

SAFETY, SECURITY, AND SENSITIVITY

Recommended Guidelines for Youth Tennis Programs



CONTENTS

Preface	4
Introduction.....	5
1. Maltreatment: Education and Training.....	6
2. Applicant Screening and Background Checking.....	8
3. Medical Safety.....	15
4. Personal Safety and Security	21
5. Sensitivity, Fairness, and Equality	27
Templates: Policies, Documents, and Forms	
Maltreatment Identification and Reporting Policy	32
Maltreatment Incident Report Form.....	36
Screening Policy	38
Volunteer Application Form	40
Volunteer Information Reference Check	42
Criminal Background Screening Consent Form	43
Confidentiality Policy.....	44
Emergency Information Form	45
Informed Consent Form	46
Incident Report.....	48
Sensitivity, Fairness, and Equality Statement	50
Heat Index Chart	51



70 West Red Oak Lane
White Plains, NY 10604-3602

PREFACE

The United States Tennis Association is committed to making tennis programs safe for all participants, especially our youth. Our obligation to protect athletes and participants is paramount. The USTA is committed to improving the development, safety, and welfare of athletes and spectators involved in tennis and has published this booklet to guide the development, implementation, and internal review of effective prevention policies. The USTA relies on thousands of volunteers to offer many of its programs. While most individuals who give of their time to work with youth do so with good intentions, we have to do everything we can to continue providing a safe environment for youth to enjoy the sport of tennis.

Organizations hosting tennis programs for youth should have policies and procedures in place. *Safety, Security, and Sensitivity* contains recommendations for screening policies and guidelines that can be utilized as examples. It also includes a decision-making process that offers program providers with the option of designing more stringent screening standards based on different roles and responsibilities undertaken by adults coming into contact with minors. Additionally, we are providing material that can assist program providers in handling medical, security, safety, and sensitivity issues that may arise during youth tennis program activities. These are our recommended guidelines.

The recommended guidelines have been developed to help reduce incidences of maltreatment and other risks. However, they alone will not eliminate every risk. Program providers, coaches, relatives, and friends must remain aware of the potential for maltreatment and utilize all of the available tools to aid in preventing risks. These tools include education (of volunteers, employees, parents and guardians, and youth) and the creation of prevention policies (discouraging opportunities for maltreatment and encouraging youth to voice concerns about inappropriate behavior). While the use of the recommended guidelines is a necessary first step to foster the safety of programs, all concerned must remain vigilant at all times to protect the well-being of our youth.

Finally, the recommended guidelines should not be construed as legal advice. An attorney licensed in your state should be consulted with regard to state-specific laws concerning any of the issues covered.

INTRODUCTION

Every tennis program provider or club organization is different. These differences should be reflected in the strategies your organization opts to implement. Accordingly, not every policy in the recommended guidelines will apply to every program provider.

Should every organization implement each policy identified? Not necessarily. These recommended guidelines are intended as a resource only. *Safety, Security, and Sensitivity* contains policies and suggestions that may be helpful or relevant to specific strategies that each organization should consider as it seeks to reduce risks. It is not intended to create requirements for any program provider, organization, or club.

Similarly, if an organization decides to implement a policy identified, it should not necessarily adopt the sample policy as drafted. The recommended guidelines are templates that serve as a potential starting point for developing a specific policy. An organization should not adopt a policy that is impractical or inapplicable to its business structure, as staff, volunteers, and/or members will not follow or enforce the policy. Instead, it is critical that an organization carefully tailor any policy and procedure contained in this booklet to meet its unique needs.

USTA Recommendations

The recommended guidelines form the first part of this booklet and begin on page 6. They provide a framework for adopting policies to address player welfare and high risks of opportunity for maltreatment. Included are brief descriptions and purposes of the policies, as well as:

1. **Elements** to consider including in a particular policy.
2. **Implementation Criteria** that can be used as an implementation checklist.
3. **Examples of Implementation Records**, which provide examples of evidence that clubs and organizations can use to conduct internal checks that their policies are being followed.

Organizations can identify a record-keeping strategy that best meets their needs; it does not need to utilize every strategy identified herein.

Templates

Examples and templates can be found in the Templates section, which begins on page 31, and may be customized to meet your organization's unique needs. The sample forms and documents are intended to assist organizations in implementing and administering the policies and procedures they choose to adopt.

1. MALTREATMENT: EDUCATION AND TRAINING

Organizations that provide sports training or competition services should require relevant stakeholders (e.g., those who have direct contact with athletes) to complete education and training on athlete maltreatment prevention and athlete welfare promotion. In addition, organizations should have policies that address allegations involving maltreatment, including reporting requirements.

Education is a key component of any prevention strategy. A maltreatment policy and education and training provides administrators, coaches, teaching professionals, staff members, officials, volunteers, parents, and athletes with information necessary to effectively monitor their program, minimize the opportunities for athlete maltreatment, and report concerns. It is also a strong public statement that the organization places a priority on athlete welfare and positive training environments.

Elements

1. Statement of organizational commitment to protect athletes and program participants from maltreatment and their continued ongoing education and training in athlete maltreatment prevention.
2. Education, training, and certification required for any individual with direct athlete contact; certification required every two years.
3. Education and training encouraged for athletes and parents.
4. Training:
 - Provides definitions for, and effects of, all forms of athlete maltreatment (i.e., emotional, physical, sexual, bullying, harassment, and hazing).
 - Identifies risk opportunities for maltreatment in tennis.
 - Identifies policies, practices, and procedures for organizations to recognize, reduce, and report suspected athlete maltreatment.
 - Outlines patterns, behaviors, and methods of operation of sexual predators.

Implementation Criteria

1. The organization has a Maltreatment Identification & Reporting Policy. (An example of a Maltreatment Identification & Reporting Policy can be found on page 32.)
2. The organization has a Maltreatment Incident Report Form. (An example of a Maltreatment Incident Report can be found on page 36.)
3. The policy includes all of the elements described above.
4. The policy is publicized, promoted, and distributed to relevant audiences, including parents or guardians of athletes under the age of 18, upon joining and on an annual basis.
5. The policy is reviewed annually, or whenever there is a major change in the organization.

6. Training and certification is mandatory for administrators, coaches, teaching professionals, staff, and volunteers; re-certification is mandatory every two years.
7. Training is encouraged for parents and athletes.

Examples of Implementation Records

1. An electronic or physical copy of policy.
2. Evidence of policy distribution and circulation (e.g., mailing records, group e-mail lists, meeting announcements).
3. Displayed publicly (e.g., bulletin boards, websites, registration materials).
4. Signed statements of understanding from each member of relevant audience.
5. Dated records of management/executive body approval, endorsement, and review.
6. Education and training records available for public inspection.
7. Records of certification status available for all administrators, coaches, teaching professionals, staff members, and volunteers, including certification expiration date.

2. APPLICANT SCREENING AND BACKGROUND CHECKING

APPLICANT SCREENING

The USTA recommends that organizations and tennis programs adopt a screening policy for all volunteers and employees who will be working with minors. The time, energy, and financial investment of prevention strategies, such as conducting background screening, represents a fraction of the impact that incidents of maltreatment—such as physical, emotional, sexual, bullying, harassment and hazing—can have on your athletes, participants, organization, and community.

The breadth of your screening policy may vary considerably based on factors that are unique to your program and the services being provided by your volunteers. Therefore, before establishing a policy, consider the following risk factors; the more risk factors that are present, the greater the need for increased screening.

- The presence of other youth or adults during the activity. (The opportunity for abuse is increased if no one else is present and is significantly higher if only young youth are present.)
- Whether there is supervision by other adults.
- The physical location of the activity (e.g., on court, in the locker room; care should be taken in considering all activities and their different physical locations, including transportation to and from events).
- The duration of the activity (how much time is spent with the youth per occasion).
- The frequency of contact and the length of the relationship (e.g., one-time only, once a week for a year).
- The type of contact (e.g., does the volunteer have direct contact with youth or does he or she have administrative or other duties that support the activities of the organization? With the latter, is there in fact one-on-one contact?).
- The presence of youth with limited or impaired ability to communicate, such as those with learning disabilities or with a history of abuse, may be exceptionally vulnerable.

There also may be state laws or regulations that require certain screening practices to be used, triggering the use of a certain screening method. For example, states may require that state or federal criminal record checks be done. If a state license or certification is required, statutory or regulatory requirements may also be in place. Federal, state, or local laws may also provide a prospective volunteer with certain legal rights. For example, certain questions may not be asked during an interview/application process, and generally all inquiries must be relevant to the task or position at hand. (An example of a Screening Policy can be found on page 38.)

Sound, practical, and responsible screening and criminal background-checking practices reduce the chances that a youth will come in contact with potentially dangerous adults and decrease liability exposure.

Whether someone is paid for his or her services should NOT be a factor in deciding whether to conduct screening or what level of screening is appropriate. Although the recommended guidelines refer primarily to volunteers, anyone dealing with children, whether a staff member or a volunteer, should be treated the same for these purposes. Of course, it is important that you familiarize yourself with state and local laws regarding screening and under what circumstances you may refuse to retain a person based on the information learned.

