

# PUBLIC SAFETY & WELFARE COMMITTEE MEETING AGENDA

ROOM 0041, LOWER LEVEL, MUNICIPAL BUILDING, 106 JONES STREET, WATERTOWN, WI

# WEDNESDAY, AUGUST 06, 2025 AT 5:00 PM

**Virtual Meeting Info:** https://us06web.zoom.us/join Meeting ID: 543 850 6085 Passcode: license One tap mobile +16469313860

https://us06web.zoom.us/j/5438506085?pwd=2BzI5YIFWz8CJhn4zgXM1kDcE0mHoL.1

All public participants' phones will be muted during the meeting except during the public comment period.

#### 1. CALL TO ORDER

#### 2. RECIEVE COMMENTS FROM THE PUBLIC

Each individual who would like to address the Committee will be permitted up to three minutes for their comments

#### 3. APPROVAL OF MINUTES

A. Public Safety and Welfare minutes from July 2, 2025

#### 4. BUSINESS

- A. Review and Take Possible Action: Approve the addition of Chapter 6: Emergency Management and section 6.4 Warming and Cooling Center/Shelter Plan to the City of Watertown Policy Manual
- B. Review and take action: Ordinance to Create Section 428-1 Riverfest
- C. Review and take action: Special Event Family Fun Friday
- D. Review and take action: Special Event MCL Annual Fundraiser
- E. Review and take action: Special Event Wine Walk
- F. Review and take action: Special Event Run Turkey Run

# 5. ADJOURN

Persons requiring other reasonable accommodations for any of the above meetings, may contact the office of the City Clerk at cityclerk@watertownwi.gov phone 920-262-4000

A quorum of any City of Watertown Council, Committee, Board, Commission, or other body, may be present at this meeting for observing and gathering of information only

#### **PUBLIC SAFETY & WELFARE COMMITTEE**

July 2, 2025 5:00 p.m.

#### 1. CALL TO ORDER

Members Present	Also in Attendance	Citizens Present
<ul> <li>Dana Davis, Chair</li> <li>Myron</li></ul>	<ul><li>Andrew Beyer</li><li>Nathan Williams</li></ul>	No Citizens present
Bob Wetzel		

#### 2. RECEIVE COMMENTS FROM THE PUBLIC

Each individual who would like to address the Committee will be permitted up to three minutes for their comments

There were no comments from the public.

#### 3. APPROVAL OF MINUTES

Public Safety minutes from June 4, 2025

 Public Safety Meeting Notes 6-4-25 R.1.pdf (0.02 MB)
 MOTION: Approve the Public Safety meeting notes from June 4. 2025. (Moldenhauer/ Wetzel/Unanimous approval)

#### 4. BUSINESS

- A. Review and take actions: Ordinance amendment 428-11 Farmers Market
  - a. <u>25-15 Ordinance to Amend Section 428-11 FARMERS MARKET ORDINANCE CHANGE</u> <u>05.13.2025.pdf</u> (0.02 MB)

**DISCUSSION**: Three updates to the existing Farmers Market ordinance: 1) Add "Watertown Main Street Program" as the organizer 2) Update the parameters of Riverside Park and 2) Add the closure of Anne Street during market hours.

**MOTION:** Approve the ordinance amendment 428-11 Farmers Market. (Wetzel/Moldenhauer/Unanimous approval)

- B. Review and take possible action: South Street & Benton Street No Truck Signs
  - b. 2025.0625 AMB South & Benton Truck Route.pdf (1.13 MB)
  - c. Site Map.pdf (1.21 MB)

**DISCUSSION:** Trucks are using South St. and Benton St.

**MOTION:** Install "No Truck" signage at the intersections of Milford Street & South Street and Benton Street & West Street to proactively address resident concerns, improve roadway safety and support police enforcement of truck route violations. (Wetzel/Davis/Unanimous Approval)

- C. Review and take possible action: Dakota Street No Truck Sign
  - a. 2025.0702 No Trucks on Dakota AMB.pdf (1.13 MB)
  - b. Site Map of Dakota Street.pdf (0.31 MB)

**DISCUSSION:** This issue of trucks turning on to Dakota was first discussed in 2022. A resident has again asked for a "No Trucks" sign.

**MOTION**: Install "No Truck" signage at the intersections of Dakota Street and Hart Street. (Moldenhauer/Wetzel/Unanimous Approval)

- D. Review and take possible action: Repeal a portion of Section 500-6(A)(5) Parking Limitations 109-113 Jones Street Lot
  - a. <u>25-16 Ordinance to amend section 500-6 Parking limitations A (5) Municipal parking lot limitations.pdf (0.02 MB)</u>
  - b. MEMO 109-113 Jones St Parking Amendment.pdf (1.13 MB)

**DISCUSSION:** These parking spots are no longer needed for the Engineering Staff.

**MOTION:** Remove existing reservation signs for engineering vehicles and repealing a portion of Section 500-6(A)(5) Parking Limitations by ordinance to reflect this change. (Moldenhauer/Lampe/Unanimous Approval)

- E. Review and take possible action: Amend Section 500-3(B) Stop Intersections Bridge Street & Summit Avenue
  - a. MEMO Bridge Street Stop Sign Relocation.pdf (1.13 MB)
  - b. 25-17 Ordinance to Create a Portion fo Section 500-3(B).pdf (0.02 MB)

**DISCUSSION:** This stop sign is placed 60' behind the crosswalk. In addition, the stop sign is not mentioned in the ordinance.

**MOTION:** Relocate the stop sign at the intersection of Bridge St. & Summit Avenue. In addition, Section 500-3(B) Stop Intersections should be amended to reflect a stop sign at Bridge Street & Summit Avenue. (Wetzel/Lampe/Unanimous Approval)

- F. Review and take action: Jefferson County Hazard Mitigation Plan
  - a. <u>9765 Resolution to Adopt the Jeferson Co Natural Hazards Mitigation Plan 2025-2029.pdf (0.02 MB)</u>
  - b. RESOLUTION Adopting the Hazard Mitigation Plan 2025-10.pdf (2.24 MB)
  - c. <u>LEEM Packet Natural Hazards Mitigation Plan 2025-2029.pdf</u> (9.10 MB)

**DISCUSSION:** Approval of this Hazard Mitigation plan is a requirement for any FEMA funds.

**MOTION:** Recommendation to Council to adopt the Jefferson County Natural Hazards Mitigation Plan 2025-2029. (Lampe/Wetzel/Unanimous Approval)

G. Review and take action: Special Event - Blocktoberfest

- a. MEMO BLOCKTOBERFEST.pdf (0.05 MB)
- b. SE Estimate of Charges BLOCKTOBERFEST.pdf (0.11 MB)
- c. 2025-13 APP Redacted.pdf (1.45 MB)
- d. <u>2025-13 MAP.pdf</u> (0.18 MB)

**MOTION:** Approve Bloctoberfest contingent on their submission of updated certificate of insurance. (Lampe/Moldenhauer/Unanimous Approval)

- H. Review and take action: Special Event BFTS Packer Party
  - a. MEMO PACKER PARTY.pdf (0.05 MB)
  - b. TS PACKER PARTY APP.pdf (2.61 MB)
  - c. Packer Game MAP.pdf (0.36 MB)

**MOTION:** Approve Special Event – BFTS Packer Party. (Wetzel/Lampe/Unanimous Approval)

- I. Review and take action: Special Event BFTS Badger Party
  - a. MEMO BADGER PARTY.pdf (0.05 MB)
  - b. TS BADGER PARTY APP.pdf (2.59 MB)
  - c. Badger Game MAP.pdf (0.36 MB)

**MOTION:** Approve Special Event – BFTS Badger Party. (Lampe/Davis/Unanimous Approval)

- J. Review and take action: Special Event July 4th Celebration
  - a. MEMO 4TH OF JULY CELEBRATION.pdf (0.05 MB)
  - b. 2025-16 AM LEGION APP Redacted.pdf (1.36 MB)
  - c. 2025-16 AM LEGION MAP.pdf (0.40 MB)

**MOTION:** Approve Special Event – July 4<sup>th</sup> Celebration.

(Moldenhauer/Lampe/Unanimous Approval)

#### K. ADJOURN

Being no further business to discuss, a motion was made by Lampe and seconded by Moldenhauer to adjourn. Motion was supported unanimously. Meeting ended at 5:21 p.m.

# Chapter Six: Emergency Management Policy

This chapter shall serve as an outline for emergency management plans that are available via separate documents for the City of Watertown. These documents are the responsibility of the Fire Department and area available for review via a request to the Fire Department.

- 6.1 Emergency Operations
- 6.2 Continuity of Operations Plan
- 6.3 Building Safety Plans and Emergency Plans
- 6.4 Warming and Cooling Center/Shelter
- 6.5 Weather

# 6.4 Warming and Cooling Center/Shelter Policy

# Summary

The warming and cooling center/shelter plan is to ensure that all members of the community have a safe space during extreme temperature conditions in the City of Watertown.

Section 1: Purpose

Section 2: Plan

# **S.1** Purpose

The City of Watertown will activate a warming or cooling center/shelter in the event of extreme temperature conditions. The Watertown Department of Public Health (WDPH) and Emergency Management (EM) will work with the Watertown Senior and Community Center and the Watertown Public Library, which are the designated warming and cooling center/shelter locations.

# Center/Shelter Designations

- Center A facility opened during the day during the regular business hours with business operating as usual.
- Center with Extended Operational Hours A facility that will be staffed by city staff or volunteers for hours outside of normal business hours.
- Shelter A facility that has a 24-hour operation cycle for long-term situations. A facility that will be staffed by the city staff or volunteers for shelter operations.

# S.2 Plan

The City of Watertown Warming and Cooling Center/Shelter Plan will be maintained in accordance with government policies. The plan will be provided to all municipal departments. This plan will also be provided to Dodge and Jefferson County Offices of Emergency Management.

Deficiencies identified in exercises and actual use, or organizational changes will necessitate revisions to the plan. Revision of the plan will be forwarded to all departments, organizations and agencies assigned responsibilities in the plan. Annual review of the Warming and Cooling Center/Shelter Plan will be conducted by City Leadership.

The Warming and Cooling Center/Shelter Plan is located on the server: P:\Emergency Management\Emergency Management Policies

# City of Watertown Warming and Cooling Center/Shelter Procedure



Opportunity runs through it.

**July 2025** 

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# 1. Purpose

The City of Watertown plans to activate a warming or cooling center/shelter in the event of an extreme temperature condition. Watertown Department of Public Health (WDPH) and the City's Emergency Management (EM) will work with the Watertown Senior and Community Center, which is the designated warming and cooling center/shelter location.

#### **Center/Shelter Designation Definitions**

**Center:** A facility opened during the day during regular business hours with business operating as usual. A minimum of two city staff need to be present.

**Center with Extended Operational Hours:** A facility opened from for 12 hours from 8:00 am to 8:00 pm that will be staffed by a minimum of two individuals, where at least one of those individuals are a city staff member.

**Shelter:** A facility that has a 24-hour operation cycle for long-term situations that will be staffed by a minimum of three individuals, where at least one of those individuals are a city staff member.

Center/shelter designation will adjust depending on community needs and the weather. For example, a shelter can return to a center after 24 hours if needed. When conditions are projected to reach the following levels, the need to activate the Warming or Cooling Center/Shelter Plan will be considered:

#### Center

- Warming Center
  - Wind chill advisory issued by National Weather Service (NWS) for 2, or more, consecutive nights – OR -
  - Wind chill warning issued by NWS
- Cooling Center
  - o Temperatures above 100° F for a period of three days or more OR –
  - The NWS has issued a Heat Advisory

# **Center with Extended Operational Hours**

#### Criteria to open up a Center plus:

- Warming Center
  - o Intermittent power outage
- Cooling Center
  - The heat index is forecasted to be approximately 105° F or higher OR –
  - Intermittent power outage

#### Shelter

#### Criteria to open up a Center with Extended Operational Hours plus:

- Warming Shelter
  - Expected extended power outage— OR —

- Overnight outdoor temperature forecast by NWS to be less than 0<sup>0</sup> F for a period of 72 hours, with or without wind chill conditions
- Cooling Shelter
  - Expected extended power outage OR –
  - The NWS has issued an excessive heat warning for a period of 48 hours or longer

It will be noted that the existing weather conditions will serve as guidance for local officials and is not to be considered as governance. Many factors play a role in providing a community warming or cooling center/shelter. The availability of the host facility and adequate staffing will determine if a warming or cooling center/shelter may be offered. The City's dispatch, EM and WDPH will receive regularly updated weather reports from the NWS to know if and when a warming or cooling center/shelter would need to be opened. The NWS uses specific weather terminology to ensure that residents know what to expect in inclement weather. The National Oceanic and Atmospheric Administration's NWS Heat Index is a measure of how hot it really feels when relative humidity is factored in with the actual air temperature. The NWS will initiate alert procedures when the Heat Index is expected to exceed 105°-110°F (depending on local climate) for at least two consecutive days.

**Excessive Heat Warning** is issued within 12 hours of the onset of extremely dangerous heat conditions. The general rule of thumb for this Warning is when the maximum heat index temperature is expected to be 105°F or higher for at least 2 days and nighttime air temperatures will not drop below 75°F; however, these criteria vary across the country, especially for areas not used to extreme heat conditions.

