

**District Annual Review of Safety Plans, Protocols, Procedures,  
& School Safety Drills Report**  
(as required by Public Act 094-0600, HB 2693)

District: 900 Pccs Fiscal Year: 17/18

1. Summary of changes to the existing school safety plans and drill plans as recommended at the Annual Review meetings:

Details for "ALICE" Training. Run-HIDE-FIGHT  
Include After Hours Language to Safety Plan.  
Includes CIRT Definitions

2. a. Date of Annual Review meeting(s): 10 July, 2018  
b. Participants and attendance record:          Attached OR  Listed below

Dana Walker GLFD  
Joe Holtz GLPD

3.  A check (✓) certifies that the school district conducted an effective review of the emergency and crisis response plans, protocols, and procedures and the school safety drill programs of the district and each of its school buildings.

4.  A check (✓) indicates that the school district will implement those plans, protocols, procedures, and programs, during the academic year.

5.   
Signature of school board designee

Board Chair  
Title of school board designee

7/10/2018  
Date

6.   
Signature District Superintendent

7-10-18  
Date

# Annual Review Report

District: D 900 PCCS School: Prairie Crossing Charter Sch. Annual Review Date(s): July 9, 2018

105 ILCS 128, Section 25. Annual Review Meeting

PCCS

a) **Purpose.** Each school (public and non-public), through its school board or the board's designee shall conduct a minimum of one annual meeting at which it will review each school building's emergency and crisis response plans, protocols, and procedures and each building's compliance with the school safety drill programs. The purpose of this annual review shall be to review and update the emergency and crisis response plans, protocols and procedures, and the school safety drill programs.

b) **Participants.** Each school board or the board's designee is required to participate in the annual review and to invite each of the following parties to the annual review and provide each party with a minimum of 30-days' notice before the date of the annual review:

- 1) Principal(s) or designee. Tony Zamias
- 2) Representatives of any other education-related organization or association deemed appropriate by district. \_\_\_\_\_
- 3) Representatives from all local first responder organizations to participate, advise, and consult in the review process, including but not limited to:
  - A) Appropriate local fire department or district(s). Grayslake PD - Dave Spollen (2781)
  - B) Appropriate local law enforcement agency. Grayslake PDI - J. HOLTZ - 25
  - C) Appropriate local emergency medical services agency if the agency is a separate, local first responder unit. Grayslake FP
  - D) Any other member of the first responder or emergency management community that has contacted the district superintendent or his or her designee during the past year to request involvement in a school's emergency planning or drill process. \_\_\_\_\_
- 4) School board's choice to invite to the annual review any other persons who it believes will aid in the review process, including, but not limited to, any members of any other education-related organization or the first responder or emergency management community. \_\_\_\_\_

c) **Report.** Upon conclusion of annual review, school board or board's designee shall sign one page report including:

- 1) Summary of recommended changes to existing school safety plans and drill plans are attached.
- 2) The parties listed above (b) were invited to the annual review and provided with a minimum of 30-days' notice before the date of the annual review. The annual review's attendance record is attached.
- 3) This certifies that an effective review of the emergency and crisis response plans, protocols, and procedures and the school safety drill programs for all/every school building at PCCS (school district) located at 1531 Jones Pt. Road, Grayslake, IL (address) has occurred. July 9, 2018 (school board or board's designee) [Signature] (signature).
- 4) The school district will train on and implement those plans, protocols, and programs, during the academic year.
- 5) The plan is hereby authorized by Edward T. [Signature] (school board or board's designee) Ed Jamison (signature) on this day of 7/10/2018 (date).

d) **Copies and Comments.** The school board or its designee shall send a copy of this report to each party that participates in the annual review process and to the regional superintendent of schools. If any of the participating parties have comments on the certification document, those parties shall submit their comments in writing to the appropriate regional superintendent. The regional superintendent shall maintain a record of these comments.

