



2017 Summer Camp Registration

1. Name of Camp: _____
2. Sponsor for the Camp: _____
3. Expected Number of Participants: _____
4. Dates of the Camp: _____
5. Is This A Day Camp? _____
6. What are the Hours? _____
7. Does the Camp Require Housing? Yes No
8. Does this Camp Require Meals? Yes No
9. Cost to attend Camp: _____
10. What is the relationship of this camp to the University?

11. Is this Camp Funded by a Grant?
 - a. Yes, No
 - b. If Yes, What is the name of the Grant?

12. What is the purpose of this camp?

13. Description of camp:

14. Who is eligible to attend the camp: _____

15. List the Contact Person(s) and/or University Department if applicable associated with for this camp:

- a. Department/College: _____
- b. Program Director: _____
 - i. Address: _____
 - ii. Tel: _____
 - iii. Email: _____
- c. Additional Contact: _____
 - i. Address: _____
 - ii. Tel: _____
 - iii. Email: _____

16. Web Address for Registration (if applicable): _____

17. Would like to be listed on the University Website: Yes, No

18. Physical Location of Camp: _____

19. Have you booked event space with Special Events? Yes, No

20. Have your Administrators, Instructors, Student Workers and/or Volunteers gone through training for Minors within the last two years?: Yes,

If No: (Please contact the Office of Compliance)

21. Any Additional Information about your program:

Please complete this form and return it to:

Mr. Shannon Broussard
Texas Southern University
Office of Special Events
Sterling Student Center – Room 229
3100 Cleburne, Texas 77004
Tel: 713.313.7759, Fax: 713.313.1054
Broussard_sd@tsu.edu



TEXAS SOUTHERN UNIVERSITY

MINORS ON CAMPUS

RISK SELF-ASSESSMENT TOOL

Texas Southern University considers the safety and well being of program participants to be the highest priority. Each program coordinator must factor the full impact of all activities conducted during the course of a youth program and must appreciate the moral and legal responsibilities of the coordinator in taking appropriate measures to reduce or eliminate the potential for exposure to program participants to reasonably foreseeable hazards.

This Risk Self-Assessment tool is designed for use by program coordinators to assess risk associated with various program activities. This Risk Self-Assessment tool cannot encompass all of the possible scenarios for program activities and risks that might occur during on-campus and off-campus program activities; therefore, coordinators are called upon to exercise due diligence in designing program activities in a manner that reflects safety considerations for all participants. Program coordinators are encouraged to obtain assistance from the Departments of Environmental Health & Safety and Risk Management as necessary to address questions regarding the design of safe camp and program activities and identify potential hazards or heightened risks before an accident or injury occurs.

The Risk Self-Assessment Tool questions are intended to be used as a means to assess and improve programs, and are not intended to establish mandatory practices or represent a minimum standard of care for establishing legal responsibility.

Name of Camp or Program: _____

Assessment Completed By: _____

Campus Extension: _____ Email Address: _____

Date Completed: _____ Any Section with less than 80% "Yes" answers (from page 3*): _____

* Generally, a score of 80% or higher of "yes" responses (not including the not applicable questions) is considered representative of a well managed program and would be the minimum required if TSU were to seek certification from the American Camping Association.

Retain completed document in your department records for 5 years for proof of your due diligence.

The following page provides you with instructions on how to complete the document and evaluate your results.

HOW TO COMPLETE

The questions in the Risk Self-Assessment Tool are intended to assist you with identifying control factors that you have implemented which may mitigate or reduce the risk to children and youth in your programs. These questions are not intended to be exhaustive of all issues that may arise from youth programs. A score of 80% or higher of “yes” responses is considered representative of a well managed program.