**Excessive Heat Watches** are issued when conditions are favorable for an excessive heat event in the next 24 to 72 hours. A Watch is used when the risk of a heat wave has increased but its occurrence and timing is still uncertain.

**Expected extended power outage** is defined as being without power for more than 16 hours with five percent or more of the population affected.

**Heat Advisory** is issued within 12 hours of the onset of extremely dangerous heat conditions. The general rule of thumb for this Advisory is when the maximum heat index temperature is expected to be 100°F or higher for at least 2 days, and nighttime air temperatures will not drop below 75°F; however, these criteria vary across the country, especially for areas that are not used to dangerous heat conditions.

**Intermittent power outage** is defined as being without power for more than two hours with five percent or more of the population affected.

**Wind Chill** is the temperature it "feels like" outside and is based on the rate of heat loss from exposed skin caused by the effects of wind and cold. As the wind increases, the body is cooled at a faster rate

causing the skin temperature to drop. Wind Chill does not impact inanimate objects like car radiators and exposed water pipes, because these objects cannot cool below the actual air temperature.

**Wind Chill Warning** is issued when temperatures are expected to meet or exceed local wind chill warning criteria in the next 12 to 36 hours. Wind chill temperatures may reach or exceed 25°F.

**Wind Chill Advisory** is issued when wind chill temperatures are expected to meet or exceed local wind chill advisory criteria in the next 12 to 36 hours. Wind chill temperatures may reach or exceed -15°F.

When any of the conditions listed above are met and the City Leadership decides to open a warming or cooling center/shelter, the City's EM will request that the Watertown Senior and Community Center or another facility open as a warming or cooling center/shelter. All city department leadership will be notified by dispatch that a center or shelter has been opened along with the designation. Local stakeholders and partners, who are individuals that participate in decision-making processes, will be informed and provided with regular updates from the City EM or designee on the status of the center/shelter.

WDPH will create a Wisconsin Emergency Assistance Volunteer Registry (WEAVR) alert to activate volunteers to staff a warming or cooling center/shelter if needed. The City's website and Facebook page will be used to notify the public of any warming or cooling center/shelter locations and times of operation by the Watertown Media Productions Department. Normal broadcast and print media notification methods, including WSJY 107.3 Radio Station, will be used if needed. Information should be coordinated for translation into alternative language(s). Community residents can call 2-1-1 to identify other resources available.

Individuals seeking a warming or cooling center/shelter will be advised the following:

- A center is a drop-in place to warm up or cool down and charge devices, it is not a long-term shelter.
- Food that is ready to eat is permissible; kitchen access will not be available.
- Please bring any personal items you require. Amplified sound devices are prohibited.
- The City of Watertown will not be responsible for lost or stolen items.
- Guests must comply with the guidelines and rules of the facility that is being used as a center/shelter.

#### 2. Scope

This plan was developed to guide emergency preparedness and management in response to an extreme weather situation in Watertown. It is a flexible document in which changes from the content of the plan may occur due to the unique nature of the weather. This plan provides protocols and procedures for the activation, operation, and deactivation of the warming or cooling center/shelter. It details activation and operating procedures, staff and volunteer requirements and roles, and communication flow. Once a center/shelter is open, the local government will issue a press release and share information on social media.

# 3. Mitigation

Residents of Watertown and the surrounding area are encouraged to take necessary precautions to reduce the threat of extreme cold incidents, such as conducting an annual inspection of heating units, maintaining household insulation, maintaining general home maintenance against the elements, and if possible, the installation of a domestic generator. The public should take all preparedness messages, advisories, watches, and warnings seriously by taking proactive measures before extreme weather incidents start.

# 4. Situation and Assumptions

Watertown is a city situated on the edge of Jefferson and Dodge Counties and nestled in the great bend of the Rock River. It is located roughly 40 miles east of Madison and 50 miles to the west of Milwaukee. As of the 2020 census, the city's population was 22,926. The City of Watertown is susceptible to numerous threats and hazards that may require the residents to seek services. The following assumptions should be considered:

- Electric power generation, transmission, and distribution grids are impacted by the increased loads resulting from cold/freezing temperatures or extreme heat.
- Power disruptions may occur simultaneously as extreme temperature incidents, thus increasing the risk to life safety, critical infrastructure, and the environment.
- Extreme temperatures are potentially life-threatening to people, pets, and livestock.
- Individuals with access or functional needs are disproportionately impacted and at higher risk for serious illness and negative impacts from extreme temperatures.
- Extreme temperature incidents may restrict public gatherings and require some public facilities to be used as temporary respite areas.
- Individuals experiencing homelessness may need immediate transportation to and from warming or cooling centers and temporary sheltering during extreme temperatures.
- Heavy ice/snowfall accumulation may result in the collapse of roof structures, power lines, and other infrastructure.

An air temperature of 96°F with 65% humidity makes it feel like 121°F. According to the Centers for Disease Control and Prevention (CDC), extreme heat kills more people than hurricanes, earthquakes, tornadoes, and lightning combined. Several factors can increase health risks during an extreme weather event. People at higher risk of adverse health effects of extreme weather include the elderly, infants and young children, those with financial barriers, the homeless, individuals who are socially isolated, those with existing medical conditions, those who take certain medications, individuals who work outdoors or in extreme cold or heat, as well as those who lack proper heating or do not use existing heating.

When municipal resources are exhausted, Dodge and or Jefferson County Emergency Management will coordinate assistance and help satisfy unmet needs. Similarly, if the county, or counties, requires additional assistance, it will call on mutual aid from adjacent counties or from the State of Wisconsin.

#### 5. General Procedures

The decision to open a warming or cooling center/shelter depends on a variety of factors, including availability of resources. However, the selection of a warming or cooling center/shelter should include the potential to easily transition into a shelter with 24-hour operation if the need arises. Warming and cooling centers/shelters may be public or semi-public places like libraries, malls, community centers, senior centers, churches, etc. that are open regularly, but where anyone searching for a warm or cool place can find a center. Recommendations and considerations when choosing a warming center/shelter include the following:

- Heating of at least 70<sup>0</sup> F
- Air conditioning
- Publicly advertised
- Accessible to people with disabilities
- Access to potable water
- Public restrooms
- Access to 911 (phone services)
- Parking access
- Proximity to public transportation if applicable
- Back-up generators
- Facility security
- Seating
- Area for service animals if applicable
- Communication services, including internet access, translators, and sign-language interpreters as needed.

If a warming or cooling center is opened, notification to the public will be posted online and staff at the warming or cooling center location will assist with registration and monitoring.

The City of Watertown has identified the following as a potential warming and cooling center/shelter location: \*

#### Primary:

Name of Facility:	Watertown Senior and	
	Community Center	
Address:	514 S 1 <sup>st</sup> St, Watertown WI	
Telephone Number:	(920) 262-8099 Main	
	(920) 262-8095 Office	
	(920) 567-8157 Cell	
Facility Contact Person:	Andrea Draeger	

<sup>\*</sup>Please note that these are potential locations, which are subject to change depending on the circumstances and/or severity of the emergency.

#### **Service Animals**

Service animals are defined as animals that are individually trained to do work or perform tasks for people with disabilities. Examples of such work or tasks include guiding people who are blind, alerting

people who are deaf, pulling a wheelchair, alerting, and protecting a person who is having a seizure, or calming a person with Post Traumatic Stress Disorder (PTSD) during an anxiety attack. Service animals are working animals, not pets. The work or task the service animal has been trained to provide must be directly related to the person's disability. Animals whose sole function is to provide comfort or emotional support do not qualify as service animals under the American Disability Act (ADA).

Under the ADA, State and local governments, businesses, and nonprofit organizations that serve the public must allow service animals to accompany people with disabilities in all areas of the facility where the public is allowed to go. A service animal must be under the control of its handler. When it is not obvious what service an animal provides, only two questions can be asked: (1) is the animal a service animal required because of a disability, and (2) what work or task the service animal has been trained to perform. Staff cannot ask about the person's disability, require medical documentation, require a special identification card or training documentation for the animal, or that the animal demonstrates its ability to perform the work or task.

Allergies and fear of animals are not valid reasons for denying access or refusing service to people using service animals. When a person who is allergic to dander and a person who uses a service animal must spend time in the same room or facility, they both should be accommodated by assigning them, if possible, to different locations within the room or different rooms in the facility. Staff are not required to provide care for or supervision of a service animal.

#### **Unaccompanied Minors**

It is recommended that all areas designated for unaccompanied minors be monitored by two staff members or volunteers. A staff member or volunteer will accompany all unaccompanied minors at all times while in the center/shelter. Unaccompanied minors will be reported to local law enforcement, and proper reunification efforts will commence. Unaccompanied minors presenting at the center/shelter will require taking a number of specific actions to ensure their safety, security, and health. This will include, but is not limited to, notifying law enforcement.

#### **Minor Definitions**

**Unaccompanied Minor:** An un-emancipated child younger than 18 who has been separated from both parents, legal guardians, other relatives, schools, and childcare providers and are not being cared for by an adult who, by law or custom, is responsible for doing so.

**Separated Child:** A child who is separated from both parents or from his or her previous legal guardian or customary primary caregiver, but not necessarily from other family members.

Family Member: A person related to another person by blood, adoption, or marriage.

**Legal guardian:** An adult with the legal right to physical custody of a minor, as bestowed by court order or state law.

**Parent:** The birth parent or adoptive parent of a minor.

#### **Volunteers**

Volunteers must be at least 18 years of age and pass a criminal background check. An application to volunteer is to be completed through the Wisconsin Emergency Assistance Volunteer Registry (WEAVR). There are various positions requiring lead volunteers such as volunteer coordinator, assistant volunteer coordinator, food coordinator, and more. Training will be provided to volunteers using Just-In-Time Training (JITT). Rules and guidelines are established to provide quality service and accommodations to the guests using the center and to develop clear roles, expectations, and safety of both volunteers and guests. The goal is to have all staff and volunteers participate in an orientation/training prior to the opening of a center/shelter. When time and resources permit, the orientation/training may include the following: Warming or Cooling Center/Shelter Mission, Organizational Structure, Roles and Responsibilities, Schedule and Set-Up Needs, Safety and Security, Communication Plan, Orientation Feedback, Self-assessment, Staff/Volunteer Agreement, and sign-up times.

A volunteer shift schedule for operations could be as follows:

Shift ONE: 8:00 AM - 12:30 PM
 Shift TWO: 12:00 PM - 5:00 PM
 Shift THREE: 4:30 PM - 9:00 PM
 Shift FOUR: 8:30-PM - 8:30 AM

# 6. Center with Extended Operational Hours and Shelter Procedures

The City's EM will determine the number of staff and/or volunteers and what roles and responsibilities will need to occur at the center with extended hours/shelter for each shift. An individual may be assigned multiple roles and responsibilities.

#### **NIMS and ICS Structure**

The National Incident Management System (NIMS) guides all levels of government, nongovernmental organizations, and the private sector to work together to prevent, protect against, mitigate, respond to, and recover from incidents by providing a shared vocabulary, systems, and processes to successfully deliver the capabilities. It also defines operational systems that guide how personnel work together during incidents. The Incident Command System (ICS) is a standardized approach to the command, control, and coordination of emergency response providing a common hierarchy within which responders from multiple agencies can be effective for managing temporary incident(s) of any size to control funds, personnel, facilities, equipment, and communications. ICS provides a foundation for NIMS to improve interoperability among jurisdictions and disciplines in various areas. Centers with extended hours and shelters need to use NIMS and ICS to ensure proper procedures are being used.

# **Incident Command (IC)/Management**

**Director:** The Director or his/her designee is responsible for overall operations. This position oversees the escalation of each event, set up, opening, event management and the deactivation of the center/shelter for each event. The Director is in charge of the center with extended hours/shelter's key functions, such as guest care, staffing levels, development, and maintenance of the schedules for staff

and volunteers, and any additional needs that may arise. The Director is the decision-maker for overall site operations and determines what sites are operational for each event. They develop any contingency plans needed in case of an emergency. The Director is a Site Lead when one shelter is open. If multiple shelters are open the Site Lead(s)/Manager(s) report to the Director. The Director of the center with extended hours/shelter will be a member of the City Leadership team or their designee.

Site Lead/Manager: The Site Lead/Manager is responsible for overseeing the successful operation of a center/shelter. They have the responsibility of making sure the site is in good condition before the center/shelter opens. The Site Lead/Manager is also responsible for the setup of areas for service animals if applicable, signage for the shelter, and space allocation. The Site Lead/Manager has decision making authority during individual events and reports to the Director. They are also responsible for implementing systems and strategies to ensure smooth and efficient flow during intake and exit at each site. The Director will work with the Site Lead/Manager to identify volunteer roles and responsibilities for these activities. At the end of each center with extended hours/shelter event, the Site Lead/Manager works with the Director and Facility Lead to ensure that the facility is managed appropriately and restored to the pre-opening conditions. The Site Lead/Manager for the center with extended hours/shelter will be a member of the City Leadership team or their designee.

#### **Logistics**

**Facility Lead:** The Facility Lead is a designated contact at the center/shelter location. They serve as a liaison between each facility and the staff and volunteers. The Facility Lead instructs the Site Lead/Manager on the logistics of the facility (location of lights, heating, etc.) and any operating procedures. They also make sure the site is in good condition before the center with extended hours/shelter opens and after the center with extended hours/shelter is deactivated. The Facility Lead for the center with extended hours/shelter will be a member of the City Leadership team or their designee. To gain access to the facility via the knox box, contact the Fire Department Shift Commander at 920-285-9411.

