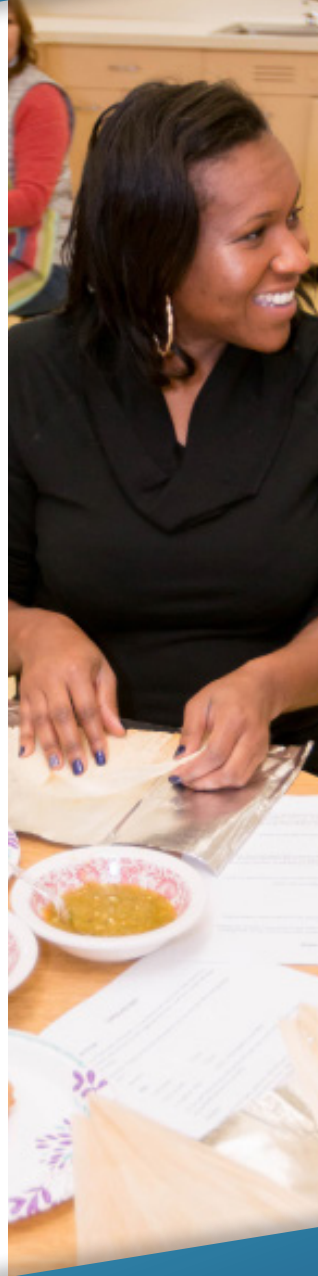


MILWAUKEE RECREATION RISK MANAGEMENT PLAN



2021



A department of MPS

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OVERVIEW

Milwaukee Recreation, a department of Milwaukee Public Schools, was established in 1911 to provide municipal recreation programs and services for the residents of the City of Milwaukee. Patrons and staff of Milwaukee Recreation can expect to find safe facilities and programs that provide for their recreational needs. In addition, patrons and staff can expect that measures are taken to prevent foreseeable accidents and injuries. It is reasonable for patrons and staff to expect adequate warning, protective devices to prevent unwanted access to facilities and programs, and a professional approach to remedy such issues as they are identified. Patrons must assume reasonable care, and supervision of those they are responsible for, as well as play an active role in the safety of themselves and others while utilizing the services of Milwaukee Recreation.

This duty of safety is held by all employees and patrons and extends to all programs, services, facilities, equipment, and outdoor spaces under the control of Milwaukee Public Schools.

Purpose

Milwaukee Recreation abides by all Milwaukee Public Schools Administrative Policies and Procedures and the items contained herein are intended to supplement the District's efforts. The Department's Risk Management Plan is designed to assist the Department and the District in identifying and assessing risk associated with Department programs/services, determining needed control measures, capitalizing on best practices in the Parks and Recreation industry and, ultimately, reducing risk and the potential for loss. **NOTE:** If there is a conflict in language between Milwaukee Recreation policy and MPS Administrative policy, MPS Administrative policy always take precedence.

Objectives

The objectives of the risk management program are to:

1. Prevent injury, damage, and financial loss through the identification of potential risks and the development of action plans to address said risks;
2. Conduct an annual risk identification/assessment utilizing the risk assessment tool/matrix;
3. Investigate episodes of actual or potential injury to staff or damage to buildings, vehicles, and/or equipment due to humanmade and natural disasters;
4. Maintain a program that analyzes occurrences and enacts risk reduction strategies;
5. Educate all employees about their responsibility to comply with the Department's risk management policy/procedures, reporting, etc.

Definition of Terms

Risk Management:	A process of making and implementing decisions that will minimize the adverse effects of accidental losses.
Hazard:	Any condition, event, or circumstance that has the potential to cause harm or death and/or the damage or loss of facilities, equipment, etc.
Risk:	A hazard with two accompanying concepts, (1) Probability, and (2) Severity.
Probability:	The likelihood that a set of circumstances will result in an accident, incident, etc.
Severity:	The potential negative degree to which a set of circumstances manifests itself.
Loss Exposure:	Any condition that presents a possibility of loss (regardless if loss occurs).
Risk Control:	A conscious act or decision not to act that reduces the probability and severity of losses (or makes losses more predictable).

Risk Management Policy (Recreation Policy 9.1)

All Milwaukee Recreation employees ensure work is executed in a safe manner, inspections are conducted on a regular basis, and potential hazards are mitigated. Annually, the Department reassesses the risks associated with the programs and services offered as it relates to operations, property, and person (Board, staff, volunteers, patrons). The purpose of the policy is to ensure the safest working conditions for employees and a safe recreation experience for the public participating in programs and using facilities.

See [Recreation Policy 9.1 - Risk Management](#) for the complete policy/procedure.

Professional Partnerships in Risk Management

The Department of Procurement & Risk Management reduces the probability, occurrence and cost of risk to MPS through the provision of risk identification and serves as the District's contracting authority for the procurement of goods and services. Procurement processes adhere to [Milwaukee Public Schools Administrative Policy 3.09 - Purchasing and Bidding Requirements](#) and [Milwaukee Public Schools Administrative Policy 6.04 - Employee Code of Ethics](#). It is every employee's responsibility to be familiar with these policies and adhere to them in the course of their work. The District's Risk Management team consists of the following individuals:

Director - Procurement and Risk Management
VACANT

Risk Management Analyst
VACANT

Safety Analyst II

Rob Crouthamel

Email: crouthrr@milwaukee.k12.wi.us

Phone: 414-475-8555

District Risk Management

Through the provision of risk identification, the Department of Procurement & Risk Management reduces the probability, occurrence, and cost of risk to MPS and, subsequently, to Milwaukee Recreation. **The designated Risk Manager for MPS is the Director of Procurement and Risk Management.**

Duties of the Risk Management Team

1. Coordinates the District's workers' compensation program including coordination of claims investigations and administration with the City of Milwaukee Office of the City Attorney, and oversees accident prevention, property and casualty safety, and loss control programs.
2. Coordinates and delivers related training programs that will provide and promote safe work practices and loss prevention awareness.
3. Reviews and analyzes third party liability claims and related risk data to identify trends and to determine loss prevention needs.
4. Provides direction and consultation to schools and departments in the ongoing operation and development of new initiatives, programs, and operations that affect the district's exposure to risk and loss.

District Insurance

Milwaukee Public Schools is self-insured. "Self-insured" is defined as a system whereby a company sets aside an amount of its monies to provide for any losses that occur (losses that could ordinarily be covered under an insurance program). The monies that would normally be used for premium payments are added to this special fund for payment of losses incurred. Self-insurance is a means of capturing the cash flow benefits of unpaid loss reserves and offers the possibility of reducing expenses typically incorporated within a traditional insurance program. It involves a formal decision to retain risk rather than insure it and distinguishes from noninsurance or retention of risks through deductibles by a formalized plan or system to pay losses as they occur.

MPS currently fully self-insures for workers compensation and employee health insurance. In addition, but not fully self-insured, MPS purchases excess general liability coverage (subject to a \$250,000 retention or deductible). MPS currently utilizes deductibles and retentions on several lines of insurance purchased to help defer some of the premium costs associated with insuring MPS exposures.

Travelers Insurance provides the excess general liability, automobile, and property coverage for the District. Travelers is a leading national provider in the municipal insurance marketplace providing leading edge risk

management services and broad coverage solutions. Travelers provides experienced specialists in the areas of risk control and claims dedicated specifically to the District. Milwaukee Public Schools and the Recreation Department benefit from a long-term relationship with Travelers and their dedication to the municipal insurance segment. The primary Travelers casualty risk control consultant dedicated to Milwaukee Public Schools is:

Joseph Filipak, Senior Account Consultant, Risk Control
13935 Bishops Drive, Suite 360
Brookfield, WI 53005
262.825.9122 (office); 262.327.5292 (mobile)
jfilipak@travelers.com

Hays Companies is Milwaukee Public Schools local insurance broker and has been representing the District in the insurance marketplace for over 20 years. Hays has historical institutional knowledge of the District that strengthens and supports the District's risk management program. Hays provides ongoing service and support to the District including in-house claim and risk control consultants that assist with organizing insurer services and provide additional guidance as needed. Hays primary account relationship coordinator and contact is:

Melissa Beckman, Vice President/Account Manager
1200 N Mayfair Road, Suite 100
Milwaukee, WI 53226
414.290.3576 (office); 414.559.2315 (mobile)
mbeckman@hayscompanies.com

Liability Claims

When an event supported by MPS (including Milwaukee Recreation programs and services) gives rise to claims of injury, damage, or death of a patron/volunteer, the claimant must complete, sign, and submit the 'Notice of Injury and Claim' form to the Office of Board Governance within 120 days of the event. Claimant's must request a copy of the form to submit and the directions for how to file are listed at the top of the form. Claims are routed from the Office of Board Governance to the Office of Procurement and Risk Management for investigation/follow up.

Once complete, these documents (along with any other documents, e.g. doctor recommendations, etc.) must be forwarded to Gallagher Bassett at GB-MilwaukeePublicSchools@gbtpa.com. All original documents must be forwarded to the Recreation Office for filing (Attn: Administrative Assistant).

Information regarding employee accident reporting is found on the District's [Worker's Compensation](#) webpage.

Patron Accident and Incident Policy/Procedures (Recreation Policies 9.1.2.1 & 9.1.2.2)

Policies and procedures are in place to handle accidents and/or incidents involving participants/other guests that utilize Milwaukee Recreation services. Responding to patron accidents and/or incidents should follow procedures outlined in the Department's Critical Incident Response Manual.

All accidents and incidents must be reported to the Recreation Office within 24 hours of their occurrence. All accidents and incidents must be reported on the appropriate document (either an Incident Report or Patron Accident Report). Anytime 911 is called, the immediate full-time Recreation Supervisor must be notified, who then must report up the chain of command.

