CHILDREN/TEENS PROGRAM PLANNING CHECKLIST

PROGRAM PLANNING AND ADMINISTRATION

☐ Parental Consent and Release of Liability Agreement (includes authorization for medical treatment)
☐ Forms (check all that apply)
  ☐ Waiver of Liability
  ☐ Medical Information and Release
  ☐ Over the Counter Medication
  ☐ Self-Administration of Prescription Medication
  ☐ Media Release
  ☐ Pick-Up Authorization Travel
  ☐ Itinerary Record Medication
  ☐ Distribution Record
☐ Are documentation and notification procedures in place to respond to an adverse event?
☐ Are emergency notification procedures in place, including a back-up plan should parents/guardians be unavailable?
☐ Has the facility been reserved and confirmation obtained?
☐ Have you made provisions to address special needs of participants (e.g., allergies, mobility, etc.)?

SUPERVISION

☐ Have background checks been performed on all adult staff/volunteers?
☐ What level of supervision do the participants require?
☐ Is the child/adult ratio within guidelines based on the type of activities and ages of participants?
☐ Are there established check-in procedures and check-out procedures?
☐ Is there a procedure in place to address communication between children/teens and adults outside the program? Have adults been fully briefed about this procedure?
  Have all authorized adults received training on safety and emergency practices, and minors on campus?
☐ Are policies/procedures in place to address violations of policy by both participants and staff/volunteers?
  Have arrangements been made to ensure adequate adult supervision?

MEDICAL ISSUES

☐ Is there medical verification confirming the ability of the student to safely participate in activities?
☐ Have provisions been made for special medical needs or restrictions (e.g., dietary)?
☐ Are there adequate provisions to safeguard access to medications?
☐ Do you have a mechanism in place to require medical clearance if there is a questionable risk on the health assessment form?
☐ Has medical information and authorization to treat been received?
☐ How will distribution of medications be addressed? (See Medication Distribution Record)
  o The name of the medication
  o The dosage of the medication
  o The name and telephone number of the prescribing physician
  o A system in place to record distribution of medication information
    • Name of Participant
    • Name of Medication
    • Dosage
    • Date and each instance that it was administered
    • Signature/Initial of the person administering the medication
☐ What are the procedures for addressing health issues and concerns?
☐ Are there procedures in place to ensure medical care is sought when needed?
☐ Is medical history available for medical providers?
☐ Have parents/guardians been fully apprised of their financial responsibility for medical care?
☐ Is health insurance information available?
☐ What provisions have been made to care for injured/ill participants?
  o Are Program Administrators fully aware of their responsibility to provide for care?
  o Are there adequate adults available to provide custodial care until parents/guardians arrive?
  o What options are available for relocating contagious individuals?
☐ What is the plan for transporting injured/ill children/teens home? Is there an adequate back-up plan?
TRAINING
☐ Is there a comprehensive training program for all adults who will serve as supervisors and/or instructors for this program?
☐ How will you assure that participants understand training? Who will facilitate this training and what resources have been used to assure training is accurate?

TRANSPORTATION
☐ How will participants be transported to campus?
☐ If field trips are planned, who will provide transportation?

DISCIPLINE
☐ Are participants and parents/legal guardians fully apprised of the participant rules and consequences of not adhering to them?
☐ Are there standards and procedures in place to address discipline issues?
  o Who needs to be notified?
  o How is notification to occur?
  o Who decides on the method/seriousness of discipline?
  o Is there an opportunity to appeal?
☐ What additional procedures will be followed in the event of allegations of illegal activities?
  (Note: Risk Management must be contacted).
☐ If it is determined that participants are unable to remain with the program, what provisions are in place to return them home?

SAFETY AND SECURITY
☐ Has training been provided to Authorized Adults regarding requirements for reporting policy violations?
☐ Have facilities been inspected to ensure they are well maintained and suitable for children/teens?
☐ Are recreational events or activities that involve physical activity included in the programming? (Examples: running, jumping, swimming, climbing activities at height greater than six (6) feet, lifting weights, contact or field competition sports)
☐ Do any of the activities for this program involve the operation of hand or power tools such as saws, exacto knives, drills, scissors, or scalpels? (Contact Risk Management)
☐ Have arrangements been made for review of the safe use, proper handling, and supervision of participants engaged in these activities or utilizing such devices?
☐ How will a review be conducted so that participants as well as supervisors understand safe handling protocols?
☐ What process is in place to check safety of equipment on regular intervals during the program?
☐ Have measures been taken to restrict access to this equipment when not in use?
☐ What proactive steps have you taken to minimize the risks associated with each of the physical activities listed above?
☐ Have you consulted with Risk Management regarding activities that pose a unique risk? http://rmi.uncc.edu/ - 704-687-8448