wheezing       |

If there is not a clear physical cause of injury, check for symptoms such as:

- Body temperature (e.g. is it too high or too low?)
- Breathing rate (e.g. is it normal, fast, or slow?)
- Level of consciousness (e.g. is there a complete or temporary loss?)

After the quick search for physical causes or symptoms of injury, form the triage plan. There are three (3) commonly recognized categories of emergency: emergent, urgent, and non-urgent.

**Emergent:** The student requires immediate medical attention. Call 911 immediately and contact schools leaders. Examples include:

- Chemical spill in eyes
- Major burns
- Fracture of long bones
- Uncontrolled bleeding
- Seizure
- Head injuries with loss of consciousness

**Urgent:** Student requires medical intervention within two (2) hours. Contact school leaders immediately. Examples include:

- Fracture
- Persistent nausea, vomiting, or diarrhea
- Minor burns
- Lacerations requiring sutures

**Non-Urgent:** Student may require referral for routine medical care. The conditions are either minor or non-acute.

- Minor abrasions or bruises
- Toothache
- Mild pain

## 4 Brief health history

Gather relevant information for first responders (*e.g.* when and how the injury occurred, student’s medical background).

The mnemonic SAMPLE can help you remember the elements of a health history useful for emergency responders

<u>S</u> ymptoms	<ul style="list-style-type: none"> <li>• Ask the student to describe current systems, particularly pain or discomfort</li> </ul>
<u>A</u> llergies	<ul style="list-style-type: none"> <li>• Note any allergies to medications, foods, materials (<i>e.g.</i> latex), environmental elements (<i>e.g.</i> bee stings), etc.</li> </ul>
<u>M</u> edications	<ul style="list-style-type: none"> <li>• List prescription and non-prescription medications the student takes regularly, including dosages and time of the last dose</li> </ul>
<u>P</u> ast medical history	<ul style="list-style-type: none"> <li>• Record information about preexisting physical or psychological disabilities (<i>e.g.</i> chronic conditions)</li> </ul>
<u>L</u> ast meal	<ul style="list-style-type: none"> <li>• Document when and what the student last ate and drank</li> </ul>
<u>E</u> vents	<ul style="list-style-type: none"> <li>• Ask the student to describe the events that led up to the injury</li> </ul>

## POISONING

Many poisons can be present in a school or brought from outside by students and staff. They include:

- Cosmetics
- Cleaning substances
- Mercury thermometers
- Antiseptics
- Arts, crafts, and office supplies
- Antihistamines
- Pain medication
- Stimulants and street drugs
- Vitamins
- Food products

In case of poisoning, staff should follow the four-step emergency response protocol (listed above). In addition, he or she could **call NYC Poison Control Center**.

If there is a possibility a student has been poisoned by food served by the school, food service workers must be alerted and school leaders should be prepared for other students to become sick.

NYC Poison Control Center:  
**(212) POISONS (764-7667)**  
or  
**1-800-222-1222**

*Follow the instructions* of the Poison Control Center. Ask questions if you do not understand.

*Do not try to make the person vomit.* Do not stick your finger down the person's throat or give anything by mouth unless told to do so by the Poison Control Center or a doctor.

Generally accepted best practices for poisoning:

- Put on latex gloves
- **SKIN poisoning:** Rinse the skin with water for 15 minutes
- **EYE poisoning:** Rinse the blinking eye with water for 15 minutes

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<b>CERTIFIED FIRST RESPONDERS</b>
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Certified First Responders are individuals who have completed a course and received certification in providing pre-hospital care for medical emergencies. They have more skill than someone who is trained in basic first aid but they are not a substitute for advanced medical care.

The DOE requires that each school have at least six (6) certified first responders on staff. Staff and leadership should know who these first responders are.

The DOE offers training sessions in which they will come to your school to train 7-12 people. This is a *free* service.

**Training Times:**

- ❖ Weekdays at 4pm or earlier
- ❖ Saturdays at 9am

Training requests can be made online at ESI's web site <http://doe.emergencyskills.com/> or at (212) 564-6833.

## AUTOMATED EXTERNAL DEFIBRILATOR (AED)

NYS Education Law Section 917 **requires at least one (1) AED** in each school *and* appropriately trained, certified individual in AED/CPR in every school (Certified First Responders receive AED certification)

Immediately report any incident requiring the use of an AED to the Office of School Health at (718) 391-8227 *and* ESI at (212) 564-6833

Inquiries regarding AEDs can also be directed to the DOE program managers:

**Donovan A. Lauther**  
AED Program Manager  
Bronx, Brooklyn, Queens and Charter Schools  
718-391-8227  
DLauther@schools.nyc.gov

**Celeste T. McGee**  
AED Program Manager  
Manhattan, Staten Island, Alternative, Citywide and Empowerment Schools  
718-391-8566  
CMcGee3@schools.nyc.gov

### AED MANUFACTURERS

*Model: Lifepak 500 AED*



**Cardiac Science, Inc.**  
800-991-5465  
949-587-0357  
www.cardiacscience.com

*Model: MRL AEDefibrillator*



**Medical Research Lab, Inc.**  
847-520-0300  
www.aedsolutions.com

*Model: Powerheart AED*



**Medtronic Physio-Control Corp.**  
800-442-1142  
425-867-4000  
www.aedhelp.com

## ALLERGIES, ANAPHYLAXIS, AND EPI-PENS

One of the most serious pre-existing conditions is anaphylaxis. Anaphylaxis is a life-threatening medical condition occurring in allergic individuals after exposure to specific allergens. Some of the most common school-based allergens are stinging insects, latex, and certain foods (e.g. peanuts). Symptoms may include hives, itching, difficulty swallowing, coughing, difficulty breathing, nausea, abdominal pain, change in mental status, drop in blood pressure or shock.

The injection of epinephrine via an epi-pen is the treatment of choice for anaphylaxis. **Because anaphylaxis can lead to death or permanent damage within minutes, timely administration of epinephrine is crucial.** Effects of epinephrine begin to wear off within minutes; therefore, make sure to follow up with medical professionals.

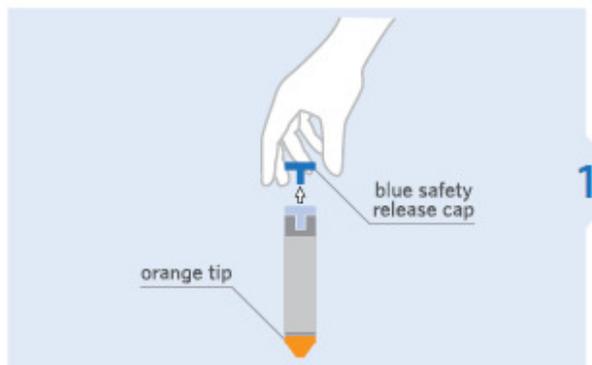
School leaders should identify a safe place to store epi-pens in proximity to locations exposure to allergy is likely (e.g. classroom, lunchroom, playground, etc.)