Department policies and procedures are reviewed annually per [Recreation Policy 1.2 - Policy and Procedure Development and Review](#).

See [Recreation Policy 9.1.2.2 - Patron Accident Reporting](#) and [Recreation Policy 9.1.2.1 - Incident Reporting](#) for the complete policy/procedure.

Employee Accident Policy/Procedures (Recreation Policy 9.1.2.3)

Policies and procedures are in place to address accidents involving staff working for Milwaukee Recreation. Responding to employee accidents and/or incidents should follow procedures outlined in the Department's Critical Incident Response Manual. Milwaukee Public Schools utilizes Gallagher Bassett Services to manage all employee accidents. Generally, the steps for reporting an employee accident are:

1. If the accident/injury is an emergency, 911 should be called immediately.
2. Injured employee or their direct supervisor should call Priority Care 365 at 844-645-7700, prompt "1" to speak with a nurse and begin the claim filing process.
 - a. Caller to follow the nurse's instructions and answer all questions to the best of their ability.
 - b. Nurse completes and submits 'First Report of Injury' on behalf of injured employee.
 - i. The injured employee must complete an "Employee's Statement of Injury" form.
 - ii. The Supervisor of the injured employee must complete a 'Supervisor's Analysis of Work-Related Injury' form and an 'Employee's Statement of Injury' form.
 - iii. Both forms must be emailed to Gallagher Bassett at GB-MilwaukeePublicSchools@gbtpa.com.

See [Recreation Policy 9.1.2.3 - Employee Accident Reporting](#) for the complete policy/procedure.

RISK IDENTIFICATION

Identifying risks is the first and most important step in the risk management process. Milwaukee Recreation staff use the following techniques to identify risks:

1. Conducting regular site visits.
2. Conducting regular inspections of indoor/outdoor facilities, equipment, and processes.
3. Reviewing of records (inspections, accident/incident reports, meeting minutes, program evaluations, etc.).
4. Collecting and reviewing of staff/participant/patron feedback via evaluations, surveys, and questionnaires as it relates to programs, services, and facilities.

Loss Exposure Groups

When identifying risk, there are 5 common groups where the majority of all risks align. These are:

1. Property (loss to structures, equipment, etc.).
2. Liability (loss relating to injury or damage to another party).
3. Personnel (loss relating to employees, volunteers, etc.).
4. Financial (loss resulting in reduction in revenue, increase in expenses, or both).
5. Contractual (loss resulting from breach of contract).

Recordkeeping

Milwaukee Recreation archives all of its risk management files on what is known internally as the Recreation shared drive, which is a dedicated storage and backup drive solely for use by the Recreation Department. All full-time and select part-time employees have access to this drive. This library of files includes, but is not limited to, all Department plans and staff manuals, policies, procedures, and training program documents.

RISK ASSESSMENT

Milwaukee Recreation utilizes a risk assessment matrix to evaluate the hazards and risks relating to the operation of its programs and services. The risk assessment matrix helps to identify potential and known risks and their severity and probability, highlights the existing controls in place to mitigate the risk, and provides direction as to the preferred risk control strategy and whether additional controls are warranted.

Risk Assessment Process

1. Risks will be assessed annually through a review and update of the Risk Assessment Matrix.
2. The matrix identifies the risks that Milwaukee Recreation is exposed to in its operating environment. Risk can include liability, property, and financial risk, risk to employees, and risk to the general public.

3. Initial Risk Assessment: Hazards and their initial risk (without any controls) are first identified and assessed based on the severity (S), probability (P), and resulting 'risk' score (S x P).
4. Existing controls are detailed allowing for the current state risk levels (CSRL) to be assessed.
5. Current State Risk Levels: The CSRL score is based on severity, updated probability (now factoring existing controls), and the protection factor/associated multiplier (ranging from 0.0 to 1) or S x (PxP*). Figure 1 provides the suggested action based on the risk score and figure 2 highlights risk scores.

Figure 1: Risk Score Criteria/Actions

Risk Criteria		
Risk Level (RL)	Risk Scores	Actions
Very High	15 to 20	Operation not permissible. Immediate action required.
High	9 to 14	Remedial action to be given high priority.
Moderate	5 to 8	Remedial action to be taken at appropriate time.
Low	1 to 4	Remedial action discretionary.

Figure 2: Risk Probability and Severity Matrix

		Risk Matrix (adapted/modified from ANSI Z10)				
		Severity (S)				
		Insignificant (1)	Negligible (2)	Marginal (3)	Critical (4)	Catastrophic (5)
Probability (P)	Frequent (5)	5	10	15	20	25
	Likely (4)	4	8	12	16	20
	Occasional (3)	3	6	9	12	15
	Seldom (2)	2	4	6	8	10
	Unlikely (1)	1	2	3	4	5

6. Identified risks are reviewed to determine which risk control strategy is most appropriate. Determination is based on the CSRL score. Risk control strategies include *maintain*, *avoid*, *transfer*, and *reduce*:
 - a. Maintain – Establishes risk severity/probability as acceptable with no additional control measures needed.
 - b. Avoid – Aims to eliminate risk through divestment of a program, service, etc.
 - c. Transfer – Contractual transfer of risk to 3rd party (e.g. independent contractors, leasing, liability waivers, etc.).
 - d. Reduce – Aims to limit risk severity/probability through additional control measures (e.g. increased inspections, preventative maintenance, staff trainings and employee competency, policy/procedure development, equipment replacement, etc.).
7. Once all risks are identified, assessed, and assigned a control strategy, individual action plans are established. Action plans include:
 - a. Required additional control measure(s),
 - b. An implementation date, and
 - c. Personnel responsible for implementation.
8. Following action plan completion, Future State Risk Levels (FSRL) can be established showing any risk scores that have remained higher than a tolerable level (Figure 2 above).
9. The risk management process will continually be assessed to ensure the proper risk mitigation is in place and applicable.

The following are the areas of focus within the Department’s Risk Management Matrix:

Step 1	Step 2	Step 3	Step 4	Step 5
General Info	Initial Risk Level (No Controls)	Current State Risk Level	Action Plan	Future State Risk Level
Category	Severity (S)	Severity (S)	Risk Control Strategy	FS Severity (S2)
Item	Probability (P)	Probability (P)	Additional Control Measure(s)	FS Probability (P2)
Hazard Type	Risk (S x P)	CS Protection (P*)	Implementation Date	FS Protection (P2*)
Hazard Description	Existing Control Methods	CSRL (S x [PxP*])	Personnel Responsible for Implementation	FSRL (S x [P2xP2*])
		Additional Control(s) Required?	Action Plan Notes	Suggested Action
				Financial Consequence

RISK MITIGATION & LOSS CONTROL

Milwaukee Recreation will identify the appropriate control strategy (maintain, avoid, transfer, or reduce) for dealing with exposure and potential losses followed by the identification of appropriate, additional control methods (action plan) to assist in mitigating incidents and loss. Control methods include, but are not limited to:

1. Policies and procedures,
2. Staff training,
3. Increased site visit/inspection frequency,
4. Increased preventative maintenance frequency, and
5. Transferring risk to another party (i.e. utilization of contractors).

ADA Compliance and Face-to-Face Resolution (Recreation Policy 9.3)

To ensure that inclusive environments and equitable opportunities are available for all community members, Milwaukee Recreation established Recreation Policy 9.3 – Inclusion Services and ADA Compliance for requesting accommodations, submitting accessibility related complaints, and requesting a “face-to-face” meeting. The Department has identified a recreation staff designee as the primary point person and coordinator for all ADA related submissions.

It is the policy of Milwaukee Recreation that the staff designee follows up with all accommodation requests, complaints, and requests for face-to-face resolution within 24 hours of receiving the inquiry (or 1st business day following a weekend submission). Coordination of requests should take no longer than two (2) weeks.

The Department established a reasonable accommodation FAQ (accessible via Recreation Policy 9.3) to assist staff and, specifically, the Designee in determining which accommodations/requests are reasonable and which are not. Approval of accommodations follows feedback/input from the Recreation Director.

NOTE: Accommodations relating to employment are the responsibility of the Office of Human Resources (OHR) and is guided by [Milwaukee Public Schools Administrative Policy 6.02 – Equal Employment Opportunity](#). Questions relating to employment accommodations should be directed to the OHR ADA Administrator.

OHR ADA Administrator Contact Information

Position: Manager of Employment Relations

Phone #: 475-8161

Email: gortonjr@milwaukee.k12.wi.us

See [Recreation Policy 9.3 - Inclusion Services and ADA Compliance](#) for the complete policy/procedure.

Codes of Conduct

Milwaukee Recreation has developed staff, participant, and spectator codes of conduct for sports league offerings that the Department supports. In the event a participant and/or spectator does not meet the desired expectations, the code of conduct policy clearly outlines Milwaukee Recreation's corrective action for such behavior.

Participants in applicable programmatic areas are asked to sign a formal code of conduct form that is found in either the player handbook or the program registration form. While program areas may have additional expectations as it relates to conduct, the following outlines the Department's general code of conduct that applies to all coaches, participants, and spectators.

Coach/Volunteer/Player Code of Conduct

All athletic league coaches, volunteers, and players will abide by the following code of conduct (practices, competitions, transportation to and from, etc.):

- I will not engage in the use of profanity or any kind of verbal abuse.
- I will not use alcohol, illegal drugs, or any controlled substances.
- I will not use tobacco products in restricted areas.
- I will not engage in unsportsmanlike conduct with any player, coach, parent or official.
- I will follow the rules and policies of the sport.
- I will not engage in any violent or disruptive behavior that endangers the health/safety of others.
- I will not engage in any physical or verbal sexual overtures.
- I will not use, possess, or distribute any controlled substances.
- I will not possess any type of weapon.
- I will not engage in any type of physical abuse or threatening behavior.
- I will not engage in any conduct which seriously disrupts or impedes the participation of athletes and/or reflects poorly on Milwaukee Public Schools.

