**Vulnerability Assessment**

**Campus Security Support Program Grant S.B. 94**

*Please note: Prior vulnerability assessments conducted by experienced security (including Ohio Homeland Security), law enforcement, or military personnel, may be used if they were conducted on or after January 1, 2023. If a previous assessment from this time period is used, it must be attached with the submission and this form still must be filled out using the previous assessment.*

**Instructions for completing the Vulnerability Assessment**

**1**- Report population at **peak attendance** (maximum capacity).

Example: The facility has a population of around 150 that meets regularly throughout the year. The facility also hosts (2) short-term, special events during the year that have an attendance of up to 750. The population should be reported, at its peak, of 750.

**2**- Report **vulnerabilities** at the weakest part of the asset.

Example: The property is surrounded by a fence that is completely intact and has 5 openings; 4 openings have gates and one opening is unsecured. In this case, the weakest component of the fence system is the unsecured opening and the entire asset would be considered unsecured.

**3-** Attach an **aerial map** showing the perimeter and layout around the site.

**4**- Submit this assessment electronically with other application documents to: [schoolsafetygrants@dps.ohio.gov](mailto:schoolsafetygrants@dps.ohio.gov).

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of individual conducting assessment: ­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Title of person conducting assessment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Experienced Security/Law Enforcement/Military: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Answer each question below. (Responses to questions that are partially ‘yes’ or partially ‘no’ should be considered as ‘no.’)**

**FACILITY INFORMATION**

1. In which city is the facility located?
   * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. What is the maximum facility population at any one time?
   * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Does this asset have a significant symbolic and/or psychological impact?
   * Symbolic
   * Psychological

**FACILITY THREATS AND HAZARDS**

1. Has the facility been free of vandalism within the past five (5) years?

* No
  1. Describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Yes

1. Has the facility been free of any threats within the past five (5) years?

* No
  1. Describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Yes

**FACILITY OPERATIONS**

**Please refer to the Authorized Equipment List for a detailed description of all available options to purchase for this section. Those specific to this section include item: #3, #4, #67, #68, #77, #78, #79 and #84. Any additional items must be justified within the application.**

1. Are events from external sources prohibited? (i.e., community events, recreational activities, meetings, private gatherings such as weddings and family reunions)

* No
* Yes

1. Does the facility assign personnel to monitor activities (i.e., beginning/end of business day, passing periods, and after-hours events)?

* No
* Yes

**POLICY AND PROCEDURE MANUALS**

**Please refer to the Authorized Equipment List for a detailed description of all available options to purchase for this section. Those specific to this section include item: #75, #76 and #79. Any additional items must be justified within the application.**

1. Does the facility have a written Emergency Operation/ Emergency Action Plan?

* No
* Yes

1. Does the facility have a written security policy?

* No
* Yes

1. Is the security policy regularly reviewed and updated?

* No
* Yes

1. Are safety drills conducted?

* No
* Yes

1. Does the facility hold active aggressor training?

* No
* Yes

1. Does the facility have a system / procedures in place for lockdowns?

* No
* Yes

1. Are staff (and, if applicable, security personnel) adequately trained on how to activate the lockdown system?

* No
* Yes

**BAG CHECK POLICY**

**Please refer to the Authorized Equipment List for a detailed description of all available options to purchase for this section. Those specific to this section include item: : #3, #66, #68 #76, #77, #78 and #79. Any additional items must be justified within the application.**

1. Is a written bag policy in place?

* No
* Yes

1. Does the facility have policies for conducting searches for weapons, drugs, and other contraband?

* No
* Yes

**FIRST RESPONDERS**

**Please refer to the Authorized Equipment List for a detailed description of all available options to purchase for this section. Those specific to this section include item: #75, #79 and #83. Any additional items must be justified within the application.**

1. Have local first responders toured the facility?

* No
* Yes

1. Is there a method for emergency responders to gain access to the facility after business hours?

* No
* Yes

**INFORMATION SHARING**

1. Does the facility exchange security and threat information with external agencies?

* No
* Yes

1. Have floor plans and site plans been provided to first responders?

* No
* Yes

**MASS NOTIFICATION SYSTEM / EMERGENCY COMMUNICATIONS**

**Please refer to the Authorized Equipment List for a detailed description of all available options to purchase for this section. Those specific to this section include item: #2, #29, #30, #32, #46, #61, #69, #76, #77, #78, and #79. Any additional items must be justified within the application.**

