



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
 - Third Party Acknowledgment of Responsibility
 - 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?
- Have you reviewed the authorized adults Code of Conduct with all staff/volunteers?
- Is there a policy in place to address communication between children/teens and adults outside the program? Have adults been fully briefed about the policy?
- Have all authorized adults received training on safety and emergency practices?
- Are policies/procedures in place to address violations of policy by both participants and staff/volunteers?
- Is the program time scheduled with minimal or no free unsupervised time? If no, what can you do to minimize unsupervised activities or time on the schedule?
- Have arrangements been made to ensure adequate adult supervision?
- What is the appropriate supervisor structure?

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?
- Have you consulted with University Health Services to review medical information?
- Has medical information and authorization to treat been received?
- How will distribution of medications be addressed? (See Medication Distribution Record)
 - The name of the medication
 - The dosage of the medication
 - The name and telephone number of the prescribing physician
 - 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?
- Has an authorization to treat been obtained?
- 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?
 - Are Program administrators fully aware of their responsibility to provide for care?
 - Are there adequate adults available to provide custodial care until parents/guardians arrive?
 - 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

- What proactive steps can you take to educate program participants about strategies as well as expectations for minimizing risks during program participation?
- How will you assure that participants understand training?
- Is there a comprehensive training program for all adults who will serve as supervisors and/or instructors for this program? What are the components of this training and how often is this training scheduled?
- Who will facilitate this training and what resources have been used to assure training is accurate?

TRANSPORTATION

- See Travel Checklist for detailed checklist.
- How will participants be transported to campus?
- If field trips are planned, who will provide transportation? [See [Travel Itinerary Record](#)]

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?
 - Who needs to be notified?
 - How is notification to occur?
 - Who decides on the method/seriousness of discipline?
 - Is there an opportunity to appeal?
- What additional procedures will be followed in the event of allegations of illegal activities?
(Note: The Department of Public Safety **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

- Have all children/teens and parents been made aware of reporting mechanisms?
- Has training been provided to Authorized Adults regarding requirements for reporting violations of policy?
- 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?
- 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 Environment, Health & Safety (EHS) ehs.umich.edu or 647-1143; or Risk Management Services finance.umich.edu/risk-management or 764-2200 - regarding activities that pose unique risk factors?