Coaches and volunteers for Milwaukee Recreation will also abide by the following:

- I will not submit false or inaccurate competition qualification information.
- I will provide adequate athlete supervision during all sports events and practices.
- I will maintain good attendance and refrain from unexcused absences during games, practices, and sporting events.
- I will not be in violation of any Milwaukee Public Schools Board policy.

Players participating in Milwaukee Recreation activities will also abide by the following:

- I will aid in controlling the behavior of my teammates during all sporting events, competition and practices.

Spectator Code of Conduct

All spectators for the Recreation Department will abide by the following code of conduct:

- I will display good sportsmanship and respect all players, coaches and officials.
- I will act appropriately and not taunt or disturb other fans.
- I will support the referees, officials, and coaches by trusting their judgment and integrity.
- I will abstain from using tobacco products, alcoholic beverages, or other controlled substances at the sports venues, athlete housing, or entertainment venues. In addition, spectators under the influence of alcohol or other intoxicants are subject to removal from the venue.
- I will conduct all cheering from the appropriate spectator area; not on team benches, near the scorer's

table, within enclosed start/finish areas, or on the competition surface for an event.

- I will respect locker rooms as private area for athletes, coaches, and officials.
- I will refrain from physical conduct of any type directed at players, officials, Milwaukee Recreation staff or any other individuals associated with the operations of league play. Failure to do so will result in immediate removal from premises.

Criminal Background Checks (Recreation Policy 4.1.5)

In order to make informed hiring decisions and ensure the safety of participants and staff, the District conducts a criminal background check on all employees prior to their employment. The District may also conduct a criminal background check on any employee at any time during the course of their employment with the District.

Full-time Recreation staff are responsible for ensuring all part-time staff and volunteers under their jurisdiction have a cleared CBC on file prior to beginning their assignment. Failure to do so may lead to disciplinary action.

A clerical designee from the Recreation Department is responsible for processing all CBCs for part-time recreation staff, including contractors. Background checks remain valid as long as an individual's break in service is less than 1 year. If an employee has a break in service that is more than 1 year, they are required to undergo a CBC prior to beginning their assignment.

Part-Time Employees

All part-time Milwaukee Recreation applicants must apply for positions online through Peoplesoft.

Minors

Hiring a minor does not require a CBC. However, current employees that are minors **DO** need a background check once they turn 18.

Contractors

A criminal background check is required for all contractors that have, or who are anticipated to have, direct, unsupervised contact with MPS students.

Volunteers

1. Volunteers assisting with a one-day assignment **DO NOT** require a criminal background check.
2. Volunteers assisting in an assignment covering multiple days **DO** require a criminal background check.
3. Volunteer applications and corresponding CBC's are processed/managed by the MPS Volunteer Coordinator.

See [Recreation Policy 4.1.5 - Criminal Background Checks](#) for the complete policy/procedure.

General Safety Standards

General safety standards ensure that a basic level of care is provided in all facets of Department operations. Milwaukee Recreation considers the following to be minimum required standards.

Cash Handling

1. The accepting, processing, and securing of cash transactions follows MPS SOP 5132 - Cash Flow - Recreation.
2. The depositing of funds follows MPS SOP 5106 - Procedures for Field Registration Deposits and MPS SOP 5130 - Cash Management - Weekly Deposits.
3. Program locations that handle cash transactions have a combination safe on site for the securing of monies.
 - a. Select staff at each program location are provided the combination to that location's safe.
 - b. Safe combinations are changed when there is staff turnover and new combinations are provided per MPS SOP 3112 - Combination Changes to Milwaukee Recreation Safes.

NOTE: All incidents of theft must be reported per MPS [Administrative Policy 6.38](#) and [Administrative Procedure 6.38](#) - Theft, Fraud, Waste, Abuse, Illegal or Unethical Behavior.

District Vehicles

1. Vehicles are for business use only. Transporting members of the public is strictly prohibited.
2. Only staff with Supervisor approval and a valid driver's license on file are allowed to drive District vehicles.
3. Vehicles are assigned a Vehicle card; eligible drivers are assigned an employee gas card.
 - a. Both cards are necessary to fuel the vehicle at 7th and 39th Street stations.
4. Vehicle use is monitored via the 'Daily Vehicle Checkout List'.
 - a. Vehicles are inspected before each use (damage, tires, fluid levels, etc.) and condition is reported on the 'Daily Vehicle Checkout List'.
5. Vehicles are thoroughly inspected monthly and reported via the 'Monthly Condition of Vehicle Report'.
6. MPS Department of Facilities & Maintenance Services (DFMS) manages all vehicle maintenance, except for the District vehicle at Oakridge Farm. Maintenance of that vehicle is the responsibility of the Farm Supervisor along with reporting maintenance records to DFMS.
 - a. DFMS is auto-notified when routine vehicle maintenance is required based on a fueling system that records mileage.
7. Vehicles are equipped with an accident information packet, a first aid kit, and a jack and tire iron.

Facilities

1. Hazardous or Flammable Materials Storage:
 - a. The Building Engineer (MPS Schools and Administrative Offices) or Groundskeeper (Department maintained sites) is knowledgeable about the proper storage of hazardous materials and the location of these materials in their facility.
 - b. Building Engineers and Groundskeepers have access to the following documentation at their assigned location(s):
 - i. Material Safety Data Sheets (located in a binder near the Engineers office at each school; accessible on the DFMS shared drive),
 - ii. AHERA Booklet (contains documentation of where hazardous materials are stored within the building), and
 - iii. Lead Paint Information (located in the Engineer's office - for schools built before 1970 that house students under 10 years of age).
2. Condition of playfields are inspected monthly (general) and annually (comprehensive).
3. Playfield playground equipment and surfaces (maintained by the Department) are inspected daily during the programming season and a tot-lot inspection form is completed weekly (between May and December) and monthly (between January and April).
4. School playground equipment and surfaces (maintained by DFMS) are inspected weekly and records are filed with DFMS and kept on file for 5 years.
5. Turf fields are inspected twice per year (Spring and Fall).
6. Indoor Pools (maintained by DFMS; when in use):
 - a. Pool chemicals and water temperature monitored daily.
 - b. Pool, deck, and locker rooms inspected daily during opening procedures and are ensured to be suitable for programming (e.g. free of debris, obtrusions, etc.).
 - c. Pool deck and locker room floors cleaned and disinfected daily.
 - d. MPS Building Operations drains and cleans pools, filters (as needed), and boilers annually.
7. Wading Pools (maintained by the Department; when in use):
 - a. Pool chemicals (chlorine and acid level) tested and recorded hourly.
 - b. Pool and surrounding surface area inspected daily during opening procedures and are ensured to be suitable for programming (free of debris, obtrusions, etc.).
 - c. Pools drained weekly on Saturdays (unless requested more frequently) and refilled before opening on next business day.
 - d. Pools closed/gate locked when no wading pool attendant or designee is on duty.

Recreation

1. Program equipment is inspected based on program/use to ensure good working condition.
 - a. Equipment replaced, as needed.
2. Program spaces inspected daily during opening procedures and are ensured to be suitable for programming (free of debris, obtrusions, etc.).
3. Two-Way Radios:
 - a. All program locations have access to two-way radios that are synched to the frequency used by the school engineer.
 - b. At a minimum, the program location's site lead (Building/Camp/League Director or Manager or Site Coordinator) and Event Staff/Door Monitor have a two-way radio on their person at all times.
4. First Aid Kits:
 - a. All program locations have access to a first aid kit.
 - b. First aid kits are inspected before the start of each program season and restocked, as needed.
 - c. All first aid kits possess the required inventory and quantity per [Recreation Policy 9.1.1.2 - First Aid Kit Access & Maintenance](#).
 - d. Program locations with an aquatics program have a separate first aid kit that remains in the pool area at all times. Pool first aid kit inventory abides by [State of Wisconsin Pool Code \(Chapter ATCP 76.27\)](#).
5. AED:
 - a. All program locations have access to an AED.
 - b. AED's are inspected/maintained per [Recreation Policy 9.1.1.1 - AED Inspection & Maintenance](#).
6. Security wands are available to trained staff as warranted by program needs.
7. Staff manuals and plans are accessible at each program location; both hard copy and electronically. These include:
 - a. Part-time Employee Manual and/or contracted vendor policies,
 - b. Program Specific Employee Manual(s), where applicable,
 - c. General Security and Risk Management Plan,
 - d. Program Location EAP,
 - e. Emergency Contact Info for Staff and Participants, and
 - f. Optional: MPS School Crisis Plan.

Staffing/Training

1. Program location staffing minimums:
 - a. Programs are to have at a minimum 2 staff members on duty, with some exceptions. Additional staffing is dependent on program enrollment.
 - i. Exceptions: Playfield/fieldhouse staffing for permits/rentals require only 1 staff.
2. All District staff are mandatory reporters and complete Child Abuse and Neglect Reporting training upon hire and every 5 years thereafter.
3. All new part-time staff participate in the New Employee Orientation prior to their first report to work.
4. All part-time staff participate in trainings and in-services (seasonally and annually) per the Part-time Employee In-Service/Training Matrix.
5. All District sponsored High School (HS) sporting events follow the minimum WIAA official requirement:
 - a. HS sports requiring at least 1 WIAA official: Wrestling.
 - b. HS sports requiring at least 2 WIAA official's: Baseball, Basketball, Cross-Country, Soccer, Softball, Swim, Track (Dual), and Volleyball.
 - c. HS sports requiring 3 or more WIAA officials: Football (Sub-Varsity = 3; Varsity = 5), Track (Meet = 5).
 - d. All HS official's complete concussion training.
6. All Recreation sponsored sporting events shall follow the minimum official requirement:
 - a. Elementary Sports: All sports require at least 1 official except for Flag Football which requires 2.
 - b. Middle School Sports: All sports require at least 1 WIAA official except for Flag Football and Track and Field which require 2 WIAA officials at a minimum.
 - c. Adult Sports: Kickball, Softball, and Volleyball require 1 official at a minimum. Basketball,

Futsal, and Soccer require 2 officials at a minimum. Flag football requires 3 officials at a minimum.