All youth programs. Complete the questions in the general Risk Self-Assessment consisting of:

- ◇ Human Resources
- ◇ Operational Management
- ◇ Health & Wellness
- ◇ Program Design

Supplemental section determination. For any of the following questions on this page that you answer “yes” you will need to complete the identified Supplemental Section Risk Self-Assessment. Supplemental Assessments will be forwarded to Program Coordinators by the Risk Management Office.

| | YES | NO |
|--|--------------------------|--------------------------|
| In addition to regular TSU employees, do you utilize any <u>seasonal</u> employees or <u>volunteers</u> for the program? If so, complete the Supplement: Human Resources. | <input type="checkbox"/> | <input type="checkbox"/> |
| Will the program activity occur in a facility involving hazardous materials being used, handled and/or stored in the facility (including, but not limited to, an Art Studio or Science Laboratory)? If so, complete the Supplement: Science/Art Labs/Studios. | <input type="checkbox"/> | <input type="checkbox"/> |
| Will the program be conducted primarily <u>off-campus at a fixed site</u> ? If so, complete the Supplement: Off-Campus Fixed Site. | <input type="checkbox"/> | <input type="checkbox"/> |
| In addition to on-campus activities, will the program travel off-campus? If so, complete the Supplement: Transportation. | <input type="checkbox"/> | <input type="checkbox"/> |
| Will the program include trip and/or travel for <u>one night or more</u> ? If so, complete the Supplement: Trip and Travel. | <input type="checkbox"/> | <input type="checkbox"/> |
| In addition to day-time activities, will the program include <u>over-night accommodations</u> either on or off-campus? If so, complete the Supplement: Residential. | <input type="checkbox"/> | <input type="checkbox"/> |
| Will the program include aquatics activities (including, but not limited to, swimming, diving, snorkeling, SCUBA, synchronized swimming, waterpark activities and all other aquatic activities) that take place in and on pools, ponds, lakes, creek, rivers and oceanfronts operated by the program? If so, complete the Supplement: Aquatics. * | <input type="checkbox"/> | <input type="checkbox"/> |
| Will the program include use of small watercraft (including, but not limited to, canoes, kayaks, sailboats, rowboats, rafts, tubes, paddleboats, personal watercraft, motorboats, fishing boats, waterskiing and all other watercraft) operated by the program? If so, complete the Supplement: Watercraft. * | <input type="checkbox"/> | <input type="checkbox"/> |
| * Will the program include use of staffed public aquatic & watercraft facilities? If so, complete the Supplement: Public Aquatics & Watercraft. | <input type="checkbox"/> | <input type="checkbox"/> |
| Will the program include adventure or challenge activities (including ropes courses, spelunking, caving, climbing walls or sites, rappelling, initiative activities, zip lines and similar activities) whether operated by the program or not? If so, complete the Supplement: Adventure /Challenge for operated programs and/or the Supplement: Public Adventure/Challenge. | <input type="checkbox"/> | <input type="checkbox"/> |
| Will the program include horseback riding (including, but not limited to, English, western, trail, bareback, ring work, vaulting, pony and other similar activities) whether operated by the program or not? If so, complete the Supplement: Horseback Riding. | <input type="checkbox"/> | <input type="checkbox"/> |
| Are there other specialized program activities offered that are not addressed by the above whether operated by the program or not? If so, complete the appropriate questions in the Supplement: All Other Program Activities. | <input type="checkbox"/> | <input type="checkbox"/> |

CALCULATE YOUR SCORE

Keeping in mind that these questions are not intended to be exhaustive of all issues that may arise from youth programs, a score of 80% or higher of “yes” responses (not including the not applicable questions) to each section is considered representative of a well managed program and the minimum required if the University were to seek certification from the American Camping Association.

