

**SELF-MONITORING CHECKLIST**

PROGRAM NAME: \_\_\_\_\_ SESSION START DATE: \_\_\_\_\_ SESSION END DATE: \_\_\_\_\_

*This checklist is designed to function as a compliance assistance tool and to monitor for adherence to University Protection of Minors standards.*

I. PLANNING & ADMINISTRATION	YES	NO	N/A	COMMENTS
a) Appropriate departmental approval was obtained prior to hosting activity				
b) Requested activity information was submitted to the Minor Protection Program at least 30 days prior to the first day of the activity				
c) All individuals responsible for the supervision of minors have completed the Authorized Adult process, which includes: <input type="checkbox"/> Successfully passing a University Background Screening with the past 4 years <input type="checkbox"/> Completing the University's Protection of Minors training <input type="checkbox"/> Being listed on the program registration form submitted to the Minor Protection Program				
d) Any exceptions to the Policy have been approved in writing by the Minor Protection Coordinator				
e) Program consents and liability waivers were recently reviewed by OACE/GC. If yes, how long ago?				
f) Advance parental consent and liability waiver forms were collected for all participants				
g) Reasonable systems are in place to ensure that participant information is handled in a secure fashion				
II. POLICIES AND TRAINING				
a) All Authorized Adults have reviewed and acknowledged Program rules and conduct expectations				
b) All participants and/or parents/guardians were briefed on Program policies and conduct expectations				
c) Incident reporting procedures, including child abuse reporting protocols were reviewed with all Authorized Adults				

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III. SUPERVISION PRACTICES	YES	NO	N/A	COMMENTS															
a) Established supervisory ratios are in-line with recommended staff-to-participant ratios <table border="1" data-bbox="430 277 919 414"> <thead> <tr> <th data-bbox="430 277 558 305">Ages</th> <th data-bbox="558 277 716 305">Day Camps</th> <th data-bbox="716 277 919 305">Overnight Camps</th> </tr> </thead> <tbody> <tr> <td data-bbox="430 305 558 332">4 – 5</td> <td data-bbox="558 305 716 332">1:6</td> <td data-bbox="716 305 919 332">1:5</td> </tr> <tr> <td data-bbox="430 332 558 360">6 – 8</td> <td data-bbox="558 332 716 360">1:8</td> <td data-bbox="716 332 919 360">1:6</td> </tr> <tr> <td data-bbox="430 360 558 388">9 – 14</td> <td data-bbox="558 360 716 388">1:10</td> <td data-bbox="716 360 919 388">1:8</td> </tr> <tr> <td data-bbox="430 388 558 415">15 – 17</td> <td data-bbox="558 388 716 415">1:12</td> <td data-bbox="716 388 919 415">1:10</td> </tr> </tbody> </table>	Ages	Day Camps	Overnight Camps	4 – 5	1:6	1:5	6 – 8	1:8	1:6	9 – 14	1:10	1:8	15 – 17	1:12	1:10				
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b) Activities (including overnight activities and those involving transportation of minors) are coordinated in a way that eliminated 1-on-1 interactions																			
c) Sign-in and sign-out protocols are in place to ensure participants are released to the appropriate parent/guardian or an authorized designee																			
d) Restroom protocols are in place to ensure that minors were properly supervised and safeguard participant’s privacy																			
e) Procedures for managing situations where a participant may be absent and unaccounted for have been established																			
IV. OVERNIGHT (IF APPLICABLE)																			
a) Program assigns separate accommodations for adults and minors and requires that participants be housed with participants similar in age group																			
b) Established arrangements ensure that separate restroom facilities or schedules for minors and adults are available																			
c) Procedures are in place to help safeguard the privacy of program participants in areas where privacy is expected (i.e. showers, changing areas, residential rooms, etc.)																			
d) All participants were briefed on safety provisions specific to the facility in which they were housed																			
e) Procedures to regularly account for overnight participant are in place (e.g. room checks, curfews, etc.)																			

\_\_\_\_\_  
Name/Title/Signature of Reviewer

\_\_\_\_\_  
Date of Review