Welcome to the 2016 Virginia School Safety Survey

This is a secure, web-based survey conducted by the Virginia Center for School and Campus Safety (VCSCS). Submission of this survey partially fulfills the Virginia School Safety Audit requirement. (Virginia Code §22.1-279.8) .

While answering the following survey questions, please base your responses on the conditions in your school during the 2015-2016 school year, unless otherwise instructed. You are required to provide a response to each survey question in order to complete the survey.

Should you have any questions or experience technical problems with the survey, contact Jessica Smith at the VCSCS, 804-786-5367 or jessica.smith@dcjs.virginia.gov or Donna Michaelis at 804-371-6506 or donna.michaelis@dcjs.virginia.gov .

Questions contained in this survey may elicit responses that are exempt from public release pursuant to Virginia Code Sections 2.2-3705.2 and 22.1-279.8. Each public body is responsible for exercising its discretion in determining whether such exemptions will be invoked. The DCJS Virginia Center for School and Campus Safety will report aggregate survey data for all schools and will not share individual school responses unless otherwise required by state law.

2016 Virginia School Safety Survey

I. SCHOOL IDENTIFICATION AND DEMOGRAPHIC INFORMATION

1. What is the name of your school division? *(select from drop-down list)*

2. What is the *full* name of your school?
    > **IMPORTANT**: School name must match our database for you to receive credit for the survey. Please use this link to find the formal school name, then copy and paste into this box.

3. What is your school's ID number?
    > **IMPORTANT**: ID number must match your school name for you to receive credit for the survey. Please use this link to find the 4-digit ID number, then copy and paste into this box.

If we have any questions about your survey responses, we would like to be able to contact you. Please provide us with your contact information:

4. What is your name?

5. What is your title?

6. What is your phone number?

7. What is your email address?

8. Which of the following best describes your school? (*select one*)

Elementary
Middle
High
Combined Grades
Primary
Pre-Kindergarten
Alternative
Career/Technical/Vocational
Charter
Magnet
Governor's
Special Education
Correctional Education
Adult Education
School for the Deaf and Blind
Other (describe):

9. What grades were taught at your school during 2015-2016? (*select all that apply*)

Pre-Kindergarten
Kindergarten
1st grade
2nd grade
3rd grade
4th grade
5th grade
6th grade
7th grade
8th grade
9th grade
10th grade
11th grade
12th grade
Not applicable

10. What was your <u>fall membership enrollment number</u> on September 30, 2015?

(enter numeric response)

II.   ASSESSMENT, PLANNING, AND COMMUNICATION

School Crisis/Emergency Management/Medical Response Plan

Virginia Code § 22.1-279.8 describes school crisis and emergency management plans. It also states that *"each school board shall ensure that every school that it supervises shall develop a written school crisis, emergency management, and medical response plan."*

Practice

11. Did your school practice any portion of its Crisis Management Plan/Emergency Management Plan (CMP/EMP) during the 2015-2016 school year? *(Practice does not include an actual emergency. You will be asked about those events in an upcoming question.)*

    Yes

    No

    (If 11 = yes)

    11a. How was your school's CMP/EMP *practiced* during the school year and with what frequency? (*if a method was not practiced, enter 0*)

Method of Practice	Number of times this method was practiced in 2015-2016
Administration/faculty/staff training	
Student training/awareness sessions	
Parent training/awareness sessions	
First responder coordination (EMS, fire, police, hazmat, etc.)	
Table top exercises with crisis team members	
Full scale drill with or without crisis team and public safety partners	
Other (describe):	

12. Were the following professionals included in any practice exercise of your crisis management plan?

Type of Professional	(select one for each type of professional)		
Bomb technicians	Yes ○	No ○	Don't know ○
EMS (emergency medical services)	Yes ○	No ○	Don't know ○
EOD (explosive ordinance disposal) personnel	Yes ○	No ○	Don't know ○
Fire department personnel	Yes ○	No ○	Don't know ○
Law enforcement (not including SRO)	Yes ○	No ○	Don't know ○
Local emergency manager	Yes ○	No ○	Don't know ○
School division Emergency Manager	Yes ○	No ○	Don't know ○

Activation

13. Did you have to *activate* any portion of your school's crisis management plan during the 2015-2016 school year due to an *actual* critical event or emergency?