7. All District and Recreation sponsored events shall follow the minimum security/event staff requirement for permitting (1 safety/event staff for every 100 patrons).
8. Program instructors possess appropriate/adequate knowledge of subject matter being taught.
9. All program staff, where applicable, possess Department required certifications (CPR, first aid, etc.) or 3rd party certifications for use of trademarked programs (Zumba®, CrossFit®, etc.).
10. Lifeguards:
 - a. Lifeguards are trained and hold required certifications from authorized agencies identified in the [State of Wisconsin Pool Code \(Chapter ATCP 76\)](#).
 - b. Lifeguard on duty AT ALL TIMES when pool is open and before patron water entrance.
 - i. 1 lifeguard to every 20 patrons in a pool.
 - ii. Exception for North, South, and Vincent pools where a minimum of 2 lifeguards are required (due to pool size).
 - iii. Open Swim: minimum of 2 lifeguards.
11. Other Aquatics Staff:
 - a. 1 water safety instructor (WSI) to every 10 program participants in a pool.
 - i. WSI's trained and hold current WSI certification.
 - ii. 1 WSI to every 4 therapeutic recreation participants.
 - b. 1 lifeguard certified coach for each competitive swim team.
 - c. 1 lifeguard certified coach at every competitive swim meet.
 - d. 1 coach to every 20 competitive swimmers at every competitive swim practice.
 - e. 1 fitness instructor to every 20 participants.
 - f. Fitness instructors receive biennial training from the Aquatics Exercise Association (AEA).
12. Aquatics in-services conducted each season and include rescue, CPR, and first aid training.
13. At least one certified AFO or CPO on staff per State of Wisconsin Pool Code.
14. White Cap" safety drills conducted weekly during program seasons.

General Protocols for Adult Staff Interactions with All Minors

All Milwaukee Public Schools employees are required to adhere to [Milwaukee Public Schools Administrative Policy 6.36 - Student Non-Fraternization Policy](#).

Do's

1. Understand state law as it pertains to hiring/assigning/working with minors. See [Recreation Policy 4.1.2.2 - Hiring of Minors](#) for more information.
2. Maintain the highest standards of personal behavior at all times when interacting with minors.
3. Conduct necessary one-on-one interactions with minors in a public environment where you can be observed.
4. Listen to and interact with minors and provide appropriate praise and positive reinforcement.
5. Treat all minors in a group consistently and fairly, and with respect and dignity.
6. Be friendly within the context of the program/activity while maintaining appropriate boundaries.
7. Maintain professional discipline and discourage inappropriate behavior by minors, consulting with your supervisors if you need help with misbehaving youth.
8. Be aware of how your actions and intentions might be perceived and could be misinterpreted.
9. Consult your supervisor when you feel uncertain about a situation.

Don'ts

1. Don't spend time alone with one minor away from the group or conduct private interactions with minors in enclosed spaces or behind closed doors.
2. Don't transport a minor in a personal or District vehicle (unless a medical emergency and having received parent/guarding permission).
3. Don't engage in inappropriate touching or have any physical contact with a minor in private locations.
4. Don't use inappropriate language, tell risqué jokes, or make sexually suggestive comments around minors.

5. Don't give personal gifts to or do special favors for a minor or do things that may be seen as favoring one minor over others.
6. Don't share information with minors about your private life or have social contact with minor program participants outside of program/work activities.
7. Don't strike or hit a minor or use corporal punishment or anything involving physical pain or discomfort.
8. Don't relate to minors as if they were peers, conduct private correspondence, or take on the role of "confidant".
9. Don't date or become romantically or sexually involved with a minor. Don't engage in intimate displays of affection with others in the presence of minors.
10. Don't privately email, text, or engage with minors through social media. Group messages and posts are acceptable and must be viewable by all participants.
11. Don't provide alcohol or drugs to minors, or use them in the presence of minors.
12. Don't permit hazing, harassment, or any type of bullying behavior, including cyber-bullying.

Inspections and Preventative Maintenance

Inspections and preventative maintenance are a key effort that staff utilize to assist with identifying and anticipating risks. Staff conduct regular inspections of indoor/outdoor facilities and equipment to ensure that spaces and equipment are in good working order and suitable for programming. The following is a listing of frequent inspections conducted by Building Engineers (school facilities) and/or Recreation staff (at Recreation maintained sites).

District Vehicles

1. Vehicles are inspected before each use (damage, tires, fluid levels, etc.) and condition is reported on the 'Daily Vehicle Checkout List'.
2. Vehicles are thoroughly inspected **monthly** and reported via the 'Monthly Condition of Vehicle Report'.
3. MPS Department of Facilities & Maintenance Services (DFMS) manages all vehicle maintenance, except for the District vehicle at Oakridge Farm. Maintenance of that vehicle is the responsibility of the Farm Supervisor along with reporting maintenance records to DFMS.
 - a. DFMS is auto-notified when routine vehicle maintenance is required based on a fueling system that records mileage.

Equipment

1. Program Equipment:
 - a. Program equipment is inspected based on program/use to ensure good working condition.
 - b. Equipment replaced, as needed.
2. AED:
 - a. AED's are inspected/maintained per [Recreation Policy 9.1.1.1 - AED Inspection & Maintenance](#).
3. First Aid Kits:
 - a. First aid kits are inspected **before the start** of each program season and restocked, as needed.
 - b. All first aid kits possess the required inventory and quantity per [Recreation Policy 9.1.1.2 - First Aid Kit Access & Maintenance](#).
 - c. Pool first aid kit inventory abides by [State of Wisconsin Pool Code \(Chapter ATCP 76.27\)](#).
4. Boilers:
 - a. Boilers are inspected **daily** by each school's building engineer. Boilers at locations maintained by the Recreation Department are the responsibility of the Recreation Facilities team.
 - b. Blow-off valves on boilers are opened and closed **weekly** by building engineers so that they will be in working condition at all times.
5. Fire Alarms/Fire Extinguishers:
 - a. School fire alarm annunciators are tested **weekly** and recorded.
 - b. Extinguishers are inspected **monthly** for proper operating pressure by the responsible party (building engineer at all schools; Recreation Facilities team at Department maintained sites).
 - i. Extinguishers are fully serviced and/or recharged every **5 years**.
6. Tot Lot/Playground Equipment:
 - a. Playfield playground equipment and surfaces (maintained by the Department) are inspected

daily during the programming season and a tot-lot inspection form is completed weekly (between May and December) and monthly (between January and April).

- b. School playground equipment and surfaces (maintained by DFMS) are inspected **weekly** and records are filed with DFMS and kept on file for 5 years.
7. Capital Assets:
- a. Replaced per the Capital Asset Replacement Schedule in the Department's Maintenance Management Plan.

Facilities

1. Playfields:
 - a. General site inspections conducted **monthly**.
 - b. Comprehensive site evaluation conducted **annually**.
2. Turf fields:
 - a. Turf fields are inspected **twice per year** (Spring and Fall).
3. Indoor Pools (maintained by DFMS; when in use):
 - a. Pool chemicals and water temperature monitored **daily**.
 - b. Pool, deck, and locker rooms inspected **daily** during opening procedures and are suitable for programming (e.g. free of debris, obtrusions, etc.).
 - c. Pool deck and locker room floors cleaned and disinfected **daily**.
 - d. MPS Building Operations drains and cleans pools, filters (as needed), and boilers **annually**.
4. Wading Pools (maintained by the Department; when in use):
 - a. Pool chemicals (chlorine and acid level) tested and recorded **hourly**.
 - b. Pool and surrounding surface area inspected **daily** during opening procedures and are ensured to be suitable for programming (free of debris, obtrusions, etc.).
 - c. Pools drained **weekly** on Saturdays (unless requested more frequently) and refilled before opening on next business day.
5. Program Spaces:
 - a. Spaces are inspected **daily** during opening procedures and are suitable for programming (free of debris, obtrusions, etc.).

Staff Certification/Training Requirements

Risk management practices begin with the employee and Milwaukee Recreation practices are geared towards hiring individuals that are safety conscious. Job descriptions are updated by the Department and reviewed/ filed by the Office of Human Resources. Job descriptions clearly detail the minimum and preferred experience and qualifications and reference any required certifications and/or necessary trainings.

Most often, required educational experience is in recreation, education, or related field (Bachelor's or Master's required depends on the position level). This, along with past work history, certifications held, and favorable references, provides confidence that a candidate may be a suitable addition to the Recreation team.

Certifications/trainings required by Milwaukee Recreation apply to specific positions. These include:

1. Child Abuse and Neglect Reporting (all District staff are mandatory reporters).
2. CPR/AED/First Aid certification ([Recreation Policy 9.1.3.1 - CPR/AED/First Aid Training Standards for Part-Time Employees](#) and [Recreation Policy 9.1.3.2 - CPR/AED/First Aid Certification Record Keeping for Part-Time Employees](#)).
3. Lifeguard certification.
4. Water Safety Instructor certification.
5. Aquatic Facility Operator or Certified Pool Operator (required by State of WI).
6. Certified Playground Safety Inspector.
7. Medication Administration ([Recreation Policy 4.6.1.2 - Medication Administration Training](#)).
8. Pesticide applicator license.
9. Relevant certifications/trainings for program instructors (Zumba®, Yoga, etc.).
10. Annual risk management training for full-time staff.
11. Seasonal risk management training for part-time staff.