Elements

As part of your background check, the following databases and information should be considered:

- Social security verification.
- Address trace.
- Searches of county criminal records for each county where the individual lives or has lived during the past seven years—going back the length of time that records are available for each county searched.
- Two independent National Criminal History Database searches.
- All available state sex offender registries.
- International background checks for countries where the individual has lived, worked, or studied for three or more consecutive months during the past seven years.
- Federal Terrorist Database.
- Motor vehicles record check.

In considering any person for a position that involves working with youth, you will need to differentiate the screening process for those individuals who are involved with a child on a close, personal, one-on-one basis (e.g., a coach) versus those individuals who have sporadic and/or limited contact with the child (e.g., the bus driver).

The following screening tools should be considered, based on the circumstances of your program, for any person working with a child:

- An application form, signed by the applicant, which includes consent to conducting a background check, including a criminal history background screening, if necessary. (An example of a Volunteer Application Form can be found on page 40.)
- A personal interview that examines an applicant's past volunteer experience or employment and explores other indicators of potential risk.
- In addition, there may be instances where reference checks with personal contacts or past employers would be beneficial. (An example of a Volunteer Information Reference Check can be found on page 42.)

Each applicant's information should then be verified, including the following:

- **Social Security Verification.** Verify the name of every volunteer against

the Social Security Number provided. This helps to eliminate the possibility of false names and/or information.

- **Address Verification.** Verify the current address and identify any previous address of every volunteer. This information is beneficial in determining the jurisdiction in which the background screening is conducted.
- **Sex Offender Registry.** Search of the appropriate state sex offender registries based on the address history provided.

CRIMINAL SCREENING

Criminal History

The USTA recommends that youth tennis programs establish a policy regarding criminal background screening for volunteers who work with youth. You will need to set the criterion that is best for your program. Here is where the risk factors that you considered in establishing your policy come into play. As the number of risk factors increases, criminal screening may be necessary. For example, circumstances in which repeated one-on-one contact occurs between one volunteer and a youth, often in very private surroundings, will merit criminal screenings. On the other hand, limited and supervised contact with youth, which is always in the presence of more than one adult and several program participants, may make the need for criminal screening to be discretionary. The services provided can make a difference as well. If a volunteer will be transporting youth, a DUI screen (or the results of that screen) should be considered; if no driving is involved, this screening might not be needed.

While there are a number of organizations that provide criminal history background-screening services, the USTA has established alliances with several providers and has secured special discounts for USTA members. These providers may be found on the USTA website www.usta.com by clicking on the Member Login. Then, log onto your USTA Account, click on the USTA Offers Tab, select Background Screening, and choose the provider that meets your program needs. The special discounts cover a number of comprehensive services including, but not limited to, the following:

- Identity verification
- Social Security Number verification
- Address history records
- Available state sex offender registries searches
- Motor Vehicle searches
- National Criminal Database searches

Companies that provide criminal history background-screening services can assist you in determining the screening criterion that is best suited to your needs. This will ensure that the screening process is specifically tailored to your program before the process starts.

In order to require volunteers to submit to a criminal background screening, you may need to secure their consent. (An example of a Criminal Background Screening Consent Form can be found on page 43.)

Red Light/Green Light Protocol

The USTA recommends when you select a screening provider that you select one who provides a “Red Light/Green Light” protocol. This protocol allows the sensitive nature of the findings of the screening process to remain confidential with the screening provider who conducts the screening. You set your criteria, and the screening provider advises whether the applicant receives a red light or a green light. If the applicant is deemed disqualified by the screening provider, he or she may appeal that decision (solely on the basis that the information is incorrect) directly with the screening provider.

“Red Light” indicates that:

- The applicant does not meet the established criteria.
- The applicant has been convicted of a criterion offense, and/or
- The applicant is a sex offender registrant.

“Green Light” indicates that:

- No documentation was discovered that disqualified the applicant.
- The applicant meets the criteria.
- The applicant has no criminal record, and/or
- The crime for which an applicant was convicted is not a criterion offense.

Once you have set your screening criterion, the USTA recommends that applicants who are found guilty or who have entered a guilty plea in connection with any of the following crimes/offenses should not be permitted to render services in your youth tennis programs:

- Any felony (as defined by the state where committed) which includes an element of violence regardless of the amount of time since the offense, and any non-violent felony within the past fifteen (15) years.
- Any crime involving force or threat of force against a person regardless of the amount of time since the offense.
- Any crime in which sexual relations is an element, including “victimless” crimes of a sexual nature, regardless of the amount of time since the offense.
- Any other crime within the past ten (10) years involving controlled substances (not paraphernalia or alcohol) EXCEPT if the adult’s responsibilities include driving a motor vehicle, in which case the screening should include DUIs.
- Any other crime within the past fifteen (15) years involving cruelty to animals.
- Any disclosed criterion criminal offense and/or reported criterion criminal offenses that are in “pending” status.

Screening criteria and disqualification guidelines for any other offenses which are screened for (e.g., DUI for someone transporting youth; petty theft for someone handling cash) should be set based upon the program and the services that the volunteer will be providing. These determinations are made before the screening is undertaken, so that the screening agency can advise you as to whether or not there

is a red light or green light, and there is no need for your provider to communicate to you the actual results of the screen.

Any disqualified individual has the right to dispute the findings of the background screening directly with the organization's approved background screen vendor. A disqualified individual may not appeal the automatic disqualification or the results of the findings of the background screen vendor to the local/regional/national organization. Each local/regional organization is required by the policy to accept the findings of the approved background screen vendor.

Individuals automatically disqualified are excluded from participation in any sanctioned events and/or activities.

Frequency of Background Checks

Criminal background checks will be conducted every two years, or as otherwise required by law, for coaches, teaching professionals, administrators, staff members, volunteers, and officials, 18 years of age or older, who work for or volunteer with the organization. Newly discovered potentially disqualifying criminal background information will be handled as described above.

Review of Disqualifiers

The organization will review its disqualifiers annually.

Records

Records are kept in a locked and secure location onsite for a period indicated by applicable law or until the applicant is no longer affiliated with the organization, whichever date is later.

Additional Factors to Consider

- **Proper Notification to Volunteers.** Anyone applying to be a volunteer should be advised at the outset (preferably in writing as a part of the application) of the Red Light Offenses and that a "Red Light" will result in a denial of the right to participate/serve as a volunteer with your organization.
- **Confidentiality.** To protect the privacy of the volunteer, it is critical that each organization have a policy which ensures that each person who has access to personal information about the applicant treats the information as confidential. (An example of a Confidentiality Policy can be found on page 44.)
- **Record Keeping and Disposition.** Proper record keeping and disposition is critical. Keep an accurate list of who has been screened, the results of the screening, and the date of the screening. Additionally, retain the consent/release form in a location that is only accessible by authorized personnel. Remember, to the extent that you dispose of this information as a result of enforcing your retention and disposition policies, this is sensitive information and it needs to be disposed of in a secure fashion.

- **Delay of Retention.** To the extent possible, accepting an individual as a volunteer in a youth program should be delayed until the screening process is completed. If this is not possible, pending completion of the screening process, he or she should be restricted to volunteering in supervised situations in which other approved volunteers or employees are present.
- **Frequency of Screening.** The USTA recommends that screening be conducted every two years to ensure the results are up to date and accurate. Once someone receives clearance through the service, he or she should be considered to be in good standing until the next screening is conducted and the results received. Should you become aware of any potential change in status (e.g., criminal activity), a new screening should be conducted immediately.

Background Screening Checklist

Below is a checklist to help determine the type of background screening required for the individual.

- Determine who should be screened. Will the individual have prolonged, private contact or sporadic time with the child?
- Determine whether to implement criminal or basic screening policies and practices.
Criminal:
 - ◆ Decide on provider.
 - ◆ Develop process for obtaining application/consent and conducting the screening, including how "participants" (staff/volunteers) will be informed regarding their status.
 - ◆ Decide on criteria within Red Light/Green Light protocol.
 - ◆ Develop a document to inform "participants" regarding safety and risk management practices.**Basic:**
 - ◆ Decide and develop practices for an application, interview, and referral process.
- Determine the best method for educating/training "participants" regarding safety and risk management practices.

Implementation Criteria

1. The organization has a screening and background check policy, including a criminal screening policy.
2. The policy includes all elements.
3. The policy is publicized, promoted, and distributed to relevant audiences, including parents or guardians of athletes under the age of 18, on an annual basis.

4. The policy is reviewed annually, or whenever there is a major change in the organization or relevant legislation.
5. Retention of records and criminal background check results.
6. The policy is uniformly applied to all new hires, new volunteers, and continuing personnel and volunteers.

Examples of Implementation Records

- An electronic or physical copy of the screening policy.
- Records of policy distribution and circulation (e.g., mailing records, group e-mail lists, meeting announcements).
- Displayed publicly (e.g., bulletin boards, websites, registration materials).
- Signed statements of understanding from each member of relevant audience.
- Dated records of management/executive body approval, endorsement, and review.
- Properly maintained records describing results of applicant screening and criminal background checking, including documentation of actions taken for individuals screened out.