1. Is a functioning public address system in place that allows the office (or central location) to communicate to the whole facility?
   * No
   * Yes
2. Is the staff trained to use the Public Address (PA) and or duress system?
   * No
   * Yes
3. Is there a public address system that can be heard outside the building?
   * No
   * Yes
4. Are all rooms able to communicate with the command center, front office, first responders, etc.?
   * No
   * Yes
5. Does the phone system allow a 911 call to be placed without entering a passcode or dialing for an outside line (E911 system)?
   * No
   * Yes
6. Are the facility's telephones pre-programmed with emergency contact numbers?
   * No
   * Yes
7. Is a “duress” system or panic button available in the office that alerts law enforcement?
   * No
   * Yes
8. Does the “duress” system or panic buttons alert security personnel in the security control room?

* No
* Yes

1. Is the “duress” system or panic button available in every room that may have people present?
   * No
   * Yes
2. Is the “duress” system or panic button able to generate a camera stream with computer pop-up messages so responding personnel can see a live view of the activation area?
   * No
   * Yes
3. Are hand-held 2-way radios/MARCS Radios used?
   * No
   * Yes
4. Are there intrusion alarms (door alarms, window bugs, glass break sensors) on the building?
   * No
   * Yes
5. Does the “duress” system or panic button work properly and is it tested and serviced on a regular basis?

* No
* Yes

**SECURITY FORCE / DEPARTMENT**

**Please refer to the Authorized Equipment List for a detailed description of all available options to purchase for this section. Those specific to this section include item: #75, #79 and #84. Any additional items must be justified within the application.**

1. Does the facility have a security manager or security department?

* No
* Yes

1. Is there security staff or law enforcement on duty during business hours? Nonbusiness hours?

* No
* Yes

1. Is there a security force?

* No
* Yes

1. Does the facility’s security force have static posts?

* No
* Yes

1. Does the facility’s security force have roving patrols?

* No
* Yes

1. Does the security force receive training?

* No
* Yes

1. Does the protective force have standard operating procedure manuals?

* No
* Yes

1. Does the protective force provide security escorts for visitors/employees?

* No
* Yes

1. Are security force personnel licensed or sworn?

* No
* Yes

1. Are yearly background checks conducted on licensed contract private security?

* No
* Yes

1. Do roving patrols report suspicious items and activity?

* No
* Yes

**ACCESS CONTROL**

**Please refer to the Authorized Equipment List for a detailed description of all available options to purchase for this section. Those specific to this section include item: #3, #4, #14, #56, #58, #62, #63, #64, #65, #67, #76, #77, #78, #79, and #80. Any additional items must be justified within the application.**

1. Is there controlled access into the building?

* No
* Yes

1. Are any exterior doors secured with electronic access control devices?
   * No
   * Yes
2. Is there a doorbell or other entry notification device located at the main entrance?
   * No
   * Yes
3. Is there a secure vestibule that separates the main entry from full building access?
   * No
   * Yes
4. Are access badges or FOBS issued?

* No
* Yes

1. Are multiple access levels in place based on need?

* No
* Yes

1. Does a system exist for removing terminated employees from a database?

* No
* Yes

1. Is the access control database regularly reviewed for accuracy?

* No
* Yes

1. Are access activity reports reviewed regularly?

* No
* Yes

1. Are after-hours access to the facility limited/monitored?

* No
* Yes

1. Do room doors have a door lock or door barricade device that can be locked?

* No
* Yes

1. Is there a backup power supply source for the access control systems?

* No
* Yes

**SECURITY CONTROL ROOM**

**Please refer to the Authorized Equipment List for a detailed description of all available options to purchase for this section. Those specific to this section include item: #8, #9, #10, #11, #12, #13, #26, #63, #64, #65, #66, #76, #77, #78 and #79. Any additional items must be justified within the application.**

1. Is there a designated security control room and console in place to monitor security, fire alarm, and other building systems?

