



## Facility Information Sheet

*To be returned to the CYO office & posted in prominent place in the facility*

**Sport Program:** \_\_\_\_\_

**Area of Play**                      East                      West                      Central

**Name of Facility:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Name of Facility Contact:** \_\_\_\_\_

**Name of CYO Site Supervisor:** \_\_\_\_\_

**Telephone (H):** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Telephone (W):** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_

### Facility Detail

**Site Telephone:** \_\_\_\_\_ (For use during competition)

**Type of phone:**    Office            Cell            Pay Phone

**Location where information sheet is posted:** \_\_\_\_\_

### Emergency Information

**Police 911 Other Phone -** \_\_\_\_\_ **City:** \_\_\_\_\_

**Fire 911 Other Phone -** \_\_\_\_\_ **City:** \_\_\_\_\_

**EMS 911 Other Phone -** \_\_\_\_\_ **City:** \_\_\_\_\_

**Nearest Medical Facility:** \_\_\_\_\_

**Location of First Aid Kit:** \_\_\_\_\_

**Location of Ice at facility:** \_\_\_\_\_

**Location of Incident Report Forms:** \_\_\_\_\_

### Incident Procedures:

*In the case of a incident at this facility;*

- *Those staffing the site are to complete an Incident Report Form that details what occurred.*
- *If the CYO Site Supervisor is not present he/she should be contacted immediately.*
- *The Site Supervisor will contact the CYO Office and CYO Sport Commissioner as soon as possible*
- *The Site Supervisor will collect the completed Incident Report Form and Submit a copy to the CYO Office and the Facility Office.*

## **Facilities Inspection Checklist**

Name of Facility: \_\_\_\_\_

Location of Facility: \_\_\_\_\_

Name of Inspector: \_\_\_\_\_

Date of Inspection: \_\_\_\_\_

### **Gymnasium**

Check the appropriate box, if the noted item is in good condition check the (Y) box, if the noted item is in poor condition check the (N) box.

Y    N

		Floor (Water spots. Buckling, loose sections, cracks)
		Walls (cracks, vandalism free)
		Lights (Functioning, Secure)
		Windows (secure, no cracks)
		Roof (Free from cracks, holes)
		Stairs (Well Lit, functioning stairs)
		Bleachers (Support Structure Sound)
		Exits (lights working)
		Basketball rims (level, securely attached)
		Basketball backboards (no cracks clean)
		Mats (clean, properly stores, no defects)
		Uprights/projections
		Wall plugs
		Light switches (all functioning)
		Heating/cooling system (temperature control)
		Ducts, radiators, pipes
		Thermostats
		Fire Alarm (regularly checked)
		Directions posted for evacuating the gym in case of fire
		Fire extinguishers (regularly checked)

Other Concerns

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## **Locker Rooms**

Check the appropriate box, if the noted item is in good condition check the (Y) box, if the noted item is in poor condition check the (N) box.

Y    N

		Floor
		Walls
		Lights
		Windows
		Roof
		Showers
		Drains
		Benches
		Lockers
		Exits
		Water Fountains
		Toilets
		Trainers room

Other Concerns

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## **Facilities Inspection Checklist**

Name of Facility: \_\_\_\_\_

Location of Facility: \_\_\_\_\_

Name of Inspector: \_\_\_\_\_

Date of Inspection: \_\_\_\_\_

### **Athletic Field/Outside**

Check the appropriate box, if the noted item is in good condition check the (Y) box, if the noted item is in poor condition check the (N) box.

Y    N

		Too wet or dry
		Grass Length
		Free of debris
		Free of holes and bumps
		Free of protruding pipes, wires, lines
		Line markers
		Bleachers (Support Structure Sound)
		Pitching Mound
		Dugouts
		Warning Track
		Sidelines
		Sprinklers
		Garbage
		Security Fences
		Water fountain
		Storage sheds
		Concession area Electrical/Heating/Cooling Systems

Other Concerns

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**UNIFORM REPORT FOR CHILD PROTECTION  
Cleveland Catholic Diocese**

Date of report: \_\_\_\_\_ Reported by: \_\_\_\_\_

Telephone: \_\_\_\_\_

**CHILD:** \_\_\_\_\_ DOB: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Suspected perpetrator: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

**Public Children's Service Agency to whom report was made:**

- \_\_\_\_\_ Ashland County Department of Job and Family Services
- \_\_\_\_\_ Cuyahoga County Department of Children and Family Services
- \_\_\_\_\_ Geauga County Department of Job and Family Services
- \_\_\_\_\_ Lake County Department of Job and Family Services
- \_\_\_\_\_ Lorain County Children Services Board
- \_\_\_\_\_ Medina County Job and Family Services Board
- \_\_\_\_\_ Summit County Children Services Board
- \_\_\_\_\_ Wayne County Children Services Board
- \_\_\_\_\_ Other \_\_\_\_\_

**Was report made to law enforcement?** \_\_\_\_\_ yes \_\_\_\_\_ no

To whom was report made?

\_\_\_\_\_

**Reason for report:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Original: PCSA

Copy: Diocesan Records

# Baseball Equipment Checklist

Name of Inspector: \_\_\_\_\_

Date of Inspection: \_\_\_\_\_

Name of Parish: \_\_\_\_\_

Check the appropriate box, if the noted item is in good condition check the (Y) box, if the noted item is in poor condition check the (N) box.