Conclusion

Screening those who work with youth is an important component in the prevention of abuse. Such practices, from basic screening methods (written applications, interviews, and reference checks) to other, more extensive or specialized practices (checks of criminal records, abuse registries, or sex offender registries), send a clear message that our society values youth and will not tolerate abuse. These recommended guidelines highlight the importance of screening practices, and the USTA's recommendations provide a useful tool you can use when developing your own screening policies and practices. Because screening is not a guarantee that abuse will not occur, it is critical for all concerned to incorporate screening as a part of broader abuse prevention, including training and volunteer supervision policies and practices.

3. MEDICAL SAFETY

Medical safety policies and procedures help prepare staff and volunteers for medical emergencies and evacuations in case of disasters at programs and events. The ordinary standard of care does not require staff and volunteers to be trained in emergency medical care. However, familiarity with your policies and procedures allows staff and volunteers to be better prepared to deal with issues as they arise in a safe and responsible manner.

It is important to think ahead of time about the possibility of a medical emergency taking place at a program or event. Once you have anticipated this possibility, you have already begun preparation. Preparation helps to reduce response time and, in turn, can reduce your liability in the event of a medical emergency.

Elements

Before the Program or Event:

- Secure an Emergency Information Form.
- Secure an Informed Consent Form.
- Walk the grounds and gain a description of the physical facility.
- Know pertinent phone numbers.
- Assure supplies availability.
- Assure hand sanitizers or anti-microbial soap with paper towels.

During the Program or Event:

- Be prepared to manage medical situations.
- Be prepared for hot and humid conditions.
- Be alert for thunderstorms and lightning.
- Be prepared to minimize the spread of infection.

After the Program or Event:

- Restock all supplies used.
- Ensure that all gates and doors are secure and locked.
- Assure that all documentation regarding the program or event is gathered in one central location.

Implementation Criteria

1. Emergency Phone Numbers:

- Identify at least one working phone onsite. If you are using a cellular phone, keep it fully charged and verify that it works onsite. Many cellular phones do not connect in certain areas or locations.
- Know the phone number and location of the nearest hospital.

- Know the phone number of a local ambulance company. If you are hosting a program or event, let the company know beforehand that you are hosting the program or event, and speak to appropriate personnel about the best protocol to follow in case of an emergency.
- When in doubt or in case of a medical emergency, call 911, which will activate the emergency response system and prompt an emergency medical vehicle to be sent to your site.
- Walk the site in order to know the best way for an emergency vehicle to enter.
- Review with pertinent staff and personnel the emergency phone numbers and the protocol for activating 911.
- When activating 911, or when calling the local ambulance company, keep your instructions clear and indicate the following:
 - ◆ The number of people who are in need of emergency medical care.
 - ◆ Their ages (or approximate ages).
 - ◆ The location.
 - ◆ The person to whom emergency medical services should report.

An Emergency Phone Number list should be prepared with the above information and provided to key individuals at the site so that these numbers are readily available should the need to use one or more arise.

In addition to activating the emergency response system, try to locate the parent or guardian of a minor as soon as possible. For adults, try to locate the spouse, parent, or next of kin as soon as possible. Remember: for emergency medical care, activating 911/the emergency response system takes precedence over calling family members.

2. Supplies (On-hand) at Programs and Events

- Towels: Verify that towels are available for clean-up, if necessary.
- Water: Verify that drinking water is either available onsite or is readily accessible.
- Ice: Verify that ice is available for both heat illness and acute strains/sprains.
- Gloves: Verify that exam gloves are onsite, as they are to be worn by anyone who may come into direct contact with blood—which includes caring for an injured player or spectator/staff—or cleaning a blood spill.
- First Aid Kit: A basic first aid kit may be used within your comfort zone. Do not dispense medication except upon the documented recommendation of an onsite physician. Basic first aid kits include:
 - ◆ Band-Aids, both small and large
 - ◆ Medical gauze
 - ◆ Athletic tape and elastic (ACE) bandages
 - ◆ Plastic bags, including red plastic bags

3. Onsite Emergency Care

To ensure you are able to provide emergency treatment to any program participant, secure an Emergency Information Form and an Informed Consent Form. (Examples of an Emergency Information Form and an Informed Consent Form can be found on pages 45 and 46.)

The following sections describe medical situations and conditions that personnel may encounter. Remember: best practices mean identifying that someone needs emergency medical care, and then accessing emergency treatment via 911 or a local ambulance company.

4. Universal Precautions

Universal precautions is a term that means any human blood—including body fluids tainted with blood—is considered contaminated and potentially infectious.

- Latex exam gloves should be worn by anyone handling blood or blood products.
- Any individual handling the blood should have no open sores (non-latex exam gloves are available for latex-allergic/sensitive individuals). As a practical example, exam gloves should be worn by an individual who is applying pressure with a towel or bandage to an individual who is bleeding.
- Blood spills should be cleaned with a mop and water. Otherwise, a towel with water is acceptable, and the individual cleaning the blood spill should wear exam gloves.
- Blood products must be disposed in readily identifiable red plastic bags.

5. Heat Illness

Heat illness is an acute medical condition that arises from a combination of dehydration and overheating in the body. Heat illness occurs most commonly in hot, humid conditions, especially if there is little wind. It is important to be aware of the temperature and humidity throughout the day and to anticipate heat illness occurrences when the apparent temperature, or heat index, is equal to or greater than 90 degrees, as per the heat index chart found on page 51.

The symptoms and signs of heat illness include unusual or excessive tiredness, headache, nausea (with or without vomiting), cramps, dizziness, passing out, and high body temperature. Heat stroke is a medical emergency, and typically individuals appear acutely ill, have a high body temperature, and are unable to drink any fluids.

In any program or event taking place in hot and humid conditions, the following precautions should be taken:

- Post signs advising athletes and support staff to drink plenty of fluids.
- Try to provide and identify areas with shade for cooling, plenty of fluids, and cold, wet towels or icepacks.

- If an individual cannot drink, or has no desire to drink, has lost consciousness, or has a change in level of consciousness, or if there is any doubt about the individual's condition, arrange for emergency transport to the nearest hospital via 911 or a local ambulance company.
- While awaiting emergency transport to arrive, remove the individual from the heat and cool the individual with cold, wet towels applied to the body—specifically, the armpits, groin, and head.

6. Acute Allergic Reactions/Anaphylaxis

Acute allergic reactions are most likely to occur as a result of an insect bite or a bee/wasp sting. The reaction can range from localized swelling and discomfort, to more generalized swelling, to difficulty breathing with wheezing, to a life-threatening cardiovascular collapse.

- Localized reactions can be treated with ice.
- If the rash continues to worsen, if there is any difficulty breathing, if there is wheezing or facial swelling, or if there are any changes in the level of consciousness, arrange for emergency transport to the nearest hospital via 911 or a local ambulance company.
- Some individuals may have an established history of severe allergic reactions and may have experience using an Epipen (epinephrine auto-injector). Such individuals may self-administer the Epipen in accordance with their comfort zone. Even in this scenario, activate the emergency response system to ensure immediate medical evaluation and management of the individual.

7. Strains/Sprains

Acute strains and sprains usually occur in the setting of a fall. Symptoms include localized swelling and pain.

- Acute management includes limb elevation with application of ice and a compression bandage (e.g., ACE bandage).
- Remember: RICE: Rest; Ice; Compression; Elevation.
- Best practices include individuals consulting with their physician for further management.
- For severe strains and sprains, best practices include evaluation that day, either in a physician's office or in the emergency room, in order to rule out an underlying fracture.

8. Other Emergencies

Life-threatening emergencies can occur at any time and can include a seizure, heart attack, sudden fall with head trauma, or sudden collapse. Your job is not to make a diagnosis but to activate the emergency response system via 911 or a call to the local ambulance company. It is important to maintain an environment of calm and to remove all unnecessary people from the scene.

9. Medication

Do not administer medication onsite at programs and events, including aspirin, products containing acetaminophen, or over-the-counter cold remedies. Some over-the-counter products contain medications that may be banned by the Tennis Anti-Doping Program. It is the individual's responsibility to take such medications properly under the direction of his or her physician, guardian, or both. In addition, never supply any food supplements, protein drinks, or energy supplements other than standard sport drinks (e.g., Gatorade). These supplements may be tainted with banned substances for doping control.

10. Thunderstorms and Lightning

Lightning is a potential severe hazard and life-threatening consequence of an approaching storm near outdoor tennis matches. It is important to be prepared for immediate cessation of all matches or warm-up in the event of lightning.

In essence, if lightning is sighted, stop all activity and direct everyone to seek appropriate shelter. A 30-30 rule may be used, as follows:

- If lightning is sighted and thunder then occurs in 30 seconds or less, instruct everyone onsite to seek appropriate shelter. Dividing the number of seconds between lightning and thunder by 5 gives the distance of lightning in miles. (For example, a flash-to-bang count of 30 seconds means a distance of 6 miles.)
- Resume tennis activity after a minimum of 30 minutes has elapsed since the last lightning strike was seen. The primary shelter choice is any substantial, frequently inhabited building with working electricity, telephones, and plumbing. While inside, avoid using electrical devices or telephones attached to cords, and refrain from taking showers. If such a building is not available, the next safest location is a fully enclosed vehicle with a metal roof and closed windows. Do not touch the metal framework while inside the vehicle.
- Avoid the following locations: open fields, proximity to open water, and trees, flag poles, and light poles.

