



UNIVERSITY OF
MICHIGAN

CHILDREN ON CAMPUS

PROGRAM OBSERVATION FORM

On-Site Compliance Observation

Visit Information

Field	Response
Program Name	_____
Date of Site Visit	_____
Observer's Name	_____
Time of Visit (Start/End)	_____
Number of Participants Present	_____
Number of Staff Present	_____

 FACILITY AND ENVIRONMENT

Item	Observed (Yes/No)	Notes/Observations
Facility is well maintained and suitable for children/teens	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Facility confirmation documentation is available on-site	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
High incident/risk areas identified (bathrooms, locker rooms, playgrounds, stairwells, hallways)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Areas with low visibility are properly monitored	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Equipment is safe and structurally sound	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Measures in place to restrict access to equipment when not in use	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Swimming area is free from hazards (if applicable)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Pool/swimming location meets regulatory standards (if applicable)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

👁️ SUPERVISION AND MONITORING

Item	Observed (Yes/No)	Notes/Observations
Staff/volunteers are displaying identification	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Child/adult ratio meets guidelines for participant ages	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Supervision is adequate and continuous	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
High-risk areas have established supervision procedures	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Staff are actively monitoring (not distracted by cell phones)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Attendance logs are being maintained	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Check-in and check-out procedures are being followed	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Naptime/quiet time supervision is appropriate (if applicable)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Aquatic supervision is dedicated to that activity (if applicable)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Lifeguards/aquatic safety staff are present and attentive (if applicable)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

Supervision Ratio Reference

Age Range	Required Adults	Required Children
Under 18 months	1	2
18 months–2 yrs	1	4
2 yrs–5 yrs	1	8
5 yrs–9 yrs	1	10
10 yrs–13 yrs	1	12
14 years and up	1	20

SAFETY AND SECURITY OBSERVATIONS

Item	Observed (Yes/No)	Notes/Observations
Emergency exits are clearly marked and accessible	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
First aid supplies are available and accessible	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Emergency contact information is posted/available	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Fire extinguishers are present and accessible	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Hazardous materials/tools are properly secured	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Hand/power tools have proper safety protocols in place (if applicable)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Recreational equipment is age-appropriate and safe	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Flotation safety equipment is available (if applicable)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Area is free from obvious hazards	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

 STAFF BEHAVIOR AND CONDUCT

Item	Observed (Yes/No)	Notes/Observations
Staff interactions with minors are appropriate and professional	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Staff are following Code of Conduct guidelines	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Staff are providing adequate supervision during activities	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Staff are engaged and attentive to participants	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Communication between staff and participants is appropriate	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Discipline methods observed are appropriate (if applicable)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

😊 PARTICIPANT OBSERVATIONS

Item	Observed (Yes/No)	Notes/Observations
Participants appear safe and comfortable	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Participants are engaged in supervised activities	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Minimal unsupervised free time observed	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Participants have appropriate safety equipment for activities	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Behavioral guidelines appear to be in place	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Participants know how to report concerns	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

🏥 MEDICAL AND MEDICATION

Item	Observed (Yes/No)	Notes/Observations
Medical information is accessible to authorized staff	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Medications are properly secured	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Medication distribution procedures are being followed (if observed)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Staff know how to access emergency medical care	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Provisions for injured/ill participants are in place	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

IMMEDIATE CONCERNS

Immediate safety or compliance concerns requiring urgent attention:

SITE VISIT SUMMARY	
Metric	Value
Total Items Observed	_____
Items Compliant	_____
Items Non-Compliant	_____
Items Not Applicable	_____
Immediate Action Required (Yes/No)	_____

OBSERVER'S SIGNATURE

Site Visitor Signature: _____

Date: _____

Program Director Acknowledgment: _____

Date: _____