

Appendix A



COMMONWEALTH OF PENNSYLVANIA PENNSYLVANIA DEPARTMENT OF THE AUDITOR GENERAL

Act 44 Auditee Reporting Form (School District Audits)

The Department of the Auditor General provides this form for every school district to report its adoption of the Department's recommendations in its most recent audit pursuant to Act 44 of 2017 amendments to The Fiscal Code regarding Auditee reporting requirements and the Department's STATEMENT OF POLICY and FORM in 4 Pa. Code Part XIV published in the Pennsylvania Bulletin on February 10, 2018.

Within **120 business days** of the publication of the audit listed below, the school district must submit a response to the Department detailing the adoption of the Department's recommendations, or the reason why recommendations have not been adopted.

AUN:	128321103	School:	Blairsville-Saltsburg School District	CAN:	112470
Audit Period:	July 1, 2013 to June 30, 2017	Findings:	One	Recommendations:	Three

District Response: (Textbox below will expand or attachments can be added as necessary)

The District agrees with the findings and have taken precautionary measures to ensure this incident will be rectified. The Superintendent provided each principal with the school code that relates to fire drills. This was also noted in the principals' evaluations that this code was to be followed to the letter.

The District will also use a standardized form for recording the drill and all pertinent information to log the event appropriately. By utilizing the standard form there will be no confusion as to what school conducted the safety drill.

Note: Pursuant to Section 1.5 of Act 44, if the Auditee fails to respond to the Department's recommendations within **120 business days**, the Department will notify the Governor and the Chairpersons and Minority Chairpersons of the Appropriations Committees of the Senate and the House of Representatives, which may consider an Auditee's failure to respond to the Department's audit when determining the Auditee's future appropriations.



Jeff Soles <solesjeff@b-ssd.org>

New Form

1 message

Jeff Soles <solesjeff@b-ssd.org>

To: Allan Berkhimer <berkhimerallan@b-ssd.org>, Amy Citeroni <citeroniamy@b-ssd.org>, Tracy Richards <richardstracy@b-ssd.org>, Michael Leasure <leasuremichael@b-ssd.org>

Wed, Jan 16, 2019 at 9:18 AM

Principals,

Please start using the attached form when conducting your drills. In the future we will attempt to make the form an editable PDF.

Thank you,

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Thank you,

Jeffrey T. Soles, Superintendent

Blairsville - Saltsburg School District

(724)459-5500

CONFIDENTIALITY NOTE: The information transmitted, including attachments, is intended only for the person(s) or entity to which it is addressed and may contain confidential and/or privileged material. Any review, retransmission, dissemination or other use of, or taking of any action in reliance upon this information by persons or entities other than the intended recipient is prohibited. If you received this in error, please contact the sender and destroy any copies of this information.

 **PA-Emergency-Drill-Reporting-Form.pdf**
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INSTRUCTIONS for USE

PA Emergency Drill Reporting Form

Introduction:

This form is one suggested format to use for recording your school emergency drills. Many districts have specific forms that already are used for recording drills. Pennsylvania at this time does not have a required form for recording school emergency drills. Schools districts must comply with Pa Department of Education (PDE) regulations school fire drills and school bus evacuation drills each year and submit a PDE-4101.

Instructions for use:

The sections of this form are designed to be completed by the person in charge of the drill. Many of the blocks are created using a check off format. Schools may wish to utilize attachments for creating objectives and providing feedback (after action reporting).

Technical Assistance:

Pennsylvania schools desiring technical assistance in the use of this form or other emergency response and planning considerations are encouraged to contact the Center for Safe Schools, (717) 763-1661 or by e-mail at safeschools@csc.csiu.org.

The form begins on the next page.