If anyone has been struck by lightning, activate emergency medical services immediately. If possible, move the injured person to a safer location.

11. Infection Control

The best prevention of the spread of infectious diseases is the practice of good hygiene. There are many ways to help promote good hygiene:

- Place alcohol-based hand sanitizers or anti-microbial hand soaps in strategic locations, especially in bathrooms and in areas where food is served.
- Have clean paper towels available for hand drying.
- If possible, place signs regarding proper hand washing in appropriate locations.

If you suspect an individual or group of individuals may have a highly contagious infectious disease, notify the state or local public health agency immediately. This is important because the local health agency may need to provide management guidelines that will reduce the risk of infection spread to others at the tournament or program or event.

Examples of Implementation

1. The organization has a policy for the management of medical emergencies before the program or event takes place.
2. The policy includes all of the elements listed herein.
3. The policy is publicized, promoted, and distributed to relevant audiences, including parents or guardians of athletes and participants.
4. The policy is reviewed annually, or whenever there is a major change in the organization.
5. Guidance is provided for acceptable/unacceptable conditions consistent with the policy.

Examples of Implementation Records

1. An electronic or physical copy of the policy.
2. Records of policy distribution and circulation (e.g., mailing records, group e-mail, location of postings).
3. Displayed publically (e.g., bulletin boards, websites, registration materials).
4. Signed statements of understanding of the policy.
5. Dated records of management/executive body approval or endorsement.

4. PERSONAL SAFETY AND SECURITY

A proper security plan will provide a safe and secure environment not only for the participants in your programs and events but the supporting staff and volunteers who provide services at these programs and tournaments.

A security plan will give you the best chance to be successful. If you use this plan for all activities, programs, and tournaments, you will greatly increase your ability to handle a crisis if, and when, it occurs. The guidelines below are meant to be a basis for creating an effective policy that is best suitable and desirable for your specific needs. These guidelines are not meant to be “must” implements but, rather, to serve as “reasonable or feasible” implements, depending on the size and type of your organization.

Elements

1. Security Methodology

The first step to developing a strong security plan is creating a strong security mentality. In other words, you must “set the tone” on safety and security within your facility.

- Lead by example.
- Require ownership and accountability from all staff and volunteers.
- Set a standard of accountability that is expected of all staff and volunteers.
- Require that everyone participate.
- Empower staff and volunteers to secure their environment through awareness of their surroundings.
- Adopt a “Zero Tolerance Mentality” with the implementation of your plan. Everyone must conform.

2. Basic Components of a Proper Security Plan

Contact List

- Identify all staff and volunteers who will be providing services for the program and create a Contact List which includes names, type of service performed, and e-mail or cell phone numbers.
- Identify and create a contact list of “key leaders”—those individuals (either staff or volunteers) who should be alerted in the case of an emergency or a specific incident that occurs at a program. The key leaders will be charged with coordinating information and efforts regarding any emergency or incident. All staff and volunteers at the program should have access to this list in the case of an emergency.
- Establish an Emergency Telephone List that is to include the telephone numbers for police, fire, medical, nearest hospital, utility companies, etc.

Incident Reporting Process

Now that you have put together your Staff Contact List, you need to establish an incident reporting process. This is a two-fold process.

First, create a simple Incident Report, which is a form that is filled out to record all the necessary information and details of an unusual event that occurs at your facility. This report is to be filled out by staff or volunteers for every incident that is out of the ordinary. (An example an Incident Report can be found on page 48.)

Examples of incidents that should be formally reported and documented are:

- Injury
- Medical condition
- Locker room occurrence
- Workplace violence or physical threat
- Fighting or altercation
- Suspicious person or package
- Smoke condition or fire
- Missing person, child or adult

You may wish to add to this list depending on the type of program or other external issues.

Second, create a notification process. It does no good to your organization if someone fills out an Incident Report but does not make others in the organization aware of it. It is important that Incident Reports are evaluated and reviewed so that actions might be taken to either eliminate or reduce these types of incidents from happening again. Consider the types of incidents, and determine, based on the issue involved, who should and needs to be notified. It is especially important that you have an Incident Report prepared for those instances where legal action might be taken against your staff, facility, or organization as a result of an incident.

Note: Any incident or occurrence that would require the response of, or a notification to, police, fire, or medical personnel would make it a requirement to fill out an Incident Report. In any instance when the police or local law enforcement respond to an incident and prepare an official report, request a copy of the report for your records.

3. Disaster Preparedness Policy

Several different situations may result in the need for (or advisability of) an evacuation or a Shelter-in-Place. The following are common examples of situations that could have an impact on your program:

- Severe weather
- Explosion
- Fire
- Utilities disruption
- Biological or chemical incident

It is important to consider that these scenarios could occur nearby and still affect your location and possibly endanger the individuals within your facility.

If one of these scenarios were to occur and create a dangerous condition or threat to your facility or the continued operation of the program, you may need to make a determination to implement either an evacuation, invacuation, or a Shelter-in-Place. Consider notifying local law enforcement or the fire department to discuss your situation and request their assistance.

It is best to be prepared for any of these scenarios by putting together a simple Disaster Kit within your facility which consists of the following items:

- Water
- Non-perishable food
- Flashlights
- First aid kit

As part of your disaster preparedness plan, staff should know where these items are located throughout the facility:

- Fire extinguishers
- AED (automated external defibrillators)
- Disaster kit

4. Evacuation Plan

An Evacuation Plan is needed for all of those situations when it might be necessary to evacuate the facility or evacuate persons from one area of your facility to another, which is referred to as a Shelter-in-Place.

A few situations that might warrant an evacuation to take place are:

- Smell of gas or gas fumes
- Fire or smoke condition
- Bomb threat
- Explosion onsite or near your facility
- Utilities disruption onsite or nearby

You might also need to conduct what is termed an “invacuation,” in which, due to severe weather, you need to move all staff, volunteers, and program participants from outdoors into a covered area.

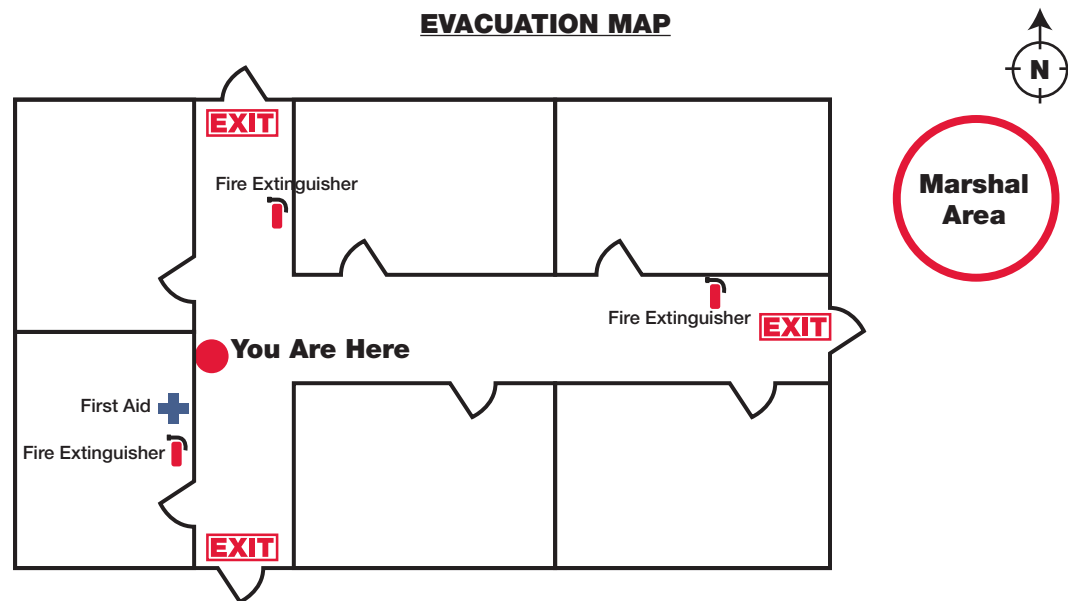
Create a simple evacuation plan that will be easy to understand and implemented by all of your staff and therefore gives you the greatest chance of success.

- The first and most important aspect of your evacuation plan is to know your facility. Know where all the access doors are located.
- Designate the exit locations to be used in case of an evacuation and make sure all staff knows how to exit the facility.

- Designate staff to serve as team coordinators and assistant coordinators to assist in implementing your evacuation plan. Staff will need to direct or lead individuals to the exit locations when evacuating your facility.
- Other staff should conduct a final search of all areas, including locker rooms and bathrooms, to ensure no one is left behind.
- Identify staff with disabilities or those who might need assistance. Once everyone is evacuated, ensure that you conduct an accounting of all staff and program participants.

Remember to practice your plan periodically. This can be accomplished by bringing your staff and volunteers together for an evacuation planning exercise during lunchtime or before the start of the workday as a breakfast meeting. You could also do this during off-hours at your facility. You should conduct a practice drill periodically. This exercise will increase your staff's awareness and increase its ability to handle an evacuation process or an emergency situation effectively.