Risk Management Trainings

All Milwaukee Recreation staff (full-time and part-time) receive Risk Management related training annually, at a minimum. Trainings for full-time staff are conducted by department administrators and/or thru the utilization of a 3rd party. In some instances, a representative from the Milwaukee Police Department, the Milwaukee County Sheriff's Department, and/or the Milwaukee Fire Department may assist in conducting a training.

Full-time supervisors and/or managers are responsible for conducting part-time trainings/in-services that follow the appropriate training schedule. Additionally, new employees receive an overview of risk management as part of their initial onboarding/orientation with the Department.

Risk Management Training Schedule

Subject	Staff Required	Schedule	Training Topics
Risk Management	Full-time	May & at Onboarding	<ol style="list-style-type: none">1. Accident/incident reporting;2. Review Risk management policy and plan;3. ADA compliance.
	Part-time	Seasonal In-Services	<ol style="list-style-type: none">1. Accident/incident reporting;2. Emergency Action Plan scenarios;3. Facility layouts (AED locations, evacuation routes);4. ADA compliance.

State and Local Safety Mandates

Milwaukee Recreation abides by all safety related mandates from regulatory agencies at the state and/or local level. Below is a listing of the regulatory agencies and the impacts they have on specific program areas.

Regulatory Agencies

- Wisconsin Department of Justice (DOJ),
- Wisconsin Department of Children and Families (DCF),
- Wisconsin Department of Agricultural Trade and Consumer Protection (ATCP),
- Wisconsin Interscholastic Athletic Association (WIAA),
- City of Milwaukee Environmental Risk Department,
- City of Milwaukee Health Department,
- Occupational Safety and Health Administration (OSHA),
- Special Olympics of Wisconsin, and
- American Red-Cross.

Milwaukee Public Schools

Milwaukee Public Schools is subject to adherence of all local and state regulations applicable to the safety of students and staff. The foremost authority in school safety regulation is the Department of Justice which has an independent Office of School Safety designed to provide best practice guidance to school districts on threat reporting, threat assessment, critical incident response, and general safety guidance.

COVID-19: The Milwaukee Health Department has played a leading role in mandating safety as it relates to COVID-19. Both the District and Milwaukee Recreation have developed mitigation strategies aimed at ensuring participant well-being while continuing to provide a reduced amount of programs and services.

Aquatics

The Aquatics program is one of the most regulated programs in the department. ATCP serves as the foremost authority for pool regulation. They regulate pool/participant ratio, swim requirements, pool operator regulations, and more. OSHA regulates the usage, safeguarding, and disposal of hazardous pool chemicals, the City of Milwaukee Environmental Risk Department conducts pool inspections and provides pool licensure. The American Red Cross serves as the standard for employee training and certification. American Red Cross

certificates are required for licensure approval.

Before/After-School Programs

Milwaukee Recreation Before/After-School Programs are subject to regulatory guidance found in the State of Wisconsin Administrative Code DCF 251, which guides safe practices for group childcare centers including but not limited to staff/participant ratio, transportation, employee background checks, and employee training and credentialing criteria.

High School Athletics

High school athletics are subject to safety compliance via the Wisconsin Interscholastic Athletic Association. WIAA regulates safety compliance relating to equipment specifications, uniform standards, facility, and field requirements, as well as a host of other safety measures ranging from requirements for coaches to be CPR/ First Aid certified to climate and hydration regulation.

Special Olympics

The Special Olympics of Wisconsin maintains accreditation standards that require safety provisions for training facilities and equipment. Coaches are trained and must receive a Special Olympic Coaching certification. Additional regulation includes standards for uniforms and emergency protocols.

Waivers and Releases (Recreation Policy 9.1.1)

Regardless of the activity or service a patron wishes to participate in, all patrons are required to agree with and sign a Milwaukee Recreation waiver/release absolving the Department of future claims for personal injury or property damage. Milwaukee Recreation has an obligation to provide reasonable care to patrons as well as to protect the Department and District from incorrect claims of negligence or malfeasance.

The Department's waiver/photo permission/release clause is included on all printed registration materials as well as when participants enroll online. The Department's waiver/release is as follows:

PERMISSION: I hereby grant permission for my child/myself to participate in the above-named MPS Recreation event. In the event of any injury requiring medical attention, I hereby grant permission to the recreation staff (including volunteers) to attend to my son/daughter or myself including seeking medical attention.

WAIVER: I/we recognize that unanticipated situations and problems can arise during Recreation activities that are not reasonably within the control of the recreation staff (including volunteers). I/we therefore agree to release and hold harmless the Milwaukee Board of School Directors, its agents, officers, employees, and volunteers, from any and all liability, claims, suits, demands, judgments, costs, interest, and expenses (including attorneys' fees and costs) arising from such activities, including any accident or injury to myself or my child and the costs of medical services.

PHOTO PERMISSION/RELEASE: I understand that there are times when the local news media, national news media and/or nonprofit organizations partnering with Milwaukee Public Schools (MPS) request the opportunity to videotape, take photographs and/ or interview participants within Milwaukee Recreation and MPS. By signing this, I understand that and give permission for MPS to allow this with respect to my child and/or myself. I also understand that by signing this release I give permission to MPS to make or use pictures, slides, digital images, or other reproductions of me, of my minor child or of materials owned by me or my child, and to put the finished pictures, slides, or images to use without compensation in broadcast productions, publications, on the Web, or other printed or electronic materials related to the role and function of the MPS. I understand that by signing this, I am, on behalf of myself and/or my child, releasing MPS and its directors, officers, employees and agents, from any future claims as well as from any liability arising from the use of any photograph or other images. This form shall be valid for the duration of the current Milwaukee Recreation program season.

See [Recreation Policy 9.1.1 - Program & Photo Permission/Waiver](#) for the complete policy/procedure.

RISK MANAGEMENT PLAN APPENDICES



A department of **MPS**

APPENDIX A: ACCIDENT & INCIDENT REPORTS

Patron Accident Report



Milwaukee Recreation
 5225 W. Vliet St. Rm. 162
 Milwaukee, WI 53208
 P: 414.475.8180
mkrec.net

PATRON ACCIDENT REPORT

SCHOOL / RECREATION FACILITY: _____ DATE OF ACCIDENT _____ TIME OF ACCIDENT _____ AM PM

NAME OF INJURED _____ AGE _____ MALE FEMALE

ADDRESS OF INJURED _____ PHONE (____) _____

DESCRIBE ACCIDENT FULLY: *HOW DID IT HAPPEN? WHAT HAPPENED?*

- CHECK (✓) PLACE OF INJURY
- | | | | |
|---------------------------------------|--|--|--------------------------------------|
| <input type="checkbox"/> AUDITORIUM | <input type="checkbox"/> HALL | <input type="checkbox"/> SHOWERS | <input type="checkbox"/> WADING POOL |
| <input type="checkbox"/> BALL DIAMOND | <input type="checkbox"/> LAVATORY | <input type="checkbox"/> STAIRS | <input type="checkbox"/> _____ |
| <input type="checkbox"/> CLASSROOM | <input type="checkbox"/> PLAYGROUND / ASPHALT AREA | <input type="checkbox"/> SWIMMING POOL | <input type="checkbox"/> _____ |
| <input type="checkbox"/> GYMNASIUM | <input type="checkbox"/> PLAYGROUND / TURF AREA | <input type="checkbox"/> TOT LOT | <input type="checkbox"/> _____ |

- CHECK (✓) NATURE OF INJURY
- | | | |
|--|---|--------------------------------------|
| <input type="checkbox"/> BITE | <input type="checkbox"/> DISLOCATION | <input type="checkbox"/> SHOCK |
| <input type="checkbox"/> BURN (LESION CAUSED BY HEAT) | <input type="checkbox"/> FRACTURE (BREAKING OF BONE) | <input type="checkbox"/> STRAIN |
| <input type="checkbox"/> CONCUSSION | <input type="checkbox"/> INFECTION | <input type="checkbox"/> SPRAIN |
| <input type="checkbox"/> CONTUSION (BRUISE) | <input type="checkbox"/> LACERATION (TEARING OF SKIN) | <input type="checkbox"/> OTHER _____ |
| <input type="checkbox"/> DERMATITIS (INFLAMMATION OF SKIN) | <input type="checkbox"/> PUNCTURE WOUND | <input type="checkbox"/> _____ |