In addition, affected older students should carry epi-pens with them at all times for self-administration if necessary.

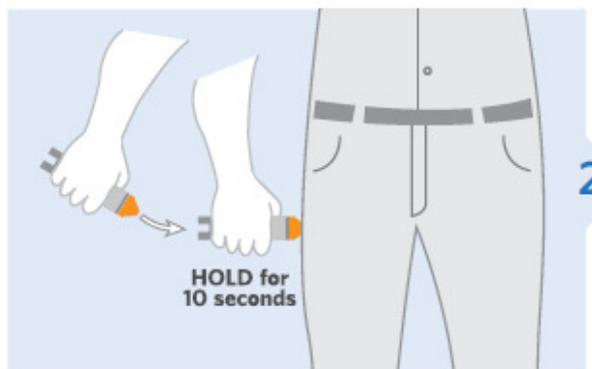


**How to Apply an Epi-Pen:**

**EPIPEN<sup>®</sup>**  
(Epinephrine) Auto-Injectors 0.3/0.15mg userguide



**1** Pull off the blue safety release cap.



**2** Swing and firmly push the orange tip against the outer thigh so it 'clicks.' HOLD on thigh for approximately 10 seconds to deliver the drug.

**Please note:** As soon as you release pressure from the thigh, the protective cover will extend.

Each EpiPen Auto-Injector contains a single dose of a medicine called epinephrine, which you inject into your outer thigh. **DO NOT INJECT INTRAVENOUSLY. DO NOT INJECT INTO YOUR BUTTOCK,** as this may not be effective for a severe allergic reaction. In case of accidental injection, please seek immediate medical treatment.

**Call 911**

**3** Seek immediate emergency medical attention and be sure to take the EpiPen Auto-Injector with you to the emergency room.

**To view an instructional video demonstrating how to use an EpiPen Auto-Injector, please visit [epipen.com](http://epipen.com).**

## MEDICAL REQUIREMENTS FOR STUDENTS ENTERING A NYC SCHOOL FOR THE FIRST TIME

### 1: Complete Physical Examination

All students entering a New York City school for the first time must have a **complete physical examination**. This comprehensive medical examination must be documented on a child adolescent health examination form (CH205). This examination must include the following:

- Blood pressure
- Developmental assessment
- Lead poisoning assessment and testing
- Body Mass Index (BMI)
- Hearing screening
- Medical history
- Weight
- Dental screening
- Height
- Nutritional evaluation
- Vision screening

The following NYC Health and Hospital Corporation Sites perform examinations:

#### Manhattan

##### **Washington Heights Child Health Center**

600 West 168<sup>th</sup> Street  
(corner of Broadway)  
212-795-0880

##### **Sydenham Health Center**

215 West 125<sup>th</sup> Street  
212-932-6500

##### **Harlem Hospital Center**

506 Lenox Avenue  
212-939-1000

#### Bronx

##### **Lincoln Medical & Mental Health Center**

234 East 149<sup>th</sup> Street  
718-579-5000

##### **Melrose Child Health Clinic**

348 East 142<sup>nd</sup> Street  
718-579-4000

#### Brooklyn

##### **Crown Heights Child Health Clinic**

1218 Prospect Place  
718-735-0561

##### **Kings County Hospital Center**

451 Clarkson Avenue  
T Building Room 634  
718-245-3131

## 2. Tuberculosis Examination

All new students entering a NYC school for the first time must have a **Mantoux Tuberculin Skin Test (PPD)** with a documented reading date within 48-72 hours of administration. Parents/guardians should request a letter confirming the test results from the doctor; this letter should be submitted to the school.

Students must be excluded from school if:

- They do not have a documented tuberculosis test result within 14 school days of admission to school; *or*
- They are new entrants with a positive tuberculosis test result and do not have a documented chest X-ray and evaluation within 14 school days.

The NYC Department of Health and Mental Hygiene’s Bureau of Tuberculosis Control Chest Centers offer free or reduced-cost TB testing at the following locations:

### Manhattan

#### **Harlem Hospital Center**

506 Lenox Avenue  
212-939-1000

#### **Metropolitan Hospital Center**

1901 First Avenue  
212-423-6262

### Bronx

#### **Lincoln Medical & Mental Health Center**

234 East 149<sup>th</sup> Street  
718-579-5000

#### **Jacobi Hospital**

1400 Pelham Parkway South  
718-918-5000

### Brooklyn

#### **Coney Island Hospital**

2601 Ocean Parkway  
718-616-3000

#### **Kings County Hospital Center**

451 Clarkson Avenue  
718-245-3131

### 3. Immunization Requirements

The following immunizations are mandated by law. Students must be excluded from school if they do not meet the requirements.

<b>Immunization</b>	<b>Grade</b>	<b>Number of Doses</b>
DTaP, DTP, DT, Td, or Tdap	Grades K-5	5 doses; or 4 doses if the 4 <sup>th</sup> was received at age 4 or older; or 3 doses if the series is started at age 7 or older
	Grades 6-12	3 doses
Tdap	Grades 6-12	1 dose
IPV or OPV	Kinder-1, 6-7	4 doses, or 3 if the 3 <sup>rd</sup> dose was received at age 4 or older
	Grades 2-5, 8-12	3 doses
MMR	All grades	2 doses
Hepatitis B	All grades	3 doses
Varicella	Kinder-1, 6-7	2 doses
	Grades 2-5, 8-12	1 dose

**PREPARING FOR FIRE DRILLS**

The purpose of fire drills is to prepare the school community for evacuation of the school building in the shortest possible time and without confusion or panic during a fire or other emergency.

School leaders can take the following steps to make sure students and staff are prepared:

**Be aware of your school’s exits, evacuation routes, and neighborhood factors**

- Evacuation routes for each room are posted on your school’s DOE safety plan.
- Regularly review neighborhood factors – construction nearby might change the location to which you want to evacuate

**Coordinate with co-located school(s)**

- Establish evacuation routes for each school to prevent crowding in doors and hallways
- Create solid communication procedures to prevent confusion.