**Logistics Lead/Coordinator:** The Logistics Lead/Coordinator ensures that all functional areas of operations have the necessary supplies to maintain adequate levels of care. This includes ordering and inventorying supplies, distributing supplies, and assessing all available resources. The Logistics Lead/Coordinator for the center with extended hours/shelter will be a member of the City Leadership team or their designee.

**Volunteer Coordinator:** The Volunteer Coordinator is responsible for ensuring that all volunteers are recruited, trained, oriented, scheduled and supported. The Volunteer Coordinator will utilize materials including Just in Time Training (JITT) documents, working agreements, and will establish volunteer schedules. The Volunteer Coordinator for the center with extended hours/shelter will be a member of the City Leadership team or their designee.

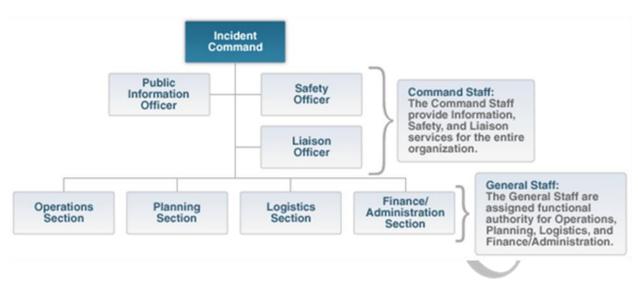
#### **Operations**

**Registration (Intake/Exit/Runner) Lead:** The Registration Lead is responsible for implementing systems and strategies to ensure smooth and efficient flow during intake and exit at each site. The Registration Lead will work with the Site Leader to identify volunteer roles and responsibilities for these activities. The Registration Lead for the center with extended hours/shelter will be a member of the City Leadership team or their designee.

**Security Lead:** The Security Lead is responsible for implementing the Safety Plan for the assigned site. This person coordinates directly with the Site Lead/Manager. The Security Lead continually checks for potential hazards and responds to any incidents. The Security Lead also ensures all areas of the facility designated as off-limits are properly secured and routinely checked for security breaches and reports to the Site Lead/Manager. The Security Lead will contact the Police Department or Emergency Medical Services as needed. During heavy snow and/or icy weather, the Security Lead will contact the Facility Lead as needed to ensure accessibility to the center with extended hours/shelter. The Security Lead for the center with extended hours/shelter will be a member of the City Leadership team or their designee.

#### **Finance and Administration**

**Finance and Administration Coordinator:** The Finance and Administration Coordinator keeps track of the guest registration logs, oversees data collection to meet reporting requirements and monitors all costs incurred from operation and ensures that key elements are appropriately tracked. The Finance and Administration Coordinator for the center with extended hours/shelter will be the city's Finance Director/Treasurer or designee.



Shelters are used by many communities to protect health during extreme weather events. However, the use of shelters can result in congregating groups of at-risk people, such as older adults or those with communicable diseases. Shelter staff and guests should follow best practices to reduce the risk of illness. Health screening is the first level of protection for clients and the workforce. Screening and infectious disease considerations should be located outside the center or just inside the main entrance. Everyone is to be screened, such as guests, staff, and volunteers. If possible, provide alternative shelters

for those who are symptomatic. This may be a separate room within the facility with a separate bathroom. In order to prepare for a Health Screening Area, the following should be done:

- Set up an area where people will be screened before entering the shelter or right away when entering the center. Ideally, conduct screening outside to allow for social distancing and maximize airflow.
- 2. Post signage before entry to the screening line in both English and Spanish.
- 3. Post signage throughout the facility in English and Spanish on:
  - Symptoms for health screening
  - The need to follow frequent handwashing and proper respiratory etiquette
  - Reporting symptoms to shelter staff if they feel ill

#### Communication

Ensure signage is understandable for non-English speaking persons and those with low literacy. Make necessary accommodations for those who are sensory impaired, including having a quiet room and signs posted in the facility.

#### **Behavioral Health**

All volunteers and staff will be aware of mental health and psychological first aid at shift briefings for themselves and guests. This can include, but is not limited to, understanding factors that affect the stress responses of coming to a shelter (feeling anxiety or overwhelmed, experiencing confusion or agitation, crying, etc.), providing support to individuals such as directing to call 2-1-1, ensuring everyone remains safe, listening and remaining calm to others, and keeping the Site Lead/Manager informed about any concerns.

#### **Center with Extended Operational Hours Activation**

The center with extended operational hours will be staffed by city staff and/or screened and trained volunteers. A Director will be assigned and be responsible for overall operations. A minimum of a Director and two individuals are needed to open a center with extended operation hours. The City EM and dispatch will regularly monitor weather reports to be aware of pending conditions. Staff and volunteers will have clearly defined roles with varying levels of responsibility and will have been given the appropriate training to do those roles well and with confidence. Additional staff/volunteers can be activated as needed. All guests will be checked in using Appendix B.

#### **Shelter Activation**

The number of residents using the center and the need for guests to stay at the center beyond daytime hours are key factors that will help officials determine whether the center will need to transition to a shelter. The Watertown Emergency Operation Center (EOC) shall activate to coordinate the opening and management of shelters in conjunction with the American Red Cross (ARC) and/or the Salvation Army.

The City EM and dispatch will regularly monitor weather reports to be aware of pending conditions. The City EM will issue a weather update from the NWS to City Leadership, and messaging on the City's website and social media will take place to alert the public. The designated person at the center will make final decisions about operational issues and the removal of guests if necessary. Staff and volunteers will have clearly defined roles with varying levels of responsibility and will have been given the appropriate training to do those roles well and with confidence. A minimum of a Director and two individuals are needed to open a shelter. All guests will be checked in using Appendix B.

For this plan, the shelter will stay open for the length of the severe weather or power outage. A shelter schedule could be as follows:

- 7:00 AM Site Prep: Site Lead and Facility Liaison Report.
- 7:30 AM Set Up: Area Leads Report.
- 8:00 AM Shift ONE Volunteers Report.
- 9:00 AM Center Opens for Guests
- 12:00 PM Shift TWO Volunteers Report.
- 4:30 PM Shift THREE Volunteers Report.
  - 6:30 PM Begin Check-Out Procedures if the Center Will Not Remain Open.
  - 7:00 PM Center Closed For Residents if the Center Will Not Remain Open.
  - 9:00 PM Close Center, Clean Up, and Lock Up Facility if Closing.
- 8:30 PM Shift FOUR Volunteers Report.
  - Quiet Hours are from 10PM-6:00AM.
  - 6:00 AM Begin Check-Out Procedures if the Center Will Not Remain Open.
  - 7:00 AM Center Closed for Residents if the Center Will Not Remain Open.
  - 8:00 AM Close Center, Clean Up, and Lock up Facility if Closing.

The Site Lead/Manager will walk through the designated location to make sure that the site is ready to receive guests. They will note the condition of the facility and equipment and determine if there are any additional needs for the shelter. The Site Lead/Manager will set up signage inside and outside the shelter per the center layout in the plan. Signage will also include instructions and additional messages for guests. The Site Lead/Manager will establish a registration area and check-out process for everyone entering or leaving the shelter, including staff and volunteers.

All shelter staff will be trained in and knowledgeable of the specific functions they are responsible for and the organizational and command structure that will be used to manage the overall shelter operation. The City EM and Site Lead/Manager will review safety and security plans for the shelter site. The City EM or Site Lead/Manager will stay in contact with the Police Department for additional guidance and assistance as needed.

Once activation and notification of opening the shelter has started, the Site Lead/Manager assigned will check in with staff to provide staff schedule, check-in forms (guest intake form), and rules and guidelines for guests. Adequate volunteers and staff are needed to ensure the safety of guests and volunteers.

Plan for a significant increase in use of supplies including:

- Masks, gowns, and gloves
- Water and other fluids for hydration
- Facial tissues
- Soap
- Handwashing stations
- Hand sanitizers containing at least 60% alcohol
- Paper towels
- Disinfection and cleaning agents and supplies

As guests arrive, volunteers and/or staff will screen the guests and explain the rules and guidelines to each arrival. Guests who are in emergency need of the shelter may check in at any time provided they meet the guidelines and rules of the shelter. Guests are required to sign in and complete the intake forms and sign the guest rules and guidelines. Any guests who do not meet the criteria or are unwilling to follow the rules and guidelines will be referred elsewhere. Space of the shelter is on a first come, first served basis. No one is allowed to reserve his or her space in advance.

Guests are expected to be respectful and observe quiet time from 10pm-6am. A volunteer/staff will assign each guest a cot and assign them to a proper sleeping room. Four designated rooms would be set up (single males, single females, families and unaccompanied minors, and gender neutral). Any room being used for the shelter, including the restrooms, kitchen, and sleeping rooms will be sanitized and cleaned at least daily if the shelter is to remain open for several days. Cots to be utilized for a shelter are located at the Wastewater Department and the Health Department.

If an emergency arises, volunteers/staff must call 911 and take reasonable actions during the incident. Any emergency or incident must be documented on the Incident Form (Appendix D) and promptly returned to the Site Lead/Manager and City EM. The Site Lead/Manager or City EM must also be notified that 911 has been called.

The shelter will serve guests with special needs (non-medical) to the best of our ability. Partnering with community organizations and networks is one way to identify populations and individuals with access and functional needs (AFN) in Watertown. Community resources and networks could include but are not limited to assisted living and nursing home facilities, community health workers, parent/caregiver support programs, faith-based organizations, and schools. Ways to serve guests with special needs (non-medical) include, but are not limited to the following:

- Wheel-chair access entrances
- Provide a separate/quiet stimulation area
- Ensure power/electricity is accessible
- Ensure restrooms are available

#### **Deactivation of Center with Extended Hours/Shelter**

Closure begins the process of returning the center with extended hours or the shelter to a pre-activation condition. The City EM and the Site Lead/Manager will determine when the center with extended hours/shelter is no longer needed and will request de-activation.

#### **Center with Extended Operational Hours**

- Warming Center
  - o Intermittent power outage has been restored
- Cooling Center
  - The NWS has canceled the excessive heat warning OR –
  - o Intermittent power outage has been restored

#### **Shelter**

- Warming Shelter
  - Extended power outage has been restored OR –
  - The NWS has canceled the wind chill advisory
- Cooling Shelter
  - o Extended power outage has been restored OR –
  - The NWS has canceled the excessive heat warning

Guests will be notified when the center with extended hours/shelter closes, and the city's website and social media will be updated. All belongings must be taken by the guests. Individual guests, staff and volunteers are accounted for prior to departing. The Logistics Lead/Coordinator will report to the Site Lead/Manager an inventory of all the supplies used and report anything needed for future events. Center/Shelter staff will confirm that the location has been returned to its pre-activation condition, all supplies are gathered and accounted for, and the location is secure before leaving. Returning the shelter to its normal function could include the following:

- Sweep/mop/vacuum sleeping all areas used.
- Wipe down all areas with bleach solution or Clorox wipes.
- Sanitize any cots that were used.
- Empty all garbage cans if needed and place bags in the hallway
- Collect any paperwork and supplies

#### **APPENDIX A**

#### JITT (Just In Time Training)

Position: Warming Center/Shelter Volunteer

Reports to: City Emergency Management or Lead Volunteer Coordinator

Role: Facilitate a safe and healthful shelter environment for community members in need; assist them with requests for resources; provide hospitality and fellowship.

Qualifications: Volunteers must be aged 18 or older and pass a background check.

#### Check In

- ✓ Check in: sign in and put on ID badge
- ✓ Review job assignment, become familiar with primary tasks and reporting structure
- ✓ Receive briefing on situational awareness, risk communication, safety, and other pertinent information as needed from supervisor or other designee (person you are succeeding)
- ✓ Receive JITT from supervisor or designee
- ✓ Review health & safety procedures

#### **Duties**

- ✓ Sign "guests" (by first name and last initial only) into and out of the center/shelter (sign **out** if they are leaving the grounds)
- ✓ Provide a cot (if needed and available)
- ✓ Escort each guest to their cot and sleeping room (if needed)
- ✓ Educate the guests about the amenities on site and provide referrals for resources not available on site (Examples may include Disability and Resource Center, Salvation Army, and other health and human services).
- ✓ Record any needs, concerns, suggestions, or incidents in the **Unit Log** which occur during your shift
- ✓ Maintain a guiet and respectful atmosphere
- ✓ Call 9-1-1 for any assistance if guests will not comply with respectful behavior toward all shelter occupants or substance use in building, or become threatening
- ✓ Provide a site tour and situation briefing to your volunteer successors!

#### **Check Out**

- ✓ Sign out
- ✓ Sign and date entries in log (attached to volunteer sign in clip board)

# **Registration Leader**

Name:			
The Person You Report To: Site Lead/Manager	Name:	Phone:	
Reporting To You Are: N/A			
Purpose: To greet and register guests as they enter the center/shelter			
Qualifications: No specific qualifications required.			

#### Check-In:

- □ Sign-in at Workforce Staging Area.
- ☐ Sign-out resource packet, if appropriate.
- □ Review Job Action Sheet.
- Receive and put on identification (vest, id badge, etc.) as appropriate
- □ Sign necessary forms, if applicable (confidentiality forms, etc.).
- □ Attend briefing.
- □ Report to your assigned area before beginning duties as needed.

