



Miami-Dade County Public Schools

School-Based Critical Incident Response Team Profile

School Years _____ - _____
 Input Year Input Year

**Update Form
 Semiannually on
 09/11 & 03/01
 or as changes
 occur**

Complete And Sign

(Input Year Updated and Complete the 3 Signature Pages) And Send To:

- (1) Administrative Director At Your Region Center
- (2) District Student Services Crisis Team - Mail Code 9721
- (3) Miami-Dade Schools Police - Mail Code 9913
- (4) Email PDF to ercm@dadeschools.net

4 Page Form
 Page 1 - Incident Organization Chart
 Page 2 - Signature Sheet
 Page 3 - Signature Sheet
 Page 4 Signature Sheet
 Print and Staple

School Site Incident Organization Chart

UNIFIED COMMAND

Administrator / Critical Incident Response Coordinator

Police Incident Commander - SRO

Semiannually

INFORMATION OFFICER

Is responsible for developing and disseminating information about the incident to the news media, to incident personal, and to other agencies and organizations.

Media Liaison

SCRIBE

Establishes and maintains logs; to include, Operations Log, Command Post Operation Log, School Command Post Sign-In Log, Notifications, appropriate and School Incident Organization Chart

Office Manager

OPERATIONS SECTION

Conducts tactical operations to carry out the plan. Develops tactical objectives, directs all resources.

CP Security, Search Teams
 Evacuation Teams,
 Notifications FD / PD / Other
 Scribe Communication log,
 Administration Duties

**Assistant Principal
 Campus Security
 Classroom Support
 Clerical Services
 Counseling Services
 Family Support**

PLANNING SECTION

Develops the action plan to accomplish the objectives, collects and evaluates information, maintains resource status

Suspicious Packages,
 Threats Received,
 Witness, Classrooms,
 Maps / Blueprints,
 Diagrams. CCTV
 Tapes

**Assistant Principal
 Admin. Director
 School Network
 Administrator/IT
 Head Custodian
 School Nurse
 Hospitality Services
 Memorial Services**

LOGISTICS SECTION

Provides support to meet incident needs, provides resources and all other services needed to support the incident

Equipment, Security
 Personnel, Communication,
 Supplies, Food / Water

**Assistant Principal
 Cafeteria Manager
 First Aid / CPR Services
 Custodial Services**

FINANCE / ADMINISTRATION SECTION

Monitors costs related to incident, provides accounting, procurement organization, time recording and cost analysis.

Treasurer



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SBCIRT - Facility and Contact / Signature Sheet (1)

FACILITY INFORMATION

School: _____ Mail Code: _____ Region Center #: _____

Principal: _____ Alternate: _____

Telephone: _____ Hotline: _____ Web Address: _____

UNIFIED COMMAND

Administrator: _____

Primary Contact _____ Phone _____ Alternate _____ Phone _____

SIGNATURE

Primary Contact

Alternate

S.R.O.:

Primary Contact _____ Phone _____ Alternate _____ Phone _____

SIGNATURE

Primary Contact

Alternate

Media
Liaison:

Primary Contact _____ Phone _____ Alternate _____ Phone _____

SIGNATURE

Primary Contact

Alternate

Office Manager:

Primary Contact _____ Phone _____ Alternate _____ Phone _____

SIGNATURE

Primary Contact

Alternate

OPERATIONS

Assistant
Principal:

Primary Contact _____ Phone _____ Alternate _____ Phone _____

SIGNATURE

Primary Contact

Alternate

Campus
Security:

Primary Contact _____ Phone _____ Alternate _____ Phone _____

SIGNATURE

Primary Contact

Alternate

Classroom
Support:

Primary Contact _____ Phone _____ Alternate _____ Phone _____

SIGNATURE

Primary Contact

Alternate

Clerical
Services:

Primary Contact _____ Phone _____ Alternate _____ Phone _____

SIGNATURE

Primary Contact

Alternate

Counseling
Services:

Primary Contact _____ Phone _____ Alternate _____ Phone _____

SIGNATURE

Primary Contact

Alternate

Family
Support:

Primary Contact _____ Phone _____ Alternate _____ Phone _____

SIGNATURE

Primary Contact

Alternate



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School-Based Critical Incident Response Team Profile

SBCIRT - Facility and Contact / Signature Sheet (2)

PLANNING

Assistant
Principal:

Primary Contact	Phone	Alternate	Phone
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SIGNATURE

<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
<i>Primary Contact</i>		<i>Alternate</i>	

Admin.
Director:

Primary Contact	Phone	Alternate	Phone
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SIGNATURE

<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
<i>Primary Contact</i>		<i>Alternate</i>	

School Network
Admin. IT:

Primary Contact	Phone	Alternate	Phone
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SIGNATURE

<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
<i>Primary Contact</i>		<i>Alternate</i>	

Head
Custodian:

Primary Contact	Phone	Alternate	Phone
-----------------	-------	-----------	-------

SIGNATURE

<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
<i>Primary Contact</i>		<i>Alternate</i>	

School
Nurse:

Primary Contact	Phone	Alternate	Phone
-----------------	-------	-----------	-------

SIGNATURE

<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
<i>Primary Contact</i>		<i>Alternate</i>	

Hospitality
Services:

Primary Contact	Phone	Alternate	Phone
-----------------	-------	-----------	-------

SIGNATURE

<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	

Memorial
Services:

Primary Contact	Phone	Alternate	Phone
-----------------	-------	-----------	-------

SIGNATURE

<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	

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SBCIRT - Facility and Contact / Signature Sheet (3)

LOGISTICS

Assistant Principal:

Primary Contact Phone Alternate Phone
SIGNATURE [X] [X]
Primary Contact Alternate

Cafeteria Manager:

Primary Contact Phone Alternate Phone
SIGNATURE [X] [X]
Primary Contact Alternate

First Aid CPR Services:

Primary Contact Phone Alternate Phone
SIGNATURE [X] [X]
Primary Contact Alternate

Custodial Services:

Primary Contact Phone Alternate Phone
SIGNATURE [X] [X]
Primary Contact Alternate

FINANCE / ADMINISTRATION

Treasurer:

Primary Contact Phone Alternate Phone
SIGNATURE [X] [X]
Primary Contact Alternate

The S.R.O. has received and has possession of the facilities master key / keys.

Number of keys received _____

[X] S.R.O.'s Signature Date

The School-Based Critical Incident Response Team Members met on _____ Date and have been advised of their assignments and their responsibilities regarding critical incidents at this school.

[X] Principal's Signature Date