

SAFE AND DRUG FREE SCHOOLS – CHECK LIST

SCHOOL NAME: _____ SCHOOL YEAR _____



SCHOOL HANDBOOK

☐	SCHOOL HANDBOOK UPDATED (Due 9/1)
☐	SCHOOL HANDBOOK UPLOADED ON EDLINE (Due 9/1)
☐	
☐	
☐	



ONE HOUR INSERVICE / STAFF SUBSTANCE ABUSE

☐	AGENDA ATTACHED (Due 9/1)
☐	SIGN-IN SHEET FROM STAFF ATTACHED (Due 9/1)
☐	
☐	
☐	



CRISIS MANAGEMENT PLAN

☐	SCHOOL CRISIS TEAM FORM (Due 9/1)
☐	TEACHER ROSTER (Due 9/1)
☐	FIRE ESCAPE ROUTE/EVACUATION ROUTE/OFF SITE SHELTER (Due 9/1)
☐	AGENDA & SIGN-IN SHEET FROM CRISIS TEAM MTG – 1 ST SEMESTER (Due 12/1)
☐	AGENDA & SIGN-IN SHEET FROM CRISIS TEAM MTG – 2 ND SEMESTER (Due 5/1)
☐	LOCKDOWN DRILL CONDUCTED – 1 ST SEMESTER – FORM COMPLETED (Due 12/1)
☐	LOCKDOWN DRILL CONDUCTED – 2 ND SEMESTER – FORM COMPLETED (Due 5/1)



EMPLOYEE & STUDENT “DRUG & TOBACCO” POLICY

☐	EMPLOYEES AWARE OF ONLINE POLICY (Due 9/1)
☐	EMPLOYEES SIGNED FORM (Due 9/1)
☐	TEACHERS MADE STUDENTS AWARE AND REVIEWED ONLINE POLICY (Due 9/1)
☐	TEACHERS SIGNED AWARENESS FORM (Due 9/1)



DOCUMENTATION OF DRUG EDUCATION TAUGHT

☐	16 HOURS OF SUBSTANCE ABUSE/PREVENTION EDUCATION FOR PREK – 9 TH
☐	8 HOURS OF SUBSTANCE ABUSE/PREVENTION EDUCATION FOR 10 – 12
☐	ALL TEACHERS WHO TEACH DRUG ED. HAVE COMPLETED FORM (Due 5/1)
☐	
☐	

School Crisis Team

POSITION	JOB DESCRIPTION	NAME	HOME PHONE	CELL PHONE
Incident Commander	Individual responsible for all incident activities, including the development of strategies, tactics, ordering and release of resources. The IC has overall authority and responsibility for conducting incident operations and for the management of all operations at the incident site.	(Principal Recommended)		
Public Information Officer	Individual responsible for interfacing with the public and media or with other agencies with incident-related information requirements.	(Asst. Principal Recommended)		
Liaison Officer	Individual responsible for coordinating with representative from cooperating and assisting agencies.	(Teacher/Nurse Recommended)		
Safety Officer	Individual responsible for monitoring and assessing safety hazards, unsafe situations, developing measures for ensuring personnel safety.	(Counselor Recommended)		
Operations Section Chief	Individual responsible for all tactical operations at the incident. Includes: Branches, Divisions, Groups, Task Forces, Strike Teams, Single Resources, and Staging Areas.	(Psychologist Recommended)		
Logistics Section Chief	Individual responsible for providing facilities, services, and materials for the incident.	(Building Supervisor Recommended)		
Finance/Adm. Chief	Individual responsible for all incident cost and financial considerations. Includes the Time Unit, Procurement Unit, Compensation/Claims Units, and Cost Unit.	(Bookkeeper/Secretary Recommended)		

CPR/First Aid Certified Persons

NAME	ROOM NUMBER	CERTIFICATION (Circle)		
		CPR	FIRST AID	COUNSELING
		CPR	FIRST AID	COUNSELING
		CPR	FIRST AID	COUNSELING

EMERGENCY COMMAND POST: _____

This form is sent via electronically with requirements to be completed and returned to: Instructional Annex Department / Attn: Curtis Pate