Enter the total “Yes”, “No” & “N/A” for each section; complete the percentage calculation for each section.

| | N/A | YES | NO | % = Y/(Y+N) |
|---|-----|-----|----|-------------|
| Human Resources | | | | |
| Operational Management | | | | |
| Health & Wellness | | | | |
| Program Design | | | | |
| Supplement: Human Resources | | | | |
| Supplement: Science/Art Labs/Studios | | | | |
| Supplement: Off-Campus Fixed Site | | | | |
| Supplement: Transportation | | | | |
| Supplement: Trip and Travel | | | | |
| Supplement: Residential | | | | |
| Supplement: Aquatics | | | | |
| Supplement: Watercraft | | | | |
| Supplement: Public Aquatics & Watercraft | | | | |
| Supplement: Adventure /Challenge | | | | |
| Supplement: Public Adventure/Challenge | | | | |
| Supplement: Horseback Riding | | | | |
| Supplement: All Other Program Activities | | | | |
| TOTALS | | | | |

HUMAN RESOURCES RISK SELF-ASSESSMENT ISSUES

In responding to the human resources Risk Self-Assessment issues include volunteer and employed staff who are involved in the operation of both the site and program and who are directly supervised by the program operator. The Risk Self-Assessment issues also apply to those staff for whom the program operator has responsibility for selection, training and dismissal. Generally, these Risk Self-Assessment issues do not apply to consultants, workshop leaders, and other personnel who are not part of the program's staff. However, administrators should consider the requirements of the human resources Risk Self-Assessment issues in utilizing such persons.

The key to any program's success is its personnel. One of the unique features of a program is the vital and all-encompassing leadership role demanded of its personnel in the program community. Program personnel are expected to assume many responsibilities, deliver a wide range of services and complete numerous tasks in an environment of constant, close, human interaction, with quality results. Some persons may work with the site operation, some with the program and some with both. This demanding role requires minimums be established in screening, hiring, training, and supervising staff.

Maturity and judgment are two critical qualities of a program staff member. Simple, objective measures for these qualities are not available. In identifying the criteria for staff positions, a number of factors have been listed including education, certification (where available), experience, and age. While it is recognized that age is not equivalent to maturity, it is one referenced and recognized criterion, utilized in conjunction with the other aforementioned factors, to guide the administrator in seeking qualified personnel. Age is not intended to be used as the sole criterion for determining acceptability of a staff member.

YES NO

Does the on-site director for day and residential programs have the following minimum qualifications:

- o A bachelor's degree or appropriate professional certification?
- o At least two prior seasons of administrative or supervisory experience in an organized program?
- o Has assessed personal needs in core areas of accepted program management practices and has attended a professional development workshop, institute, seminar, or course within the past three years to address those need(s)?
- o Is at least 25 years old?
- o If the program primarily serves program participants with special needs, at least 24 weeks of experience working with that special population?

Do 20% of the day and resident program administrative and program personnel with staff supervisory responsibilities have a bachelor's degree in an area relevant to the clientele served, or at least 24 weeks of experience working with the special populations being served?

Does the program have written evidence of a policy in place that requires screening annually for all program staff (paid, volunteer, and contracted) with responsibility for or access to program participants that includes:

- o A voluntary disclosure statement, and
- o A check of the National Sex Offender Public Registry, or for residents of states not participating in the National Sex Offender database, a check of the sexual offender registry of any state in which the applicant resided.

Does the program have written policies for program participants supervision that identify:

- o Required ratios of staff who are on duty with program participants in units or living groups and, in general, program activities that meet the following minimums?

| o | Age | Staff | Overnight | Day-Only |
|---|-------------|-------|-----------|----------|
| o | 4-5 years | 1 | 5 | 6 |
| o | 6-8 years | 1 | 6 | 8 |
| o | 9-14 years | 1 | 8 | 10 |
| o | 15-18 years | 1 | 10 | 12 |

- o Exceptions (if any) to the general ratios for segments of the day when greater or fewer staff are required for supervision?
- o Activities, locations, or situations where a minimum of two staff members are required to be present?

