PACE for Minors Checklist

This checklist is meant to be a resource for Programs, Activities, Camps and Events (PACE) for Minors held at or by The University of Texas at Dallas. This list is not meant to be an exhaustive list but includes steps to facilitate a program that meets the requirements set forward by the Programs for Minors Policy – UTDSP5015 and PACE for Minors Guidelines. This checklist may be amended as needed.

PACE REGISTRATION
Complete Registration with Programs for Minors Office
- Operations Plan
- Participant Well-Being Plan
- Compliance Plan

Complete UT Dallas Special Events Risk Assessment (Required by UT Dallas Office of Administration. Form can be found at http://www.utdallas.edu/administration/download/Special_Events_Risk_Assessment.pdf ).

Complete UT Dallas Police Event Registration (Required by UT Dallas Police Department. Form can be found at http://www.utdallas.edu/utdgeneral/business/police/eventform.html ).

PARTICIPANT ENROLLMENT
Parental Consent and Release of Liability Agreement (includes authorization for medical treatment) Forms (check all that apply)
- Release and Indemnification Agreement (Required)
- Medical Information and Release (Required)
- Pick-Up Authorization (Required)
- Talent Release (Optional, required only if pictures will be taken.)
- Medication Authorization (Optional)
- Medication Distribution Record (Optional)

Are documentation and notification procedures in place to respond to an adverse event?

Are emergency notification procedures in place, including a back-up plan should parents/guardians be unavailable?

Has the facility been reserved and confirmation obtained?
Have you made provisions to address special needs of participants (e.g., allergies, mobility, etc.)?

SUPERVISION
Have background checks been performed on all adult staff/volunteers? Send listing of all UT Dallas students, faculty and staff participating in the PACE for Minors to determine who needs a new Criminal Background Check to pace@utdallas.edu. Be sure to include the following information first name, last name, UTD NetID.

Have adult staff/volunteers completed required Child Protection Training? Send listing of all UT Dallas students, faculty and staff participating in the PACE for Minors to determine who needs to complete Child Protection Training to pace@utdallas.edu. Be sure to include the following information first name, last name, UTD NetID.

What level of supervision do the participants require?

Is the child/adult ratio within guidelines based on the type of activities and ages of participants?

Are there established check-in procedures and check-out procedures?

Have you reviewed the Designated Individual Responsibilities and Expectations Guidebook with all designated individuals? Contact Programs for Minors to schedule a review of the Guidebook with all designated individuals, X-3815, Carla Garner.

Have all designated individuals received training on safety and emergency practices?

Are procedures in place to address violations of policy by both participants and designated individuals?

Is the program time scheduled with minimal or no free unsupervised time? If no, what can you do to minimize unsupervised activities or time on the schedule?

If planning to utilize the Student Union, have you contacted Andy Helgeson and/or Dan Goodwin to schedule times and review rules?

If planning to utilize the McDermott Library, have you contacted Tiffany Norris or another library associate to schedule times and review rules?

Have arrangements been made to ensure adequate adult supervision?

Have PACE for Minors staff and volunteers completed all required forms and training?
MEDICAL ISSUES
Is there medical verification confirming the ability of the student to safely participate in activities?

Have provisions been made for special medical needs or restrictions (e.g., dietary)?

Are there adequate provisions to safeguard access to medications?

Has medical information and authorization to treat been received?

How will distribution of medications be addressed?
  - The name of the medication
  - The dosage of the medication
  - The name and telephone number of the prescribing physician
  - A system in place to record distribution of medication information
    - Name of Participant
    - Name of Medication
    - Dosage
    - Date and each instance that it was administered
    - Signature/Initial of the person administering the medication

What are the procedures for addressing health issues and concerns?

Are there procedures in place to ensure medical care is sought when needed?

Has an authorization to treat been obtained?

Is medical history available for medical providers?

Have parents/guardians been fully apprised of their financial responsibility for medical care?

Is health insurance information available?

What provisions have been made to care for injured/ill participants?

  - Are designated individuals fully aware of their responsibility to provide for care?
• Are there adequate designated individuals available to provide custodial care until parents/guardians arrive?

• What options are available for relocating contagious individuals?

Is there an adequate back-up plan?