#### **Duties:**

- Ensure station has appropriate guest forms and equipment needed (clipboards, pens, pencils, etc.).
- □ Ensure station is set up properly.
- ☐ Greet guests as they enter.
- □ Recognize guests with special needs. Alert Site Lead/Manager to send appropriate Volunteer/staff to assist guest as appropriate.
- Provide guests with any registration materials and forms.
- □ When Greeter/Registration Group Staff reports disruptions and changes in guest flow, report to Site Lead/Manager.
- Ensure accuracy and completeness of guest forms if necessary.
- □ Refer guests' questions to the appropriate person.
- ☐ Maintain adequate supply levels. Contact a staff/volunteer member for additional supplies as appropriate.
- □ Provide routine progress and/or status reports to Site Lead/Manager.
- Monitor colleagues and guests for signs of fatigue or distress. Notify the person you report to as appropriate.
- Perform other duties as assigned and approved by the person you report to.

- ☐ When relieved, hand in all documents, including the Job Action Sheet with feedback, to the person you report to.
- □ Participate in scheduled debriefing at shift change or close of center/shelter.
- □ Return to Workforce Staging Area.
- ☐ Return identification (vest, id badge, etc.) as appropriate.
- □ Pick up exit materials, as appropriate.
- □ Sign-out.

# **Logistics Lead/Coordinator**

Name:			
The Person You Report To: Site Lead/Manager	Name:	Phone:	
Reporting To You Are: N/A			
Purpose: Supply Demand			
Qualifications: No specific qualifications required	<i>l.</i>		

#### Check-In:

- □ Sign-in at Workforce Staging Area.
- □ Review Job Action Sheet.
- □ Receive and put on identification (vest, id badge, etc.) as applicable.
- □ Sign necessary forms, if applicable (confidentiality forms, etc.) if applicable.
- □ Attend briefing if applicable.
- □ Report to your assigned area before beginning duties as needed.

#### **Duties:**

- Ensure station all functional areas of operations have the necessary supplies to maintain adequate levels of care (ordering supplies, maintaining inventory of supplies, distributing supplies, assessing availability of resources, etc.) Report any update to Site Lead/Manager.
- □ Perform other duties as assigned and approved by the person you report to.

- ☐ If applicable, hand in all documents, including the Job Action Sheet with feedback, to the person you report to.
- Participate in scheduled debriefing at shift change or close of shelter if applicable.
- □ Return to Workforce Staging Area if applicable.
- □ Return identification (vest, id badge, etc.) if applicable.
- □ Pick up exit materials if applicable.
- □ Sign-out.

## **Volunteer Coordinator**

Name:

The Person You Report To: Site Lead/Manager Name: Phone:

Reporting To You Are: N/A

**Purpose:** Volunteer Support and Lead

**Qualifications:** No specific qualifications required.

#### Check-In:

- □ Sign-in at Workforce Staging Area.
- □ Review Job Action Sheet.
- Receive and put on identification (vest, id badge, etc.) if applicable.
- □ Sign necessary forms, if applicable (confidentiality forms, etc.) if applicable.
- □ Attend briefing if applicable.
- □ Report to your assigned area before beginning duties as needed.

#### **Duties:**

- ☐ Ensure all volunteers are trained, oriented, scheduled and supported.
- Utilize and develop materials as needed (working agreements, schedules, etc.).
- □ Send out alerts on WEAVR if applicable and track responses.
- Perform other duties as assigned and approved by the person you report to.

- ☐ If applicable, hand in all documents, including the Job Action Sheet with feedback, to the person you report to.
- □ Participate in scheduled debriefing at shift change or close of center if applicable.
- □ Return to Workforce Staging Area if applicable.
- □ Return identification (vest, id badge, etc.) if applicable.
- □ Pick up exit materials if applicable.
- □ Sign-out.

# **Facility Lead**

Na	m	e:
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The Person You Report To: Site Lead/Manager Name: Phone:

Reporting To You Are: N/A

**Purpose:** Liaison Point of Contact

**Qualifications:** No specific qualifications required.

#### Check-In:

- □ Sign-in at Workforce Staging Area.
- □ Review Job Action Sheet.
- Receive and put on identification (vest, id badge, etc.) if applicable.
- □ Sign necessary forms, if applicable (confidentiality forms, etc.) if applicable.
- □ Attend briefing if applicable.
- □ Report to your assigned area before beginning duties as needed.

#### **Duties:**

- ☐ Instruct Site Lead/Manager of facility's logistics and operating procedures.
- ☐ Ensure the facility is in good condition before the center/shelter opens and after the center/shelter closes by performing a walk-through with the Site Lead/Manager.
- □ Perform other duties as assigned and approved by the person you report to.

- ☐ If applicable, hand in all documents, including the Job Action Sheet with feedback, to the person you report to.
- □ Participate in scheduled debriefing at shift change or close of center if applicable.
- □ Return to Workforce Staging Area if applicable.
- □ Return identification (vest, id badge, etc.) if applicable.
- □ Pick up exit materials if applicable.
- □ Sign-out.

## **Finance and Administration Coordinator**

Name:	
The Person You Report To: Site Lead/Manager Name:	Phone:
Reporting To You Are: N/A	
Purpose: Monitor Costs	

#### Check-In:

□ Sign-in at Workforce Staging Area.

**Qualifications:** No specific qualifications required.

- □ Review Job Action Sheet.
- Receive and put on identification (vest, id badge, etc.) if applicable.
- □ Sign necessary forms, if applicable (confidentiality forms, etc.) if applicable.
- □ Attend briefing if applicable.
- □ Report to your assigned area before beginning duties as needed.

#### **Duties:**

- ☐ Keep track of guest registration logs as applicable.
- □ Lead data collection for costs incurred from the center/shelter.
- □ Perform other duties as assigned and approved by the person you report to.

- ☐ If applicable, hand in all documents, including the Job Action Sheet with feedback, to the person you report to.
- Participate in scheduled debriefing at shift change or close of center if applicable.
- □ Return to Workforce Staging Area if applicable.
- □ Return identification (vest, id badge, etc.) if applicable.
- □ Pick up exit materials if applicable.
- □ Sign-out.

# **Security Lead**

Name:	
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The Person You Report To: Site Lead/Manager Name: Phone:

Reporting To You Are: N/A

**Purpose:** Security and Safety

Qualifications: No specific qualifications required.

#### Check-In:

- □ Sign-in at Workforce Staging Area.
- □ Review Job Action Sheet.
- Receive and put on identification (vest, id badge, etc.) if applicable.
- □ Sign necessary forms, if applicable (confidentiality forms, etc.) if applicable.
- □ Attend briefing if applicable.
- □ Report to your assigned area before beginning duties as needed.

#### **Duties:**

- □ Implement safety plan for the warming shelter.
- ☐ Check for potential hazards and respond to any incident.
- □ Ensures all areas of the center designated as off-limits are properly secured and routinely checked for security breaches. Report all updates to the Site Lead/Manager.
- Perform other duties as assigned and approved by the person you report to.

- ☐ If applicable, hand in all documents, including the Job Action Sheet with feedback, to the person you report to.
- Participate in scheduled debriefing at shift change or close of shelter if applicable.
- □ Return to Workforce Staging Area if applicable.
- □ Return identification (vest, id badge, etc.) if applicable.
- □ Pick up exit materials if applicable.
- □ Sign-out.

# **Site Lead/Manager Job Action Sheet**

Reports to: Director

**Reporting to you:** Logistics Lead/Coordinator, Volunteer Coordinator, Facility Lead, Intake/Exit/Runner Lead, Security Lead, Finance and Administration Coordinator, and as needed the Police Department and Emergency Medical Services.

#### **Initial Duties and Responsibilities:**

- Read through this Job Action Sheet.
- Wear "Site Lead/Manager" vest as applicable.
- Determine the staff/volunteer necessary for the warming shelter with the Director and Volunteer Coordinator.
- Distribute Job Action Sheets as applicable.
- Supervise set-up and sign placement.
- Hold a meeting/briefing with all staff before opening, explaining key points, and emphasizing importance of "Guest Flow."
- Notify Director when the warming shelter is opened to the public.
- Keep constant communication with the Director, alert the Director of any problems or needs.

#### **Intermediate Duties and Responsibilities:**

- Assign, re-assign additional staff/volunteers to various areas, if necessary.
- Check with Registration Lead to ensure they have sufficient forms, exit materials, etc. as applicable.
- Work with police at the shelter to handle all security issues.

#### **Extended Duties and Responsibilities:**

- Monitor staff/volunteers for mental health needs.
- Check with staff/volunteers as they close out their function to see if they need to be assigned elsewhere.
- Ensure each staff/volunteer person has closed out their function by completing their "extended responsibilities."
- Supervise clean-up and closure.
- Dismiss staff after indicating to them when the debriefing meeting will take place.

#### Just-in-Time Training/Staff Training

Gather staff and conduct brief training. Let everyone know that you're in charge. Keep the training succinct and to the point. Here are some things you should include:

- Importance of wearing identification and vests as applicable.
- Purpose of warming shelter.
- Use of job action sheet.
- Who each person is supposed to report to.
- How to sign in and sign out.
- Anticipation of shelter's operation time.

- When/where to take breaks.
- Triage methods.
- Use of Personal Protective Equipment i.e. masks, gowns, gloves (if applicable).

# **Director Job Action Sheet**

Reports to: City Emergency Manager (EM)

Reporting to you: Site Lead/Manager

#### **Initial Duties and Responsibilities:**

- Read through this Job Action Sheet.
- Wear "Director" vest as applicable.
- Determine the staff/volunteer necessary for the warming shelter with the Site Lead/Manager.
- Distribute Job Action Sheets as applicable.
- Notify the City Emergency Manager when the warming shelter is opened to the public.
- Keep constant communication with the city Mayor, alert the city Mayor of any problems or needs.

#### **Intermediate Duties and Responsibilities:**

• Check with Site Lead/Manager to ensure they have sufficient forms, exit materials, etc. as applicable.

#### **Extended Duties and Responsibilities:**

• Supervise clean-up and closure.

#### **APPENDIX B**

#### Watertown Shelter Guidelines and Rules and Registration/Intake Form

#### WELCOME

Everyone is welcome at the Watertown emergency shelter(s). Watertown makes no discrimination as to nationality, race, religious beliefs, disability, political opinions, sexual orientation, and gender identity. We hope your stay here will be as pleasant as possible under the circumstances. Please take a few minutes to read this sheet as it contains important information that you will need about staying in the warming shelter. Please do not hesitate to contact any of the shelter staff or volunteers if you have any questions or concerns.

#### **REGISTRATION**

Please sign in at registration if you have not already done so. Registration is required so we have the records necessary to help you. All registration information is kept confidential. Please sign out and notify staff and volunteers of your departure.

- 1. I am 18 years of age or older. Please note that families are allowed with children under the age of 18, however you must be their parent or legal guardian and are responsible for monitoring them at all times during your stay at the warming shelter.
- 2. I am required to sign in and out of the shelter. I will notify staff if I am not returning.
- 3. All guests are welcome to use the restroom or other parts of the facility open to all guests. A volunteer can assist you with locating these areas.
- 4. I agree to behave calmly and respectfully. I understand that any threats or aggression, physical or verbal, or damage to property, or violation of the warming shelter rules could be cause for me to be asked to leave.
- 5. I understand that the volunteers cannot and will not offer me a ride, give or loan me money, or give me any other items of monetary value. I agree not to ask volunteers for such things.
- 6. I will clean up after myself and maintain the appropriate hygiene. I also understand I must be dressed appropriately at all times.

#### ALCOHOL, ILLEGAL DRUGS, WEAPONS, AND SEXUAL ACTIVITY

7. I agree not to bring in any alcohol, illegal substances / drugs, or weapons. I agree to not smoke in the shelter or on the host site grounds. I understand there is a zero-tolerance policy for participating in sexual activity or using alcohol, illegal substances, drugs, or smoking at the shelter and I will be asked to leave, and the police will be called if I violate this policy.

#### **PETS**

8. Please arrange for any pets before entering the shelter. The Watertown Humane Society may be contacted to assist if your pet needs a safe, warm place. Service animals are acceptable in the shelter.

#### **MEDICAL PROBLEMS AND INJURIES**

- 9. I agree that I must be functional and able to take care of myself while at the shelter if I do not have a caregiver.
- 10. If you have any functional and/or access needs, special equipment, supplies replaced, or special requirements, such as food allergies, please tell the registration staff upon your arrival at registration sign in.

# Watertown Shelter Guidelines and Rules and Guest Registration/Intake Form

I have read and understand the guidelines and rules of the shelter and agree to follow them. My information will be kept confidential except for staff or volunteer need to know. My information will be shredded within three days upon closure of the Emergency Supplemental Shelter.

