



Middle Georgia State University

Middle Georgia State University - Programs for Minors Checklist.

Instructions: Please complete this checklist and submit it to protectingminors@mga.edu **before** program begins.

Program Name: _____

Program Administrator Name: _____

Date Submitted to Protecting Minors: _____

The following checklist is meant to guide you in ensuring Program/Activity compliance; however, the checklist is not exhaustive and may not include considerations unique to your Program/Activity that will require additional action.

General Program Requirements

All activities align with MGA's mission. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Program Director assigned and responsible for document retention. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Orientation planned for participants covering rules and reporting. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

Safety & Security

Background checks completed for all staff, volunteers, and student workers. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Appropriate staff-to-participant ratio established. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Conduct policies in place for all participants, staff, and volunteers. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Incident reporting protocol established, including mandatory reporting. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Emergency notification procedures developed. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

Transportation

Transportation needs identified. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Authorized vehicles and drivers arranged. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A



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Training for Staff, Volunteers & Counselors

Training on reporting/responding to misconduct. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Participant conduct management and disciplinary procedures in place. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Training on detecting and reporting abuse or neglect. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Familiarity with MGA policies and Code of Conduct. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Training on safety, security protocols <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Emergency response and injury/illness reporting processes reviewed. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Volunteer agreements signed. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Code of Conduct agreements signed by all staff and volunteers. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

In-Person Program Requirements

Check-in/check-out procedures implemented. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Inclement weather protocol in place. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Protocol for injury or illness established. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Facility reservations confirmed and inspected. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

Forms & Waivers

Signed Participation Agreement and Waiver on file. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Emergency contact and medical authorization forms completed. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Pick-Up Authorization completed. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Sports physical submitted. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

Signature

Date