**Disseminate information and materials throughout the building**

- Each room should have a posted evacuation plan and attendance roster (see the following page for examples).
- Non-classroom staff should be assigned roles and responsibilities (e.g. stairwell monitor, hallway sweep)

**Practice regularly**

- Hold evacuations and fire drills on a regular basis, starting in September
  - DOE requires twelve (12) fire drills per year, including eight (8) prior to December 1 and one (1) fire drill during lunch period
- Always reinforce the seriousness of fire drills to students and staff
  - Add mechanisms to increase the seriousness (e.g. time them and let everyone know we are trying to improve on our time)
- At least one fire drill should be held *without notifying staff ahead of time*

**Minimize environmental dangers**

- Store flammable liquids properly and dispense them from approved safety containers
- Survey chemicals annually and discard any that are obsolete or show signs of decomposition
- Dispose of flammable rubbish (e.g. cardboard boxes, loose paper) regularly and safely

**Prepare a “go bag” to bring outside during evacuations. It should contain:**

- |                              |                    |                    |
|------------------------------|--------------------|--------------------|
| • Clipboards                 | • First aid kit    | • Reflective vests |
| • Class and school rosters   | • Pens and pencils | • A whistle        |
| • Family contact information |                    |                    |

**EVACUATION MATERIALS FOR EACH ROOM**

Each room should have a posted evacuation plan and an attendance roster. The evacuation plan should include:

- A map of the floor
- Directions to the primary and secondary exits
- The address of the evacuation site outside the building

Ex:

## EMERGENCY EVACUATION PLAN

The diagram shows a floor plan with classrooms 405 through 412. Classroom 405 is marked with a star and an arrow pointing to it with the text 'YOU ARE HERE'. To the left of the classrooms are restrooms (WC) and stairs labeled STAIR E and STAIR C. Between classrooms 410 and 408 are restrooms for Girls and Boys. To the right of classroom 405 are stairs labeled STAIR B and STAIR D, and two exit signs: 'ALTERNATE' and 'PRIMARY EXIT'. The plan is oriented with East to the left and West to the right.

The inset map shows the building's location at the intersection of St. Nicholas Ave and West 177th Street, with Audubon Ave to the south. A green sign labeled 'KIPP STAR' is shown on the sidewalk. A north arrow points towards the top right of the map.

- In the event of fire or emergency, refer to the emergency evacuation plan **ABOVE**.
- Teachers line up students silently in the classrooms and proceed to the **PRIMARY EXIT**.
- If the Primary Exit is blocked or inaccessible, teachers lead students to the closest **ALTERNATE EXIT**. From the ground floor, exit the building from the **SIDE ENTRANCE** to West 177<sup>th</sup> Street. Walk to the corner of **St. NICHOLAS**, head north in crossing the street and proceed at least 50 feet from the building.
- Students line up as classrooms on the sidewalk away from the building.
- Lines should not block the sidewalk. Teachers perform head-count of students outside.

Each classroom should have an **updated class roster** that is easily accessible by the teacher (*e.g. in a manila envelope next to the door*). The class roster will be used by teachers to ensure that all students have safely left the building.

Once outside the building, teachers will take attendance and communicate the results to school leaders.

### EVACUATION PROCEDURE

◇ When the alarm sounds, teachers should line their students up at the door of their classrooms. **Bring the student roster with you to take attendance.**

◇ Once all students are in line, one teacher should lead the line silently out of the classroom. The last person to leave the classroom should **turn out the lights and close the door.**

Note: If evacuation is due to chemical spill or leak, and if it is safe to do so, close vents and turn off air conditioners before leaving the building.

◇ Teachers should exit using the designated stairwell and move their students to the designated area outside.

- Do NOT use elevators. Only use stairs.

◇ Close room doors and hallway doors to prevent air movement and spread of smoke.

◇ Do not fight the fire even if you know how to use the fire equipment (*e.g.* fire extinguisher); leave building immediately

◇ Once at the designated area, teachers should take roll to make sure all students are accounted for and communicate that information to school leaders.

◇ Keep streets, fire lanes, hydrant areas, and walkways clear for emergency vehicles and personnel.

◇ Immediately notify emergency personnel of any injured persons or individuals remaining in the building.

◇ Do not return to an evacuated building unless told to do so by emergency personnel.

◇ Students should remain silent until they reach their classrooms.

## SEVERE WEATHER AND FLOODING

### Before Severe Weather

1. Turn off all utilities at the main power switch and close the main gas valve if evacuation appears necessary. Do not touch any electrical equipment unless it is in a dry area, or you are standing on a piece of dry wood while wearing rubber-soled shoes or boots and rubber gloves.
2. Fill tubs, sinks, and jugs with clean water in case regular supplies are contaminated (you can sanitize these items by first rinsing with bleach).
3. Board up windows or protect them with storm shutters or tape (to prevent flying glass).
4. Bring outdoor objects, such as garbage cans and other loose items, inside the building, or tie them down securely.

### During Severe Weather

1. Provide care for students at the site.
2. Listen to weather updates and stay informed ([www.nws.noaa.gov](http://www.nws.noaa.gov)) or via AM/FM radio
3. Keep away from windows and doors.
4. If you're caught inside by rising waters, move to a higher floor. Take warm clothing, a flashlight, and portable radio with you. Wait for help. Do NOT try to swim to safety.
5. When outside, remember: floods are deceptive. Try to avoid flooded areas, and do not attempt to walk across flood waters more than knee deep.

### After Severe Weather

1. Before re-entering the building, check for structural damage. Make sure it is not in danger of collapsing. Turn off any outside gas lines at the meter or tank, and let the building air out for several minutes to remove foul odors or escaping gas.
2. Watch for electrical shorts or live wires before turning off the main power switch. Do not turn on any lights or appliances until an electrician has checked the system for short circuits.
3. Cover broken windows and holes in the roof or walls to prevent further weather damage.
4. Throw out fresh food and previously opened medicines that have come in contact with flood waters.
5. Water for drinking and food preparation should be boiled vigorously for 10 minutes (until the public water system has been declared safe).

**UTILITY LOSS OR FAILURE**

1. Communicate with school administration when a power failure or loss of utilities in any part of the school building occurs.
2. Inform the custodial staff of the situation.
3. Assess need for further assistance. Contact the appropriate utility company.
4. Check elevators affected by the outage for stranded occupants. If there are stranded elevator passengers, a staff member should be assigned to stand outside on the nearest floor to facilitate communication with the person(s) inside.
5. Locate flashlights with batteries to use until power comes back on. Do not use candles – this can cause a fire.
6. Turn off sensitive electric equipment such as computers, VCRs, and televisions.
7. Turn off major electric appliances that were on when the power went off. This will help to prevent power surges when electricity is restored.
8. Check the status of the fire alarm system. The system should have a secondary back up power supply and should be operating. This is important, as the cause of the electrical failure may be the result of an electrical fire condition.
9. Consider the need for evacuation or early dismissal of the school on the basis of the time it will take to restore power to windowless areas, heat or air conditioning, meal preparation facilities, and water services.
10. If the loss of utilities may generate a risk of explosion, such as a gas leak, evacuate the school.