| | YES | NO |
|--|--------------------------|--------------------------|
| Do procedures require that, prior to reporting to work, each program staff member is provided with: <ul style="list-style-type: none"> o A written job description that identifies the essential functions of the job, and o Information on the nature and diversity of the total program population, and the general characteristics of the program and programs offered? | <input type="checkbox"/> | <input type="checkbox"/> |
| Does the program provide pre-program training for program staff that is of sufficient length to adequately prepare staff for their roles in programming and supervision? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do written program participants supervision policies specify that staff used to meet staff-to-program participants ratios (in above) meet the following requirements: <ul style="list-style-type: none"> o At least 80% (100% for programs primarily serving persons with special needs) of the staff are 18 years of age or older? o All staff are at least 16 years of age and at least two years older than the minors with whom they are working? | <input type="checkbox"/> | <input type="checkbox"/> |
| Does the program have written evidence of pre-program training for all program staff directly involved in programming and program participants supervision that includes at least the following topics: <ul style="list-style-type: none"> o Program purpose/focus/mission/intended outcomes, and how implemented in program structure and program activities, o Developmental needs of program participants to be served and the resulting differences for program, structure, and behavior management, o Objectives, safety considerations, skills progression, operating procedures, and competencies required for program activities, o Behavior management and program participants supervision techniques to create a physically and emotionally safe environment, o Clear expectations for staff performance and conduct, including sexual harassment policies, o Recognition, prevention and reporting of child abuse, child-to-child, as well as adult-to-child, both outside of and during the program setting, and o Emergency procedures and the role of staff in implementation? | <input type="checkbox"/> | <input type="checkbox"/> |
| Does the program implement a system to provide each program staff member, prior to assuming job responsibilities, training that is specific to his/her individual job functions, including clear expectations for acceptable job performance? | <input type="checkbox"/> | <input type="checkbox"/> |
| Does the program implement a system for in-service training of all program staff who work directly with program participants? | <input type="checkbox"/> | <input type="checkbox"/> |
| Are program staff trained according to written policies and procedures for the supervision of program participants in various types of general and unstructured program activities? | <input type="checkbox"/> | <input type="checkbox"/> |
| Does written evidence exist that documents the training of staff to create a safe environment includes at least the following areas of knowledge and skill development: <ul style="list-style-type: none"> o Focus attention primarily on program participants' needs and interests rather than on other staff and themselves, o Speak with and listen to program participants in a manner that reflects respect for each individual, including those of different backgrounds and abilities, o Create and support an environment that provides emotional safety, and o Guide group behavior in a developmentally appropriate manner? | <input type="checkbox"/> | <input type="checkbox"/> |
| Are program staff trained in behavior management and discipline techniques that carry out written policies and procedures to: <ul style="list-style-type: none"> o Teach program participants skills that achieve positive outcomes in areas of problem solving and interactions with others? o Implement fair and consistent disciplinary steps that are appropriate to the program participants and the situation and do not include corporal punishment? | <input type="checkbox"/> | <input type="checkbox"/> |

| | YES | NO |
|--|--------------------------|--------------------------|
| Has the program established policies and trained staff to respond appropriately to socially sensitive issues? | <input type="checkbox"/> | <input type="checkbox"/> |
| Does the program provide for persons who supervise other staff: | <input type="checkbox"/> | <input type="checkbox"/> |
| o A list or chart showing whom they are to supervise? | | |
| o Training to carry out their responsibilities in the program's performance review system? | | |
| Does the program provide written guidelines and specific training for supervisors to help them: | <input type="checkbox"/> | <input type="checkbox"/> |
| o Monitor performance of staff they supervise? | | |
| o Identify and reinforce, or correct staff behavior, as appropriate? | | |
| Does the program utilize a system that requires supervisors to regularly observe, provide feedback, and plan for improvement of the performance and behavior of staff? | <input type="checkbox"/> | <input type="checkbox"/> |
| For multi-week 24/7 programs, do staff members have the following minimum amounts of time free from assigned program responsibilities: | <input type="checkbox"/> | <input type="checkbox"/> |
| o Daily — at least two hours? | | |
| o total employment period: | | |
| o 24 hours or more each two weeks in blocks of not less than 12 consecutive hours, or | | |
| o If the program primarily serves persons with physical or mental disabilities, 24 consecutive hours off each two weeks? | | |
| 18 Possible | <u>YES</u> | <u>NO</u> |
| TOTAL | | |

Program administrators are encouraged to contact Risk Management & Insurance Services at 713-313-6859 or patrongmw@tsu.edu with any questions.

