Risk Management Planning Worksheet for Programming Involving Minors

Instructions: Nothing can replace the good management practices of planning, documentation, and training. In order to adequately prepare for any activity, you must prepare for the best and worst that might occur. While there is no inclusive list of items from which to plan your activity, there are some general points from which to start. Use this “Risk Management Planning Form” as a tool when you are conceptualizing any programs and activities. Remember: The Youth Protection Office and Risk Management Office at Virginia Tech should be involved in the review of all policy, procedural, and curriculum items.

1. Name of your program/activity:
   ______________________________________________________________

2. Description (WHO, WHAT, WHEN, WHERE, WHY)
   • WHO is involved in this activity? (include the ages of the youth involved)
     ______________________________________________________________
     ______________________________________________________________
     ______________________________________________________________
     ______________________________________________________________
     ______________________________________________________________
     ______________________________________________________________
   • WHAT are youth (and/or youth and adults) doing? What is the nature of the program/activity?
     ______________________________________________________________
     ______________________________________________________________
     ______________________________________________________________
     ______________________________________________________________
     ______________________________________________________________
     ______________________________________________________________
   • WHEN will this program/activity be offered? (the time of the year and the time of day)
     ______________________________________________________________
     ______________________________________________________________
     ______________________________________________________________
     ______________________________________________________________
     ______________________________________________________________
     ______________________________________________________________
   • WHERE will this program/activity be conducted?
     ______________________________________________________________
• WHY will this program/activity be conducted? (A brief overview of your main goals for offering the program)

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3. **Youth Supervision** (Describe in detail how youth will be supervised during this program/activity)

• What is the **ratio** of youth participants to volunteers/paid staff? _________________

• What is the total **number** of “supervisors” (i.e., volunteers and paid staff) involved? _________________

• During the program/activity, where will supervisors be **located**?

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_______________________________________________________________________________________
_______________________________________________________________________________________

• How will you ensure the **competence** of the supervisors? (i.e., that they know their responsibilities, that they are prepared to supervise, that they know what to do in an emergency, that they have the appropriate certification and training where applicable, etc.)

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• Will the supervision ratio that you identified earlier ever be reduced during your program/activity? If so, then in what situations might this occur? If this occurs, then how will you respond?

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_______________________________________________________________________________________
General Safety Procedures (Include safety procedures specific to the program/activity. Be sure to address the handling of equipment, crowd control)

For the next two questions please refer to your department Emergency Action Plan (EAP).

Consider the nature of this program/activity, the time of year that it is being offered, and the location. Are there any potentially dangerous conditions that could arise with regarding to the facilities, environment, participants, etc.? If so, then describe these potentially dangerous conditions. (NOTE: Potentially dangerous conditions can include environmental factors, factors related to your facilities, but also factors related to participant behaviors such as rowdiness, horseplay, discipline, etc.)

Medical Procedures and First Aid Practices (What special considerations have been made due to your department EAP, location or participants?, i.e proximity to medical centers (Schiffert Health Center if on campus/appropriate), cellphone reception, ADA considerations, special diets.)

How will participants and parents/guardians be informed of the nature of the program/activity? How will they be informed of the schedule, the do’s and don’ts, the safety rules, and insurance requirements?

8. What forms will need to be completed for this activity? [Check (√) all that apply.]
   ___ Registration with Office of Youth Protection
   ___ Emergency Contacts and Health History-Adults
   ___ Adult Standards of Behavior, Information forms, volunteer applications, and job descriptions
   ___ Participant Medication Form
   ___ Participant Code of Conduct
   ___ Participant Emergency Contacts, Releases, Health History
   ___ General Waiver Form (if a parent/guardian refuses to sign the health form for religious reasons)
   ___ Accident Insurance (if necessary)
   ___ Other: _____________________________________________________________________________
   ___ Other: _____________________________________________________________________________
9. **How will you ensure that “supervisors” (volunteers or paid staff) are adequately prepared to assist or lead this program/activity?** (i.e., they understand the responsibilities of their position, they are aware of safety practices and procedures and how they should respond, they know to be alert to changing conditions that can bring about hazardous conditions, they know policies related to the program/activity)

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10. **What instructions will youth participants receive before the program/activity begins?** (i.e., instructions for safety, training related to protective devices, rules and regulations, warnings, etc.)

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_______________________________________________________________________________________
_______________________________________________________________________________________

11. **Other important information not covered in questions 1-10.**

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