- CHECK (✓) PART OF BODY INJURED
- | | | | | | | | | | | | | | | | | | |
|---------|--------------------------|--------------------------|-------|--------------------------|--------------------------|--------|--------------------------|--------------------------|----------|--------------------------|--------------------------|--------|--------------------------|--------------------------|-------------|--------------------------|--------------------------|
| | RIGHT | LEFT | | RIGHT | LEFT | | RIGHT | LEFT | | RIGHT | LEFT | | FINGERS | | TOES | | |
| Abdomen | <input type="checkbox"/> | <input type="checkbox"/> | Elbow | <input type="checkbox"/> | <input type="checkbox"/> | Knee | <input type="checkbox"/> | <input type="checkbox"/> | Scalp | <input type="checkbox"/> | <input type="checkbox"/> | Thumb | <input type="checkbox"/> | <input type="checkbox"/> | Big Toe | <input type="checkbox"/> | <input type="checkbox"/> |
| Ankle | <input type="checkbox"/> | <input type="checkbox"/> | Eye | <input type="checkbox"/> | <input type="checkbox"/> | Leg | <input type="checkbox"/> | <input type="checkbox"/> | Shoulder | <input type="checkbox"/> | <input type="checkbox"/> | Index | <input type="checkbox"/> | <input type="checkbox"/> | 2nd | <input type="checkbox"/> | <input type="checkbox"/> |
| Arm | <input type="checkbox"/> | <input type="checkbox"/> | Face | <input type="checkbox"/> | <input type="checkbox"/> | Mouth | <input type="checkbox"/> | <input type="checkbox"/> | Wrist | <input type="checkbox"/> | <input type="checkbox"/> | Middle | <input type="checkbox"/> | <input type="checkbox"/> | 3rd | <input type="checkbox"/> | <input type="checkbox"/> |
| Back | <input type="checkbox"/> | <input type="checkbox"/> | Foot | <input type="checkbox"/> | <input type="checkbox"/> | Neck | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | Ring | <input type="checkbox"/> | <input type="checkbox"/> | 4th | <input type="checkbox"/> | <input type="checkbox"/> |
| Chest | <input type="checkbox"/> | <input type="checkbox"/> | Hand | <input type="checkbox"/> | <input type="checkbox"/> | Nose | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | Little | <input type="checkbox"/> | <input type="checkbox"/> | 5th | <input type="checkbox"/> | <input type="checkbox"/> |
| Ear | <input type="checkbox"/> | <input type="checkbox"/> | Head | <input type="checkbox"/> | <input type="checkbox"/> | Pelvis | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | |

IMMEDIATE ACTION TAKEN

- FIRST AID? BY WHOM? _____ WHERE? _____
- SENT HOME? SENT TO HOSPITAL? HOW? _____
- OTHER FACTS? _____
- FAMILY NOTIFIED? HOW AND BY WHOM? _____

WITNESS _____ AGE _____ ADDRESS _____

WITNESS _____ AGE _____ ADDRESS _____

WHAT WAS LEADER DOING AT TIME OF ACCIDENT? _____

WAS ACCIDENT DUE TO ANY DEFECT IN AREA OR EQUIPMENT? YES NO IF YES, DESCRIBE FULLY (ON SEPARATE SHEET OF PAPER) AND ATTACH.

SIGNATURES OF:

LEADER IN CHARGE WHERE ACCIDENT OCCURRED _____

RECREATION CENTER OR PLAYGROUND DIRECTOR _____

Email completed & signed form within 24 hours of accident to MARTA SANTOS at santosmt@milwaukee.k12.wi.us.

Incident Report



**MILWAUKEE
PUBLIC SCHOOLS**

Department of Recreation & Community Services
5225 W. Vliet Street, Milwaukee, WI 53208
(414) 475-8180 • mps.milwaukee.k12.wi.us

RECREATION DEPARTMENT INCIDENT REPORT

An Incident Report is to be completed for non-health related problems (e.g., vandalism, fighting, threats, property damage, broken equipment, etc.). A copy of this report **must be submitted within 24 hours of the incident to: MPS Recreation Department, Attn. Marta Santos, 5225 W. Vliet Street, Room 162, or email to santosmt@milwaukee.k12.wi.us, or FAX (414) 475-8541.**

GENERAL INFORMATION:

School/Recreation Facility: Date of Incident: Time of Incident:

Incident occurred during which recreation activity:

Location of incident in building/facility:

INCIDENT CLASSIFICATION (check all that apply):

- Assault
- Bomb Threat
- Disorderly Conduct
- Fighting
- Fire
- Gang Activity
- Drugs/Alcohol
- Loitering
- Personal Threat
- Possession/Use of Weapon
- Sexual Assault
- Sexual Harassment
- Theft
- Vandalism
- Other:

INCIDENT DETAILS:

1 Describe the incident and actions taken in detail (called the police, called the fire department, sent staff home, etc.) using the reverse side of this report.

2 Were police called? Yes No If yes, squad #: _____
Was a police report filed? Yes No If yes, report #: _____

3 Describe any property loss/damage and approximate value (use reverse side if necessary):

4 If incident resulted in an injury:
Was an ambulance called? Yes No
If yes, was victim transported to hospital? Yes No If yes, name hospital: _____
 A patron accident report has been completed and submitted to Marta Santos, CS Room 162.
 An employee EB-49 Accident Report has been completed (if necessary) and faxed to 475-8562 immediately.

5 Indicate any witnesses of the incident:
Witness Name _____ Address _____ Phone _____
Witness Name _____ Address _____ Phone _____

6 What if any follow up is needed regarding this incident?

CONTINUED ON REVERSE SIDE

RECREATION DEPARTMENT INCIDENT REPORT

INCIDENT DETAILS:

7 Describe incident in detail:

8 Describe actions taken in detail (called the police, called the fire department, sent staff home, etc.):

9 Describe any property loss/damage and approximate value:

Administrative notes regarding outcome/follow up completed (To be completed by Recreation Administrator)

Report completed by: _____

Date: _____

Signature: _____



**MILWAUKEE
PUBLIC SCHOOLS**

**OFFICE OF FINANCE
Procurement & Risk Management**

SUPERVISOR'S ANALYSIS OF WORK-RELATED INJURY

This report is required to be completed by the supervisor only within 24 hours of an injury/accident. Please email this report and the completed **Employee's Statement of Injury** to Gallagher Bassett, Inc at GB-MilwaukeePublicSchools@gbtpa.com.

Injured Employee's Name: _____

Date of Injury/Incident: _____ Work Location: _____

1. Did the employee report the incident immediately? Yes No

If no, please explain the failure to report: _____

2. I have read the description of the accident and I:

Concur

Neither Concur nor Disagree

Disagree (please comment): _____

Other (please comment): _____

3. Did a piece of machinery, a condition, physical characteristics, or a substance in the workplace cause the injury/incident? Yes No

a. If yes, please explain: _____

b. What is being done or can be done, to correct this situation? _____

4. Could the injury/incident have been prevented? Yes No

Please explain: _____

5. Have discussions been held with the employee regarding safe/preventative practices?

Signature

Title

Date

Employees Statement of Injury Form



**MILWAUKEE
PUBLIC SCHOOLS**

FOR OFFICE USE ONLY: Is this employee eligible for Injury Pay ___Yes ___No

**Office of Finance
Procurement and Risk Management**

EMPLOYEE'S STATEMENT OF INJURY

This report must be completed by the employee immediately following the injury/incident and submitted to the employee's supervisor.

TODAY'S DATE _____ **DATE & TIME OF INJURY** _____

SCHOOL/SITE WHERE ACCIDENT OCCURRED _____

ADDRESS WHERE ACCIDENT OCCURRED _____

PART OF SCHOOL/SITE WHERE ACCIDENT OCCURRED (i.e. Rm. number, hall) _____

NAME _____ **HOME PHONE** _____ **WORK PHONE** _____

EMPLOYEE STREET ADDRESS _____

DATE OF BIRTH _____ **HOURLY WAGE** _____ **EMPLOYEE I.D.** _____

JOB TITLE _____ **DATE OF HIRE** _____ **HOURS PER DAY** _____

HOURS PER WEEK _____ **DAYS PER WEEK** _____ **NUMBER OF WEEKS** _____

NAMES OF WITNESSES _____

IN YOUR OWN WORDS DESCRIBE HOW YOUR INJURY OCCURRED AND/OR WHAT CAUSED YOUR INJURY:

DATE REPORTED TO EMPLOYER _____ **IF NOT REPORTED, EXPLAIN WHY** _____

WERE YOU INJURED? _____ **IF YES, DESCRIBE TYPE OF INJURY, WHAT PARTS OF YOUR BODY WERE INJURED, AND DESCRIPTION OF CURRENT AILMENT(S). (Be specific, describe left, right, etc.)**

IDENTIFY ANY PROTECTIVE EQUIPMENT YOU WERE USING AT THE TIME OF INJURY (Protective glasses, safety shoes, seat belt, etc.)

IDENTIFY ANY OBJECTS THAT CAUSED YOUR INJURY (Equipment, tools, materials, substances, etc.)

DID YOU SEEK MEDICAL TREATMENT _____ **IF YES, GIVE NAME/ADDRESS OF DOCTOR/HOSPITAL YOU CONSULTED WITH** _____

DID YOU LOSE ANY TIME FROM WORK DUE TO THIS INJURY? _____ **IF YES, LIST RETURN TO WORK DATE** _____, **OR ESTIMATED RETURN TO WORK DATE** _____.

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

EMPLOYEE SIGNATURE _____ **DATE** _____

Please send this form, **along with the Supervisor's Analysis**, to Gallagher Bassett, Inc. at GB-MilwaukeePublicSchools@gbtpa.com.

Notice of Injury and Claim Form



**MILWAUKEE
PUBLIC SCHOOLS**

NOTICE OF INJURY AND CLAIM
Pursuant to Wis. Stat. Section 893.80

This notice must be served on the Office of Board Governance by certified mail within 120 days of the event giving rise to the claim for such injury, damage or death at 5225 W. Vliet Street, Milwaukee, WI 53208.

Claimant's Name	Phone
Address	
Time and Date of Occurrence	Location
Were Police involved?(if so, please include report)	Estimated or actual damages(provide documentation if available)
State of Circumstances Giving Rise to the Claim for Injury and/or property damage. Please include: <ul style="list-style-type: none">• Description of incident• Names of district staff involved• Witnesses and contact information (if available)	

I certify that the above-described injury, damage or death actually occurred, that I have read the above foregoing notice of injury and claim, and that the same is true to my own knowledge except as to those matters stated upon information and belief and as to those matters, I believe the same to be true.