OPERATIONAL MANAGEMENT RISK SELF-ASSESSMENT ISSUES

The operational management Risk Self-Assessment issues include those basic administrative practices that relate to creating a positive, protective environment for program participants and staff. The Risk Self-Assessment issues include policies and procedures that address emergencies, protection of participants and other areas of risk management and strategic planning.

Since programs range from complete day program to multiple-week resident programs, the relevance of administrative practices detailed in this section may vary widely from program to program, depending on the circumstances and needs of a particular program. These assessment issues provide for the development of procedures in important areas, such as risk management, but do so without dictating the content of those procedures to each site or program.

| | YES | NO |
|--|--------------------------|--------------------------|
| Does the program have written strategic planning materials that assess current conditions and identify future needs for both the programs and the operation? | <input type="checkbox"/> | <input type="checkbox"/> |
| Has the program developed written materials for risk-management planning that include: <ul style="list-style-type: none"> o Identification and analysis of risk exposures to humans and property resources, o Risk-control techniques currently being implemented to reduce, control, or prevent potential loss in identified exposure areas? | <input type="checkbox"/> | <input type="checkbox"/> |
| Has the program established a system that includes input from advisors outside of the Department (including both University and external professionals) to: <ul style="list-style-type: none"> o Annually review and analyze when and where incidents, accidents, and injuries occurred, o Identify steps to reduce incidents, accidents, and injuries, and o Modify procedures and implement changes as necessary? | <input type="checkbox"/> | <input type="checkbox"/> |
| Does the program have written policies in practice that specify procedures and responsibility for minors, including: <ul style="list-style-type: none"> o Release of program participants who are minors to a parent or to persons other than the parent or legal guardian? o Checking on absentee program participants at the beginning of the day or session? | <input type="checkbox"/> | <input type="checkbox"/> |
| Does the program require the staff to notify Public Safety of any incidents and accidents? | <input type="checkbox"/> | <input type="checkbox"/> |
| Does the program have written procedures that address possible intrusion of unauthorized persons onto the program site that include: <ul style="list-style-type: none"> o Periodic review of security concerns of the site, and o Training for staff, and program participants when appropriate, about steps to take in such instances? | <input type="checkbox"/> | <input type="checkbox"/> |
| Does the program have written, site-specific emergency procedures established to respond appropriately to reasonably foreseeable emergencies, including: <ul style="list-style-type: none"> o Natural disasters, typical of the area, such as storms, and o Building and site evacuations or lockdown made necessary by such events as local threats or power outages? | <input type="checkbox"/> | <input type="checkbox"/> |
| Does the program have written emergency plans that include communication procedures, reviewed with staff, that specify: <ul style="list-style-type: none"> o A system for communication from persons at the site of the incident (including off-campus-program trips) to program administrative, and health personnel or community emergency services as appropriate (e.g., health, law enforcement)? o Procedures for contacting parents or guardians of minors directly supervised by the program? o Procedures for dealing with the media? | <input type="checkbox"/> | <input type="checkbox"/> |
| Does the program have a program of training and rehearsal to prepare the staff to carry out their responsibilities in emergency situations? | <input type="checkbox"/> | <input type="checkbox"/> |
| | YES | NO |