Y    N

		Jersey
		Pants
		Sliding pants
		Stirrups
		Protective cup
		Mouth guard (optional)
		Eye guard/goggles (optional)
		Cap
		Cleats/shoes
		Ball condition
		Bats
		Batting glove
		Bases
		Glove

Other Concerns

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# Basketball Equipment Checklist

Name of Inspector: \_\_\_\_\_

Date of Inspection: \_\_\_\_\_

Name of Parish: \_\_\_\_\_

Check the appropriate box, if the noted item is in good condition check the (Y) box, if the noted item is in poor condition check the (N) box.

Y    N

Y	N	
		Jersey
		Shorts
		Shoes
		Mouth guard (optional)
		Eye guard/goggles (optional)
		Knee pads
		Elbow pads
		Ball condition
		Inflation level

Other Concerns

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# Football Equipment Checklist

Name of Inspector: \_\_\_\_\_

Date of Inspection: \_\_\_\_\_

Name of Parish: \_\_\_\_\_

Check the appropriate box, if the noted item is in good condition check the (Y) box, if the noted item is in poor condition check the (N) box.

Y    N

		Helmet
		Mouth Guard
		Jersey
		Pants
		Shoulder Pads
		Hip pads/girdle
		Thigh pads
		Elbow pads
		Shoes/spikes
		Ball condition
		Inflation level

Other Concerns

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# Soccer Equipment Checklist

Name of Inspector: \_\_\_\_\_

Date of Inspection: \_\_\_\_\_

Name of Parish: \_\_\_\_\_

Check the appropriate box, if the noted item is in good condition check the (Y) box, if the noted item is in poor condition check the (N) box.

Y    N

<input type="checkbox"/>	<input type="checkbox"/>	Jersey
<input type="checkbox"/>	<input type="checkbox"/>	Shorts
<input type="checkbox"/>	<input type="checkbox"/>	Shoes
<input type="checkbox"/>	<input type="checkbox"/>	Mouth guard (optional)
<input type="checkbox"/>	<input type="checkbox"/>	Eye guard/goggles (optional)
<input type="checkbox"/>	<input type="checkbox"/>	Shin guards
<input type="checkbox"/>	<input type="checkbox"/>	Ball condition
<input type="checkbox"/>	<input type="checkbox"/>	Inflation level

Other Concerns

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## Softball Equipment Checklist

Name of Inspector: \_\_\_\_\_

Date of Inspection: \_\_\_\_\_

Name of Parish: \_\_\_\_\_

Check the appropriate box, if the noted item is in good condition check the (Y) box, if the noted item is in poor condition check the (N) box.

Y    N

		Jersey
		Pants/shorts
		leggings
		Sliding pants
		Protective cup
		Mouth guard (optional)
		Eye guard/goggles (optional)
		Cap
		Cleats/shoes
		Ball condition
		Bats
		Batting glove
		Bases
		Glove

Other Concerns

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# Volleyball Equipment Checklist

Name of Inspector: \_\_\_\_\_

Date of Inspection: \_\_\_\_\_

Name of Parish: \_\_\_\_\_

Check the appropriate box, if the noted item is in good condition check the (Y) box, if the noted item is in poor condition check the (N) box.

Y    N

		Shirt/jersey
		Shorts
		Shoes
		Mouth guard (optional)
		Eye guard/goggles
		Mouth guard (optional)
		Knee pads
		Elbow pads
		Ball condition
		Inflation level

Other Concerns

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## Wrestling Equipment Checklist

Name of Inspector: \_\_\_\_\_

Date of Inspection: \_\_\_\_\_

Name of Parish: \_\_\_\_\_

Check the appropriate box, if the noted item is in good condition check the (Y) box, if the noted item is in poor condition check the (N) box.

Y    N

<input type="checkbox"/>	<input type="checkbox"/>	Singlet
<input type="checkbox"/>	<input type="checkbox"/>	Shoes
<input type="checkbox"/>	<input type="checkbox"/>	Headgear

Other Concerns

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June 9, 2003

My dear Brothers and Sisters in Christ,

Our commitment in the Diocese of Cleveland to ensure the safety of all our children from the tragedy of sexual abuse has now reached a significant point and I am looking to all of you for your full cooperation and participation in the implementation of the diocesan policy for the safety of children in the matters of sexual abuse. After extensive review, my staff and I have selected the **VIRTUS** program as a comprehensive means to educate everyone in our Diocese so that sexual abuse of minors can be prevented or if identified, the proper response can be implemented.

The **VIRTUS** program is expected to be instituted in more than 80 dioceses throughout the country and meets the requirements of the U.S. Conference of Catholic Bishops *Charter for the Protection of Children and Young People* and *The Essential Norms for Diocesan Policies Dealing with Allegations of Sexual Abuse of Minors by Priests or Deacons* and also addresses the mandates in our diocesan *Policy for the Safety of Children Regarding Matters of Sexual Abuse*.

The **VIRTUS** program is designed to develop and maintain a system of workable policies and procedures that clearly defines no tolerance for wrongdoing, a structure of identifying wrongdoing and a means for eradicating wrongdoing, once discovered. The program also provides education, training and certification through facilitators which will reach all persons in the Diocese — priests, deacons, religious, parish employees, volunteers, teachers, parents, children and any personnel associated with our parishes and Diocese. Training programs will be established and monitored; screening, reporting and crisis decision-making are also addressed.

I appreciate that some parishes and other entities may have already begun to develop such programs, but would request that you now incorporate what you have established into the **VIRTUS** program so that everyone in the Diocese will be working from one standard.

You will be receiving details about the **VIRTUS** program within the next few weeks. It is my hope that once fully implemented, our Diocese will ensure the protection of our children so that no child should suffer from abuse.

Thank you for your full participation in this effort and let us pray for God's blessings and guidance in this essential endeavor.

Sincerely yours in Christ,

Most Reverend Anthony M. Pilla  
Bishop of Cleveland