    Yes

    No

    (If 13 = yes)

    13a. Under what emergency circumstances did you activate your school's crisis management plan (CMP)? (*select each circumstance for which you activated your CMP/EMP*)

Type of Emergency Circumstance(s)	Activated CMP
Health related incidents and emergency(ies):	
allergic reaction ON school property	O
exposure to hazardous substances ON school property	O
food poisoning ON school property	O
influenza, pandemic, MRSA ON school property	O
other health related incident ON school property	O
other health related incident OFF school property	O
Man-Made incidents and emergency(ies):	
bomb threat	O
gun, knife, or other weapon, ON school property	O
loss, disappearance, or kidnapping of a student ON school property	O
presence of or threat of unauthorized persons or trespassers ON school property	O
other man made incident ON school property	O
other man made incident OFF school property	O
Building damage or power outage related incident(s) or emergency(ies)	
earthquake	O
flood	O
tornado/hurricane	O
other natural disaster or severe weather	O
smoke or fire	O
roof or building collapse	O
other building related damage or power outage related emergency(ies)	O
Other	
incident at another school that affected your school	O
unfounded incident/faulty or false alarm	O
other safety-related incident that affected school and is not listed above	O

(if 13a = Other/third item)

13a-1. You indicated that your school had a safety-related incident for which you activated your CMP that was not on the list. Please briefly explain the nature of the incident.

(if 13 = yes)
13b. Did any local first responders come to the school for any of the events for which your CMP was activated?
Yes
No

4

(if 13b = yes)

13b-1. Which types of local first responders responded to events at your school in 2015-2016 and how many times did they respond during the school year? *(If none, enter 0)*

Types of local first responders	Number of times responded in 2015-2016
EMS (emergency medical services)	
Fire department	
Local law enforcement	
Other (describe)	

Communication with Law Enforcement

Questions 14 and 15 refer to Virginia Code §22.1-279.3:1 (Paragraphs B and D). Paragraph B requires local law enforcement to notify schools of certain offenses committed by students under certain circumstances. Paragraph D requires principals to notify local law enforcement of certain offenses committed by students under certain circumstances. Please click on the Code cite link and review the Code section before answering these questions.

14. Were there formal written processes or protocols in place for your school to receive notification on the Code listed offenses from local law enforcement?
    Yes
    No

15. Were there formal written processes or protocols in place for your school to notify local law enforcement of the offenses listed in the Code?
    Yes
    No

III.   STUDENT SAFETY CONCERNS

Discipline, Crime and Violence (DCV) offense and incident types reported in Safe Schools Information Resource (SSIR) (https://p1pe.doe.virginia.gov/pti/) are coded and grouped into nine offense categories that are aligned according to severity of offense.

16. For each Discipline, Crime and Violence (DCV) offense category listed, indicate whether the number of occurrences at your school increased, decreased, or stayed the same when compared with the previous (2014-2015) school year.

DCV Offense Category	Increased	Decreased	Stayed the Same
Weapons-Related Offenses	○	○	○
Offenses Against Students	○	○	○
Offenses Against Staff	○	○	○
Offenses Against Persons	○	○	○
Alcohol, Tobacco, and Other Drugs	○	○	○
Property Offenses	○	○	○

Disorderly Disruptive Behavior	○	○	○
Technology Offenses	○	○	○
Other Offenses	○	○	○

Mental Health

17. Please provide information for both full time and part time school-based mental health professionals (counselor, psychologist, social worker, substance abuse counselor) whose primary role was to provide counseling services to students in your school.

- In column 1, enter the number of school-based mental health professionals whose primary role was to provide counseling services to students in your school in 2015-2016.
- In column 2, enter the total number of school-based mental health professionals that your school needs to provide adequate counseling services to students in the school setting.

	Column 1 Number in 2015-2016	Column 2 Total number needed
Full time		
Part time		

(if sum of Q17 column 1 or column 2 is = or > 1)
17a. Of the total number of school-based mental health counselors who provide services in your school, how many have training in counseling pertaining to trauma? *(if none, enter 0)*   ___

18. Is your school a Virginia Tiered Systems of Support (VTSS) Cohort implementing Positive Behavioral Interventions and Support (PBIS)?
    Yes
    No
    Don't know

(if 18 = no),
18a. Are you implementing another multi-tiered system of support like Response to Intervention (RTI), PBIS, Student Assistance Programming (SAP)?
Yes
No
Don't know

The following questions and responses are exempt from disclosure under the Freedom of Information Act pursuant to Virginia Code Sections 2.2-3705.2 and 22.1-279.8. DCJS will not share responses unless otherwise required by law.

IV.   SCHOOL SECURITY/SURVEILLANCE

19. Review the following list of security strategies and select those that were in place at your school during the 2015-2016 school year. (*select all that apply*)

- Someone was stationed at the front entrance of the school at all times during school hours to ensure that visitors report to the main office for visitor check in
- Main entrance of the school building or campus was secured by a controlled electronic access system during school hours
- All exterior entrances to the school building or campus were locked during school hours
- All classrooms in the school can be locked from both the inside and the outside of the classroom
- The school had a designated reunification site in case of evacuation
- The school utilized a checklist to assist in obtaining pertinent information during a threatening call/communication (e.g., bomb threat)
- Other (describe) _____
- None of the above

Safety-Related Personnel

20. Did you have safety/security personnel such as School Resource Officers (SROs), School Security Officers (SSOs), or other types of security personnel working at your school during the 2015-2016 school year (include both full-time and part-time personnel)?