| | | |
|---|--------------------------|--------------------------|
| Does the program require that program participants and staff be oriented to established safety regulations and emergency procedures in the general program area, based on a written list that includes: | <input type="checkbox"/> | <input type="checkbox"/> |
| <ul style="list-style-type: none"> ○ Identification of boundaries for living areas and general activity areas, ○ Expectations for appropriate behavior, ○ Precautions concerning natural or physical hazards of the site? | | |
| Does the program have written evidence that the following insurance coverage is in place: | <input type="checkbox"/> | <input type="checkbox"/> |
| <ul style="list-style-type: none"> ○ For resident program participants — health and accident coverage ○ For day program participants and short-term programs — accident coverage? | | |
| Does the program require that program participants and staff be advised in writing of regulations for possession and use of: | <input type="checkbox"/> | <input type="checkbox"/> |
| <ul style="list-style-type: none"> ○ Alcohol and drugs, ○ Personal sports equipment, ○ Other personal items, ○ Vehicles, ○ Animals, ○ Weapons? | | |
| Does the program prohibit smoking or allow staff smoking only in designated areas that are away from children and nonsmokers? | <input type="checkbox"/> | <input type="checkbox"/> |
| Has the program developed written search-and-rescue procedures for persons lost, missing, or runaway, and has staff been trained in their responsibilities to implement those procedures? | <input type="checkbox"/> | <input type="checkbox"/> |
| For the protection of program participants in public places (both on and off-campus) or when in contact with the public, does the program implement written policies that specify: | <input type="checkbox"/> | <input type="checkbox"/> |
| <ul style="list-style-type: none"> ○ Guidelines for ratios, location, and responsibilities of staff supervising program participants (see minimum ratios in Human Resources section), ○ Safety regulations and behavior guidelines for program participants, and ○ Emergency procedures for program participants and staff if a person is separated or missing from the group? | | |
| Does the program have procedures for the orderly arrival and departure of vehicles and for the unloading and loading of passengers? | <input type="checkbox"/> | <input type="checkbox"/> |
| Does the program require that gas and liquid flammables, explosives, medications, and other hazardous materials be handled only by persons trained or experienced in their safe use and disposal, and stored appropriately: | <input type="checkbox"/> | <input type="checkbox"/> |
| <ul style="list-style-type: none"> ○ With access limited to trained persons ○ In closed, safe containers that are plainly labeled as to contents ○ In locations separate from food? | | |
| Does the program require power tools: | <input type="checkbox"/> | <input type="checkbox"/> |
| <ul style="list-style-type: none"> ○ Be equipped with necessary safety devices ○ Be in good repair, and ○ Be operated only by persons trained and experienced in their use? | | |
| Are parents or guardians of program participants who transport their child(ren) to/from program provided written information that includes: | <input type="checkbox"/> | <input type="checkbox"/> |
| <ul style="list-style-type: none"> ○ Pick-up and drop-off times, ○ A system to communicate changes or emergencies that would affect the program participants' pick-up or drop-off time or location, ○ Pick-up and drop-off safety procedures? | | |

19 Possible **YES** **NO**

TOTAL

Program administrators are encouraged to contact Risk Management & Insurance Services at 713-313-6859 or patrongmw@tsu.edu with any questions.

HEALTH AND WELLNESS RISK SELF-ASSESSMENT ISSUES

Programs vary in their health-care needs, based on clientele, type and length of program, number of trained health-care providers on the program staff and distance from professional medical facilities. All programs need a well-thought-out health-care plan to provide for the needs of program participants, staff and user groups. Potential health risks to the clientele need to be identified and evaluated, and plans for prevention and care need to be specified.

YES **NO**

When program participants are present in program, does program require that trained adults with the following minimum qualifications be on duty at all times to respond to participant medical needs:

- When access to the emergency medical system (EMS) is 20 minutes or less, certification by a nationally recognized provider of training in first aid and CPR.
- When access to EMS is 20-60 minutes, certification by a nationally recognized provider of training in second-level first aid and CPR.
- When access to emergency rescue systems or EMS is more than one hour, certification from a nationally recognized provider of training in wilderness first aid and CPR.

Does the program receive from each program participant a current, signed health history, requesting all of the following information in relation to the activities in which the program participants may participate in program:

- Description of any program activities from which the program participants/staff should be exempted for health reasons,
- Record of past medical treatment, if any,
- Record of allergies, dietary restrictions,
- Record of immunizations, including date of last tetanus shot,
- Record of current medications, prescribed and over-the-counter, and
- Description of any current physical, mental, or psychological conditions requiring medication, treatment, or special restrictions or considerations while at program.