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<b>HAZMAT AND CHEMICAL RELEASE</b>
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Scenario 1: Substance Released Inside a Room or Building

1. Turn off all fans in the area of the release; close the windows and doors, shut down the building's air handling system.
2. Notify co-located school(s)
3. Evacuate the Building.
4. Call 911.
5. Contact SST
6. Direct School Emergency Response Team members (search & rescue team) to isolate and restrict access to potentially contaminated areas.
7. Ensure persons who have come in direct contact with the hazardous substances are washed and cleaned.

Scenario 2: Substance Released Outdoors

1. Turn off all fans, close the windows and doors, shut down the building's air handling system.
2. Place duct tape or aluminum foil around the edges of doors and windows
3. Immediately direct staff to remove students to shelter in place. Utilize classrooms, offices, and other rooms within the school with the fewest number of windows (if possible).
4. Listen to the radio, watch TV or check the Internet often for official news and instructions as they become available.

### LONG-TERM EVACUATION

Occasionally, students may need to evacuate the building for a prolonged period of time (*e.g.* longer than a half hour). In those circumstances, school leaders should confer with SST to determine whether to dismiss students or move to a long-term evacuation site.

If no nearby KIPP school has space available, the DOE provides the following long-term evacuation sites:

School	DOE Long-Term Evacuation Site	Address	Contact
Academy ES	Cardinal Hayes HS	650 Grand Concourse, Bronx, NY	William Lessa (Principal) 718-292-6100
Academy MS	Alfred E. Smith HS	333 East 151 <sup>st</sup> Street, Bronx, NY 10451	Socorro Rivera (Principal) 718-292-0260
STAR Harlem ES	P.S. 161	499 West 133 <sup>rd</sup> Street, Manhattan, NY	Francesca Pisa 212-690-5945
Infinity ES			
Infinity MS			
STAR MS	P.S. 154	250 West 127 Street, Manhattan, NY	Benjy Blatman (Teacher) 212-666-6400
AMP ES	Robeson High School	150 Albany Avenue Brooklyn, NY 11213	Leotha Harry (AP) 718-773-0128
AMP MS			
STAR WH ES	P.S. 173	306 Fort Washington Ave, Manhattan, NY	Rose Abreu (AP) 212-927-7850
	P.S. 48	4360 Broadway, Manhattan, NY	Joseph Guzman (AP) 917-521-3800
WH MS	I.S. 164	401 West 164 <sup>th</sup> Street New York, NY 10032	Sharon Weissbrot (Principal), 917-521-1875
CPHS	Academy Elementary	730 Concourse Village West Bronx, NY 10451	Tyritia Groves (Principal), 718-943-3737

All teachers should prepare the following in case of long-term evacuation:

1. “Low-tech” lesson plans for use at the evacuation site to minimize disruption learning.
2. Flash drives with lesson plans and materials that can be printed
3. Main Office staff should prepare the materials they would need if they were forced to operate off-site for two weeks (*e.g.* student records, school materials, etc.)

**CHILD ABUSE AND NEGLECT**

Note: Consult Appendix II for more detailed information on Child Abuse and Neglect

**MANDATED REPORTERS**

- New York State’s Social Services Law, commonly called The Child Protective Services Law, mandates that all school personnel (pedagogical and non-pedagogical) report all cases of suspected child abuse and neglect directly to the New York State Central Register for Child Abuse and Maltreatment.
- The Social Services Law guarantees mandated reporters confidentiality and immunity from any criminal or civil liability that might result. Conversely, mandated reports can be fined or sued in civil court for any harm caused by a failure to make a report.

**SIGNS OF CHILD ABUSE AND NEGLECT**

**Physical Abuse**

- Marks that form patterns (*e.g. fist, teeth, irons*)
- Bruises in different stages of healing
- Behavioral issues (*e.g. aggression, mood swings*)

**Sexual Abuse**

- Difficulty when walking or sitting
- Genital pain or itching
- Behavioral issues (*fear, tantrums, mood swings*)
- Displays of adult sexual behavior

**Educational Neglect**

- Poor attendance

**HOW TO REPORT CHILD ABUSE AND NEGLECT**

There are two types of reports that are required by mandatory reporters:

- The oral report
  - Call 1-800-635-1522
  - Before you call, make sure to have the following information available:
    - Your name and contact information
    - The student’s name, address, telephone number, race/ethnicity, gender, and age
    - The name of the person(s) allegedly responsible for the abuse, neglect, and/or maltreatment
  - Obtain the “Call ID” number. This will be used to file the written report.
- The written report
  - New York State Office of Children and Family Services Form LDSS 2221-A (*available on KIPPshare*)
    - This form must be submitted to ACS within 48 hours of the oral report
    - Make a copy of the LDSS 2221-A form and give it to the principal to keep on file

After a report is filed, ACS will decide whether an investigation is warranted. The mandated reporter’s confidentiality will be protected at all times.

## Section II: Trips

"The world is a book, and those who do not travel read only one page."

— *St. Augustine*



## PRE-TRIP ORGANIZATION

Create an agenda; make reservations as necessary

Draft, distribute, and collect permission slips

**Provide:**

- Brief information about the trip
- Date(s) it will occur
- Destination(s)
- Mode(s) of transportation
- Estimated time of departure and return

**Request:**

- Signed consent to attend
- Up-to-date contact information
- Medical information (see next section)
- Consent for medical care
- Permission to swim (if relevant)
- Permission to apply bug spray and sunblock (if relevant)

There are set KIPP NYC templates for both day trips and overnight trips. Schools must use these for all out of school events. Templates can be found at:

<https://share.kipp.org/kippnyc/SST/ops/Operations%20Bible/EOY%20Trips.aspx>

Find chaperones (suggested ratios)

- 1 adult per 10 students on day trips
- 1 adult per 4 students on overnight trips
- 1 chaperone per hotel room (same gender)
- Chaperones must be above 18

Compile health information (students and chaperones)

- Medications (drug name, dosage)
- Pre-existing conditions
- Allergies (allergen, symptoms, treatment)

Compile contact information

- Chaperones
- Bus company
- Hotel
- Sites (e.g. restaurant, museums)
- Parents/guardians
- Students (if cellphones are allowed)

