SAIT

AD.1.12.2 Youth Activities on Campus
Schedule E
Youth Initiatives Decision Support Package

This document is made up of five sections each of which need to be thoroughly addressed before submitting.
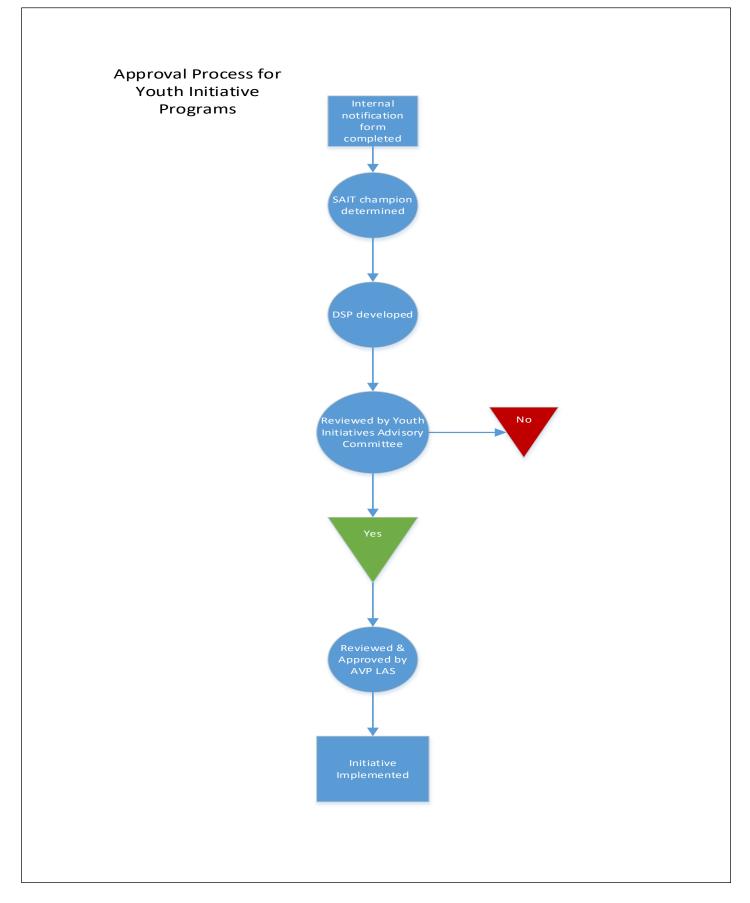
SAIT's Youth Activities on Campus (procedure AD.1.12.2) requires that SAIT sponsored activities involving youth on campus consult with the Youth Initiatives Office at least thirty (30) days prior to the start of the program or activity.

There are a number of different types of programs, events, or activities that may involve having minors on campus. In an effort to reduce risk, ensure the safety of children and youth on campus, and ensure the necessary stakeholders have been consulted, all internal staff wishing to engage in a program, activity, or event involving youth are asked to complete and submit this decision support package.

If you have questions regarding this approval process please contact youth.programs@sait.ca

Sponsoring Department/School	
Related SAIT Program (if applicable)	
Name of Proposed Youth Initiative	
SAIT Youth Intiatives Champion/ Contact	
Email	
Telephone	

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Approval Process for Youth Initiative Programs

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┌─────────────────┐
│    Internal     │
│  notification   │
│      form       │
│   completed     │
└─────────────────┘
         │
         ▼
   ╭─────────────╮
   │ SAIT champion│
   │  determined  │
   ╰─────────────╯
         │
         ▼
   ╭─────────────╮
   │DSP developed │
   ╰─────────────╯
         │
         ▼
   ╭───────────────╮        ▽
   │ Reviewed by Youth │───────▶  No
   │ Initiatives Advisory│
   │   Committee    │
   ╰───────────────╯
         │
         ▼
         ▽
        Yes
         │
         ▼
   ╭─────────────╮
   │  Reviewed &  │
   │  Approved by │
   │   AVP LAS    │
   ╰─────────────╯
         │
         ▼
┌─────────────────┐
│   Initiative    │
│  Implemented    │
└─────────────────┘
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Overview Information

Youth Activity Details

Date(s) and Time(s)	
Minimum and Maximum Age of Participants	
Number of Supervising Adults (note a minimum ratio of 1:10 adults to youth is required for all Youth Initiatives)	
Number of Youth Participants	
Location(s)	

SAIT Youth Activity Champion Contact Details

Primary Contact Information (if different from person completing this DSP)	

Authorized Adult Information*

*an authorized adult is a program staff, members of the Youth Initiative Office, the youth activities champion, the external organization sponsor, and supervising adults from an external organization.

