

GEORGIA STATE UNIVERSITY
MANDATORY CHECKLIST: PROGRAMS FOR MINORS ON CAMPUS
Submit completed checklist annually to the Office of Risk Management

Program: _____

All third-party camps must provide a copy of their Certificate of Insurance before the camp begins.

All planned activities are consistent with the institution's mission. *

Yes No N/A

Director is responsible for document collection and retention. *

Yes No N/A

Program has a designated director. *

Yes No N/A

Orientation planned for participants to review rules and reporting procedures. *

Yes No N/A

Safety & Security planning:

Background checks on volunteers, staff, and student workers; *

Yes No N/A

Appropriate participant-to-staff ratio provided (consideration of age & activity); *

Yes No N/A

Policies/rules in place for participant, volunteer and staff conduct; *

Yes No N/A

Protocol for reporting and responding to participant, staff, or volunteer misconduct (including mandatory reporting); *

Yes No N/A

Emergency notification procedures in place. *

Yes No N/A

Training for Staff, Volunteers & Counselors:

Reporting and responding to incidents of misconduct; *

Yes No N/A

Participants conduct management and disciplinary procedures; *

Yes No N/A

Detecting and reporting abuse or neglect; *

Yes No N/A

Institution policies/Code of Conduct. *

Yes No N/A

Safety & security; *

Yes No N/A

COVID protocols; *

Yes No N/A

Emergency response; *

Yes No N/A

Process for reporting of injury or illness. *

Yes No N/A

Program Staffing Forms:

Volunteer agreements signed, if applicable; *

Yes No N/A

Staff and (if applicable) Volunteer Code of Conduct agreements signed. *

Yes No N/A

Programs with Online Activities:

Planning and training for safety/security/privacy online *

Yes No N/A

Participation Agreement and Waiver for Online Programs. *

Yes No N/A

Programs with In-Person Activities:

COVID protocols in place; *

Yes No N/A

Check-in & check-out procedures in place; *

Yes No N/A

Inclement weather protocols in place; *

Yes No N/A

Established protocol for injury or illness; *

Yes No N/A

Facilities have been reserved and there are no scheduling conflicts; *

Yes No N/A

Inspection of facilities to be used. *

Yes No N/A

Forms and Waivers:

Participation Agmt and Waiver; *

Yes No N/A

Emergency Contact, Medical Information and Authorization for Medical Care; *

Yes No N/A

Pick Up Authorization, if applicable; *

Yes No N/A

Sports physical, if applicable. *

Yes No N/A

Transportation:

Transportation needs have been identified, if applicable; *

Yes No N/A

Authorized vehicles and drivers have been arranged, if applicable. *

Yes No N/A

To Be Completed Prior To Program Approval

Program Director

Name: _____

Signatures: _____

Date sent to Risk Management
