Form \_B8 Presbytery of Sheppards and Lapsley Child and Youth Protection Policy

**Post Event Report to Executive Council**

**from Designated Event Supervisor**

**(Please fill out and give to Stated Clerk for his/her records)**

Event \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Designated Event Supervisor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Aid Provider \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number children/Youth Attending, including Youth Council\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number Child/Youth Workers (adult staff and/or adult volunteers) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_ Did all Child/Youth Workers have background checks reported?

\_\_\_\_\_\_\_\_\_ Was there an orientation for Child/Youth Workers?

\_\_\_\_\_\_\_\_\_ Was there an orientation for participants?

\_\_\_\_\_\_\_\_\_ Were there any reportable incidents? If so, please attach the Incident report.

Please describe any issues which arose that needed attention?

Please describe any corrective actions which took place.

What suggestions do you have for future events?