Name of Authorized Adult	
SAIT Affiliation (employee, student, other)	
Email Address	
Phone Number	

Name of Authorized Adult	
SAIT Affiliation (employee, student, other)	
Email Address	
Phone Number	

Name of Authorized Adult	
SAIT Affiliation (employee, student, other)	
Email Address	
Phone Number	

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Section 1: Background Information

1.1. Has this youth activity run before?

☐ **YES** - Please provide details below in section 1.2   ☐ **NO** - Please proceed to 1.3

1.2. If this youth activity has run in the past, please provide the following details:

Title or name of the youth activity	
Goal/intention of the youth activity	
Names and roles of SAIT staff involved with the youth activity	
Dates of the youth activity	
Was the previous youth activity considered a success? If so, why? If not, why not? If not, what will be done differently this time for the youth initiative?	

![SAIT logo]

1.3. Is this youth activity part of a larger partnership?

☐ **YES** - Please provide details in section 1.4   ☐ **NO** - Please provide details in section 1.5

1.4. If this youth activity is part of a larger partnership please provide the following details:

When was this partnership established?	
How was this partnership formed?	
Who are the staff at the partner organization?	
Is there a contract, agreement, or MOU in place for this partnership? If so, what does it entail/include? If not, will there be?	
Does the partner organization have the required amount of liability insurance as required by SAIT policy? Has a certificate of insurance been provided to SAIT's insurance coordinator?	

1.5. If this youth activity is not part of a partnership why not?
- How will details related to roles, responsibilities, budget, logistics, etc. be identified and agreed upon?

Note: external users of SAIT facilities are required to provide a certificate of insurance demonstrating that they hold $2,000,000 in liability coverage.

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Section 2: Strategic Fit

    2.1. How does the youth activity relate to SAIT's education plan/strategic plan?

    2.2. How will you know if this youth activity has been successful? How will success of the activity be measured?

Section 3: Academic Impacts

3.1. Please describe the academic impacts of this youth activity.

What are participants going to do?	
Does content or curriculum already exist for the proposed youth initiative? If not, how will it be the content for the youth initiative be determined and developed?	
What are the intended learning outcomes for participants of the youth initiative? (if applicable)	
How will it be determined if the proposed content is age-appropriate?	

As part of your DSP submission, please attach a list or outline of the content for the proposed youth activity

Section 4: Risks or Safety Hazards

4.1. Please describe any potential risks or safety hazards associated with the proposed youth activity.

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4.2 How will these risks be mitigated and attended to?

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Section 5: Project Timeline Checklist

Please detail all key milestones for the youth initiative below.

Milestone	Anticipated Completion Date (Month / Year)
Review of Minors on Campus Policy and Youth Activities on Campus Procedure	
School/Departmental Approval/Support for the youth activity	
Completion and submission of DSP	
Training/orientation with Youth Initiatives Office for best practices related to working with youth, emergency response protocols, and responsibilities and legal obligations when working with youth	
Completion of police information checks with vulnerable sector search for authorized adults involved in this youth activity	
Signed contract or agreement (depending on the nature of the partnership)	
Distribution and collection of signed waiver forms to participants (if applicable)	
Registration of participants for the program (if applicable)	
Youth Activity Start Date	

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Section 6. Financial and Resource Expectations

6.1 Please provide an outline of the estimated costs for this youth activity:

Program development	$
Materials	$
Miscellaneous spending	$
Any other anticipated costs	$
TOTAL	**$**

6.2 Are costs based on the number of participants?

☐ **YES**   ☐ **NO**

6.3 If yes, please provide further information:
- Numbers the cost are based on?

6.4 How will this youth initiative be funded?

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Section 7: Approvals

	NAME	SIGNATURE	DATE

DSP Initiator _____   _____   _____

Sponsor for the Youth Initiative* _____   _____   _____
(*may or may not be the same as the DSP initiator)

Department Approval _____   _____   _____

Dean _____   _____   _____

AVP Learner & Academic Services _____   _____   _____

Please submit this completed DSP to Youth Initiatives Office at youth.programs@sait.ca