Print F	irst Name	Print Last Nan	ne	
Date o	f Birth (DD/MM/YYYY)			
	For families:			
	Please print each child's name	and age:		
	1	•	Gender	
	2		Gender	
	3		Gender	
	4		Gender	
	5		Gender	
	6		Gender	
	7	Age	Gender	
	8	Age	Gender	
1.	1. Please list any medical conditions and related medications you take that staff might need be aware of during your stay at the warming shelter. By revealing and signing this, I am allowing staff and volunteers to have access to this part of the application. I agree that I mu functional and able to take care of myself while at the warming shelter. If I cannot verbally communicate, follow basic check in or other procedures or are at risk due to intoxication or other medical issues, I will be referred to elsewhere.			
2.	Are you required by law to regressive No If yes, please provide details:	gister with any state	or local government age	ncy for any reason?
Signatı	ure	Da	te	
Volunt	eer Name (Print)	Voluntee	er Signature	
Date				

#### **APPENDIX C**

## **Emergency Center/Shelter Incident or Accident Report**



#### INCIDENT REPORT

Immediate concern should always be for the comfort and well-being of an injured patron, or citizen. Telephone a police rescue unit (9-911) for a serious injury, or give first-aid if necessary, before completing the report. Please print all information on the report. This form is for non-employee incidents on City property. This form does not replace the Worker's Compensation form or the Police Reports from trip and falls. This is a form for documenting potential accident claims as they happen. Return completed reports to the Clerk/Treasurer Department.

## **INJURED PERSON:**

Name:		
Sex: Male Female		
Parent, or Guardian Name if injured is a minor:		
If minor, was child supervised? Yes No Name of person supervising child:		
Address:		
City:		
State: Zip Code:		
Phone: (Home)	(Cell)	
INCIDENT INFORMATION:		
When did the incident occur? Date:	16:00 n m (circle one)	

#### Where **EXACTLY** in the building did the injury occur?

If the injury occurred outside of the building, determine and describe the <b>EXACT</b> location (include such facts as feet from the building, under the overhang, etc.)
Describe what happened. See attached
Was incident site inspected immediately? Yes NoX  Inspected by:
Who reported the incident and when and how (verbally, paper, etc.) was the incident reported?
Describe conditions as seen.
Was photograph(s) taken of incident scene? Yes No  INJURY INFORMATION:  Describe in detail the injury (if more space is needed please continue on back of page),
Did the person refuse medical attention by staff? Yes No

Did the injury require an ambulance, and/or police respondent	onse? Yes	NoX	(circle one or both)
If first-aid/treatment was given, who performed it?			
Did the injury require professional medical attention?	Yes	No	-
If so, where?	. If known name	of physician, or h	ospital.
Describe in detail the care given.			
Did the person return to the activity? Yes	No		
ADDITIONAL INFORMATION:			
Additional paperwork attached: Yes No			
If yes, describe.			
WITNESSES INFORMATION:			
Witnesses Name:			
Address:			
City, State, Zip Code:			

	Telephone No:		
Witnesses	s Name:		
	Address:		
	City, State, Zip Code:		
	Telephone No:		
Witnesses	s Name:		
	Address:		
	City, State, Zip Code:		
	Telephone No:		
Witnesses	s Name:		
	Address:		
	City, State, Zip Code:		
	Telephone No:		
Name of	person(s) completing this report. (S	Sign, Print Name and Date).	
Sign Nan	ne	Print Name	Date

#### **Appendix D: Volunteer Information**

Wisconsin Emergency Assistance Volunteer Registry (WEAVR)

www.weavrwi.org

#### **Appendix E: Staff and Volunteer Agreement**

The mission of the Center/Shelter is to ensure that our residents have a safe space during inclement weather so that they may not be physically put in harm's way due to extreme weather conditions. We aim to create a space that is physically and emotionally safe for all, regardless of race, ethnicity, religion, gender, gender identity, or sexual orientation.

As a staff member or volunteer of the Center/Shelter, I agree to the following:

- I support the mission and values of the Center/Shelter, as stated above.
- I am willing to follow directions and abide by decisions made by the managing staff of the Center/Shelter.
- I will keep my commitments to the Center/Shelter.
- I am willing to function as part of a team.
- I am willing to follow protocols regarding reporting of abuse of children and other vulnerable populations.
- I understand that the Center/Shelter is not an appropriate place for religious proselytizing, or any form of manipulation or pressure.

Name (Print):	
Signature:	
Date:	

#### Appendix F: Potential Supplies for Center/Shelter

☐ Registration Forms,	☐ Signage	☐ Communications	☐ Large bulletin/wipe
Intake forms and other forms		app	boards/cork boards to post information/updates
☐ Plans/binders/checklists	☐ Floor plans/Flow	☐ Cones/Stanchions	☐ Cell phones/2-way
			radios (for staff)
☐ Tables	☐ Chairs	☐ Storage containers/bag	☐ Blow horn/speaker
☐ Paper	□ Pens	☐ Sharpies/Markers	☐ Scissors
☐ Generator	□ Fans	□ Ramp	☐ Wheelchairs/Walkers/
			Canes
□ Vests	☐ Food and snacks – be	☐ Personal Care kits	☐ Duct Tape
	aware of allergies as much as possible		
☐ Extension Cords	☐ Children's Toys if available	☐ Caution Tape	☐ Regular tape
☐ Power Surge Strips	□ Water	☐ Internet	☐ Computers/laptops for staff
☐ Cots as needed	☐ Phone chargers for staff	☐ Blankets	☐ Cleaning Supplies
☐ Basic First Aid Kit	☐ Medical waste disposal (red bags, sharps containers, etc)	☐ Extra Bathroom Supplies	☐ Gloves/Masks/Gowns
☐ Face masks for staff	☐ Hand Sanitizer and Soap	☐ Heavy duty garbage bags	☐ Trash cans
☐ Facial tissues	□ Cups	☐ Napkins	☐ TV if possible

#### Appendix G: Watertown Center/Shelter Activation Checklist

Site Lead/Staff Member:	
Site Location and Address:	
Date of Activation:	
Conditions upon Arrival:	☐ Good ☐ Satisfactory ☐ Poor
Comments:	
	Facility Readiness
Water Faucets Operational	If No, note problems
☐ Yes ☐ No*	Kitchen/Problems:
□ Yes □ No*	Women's bathroom(s)/Problems:
□ Yes □ No*	Men's bathroom(s)/Problems:
<b>Toilets Operational</b>	If No, note problems
☐ Yes ☐ No*	Women's bathroom(s)/Problems:
☐ Yes ☐ No*	Men's bathroom(s)/Problems:
Lighting	Note Any Issues/Problems:
☐ Yes ☐ No	
Heating	Note Any Issues/Problems:
□ Yes □ No	
Power	Note Any Issues/Problems:
□ Yes □ No	
Generator	Note Any Issues/Problems:
□ Yes □ No	
	Layout and Signage
□ Yes □ No	Registration Area Set up
□ Yes □ No	Flow Directors Set up
□ Yes □ No	Emergency Exits Clearly Identified
□ Yes □ No	Area Designators Set up
□ Yes □ No	Signage Posted
<b>Additional Comments:</b>	

#### Appendix H: Watertown Center with Extended Operational Hours / Shelter Sign-In Sheet

Name (Last, First)	Contact Info/ Telephone number	Type of Staff/Volunteer (Staff, MRC, CERT, WEAVR, other volunteer)	Assignment	Time In	Time Out	Confirmed (Initial by Staff)

#### **Appendix I: Guest Health Screening**

A wellness check will take place for all staff/volunteers and guests when entering the center with extended operational hours/shelter. Everyone will be asked the following question:

Do you or anyone in your family have any of the following symptoms?

- Fever
- Cough
- Sore Throat
- Fatigue
- Muscle Aches
- Chills
- Runny Nose/Congestion
- Nausea/Vomiting

#### Appendix J: Watertown Senior and Community Center Floorplan

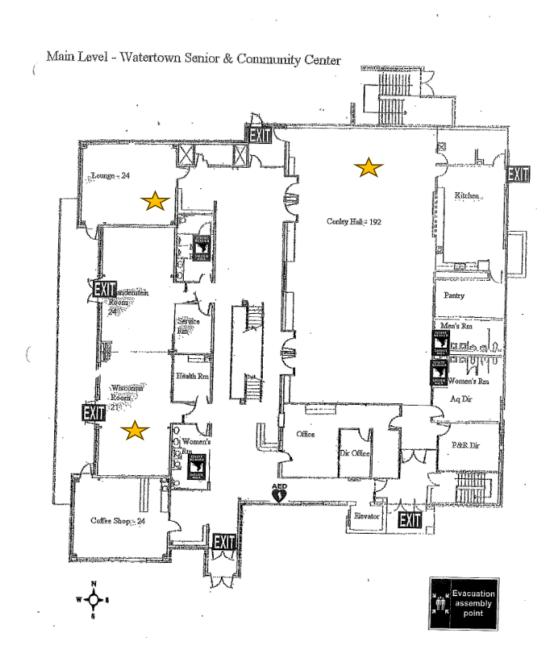


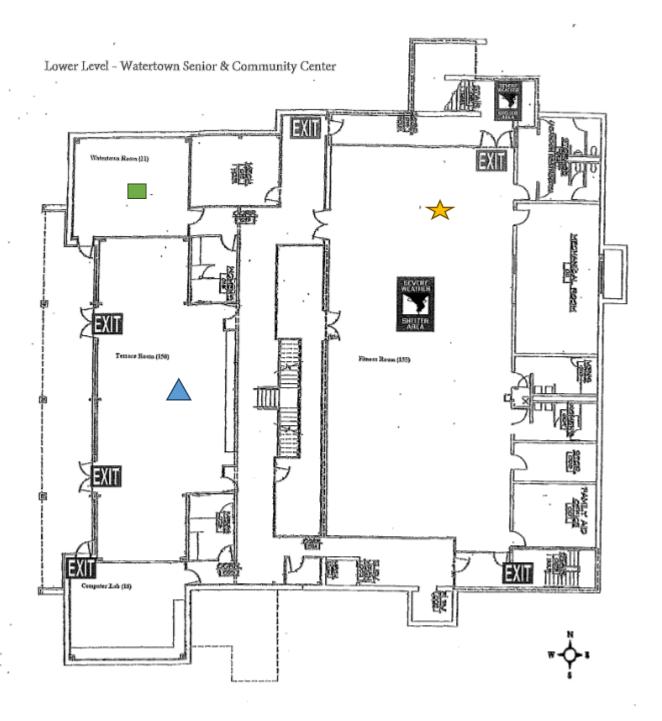
**Designated Rooms for Sleeping** 



Room if Needed for Symtomatic Individuals

Room if Needed for Allergies to Service Animals







# **MEMO**

To: Public Safety and Welfare Committee

From: Carol Quest Watertown Department of Public Health/Tanya Reynen Emergency Manager

Date: August 6<sup>th</sup>, 2025

Subject: City of Watertown Warming/Cooling Center/Shelter Plan

#### Background

For many years City departments have been updating and developing emergency plans to assure the City was prepared for a variety of different emergencies. In July 2023, there was a discussion to develop a Warming/Cooling Center/Shelter plan to prepare for extreme temperatures events. There was a need for clearly defined protocols for activating and managing population-based warming/cooling centers/shelters to protect those without access to adequate heating or cooling during extreme temperature events occurring in the City of Watertown.

Health department staff worked with the Fire Chief/Emergency Manager to discuss locations, triggers and protocols for a warming/cooling center/shelter. Information from National Weather Services and plans from Red Cross and other areas were reviewed and incorporated when developing the Warming/Cooling Center/Shelter plan. A plan was developed as the first part of Chapter 6 in the City of Watertown Policy Manual. After several revisions, the plan was sent to City Leadership for edits in April 2024 and the plan was finalized in June 2024.

With extreme temperature events posing a significant risk to public safety, the City opened a cooling center with extended hours on August 26 and August 27, 2024, in response to a period of extreme heat and intermittent power outage. The operation demonstrated both the need for such services and the importance of having a clearly established policy in place.

A tabletop emergency preparedness exercise was completed with City leadership in September 2024, focusing on coordination, communication, and logistics involved in activating a warming/cooling center/shelter during extreme weather events. An after-action report was conducted; an improvement plan was developed and updates to the plan were made.



# **MEMO**

With another extreme temperature events posing a significant risk to public safety, the City opened a warming center with extended hours on January 20, January 21, and January 22, 2025, in response to a period of extreme cold and intermittent power outage.

With each exercise and real-life event where the Warm/Cooling Center/Shelter plan is activated, the Health Department, Emergency Management, and City Leadership are provided with insight to updates, improvements, and changes needed to ensure efficient activation of the plan to protect the residents of the City of Watertown during extreme weather events.

Following a recent review of the Warming/Cooling Center/Shelter Plan, it was determined that updates are needed in Chapter 6 of the City of Watertown Policy Manual. In addition, it was recommended that the policies and procedures be separated into distinct documents.

The policy document will serve as a public-facing resource, outlining the overall plans and providing important information to educate and inform residents. The procedure document will be intended for internal use only, as it may include sensitive content—such as building layouts—that could pose a security risk if made publicly accessible.

Separating policies from procedures will also provide greater flexibility, allowing for more efficient updates as new practices are implemented or existing protocols are revised.

#### **Budget Goal**

Maintains a safe and healthy community, with an eye toward future needs and trends

#### Financial Impact

N/A

#### Recommendation

We recommend the Public Safety and Welfare Committee review and support the updating of the Warming/Cooling Center/Shelter plan in Chapter 6 of the City of Watertown Policy Manual and review and support the separation of the policy and procedure documents. This will allow us to move forward with making updates and edits to additional sections of Chapter 6 of the City of Watertown Policy Manual.