Emergency Drill Reporting Form

School:	Date:	
District:	# Students:	# Staff:
Person Completing Form and Title:	# Visitors	TOTAL PARTICIPANTS

Time Drill Began:	Time Drill Concluded:	Time to Evacuate: (fire/evacuation drills only)
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Type of Drill:	Type of School:	Weather Conditions:
<input type="checkbox"/> Fire / Evacuation <input type="checkbox"/> Lockdown <input type="checkbox"/> Modified Lockdown <input type="checkbox"/> Shelter-in-Place (SiP) <input type="checkbox"/> Medical Emergency <input type="checkbox"/> Weather Emergency <input type="checkbox"/> Other: _____	<input type="checkbox"/> Elementary <input type="checkbox"/> Middle School <input type="checkbox"/> Junior High School <input type="checkbox"/> High School <input type="checkbox"/> K-8 <input type="checkbox"/> K-12 <input type="checkbox"/> Alternative School <input type="checkbox"/> Other	<input type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Raining <input type="checkbox"/> Rain and wind <input type="checkbox"/> Windy <input type="checkbox"/> Snow / Sleet <input type="checkbox"/> Hail Ambient Temperature _____ F

Participants: (check all that apply)	Notification / Alert Method:	Situation at Start of Drill:
<input type="checkbox"/> School Administrators <input type="checkbox"/> Teachers / Para-educators <input type="checkbox"/> Custodial Staff <input type="checkbox"/> Students <input type="checkbox"/> School Security Officers <input type="checkbox"/> Law Enforcement <input type="checkbox"/> Fire Department <input type="checkbox"/> Emergency Medical Services <input type="checkbox"/> County Emergency Mgmt. <input type="checkbox"/> Other	<input type="checkbox"/> Bell or Buzzer <input type="checkbox"/> Enhanced Alert System <input type="checkbox"/> Intercom <input type="checkbox"/> Phone <input type="checkbox"/> Voice Notification <input type="checkbox"/> Siren <input type="checkbox"/> Other:	<input type="checkbox"/> Before School <input type="checkbox"/> During Class Time <input type="checkbox"/> Passing Time <input type="checkbox"/> Recess <input type="checkbox"/> Lunch Time <input type="checkbox"/> Assembly <input type="checkbox"/> After School <input type="checkbox"/> Other:

Incident Command System Used?	Incident Commander:	Operations Chief:
<input type="checkbox"/> Yes <input type="checkbox"/> No		

LIST THE OBJECTIVES for the DRILL BELOW





Emergency Drill Reporting Form

Page 2

Problems Encountered: (Check all that apply)	Attach Separate Sheet Documenting Specific Issues
<input type="checkbox"/> Congestion in hallways <input type="checkbox"/> Alarm not heard <input type="checkbox"/> Students unsure of what to do / proper <input type="checkbox"/> Staff unsure of responsibilities / response <input type="checkbox"/> Weather-related problems <input type="checkbox"/> Unable to lock doors <input type="checkbox"/> Windows not covered <input type="checkbox"/> Windows left open <input type="checkbox"/> Doors left open <input type="checkbox"/> Lights left on <input type="checkbox"/> Students not accounted for / attendance <input type="checkbox"/> Difficulties with evacuation of disabled students or staff <input type="checkbox"/> Unable to access school mapping system <input type="checkbox"/> Students unaccounted for (note # below)	<input type="checkbox"/> Radio communication problems <input type="checkbox"/> Network / computer problems <input type="checkbox"/> Noise impedes communications <input type="checkbox"/> Students not out of sight (lockdown drill) <input type="checkbox"/> Long time to evacuate building <input type="checkbox"/> Students not serious about drill <input type="checkbox"/> Frightened students (lockdown drill) <input type="checkbox"/> Improper or unavailable supplies (SiP) <input type="checkbox"/> Confusion <input type="checkbox"/> Doors or Exits blocked <input type="checkbox"/> Transportation <input type="checkbox"/> Interagency miscommunications <input type="checkbox"/> Incident command problems <input type="checkbox"/> Other: _____ _____
Extenuating Circumstances / Identified Factors / Special Conditions Simulated:	

Mitigation / Plans for Improvement: (check all that apply and explain below)	
<input type="checkbox"/> Additional staff training <input type="checkbox"/> Additional student training <input type="checkbox"/> Address need for additional equipment <input type="checkbox"/> Improved emergency supplies <input type="checkbox"/> Cooperative planning with responders <input type="checkbox"/> Revised emergency procedures <input type="checkbox"/> Additional Drills or Exercising Needed	<input type="checkbox"/> OTHER (list)

Form Completed by

Printed Name

Title

Signature

Date

