

Extended Use Application Request for Security Coverage



On-Line User Guide

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This online process, which replaced the process of faxing the Request for Security Coverage Form to the Regional Operations Center, has been implemented so that schools may request approval to obtain **SCHOOL SECURITY COVERAGE** (School Security Agents – SSAs) from the **Regional Operations Center (ROC)** and the **NYPD School Safety Division (NYPDSSD)** for school sponsored events. If an outside organization is requesting the use of SSAs, they must indicate this on the permit they completed for the use of the premises for the concerned event. The school will forward the application on behalf of the concerned organization to the respective ROC for such security coverage. The respective organization does not directly apply for security coverage.

This security coverage is necessary to ensure that participants involved in the sponsored program will be safe and secure while on school premises and that the school building and contents within are not compromised.

The school may access the application by clicking on the following site:

<https://dfoforms.nycenet.edu/cpssecurity>

Once the application is completed and submitted, an email will automatically be sent to the ROC for approval. If approved, the ROC will forward the email containing the required information to the NYPDSSD for processing and the subsequent assignment of the appropriate number of **School Security Agents (SSAs)**.

On pages 3 through 8 you will find directions for completing the ON-LINE APPLICATION. A facsimile of this application is shown on page 9. Each “field” on the application is represented by a number (required fields) or a letter (optional fields), which refers back to the directions herein.

Please Note the Following:

ALL REQUESTS MUST BE SUBMITTED VIA THE ON LINE APPLICATION AT LEAST TWO WEEKS PRIOR TO THE SCHEDULED EVENT.

Feel free to contact your appropriate Regional Operation Center Liaison for further clarification.

You must complete the following

REQUIRED FIELDS

once you access the application.

DAYS OF THE WEEK

1

REQUIRED FIELD

Check each **day of the week** that coverage is requested. Selected days must be within the period (**From** and **To** dates – see #2)) of the request for security.

SECOND EVENT

1-1

REQUIRED FIELD

By checking this box, a **second occurrence field** will pop up allowing the user to add another time period of day/date/time fields. By checking the box on the pop up, the user may add a third time period if necessary.

DATE FROM & DATE TO

2

REQUIRED FIELD

Enter the period (**From** and **To** dates) of your request. You have the option to click the calendar icon to select the dates.

Please note that **Date To** cannot be earlier than **Date From**.

TIME FROM & TIME TO

3

REQUIRED FIELD

Type in the time period of requested coverage.

Please note that **Time To** cannot be earlier than **Time From**, and the range cannot cross 12:00 AM. Select AM or PM as appropriate.

BORO/SCHOOL

4

REQUIRED FIELD

Enter **Boro/School** Number (this is a four-character field – example: PS 10, Brooklyn is entered as K010). Once entered, a button labeled **Retrieve** will appear. Click this **Retrieve** button. The following information will be generated automatically on the application:

District
ROC
Site Name
Site Address, including City and Zip Code
Region
School E-Mail Address

REQUEST FOR

5

REQUIRED FIELD

Click the button to select type of program. Your choices will be After School Academic Program and After School NON-Academic Program.

REGION

6

REQUIRED FIELD

The **region** is automatically retrieved by the application based on the school number entered when **Retrieval** is clicked.

NAME OF EVENT

7

REQUIRED FIELD

Type in the **name of the event**.

NATURE OF EVENT

8

REQUIRED FIELD

Type in the **nature of event**. Examples: Academic – Homework Help; Tutorial. NON-Academic – Basketball League; Track Team.

EVENT SPONSORS

9

REQUIRED FIELD

Type in **event sponsors**. This could be the school or the name of the CBO – Community Based Organization.

ROOM(S) CAPACITY

10

REQUIRED FIELD

Type in the **room** capacity. What is the total number of people that may safely be allowed in this room? It must be a number or a range of numbers.

ANTICIPATED ATTEND.

11

REQUIRED FIELD

Type in the **anticipated attendance** for the room(s) indicated in #10. This figure cannot exceed Room Capacity (#10), and it must be a number or a range of numbers.

SSAs REQUESTED

12

REQUIRED FIELD

Type in the number of **School Safety Agents** (SSAs) you are requesting. This must be a numeric value.