Does the program have a process in place to ensure that medical and health restrictions from above are appropriately communicated to staff and adequately addressed (e.g. providing alternate foods, actions to prevent contact with specific allergens, etc.)?

Are written health-care policies and procedures for each type of program operation reviewed annually, and do they include, at least:

- Overall policies specifying:
 - Scope and limits of program health-care services provided, including qualifications and locations of personnel,
 - Authority and responsibilities of the program health-care administrator and provider,
 - Authority and responsibilities of other program staff to provide health and emergency care, and
 - Additional external medical and mental-health resources available?
- Procedures and practices, as appropriate, for:
 - On-site and off-site health care,
 - Provision of equipment and supplies for health care,
 - Obtaining emergency health-care assistance,
 - Health screening,
 - Medication management,
 - Monitoring sanitation in program, and
 - Seasonal and long-term recordkeeping?

For minors, and adults needing cognitive assistance, does the program have signed permission to provide routine health care, dispense medications, and seek emergency medical treatment; or a signed waiver refusing permission to treat?

Does the program have procedures in place for informing staff of any specific needs of program participants for whom they are responsible?

| | YES | NO |
|--|--------------------------|--------------------------|
| For strenuous outside activity, especially in warmer weather, does the program have in place: <ul style="list-style-type: none"> o Training to inform program staff on recognition and treatment of heat exhaustion o Provision for cool drinks and breaks or rest periods? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have the program health-care policies and procedures been reviewed within the last three years by a licensed physician or registered nurse? | <input type="checkbox"/> | <input type="checkbox"/> |
| Does the program have a health-care provider on-site who is qualified as follows: <ul style="list-style-type: none"> o For day programs: Is a licensed physician or registered nurse, or has access by phone to a licensed physician or registered nurse with whom prior arrangements have been made in writing to provide consultation and other health-care support to the program? o For program sessions that primarily serve persons with special medical needs: Is a licensed physician or registered nurse? | <input type="checkbox"/> | <input type="checkbox"/> |
| Does the program utilize treatment procedures for dealing with reasonably anticipated illnesses and injuries that are: <ul style="list-style-type: none"> o Established in writing, and o Annually reviewed by a licensed physician? | <input type="checkbox"/> | <input type="checkbox"/> |
| Are program staff trained in the program's written procedures to: <ul style="list-style-type: none"> o Identify their role and responsibilities in program health-care, o Prepare them to use health-care supplies and equipment with which they may be furnished, o Identify those situations which should be attended to only by certified health personnel, o Use established sanitary procedures when dealing with infectious waste or body fluids? | <input type="checkbox"/> | <input type="checkbox"/> |
| In order to meet the <u>special medical needs</u> of participants, does the program have the following available: <ul style="list-style-type: none"> o Sufficient medical staff to meet the needs of participants' equivalent to minimums established by nationally recognized medical providers or as approved in writing by a licensed physician? o A system for evaluating the program's ability to meet participants' special medical needs prior to enrollment? o Information about the program's philosophy and health management practices that is shared with parents and participants prior to enrollment so they can identify the program's approach to medical concerns? | <input type="checkbox"/> | <input type="checkbox"/> |
| Has the program implemented a policy, made known to parents and guardians in writing, which identifies the situations when parents will be notified of an illness or injury to their program participants? | <input type="checkbox"/> | <input type="checkbox"/> |
| Does the program have a system in place that assures emergency transportation is available at all times by the program or community emergency services with whom prior arrangements have been made? | <input type="checkbox"/> | <input type="checkbox"/> |
| To prevent the unauthorized use of drugs, does the program require all drugs (including over-the-counter medications) to be stored under lock (including those needing refrigeration), except when in the controlled possession of the person responsible for administering them to the participant, and: <ul style="list-style-type: none"> o For prescription drugs — dispensed only under the specific directions of a licensed physician, and o For nonprescription drugs — dispensed only under the program's written health-care procedures, or under the signed instruction of the parent or guardian or the individual's physician? | <input type="checkbox"/> | <input type="checkbox"/> |
| Does the program maintain for 5 years after the program season all health forms and records gathered or produced during the program season? | <input type="checkbox"/> | <input type="checkbox"/> |
| | YES | NO |