Create a simple evacuation map that depicts all exiting locations and post it in various locations throughout your facility. (See sample Evacuation Map below.) Maintain, review, and distribute mappings and/or diagrams of your facility with marked exits and access points depicting routes to be used in the event of an evacuation. Designate a location where everyone will be gathered nearby once the evacuation is initiated.



5. Missing Person or Lost Child or Adult Policy

For our purposes, we use the term “missing” or “lost child or adult” to define any circumstance in which an individual is unaccounted for. It is also important to remember that there are “special cases” concerning this topic of which we need to be aware. This includes children under a certain age, senior citizens, and persons with disabilities.

Do not be misled by misconceptions about what defines a “missing person,” or how long they have to be missing before reporting it. In all situations, as soon as you learn that someone is missing, this information is to be acted on and taken seriously. The following protocol should be followed:

- Gather any and all information regarding the individual, such as clothing, age, hair color, where last seen, name, etc.
- Communicate this information to all staff and volunteers.
- Designate individuals to check and monitor access points, such as facility doors and access gates to the facility.
- Designate individuals to conduct a search of your facility.
- Contact law enforcement. It is very important to act on these types of incidents as soon as possible and treat them in a serious manner.

6. Violence or Physical Threats Policy

Violence is defined as actual violence or the threat of violence against any individuals participating in or present at your programs. It could be against a staff member, volunteer, or program participant. This can happen by the following means:

- Non-physical violence (intimidation, abuse, or threats)
- Physical violence (punching, kicking, pushing)
- Aggravated physical violence (use of weapons, such as guns or knives, or use of another instrument or object to cause harm)

Know the warning signs of violence. The incident could be a predatory or pre-planned attack, or it could be emotionally driven. You need to recognize that stressful situations can lead to violence and those steps to take once an incident has occurred. The staff should intercede, when possible, and gather the facts. Then, request medical attention or law enforcement, if necessary. These types of situations must not be swept under the rug or treated lightly.

7. Travel

At times, your program may involve travel for staff, volunteers, or players, either alone or with a group. It is important to establish a protocol for travel, whether it is for a day trip or an extended overnight trip.

- Create a list which identifies all of the persons on the trip and their contact information.
- The person designated as the leader for the trip is responsible for accounting

for all individuals on the trip.

- Implement a “call-in” protocol in which the leader is mandated to contact the facility when the group has reached its destination.
- For any extended trip, mandate that the leader is to “call-in” or contact the facility staff (or key staff for off-business hours) on a daily basis to account for all individuals.
- Provide each traveler with the name and contact information of an adult who is not traveling with them who should be notified of any incidents, problems, or disruptions.
- Once the staff or group reaches its destination, the facility or organization should document any additional contact information for the group that is traveling, such as hotel telephone number, local law enforcement telephone number, or embassy telephone number, if overseas.
- Upon return, the leader is to “call-in” or contact the facility so as to account for the safe return of all who traveled. All of these communications should be documented in a log or database maintained at the facility. It is important to account for all traveling individuals for which the facility or organization is responsible.

As a final measure, the group that is traveling should establish its own internal plan in the case of any emergency. For instance, if there was a fire alarm at a hotel that they were staying at and they had to evacuate the building, they should all agree to meet at a pre-determined location so they can account for the safety of all the individuals in their group.

Implementation Criteria

1. The organization has policies in place.
2. The policies include all elements.
3. The policies are publicized, promoted, and distributed to relevant audiences, including parents or guardians of athletes under the age of 18, on an annual basis.
4. The policy is reviewed annually, or whenever there is a major change in the organization.
5. Guidance for acceptable/unacceptable plans are consistent with accepted standards.

Examples of Implementation Records

1. An electronic or physical copy of policies.
2. Records of policy distribution and circulation (e.g., mailing records, group e-mail lists, meeting announcements).
3. Displayed publicly (e.g., bulletin boards, websites, registration materials).
4. Signed statements of understanding from each member of relevant audience.
5. Dated records of management/executive body approval, endorsement, and review.

5. SENSITIVITY, FAIRNESS, AND EQUALITY

Your objective should be to create an environment that is inclusive of all. The best way to accomplish this is to establish specific standards of fairness and processes to handle incidents when they arise, which will assist you to be better prepared to deal with issues when they arise.

Sensitivity guidelines help prepare you to effectively handle situations that may arise involving unfair treatment of others based on race, color, religion, national origin, gender, differing abilities, bullying, or language. There are specific steps you can take prior to the event to make sure you are creating awareness of an inclusive behavior. There are some potential challenges that you can anticipate and prepare for; however, most issues that arise in this area cannot be foreseen. To help prepare for the unforeseen, consider having the following in place.

Elements

Checklist

- Post a statement on sensitivity, fairness, and equality in areas that are visible to the public and participants. (An example of a Sensitivity, Fairness, and Equality Statement can be found on page 50.)
- Add a short and simple form during the registration process that details the desired behavior.
- Brief your staff and volunteers during your preparation meetings on the importance of this subject matter and the proper procedures if an incident happens.
- Identify the key point of contact to resolve issues. This typically should be the program or event organizer.

KEY AREAS OF CONCERN

The following sections describe key areas of concern that you may have to deal with during your program or event. The issues and incidents are not limited to these areas, but they are the most common.

Bullying:

Bullying is common among youth today, and it is not restricted to the schools. Bullying is defined as “repeated inappropriate behavior, either direct or indirect, whether verbal, physical, or otherwise, conducted by one or more persons against another or others.” Such behavior should not be tolerated. People who participate or attend your program or event should be treated with dignity and respect. Bullying may be intentional or unintentional. However, it must be noted that when an allegation of bullying is made, the intention of the alleged bully is irrelevant. It is the effect of the behavior on the individual which is important, not the intent of the person committing the act.

Bullying in sports refers to:

- An intentional, persistent and repeated pattern of committing or willfully tolerating physical and non-physical behaviors that are intended to cause fear, humiliation, or physical harm in an attempt to socially exclude, diminish, or isolate the athlete(s) targeted.
- Any violation of federal or state law prohibiting bullying.

Examples of bullying prohibited by this policy include, without limitation:

- Physical behaviors, including (a) hitting, pushing, punching, beating, biting, striking, choking, or slapping an athlete; (b) throwing at or hitting an athlete with objects, including sporting equipment.
- Verbal and emotional behaviors, including, (a) teasing, ridiculing, intimidating; (b) spreading rumors or making false statements; or (c) using electronic communications, social media, or other technology to harass, frighten, intimidate, or humiliate (“cyber bullying”).

Bullying does not include group or team behaviors that (a) are meant to establish normative team behaviors, (b) promote team cohesion, (c) are not a condition of membership, and (d) do not have reasonable potential to cause emotional or physical distress to any athlete. For example, bullying does not include verbal admonitions to encourage team members to train harder and to push through a difficult training regimen.

Bullying response process:

1. When this behavior is observed by a staff or volunteer, report it immediately to the program or event coordinator—regardless if it is reported by the victim or not.
2. The coordinator should confront the perpetrator, make it clear that such behavior is unwelcome and offensive, and instruct them to stop immediately or they will be asked to leave the program or event. In some cases, you may ask the perpetrator to leave the premise immediately. At that point, an incident report should be filled out.
3. Depending on the severity of the case, consequences may include apology, counseling, suspension, removal, dismissal, or other forms of disciplinary action deemed appropriate.

Harassment Policy

Harassment comes in many different forms to include, but not limited to, harassment on the basis of race, creed, color, disability, marital status, veteran status, national origin, age, sex, sexual orientation, religion, physical handicap, and stalking. While it is not easy to define precisely what harassment is, it includes, but is not limited to, slurs, epithets, threats, derogatory comments, unwelcome jokes and teasing, derogatory pictures, posters, gestures, and unwanted blocking or interference of movement and personal space. Although you cannot anticipate when harassment will take place, you do have the authority and responsibility to stop it. Detailed below are a few steps you may want to consider.

Examples of harassment that are prohibited include, without limitation:

- Physical behaviors, including (a) hitting, pushing, punching, beating, biting, striking, choking, or slapping an athlete; (b) throwing at or hitting an athlete with objects, including sporting equipment.
- Non-physical offenses, including (a) making negative or disparaging comments about an athlete’s sexual orientation, gender expression, disability, religion, skin color, or ethnic traits; (b) displaying offensive materials, gestures, or symbols; (c) withholding or reducing playing time to an athlete based on his/her sexual orientation.

There are no exceptions.

Harassment response process:

When this behavior is observed by a staff or volunteer, it must be reported immediately to the event coordinator—regardless if it is reported by the victim or not. The event coordinator should confront the perpetrator, make it clear such behavior is unwelcome and offensive, and instruct them to stop immediately or they will be asked to leave the program or event. At that point, an incident report should be completed. The incident report should clearly describe the incident, people involved, and action taken. Depending upon the severity of the case, consequences may include apology, counseling, suspension, removal, dismissal, or other forms of disciplinary action deemed appropriate. There may be incidents when the authorities should be called.

Language

Although the universally accepted language is English, you must be sensitive to others who may speak another language as their primary language. As the United States continues to diversify, we need to learn to be more receptive to the fact that people communicate in a variety of languages. Just because someone is speaking a different language does not mean they are doing anything wrong or talking about you. Also, “slang” is another form of language that is popular in youth and many cultures. Detailed below are some guidelines you may want to consider when situations occur in which multiple languages are being spoken.