NO OF SUPV. REQST'D

13

REQUIRED FIELD

Type in the number of **SSA supervisors** you are requesting. This must be a numeric value.

SCHOOL EMAIL

14

REQUIRED FIELD

School email will be defaulted as (district + school code)@nycboe.net; but you can change it if needed, but it must be a nycboe.net email account.

We Care for our Students, Staff, Parents and Community



OPTIONAL FIELDS

PERMIT NUMBER



OPTIONAL FIELD

You must type in the permit number if known. The **permit number** is a six-character field. If you do not fill in a number, the system, once **Confirm (A-1)** is clicked, will ask you to confirm that the field was left blank.



ACADEMIC PROGRAM



OPTIONAL FIELD

Check the applicable academic program if any.

COMMENTS**C****OPTIONAL FIELD**

You have the option to make additional comments. Please fill in the **Comments** box at the bottom of the screen. For example, you can specify actual location of the activity where security coverage is being requested. You can also request specific agent(s) by name; however, this does not guarantee their assignment.

PLEASE NOTE

Once the required fields are filled in, click **Confirm** **A-1** to go to the next screen. Clicking **Clear** **B-1** will reset the page.

Now you are on the **CONFIRMATION SCREEN** so that you may review all entered information. If there is anything that needs to be modified, click the **Back** button to go to the prior screen where you may make the necessary changes. Otherwise click **Submit** to forward the request.



Request for Security Coverage - Confirmation

Please verify all information below and press "Submit" to send request.

Request for	: After School NON-Academic Program
Boro/School	: K010
Region	: Region 8
Site	: P.S.010
Address	: 511 7TH AVE
City/State/Zip	: BKLYN, N.Y. 11215
District	: 15
Regional Operation Center	: E
Name of the Event	: XYZ BASKETBALL LEAGUE
Nature of the Event	: BASKETBALL GAME
Event Sponsors	: ABC COMMUNITY ASSOCIATION
Anticipated Attendance	: 135
Room's/Capacity	: 150
#SSA's Requested	: 2
#Supervisors Requested	: 0
Permit #	: None
Event Date/Time	: 11/10/2004 - 11/11/2004 04:00 PM - 08:00 PM
Event Days	: WED THU
Comments	: This activity will take place in the school's gymnasium. We would prefer to have one SSA at the main entrance to the building when admitting students and parents and remain there for the entire activity. The second SSA would be in the gymnasium and make periodic "sweeps" of the school building.
Academic Program	: TASC : No Virtual-Y : No READ : No Other : No

The system will indicate if the submission is successful. If successful, an email will be transmitted to the Regional Operations Center (ROC) selected on the screen (#6). If there is an error, it will display an error message.

You have the option to print the request by clicking the printer icon on top or you can click **Continue** to submit another request.

Our School Safety Agents are Knowledgeable and Professional





Extended Use Application

Request for Security Coverage

Please enter all required(*) information below and press submit.

[? << Click here for](#)

1 *Event Date/Time

Days of the Week							Date From	Date To	Time From	Time To
Mon	Tue	Wed	Thu	Fri	Sat	Sun	mm/dd/yyyy	mm/dd/yyyy	hh:mm AM\PM	hh:mm AM\PM
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> :00 AM	<input type="text"/> :00 AM

Add a second event date/time period

4 *Boro/School : << Please enter Boro/School

District :

Regional Operation Center :

Site :

Address :

City/State/Zip :

5

Check academic program noted below, if applicable:

TASC (3140) Virtual-Y (3150)

Read (3130) Other

B

*Request For :

*Region :

*Name of Event :

*Event Sponsors :

*Room(s) Capacity :

*# Supervisors Requested :

6

7

9

10

13

Permit Number :

*Nature of Event :

*Anticipated Attendance :

*# SSA's Requested :

*School e-mail :

8

11

12

Additional Comments:

14

C

A-1 **B-1**

**WE WOULD LIKE TO THANK THE FOLLOWING INDIVIDUALS AND ORGANIZATIONS
WHO HELPED TO MAKE THIS**

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AND
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