



2025 UMASS Boston Youth Program Director Checklist

	<u>Recreational Programs for Children</u>	
	Each recreational program at UMass Boston must be approved annually through the UMass Office of Environmental Health and Safety (OEHS). All camp required documents must be submitted to the appropriate UMass Boston Departments as detailed in the timeline below prior to the start date of the program. This timeline is to ensure completion of the review and approval process for your Program. Programs must comply with the Minimum Standards for Recreational Camps for Children 105 CMR 430.000	
1	File Program Application with OEHS	(90-120 days prior to opening)
	You must file an application for your program and complete background checks prior to its start date. Please confirm that vendors and other agents also comply with background checks, and retain records as outlined in the policy.	
	Summer Youth Program Application	Hyperlink
2	Hire Staff	
	Please make sure that you have the following standards, emergency and medical information, for your staff. These files are kept within the program in a secure location and are separate from HR documents.	
	Staff information and Forms	
	Access the Youth Programs Staff Expectations and Standards Template	Hyperlink
	Youth Program Staff Registration Information Over 18	Hyperlink
	Youth Program Staff Registration Information Under 18	Hyperlink
	Contact Human Resources	(6 weeks prior to opening)
	As you are planning for the summer programs, please consider the following personnel processes and contact HR for coordination at least six weeks prior to the program's start.	
	Hiring and Onboarding	
	New Hires: Onboarding request (name, email, dept, start date) to hrdirect@umb.edu and then department initiate ePAF	
	Returning Hire with 1yr Break in Service: Process as new hire	

	Returning Hires with Less Than 1yr Break in Service: No onboarding needed, proceed with ePAF	
	Background Check: CORI/SORI	
	New Hires: Background check with CORI/SORI is included in the pre-employment package	
	Returning Hires with More Than 6mo Break in Service: Initiate background check by emailing to hrdirect@umb.edu	
	Returning Hires with Less Than 6mo Break in Service: Proceed with ePAF	
	Background Check: Fingerprinting	
	If the program will be hosting students under the Departmental Development Services (DDS), fingerprinting checks may be needed in addition to CORI/SORI	
	All Hires: Initiate fingerprinting checks by emailing to hrdirect@umb.edu	
	Payroll Processing	
	Departments are responsible for initiating ePAFs and keeping/entering time records	
	All Summer hires will be hourly, 03 hires. If the program requirements are different (such as stipends, covering living expenses), please reach out to HR at payroll@umb.edu	
	Any time keeping questions, please reach out to HR at payroll@umb.edu	
	HR Contacts:	
	Ebru Korbek-Erdogmus, Asst. VC, ebru.korbek-erdogmus@umb.edu	
	Mary Flaherty, HR Generalist, maryt.flaherty@umb.edu	
	Elton Lopesvaz Recruitment and Onboarding Coordinator, elton.lopesvaz@umb.edu	
	HRDirect@umb.edu	
	Payroll@umb.edu	
	HR Checklist for UMass Boston Summer Programs PDF	Hyperlink

	Staff/Volunteer Background Checks	
	UMass Boston is committed to providing a safe environment for everyone on its campus and in its programs. This includes the minors who participate in programs and activities both on and off campus. All employees and volunteers must complete a successful background check to participate in programs by completing the MA Criminal Offender Information (iCORI) and Sex Offender Registry Information (SORI) screens. UMass Boston also runs fingerprint-based screening of employees and volunteers who will have unsupervised contact with persons with an intellectual or developmental disability.	
	Please expect that CORI/SORI screens can take up to two weeks, and the fingerprinting process can take up to a month to be completed. Departments who are sponsoring any summer programs should reach out to HR to initiate planning at least six weeks prior to the program start date.	
3.	Collect Applications from Program Participants	
	Youth Program Application	Hyperlink
	Medical Forms Packet	Hyperlink
	All program participants must complete program application forms and medical form packet) PRIOR to the start of the program. UHS review of the information is required before the participant can come to campus. Program Directors can contact University Health Services 617.287.5660 for guidance or any questions.	
	Provide parents or legal guardians with program contact information and establish a procedure to notify parents or legal guardians in the event of an emergency. This includes obtaining releases for emergency medical treatment, medications and transportation to University Health Services or local hospitals and obtaining disclosures of allergies or other medical conditions or physical limitations that might impact participation.	
	Code of Conduct: UMass Boston's Department of Public Safety has created the following Code of Conduct that all youth are required to abide by. If it is deemed that a youth has violated the Code of Conduct, the appropriate disciplinary action will be taken.	Hyperlink
4.	Contact Transportation	
	Contact Transportation to determine pick up/drop off locations.	
5.	Develop Required Program Documents	
	See Guidance for Youth Program Policies on the website	Hyperlink
6.	Train Staff	
	Make sure to provide adequate staff to supervise the program. Assess the number and average age of participants and the type of activities.	
	Under no circumstances shall Program Staff be permitted to be alone with a minor in a car or other vehicle.	
	Have all staff members complete free online training on Concussions: https://www.cdc.gov/headsup/schoolprofessionals/training/index.html	Hyperlink
7.	Schedule Fire Drill	
	Schedule a fire drill for the first day of the program by contacting OEHS.	