# ORDINANCE TO CREATE SECTION 428-1 OF THE CITY OF WATERTOWN GENERAL ORDINANCES

# SPONSOR: ALDERPERSON DANA DAVIS FROM: PUBLIC SAFETY AND WELFARE

THE COMMON COUNCIL OF THE CITY OF WATERTOWN DOES ORDAIN AS FOLLOWS:

SECTION 1. § 428-1 of the Watertown Code of Ordinances is hereby created to read as follows:

§428-1. Riverfest

#### A. Findings:

- (1) The Common Council recognizes that Watertown Riverfest is a unique and long-standing public event within the City of Watertown, which has for several decades brought substantial benefits to the community which are difficult to quantify.
- (2) The City wishes to partner with Watertown Riverfest Inc. to ensure that Watertown Riverfest continues in operation.
- B. **Special Event Application:** Watertown Riverfest will comply with the requirements of Watertown Ordinance § 428-7 except as those requirements are modified by this Section.
- C. **Application Date:** Watertown Riverfest Inc. shall apply for a special event permit for each year on or before January 5 of each year. The Special Event Permit may be for up to four (4) days, which will include the second (2<sup>nd</sup>) full weekend in August for each year.

#### D. Extraordinary Services:

- (1) Watertown Riverfest Inc. shall reach out to department heads that they anticipate needing Extraordinary Services from or that have previously provided Extraordinary Services for Watertown Riverfest on or before April 30<sup>th</sup> of each year to discuss the Extraordinary Services needed from that department for the year.
- (2) Provided Watertown Riverfest Inc. complies with the requirements of this Section, the City will contribute fifty percent (50%) of the extraordinary costs assessed to Watertown Riverfest Inc. up to a maximum contribution of thirty thousand dollars (\$30,000) in each year that Watertown Riverfest occurs. Watertown Riverfest Inc. shall be responsible for paying its share of fifty percent (50%) of the extraordinary costs and any extraordinary costs that exceed sixty thousand dollars (\$60,000).

- E. **Illumination:** Illumination of the Riverfest Ground shall be sufficient to light the entire area of the event at the rate of at least five lumens except during fireworks and in areas that are access restricted after dark. Lights will also be able to be restored in public areas during fireworks.
- F. **Noise:** Watertown Riverfest Inc. will seek approval for the following noise standard (to the exclusion of others): Peak sound pressure level shall not exceed 105 dB 'A' weighted at the FOH (front of house) mix position as measured by the venue's SPL meter. An "Amplified Music Permit" shall be applied for by Watertown Riverfest Inc. Quite hours shall be 11 pm to 5 am. Notwithstanding any provision, to the contrary, Watertown Riverfest Inc. shall be permitted to operate at full volume from 8am (to support sound checks and the carnival) to 11pm each day of the festival.
- G. Open Containers: Watertown Riverfest Inc. shall establish its open container boundaries with prominent signs and Watertown Auxiliary Police or Watertown Police officers at all street and sidewalk entrances. Personnel shall observe and prevent attendees from bringing alcohol on premises and removing open containers from premises. Service of open containers will only be permitted within boundaries defined by fences and signs.
- H. **Dispensing Fermented Malt Beverages / Wine:** Watertown Riverfest Inc. (or its duly licensed vendors) shall be allowed to dispense to any person up to four (4) fermented malt beverages and/or wine at a time for removal from the event licensed premises, and no person shall remove at one time more than four (4) such fermented malt beverages and/or wine from the event licensed premises.
- I. **Alcoholic Beverage Protocol:** Watertown Riverfest Inc. shall use different-colored paper or plastic cups of a different color than alcoholic beverage cups, but the cups shall not bear the name of the event or a sponsor's name. The cups may bear the printed name of a non-alcoholic beverage (e.g., "7UP") but may not bear the name of an alcoholic beverage (e.g., "Miller Lite").
- J. **Riverfest Grounds:** The City will not rent the Riverfest Grounds to any other organization or individual from the Monday before to the Monday after the second (2<sup>nd</sup>) full weekend in August. The City shall provide rent-free use of said Riverfest Grounds to Watertown Riverfest Inc.

SECTION 2. All ordinances or parts of ordinances inconsistent with the provisions of this ordinance are hereby repealed.

SECTION 3. This ordinance shall take effect and be in force the day after its passage and publication.

DATE:	First me dat			cond ng date
READING:	13	ST	2ND	
	YES	NO	YES	NO
DAVIS				
LAMPE				
BERG				
BARTZ				
BLANKE				
SMITH				
ARNETT				
WETZEL				
MOLDENHAUER	_			_
MAYOR STOCKS				
TOTAL				

ADOPTEDType second meeting date
CITY CLERK
APPROVED
MAYOR





Clerk
106 Jones Street
PO Box 477
Watertown, WI 53094-0477
(920) 262-4006

Office of the

August 1, 2025

TO: Members of the Public Safety & Welfare Committee

#### The following application has been made for a Special Event Permit:

Family Fun Friday from River Valley Alliance Church to be held on August 22, 2025.

There are no estimated extraordinary charges from any city departments.

Respectfully Submitted,

Megan Dunneisen, City Clerk

nf/MD



### SPECIAL EVENT PERMIT APPLICATION

ew Event M Repeat Event D	Date Received: 06-16	- 25	Date of Ev	vent:_8 22 25 <sub>Fee A</sub>	mount: \$50.00
APPLICANT INFORM					
Name of person, entity, or o		the special ever	nt:		
River Valley Allie					
Address: Street, City, State, 610 Wels	zip h Road	Watertou	un,	WI 53098	
Phone: 970-261-43	42 Email:	envernillage	alliance	Website:	jalliance org
Non-profit Group				501(c)3, if applicable (include p	hotocopy)
Is this the applicant's 1					i⊠ No □
Wisconsin Seller Perm If the named applicant is not req	it Number: Sales Ta uired to hold a Wiscons	ax, if applicable (incl sin Seller's Permit p	ude photo oursuant	ocopy) to s. 77.54 (7m), Wis. State	s., check this box
EVENT INFORMATION	ON:				
Event Name: Fami	ly Fun Frid	au(s Event	Date(s):	8/22/25	
Bentzin Family  A DETAILED map is requ	s include parking loo Town Savar-	cations and street	ets to be	e used if applicable: St. between lime	ngis Squarech
Is the event located in a C	d d				92
If yes, do you have a park re	servation? Yes 🗹 No	o 🗆 Park name:	Bort	zin Fruity To	NA Square
Is the event closing of a St	reet/Alley/Right-c	of-Way/Parking	Lot? Y	es No	
Will you need City Service	es for your event? \	res No fo	r		
Is the event on private pr	operty? Yes No	If yes, do you	ı have w	vritten permission? Ye	s 🗆 No
Is the event a city spons If yes, please explain:	ored parade or ce	elebrating a Fe	ederal	Holiday? Yes ☐ No🗹	
Event start/end time: 6	om - 8pm	Event	set up/t	ake down times: Црг	n, 8pm
Total Attendance: # 3	Alcohol cons	umed, sold, or se	erved?	ake down times: 4pr Yes □ No ☑ Vendo	rs? Yes 🗆 No 🗹
Event Description (purpose, Community Cl Janexhter, Con	activity, who can particing	ipate, etc. Attach ac Nino Foget	dditional her-f	sheet if necessary,)	
Will your event be selling for					ho)
(	fiving away	hotdogs, ch	uips s	rdafice crean	27
MAIN EVENT ORGANI	ZER - PRIMARY	CONTACT IF	DIFFER	RENT FROM APPLI	CANT:
Contact Name: First, Mic	Idle, Last David	Zimmenn	wir	)	##
Address: Street, City, State	. Zip	Phone:	00	Ema <u>il;</u>	
OFFICE USE ONLY:					
APPROVED ON:	PERMIT #				

#### **Indemnification and Hold Harmless**

(Read carefully before signing!)

Section 4. Item C.

Indemnification: By signing below, I acknowledge that for good and valuable consideration, I (applicant), on behalf of myself and the organization, if applicable, agree to indemnify, defend and hold harmless the City of Watertown and its officers, officials, employees and agents from and against any and all liability, loss, damage, expenses and costs, including attorney fees, arising out of the activities performed as described herein, caused in whole or in part by any negligent act of omission of the applicant/organization, anyone directly or indirectly employed by any of them or anyone whose acts may be liable, except where caused by the sole negligence or willful misconduct of the City.

Certification: By signing below, I certify that I am at least 18 years of age and that I have reviewed and understand the City's Insurance Requirements and Ordinance for Special Events. My signature further confirms: (i) I understand the filing of this application does not ensure the issuance of a Special Event Permit; (ii) The special event application fee is non-refundable (iii) I will be responsible for ensuring the event and event participants comply with all applicable City ordinances, traffic rules, park rules, state health laws, fire codes, alcohol licensing regulations, and any other applicable laws, rules and regulation; (iv) Fees for park facilities, food vendor permits, fireworks permit, any other applicable City of Watertown permits or licenses, other municipal services and equipment, etc., are in addition to the Special Event Permit application fee; (v) I am authorized to apply for this Special Event Permit on behalf of the organization holding the event (if applicable). (vi) The information contained in this application is true and correct to the best of my knowledge. I understand that intentionally providing false or misleading information in this application will be the basis for denial/revocation of the permit and may lead to civil or criminal penalties.

If there are any changes to the Special Event after submittal of the application, I agree to notify the City of Watertown of these changes for review.

Name of Applicant:

Signature:

Callett Kluber

Date:

Date:

#### SPECIAL EVENT APPLICATION FEE & EXTRAORDINARY SERVICES

Application fee is due when the application is submitted and is nonrefundable if the event is cancelled. If the event is rescheduled for a date within 6-months, the application fee would apply to the rescheduled date; if the event is rescheduled for a date later than 6-months of the original event date the application fee is nonrefundable.

\$50.00 - first application for the year of the applicant if submitted 45 days or more prior to event date. \$35.00 - each subsequent application of the applicant if submitted 45 days or more prior to event date. (The fee is doubled if submitted less than 45 days prior to event date)

Extraordinary Services - measurable financial costs which are above and beyond the normal levels of public health and safety services on a nonevent day. See the special event fee schedule for more information. Extraordinary services do not include the provision of police protection against hostile individuals targeting the event's message or intentions.

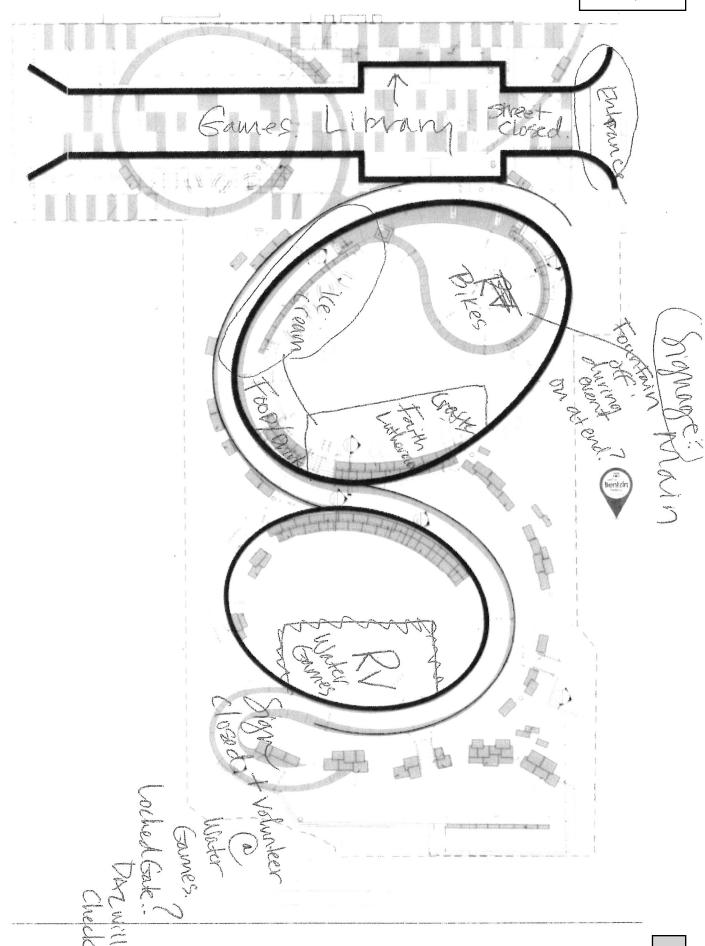
The applicant is liable for and must pay to the city clerk the actual cost of all extraordinary services provided by the city and is required to pay 50% of the estimated extraordinary services prior to the special event with the remaining amount billed at the conclusion of the event. Sales tax will be added if applicable. By signing the applicant acknowledges that they have been made aware of this information.

Signature of Applicant: Date: 6-5-25

Submit Special Event Application and fee (cash or check) in person or by mail to:

City Clerk 106 Jones Street PO Box 477 Watertown, WI 53094

Questions: 920-262-4010 or email <a href="mailto:cityclerk@watertownwi.gov">cityclerk@watertownwi.gov</a>







Clerk
106 Jones Street
PO Box 477
Watertown, WI 53094-0477
(920) 262-4006

Office of the

August 1, 2025

TO: Members of the Public Safety & Welfare Committee

#### The following application has been made for a Special Event Permit:

MCL Annual Fundraiser from Bartelme-Schwefel Detachment to be held on August 23, 2025.

There are no estimated extraordinary charges from any city departments.