    Yes
    No

> *(if 20 = yes)*
>
> 20a. Was/were the safety/security personnel working at your school full-time, part-time or did your school employ both full-time and part-time? *(Full-time = at your school at all times during each school day; Part-time = at your school only part of the school day or some days)*
>
> > Full-time
> > Part-time
> > Used both full-time and part-time
>
> > *(If 20a = FT or both)*
> > 20a-1. What type(s) of safety/security personnel were working <u>full-time</u> at your school? *(select all that apply)*
> >
> > > School Resource Officers (SROs)
> > > School Security Officers (SSOs)
> > > Other (describe) _____

(If 20a = PT or both)
20a-2. What type(s) of safety/security personnel were working <u>part-time</u> at your school?
(select all that apply)

School Resource Officers (SROs)
School Security Officers (SSOs)
Other (describe) _____

(if 20a-1 and/or 20a-2= SSO)
20a-3. Please provide the name and email address for each SSO currently working at your school. (include both full-time and part-time)

(if 20a-1 and/or 20a-2= SRO)
20a-4. Please provide the name and email address for each SRO currently working at your school. (include both full-time and part-time)

<u>Safety-Related Conditions</u>

Please answer the five safety-related conditions questions based on the conditions in your school during the 2015-2016 school year.

21. Can school administrators communicate with law enforcement/first responders via radio when they are inside the school building?
Yes
No
Don't know

22**.** Do first responders (police/fire/EMS) have electronic/internet-based access to current floor plans for your school in case they need to respond to a large scale security incident at your facility?
Yes
No
Don't know

23. Do first responders have access to the school during a lockdown so they do not have to breach doors or windows to gain access?
Yes
No
Don't know

24. Does your school conduct background checks on volunteers who work with your students (not including parents/guardians)?
Yes
No

<u>Safety-Related Training</u>

25. What type of school safety training was <u>most needed</u> by your school's administration/faculty/staff? *(select all that apply)*

    Alternatives to suspension and expulsion

    Crisis planning, prevention and response (to include school safety drills, bomb threat response, crisis response options, crisis intervention and recovery – all hazards)

    Mental health problem awareness and recognition

    Positive Behavioral Interventions and Support (PBIS)

    Peer relations (dating violence, bullying, bystander intervention, conflict mediation, sexual harassment, etc.)

    Social media (Facebook, Snapchat, Twitter, YouTube, etc.)

    Threat assessment team training

    Trauma-informed care *trauma*

    Violence prevention training (including fighting, armed intruder, active shooter, other school violence)

    Other (describe) _____

    None of the above

(if 25 = TAT training)

25a. You indicated that threat assessment team training was among your school's most needed training. Briefly describe the specific type of threat assessment team training needed. _____

V.   THREAT ASSESSMENT

In addition to requiring the establishment of threat assessment teams, Virginia Code § 22.1-79.4 also instructs that *"Each threat assessment team established pursuant to this section shall report quantitative data on its activities according to guidance developed by the Department of Criminal Justice Services."*

These questions should be answered in consultation with a knowledgeable member of your threat assessment team.

Threat Assessment Teams

26. Please provide the name and contact information for a knowledgeable member of your school's threat assessment team who can respond to any questions we might have about your survey responses.

Name _____
Title _____
Email address _____

Virginia Code § 22.1-79.4 (paragraph C) states that "Each division superintendent shall establish, for each school, a threat assessment team that shall include persons with expertise in counseling,

instruction, school administration, and law enforcement. Threat assessment teams may be established to serve one or more schools as determined by the division superintendent."

27. Which of the following did your school's threat assessment team serve in 2015-2016? *(select one)*

    Your school only
    Your school plus one more
    Your school plus several others

28. Provide the number of team members who served on your school's threat assessment team during the 2015-2016 school year for each of the listed categories. (There is no requirement that **all** positions are included on the team. If there are no team members of a specific category, enter 0.)

Types of Team Members	Number of Team Members
Assistant principal	
Principal	
School counselor	
School psychologist	
School resource officer (SRO)	
School security officer (SSO)	
School social worker	
Teacher	
Other law enforcement officer (not SRO)	
Other administrator from school/division	
Other	

29. Which of the listed threat assessment training workshops have members of your school's threat assessment team attended? *(select all that apply)*

    DCJS Basic Threat Assessment Training
    UVA Basic Threat Assessment Training
    DCJS Train-the-Trainer – Threat Assessment (advanced)
    Internal division training on threat assessment
    DCJS Threat Assessment Legal Issues (with John More)
    Other (describe) _____
    Don't know

30. Does your school division have a policy or procedure for the maintenance of threat assessment case records?
    Yes
    No
    Don't know

31. Where was the Student Threat Assessment and Response Report stored during 2015-2016? *(select all that apply)*

In the student's general education file
In the student's discipline file
In the student's special education file
In the student's health file
With the Threat Assessment Team
With the school administration
With the school counselor
With law enforcement records
In the school division central office
Other _____
Not applicable (no cases in 2015-2016)

Awareness of Threat Assessment Processes and Policies

32. Did your school provide information about your school's threat assessment policies and processes to students, staff, or parents to make them aware of threat assessment policies and processes (and not just in response to a specific threat)?