- **On the Court:** When a player yells out in a language the official does not understand, the official is obligated to caution the player that further foreign language outbursts not understood by the official may be penalized as unsportsmanlike conduct. Similarly, when a player suspects that an opponent is being coached but cannot understand what is being said, the player should request an official to monitor the situation. Officials are to provide a warning so the player understands that an outburst in a foreign language can be penalized as a code violation.
- **Slang:** Many cultures use variations of their language, commonly known as “slang,” to express jubilation, anger, support, and humor. If this type of language contains profanity and is offensive in any way to the opposing player or is considered detrimental to the game, the official shall give a verbal warning. If this behavior continues, the official shall give a code violation for unsportsmanlike conduct.

We encourage the event organizer to use good judgment in either situation regarding language. You have to exercise fairness in determining if someone is violating the “spirit” of the language guidelines. More often than not, people default to their native language in moments of exhilaration or disappointment. It is important as our culture diversifies that we learn to be accepting of our linguistic differences and not fall prey to linguistic paranoia.

Americans with Disabilities Act (ADA)

You should always comply with the American with Disabilities Act (ADA), which prohibits discrimination against qualified individuals on the basis of disability and protects qualified individuals with disabilities from discrimination. We encourage you to make reasonable accommodations for qualified individuals with known disabilities unless doing so would result in an undue hardship and/or the individual poses a direct threat to the health or safety of other individuals at your event.

Detailed are a few steps that you may want to consider in this area.

- Make sure seating is available for wheelchair access.
- Where appropriate, have ramps available.
- Make sure you have bathrooms that are handicapped accessible.

You can get more information from your local building code office to ensure that your event/facility is being ADA-compliant.

Implementation Criteria

1. The organization has a policy.
2. The policy includes all elements.
3. The policy is publicized, promoted, and distributed to relevant audiences, including parents or guardians of athletes under the age of 18, upon joining and on an annual basis.
4. The policy is reviewed annually, or whenever there is a major change in the organization.
5. Guidance for acceptable/unacceptable behavior is actionable and consistent with accepted standards.

Examples of Implementation Records

1. An electronic or physical copy of the policy.
2. Records of policy distribution and circulation (e.g., mailing records, group e-mail lists, meeting announcements).
3. Displayed publicly (e.g., bulletin boards, websites, registration materials).
4. Signed statements of understanding from each member of relevant audience.
5. Dated records of management/executive body approval, endorsement, and review.

TEMPLATES

Policies, Documents, and Forms

MALTREATMENT IDENTIFICATION AND REPORTING POLICY

[Insert Corporation Name]
[Insert Corporation Address]
[Insert Corporation Phone Number]

Purpose

A Maltreatment Identification and Reporting Policy is in effect to protect athletes and participants from maltreatment.

Policy Statement

This Policy is intended to address only the most serious allegations involving maltreatment and should be utilized rarely. [Insert Corporation Name] encourages addressing misconduct and other violations of its codes of conduct, which do not rise to the level of maltreatment, pursuant to less formal processes. Accordingly, this Policy applies if there is a reasonable basis to believe that there has been maltreatment.

Application and Jurisdiction

A. Employees, volunteers, independent contractors, agents, vendors, and others

This Policy applies to former or active employees, volunteers, independent contractors, agents, vendors, and others.

B. Athletes, participants, and spectators

This Policy applies to athletes, participants, and spectators within the jurisdiction of [Insert Corporation Name] when the alleged conduct occurred. If the athlete, participant or spectator is over the age of 18, he or she will be considered an adult and within [Insert Corporation]'s jurisdiction for the purposes of this Policy. If the athlete, participant or spectator is under the age of 18, [Insert Corporation Name] has the discretion to address allegations with the athlete's, participant's, or spectator's parent or legal guardian.

Maltreatment Identification

A risk facing every organization that serves youth is the potential of harm resulting from inappropriate conduct by peers or adult leaders. The policies and procedures presented are intended to reduce the risk of such conduct while promoting a safe environment and protecting the mission of [Insert Corporation Name].

Maltreatment of any kind is strictly prohibited within our organization. This means that [Insert Corporation Name] does not tolerate physical, sexual, emotional, or verbal maltreatment or misconduct from our players, coaches, teaching professionals, captains, volunteers, parents, spectators, or any person associated with a team competition or tennis program of any kind.

Brief descriptions of four types of maltreatment, all of which are strictly prohibited, are provided below.

Physical Maltreatment: Any non-accidental contact which results in harm. The maltreatment may be committed by an adult, a teen, or a child.

Sexual Maltreatment: Any form of sexual activity with a child or teen, which can include inappropriate touching, use of sexual or sexually explicit language, sexual references, or intentional exposure to sexually explicit media. The maltreatment may be committed by an adult, a teen, or a child.

Emotional Maltreatment: Any intentional conduct which harms a child or teen's spirit and/or self-worth through rejection, threats, harassment, terrorizing, isolating, or belittling. The maltreatment may be committed by an adult, a teen, or a child.

Neglect: Conduct that endangers a child or teen's health, safety, or welfare. Neglect may include withholding food, medical care, and rest. The maltreatment may be committed by an adult, a teen, or a child.

Appropriate Contact Is a Cornerstone to Safety

Understanding what constitutes "appropriate contact" is the first step to protecting against inappropriate conduct of false allegations of misconduct.

Rule of Three: Peers and adult leaders should be aware of the need to ensure that interaction with participants is always in an open and observable environment. Peers and adult leaders should strive to avoid being alone with a single child or teen where he or she cannot be observed by others. The "rule of three" offers a reminder that a minimum of three persons (two adults and one teen or child, or one adult and two children) should be present at all times during [Insert Corporation Name]'s programs and activities.

Physical Contact: Physical contact must always be respectful and appropriate in response to the needs of the athlete or participant.

Supervision

Restrooms and Locker Rooms: Vulnerable individuals should not be permitted to enter a rest room or locker room alone. Adhering to the "rule of three" should be the goal that you strive to follow.

Overnight Trips: Sharing of rooms between an athlete or participant and a non-family adult is strongly discouraged. Athletes and participants should only stay with their parent or guardian on overnight trips unless written approval from parents for alternate arrangements has been provided.

"Open Door" Policy: Parents and legal guardians of athletes and participants should be permitted and encouraged to visit and observe all programs and activities at any time. No activities should be conducted in an area unobservable by parents and legal guardians.

Supervision: Providing a safe environment requires supervision of official programs and activities and taking prompt action when conduct does not conform to minimum requirements and expectations. Program providers are encouraged to get to know the participants, spectators and volunteers participating or observing your programs and observe practices and matches on a periodic basis to the extent it is practical to do so.

Reporting Obligations

A. Internal Reporting Obligations

[Insert Corporation Name] has a system and procedure in place for handling incident reports that are brought to our attention.

Any [RELEVANT STAKEHOLDER] who experiences, witnesses, or receives a written or oral report or complaint of maltreatment or related retaliation, as defined this Policy, shall promptly report it to [Insert Corporation Name]'s Incident Report Official.

[Insert Corporation Name] also REQUIRES [RELEVANT STAKEHOLDERS] to report maltreatment if the individual suspects or has reason to believe that an athlete or participant has been maltreated, as defined in this Policy.

[Insert Corporation Name] encourages parents and athletes to report maltreatment if they suspect or have reason to believe that an athlete or participant has been maltreated.

B. Legal Reporting Obligations

Without respect to [Insert Corporation Name]'s Internal Reporting Procedures, [Insert Corporation Name] and its employees, volunteers, independent contractors, agents and vendors who have reason to believe maltreatment has occurred will report it to the proper law enforcement authority as required or permitted by applicable law.

[Insert Corporation Name] will determine, with the assistance of legal counsel if necessary, whether [Insert Corporation Name] has a legal reporting obligation based upon the report and act accordingly. Factors relevant to determining whether the [Insert Corporation's Name] or a particular individual shall or should report include without limitation:

1. Applicable federal law
2. Applicable state law, which:
 - Defines "child abuse and neglect"
 - Identifies professionals who are required to report child maltreatment
 - Identifies other individuals who are required to report child maltreatment
 - Who is permitted to report
 - The standard for reporting
 - Whether the communication is privileged
 - Who reports should be made to

- Whether the report will be anonymous
- Whether the reporter's identify will be disclosed

How to Report

Anyone who wishes to report maltreatment is encouraged to complete a Maltreatment Identification Report Form. Information on this form will include:

- 1) Name(s) of the complainant(s)
- 2) Type of maltreatment alleged
- 3) Name(s) of the individual(s) alleged to have committed the maltreatment, the approximate dates the maltreatment was committed
- 4) Summary statement of the evidence or reasons to believe that maltreatment has occurred

[Insert Corporation Name] will withhold the complainant's name on request, to the extent permitted by law.

MALTREATMENT INCIDENT REPORT FORM

[Insert Corporation Name]
[Insert Corporation Address]
[Insert Corporation Phone Number]

The Complainant(s) named below understand it is [Insert Corporation Name]'s policy to file this Maltreatment Incident Report Form in accordance with [Insert Corporation Name]'s definition of maltreatment and/or abuse as defined in the Maltreatment Identification and Reporting Policy and in accordance to all applicable federal, state, city and municipal laws.