Cc: Annual Review Participants, Appropriate Regional Superintendent

**SCHOOL DRILL DOCUMENTATION**

DISTRICT NAME AND NUMBER <b>D. 900 FCCS</b>				SCHOOL NAME <b>Prairie Crossing Charter School</b>				PRINCIPAL IN CHARGE <b>Tony Zawiar</b>							
<b>DRILL TYPE</b>		<b>INCIDENT TYPE</b>		<b>SIMULATED CONDITION</b>		<b>DATE</b>		<b>TIME</b>							
<b>EVACUATION 1</b>		<b>FIRE</b>		<b>FIRE / SMOKE</b>		<b>Sept 29 2017</b>		<b>10:00</b>							
Initials of Key School Participants and Backups						Evaluation of Drill Objectives (Check "S" for satisfactory or "I" for improvement(s) needed.)									
Discovery	Leader	Monitor	Spokesperson	Recorder	Notification Effectiveness	Planned Response Understood	Movement to Safe Area	First Responder Communication	Accounting for Occupants						
BB	NM	TB	YS	YS	FV	TZ		YS	FV	<input checked="" type="checkbox"/> S <input type="checkbox"/> I	<input checked="" type="checkbox"/> S <input type="checkbox"/> I	<input checked="" type="checkbox"/> S <input type="checkbox"/> I	<input checked="" type="checkbox"/> S <input type="checkbox"/> I	<input type="checkbox"/> S <input type="checkbox"/> I	<input checked="" type="checkbox"/> S <input type="checkbox"/> I
Local Fire Official Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						Local Fire Official's Initials to certify that a school evacuation drill was conducted while present <b>JAW-2181</b>									

By Loc not Person

<b>DRILL TYPE</b>		<b>INCIDENT TYPE</b>		<b>SIMULATED CONDITION</b>		<b>DATE</b>		<b>TIME</b>						
<b>EVACUATION 2</b>		<b>FIRE</b>		<b>FIRE / SMOKE</b>		<b>Nov 15 - 2017</b>		<b>1:30</b>						
Initials of Key School Participants and Backups						Evaluation of Drill Objectives (Check "S" for satisfactory or "I" for improvement(s) needed.)								
Discovery	Leader	Monitor	Spokesperson	Recorder	Notification Effectiveness	Planned Response Understood	Movement to Safe Area	First Responder Communication	Accounting for Occupants					
	TZ		TZ	FV	YS			FV	YS	<input checked="" type="checkbox"/> S <input type="checkbox"/> I	<input checked="" type="checkbox"/> S <input type="checkbox"/> I	<input checked="" type="checkbox"/> S <input type="checkbox"/> I	<input type="checkbox"/> S <input type="checkbox"/> I	<input checked="" type="checkbox"/> S <input type="checkbox"/> I
Local Fire Official Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						Local Fire Official's Initials to certify that a school evacuation drill was conducted while present _____								

<b>DRILL TYPE</b>		<b>INCIDENT TYPE</b>		<b>SIMULATED CONDITION</b>		<b>DATE</b>		<b>TIME</b>						
<b>EVACUATION 3</b>		<b>FIRE</b>				<b>March 19 - 2018</b>		<b>8:30</b>						
Initials of Key School Participants and Backups						Evaluation of Drill Objectives (Check "S" for satisfactory or "I" for improvement(s) needed.)								
Discovery	Leader	Monitor	Spokesperson	Recorder	Notification Effectiveness	Planned Response Understood	Movement to Safe Area	First Responder Communication	Accounting for Occupants					
	TZ	YS	FV		TZ		TZ	YS		<input checked="" type="checkbox"/> S <input type="checkbox"/> I	<input checked="" type="checkbox"/> S <input type="checkbox"/> I	<input checked="" type="checkbox"/> S <input type="checkbox"/> I	<input type="checkbox"/> S <input type="checkbox"/> I	<input checked="" type="checkbox"/> S <input type="checkbox"/> I
Local Fire Official Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						Local Fire Official's Initials to certify that a school evacuation drill was conducted while present _____								