Date: _____

Signature of Claimant

APPENDIX B: GENERAL FACILITY INSPECTION FORMS

Tot Lot Inspection Report



Office of Operations
 Department of Recreation & Community Services
 5225 W. Vliet Street, Milwaukee, WI 53208
 (414) 475-8180 - mps.milwaukee.k12.wi.us

REPAIR REQUISITION #

TOT LOT WEEKLY INSPECTION CHECKLIST

 Date Employee Signature Location Name/Site #

All tot lot grounds and equipment are to be checked daily. A daily check consists of an overview of condition of tot lot looking for obvious damage and debris. A more detailed "Tot Lot Weekly Inspection Checklist" is to be done once a week and the inspection checklist is to be utilized and completed fully. When repairs are required (example: torn belt swing exposing sharp metal, immediately remove swing from clevis [remove top s-hook] or wrap swing around top bar and secure with split link or lock). Repairs that require the services of the 7th Street Grounds Crew are to be submitted on a repair requisition.

ITEMS INSPECTED

	Okay	Needs Repair
Belt Swing and Bucket Swing Structure		
1 Clevis - check for wear on top and bottom		
2 Swing Chain Links, especially top and bottom - check for wear		
3 Swing Clevis Connector - Check rubber spacer on Clevis to expose wear		
4 Swing Clevis Connector Bearing - Intact and wearing evenly		
5 Swing Frames secure (rivets and hanger shaped frame)		
6 Belt and Bucket Swing Seats - not broken/ripped or cut exposing sharp edges		
7 Swing Structure Welds - not cracked		
8 Swing Structure Bolts and Nuts - Intact and structure rigid		
9 Swing Area - Fall protection		
10 Swing Area Border - Intact and safe		
11 Overall condition of Swing Area of Tot Lot		
Tot Lot Gym Structure	Okay	Needs Repair
12 Hardware - tight and intact and present		
13 Platform Section - no fiberboard cracks, hardware intact		
14 Monkey Bar Welds - not cracked		
15 Understructure Inspection - no cracks or missing hardware, inspection of welds		
16 Slide Bed - no holes, tears, cracks on bottom from footing		
17 Slide Bed - free from dirt, grease or other debris		
18 Slide Bed - bolts and nuts tight		
19 Height of bottom of slide not to exceed 18"		
20 Tot Lot - Fall protection		
21 Overall condition of Gym Structure Area and Tot Lot - no visible glass or debris		
Tot Lot Picnic Tables and Benches	Okay	Needs Repair
22 Metal Picnic Bench Welds - not cracked		
23 Wood Picnic Table & Wood Benches - splinter free and no wood rot or rough edges		
24 Bolts securing boards		
25 Footings of benches		
Miscellaneous Equipment Tot Lot Signage	Okay	Needs Repair
26 "Tot Lot Rules" sign displayed		
27 "No Dogs Allowed" sign present		
28 "No Drinking or Possession of Alcohol" sign present		
29 Graffiti removed		

**** RETURN TO RECREATION SUPERVISOR ****



**BUILDING CONDITION REPORT
RECREATION PLAYGROUNDS / PLAYFIELDS**

SITE: _____ **VISIT:** _____ Date _____ Time _____

ITEMS INSPECTED	EXCEL		GOOD			FAIR			POOR		COMMENTS
	10	9	8	7	6	5	4	3	2	1	
SITE / GROUNDS:											
Field House / Comfort Station											
Cleanliness (litter / glass)											
Turf											
Walks											
Tot Lots											
Parking Lots											
Outside Lights											
Signage											
Fencing											
Flags											
Shrubs											
Snow Removal											
ATHLETIC FIELDS:											
Baseball Diamond											
Soccer Field											
Football Field											
TENNIS COURTS:											
Linestriping											
Asphalt Surface											
Tennis Nets											
Fencing											
BASKETBALL COURTS:											
Linestriping											
Asphalt Surface											
Hoops											
WADING POOLS:											
Operation											

OVERALL RATING: _____

SUPERVISOR'S COMMENTS: _____

 PERSON PERFORMING INSPECTION (Please Print Name)

 Signature

 SUPERVISOR (Please Print Name)

 Signature

Playground Condition Report (Submitted Electronically)

2/25/2021

Playground Condition Report Survey

Playground Condition Report

General

*** 1. Evaluator?**

*** 2. Evaluation Date?**

a

Date

MM/DD/YYYY	
------------	---

*** 3. Playground?**

*** 4. Site Type?**

Next

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INDOOR SITE EVALUATION

Gym: _____ **Date & Time:** _____ **Supervisor:** _____

Please rate the following using the key below:

1 = Exceeds Expectations 2 = Average 3 = Needs Improvement

Building Director: _____

- _____ Communication with participants and staff
 - _____ Professional appearance/conduct (including wearing proper uniform)
 - _____ Visible/approachable/mobile throughout the facility
- Notes: _____

Building Monitor: _____

- _____ Communication with participants and staff
 - _____ Professional appearance/conduct (including wearing proper uniform)
 - _____ Visible/approachable throughout the facility
- Notes: _____

Facility Condition

- _____ Gym setup properly (bench chairs, scoretable, etc)
 - _____ Gym equipment in good condition (hoops, nets, floor, chairs, table, scoreboard)
 - _____ Facility clean of debris and potential hazards (clean floor, wall padding, etc)
- Notes: _____

Feedback received from participants/staff

Officials Observed (print names): _____

Please complete separate Official Evaluation if necessary

Building Director (print name): _____

Building Director (signature): _____ (Required)

Additional Comments:

Outdoor Site Evaluation



Outdoor Site Evaluation

Playfield: _____ Date & Time: _____ Supervisor: _____

Please rate the following using the key below:

1 = Exceeds Expectations 2 = Meets Expectations 3 = Needs Improvement

Field Attendant

- _____ Communication with participants, patrons, and staff
- _____ Professional appearance/conduct (including wearing proper uniform)
- _____ Visible/approachable/mobile throughout facility
- _____ Field preparation between games (rake and maintain lines/boxes, fix holes, remove hazardous materials, etc.)

Field Condition

- _____ Grass cut to appropriate length
- _____ Playing surface (i.e. divots, holes, bare/worn out spots)
- _____ Bases/plate/pitching rubber (stability, flush with ground, cracks)
- _____ Appropriate marking(s) clear and straight (example: foul lines, boxes, yard lines)
- _____ Field dragged/raked (baseball/softball/kickball only)
- _____ Fencing (i.e. bottom of backstop fence curling/detached)
- _____ Trees/plants (i.e. overhanging branches)
- _____ On-field lighting (note bulbs that are out/dull)

Facility Condition

- _____ Cleanliness (including emptied trash cans)
- _____ Restrooms clean and stocked (toilet paper, hand towels, soap, etc.)
- _____ Lights fully functioning (please note any bulbs out/dull)
- _____ Proper signage posted and visible

Feedback received from participants/patrons

Field Attendant (print name): _____ **Signature:** _____

Additional Comments: _____

APPENDIX C: AQUATIC FACILITY INSPECTION FORMS

Monthly Report on Swimming Pool Operation (State of Wisconsin)

DEPARTMENT OF HEALTH SERVICES
 Division of Public Health
 F-47029 (Rev. 1/11)

STATE OF WISCONSIN
 Bureau of Environmental and Occupational Health
 DHS 172, Wis. Admin. Code

MONTHLY REPORT ON SWIMMING POOL OPERATION

Chapter DHS 172 of the Wisconsin Administrative Code requires that Monthly Reports on the operation of swimming pools be submitted to the Department. The pool operator or person in charge shall fill-in the data indicated on the report as completely as possible.

SEND REPORT TO: The State Division of Public Health Regional Office, or Your Local Agent Health Department as Requested

Name of Pool: _____	Address: _____	Operator: _____
1) The following items should be checked regularly to assure that they are being properly maintained: (Place an X if equipment is on hand and properly maintained.)		
<input type="checkbox"/> First Aid Kit (24 unit) <input type="checkbox"/> Handrails or Grabrails	<input type="checkbox"/> DPD Test Kit <input type="checkbox"/> Shepherd's Crook and Ring Buoy <input type="checkbox"/> Two (2) Blankets <input type="checkbox"/> Depth Markings	<input type="checkbox"/> Spine Board <input type="checkbox"/> Safety Line <input type="checkbox"/> Emergency Phone (test) <input type="checkbox"/> Lifeguard Chair
2) PLEASE NOTE ANY CHANGE IN EQUIPMENT: (All equipment must be NSF approved or equivalent. If you have any questions regarding approved equipment, please call your regional or local health department before installation.) Item _____ Manufacturer _____ Model # _____ Installed by _____ Date _____		
3) Is there a new person responsible for pool maintenance? <input type="checkbox"/> Yes Name of person _____ If so, please contact your regional or local agent health department.		
4) Are lifeguards on duty? <input type="checkbox"/> Yes How many? ___ <input type="checkbox"/> No		5) Lifeguard Staffing Plan <input type="checkbox"/> Yes <input type="checkbox"/> No
6) Illness or Injury? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please state type of illness or injury, date and outcome. _____ _____ _____		

REMARKS: Please comment on any unusual occurrence(s) and actions to correct conditions and chemical levels that do not comply with code requirements:

Signature _____ Title _____ Date _____

SWIMMING POOL WHIRLPOOL
 (USE A SEPARATE FORM FOR EACH POOL)

OTHER _____

TYPE OF DISINFECTANT USED _____

MONTH/YEAR _____

INSTRUCTIONS: All information must be filled-in daily and signed by the person in charge.

PATRON LOADING: Columns must show the maximum number of patrons using the pool at any one time and the total number of patrons for the entire day.

WATER APPEARANCE: Place an "X" in the clear or turbid column.

WATER ATTRACTION AND/OR SLIDE INSPECTION: Place an "I" in the column after performing the daily inspection and operation test.

FILTER BACKWASH: Place a "B" in the column for any day the filter is backwashed.

CARTRIDGE FILTER CLEANED/CHANGED: Place a "C" in the column for any day the cartridge filter is cleaned or changed.

