Special Events Involving Youth at UW Seattle SAFETY PLANNING CHECKLIST & RISK MITIGATION PLAN

Name of Group:	
Group Contact Name and Email:	
Student Activities Office Advisor Name:	
Name of Activity:	
Description of Activity:	
Date of Activity: Location(s):	
URL for Group/Event Website, if applicable:	
UW department(s) involved in hosting this activity, if applicat	ole:
Age of youth participants: (check all that apply) Age 5 and under Age 6-11 Age 12-14 Age 15-17	
Are youth accompanied by parent/guardian? IF NO: Ensure you have written parent consent for particityour checklist and plan.	
Estimated number of youth participants: Adul	t to youth ratio:adults toyouth
Recommended supervision ratios: (per <u>American Camp Association</u> >Age 5: 1 adult to 6 youth Age 6–8: 1:8 Age 9–14: 1:10 Age 15–17: 1:12)

SAFETY PLANNING CHECKLIST:

Please check the box for those that apply. These questions help identify potential risks associated with your activity. If you check YES, recommendations for risk mitigation are below.

STAFF CONSIDERATIONS

YES

- Does your activity involve adults being alone with youth for any period of time, or require event staff to be responsible for supervision, custodial care, chaperoning, or caregiving for youth?
 - o IF YES:
 - Ensure that staff are background checked, meeting or exceeding the standards of UW's background check process.
 - Ensure that staff are trained for youth specific interactions including both best practices and appropriate boundaries, as well as handling reports of suspected child abuse and neglect.
 - Ensure that staff are aware of conduct expectations and have a plan for reporting violations of these expectations to the proper authorities.

SAFE ENVIRONMENT CONSIDERATIONS YES ☐ Does the location of your activity include possible hazards including stairs, windows that open, moving machinery, water features such as pools or fountains, cliffs or other height-based hazards, or other: o IF YES: Block off areas where such hazards exist to prevent youth from getting injured. ☐ Do youth have access to stairwells, locker rooms, private rooms or other areas where they could be isolated from the group? o IF YES: Ensure proper supervision and signage to prevent youth from wandering away or inadvertently ending up in these spaces. ☐ Does the activity involve visits to any location that could pose an additional risk to participants' safety? o IF YES: Plan for how to prevent injury while in these locations. ☐ Is the activity in a location where people not affiliated with the event can easily enter into the space? o IF YES: Ensure there is a clearly designated space for your event to prevent those not participating from entering without permission. ☐ Does the activity occur during non-business hours, such as evening or weekend? o IF YES: Ensure that the facility being used is aware that your after-hours event involves youth. It may also be useful to notify UWPD that you will have a group of youth present during an evening or weekend. **EMERGENCY AND SAFETY PLANNING AND RESPONSE CONSIDERATIONS** ☐ Do any activities involve components where there is a possibility of injury or illness? For example: Physical activity (besides basic functions such as walking, sitting, standing for limited amounts of time)? Describe: - Use of materials or equipment that can cause illness or injury? Involve food that can cause allergic reactions to some individuals? Describe: o IF YES: Acknowledgment of Risk (AOR) form must be completed by your group, and signed by parents. Develop or adopt a health safety plan to deal with health related emergencies - both due to known health conditions and emergent problems ☐ Does the location of your event lack basic amenities such as bathrooms, water or shelter in the case of a natural disaster or inclement weather? o If YES: Consider a location that has access to bathrooms and shelters, so youth can use facilities and take cover in the case of bad weather. Develop or adopt a comprehensive emergency preparedness plan.

OTHER

YES

☐ Do any activities require transporting youth from one location to another (excluding walking between facilities on campus)?

NOT ALLOWED

☐ Does your activity involve overnight stays?

NOT ALLOWED

☐ Do you require changing clothes between activities?

NOT ALLOWED

RISK MITIGATION PLAN:

For each section where you marked yes above, describe specific plans to address the risks you marked.

STAFF CONSIDERATIONS		
SAFE ENVIRONMENT CONSIDERATIONS		
SAFE ENVIRONMENT CONSIDERATIONS		
EMERGENCY AND SAFETY PLANNING AND RESPONSE CONSIDERATIONS		

Comments from Office for Youth Programs Development and Support

The comments included below are intended to be educational in nature, and do not represent any authority held by the Office to approve an event hosted by an RSO.		
Submitted to SAO Advisor		
RSO Officer Name:	Title:	
RSO Email:	RSO Cell Phone:	
RSO Officer Signature:	Date:	
Submitted to OYPDS (uwminors@uw.e	du)	
SAO Adviser Signature:	Date:	
Reviewed by the Office for Youth Programs Development and Support		
Cignoturo	Date	