Name(s): _____
(please print)

Address(es): _____

(please print)

Contact Telephone Number: _____

Type of Alleged Maltreatment: _____

Full name of person allegedly committing maltreatment:

(please print)

Describe incident of alleged maltreatment
(provide specific details, including date and time of incident):
(please print)

Provide a summary statement of the evidence or reasons to believe maltreatment has occurred:
(please print)

Has the alleged incident been reported to any federal, state, city, or municipal law enforcement agency?

If YES, please provide the name of the enforcement agency, name of contact person, and case number:

Do you wish to withhold your name(s) as Complainant(s) from any federal, state, city, or municipal law enforcement agency to the extent permitted by law:

YES _____ Name of Complainant(s): _____

NO _____ Name of Complainant(s): _____

Signature of Complainant(s): _____ Date: _____

Signature of Complainant(s): _____ Date: _____

SCREENING POLICY

[Insert Corporation Name]
[Insert Corporation Address]
[Insert Corporation Phone Number]

Purpose

A Screening Policy is in effect to protect participants being served by volunteers in all programs offered by the [Insert Corporation Name].

Policy Statement

A biennial background screening is mandatory for all volunteers over the age of 16 who work with minors. You will need to complete the application attached hereto. You are asked to sign the application and return the same to our attention with a copy of your social security card. The application asks you to consent to us performing a background check including, but not limited to, a criminal history background screening, if necessary. Minimally, we will be verifying your name, address, social security number, and run your name against the sex offender registry. A volunteer is not authorized to have access to minors until a background screening has been processed and approved by the [Insert Corporation Name]. All information will be confidential and not discussed or disclosed outside of the process.

A. Implementation Process for Basic Screening

1. The background screening authorization form must be signed by the volunteer and submitted to the [Insert Corporation Name]. The forms will then be forwarded to [Insert name or position of who will administer process].
2. [Insert name or position of who will administer process] shall administer all background screening procedures, including a check of the [Insert state] sex offender registry, reference checks, and approve/disapprove of the volunteer based upon the results of the background screening.
3. [Insert name or position of who will administer process] will notify the [Insert Corporation Name] of the approval or disapproval.
4. [Insert name or position of who will administer process] will notify the volunteer of non-approval via a letter. The volunteer may withdraw their name from consideration or request a review. If a review is requested, the applicant may meet with the [Insert name or position of who will administer process].

B. Implementation Process for Criminal History Background Screening

1. [Insert Corporation Name] is working with [Insert Screening Provider's Name] to conduct the criminal history background screening. We have worked in concert with [Insert Screening Provider's Name] to establish the screening criteria that is best for our program. We have adopted a Red Light/Green Light protocol. This means we will only be notified whether you pass or fail the screening process. You will enter your data through a web-based

system. [Insert Screening Provider's Name] will collect your information and perform the searches based on the criteria set. You will be notified by [Insert Screening Provider's Name] whether you pass the screening process or not. If you do not pass the screening process, [Insert Screening Provider's Name] shall notify you of the denial along with your appeal rights. All appeals are to be processed through [Insert Screening Provider's Name].

C. Criminal History Disqualifiers

Applicants who are found guilty or who have entered a guilty plea in connection with any of the following crimes/offenses will not be permitted to render services in our youth programs:

1. Any felony (as defined by the state where committed) which includes an element of violence regardless of the amount of time since the offense, and any non-violent felony within the past fifteen (15) years.
2. Any crime involving force or threat of force against a person regardless of the amount of time since the offense.
3. Any crime in which sexual relations is an element, including "victimless" crimes of a sexual nature regardless of the amount of time since the offense.
4. Any other crime within the past ten (10) years involving controlled substances (not paraphernalia or alcohol) EXCEPT if the adult's responsibilities include driving a motor vehicle, in which case the screening should include DUIs.
5. Any other crime within the past fifteen (15) years involving cruelty to animals.
6. Any disclosed criterion criminal offense and/or reported criterion criminal offenses that are in "pending" status.

Remember to base your disqualifiers so that they match your purpose and program.

VOLUNTEER APPLICATION FORM

[Insert Corporation Name]
 [Insert Corporation Address]
 [Insert Corporation Phone Number]

Thank you for considering the [Insert Corporation Name] as a place to donate your time and talents. Volunteers are vital to the [Insert Corporation Name]. Without them, we would not be able to meet the needs of the youth who live in the [Insert area].

You will find questions on this form about your background, former residences, places of employment, and so on. We hope you'll understand that, unfortunately, there are a few people who apply for volunteer jobs for the wrong reasons.

The [Insert Corporation Name], however, makes an active effort to protect our youth. So even though we may know you well, we will conduct appropriate background and reference checks on all volunteers. It's just one of many ways we help protect youth served by the [Insert Corporation Name]. Final acceptance as a volunteer is based on application approval, reference checks, and a criminal records check.

Thank you for your cooperation in this effort and your interest as a volunteer for the [Insert Corporation Name]. If you have any question about volunteering or this application process, please do not hesitate to contact us.

Name: _____
Last First Middle

Name Previously Used: _____

Address: _____

Date of Birth: _____ Sex: Male Female

*Social Security Number: _____
*only need if you do not have a driver's license

Driver's License Number: _____ State: _____

Does your child participate in the program? Yes No

If yes, Child's Name: _____ Current Grade: _____

Describe any related experiences/training you have had:

Addresses for past 10 years: (list current address first, then work backwards)

1. Street Address: _____ City: _____ State: ____ Zip: _____

2. Day Phone: _____ Evening Phone: _____ Email: _____

3. Street Address: _____ City: _____ State: ____ Zip: _____

4. Street Address: _____ City: _____ State: ____ Zip: _____

Have you previously applied to volunteer here? Yes No

HAVE YOU EVER PLEADED GUILTY TO OR BEEN CONVICTED OF A CRIME, EXCLUDING MINOR TRAFFIC VIOLATIONS? Yes No

If yes, give dates and circumstances.

References: Those you have known personally or professionally at least one year (no family members please)

Name	Address	Telephone	How they know you

Volunteer Waiver:

- I certify that the information in this application is true and complete. I release any person(s) or company(ies) named on this application to provide information regarding information regarding me and I release them from all liability in doing so.
- I agree and consent to serve as a volunteer with the [Insert Corporation Name] and further agree that I am not to be regarded as an employee of the [Insert Corporation Name].

Signing below indicates that you agree to all items in the application and you will uphold the [Insert Corporation Name] sports philosophy and rules.

 Signature of Applicant Date Parent/Guardian Signature
(if under 18 years of age)

Office Use Only:

Date Reviewed: _____ Approved Denied

Date Background Check Submitted: _____ Date Approved/Denied: _____

VOLUNTEER INFORMATION REFERENCE CHECK

[Insert Corporation Name]
Insert Corporation Address
[Insert Corporation Phone Number]

Name: _____
Last First Middle

Name Previously Used: _____

Address: _____

Reference

Name: _____ Home Phone: _____ Work Phone: _____

Email: _____

Reference checked by: _____ Date: _____

Please answer the following questions to the best of your knowledge:

Applicant dependable? Yes No

Good work ethic? Yes No

Ever volunteer before? Yes No

Would you recommend? Yes No

Get along with others? Yes No

Applicant good with kids? Yes No

Other Comments:

CRIMINAL BACKGROUND SCREENING CONSENT FORM

[Insert Corporation Name]
Insert Corporation Address
[Insert Corporation Phone Number]

As a present or prospective volunteer of the [Insert Corporation Name], I understand it is the [Insert Corporation Name] policy to secure criminal and/or driving history information as part of their screening process using the information provided below.

Name: _____
Last First Middle

Name Previously Used: _____

Address: _____

Date of Birth: _____ Sex: Male Female

*Social Security Number: _____
**only need if you do not have a driver's license*

Driver's License Number: _____ State: _____

In connection with my application, I understand that investigative background inquiries are to be made on me including criminal convictions, motor vehicle, consumer credit, and other reports. These reports may include information as to my character, work habits, performance, education, workers compensation claims, and experience along with reasons for termination of employment from previous employers. Further, I understand that you will be requesting information from various federal, state, and other agencies.

I authorize without reservation, any party or agency contacted to furnish the above-mentioned information and release all parties involved from any liability and responsibility for doing so. I hereby consent to obtaining the above information from [Insert Background Screening Vendors Name]. This authorization and consent shall be valid in original, fax, or copy form.

I have the right to make a request of [Insert Background Screening Vendors Name] Applicant Background Checks upon proper identification and the payment of any authorized fees, for the information in its files on me at the time of my request. I further authorize ongoing procurement of the above-mentioned reports at any time during my volunteer status.

Signature of Applicant

Date

Parent/Guardian Signature
(if under 18 years of age)

Office Use Only:

Requesting Supervisor: _____ Program: _____

Approved Denied By: _____ Date: _____

CONFIDENTIALITY POLICY

[Insert Corporation Name]
Insert Corporation Address
[Insert Corporation Phone Number]

(FOR INDIVIDUALS WITH ACCESS TO INFORMATION ON BACKGROUND CHECKS)

Name: _____

Classification/Job Title: _____

Department: _____

Office Address: _____

I understand that in the course of conducting a criminal background check, I may have access to information including, but not limited to, the results obtained from the criminal background check.

