

Entity Name	Date
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PARKS AND RECREATION MANAGEMENT

Regular inspection/maintenance program for all facilities and equipment? ☐ Yes ☐ No

(Parks, playgrounds, equipment, buildings, etc.)

How often? ☐ Weekly ☐ Monthly ☐ Other: _____

Are inspections and corrective actions documented? ☐ Yes ☐ No

Does Entity secure Waiver and/or Consent Forms from all program participants? ☐ Yes ☐ No

Background checks for staff working with Youth? ☐ Yes ☐ No

CONCUSSION PROTOCOLS AND POLICY

Concussion Policy in Place? ☐ Yes ☐ No

Coaches trained in Concussion Protocols? ☐ Yes ☐ No

Immediate participant removal from game/activity if they appear to have suffered a head injury? ☐ Yes ☐ No

Return to play policy that includes Doctor clearance post concussion? ☐ Yes ☐ No

ABUSE AND MOLESTATION RISK MANAGEMENT

Known sexual abuse or molestation incidents. ☐ Yes ☐ No

If Yes, provide details:

Does the department have a written policy regarding prompt reporting of actual/suspected abuse/molestation? ☐ Yes ☐ No

Does the department have a written policy/procedure regarding a program participant complaint against a staff member, or a fellow program participant? ☐ Yes ☐ No

Are all employees, volunteers, and program participants made aware of program Rules what is considered unacceptable behavior? ☐ Yes ☐ No

Are criminal background checks conducted before hiring any employees who come in contact with minors? ☐ Yes ☐ No

Are records kept documenting background checks? ☐ Yes ☐ No

Are there minors in care overnight? ☐ Yes ☐ No, If Yes, is there a "Two Person Rule" in place? ☐ Yes ☐ No

Programs / Facilities	Exposure Check if Yes	Separate Legal Entity / Separately Insured Check if Yes	If Exposure "YES", please answer below
After School Care			Number of students: _____
Boating			Rental of boats? <input type="checkbox"/> Yes <input type="checkbox"/> No Rules posted & reviewed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Campground			Number of campsites: _____
Day Camps			Number of campers: _____
Day Care Center			Licensed by the State? <input type="checkbox"/> Yes <input type="checkbox"/> No
Exercise Facilities			Location(s): _____
Golf Course			Contracted operations? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Certs of Insurance obtained? <input type="checkbox"/> Yes <input type="checkbox"/> No Alcohol sold on premises? <input type="checkbox"/> Yes <input type="checkbox"/> No
Ice Rink / Ice Skating			Rental of skates? <input type="checkbox"/> Yes <input type="checkbox"/> No
Lake / Reservoir			Swimming permitted? <input type="checkbox"/> Yes <input type="checkbox"/> No Rules posted? <input type="checkbox"/> Yes <input type="checkbox"/> No Lifeguards? <input type="checkbox"/> Yes <input type="checkbox"/> No
Parades / Festivals			Entity sells alcohol? <input type="checkbox"/> Yes <input type="checkbox"/> No Entity provides security? <input type="checkbox"/> Yes <input type="checkbox"/> No
Playgrounds			Inspections documented? <input type="checkbox"/> Yes <input type="checkbox"/> No
Skiing			
Senior Center			Exercise classes provided? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, medical waiver required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Skateboard Park			Supervised? <input type="checkbox"/> Yes <input type="checkbox"/> No Inspections documented? <input type="checkbox"/> Yes <input type="checkbox"/> No
Swimming Pool(s)			Rules posted? <input type="checkbox"/> Yes <input type="checkbox"/> No Lifeguards? <input type="checkbox"/> Yes <input type="checkbox"/> No Diving Board? <input type="checkbox"/> Yes <input type="checkbox"/> No
Zoo			Average daily visitors: _____ Are visitors allowed to feed animals? <input type="checkbox"/> Yes <input type="checkbox"/> No
Other			Description: _____

THIS SUPPLEMENTAL APPLICATION IS INCORPORATED BY REFERENCE INTO THE PRIMARY APPLICATION

APPLICANT'S SIGNATURE	DATE
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