| Facilities and Operations - Action Plan - 2023-2024 Chief: Dr. John Mayo - Asst. Superintendent F&O: Renee Harber | | | | | |
|---|--|---|--|--|--|
| Goal #1 | Completion of all HVAC Preventive Maintenance programs on schedule | | | | |
| Strategic Plan Goal Area | Operational Excellence | | | | |
| Strategic Plan Performance Objectives | PO-OE-1-Organizational operations will continuously improve their effectiveness | as measured by identified KPIs. | | | |
| Baseline Data | Quarterly data for January 2022- December 2022 demonstrate: Qtr. 1(Jan-Mar)- 32 of 42 (76%) facility completion Qtr. 2(Apr-June)- 29 of 42 (69%) facility completion Qtr. 3 (Jul-Sept)- 30 of 42 (71%) facility completion Qtr. 4 (Oct-Dec) 19 of 42 (45%) facility completion Quarterly data for January 2023 – June 2023 demonstrate: Qtr. 1(Jan-Mar)- 24 of 42 (57%) facility completion Qtr. 2(Apr-June)- 21 of 42 (50%) facility completion | Identify if goal is required based on state or federal requirements, or other guidelines | | | |
| | 3 Year Performance Goal | | | | |
| By June, 2026, quarterly HVAC preventive mai | ntenance schedules will be effectively maintained to optimize system performance Annual Performance Goals | and provide adequate air quaility for all facilitites. | | | |
| Annual Performance Goal By June, 2024 quarterly HVAC maintenace data will demonstrate 70% of quarterly changes occurred for all facilities. The average for July 2022- June 2023 57%. | | | | | |
| Annual Performance Goal Year 2 (2024-25) | By June, 2025 quarterly HVAC maintenace data will demonstrate 85% of quarterly changes occurred for all facilities. | | | | |
| Annual Performance Goal Year 3 (2025-26) By June, 2026 quarterly HVAC maintenace data will demonstrate 100% of quarterly changes occurred for all facilities. | | | | | |
| Strategic Plan Strategies | | | | | |
| Strategic Plan Strategies- PRIMARY | S-OE-5-Systematically improve the quality of organizational operations | | | | |
| Strategic Plan Strategies- ADDITIONAL (OPTIONAL) - | S-OE-3-Identify and redesign or eliminate inefficient services. | | | | |
| Action Steps | | | | | |

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Facilities and Operations - Action Plan - 2023-2024 Chief: Dr. John Mayo - Asst. Superintendent F&O: Renee Harber

| Action Steps | Timeline | Responsible & Accountable | Monitoring for Implementation | |
|--|---------------------|--|--|--|
| Review current preventative maintenance practices utilizing Jan-June 2023 data in effort to realign maintenance planning | g Aug-Sept, 2023 | Maintenance Leadership Team Maintenance Director & | | |
| Realign PM staff pairings to allow for facility coverage to be completed within 4-day window. | | Maintenance | Asst. Supt., F & O will receive updates from direct reports during 1:1 and other regularly scheduled meetings. | |
| Updated staff training on efficient coil cleaning practices. | | Maintenance | | |
| Maintain accurate and effective data records | | PM staff, HVAC Supervisor | | |
| Progress Monitoring | | | | |
| Strategic Plan Measures (Dropdown) - To | _ | | | |

| Strategic Plan Measures (Dropdown) - To determine if goal was achieved | M-OE-4- Facilities KPIs | | | |
|--|-------------------------|---|--|--|
| Evidence of Progress toward Annual Goal (MOY) | | Results of Progress toward Annual Goal (EOY) | | |
| Monthly review of data input | | Annual review of data input | | |

| Goal #2 | Cleanliness quality control inspection scores | |
|---------------------------------------|---|--|
| Strategic Plan Goal Area | Operational Excellence | |
| Strategic Plan Performance Objectives | PO-OE-1-Organizational operations will continuously improve their effectiveness as measured by identified KPIs. | |