* No
* Yes

1. Is the location of the security room in a secure area with controlled and restricted access?

* No
* Yes

1. Is the security control room staffed continuously?

* No
* Yes

1. Are the security control room's access doors continuously locked to prevent unauthorized entry?

* No
* Yes

**VIDEO SURVEILLANCE**

**Please refer to the Authorized Equipment List for a detailed description of all available options to purchase for this section. Those specific to this section include item: #1, #8, #9, #10, #11, #12, #13, #66, #76, #77, #78 and #79. Any additional items must be justified within the application.**

1. Is there a video surveillance system in use?

* No
* Yes

1. Is the system expandable?

* No
* Yes

1. Are camera images recorded?

* No
* Yes

1. Can the video system’s storage capacity hold 30 days of video?

* No
* Yes

1. Are the cameras actively monitored?

* No
* Yes

1. Is the surveillance system networked and capable of remote monitoring by authorized personnel and first responders?
   * No
   * Yes
2. Can the system export historical video for forensic review?
   * No
   * Yes
3. Are the critical components of the system (recording devices, power supplies, etc.) in a secured location?
   * No
   * Yes
4. Have staff members been adequately trained on using the system?
   * No
   * Yes
5. Is there video coverage for all exterior doors?
   * No
   * Yes
6. Is there video coverage of the full building exterior?
   * No
   * Yes
7. Are security cameras in the vestibule?
   * No
   * Yes
8. Is there video coverage for all common areas?
   * No
   * Yes
9. Is there video coverage of restroom entries and stairwells?
   * No
   * Yes
10. Is there video coverage of all halls and cross halls?
    * No
    * Yes
11. Is there video coverage of high liability risk areas?
    * No
    * Yes
12. Is the facility's camera system regularly inspected and maintained?

* No
* Yes

1. Do the cameras have pan/tilt/zoom or panoramic capabilities?

* No
* Yes

1. Is there emergency backup power for cameras?

* No
* Yes

**Perimeter**

**Please refer to the Authorized Equipment List for a detailed description of all available options to purchase for this section. Those specific to this section include item: #3, #58, #60, #66, #67, #76, #77, #78 and #80. Any additional items must be justified within the application.**

1. Is the property line free of debris?

* No
* Yes

2. Is the landscaping trimmed to allow direct line of sight in and out of the building?

* No
* Yes

3. Is there a perimeter fence or other type of barrier in place around the entire site?

* No
* Yes

4. Are there weak areas or breaches in the fence or barrier?

* No
* Yes

5. Are there openings in the fence or barrier controlled by gates?

* No
* Yes

6. Are the gates locked?

* + - No
    - Yes

7. Are there bollards or other barriers protecting the building face from vehicular intrusion?

* No
* Yes

**FACILITY LIGHTING**

**Please refer to the Authorized Equipment List for a detailed description of all available options to purchase for this section. Those specific to this section include item: #60, #76, #77 and #78. Any additional items must be justified within the application.**

1. Is the lighting adequate, from a security perspective, for roadway access and parking areas?

* No
* Yes

1. Are pathways around the site illuminated to assist with movement and safety?
   * No
   * Yes
2. Is there adequate lighting around the exterior of the facility?
   * No
   * Yes
3. Is there adequate lighting at exterior doors?
   * No
   * Yes

**PARKING / PARKING LOTS**

**Please refer to the Authorized Equipment List for a detailed description of all available options to purchase for this section. Those specific to this section include item: #26, #45, #64, #67, #68, #76, #77, #78, #79, #80 and #84. Any additional items must be justified within the application.**

1. Is the parking lot patrolled?
   * No
   * Yes
2. Are radios or other communication devices available for use by those on patrol?
   * + - No
       - Yes
3. Are vehicles that frequent the facility (employees, volunteers, etc.) identified by decals, hang tags?
   * No
   * Yes
4. Are vehicles parked at the building screened, monitored, and/or inspected?
   * No
   * Yes
5. Does the facility have a policy to address vehicles parked for an extended period or suspicious vehicles (e.g., reporting to security, local law enforcement, and tow company)?
   * No
   * Yes
6. Are high-speed avenues of approach restricted?
   * No
   * Yes

**BUILDING ENVELOPE (DOORS, WINDOWS, ROOF)**

**Please refer to the Authorized Equipment List for a detailed description of all available options to purchase for this section. Those specific to this section include item: #55, #56, #58, #62, #65, #67, #76, #77, #78 and #79. Any additional items must be justified within the application.**