Due: September 1st of each calendar school year

TEACHER ROSTER

PRINCIPAL: _____ ASST. PRINCIPAL: _____

SECRETARY: _____ ASST. PRINCIPAL: _____

SECRETARY: _____ ASST. PRINCIPAL: _____

[illegible]

FIRE ESCAPE ROUTE / EVACUATION ROUTE

SCHOOL: _____

PRINCIPAL: _____

RELOCATION CENTER“s”

MY “PRIMARY” RELOCATION CENTER IS: _____

LOCATED AT: _____

PHONE NO.: _____

MY “SECONDARY” RELOCATION CENTER IS: _____

LOCATED AT: _____

PHONE NO.: _____

***ATTACH A COPY OF YOUR FIRE ESCAPE ROUTE / EVAUCATION ROUTE
TO THIS FORM***

***(This form is sent via electronically with requirements to be completed and returned to:
pate@opsb.net)***

Due: September 1st of each calendar school year

SCHOOL CRISIS TEAM MEETING SIGN-IN SHEET

Topic:

Meeting Date:

Facilitator:

Place/Room:

Name	Title	Position	Signature
	(Principal Recommended)	Incident Commander	
	(Asst. Principal Recommended)	Public Information Officer	
	(Teacher/Nurse Recommended)	Liaison Officer	
	(Counselor Recommended)	Safety Officer	
	(Psychologist Recommended)	Operations Section Chief	
	(Building Supervisor Recommended)	Logistics Section Chief	
	(Bookkeeper/Secretary Recommended)	Finance/Adm. Chief	

***** Please attach agenda.**

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1st semester due: December 1st of each calendar school year

2nd semester due: May 1st of each calendar school year

“LOCKDOWN” DRILLS

SCHOOL: _____

PRINCIPAL: _____

1ST SEMESTER COMPLETED DATE: _____

2ND SEMESTER COMPLETED DATE: _____

This form is sent via electronically with requirements to be completed and returned to: Instructional Annex Department / Attn: Curtis Pate

1st semester due: December 1st of each calendar school year

2nd semester due: May 1st of each calendar school year

EMPLOYEE CERTIFICATION DOCUMENT

The following employees have been made aware of the "Ouachita Parish Employee Policy and Procedures/Working Conditions" available online.

Note: All employees of the Ouachita Parish School System should indicate by their signature below that they have reviewed and will adhere to the Ouachita Parish Drug Free Employee Policy as mandated by federal law.

SUPERVISOR:
PRINCIPAL: _____
(Signature)

DEPARTMENT:
SCHOOL: _____

SUPERVISOR:
PRINCIPAL: _____
(Printed Name)

DATE: _____

EMPLOYEE'S SIGNATURE

EMPLOYEE'S SIGNATURE

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STUDENT DRUG & TOBACCO POLICY

"AWARENESS FORM"

I attest that I have made my students aware of the Ouachita Parish School Board Student Substance Abuse Policy. I have retrieved the policy up on my smartboard (via-Edline/school web page), reviewed it with my class, printed out a copy, and posted/displayed it in student's full view in my classroom.

(Attached is a list of my classroom student roster)

TEACHER: _____ GRADE: _____ DATE: _____
(Signature)

TEACHER: _____ SCHOOL: _____
(Printed Name)

PRINCIPAL: _____
(Signature)

EACH TEACHER IS REQUIRED TO REVIEW THE POLICY WITH HIS/HER STUDENTS AND FILL OUT THIS FORM.

Due: September 1st of each calendar school year

DOCUMENTATION OF DRUG EDUCATION HOURS

The State Department of Education mandates that ALL students will be provided with the following hours of Drug Education:

- Sixteen (16) hours for grades Pre K – 9
- Eight (8) hours for grades 10 – 12

Note: This form is required to be completed by those teachers **who teach** the required hours of Drug Education. This form should be submitted to the school principal by the **FIRST Friday of May** of each school calendar year.

THIS IS TO CERTIFY THAT I HAVE PROVIDED TO ALL MY STUDENTS THE STATE REQUIRED HOURS OF DRUG EDUCATION FOR THE CURRENT SCHOOL YEAR.

SCHOOL NAME: _____

TEACHER NAME: _____

(Printed) (Signed)

CLASS TITLE/GRADE: _____

DATE SUBMITTED TO PRINCIPAL: _____

[illegible]

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Due: May 1st of each calendar year.