| Chief | Facilities and Operations - Action Plan - 20 : Dr. John Mayo - Asst. Superintendent F&0 | | | | |
|---|---|-----------------|--|----------------------------------|--|
| Offici. | 44 facilities inspected 5 times annually (September-June) | J. IXEIIE | - | | |
| Baseline Data | Monthly quality cleanliness average data for September 2022 to June 2023 demonstrate: September 2022- 23 facility inspections average 88% October 2022- 22 facility inspections average 84% November 2022- 23 facility inspections average 86% | | | | |
| | February 2023- 22 facility inspections average 88% March 2023- 23 facility inspections average 87% April 2023- 22 facility inspections average 86% May 2023- 23 facility inspections average 84% June 2023- 22 facility inspections average 81% | based on s | oal is required tate or federal ents, or other | | |
| | ****Due to staffing vacancy, no data recorded for December 2022 and January 2023 | • | delines | | |
| | Range of individual facility annual score averages 75%-94% = 19% differential | | | | |
| | 7 of 44 facilities achieved annual score average of 90% or higher= 16% | | | | |
| | 20 of 44 facilities annual average met 85% benchmark, but lower than 90%= 45% | | | | |
| | 17 of 44 facilities annual average score did not meet 85% benchmark= 39% 61% of facilitites meet or exceed 85% benchmark | | | | |
| | 3 Year Performance Goal | | | | |
| By 2026, all facilities will meet and/or exceed | annual quality cleanliness average score benckmark of 85%. | | | | |
| | Annual Performance Goals | | | | |
| Annual Performance Goal Year 1 (2023-24) | By 2024, 33 out of 44, or 75 %, of facilities will meet or exceed annual quality co | ntrol benchmark | c of 85%. | | |
| Annual Performance Goal Year 2 (2024-25) | By 2025, 37 out of 44, or 84 %, of facilities will meet or exceed annual quality control benchmark of 85%. | | | | |
| Annual Performance Goal Year 3 (2025-26) | By 2026, 44 out of 44, or 100 % of facilities will meet or exceed annual quality control benchmark of 85% | | | | |
| | Strategic Plan Strategies | | | | |
| Strategic Plan Strategies- PRIMARY | S-OE-5-Systematically improve the quality of organizational operations | | | | |
| Strategic Plan Strategies- ADDITIONAL (OPTIONAL) - S-OE-1-Manage available resources equitably. | | | | | |
| | Action Steps | | | | |
| Action Steps | | Timeline | Responsible & Accountable | Monitoring for Implementation | |

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| Facilities and Operations - Action Plan - 2023-2024 Chief: Dr. John Mayo - Asst. Superintendent F&O: Renee Harber | | | | | | |
|--|-----------------------------|------------------|--|--|--|--|
| | | Annually ongoing | Plant Operations Director and Assistant Director, Quality Control Specialist | | | |
| Status update meetings with assigned school building leadership and custodial supervisors | | Quarterly | Director/Assistant Director | | | |
| Implementation of Cleantelligent Data Dashboard to provide greater site based data for 8 pilot schools: Campbell Carlin Springs Claremont Dorothy Hamm Thomas Jefferson Wakefield Washington/Liberty Yorktown | | 2023-24 SY | Assistant Director, Building Administrators, Custodial Supervisors, Quality Control Specialist | Plant Operations Director and & Asst. Supt., F & O will receive data updates from direct reports during 1:1 and other regularly scheduled meetings. | | |
| Positive incentive program to recognize facility growth and progress | | 2023-24 SY | Director, Asst. Supt., F & O, Custodial Supervisors | | | |
| Progress Monitoring | | | | | | |
| Strategic Plan Measures (Dropdown) - To determine if goal was achieved M-OE-4- Facilities KPIs | , | | | | | |
| Evidence of Progress toward Annual Goal Results of Progress toward Annual Goal (MOY) (EOY) | | pal | | | | |
| Review of monthly data input | Review of annual data input | | | | | |

| Goal #3 | Transportation On-Time AM Arrival for all schools/programs | |
|---------------------------------------|---|--|
| Strategic Plan Goal Area | Operational Excellence | |
| Strategic Plan Performance Objectives | PO-OE-1-Organizational operations will continuously improve their effectiveness as measured by identified KPIs. | |

