VSU YOUTH PROGRAMS FOR MINORS

CHECKLIST

| All | planned activities are consistent with | Tra | ining for Staff, Volunteers & Counselors |
|----------------------------|-------------------------------------------------|------------|------------------------------------------------------|
| Va | ldosta State University's mission. | 0 | Safety & security protocols are |
| Ea | ch camp has a designated camp director. | | reviewed; |
| Safety & Security planning | | 0 | Emergency response protocols are |
| 0 | Background checks on volunteers, staff | | reviewed; |
| | and student workers; | 0 | Reporting and responding to incidents |
| 0 | Policies / rules in place for participant, | | of misconduct protocols reviewed; |
| | volunteer and staff conduct; | 0 | Participant conduct management and |
| 0 | Appropriate camp-to-counselor ratio | | disciplinary procedures reviewed; |
| | provided (consideration of age & | 0 | Detecting and reporting abuse or |
| | activity); | | neglect training conducted; |
| 0 | Guest visitation protocols in place; | 0 | Process for reporting of injury or illness; |
| 0 | Check-in & check-out procedures in | 0 | First aid & CPR; |
| | place; | 0 | VSU policies / code of conduct; |
| 0 | Inclement weather protocols in place; | 0 | Orientation planned for participants to |
| 0 | Established protocol for injury or illness; | | review rules and reporting procedures. |
| 0 | Protocol for reporting and responding | Fac | cility Usage, Insurance & 3 rd Parties |
| | to participant, staff or volunteer | 0 | Facilities have been reserved and there |
| | misconduct (including mandatory | | are no scheduling conflicts; |
| | reporting); | 0 | Appropriate forms completed; |
| 0 | Emergency notification procedures in | 0 | Certifications from 3 rd party camps that |
| | place; | | items on checklist are being done; |
| 0 | Inspection of facilities to be used. | 0 | Appropriate insurance obtained. |
| <u>Ap</u> | propriate Forms & Waivers | | - General liability |
| 0 | Parental consent & release of liability; | | - Other insurance as appropriate |
| 0 | Medical information & release; | <u>Tra</u> | <u>insportation</u> |
| 0 | Sports physical, as appropriate; | 0 | Transportation needs have been |
| 0 | Authorization to administer | | identified; |
| | medications; | 0 | Authorized vehicles and drivers |
| | Over the counter medication | | have been arranged. |
| | - Self-administration of prescription | <u>Car</u> | <u>np Employment</u> |
| | medication | 0 | VSU employees educated on |
| 0 | Media release; | | proper use of leave; |
| 0 | Pick-up authorization; | 0 | Structured volunteer program is in |

place.

o Health insurance information has been

obtained.