Respectfully Submitted,

Megan Dunneisen, City Clerk

nf/MD



## SPECIAL EVENT PERMIT APPLICATION

lew Event Repeat Event 🞾 Date Rec	ceived:	_ Date of Event: 8-23-25 F	ee Amount: \$50 -
APPLICANT INFORMATION			
Name of person, entity, or organiz	ation holding the special e	vent:	
Bartelme-Sch	wefel Detaci	nment #349	
Address: Street, City, State, Zip POBOX 25/ Wate	Hown WI 5.	309ch	
Phone: 910 200 1.76	Email:	website: m//	349.0Rg
Non-profit Group  For P	rofit  Other, please o	escribe: Nonprofit lax-Ex	kempt Number leidquirders 990N ude photocopy)
Is this the applicant's 1st spe	ecial event application		
Wisconsin Saller Permit Nu	mber: Sales Tax, if applicable (	include photocopy)	
If the named applicant is not required to	hold a Wisconsin Seller's Perm	it pursuant to s. 77.54 (7m), Wis.	Stats., check this box
EVENT INFORMATION:			
Event Name: MCL Annual Fug	draiser Plinie Ever	nt Date(s): Aug. 23, 20	775
Event Location Address inclu	Waterfolions and si	T 53094	•
A DETAILED map is required u	pon submittal of applica	tion, is it included? Yes 🖗	No 🗆
Lethe arent located in a City Da	rk2 Ves V No	0	
If yes, do you have a park reservati	on? Yes X No L Park nan	ing Lot? Vas \ No\s	
Is the event closing of a Street/	rour ovent? Ves \ No \	for	
Will you need City Services for y Is the event on private property	Our event: Tes □ No 🎏	ou have written permission?	Yes No
Is the event a city sponsored	erede or colobrating a	Federal Holiday? Yes	NO P
If yes, please explain:			
Event start/end time: /2:00p		nt set up/take down times://	
Total Attendance: #/00		(1)	ndors? Yes No. X
Event Description (purpose, activity, MCL annual fund rayser)	who can participate, etc. Attach OICNIL: Veferan	i duditional sheet if hecessary.	nly category) n.Musthave
HOKEY TO attend	as No O If was placed	wnlain: /Tune of food and sold h	www.
Will your event be selling food? You	LIKE YOMER	afferd by Wilde	days Grove
MAIN EVENT ORGANIZER -	DRIMARY CONTACT I	E DIFFERENT FROM API	PLICANT:
Contact Name: First Middle Land	PRIMARY CONTACT I	DITTERENT TROOP AT	LICATOR
	Disass	e: Email:	
Address: Street City State 7in	Phon	e: Email:	, , , , , , , , , , , , , , , , , , ,
OFFICE USE ONLY:			•
APPROVED ON:	PERMIT #		

### Indemnification and Hold Harmless

(Read carefully before signing!)

Indemnification: By signing below, I acknowledge that for good and valuable consideration, I (applicant), on behalf of myself and the organization, if applicable, agree to indemnify, defend and hold harmless the City of Watertown and its officers, officials, employees and agents from and against any and all liability, loss, damage, expenses and costs, including attorney fees, arising out of the activities performed as described herein, caused in whole or in part by any negligent act of omission of the applicant/organization, anyone directly or indirectly employed by any of them or anyone whose acts may be liable, except where caused by the sole negligence or willful misconduct of the City.

Certification: By signing below, I certify that I am at least 18 years of age and that I have reviewed and understand the City's Insurance Requirements and Ordinance for Special Events. My signature further confirms: (i) I understand the filing of this application does not ensure the issuance of a Special Event Permit; (ii) The special event application fee is non-refundable (iii) I will be responsible for ensuring the event and event participants comply with all applicable City ordinances, traffic rules, park rules, state health laws, fire codes, alcohol licensing regulations, and any other applicable laws, rules and regulation;. (iv) Fees for park facilities, food vendor permits, fireworks permit, any other applicable City of Watertown permits or licenses, other municipal services and equipment, etc., are in addition to the Special Event Permit application fee; (v) I am authorized to apply for this Special Event Permit on behalf of the organization holding the event (if applicable). (vi) The information contained in this application is true and correct to the best of my knowledge. I understand that intentionally providing false or misleading information in this application will be the basis for denial/revocation of the permit and may lead to civil or criminal penalties.

If there are any changes to the Special Event after submittal of the application, I agree to notify the City of Watertown of these

Name of Applicant:

SPECIAL EVENT APPLICATION FEE & EXTRAORDINARY SERVICES

Application fee is due when the application is submitted and is nonrefundable if the event is cancelled. If the event is rescheduled for a date within 6-months, the application fee would apply to the rescheduled date; if the event is rescheduled for a date later than 6-months of the original event date the application fee is nonrefundable.

\$50.00 - first application for the year of the applicant if submitted 45 days or more prior to event date. \$35.00 - each subsequent application of the applicant if submitted 45 days or more prior to event date. (The fee is doubled if submitted less than 45 days prior to event date)

Extraordinary Services - measurable financial costs which are above and beyond the normal levels of public health and safety services on a nonevent day. See the special event fee schedule for more information. Extraordinary services do not include the provision of police protection against hostile individuals targeting the event's message or intentions.

The applicant is liable for and must pay to the city clerk the actual cost of all extraordinary services provided by the city and is required to pay 50% of the estimated extraordinary services prior to the special event with the remaining amount billed at the conclusion of the event. Sales tax will be added if applicable. By signing the applicant acknowledges that they have been made aware of this information.

Signature of Applicant:

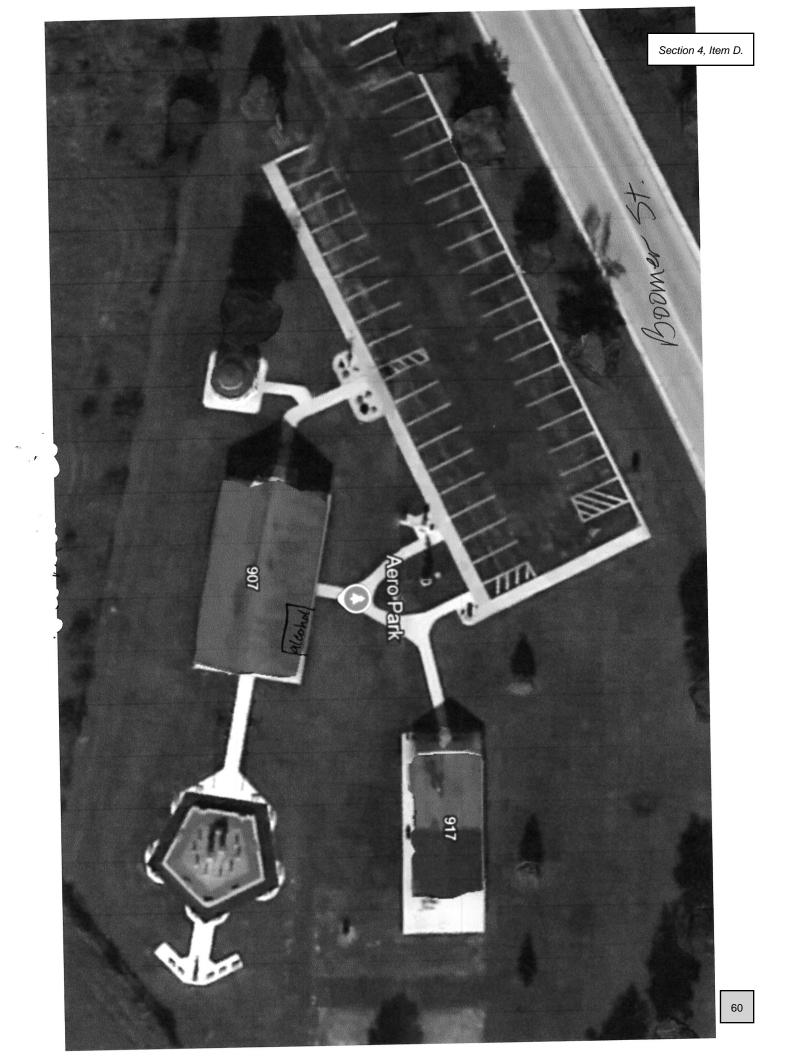
Date:

Submit Special Eyent Application and fee (cash or check) in person or by mail to

City Clerk 106 Jones Street PO Box 477

Watertown, WI 53094

Questions: 920-262-4010 or email cityclerk@watertownwi.gov







Clerk
106 Jones Street
PO Box 477
Watertown, WI 53094-0477
(920) 262-4006

Office of the

August 1, 2025

TO: Members of the Public Safety & Welfare Committee

#### The following application has been made for a Special Event Permit:

Wine Walk from Watertown Area Chamber of Commerce to be held on September 25, 2025.

There are no estimated extraordinary charges from any city departments.

Respectfully Submitted,

Megan Dunneisen, City Clerk

nf/MD



### **SPECIAL EVENT PERMIT APPLICATION**

APPLICANT INFORMATION:  Name of person, entity, or organization holding the special event:  Watch And Chamber of Comme (Ce Address: Street, City, State, Zip Sold and
Address: Street, City, State, Zip  Phone: 916-6320   Email:   Website: Watchown (Namber of Current)  Non-profit Group   For Profit   Other, please describe: Nonprofit Tax-Exempt Number  501(C). 6   Solicia, if applicable (include photocopy)  Is this the applicant's 1** special event application for the calendar year? Yes   No    Wisconsin Seller Permit Number: Sales Tax, if applicable (include photocopy)  If the named applicant is not required to hold a Wisconsin Seller's Permit pursuant to s. 77.54 (7m), Wis. Stats, check this box    EVENT INFORMATION:  Event Name:   Wink   Walk   Event Date(s): 9/25/15  Event Location Address include parking locations and streets to be used if applicable:   Day 100   May 110   May
Address: Street, City, State, Zip  S19 2 Mach St Watchtown W1 53 44  Phone: 916-6320   Email:   Website: Watchtown Chamber. Curr  Non-profit Group   For Profit   Other, please describe:   Nonprofit Tax-Exempt Number    501(c). 6   Solicia, if applicable (include photocopy)  Is this the applicant's 1st special event application for the calendar year? Yes   No    Wisconsin Seller Permit Number: Sales Tax, if applicable (include photocopy)  If the named applicant is not required to hold a Wisconsin Seller's Permit pursuant to s. 77.54 (7m), Wis. Stats., check this box    EVENT INFORMATION:  Event Name: Wine Wall Event Date(s): 9/25/25  Event Location Address include parking locations and streets to be used if applicable:    Dantown Street Vision   Street Vision Str
Phone: 916-263-20   Email:   Website: Watchwar Chamber   Company   Email:
Non-profit Group G
Non-profit Group G
Is this the applicant's 1st special event application for the calendar year? Yes Now Wisconsin Seller Permit Number: Sales Tax, if applicable (include photocopy)  If the named applicant is not required to hold a Wisconsin Seller's Permit pursuant to s. 77.54 (7m), Wis. Stats., check this box   EVENT INFORMATION:  Event Name: When we will be supplied by the same of
Wisconsin Seller Permit Number: Sales Tax, if applicable (include photocopy)  If the named applicant is not required to hold a Wisconsin Seller's Permit pursuant to s. 77.54 (7m), Wis. Stats., check this box  EVENT INFORMATION:  Event Name:
EVENT INFORMATION:  Event Name: Wine Walle parking locations and streets to be used if applicable:  Dunt Walle parking locations and streets to be used if applicable:  Dunt Walle parking locations and streets to be used if applicable:  Dunt Walle parking locations and streets to be used if applicable:  A DETAILED map is required upon submittal of application, is it included? Yeld No  Is the event located in a City Park? Yes No Park name:  Is the event closing of a Street/Alley/Right-of-Way/Parking Lot? Yes No  Will you need City Services for your event? Yes No for  Is the event a city sponsored parade or celebrating a Federal Holiday? Yes No  If yes, please explain:  Event set up/take down times:
Event Name: When Wolf Event Date(s): 9/25/25  Event Location Address include parking locations and streets to be used if applicable:  A DETAILED map is required upon submittal of application, is it included? Yes No  Is the event located in a City Park? Yes No Park name:  Is the event closing of a Street/Alley/Right-of-Way/Parking Lot? Yes No  Will you need City Services for your event? Yes No for  Is the event on private property? Yes No If yes, do you have written permission? Yes No  Is the event a city sponsored parade or celebrating a Federal Holiday? Yes No  Event start/end time: 4:30pm  Event set up/take down times: 5pm
Event Name: Wine Wolf Event Date(s): 9/25/25  Event Location Address include parking locations and streets to be used if applicable:  Dartow - Sel Allocal  A DETAILED map is required upon submittal of application, is it included? Yell No  Is the event located in a City Park? Yes No Park name:  Is the event closing of a Street/Alley/Right-of-Way/Parking Lot? Yes No  Will you need City Services for your event? Yes No for  Is the event on private property? Yes No If yes, do you have written permission? Yes No  Is the event a city sponsored parade or celebrating a Federal Holiday? Yes No  Event start/end time: 4:300m  Event set up/take down times:
Event Location Address include parking locations and streets to be used if applicable:    Detailed   Detailed
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A DETAILED map is required upon submittal of application, is it included? Yes No Is the event located in a City Park? Yes No Park name:  If yes, do you have a park reservation? Yes No Park name:  Is the event closing of a Street/Alley/Right-of-Way/Parking Lot? Yes No  Will you need City Services for your event? Yes No for  Is the event on private property? Yes No If yes, do you have written permission? Yes No  Is the event a city sponsored parade or celebrating a Federal Holiday? Yes No  If yes, please explain:  Event start/end time: #:3000 Event set up/take down times:
Is the event located in a City Park? Yes \( \) No \( \) Park name:  If yes, do you have a park reservation? Yes \( \) No \( \) Park name:  Is the event closing of a Street/Alley/Right-of-Way/Parking Lot? Yes \( \) No \( \)  Will you need City Services for your event? Yes \( \) No \( \) for \( \)  Is the event on private property? Yes \( \) No \( \) If yes, do you have written permission? Yes \( \) No \( \)  Is the event a city sponsored parade or celebrating a Federal Holiday? Yes \( \) No \( \)  If yes, please explain:  Event start/end time: \( \( \) : 30 \( \) \( \)
Is the event closing of a Street/Alley/Right-of-Way/Parking Lot? Yes No  Will you need City Services for your event? Yes No  Is the event on private property? Yes No If yes, do you have written permission? Yes No  Is the event a city sponsored parade or celebrating a Federal Holiday? Yes No  If yes, please explain:  Event start/end time: 4:300  Event set up/take down times:
Will you need City Services for your event? Yes \( \) No \( \) for \( \) Is the event on private property? Yes \( \) No \( \) If yes, do you have written permission? Yes \( \) No \( \) Is the event a city sponsored parade or celebrating a Federal Holiday? Yes \( \) No \( \) If yes, please explain:  Event start/end time: \( \( \) : 30 \( \) \( \) Event set up/take down times: \( \)
Is the event on private property? Yes No If yes, do you have written permission? Yes No Is the event a city sponsored parade or celebrating a Federal Holiday? Yes No If yes, please explain:  Event start/end time: 4:300 Event set up/take down times:
Is the event a city sponsored parade or celebrating a Federal Holiday? Yes Now If yes, please explain:  Event start/end time: 4:30pm Event set up/take down times:
If yes, please explain:  Event start/end time: 4:300 Event set up/take down times: 50m
Event start/end time: 4:30 pm Event set up/take down times: 50m Vendors? Yes No Vendors? Yes No
Total Attendance: # 3()() Alcohol consumed, sold, or served? Yes No Vendors? Yes No
Total Fitter and Total Test and Test an
Dhive traffic townstown, letoel event, wine Sampling, Shopping Dining
Will your event be selling food? Yes No If yes, please explain: (Type of food and sold by who)
MAIN EVENT ORGANIZER – PRIMARY CONTACT IF DIFFERENT FROM APPLICANT:
Contact Name: First, Middle, Last Linden Marile Praise
Address: Street City State 7in.  Phone:   Email: Independent four Chamber
OFFICE LIGE CANAL
APPROVED ON: PERMIT#