Assemble and distribute information packets for parents

- Required/appropriate clothing and toiletries
- Prohibited items (e.g. jewelry, candy, certain clothes)
- Itinerary
- Approved personal items (e.g. books, cameras)
- Trip leader contact information

Assemble and distribute information packets for chaperones

- All chaperones' contact information
- Student health information
- Itinerary with addresses and phone numbers
- Student cellphone numbers
- Chaperone Agreement (also on KIPPSHare)

Assemble and distribute packets for Main Office

- All chaperones' contact information
- Students' emergency contact information
- Roster of students
- Itinerary with addresses and phone numbers
- Bus and hotel contact information
- Student health information

Assemble and distribute packet for trip leader

- All chaperones' contact information
- Students' emergency contact information
- Roster of students
- Itinerary with addresses and phone numbers
- Bus and hotel contact information
- Health information (students and chaperones)
- Driving directions and/or maps
- Student cellphone numbers

Practice with students how to respond to common trip-based emergencies (separated from the group, approached by a stranger)

Pack medical supplies and put them under the care of a designated chaperone

In addition, trip leaders should carry a "master" medical supply kit which includes:

- |   |  |                           |
|---|--|---------------------------|
| • Extra clothes for bathroom accidents (for boys and girls) | • Bandages and gauze   | • Hand sanitizer          |
| • Gallon ziploc bags (for random trash or wet clothes)      | • Antiseptic (e.g. Neosporin)  | • Small bottles of water  |
| • Feminine hygiene products                                 | • Benadryl for allergic reactions ( <i>cannot be administered without signed medical authorization</i> ) | • Disposable gloves       |
|   |  | • Q-Tips                  |
|   |  | • Tissues                 |
|   |  | • Garbage bags for nausea |
|   |  | • Ibuprofen               |

Trip leaders must have a copy of each students' permission slips with them at all times

## MEDICATION



Students may require medication due to a pre-existing condition. These include:

- |   |  |  |
|---|--|--|
|  Allergies |  Asthma   |  Sickle-Cell Anemia |
|  Diabetes  |  Epilepsy |  |



The following is needed from the family before medication can be administered

- Descriptions and symptoms of illness (for emergency medication)
- Time of administration (for regular medication)
- Dosage
- Special requirements (e.g. refrigeration)
- Written permission from parents for chaperones to administer medication



Trip leaders will assign an individual to be responsible for storing and administering each student’s medication (e.g. trip leader, a first responder, that child’s chaperone). One chaperone may care for multiple students depending on the level of involvement required.



For students with particularly severe medical issues, school leaders may request that parent(s) attend as a chaperone.

## CERTIFIED FIRST RESPONDERS



At least one certified first responder must attend every trip. This is especially important for overnight trips: imagine yourself at the bottom of a canyon in Utah when a student breaks her ankle!



Situations on a trip that could require a first responder:

- |                     |                             |                               |
|---------------------|-----------------------------|-------------------------------|
| • Broken bone       | • Laceration                | • Choke on food               |
| • Allergic reaction | • Swimming-related accident | • Exposure to toxic chemicals |



The name and cellphone number for each certified first responder should be known by trip leaders and disseminated to all staff and chaperones prior to departure.



Trip leaders should also determine if any parent chaperones are certified first responders (e.g. police officers, nurses, etc)

## MISSING STUDENTS

In case of a missing student, chaperones and trip leaders should take the following actions:

- Call student cellphone (if applicable)
- Ask students and chaperones where the missing child was last seen
- If possible, ask staff at the site to search for the missing child and/or to make an announcement
- Begin a search for the missing child

However, the risk of a missing student can be significantly mitigated through (1) attendance checks, (2) distribution of contact information, and (3) setting rendezvous sites.

### (1) ATTENDANCE CHECKS

#### How?

- Counting the total number of students
- Assigning each student a number and asking them to “count off” out loud
- Making each chaperone responsible for counting each of his/her students, then checking with each chaperone to make sure his/her group is accounted for

#### When?

- The beginning of the trip
- Before entering any form of transportation (*e.g. bus, plane*)
- After exiting any form of transportation
- Before beginning any activity (*e.g. guided tour, hike, film, etc.*)
- After completing any activity

### (2) DISTRIBUTION OF CONTACT INFORMATION

#### Older Students

At start of trip, each student should get a 1-pager with:

- Trip leader’s cellphone number
- A space to write down his or her chaperone’s cellphone number
- Directions for making a collect call

Students should also put chaperone contact info into their phones.

#### Younger Students

Students should be given nametags with:

- School name
- School contact information
- Trip leader and chaperone cellphone numbers

Note: DO NOT put students’ names on the nametags, as this could raise the risk of abduction.

### (3) SETTING RENDEZVOUS SITES

Trip leaders should set a “rendezvous site” for each location (*e.g. the Student Life Building at 55 Bleeker Street, the tall rock near the entrance to the trail*).

### **Example Student One-Pager**

If you become separated from the group, call an adult, then go to the rendezvous site and wait to be picked up.

**Trip Leader Contact Info:** Principal Joe Smith – (914) 555-5555

**Chaperone Contact Info:** \_\_\_\_\_

**Monday**

**Mt. Holyoke Tour Meet-Up Site:** \_\_\_\_\_

**Emily Dickinson Museum Meet-Up Site:** \_\_\_\_\_

**Tuesday:**

**University of Massachusetts Meet-Up Site:** \_\_\_\_\_

**Bare Mountain Meet-Up Site:** \_\_\_\_\_

**Wednesday:**

**Woods Hole Aquarium Meet-Up Site:** \_\_\_\_\_

**Horseneck Beach Meet-Up Site:** \_\_\_\_\_

**Thursday:**

**Oaks Bluff Meet-Up Site:** \_\_\_\_\_

**Harvard University Meet-Up Site:** \_\_\_\_\_

**North End Boston Meet-Up Site:** \_\_\_\_\_

**Friday:**

**Quincy Market Meet-Up Site:** \_\_\_\_\_

**Freedom Trail Meet-Up Site:** \_\_\_\_\_

**Directions for making a Collect Call:**

Collect calls are used to make a call from a payphone when you don't have any change.

1. Pick up the receiver, listen for the dial tone, then dial "0" followed by the area code and phone number of the person or place you are trying to reach.
2. Listen for a tone followed by recorded instructions about making a collect call.
3. Speak your name when prompted.