WHIRLPOOL DRAINED: Place a "D" in the column for any day the whirlpool is drained.

CHEMICAL CONTROL: Enter pH and chlorine/bromine/ORP test readings. Test swimming pools at least twice daily and whirlpools at four times daily. If an ORP with a digital read out is used, then only 1 test is required. Record combined chlorine, alkalinity, and cyanuric acid as required. Enter the amount of each chemical used as lbs. or gals.

SIGNATURE: Must be signed daily by the person responsible for the operation of the pool.

DAY OF MONTH	PATRON LOADING		WATER APPEARANCE		WATER TEMPERATURE		PRESSURE GAUGE READING PSI	FLOWMETER READING GPM	WATER ATTRACTION OR SLIDE INSPECTED (I) FILTER BACKWASHED (B) CARTRIDGE CHANGED (C) WHIRLPOOL DRAINED (D)	CHEMICAL CONTROL								SIGNATURE OF PERSON RESPONSIBLE FOR POOL OPERATION	
	Max.	24hr.	Clear	Turbid	AM					PM			ALKALINITY PPM	CYANURIC ACID PPM	OTHER CHEMICALS USED (Acid, Soda Ash, Oxidizer, Bicarb, etc.)		SUPEROXIDATION PPM		
					Free Chlorine or Bromine	pH Reading				1	2	3			4	Free Chlorine or Bromine			pH Reading
1																			
2																			
3																			
4																			
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Fecal Incident Response Report (State of Wisconsin)

DEPARTMENT OF HEALTH SERVICES
Division of Public Health
F-00018 (1/09)

STATE OF WISCONSIN
Bureau of Environmental and Occupational Health
HFS 172, Wisconsin Administrative Code

SWIMMING POOL AND WATER ATTRACTION FECAL INCIDENT RESPONSE REPORT

HFS 172.31 Fecal accident response. (1) In responding to a fecal accident, the operator shall consider guidelines for fecal accidents in pools used for swimming published by the federal centers for disease control and prevention.

Note: Centers for Disease Control guidelines for responding to fecal accidents and blood and vomit spills may be viewed at:

http://www.cdc.gov/healthyswimming/pdf/Fecal_Incident_Response_Recommendations_for_Pool_Staff.pdf

(2) The operator shall document each fecal contamination as follows:

- (a) The date and time of the event and the free available chlorine and pH level at the time of the event and after the event, before re-opening the pool to the public.
- (b) Whether the stool is formed or loose.
- (c) The procedures followed in responding to the fecal contamination.
- (d) The number of patrons in the pool and the length of time between the occurrence, detection, and resolution of the incident.

Please use one form for each incident. The operator shall maintain a copy of this report for at least two years and make it available upon request.

Establishment Name		Facility ID No.
Establishment Street Address, City, State and Zip Code		
Legal Licensee		
Contact Person		Telephone No.
Type of Pool or Water Attraction		
Type of Fecal Contamination	<input type="checkbox"/> Formed Stool or Vomit (CT must equal 45* before re-opening) <input type="checkbox"/> Diarrhea (CT must equal 15,300* before re-opening)	
Date and Time of the Event and Detection:	Number of Patrons Present:	
Response Procedures		Sanitizer Concentration (C) and Inactivation Time (T) Used:
Date & Time of Closure: _____	Cl/Br _____ ppm X _____ time in minutes = _____	
Method of Stool Removal: _____	Date & Time of Filter Backwash: _____	
Method of Sanitizing Equipment Used for Stool Removal: _____	Date & Time of Re-Open: _____	
Sanitizer Concentration and pH at Time of Closure:	Sanitizer Concentration and pH at Re-Opening:	

* CT dependent on a pH of 7.5 or less and a water temperature of 77°F or higher

Name of person completing form (Please print)

Position/Title

SIGNATURE – Person Completing Form

Date Signed



Swimming Pool Safety Check-Sheet

This form is designed to be used as a check-list for equipment and safety hazards in the swimming pool and shower room area. The safety check-sheet should be filled out by the Pool Manager and/or other assigned swim personnel at the beginning and end of each season. If you are answering no to any portions, make notes on the line next to No.

1. All doors and locks are properly functioning: Yes or No. If No list areas needing attention: _____
2. Bleachers/seating area safety concerns: _____
3. Safety Lines:
 - a. Can be securely latched onto anchors on both sides of the pool Yes or No
4. Diving boards: _____ quantity _____ quality of board _____
 - a. Condition of steps and step railing: _____
 - b. Condition approach rails: _____
 - c. Positioning and condition of fulcrum: _____
 - d. Do Board and stairs have grip to prevent slipping: _____
5. Canoe: _____ quantity _____ quality _____
6. Rescue equipment
 - a. Reaching poles: _____ quantity _____ quality _____
 - b. Shepard's crook: _____ quantity _____ quality _____
 - c. Ring buoys: _____ quantity _____ quality _____
 - d. Life jackets: _____ quantity _____ quality _____
 - e. Rescue tubes: _____ quantity _____ quality _____
 - f. Backboards: _____ quantity on site _____ quantity that are fully functional
 - i. Head straps Velcro's properly Yes or No _____
 - ii. Bookends Velcro's properly Yes or No _____
 - iii. Chest Strap: Clips properly Yes or No _____
 - g. First Aid Box Fully Stocked Yes or No _____
 - i. Bio Hazard kit Yes or No _____
 1. and bucket & bag Yes or No _____
 - ii. Wool Blankets _____ quantity _____ quality _____
 - iii. Pool Skimmer _____ quantity _____ quality _____

*****Remove any faulty equipment from the pool deck and notify the Aquatics resource and specialist*****

7. Are Lane Lines stored in an orderly fashion: Yes or No Condition: _____
8. Working Telephone: Yes or No
 - a. How did you get an outside line? _____
 - b. Is there a Red Emergency Action sign posted near the phone and accurate? _____
 - i. Inaccuracies: _____
9. All the light fixtures and electrical boxes and air vents properly covered? _____
10. Lifeguard Chairs _____ quantity _____ quality _____
11. Are POOL LADDERS in place and secure? Yes or No _____
12. Does the POOL AREA have any hazardous tiles? No or Yes (if yes detail): _____
13. Are the pool rules posted in the pool area? _____ Where? _____

14. Description of the recreation storage area: _____

15. Description of office area: _____

16. Are there "NO DIVING" SIGNS posted in the shallow end of the pool area? ___ Yes or ___ No

17. WSI/Comp Swim/Aerobics equipment and paperwork

a. Complete laminated level sheet set? ___ Yes or ___ No Needed levels: _____

b. Certificates needed for this/next session: _____

c. Toys/equipment:

i. Ducks ___ quantity quality _____

ii. Diving rings ___ quantity quality _____

iii. Noodles ___ quantity quality _____

iv. Kickboard ___ quantity quality _____

v. Dumbbells ___ quantity quality _____

vi. Steps (orange) ___ quantity quality _____

vii. Steps (yellow) ___ quantity quality _____

viii. Swim bars ___ quantity quality _____

ix. Pull Buoys ___ quantity quality _____

x. Brick ___ quantity quality _____

xi. Flotation belt ___ quantity quality _____

xii. Rescue Tubes (LVL7 LG course): quantity _____

xiii. Block Starts ___ quantity quality _____

xiv. Fins ___ quantity quality _____

xv. Pace Clocks ___ quantity quality _____

18. Showers: (you may need to let the showers run for 10 minutes before completing the below questions)

a. Are they functional? ___ Yes or ___ No

b. Can you adjust their temperature ___ Yes or ___ No

c. Gauge the temperature, can you expect patrons to rinse off in it? ___ Yes or ___ No

i. Use question 20 to list additional shower comments

19. Is there any additional equipment stored on the pool deck or storage area that is not accounted for on this Swimming Pool Safety Check-Sheet? (Water polo goals, basketball hoops, dumbbell cart, etc)

List: _____

20. List any other unsafe or dangerous areas or equipment in the pool area: _____

21. Person(s) completing this checklist sign below

	Title	Name	Initial	Date
a.	_____	_____	_____	_____
b.	_____	_____	_____	_____

Swim and Filter Operation Report



**Wading Pools
SWIM & FILTER
OPERATION REPORT**

OPERATOR/ATTENDANT: _____

DATE: _____

WADING POOL: _____

WEEK ENDING: _____

WEATHER CONDITIONS: _____

	10AM	11AM	12PM	1PM	2PM	3PM	4PM	5PM	Staff Initials
Water Temp									
Air Temp									
Free Chlorine (0-10.0)									
pH (7.2-7.8)									
Total Alkalinity (Weekly) 80-180ppm									



Wading Pools
**WATER CONTAMINATION
RESPONSE LOG**

DATE OF INCIDENT:						
TIME OF INCIDENT:						
TIME WADING POOL CLOSED:						
WADING POOL ATTENDANT ON DUTY:						
WADING POOL LOCATION/AREA CONTAMINATED:						
NUMBER OF PATRONS IN WATER:						
FORM OF CONTAMINATION (Fecal [formed or stool], blood, or vomit):						
STABILIZER USED IN WADING POOL (YES/NO):						
	Water Quality Measurements					
	Level at Closure	1	2	3	4	Level Prior to Reopening
FREE RESIDUAL CHLORINE (1-4 are measurements spread evenly throughout closure time):						
pH (1-4 are measurements spread evenly throughout closure time):						
TOTAL CONTACT TIME (Time from when disinfectant reached desired level to when disinfectant levels were reduced prior to opening):						
REMEDATION PROCEDURE(S) USED:						
COMMENTS/NOTES:						
DATE WADING POOL REOPENED:						
TIME WADING POOL REOPENED:						
CONTAMINATION RESPONSE COMPLETED BY:						

***Completed form stays in Wading Pool binder**