Summer Youth Program Medical Form review Tool

*Please note-all documentation needs to have the students name and DOB clearly on it

➤ Medical Form Packet

Each application must include the following, all signed by parents/guardian:

1. Consent to Treat Minor Patients, signed by parents/guardian (page 4)
2. Authorization, Waiver and Consent for OTC Medication (page 7)
3. Health History (page 5)

➤ Immunization records

May complete Certificate of Immunization (page 11) or submit form from child's health care provider or school record. The following vaccines are required. If family is requesting a Religious or Medical Exemption for any required vaccine(s), they must submit a letter from their medical provider.

1. **Td** 1 dose minimum of a Td containing vaccine within the last 10 years (Td, Tdap, Dtap)
2. **MMR** Two (2) doses
First dose must be given on or after 1st birthday, second dose at least 4 weeks later
3. **Varicella:** Two (2) doses

First dose must be given on or after 1st birthday, second dose at least 3 months later.

*Special Note: The first, second dose or both doses may be combined with MMR in a vaccine called **MMRV**.

*If a child had a documented case of Chickenpox, please note they may not have 2 doses of Varicella vaccine and instead can submit documentation from their medical provider stating they had a documented case of disease which would waive the 2-vaccine requirement.

4. **Hep B:** Three (3) dose series given at the following intervals: dose 1: 0, dose 2: min of 4 weeks later, dose 3: min of 8 weeks after dose 2 and 16 weeks after first.
5. **Polio:** 4-dose series at ages 2, 4, 6–18 months, 4–6 years
6. **Meningococcal (MCV4)** for overnight programs only, series of 1 or 2 doses
If first dose is given at age 16 years or older, one dose is required.
If first dose is given before age 16, 2 doses are required

➤ Physical exam

1. Must include verbiage to the effect of "student is cleared for full participation in school and sports without restriction" and/or completed (page 10) of application.
2. Must be dated within the last 18 months.

➤ If a student needs any medication either over the counter (OTC) or prescription **that the nurse will store and administer**, the following is required:

A. A written order from their medical provider. The provider can complete the "Authorization for Administration of Medication" form (page 8)

OR

B. The medical provider can instead write a letter/order containing the pertinent information

included in our form. Please note, the prescription sticker on the medication does not suffice.

- **If student needs medication** either over the counter (OTC) or prescription ***and can take it independently*** (they do not need the nurse to store and give them the medication) provide one of two options below
 1. **“Authorization to Self-Administer Medication”** (page 9) signed by both the Medical Provider and Parent/Guardian (**even if it's an OTC med**)
OR
 - B.The medical provider can instead write a letter/order containing the pertinent information included in our form specifying the students ability to self-manage their medication/illness.
- **Anaphylactic Allergy**: Submit an Anaphylactic Action Plan, can use “AAP Anaphylactic Action Plan” or one that their provider gives them, which should include if the student can self-carry and self-administer their epi pen. Students should bring in 2 epi pens, and they should be kept together wherever the student is physically located and be in their original packing with the prescription attached.
- **Asthma**: Submit an “Asthma Action Plan,” If an action plan is not available, they need written orders for medications (see above under “if a student needs any medication”). This should state information such as the dose and frequency of medications, specify if the student may self-carry and self-administer these medications.
- **Diabetes**: Submit a “Diabetes Care Plan” from their endocrinologist. UHS staff will have a meeting (can be a phone call) with parent/guardian ahead of program start to review care plan and create an individualized program care plan for the student. The student should keep on them at all times (as appropriate) a glucometer, glucagon for emergencies, glucose tabs and or simple carb snacks, and ketone strips.
- **Other chronic medical conditions** (Epilepsy for example): Submit action plan, medication orders and have coordination with parents to create individual care plans.