## AIR TRANSPORTATION

### CHILD GOES MISSING IN AIRPORT

- Risk: Separation
- Take attendance regularly
  - Before reaching the airport distribute a 1-pager to each student:
    - Flight time and number
    - Contact information for trip leader and chaperones
  - Establish a rendezvous point

### AIRSICK CHILD

- Risk: Airsickness
- Bring airsickness bags for ill children

### CHILD CAN NOT PASS SECURITY

- Risk: Security Issues
- Make children aware of potential security issues when packing (e.g. liquids must be in 3 oz. containers)
  - Practice moving through security quickly
    - Removing shoes and belt
    - Emptying pockets
    - Taking electronics out of bags to scan separately
  - Trip leaders can carry a bag for any student items that need to be checked at the last minute

### LOST/MISSING PASSPORT

- Risk: Loses passport
- If traveling abroad, the trip leader will be responsible for collecting and storing students' passports
  - Prior to the trip, students must bring their passport to the school. The school will make two (2) duplicates:
    - 1) Stored in Main Office for the duration of the trip
    - 2) Brought on the trip but separate from the originals

### BUS TRANSPORTATION

KIPP NYC Schools ideally only use DOE approved bus companies. For any charter bus company that cannot show proof of DOE approval, must provide the following:

- Certificate of Insurance on which KIPP NYC is named as an additional insured.
- Evidence of a US DOT Number which uniquely identifies the company
- Date of last Federal Motor Carrier Safety Regulation (FMCSR) Compliance Review and a copy of that review, if possible.
- Information on the company's Drug and Alcohol Policy. Each year, FMCSR, Part 382, requires that drug tests be performed on at least 50% of the average number of driving positions and alcohol tests performed on at least 10% of the average number of driving positions.

In addition, Directors of Operations should:

- Check the company's safety rating at the following websites
  - [www.safersys.org](http://www.safersys.org) – Contains information about interstate registered carriers (authorized to operate in multiple states) and includes the USDOT Safety Rating. Carrier ratings can be accessed by company name, US DOT number, or MC number.
  - [www.ai.volpe.dot.gov](http://www.ai.volpe.dot.gov) – Contains information about moving violations and SafeStat score. A SafeStat score is a snapshot of the carrier's safety status.
- Review the driving directions with the bus driver(s)
- When a driver arrives at the designated location for a trip departure, he or she should be expected to provide the following:
  - Valid Commercial Driver's License (CDL) with a P (passenger) endorsement. Should the vehicle be a school bus (yellow bus) the driver should also have an S (school) endorsement.
  - Driver's Record of Duty Status

Before departing, print maps and directions and review them with the bus driver.

Before exiting the bus, make sure that:

- Trip leaders have:
  - The bus drivers' phone number(s)
  - The address and time when KIPPsters will rendezvous with the bus
- Bus driver(s) have:
  - The trip leaders' phone number(s)
  - The address and time when KIPPsters will rendezvous with the bus
- Chaperones have:
  - The address and time when KIPPsters will rendezvous with the bus

**BUS EVACUATIONS**

Bus evacuations may be necessary in case of:

- Fire
- Leaking fuel in or on bus
- Threat of bus roll-over

Before evacuating, check for:

- Traffic and other environmental dangers
- If there is a hazardous material spill, it may be safer to remain on the bus and not come in contact with the material

Always check for emergency exits upon boarding a bus. Most buses have:

- 2 emergency exit doors
  - One on the left side front, and one in the back
- 4 emergency exit windows
- 2 emergency roof exits

**SWIMMING**

A student will not be allowed to swim unless a parent/guardian has given express permission that the student both knows how to swim and is allowed to swim. If there will be opportunities to swim on a trip, this should be included on the permission slip.

The permission slip must require two (2) signatures:

- General permission for the field trip
- Express permission for the student to swim if, and only if, that student knows how to swim

**Note:** A student will not be allowed to swim, regardless of parental permission, without a lifeguard.



## Appendix I: Emergency Contacts

EMERGENCIES–911

NON-EMERGENCIES – 311\*

Department of Mental Health (LIFENET) .....	800.543.3638
American Red Cross, .....	800.460.5433
Chemtrec.....	800.424.9300
National Response Center – Oil & Toxic Chemical Spill .....	800.424.8802
Pesticide Service Center.....	800.858.7378
Suicide Hotline (adolescent) .....	800.227.8922
Teen Hotline/Help Line .....	800.345.8336
Department of Environmental Conservation .....	800.860.2058
Electrical Company/Con-Edison.....	800.752.6633
Poison Control Center.....	800.222.1222
Gas Company/Con-Edison	
(customer service) .....	718.643.4050
(Natural Gas Emergency Number).....	800.527.2714
Water and Sewer Authority .....	311
New York City Health Department.....	311
West Nile Virus Call Center (DOH) .....	311
New York City Animal Shelter and Animal Issues (24-hours) .....	311
Animal Control.....	212.722.4939
Fire Department.....	911 or 718.999.0900
Department of Children’s Services .....	718.623.4500
Domestic Violence/Child Abuse Hotline .....	800.422.4453
<b>Notification List</b>	
Office of Charter Schools, NYC DOE.....	212.374.5419
Emergency Information Center .....	718.935.3210
Division of School Safety and Prevention Services .....	718.935.4340
Office of Pupil Transportation .....	718.729.6100
Division of School Facilities.....	718.391.6858

## Appendix II: Child Abuse and Neglect

### MANDATED REPORTERS

#### Who are mandated reporters?

New York State's Social Services Law commonly called The Child Protective Services Law, mandates that all school personnel (pedagogical and non-pedagogical) report all cases of suspected child abuse and neglect directly to the New York State Central Register for Child Abuse and Maltreatment. Those professionals include:

- School administrator
- School psychologist
- Licensed physical therapist
- Guidance counselor
- School Safety Agent
- Licensed occupational therapist
- School nurse
- School teacher
- Paraprofessional

#### When am I mandated to report?

Mandated reporters are required to report suspected child abuse or maltreatment when they are presented with a reasonable cause to suspect child abuse or maltreatment.

#### What is reasonable cause?

Reasonable cause to suspect child abuse or maltreatment means that, based on your rational observations, professional training and experience, you have a suspicion that the parent or other person legally responsible for a child is responsible for harming that child or placing that child in imminent danger of harm. Your suspicion can be as simple as distrusting an explanation for an injury.

#### What is abuse and maltreatment?

Abuse encompasses the most serious injuries and/or risk of serious injuries to children by their caregivers. An abused child is one whose parent or other person legally responsible for his/her care:

- Inflicts serious physical injury upon the child;
- Creates a substantial risk of serious physical injury; or
- Commits a sex offense against the child

Abuse also includes situations where a parent or other person legally responsible knowingly allows someone else to inflict such harm upon a child.