Does the program generate the following records:

- A health log or other health recordkeeping system in which the following information is recorded in ink:
 - Date, time, and name of person injured or ill,
 - General description of injury or illness,
 - Description of treatment (if administered), including any treatment administered away from the health-care facility,
 - Administration of all medications, and
 - Initials of person evaluating and treating?
- Reports of all incidents resulting in injury requiring professional medical treatment?

17 Possible **YES** **NO**

TOTAL

**Program administrators are encouraged to contact:
Ms. Mellany Patrong
Risk Management & Insurance Services at
713-313-6859 or patrongmw@tsu.edu with any questions.**

PROGRAM DESIGN RISK SELF-ASSESSMENT ISSUES

All programs, including trip/travel programs, which include any specialized activities as a part of the program, must also respond to the appropriate Risk Self-Assessment issues in this section.

Programming is the heart of youth programs – where program philosophy and objectives are implemented in a sustained experience that provides a creative, recreational and educational opportunity in the program environment. Programming utilizes trained leadership and the resources of the natural surroundings to contribute to each program participant’s mental, physical, social and spiritual growth.

The Risk Self-Assessment issues in this first section are general Risk Self-Assessment issues for common program activities. Subsequent sections address unique activities. Defining specific Risk Self-Assessment issues for all potential and unique program activities is both impossible and impractical. However, three basic concepts must be at the core of any activity offered:

- o Qualified supervision of the activity,
- o Sound guidelines, safety regulations and emergency procedures for conduct of the activity,
- o Provision and maintenance of acceptable facilities and equipment.

| | YES | NO |
|---|--------------------------|--------------------------|
| Does the program have signed contracts using approved forms for all providers of program services that specify responsibility for meeting the intent of the parties and include an indemnification and hold harmless in favor of the University? | <input type="checkbox"/> | <input type="checkbox"/> |
| Does the program undertake to assure program participants are free to practice their religious customs and to discuss spiritual matters in a manner that does not offend the rights and beliefs of others? | <input type="checkbox"/> | <input type="checkbox"/> |
| Does the program implement a system that requires program equipment be: <ul style="list-style-type: none"> o Regularly checked for safety, maintained in good repair, and stored in a manner to safeguard effectiveness? o Appropriate to the size and ability of the user? | <input type="checkbox"/> | <input type="checkbox"/> |
| To help to provide a quality program experience has the program: <ul style="list-style-type: none"> o Established a written statement of overall goals for participants? o Identified, in writing, specific observable behavioral outcomes that address the developmental needs of program participants? o Provided materials and training strategies for staff to help program participants achieve established outcomes in the program? o Informed parents and program participants of the goals of the program experience? | <input type="checkbox"/> | <input type="checkbox"/> |
| Does the program encourage the involvement of program participants in the Program Design through the following practices: <ul style="list-style-type: none"> o The program is flexible, as evidenced by the willingness to modify its schedule, and by its encouraging spontaneous activities? o The program provides intentional opportunities for program participants to practice decision-making in program and group-living activities? | <input type="checkbox"/> | <input type="checkbox"/> |
| Does the program provide specific activities that are designed to help program participants develop socially? | <input type="checkbox"/> | <input type="checkbox"/> |
| Does the program have a process to inform program participants and their parents or guardians of the nature of anticipated program activities and to gather signed permission from parents or guardians for minors participating in those activities? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7 Possible | <u>YES</u> | <u>NO</u> |
| TOTAL | | |

Program administrators are encouraged to contact Risk Management & Insurance Services at 713-313-6859 or patrongmw@tsu.edu with any questions.