#### **Indemnification and Hold Harmless**

(Read carefully before signing!)

Indemnification: By signing below, I acknowledge that for good and valuable consideration, I (applicant), on behalf of myself and the organization, if applicable, agree to indemnify, defend and hold harmless the City of Watertown and its officers, officials, employees and agents from and against any and all liability, loss, damage, expenses and costs, including attorney fees, arising out of the activities performed as described herein, caused in whole or in part by any negligent act of omission of the applicant/organization, anyone directly or indirectly employed by any of them or anyone whose acts may be liable, except where caused by the sole negligence or willful misconduct of the City.

<u>Certification</u>: By signing below, I certify that I am at least 18 years of age and that I have reviewed and understand the City's Insurance Requirements and Ordinance for Special Events. My signature further confirms: (i) I understand the filing of this application does not ensure the issuance of a Special Event Permit; (ii) The special event application fee is non-refundable (iii) I will be responsible for ensuring the event and event participants comply with all applicable City ordinances, traffic rules, park rules, state health laws, fire codes, alcohol licensing regulations, and any other applicable laws, rules and regulation; (iv) Fees for park facilities, food vendor permits, fireworks permit, any other applicable City of Watertown permits or licenses, other municipal services and equipment, etc., are in addition to the Special Event Permit application fee; (v) I am authorized to apply for this Special Event Permit on behalf of the organization holding the event (if applicable). (vi) The information contained in this application is true and correct to the best of my knowledge. I understand that intentionally providing false or misleading information in this application will be the basis for denial/revocation of the permit and may lead to civil or criminal penalties.

If there are any changes to the Special Event after submittal of the application, I agree to notify the City of Watertown of these changes for review.

Name of Applicant

#### SPECIAL EVENT APPLICATION FEE & EXTRAORDINARY SERVICES

Application fee is due when the application is submitted and is nonrefundable if the event is cancelled. If the event is rescheduled for a date within 6-months, the application fee would apply to the rescheduled date; if the event is rescheduled for a date later than 6-months of the original event date the application fee is nonrefundable.

\$50.00 - first application for the year of the applicant if submitted 45 days or more prior to event date. \$35.00 - each subsequent application of the applicant if submitted 45 days or more prior to event date. (The fee is doubled if submitted less than 45 days prior to event date)

den Hall Signature

Extraordinary Services - measurable financial costs which are above and beyond the normal levels of public health and safety services on a nonevent day. See the special event fee schedule for more information. Extraordinary services do not include the provision of police protection against hostile individuals targeting the event's message or intentions.

The applicant is liable for and must pay to the city clerk the actual cost of all extraordinary services provided by the city and is required to pay 50% of the estimated extraordinary services prior to the special event with the remaining amount billed at the conclusion of the event. Sales tax will be added if applicable. By signing the applicant acknowledges that they have been made aware of this information.

Signature of Applicant

Date: 6 2425

Submit Special Event Application and fee (cash or check) in person or by mail to:

City Clerk 106 Jones Street PO Box 477 Watertown, WI 53094

Questions: 920-262-4010 or email cityclerk@watertownwi.gov



#### Wine Walk 2025



Map data ©2025 Google 200 ft

#### Wine Walk 2025

♠ Private · 17 places





#### 300 E Main St

Watertown, WI 53094

+ Note



#### 14 E Main St

Watertown, WI 53094

+ Note

#### 419 E Main St

Place no longer exists

+ Note



116 W Main St Watertown, WI 53094

+ Note



+ Note

113 E Main St Watertown, WI 53094

+ Note

200 W Main St Watertown, WI 53094

+ Note



Place no longer exists

+ Note



**201 E Main St** Watertown, WI 53094

+ Note



109 S 3rd St Watertown, WI 53094

+ Note



110 S 3rd St Watertown, WI 53094

+ Note

#### 618 E Main St

Place no longer exists

+ Note



212 E Main St Watertown, WI 53094

+ Note



217 E Main St Watertown, WI 53094





**209 E Main St** Watertown, WI 53094

+ Note



**403 E Main St** Watertown, WI 53094

+ Note





Clerk
106 Jones Street
PO Box 477
Watertown, WI 53094-0477
(920) 262-4006

Office of the

August 1, 2025

TO: Members of the Public Safety & Welfare Committee

#### The following application has been made for a Special Event Permit:

Run Turkey Run from Sarah Sullivan to be held on November 27, 2025, during the hours of 7:00 a.m. to 12:00 p.m. with set up hours starting at 6:00 a.m. and clean up hours until 1:00 p.m.

Total estimated extraordinary charges for this event are \$33.12 *Please see estimated extraordinary charges document for details.* 

Organization needs to submit an updated certificate of insurance (COI) ten days prior to the event. Recommendation that special event approval be contingent on receiving the updated COI.

Respectfully Submitted,

Megan Dunneisen, City Clerk

nf/MD



Event: RUN TURKEY RUN Permit # 2025-19 Event Date: 11/27/25

# **Extraordinary Service Fees for Special Events Estimate of Charges**

Payment Due no later than:

11/17/25

Department	Regular Cost Per Hour	Overtime Cost Per Hour	Flat Fee Cost	Anticipated Qty	Sub Total
POLICE	T CI TIOUI	Terriour		Quy	
	672.72				
Police Chief/ Deputy	\$73.72				
Police Captain	\$62.15				
Police Sergeant	\$60.01	400.00			
Police Sergeant Police Officer	\$54.76	\$90.02			
Police Officer	\$34.76	Ć02.14			
	¢46.56	\$82.14			
Auxiliary Officer	\$16.56			2	33
Special Equipment  TOTAL					22
					33
STREETS		•	T		
Street Manager/Supervisor	\$57.72				
Street General Labor	\$40.18	450.07			
Street General Labor	627.42	\$60.27			
Solid Waste General Labor	\$37.42	¢rc 12			
Solid Waste General Labor		\$56.13	62		
Placement of Temporary Signs			\$2 per sign		
Traffic Cones			\$1 per Cone		
Class I & II Barricades			\$5 each		
Class III Barricades & Signs			\$12 each		
Special Equipment- TOTAL			At Cost		
PARK & RECREATION					
Recreation Managers	\$44.60				
Parks General Full Time	\$39.31				
Parks General Full Time		\$58.97			
Parks General Part Time	\$13.00	·			
Picnic Tables			\$10.00		
Banquet Tables			\$10.00		
Benches			\$4.00		
Trash Cans			\$4.00		
Orange Boards			\$6.00		
Portable Bleachers			\$60.00 per set		
Excessive Cleaning	\$100.00		2 hr min charge		
Estimated Supplies					
TOTAL					
FIRE DEPARTMENT					
Fire Chief/Deputy Chief	\$74.95				
Fire Battalion Chief	\$45.39				
Fire Battalion Chief		\$68.09			
Firefighter	\$36.20				
Firefighter		\$54.30			
TOTAL					
HEALTH DEPARTMENT					
Health General Labor	\$49.20	\$73.79			
Health Environmental	\$46.45	\$69.68			
Health Emergency Prep	\$51.23	\$76.85			
TOTAL		•			
OTHER PERSONNEL OR CHARGES					
SUBTOTAL OF ESTIMATE	Al - :-	Drofit Organization 2.5	Entor O (vos) == 4 (==1)		33.
15% Admin Fee  TOTAL OF ESTIMATE	Nor	n-Profit Organization? E	inter O (yes) or 1 (no):	0	\$ 33.
					<del>,</del> 33.



# SPECIAL EVENT PERMIT APPLICATION

New Event Repeat Event Date Received:	6/24/2629	5 Date of E	event: 11   27   25 Fee Amount: \$50.69			
<b>APPLICANT INFORMATION:</b>						
Name of person, entity, or organization	holding the sp	ecial event:				
The Run Turkey RM	n 5K	Savah	Sullivan			
Address: Street, City, State, Zip			62001			
			<del>,</del>			
Phone	Email: Sarak	-cultivan @	race Milwator Hown Me Run Turkey Run 64			
Phone  Non-profit Group ☐ For Profit	Other, pl	ease describe:	Nonprofit Tax-Exempt Number			
Non-profit Gloup 2 for From						
			501(c)3, if applicable (include photocopy)			
Is this the applicant's 1st special	event applic	ation for the	calendar year? Yes 💢 No 🗆			
Wissensin Coller Dormit Number	e Sales Tay if ann	licable (include phot	tocopy)			
If the named applicant is not required to hold a	a Wisconsin Seller	's Permit pursuant	to s. 77.54 (7m), Wis. Stats., check this box			
EVENT INFORMATION:						
Event Name: The Run Turke	as Run	Event Date(s):				
Event Location Address include po	rking locations	and streets to b	e used if applicable:			
A DETAILED map is required upon	submittal of a	pplication, is it	t included? Yes 🗆 No 🗆			
Is the event located in a City Park? Y If yes, do you have a park reservation? Y	and XNa					
Is the event closing of a Street/Alley/	Pight of May	/Parking Lot? V	(es No			
Is the event closing of a Street/Alley/	Kigiit-Oi-way	Ve Ser	- 140-L			
Will you need City Services for your or its the event on private property? Yes	No X If we	s do you baye y	written permission? Ves No			
Is the event on private property? Yes	S L NO K IT YE	es, do you nave v	Written permission: Tes No.			
Is the event a city sponsored paracel If yes, please explain:	de or celebra					
Event start/end time: 7:00 am - Noon Event set up/take down times: 6:00 am - 1:00 pm						
Total Attendance: #1000 Alcohol consumed, sold, or served? Yes No Vendors? Yes No No						
Event Description (purpose, activity, who co						
Will your event be selling food? Yes	No⊠ If yes, p	lease explain: (7	Type of food and sold by who)			
MAIN EVENT ORGANIZER – PRIM						
Contact Name: First, Middle, Last	Savah F.	Sullivan				
Address: Street, City, State, Zip.		Phone:	Email: Sarah-sullivan@shaglobal.20			
OFFICE USE ONLY:						
APPROVED ON: PERM	IIT#					

#### Indemnification and Hold Harmless

(Read carefully before signing!)

Section 4, Item F.

Indemnification: By signing below, I acknowledge that for good and valuable consideration, I (applicant), on behalf of myself and the organization, if applicable, agree to indemnify, defend and hold harmless the City of Watertown and its officers, officials, employees and agents from and against any and all liability, loss, damage, expenses and costs, including attorney fees, arising out of the activities performed as described herein, caused in whole or in part by any negligent act of omission of the applicant/organization, anyone directly or indirectly employed by any of them or anyone whose acts may be liable, except where caused by the sole negligence or willful misconduct of the City.

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Name of Applicant: Savah Sullivan Signature: Dente: 6/24/25

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\_\_\_\_\_\_ Date: 6/24/25 Signature of Applicant: <u>124</u>

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