Maltreatment means that a child's physical, mental, or emotional condition has been impaired, or placed in imminent danger of impairment, by the failure of the child's parent or other person legally responsible to exercise a minimum degree of care by:

- Failing to provide sufficient food, clothing, shelter, education; or
- Failing to provide proper supervision, guardianship, or medical care; or
- Inflicting excessive corporal punishment, abandoning the child, or misusing alcohol or other drugs to the extent that the child was placed in imminent danger

### What protection or liability do I have?

The Social Services Law provides confidentiality for mandated reporters and all sources of child abuse and maltreatment reports. If a mandated reporter makes a report with earnest concern for the welfare of the child (*i.e.* making a report in good faith), he/she is immune from any criminal or civil liability that might result.

Anyone who is mandated to report suspected child abuse or maltreatment – and fails to do so – could be charged with a Class A misdemeanor and subject to criminal penalties. Furthermore, mandated reporters can be sued in a civil court for monetary damages for any harm caused by the mandated reporter’s failure to make a report to authorities.

<b>STEPS FOR REPORTING SUSPICION OF CHILD ABUSE</b>
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- ◇ Mandated reporter (MR) must personally make the report by calling the New York State Central Register for Child Abuse and Maltreatment (SCR) at 1-800-635-1522.
- ◇ MR must obtain “Call ID” number.
- ◇ MR must notify the School Leaders (*i.e.*, Principal and Director of Operations) of the allegations and of the “Call ID” number obtained from the SCR. School leaders, with assistance from MR, must prepare the New York State Office of Children and Family Services Form LDSS 2221-A (*available on KIPPSHare*) within 24 hours of MR’s oral report.
- ◇ School leaders mail or hand-deliver the LDSS 2221-A form to:

#### **Brooklyn**

Attn: Deputy Director for Admin  
NYC Administration for Children’s Services  
1274 Bedford Avenue, Brooklyn, NY 11216  
718-522-8235

#### **Bronx**

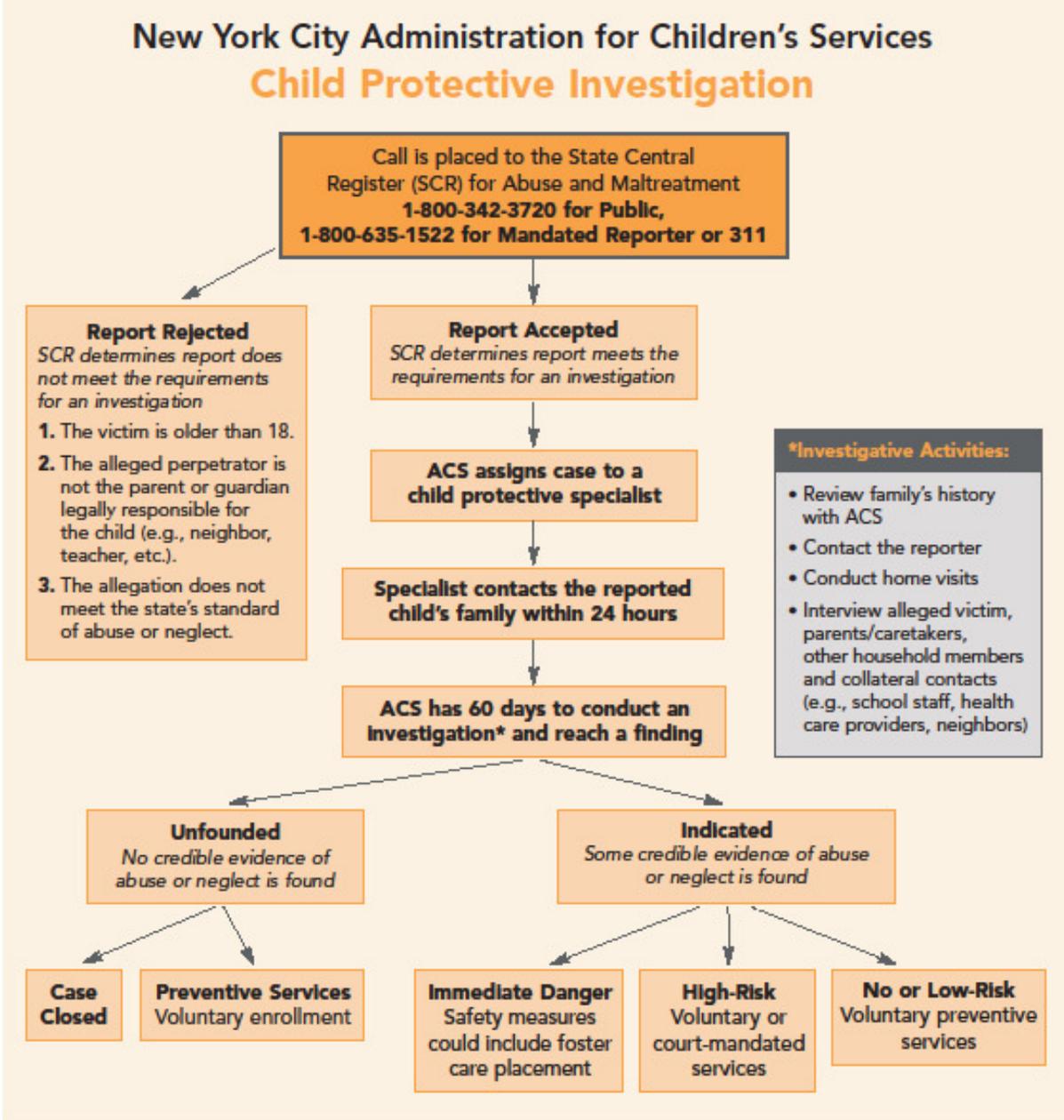
Attn: Deputy Director for Admin  
NYC Administration for Children’s Services  
2501 Grand Concourse, 5th Floor, Bronx, NY 10453  
718-933-1212

#### **Manhattan**

Attn: Deputy Director for Admin  
NYC Administration for Children’s Services  
150 William Street, 3rd Floor, NY, NY 10038  
212-676-7055

- ◇ A CPS Protective/Diagnostic Field Unit Supervisor reviews the report and immediately assigns the case to a caseworker for investigation.