<b>DRILL TYPE</b>		<b>INCIDENT TYPE</b>		<b>SIMULATED CONDITION</b>		<b>DATE</b>		<b>TIME</b>		
<b>BUS EVACUATION 1</b>						<b>Aug-17-2017</b>		<b>9:00</b>		
Initials of Key School Participants and Backups						Evaluation of Drill Objectives (Check "S" for satisfactory or "I" for improvement(s) needed.)				
Discovery	Leader	Monitor	Spokesperson	Recorder	Notification Effectiveness	Planned Response Understood	Movement to Safe Area	First Responder Communication	Accounting for Occupants	
				YS	<input type="checkbox"/> S <input type="checkbox"/> I	<input type="checkbox"/> S <input type="checkbox"/> I	<input type="checkbox"/> S <input type="checkbox"/> I	<input type="checkbox"/> S <input type="checkbox"/> I	<input type="checkbox"/> S <input type="checkbox"/> I	<input type="checkbox"/> S <input type="checkbox"/> I
Drill accounted for in Curriculum? <input type="checkbox"/> Yes <input type="checkbox"/> No						Curriculum includes instruction safe bus riding practices for all students? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				

<b>DRILL TYPE</b>		<b>INCIDENT TYPE</b>		<b>SIMULATED CONDITION</b>		<b>DATE</b>		<b>TIME</b>		
<b>SHELTER IN PLACE 1</b>		<b>TORNADO</b>				<b>March 7 - 2018</b>		<b>9:30</b>		
Initials of Key School Participants and Backups						Evaluation of Drill Objectives (Check "S" for satisfactory or "I" for improvement(s) needed.)				
Discovery	Leader	Monitor	Spokesperson	Recorder	Notification Effectiveness	Planned Response Understood	Movement to Safe Area	First Responder Communication	Accounting for Occupants	
TB		TB		TB	<input checked="" type="checkbox"/> S <input type="checkbox"/> I	<input checked="" type="checkbox"/> S <input type="checkbox"/> I	<input checked="" type="checkbox"/> S <input type="checkbox"/> I	<input checked="" type="checkbox"/> S <input type="checkbox"/> I	<input checked="" type="checkbox"/> S <input type="checkbox"/> I	<input checked="" type="checkbox"/> S <input type="checkbox"/> I
Local First Responder Present? <input type="checkbox"/> Yes <input type="checkbox"/> No						Local First Responder's Initials to certify that a shelter-in-place drill was conducted while present _____				

<b>DRILL TYPE</b>		<b>INCIDENT TYPE</b>		<b>SIMULATED CONDITION</b>		<b>DATE</b>		<b>TIME</b>		
<b>LAW ENFORCEMENT 1</b>		<b>SHOOTING</b>				<b>9/14/17</b>				
Initials of Key School Participants and Backups						Evaluation of Drill Objectives (Check "S" for satisfactory or "I" for improvement(s) needed.)				
Discovery	Leader	Monitor	Spokesperson	Recorder	Notification Effectiveness	Planned Response Understood	Movement to Safe Area	First Responder Communication	Accounting for Occupants	
	TZ	YS		YS	<input checked="" type="checkbox"/> S <input type="checkbox"/> I	<input checked="" type="checkbox"/> S <input type="checkbox"/> I	<input checked="" type="checkbox"/> S <input type="checkbox"/> I	<input type="checkbox"/> S <input type="checkbox"/> I	<input checked="" type="checkbox"/> S <input type="checkbox"/> I	<input checked="" type="checkbox"/> S <input type="checkbox"/> I
Local Law Enforcement Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						Local Law Enforcement's Initials to certify that a school lockdown drill was conducted while present <b>JWH</b>				

CC: Appropriate Regional Superintendent or OSFM if non-public school