I understand that the information listed above, as well as other information to which I have access, is special or confidential information that could either improve or injure the prospects or chances of persons in the recruitment process. I agree to keep this information confidential and not to copy the materials, discuss them with anyone not specifically authorized by the [Insert Name of Authorizing Party], or allow any unauthorized person access to them. Failure to keep the information confidential may constitute insubordination and/or may result in a violation of this confidentiality agreement both of which could lead to discipline up to and including termination or being released from providing services.

By signing below, I acknowledge that failure to adhere to the requirements set forth in this statement would be a violation both to the public trust and as a condition of my continued relationship with [Insert Corporate Name] with the State of [Insert State].

Signature of Applicant

Date

EMERGENCY INFORMATION FORM

[Insert Corporation Name]
Insert Corporation Address
[Insert Corporation Phone Number]

I hereby give my permission for _____ to participate in _____ during the season beginning on _____. Further, I authorize [Insert Corporation Name] to provide emergency treatment of any injury or illness my child may experience if qualified emergency personnel consider treatment necessary and perform the treatment. This authorization is granted only if I cannot be reached and reasonable effort has been made to do so.

Parent or guardian: _____

Address: _____

Phone: () _____ Other Phone: () _____

Additional contact: _____

Relationship to Player: _____ Phone: () _____

Physician: _____ Phone: () _____

Medical conditions: (e.g., allergies, chronic illness):

My child and I are aware that participating in _____ is a potentially hazardous activity. We assume all risks associated with participation in this sport, including but not limited to: falls, contact with other participants, the effects of weather, traffic, and any other reasonable-risk conditions associated with the sport. All such risks to my child are known and appreciated by my child and me.

We understand this informed consent form and agree to its conditions.

Athlete Signature

Date

Parent or Guardian Signature

Date

INFORMED CONSENT FORM

[Insert Corporation Name]
[Insert Corporation Address]
[Insert Corporation Phone Number]

Player Name: _____ Date of Birth: _____

Address: _____

Phone: () _____

Contact Information

Parent or guardian: _____

Address: _____

Phone: () _____ Other Phone: () _____

Additional contact: _____

Relationship to Player: _____

Phone: () _____ Other Phone: () _____

Insurance Information:

Insurance Company: _____

Address: _____

Named Insured: _____ Policy Number: _____

Medical Information

Physician: _____ Phone: () _____

Address: _____

Is your child allergic to any drugs? Yes No

If yes please list: _____

Does your child have any other allergies (e.g., bee stings, dust)? Yes No

If yes please list: _____

Does your child have any of the following?: asthma diabetes epilepsy

Is your child currently taking medication? Yes No

If yes please list: _____

Does your child wear either of the following: glasses contact lenses

Are there any other concerns about your child's health? Yes No

If yes, please list: _____

Parent or Guardian Signature

Date

INCIDENT REPORT

[Insert Corporation Name]
[Insert Corporation Address]
[Insert Corporation Phone Number]

Report any incident, including injury, property damage, or youth protection event:

1. Immediately following the incident, call the [Insert Contact] at: _____
2. Follow up by immediately completing and faxing this form to: _____

PLEASE PRINT CLEARLY

ENTITY INFORMATION

Entity: _____ Program Division: _____

INFORMATION ON PERSON IN CHARGE OF THE PROGRAM

Name: _____

Address: _____

Phone numbers:

Home: () _____ Office: () _____

Fax: () _____ Email _____

INFORMATION ON THE INCIDENT

Nature of the activity: _____

Place of the activity: _____

Date of the incident: _____ Time of the incident: _____

Exact location of the incident: _____

Weather conditions (if applicable): _____

Name of person in charge at the time: _____

Description of incident (if vehicle involved, attach owner and/or driver registration info on separate page.) _____

Witness Name: _____

Home: () _____ Office: () _____

Witness Name: _____

Home: () _____ Office: () _____

COMPLETE ONLY IF THIS INCIDENT WAS REPORTED TO THE POLICE

Police Station Name, Number: _____

Police Station Address: _____

Name and Phone Number of Officer in Charge: _____

INFORMATION ON INJURED PERSON OR OWNER OF DAMAGED PROPERTY

Name: _____ Birth date: _____

Address: _____

Phone numbers:

Home: () _____ Office: () _____

Please describe nature of injury or property damage: _____

Complete if applicable:

Name of doctor consulted: _____ Phone: () _____

Complete if applicable:

Name and address of hospital or clinic: _____

Phone: () _____

REPORTING DETAILS

[Insert Corporate Name]

This report must be signed by an employee.

Fax to [Insert Name] when completed; send original to [Insert Name]

Print full name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone numbers:

Home: () _____ Office: () _____

Fax: () _____ Email _____

Signature _____

Date _____

SENSITIVITY, FAIRNESS, AND EQUALITY STATEMENT

[Insert Corporate Name]
 [Insert Corporate Address]
 [Insert Corporation Phone Number]

Bullying

[Insert Corporate Name] acknowledges that all participants have the right to dignity in an environment free from bullying. [Insert Corporate Name] has a duty of care to all program participants in its community and violence, aggression and bullying are unacceptable. Bullying is defined as repeated, unreasonable or inappropriate behavior directed towards an individual, or a group of individuals, that creates a risk to health and safety. A situation may be identified as bullying if an individual or a group of individuals are harmed, intimidated, threatened, victimized, undermined, offended, degraded, or humiliated, whether alone or in front of other program participants, spectators, or visitors to [Insert Corporate Name]. The general “duty of care” provisions embedded in legislation apply to all individuals, and they must be aware of their duty not to place the safety and health of others at risk by engaging in violence, aggression or bullying behavior. [Insert Corporate Name] encourages all individuals to report bullying.

Harassment

[Insert Corporate Name] is committed to maintaining an environment where participants in its programs are valued, respected, and able to realize their full potential. Harassment and discrimination of any form such as sexism, racism or bullying has no place in such a culture. All forms of harassment and discrimination are serious issues that undermine morale and can adversely affect the ability of program participants to feel included. Such behavior is unacceptable and all complaints will be dealt with fairly and promptly. In particular, [Insert Corporate Name] will not tolerate bullying, disability harassment, racial harassment, or sexual harassment.

Discrimination

Under Equal Opportunity legislation, discrimination occurs when a person, or a group of people, are treated less favorably than another person or group, in the same or similar circumstances, because of irrelevant attributes such as their age; race (including color, descent, national or ethnic origin); sex; marital status, pregnancy, or family responsibilities; disability; political or religious conviction; and sexual orientation or gender history. Indirect discrimination occurs when an apparently neutral requirement, condition or rule unfairly impacts on people with a particular attribute or characteristic (e.g., disability, gender, or race) compared to people without that attribute, and the rule or requirement is not reasonable in the circumstances.

HEAT INDEX CHART

This Heat Index Chart provides general guidelines for assessing the potential severity of heat stress. Individual reactions to heat will vary. It is noteworthy that heat illness can occur at lower temperatures than indicated on the chart. In addition, studies indicate that susceptibility to heat illness tends to increase with the very young and the elderly.

1. Across the top of the chart, locate the **ENVIRONMENTAL TEMPERATURE** (i.e., the air temperature).
2. Down the left side of the chart, locate the **RELATIVE HUMIDITY**.
3. Follow across and down to find the **APPARENT TEMPERATURE**. Apparent Temperature is the combined index of heat and humidity. It is an index of the body’s sensation of heat caused by the temperature and humidity (the reverse of the “wind chill factor”).

Note: Exposure to full sunshine can increase Heat Index values.

HEAT INDEX											
ENVIRONMENT TEMPERATURE [F°]											
	70°	75°	80°	85°	90°	95°	100°	105°	110°	115°	120°
Relative Humidity	Apparent Temperature*										
0%	64°	69°	73°	78°	83°	87°	91°	95°	99°	103°	107°
10%	65°	70°	75°	80°	85°	90°	95°	100°	105°	111°	116°
20%	66°	72°	77°	82°	87°	93°	99°	105°	112°	120°	130°
30%	67°	73°	78°	84°	90°	96°	104°	113°	123°	135°	148°
40%	68°	74°	79°	86°	93°	101°	110°	123°	137°	151°	
50%	69°	75°	81°	88°	96°	107°	120°	135°	150°		
60%	70°	76°	82°	90°	100°	114°	132°	149°			
70%	70°	77°	85°	93°	106°	124°	144°				
80%	71°	78°	86°	97°	113°	136°					
90%	71°	79°	88°	102°	122°						
100%	72°	80°	91°	108°							

*Combined index of heat and humidity...what it “feels like” to the body.

APPARENT TEMPERATURE	HEAT STRESS RISK WITH PHYSICAL ACTIVITY AND/OR PROLONGED EXPOSURE
90° - 105°	Heat cramps or heat exhaustion possible
105° - 130°	Heat cramps or heat exhaustion likely, Heatstroke possible
130° and up	Heatstroke highly likely

Source: National Oceanic and Atmospheric Administration.



70 West Red Oak Lane
White Plains, NY 10604-3602