## What Happens When I Report a Suspected Case of Child Abuse or Neglect?



To follow up about a case you reported, call ACS's Office of Safety First at  
**(718)-KID-SAFE (543-7233).**

<b>PHYSICAL AND BEHAVIORAL INDICATORS OF ABUSE AND NEGLECT</b>
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	PHYSICAL INDICATORS	BEHAVIORAL INDICATORS
<b>PHYSICAL ABUSE</b>	<p><b>Unexplained bruises and welts</b></p> <ul style="list-style-type: none"> <li>• Face, mouth, lips, buttocks, thighs</li> <li>• In various stages of healing or clusters</li> <li>• In shape of article used (<i>e.g.</i> electric cord, belt buckle)</li> <li>• Appearing after absence, weekend, or vacation</li> </ul> <p><b>Unexplained swelling/dislocation/sprains</b></p> <p><b>Unexplained burns</b></p> <ul style="list-style-type: none"> <li>• Cigarette or cigar burns on soles, palms, back or buttocks</li> <li>• Immersion burns (“sock-like”)</li> <li>• Rope burns on neck, arms, legs, or torso</li> </ul> <p><b>Unexplained fractures</b> to skull, nose, face in various stages of healing</p> <p><b>Unexplained lacerations</b> to mouth, lips, gums, eyes and external genitals</p>	<ul style="list-style-type: none"> <li>• Wary of adult contact</li> <li>• Apprehensive when other children cry</li> <li>• Behavioral extremes</li> <li>• Afraid to go home</li> <li>• Reports injury by parents</li> <li>• Wears long-sleeves/clothing to hide injuries</li> </ul>
<b>PHYSICAL NEGLECT</b>	<ul style="list-style-type: none"> <li>• Consistent hunger, poor hygiene, inappropriate dress</li> <li>• Consistent lack of supervision, especially in dangerous activities for long periods</li> <li>• Unattended dental or medical needs</li> <li>• Inadequate guardianship/abandonment</li> <li>• Delayed mental or motor development</li> </ul>	<ul style="list-style-type: none"> <li>• Begging or stealing food</li> <li>• Alcohol and/or drug abuse</li> <li>• Extended stay at school</li> <li>• Early arrival/late departure</li> <li>• Consistent fatigue, listlessness, or falling asleep in class</li> <li>• Delinquent (<i>e.g.</i> theft)</li> </ul>
<b>SEXUAL ABUSE</b>	<ul style="list-style-type: none"> <li>• Difficulty walking or sitting</li> <li>• Torn, stained, or bloody underclothing</li> <li>• Pain or itching in genital area</li> <li>• Bruises or bleeding in external genitalia, vaginal or anal area</li> <li>• Venereal disease</li> <li>• Pregnancy</li> </ul>	<ul style="list-style-type: none"> <li>• Unwilling to change for gym/participate</li> <li>• Withdrawal and/or fantasy behavior</li> <li>• Bizarre, sophisticated, or unusual sexual behavior</li> <li>• Poor peer relationships</li> <li>• Delinquent or runaway</li> </ul>
<b>EMOTIONAL MALTREATMENT</b>	<ul style="list-style-type: none"> <li>• Speech disorder</li> <li>• Lags in physical development</li> <li>• Failure to thrive</li> </ul>	<ul style="list-style-type: none"> <li>• Habit disorder (<i>e.g.</i> antisocial)</li> <li>• Developmental lags</li> <li>• Behavioral extremes (<i>e.g.</i> compliant, shy, aggressive)</li> </ul>

### HOW TO HANDLE DISCLOSURES OF CHILD ABUSE OR NEGLECT

*A teacher is often the adult outside the family that a child is most likely to speak to about abuse.*

In order to be a safe trusted adult for the student to come to, the teacher **should**

- React calmly to information
- Give the child a sense that his/her feelings matter (e.g. “If you’re scared, tell me.”)
- Use “active listening”
- Believe and take seriously information given by the child
- Do not act disinterested, shocked, or disgusted
- Do not take notes or interrupt the suspected victim for needless clarification
- Convey a sense of caring to the suspected victim
- If a child is not comfortable opening up to you, ask with whom he/she would like to talk

In order to be a safe trusted adult for the student to come to, the teacher **should not:**

- Examine or search for physical evidence
- Act as a therapist or detective – the only questions that should be asked are those necessary to make the report to the NYS Central Register for Child Abuse and Mistreatment
- Ask leading questions or press for answers that the child is not comfortable providing
- Make the student feel “in trouble” or “at fault” for the abuse
- Criticize or change the student’s choice of words or language
- Display shock, anger, disgust or disapproval or the parents ,the student, or the situation

When a student is disclosing information that might be considered abuse, listen carefully. Find a quiet, private place to listen to the child. Let the student tell you the information in whatever manner he/she is most comfortable with. Empathy can be developed through intense listening to the child.

- “I hear you, I understand.”
- “Can you tell me more?”
- “I see how you feel.”
- “You seem unhappy.”
- “You seem afraid.”
- “I understand your fears.”
- “I believe you.”
- “I want to help you.”
- “I want to know.”
- “I am so glad you’re talking to me.”

Word your questions so they are non-judgmental. Recognize your limitations in dealing with this complex, emotionally charged situation. If you are uncomfortable discussing this subject with the child, get help from a colleague trusted by the child.

*Students sometimes disclose abuse in a school setting.  
Some students are unaware that their disclosure is remarkable.*

### Types of Disclosure

#### DIRECT DISCLOSURE

- Situation:** A student announces the abuse privately or in class.
- Action:** If the student discloses in front of the class, acknowledge the disclosure and tell the student you want to speak further privately

#### INDIRECT DISCLOSURE

- Situation:** A student alludes to abuse rather than describing it directly.
- Action:** A student may not know how to speak more directly, may be embarrassed or afraid to tell, or may be trying to get around a promise to stay silent. Encourage a student to be more specific, but do not supply the words – ask open ended questions.  
*e.g., “Can you talk about that a bit more, so I understand?”*

#### DISGUISED DISCLOSURE

- Situation:** A student depicts the abuse as a friend’s problem.  
*e.g., “My friend is having problems with her stepfather.” “There’s this girl who told her mother an older person was hitting on her, but her mother thought she was making it up.*
- Action:** Do not challenge the student’s account. Encourage the student to talk to you further and reassure the student that the problem is not the friend’s fault. In time, the student may tell you that the problem is not a friend’s but his/her own.

#### DISCLOSURE WITH A CATCH

- Situation:** A student may reveal a problem, but asks you not to tell.  
*e.g., “Something is happening to me, but this has to stay just between us.”*
- Action:** The student may want the relief of discussing it, without risking that something negative will happen to the abuser. Do not make a promise that you cannot keep. As a mandated reporter, you are legally required to report abuse. Offer your help but inform the student immediately that you may need to consult with other appropriate persons.