Yes
No
Don't know

(if 32 = yes)
32a. What type(s) of informational methods were used to provide these groups with awareness of your school's threat assessment policies/processes? (Indicate the methods used to inform each of the listed groups. Select all that apply)

	Brochure or other paper document	Website/email and/or social media	Verbal presentation (classroom, assembly or other group meeting)	Code of Conduct or school policy	Other
Students	☐	☐	☐	☐	☐
School staff	☐	☐	☐	☐	☐
Parents	☐	☐	☐	☐	☐

33.   Does your school have a written process/policy for notifying local law enforcement or other institutions when a threat is made by non-students at your school?
Yes
No

Threat Assessments Conducted in 2015-2016

For the next series of questions, we want to know about the threat assessments conducted by your school's threat assessment team. For each question, please report the number of cases regardless of their risk classification.

34. Based on the threat assessment cases conducted at your school in 2015-2016, how many cases involved threats made by persons from each of the following groups?

(Enter the number of threat assessment cases that involved persons from each of the listed groups below. If no threat assessment cases involved persons from a listed group, enter 0 for number of cases.)

Type of Group	Number of Threat Assessment Cases
1. Student from your school	
2. Student not from your school	
3. Student formerly from your school	
4. Faculty/staff currently employed by your school	
5. Faculty/staff formerly employed by your school	
6. Parent/guardian of a student	
7. Someone else	
ENTER TOTAL (sum of items 1 – 7)	

 (If 34 "someone else" > 0)

34a. You indicated that your school had a threat assessment case(s) that involved "someone else." Please describe this/these person(s)'s relationship(s) to the school. _____

Use the following definitions to answer Q35 and 36:
Threatened others only: *threatened to harm someone other than self* <u>*but did not*</u> *threaten suicide or self-harm*
Threatened other(s) and self: *threatened to harm someone other than self* <u>*and*</u> *threatened suicide or self-harm*
Threatened self only: *threatened to commit suicide or self-harm*

(if 34 "student from your school" > 0)
35. In Question 34, you reported that your school had (#) threat assessment case(s) involving students enrolled in your school in 2015-2016.

For each type of threat listed below, indicate the number of threat assessment cases in which a <u>student from your school</u> threatened to act in the manner described.

The sum of the number of cases reported in Q35 should equal the total number of threat assessment cases involving "students from your school in 2015-16" reported in Q34.

Type of threat	Number of cases
Threatened other (s) only	
Threatened other(s) and self	
Threatened self only	

(if sum of 2 – 7 in Q34 > 0)

36. In Question 34, you reported that your school had (#) threat assessment case(s) involving persons who were NOT students enrolled in your school in 2015-2016.

For each type of threat listed below, indicate the number of threat assessment cases in which a <u>person who was NOT a student enrolled in your school in 2015-2016</u> threatened to act in the manner described.

The sum of the number of cases reported in Q36 should equal the total number of threat assessment cases involving "persons who were <u>not</u> students from your school in 2015-16" reported in Q34.

Type of threat	Number of cases
Threatened other (s) only	
Threatened other(s) and self	
Threatened self only	

(if 34 >0)

37. Of the (#) threat assessment cases you reported in question 34, how many were classified at the <u>highest</u> threat level *(imminent/high risk, very serious substantive)* <u>at any point</u> in the threat assessment process? _____ *(if none, enter 0)*

   (if 37>0)

   37a. Of the (#) cases you reported at the highest threat level in question 37, in how many cases was the threat ultimately averted (did not occur)?
   _____ *(if none, enter 0)*

38. When a student who posed or made a threat is expelled or is no longer attending your school, does your school use any of the following procedures or community supports to continue to manage the student? *(select all that apply)*

   Notify law enforcement to contain threat
   Notify intended victim(s) and parents/guardians of victim(s)
   Notify subject student's parents/guardians
   Notify superintendent or designee, or division level safety/security office
   Refer subject student for mental health assessment
   Assign team member to monitor subject student
   Develop/monitor safety plan
   Other (describe) _____
   None of the above

Thank you for completing the 2016 Virginia School Safety Survey.

Your survey responses were successfully submitted to the Virginia Center for School and Campus Safety at the Department of Criminal Justice Services.