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|  | **OYA RECREATIONAL ACTIVITY**  **RISK ASSESSMENT** | State of Oregon OREGON YOUTH AUTHORITY |

**Instructions:** *Prior to OYA youth participation in a recreational activity that may be of higher risk or higher profile, a residential care provider or foster parent who has a comprehensive understanding of the participating youth behaviors and the proposed activity must complete and submit this assessment to OYA for review and approval. Follow approval process below, depending on provider type.*

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| **Provider or Foster Home:** |  |
| 1. **Description and Overview of Activity Planned:** | |
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| 1. **Location, Date(s), and Duration:** | |
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| 1. **Address the Following for Each Known and Possible Hazard or Risk:** | |
| 1. **The Hazard or Risk:** | |
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| 1. **Safety/Control Measures Needed to Reduce Risks:** | |
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| 1. **Care Provider Competencies and Training:** | |
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| 1. **Staffing Ratio and Special Supervision Plans:** | |
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| 1. **Group Dynamics, Youth Specific Behavior and Treatment Considerations:** |
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| 1. **Medical Needs and Medication Management Plan:** |
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| 1. **Travel and Overnight Lodging Plans:** |
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| 1. **Emergency Precautions with Descriptions of Emergency Gear That Will Be Available:** |
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| 1. **Communication Plan:** |
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| **Approval Signatures** | | | | | |
|  | I have read and agree to follow the above listed plan. | | | | | |
|  | |  |  |  |  | |
|  | | Youth Signature |  | Date |  | |
|  | **FOSTER HOME ACTIVITY Approving Signatures:** | | | | | |
|  | |  |  |  |  | |
|  | | Certified OYA Foster Parent Signature |  | Date |  | |
|  | |  |  |  |  | |
|  | | Foster Care Certifier Signature |  | Date |  | |
|  | **RESIDENTIAL PROGRAM ACTIVITY Approving Signatures:** | | | | | |
|  | |  |  |  |  | |
|  | | Residential Provider Signature |  | Date |  | |
|  | |  |  |  |  | |
|  | | Community Resources Unit Signature |  | Date |  | |