



A copy of this plan should be sent to the Regional Specialist (due October 1). Copies should be kept in the home of the Crisis Management Team Coordinator, on file in the parish Religious Education/Youth Ministry Office and on file in the Parish Office.

PARISH YOUTH FAITH FORMATION CRISIS MANAGEMENT PLAN: Year _____			
Parish Name & Parish #:	Vicariate:	Telephone:	Fax:
Director/Coordinator(s):	Office Phone(s):	Home Phone(s):	Cell Phone(s):
Pastor:	Rectory Phone:	Private Line:	Rectory Fax:
Regional Specialist:	Office Phone:	Cell Phone:	
CRISIS RESOURCES			
Police / Fire / EMS	Poison Control	Hospitals	Suicide Hotline
911	1-800-222-1222		988
Safety Audit (date)	Emergency Drill (date)	Staff in-service (date)	CPR training (date)
STUDENT & VOLUNTEER RECORDS (BACKUP LOCATIONS)			
Medical Emergency Forms	Permanent Record Cards	Master Phone List	
CRISIS CODE			
Where to find the Crisis Code (e.g., catechist folder, catechist handbook) & actions triggered by use of the Code:			
Who is authorized to announce the Code?			
ON SITE LOCATION ~ DETAILS			
In the event young people/families must leave their typical location, the location to where they may be safely moved:			

CRISIS TEAM MEMBERS			
SESSION DAY & TIME:			
Member Name	Location	Cell phone	Special skills / Assignment
			Team Coordinator
			First Aid / CPR
COMMUNICATION			
Who will post message on website/answering machine?			
Who will prepare a statement for parents?			
When & how will staff be informed?			
Who will prepare a press statement?			
Who will be the contact with the Department of Youth Faith Formation?			
EVACUATION PLAN			
	Primary Evacuation Site	Secondary Evacuation Site	
Location:			
Telephone (# at evacuation site):			
Site contact person:			
How will participants reach evacuation site?			
How will participants be returned to program site?			
SIGNATURES			
Director/Coordinator Signature(s):		Date:	
Pastor's Signature:		Date:	