| Facilities and Operations - Action Plan - 2023-2024 Chief: Dr. John Mayo - Asst. Superintendent F&O: Renee Harber | | | | | | |
|---|---|---|---------------|--|--|--|
| Baseline Data | On-time arrival data for August 29, 2022-June, 10, 2023 for 43 schools/programs Percentage of schools/programs with 85% or higher on-time arrival= 30% (13 out of 43 schools/programs) Range of AM on-time performance- 15%-100% = 85% differential | Identify if goal is required based on state or federal requirements, or other guidelines | | | | |
| | 3 Year Performance Goal | | | | | |
| By 2026, the overall percentage of AM on-time | e arrivals will meet and/or exceed 85% for at least 80% of all schools/programs | | | | | |
| | Annual Performance Goals | | | | | |
| Annual Performance Goal Year 1 (2023-24) | By 2024, 18 out of 43, or 42 %, of AM on-time arrivals will meet or exceed 85%. | | | | | |
| Annual Performance Goal Year 2 (2024-25) | By 2025, 26 out of 43, or 60 %, of AM on-time arrivals will meet or exceed 85%. | | | | | |
| Annual Performance Goal Year 3 (2025-26) | By 2026, 35 out of 43, or 81 %, of AM on-time arrivals will meet or exceed 85%. | | | | | |
| | Strategic Plan Strategies | | | | | |
| Strategic Plan Strategies- PRIMARY Strategic Plan Strategies- ADDITIONAL (OPTIONAL) - | S-OE-3-Identify and redesign or eliminate inefficient services. | | | | | |
| (Or HORAL) | Action Steps | | | | | |
| Action Steps | | Timeline | Responsible & | | | |
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| Facilities and Operations - Action Plan - 2023-2024 Chief: Dr. John Mayo - Asst. Superintendent F&O: Renee Harber | | | | |
|--|--|--|--|--|
| Evidence of Progress toward Annual Goal (MOY) | Results of Progress toward Annual Goal (EOY) | | | |
| Weekly review of transportation data | EOY review of transportation data | | | |

| Cool #4 Custoinsbility Doduse Energy Llee Intensity (ELII) for ADC Escilities | | | | | | |
|--|---|---|---------------------------|---|--|--|
| Goal #4 | Sustainability - Reduce Energy Use Inte | Sustainability - Reduce Energy Use Intensity (EUI) for APS Facilities | | | | |
| Strategic Plan Goal Area | Operational Excellence | | | | | |
| Strategic Plan Performance Objectives | PO-OE-1-Organizational operations will continuously improve their effectiveness | ss as measured | by identified KPIs. | | | |
| Baseline Data | Identify if goal is required based on state or federal requirements, or other FY2018 APS Energy Use Intensity (kBtu/SF) - 69 Identify if goal is required based on state or federal requirements, or other guidelines FY2018 APS Energy Use Intensity (kBtu/SF) - 69 Identify if goal is required based on state or federal requirements, or other plan and its 2050 Carbo Neutral Goal. | | | | | |
| | 3 Year Performance Goal | | | | | |
| By FY2026, APS will reduce its EUI (kBtu/sf) fo | r facilities division wide by 10% (Target- 62.1) Annual Performance Goals | | | _ | | |
| Annual Performance Goal Year 1 (2023-24) | Reduce EUI 3% from FY2018 baseline (Target- 67) | | | | | |
| Annual Performance Goal Year 2 (2024-25) | Reduce EUI 6% from FY2018 baseline (Target- 65) | | | | | |
| Annual Performance Goal Year 3 (2025-26) | Reduce EUI 10% from FY2018 baseline (Target- 62.1) | | | | | |
| | Strategic Plan Strategies | | | | | |
| Strategic Plan Strategies- PRIMARY | S-OE-1-Manage available resources equitably. | | | | | |
| Strategic Plan Strategies- ADDITIONAL (OPTIONAL) - | | | | | | |
| | Action Steps | | | | | |
| Action Steps | | Timeline | Responsible & Accountable | Monitoring for Implementation | | |
| Review building schedules and operations to ensure buildings are scheduled optimally when occupied. | | Monthly | Energy Management | | | |
| Work with Design and Construction and Maintenance on construction and major maintenance projects in specifying energy efficient equipment. | | Quarterly Annually | Energy Management | Facilities & Operations check ins, review and analysis. | | |
| Review energy usage and costs for all facilities. Publish annual energy report cards online. | | | | | | |