1. Do all exterior doors have working locks?
   * No
   * Yes
2. Are all exterior doors locked during business hours?
   * No
   * Yes
3. Are all exterior doors identified by signage or other markings?
   * No
   * Yes
4. Are all exterior windows numbered?
   * No
   * Yes
5. Are windows in exterior doors and sidelights outfitted with safety film?
   * No
   * Yes
6. Does the location of the main entrance allow for staff or volunteers to visually monitor its use?
   * No
   * Yes
7. Is the main entrance pathway in direct line of sight of staff or volunteers?
   * No
   * Yes
8. Do room doors have a window so administration can see in, if applicable (schools, child care, etc.?)
   * No
   * Yes
9. Are openings or portals on the roof secured to deny entry?
   * No
   * Yes

**VISITOR CONTROL**

**Please refer to the Authorized Equipment List for a detailed description of all available options to purchase for this section. Those specific to this section include item: #3, #4, #5, #6, #7, #14, #63, #68, #76, #77, #78 and #79. Any additional items must be justified within the application.**

1. Is a (paper and pen) sign-in system in place that collects the name, address and reason for visiting and is monitored by staff and/or volunteers?
   * No
   * Yes
2. Do all visitors present a proof of identification?
   * No
   * Yes
3. Are all visitors handled in a consistent manner?
   * No
   * Yes
4. Are visitors issued a self-adhesive visitor pass, uniquely designed for the facility with a highly visible (from 3’-4’ away) “DATE VALID?”
   * No
   * Yes
5. Is a computer-based sign-in system in place that collects the name, address and reason for visiting and is monitored by staff and/or volunteers?
   * No
   * Yes
6. Does the sign-in system check visitors’ names against the National Sex Offenders Registry?
   * No
   * Yes
7. Are visitors required to be escorted at all times?
   * No
   * Yes
8. Are visitors/customers prevented from accessing unauthorized areas?
   * No
   * Yes
9. Does staff challenge or offer to assist people not wearing a visitor's pass or identification credentials?
   * No
   * Yes
10. Are all visitors required to sign out after their visit is complete?
    * No
    * Yes
11. Are visitor passes collected from visitors when they leave the building?
    * No
    * Yes
12. Do contractors working the facility have restricted access?
    * No
    * Yes

**TECHNOLOGY**

**Please refer to the Authorized Equipment List for a detailed description of all available options to purchase for this section. Those specific to this section include item: #16, #17, #18, #19, #20, #21, #22, #23, #24, #25, #76, #77, #78 and #79. Any additional items must be justified within the application.**

1. Is up-to-date anti-virus software loaded on all devices that connect to the server?
   * No
   * Yes
2. Are individual firewalls loaded on all devices that connect to the server?
   * No
   * Yes
3. Is a network firewall in place?
   * No
   * Yes
4. Has staff been trained on the proper use of cyber security and equipment?
   * No
   * Yes
5. Is an uninterrupted power supply (UPS) unit connected to crucial network equipment?
   * No
   * Yes
6. Is encryption software used for sending/receiving sensitive materials?
   * No
   * Yes

**KEY CONTROL PROCEDURES**

**Please refer to the Authorized Equipment List for a detailed description of all available options to purchase for this section. Those specific to this section include item: #62, #77, #78, #79 and #82. Any additional items must be justified within the application.**

1. Is there a key control/management system? (i.e., inventory, securing spare keys)
   * No
   * Yes
2. Are all locks in good working order?
   * No
   * Yes
3. Are key audits conducted regularly?
   * No
   * Yes
4. Are master keys restricted to certain personnel?
   * No
   * Yes
5. Is there a system in place for retrieving keys from terminated employees and contractors?
   * No
   * Yes

**OTHER**

**Please refer to the Authorized Equipment List for a detailed description of all available options to purchase for this section. Those specific to this section include item: #37, #44, #54, #67, #76, #77, #78 and #79. Any additional items must be justified within the application.**

1. Is backup power connected to the security system in the event of a power failure?
   * No
   * Yes (Other - Generator)
2. Are background checks made on all new employees, volunteers and vendors?
   * No
   * Yes (Other – Fingerprint processing)
3. Does the facility have temporary barricading equipment?
   * No
   * Yes (Other – Barricade System)
4. If there are waste containers located around the building exterior, are they blast-resistant?
   * No
   * Yes

**After a review of this assessment, what recommendations were made to improve safety and security at this facility?** (Please describe the recommendations below)

Signature of the individual completing the assessment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_