## 2. Minors on Campus Policy Requirements

| Red | quir  | ements for an Event: (Section VII B).   |  |  |  |
|-----|---|---|--|--|--|
| 1.  | hea   | Do you have the written approval of the Vice President of Student Development or the head of your department to conduct this Event? (Section A (16)) if not, stop. If so, attach document.  |  |  |  |
| 2.  | not   | ave you created a list of <b>ALL</b> staff involved in this Program? (Section A (2)) if ot, stop. If so, attach document. This list must be updated with any changes prior to ne commencement of the Event and up to and including the completion of the Event.                                 |  |  |  |
| 3.  | to i  | o you know the names of the Minors Participants for the Event? If not, proceed item 4. If yes, attach the list. This list must be updated with any changes prior to the emmencement of the Event.   |  |  |  |
| 4.  | Have you distributed the following information to staff, Minor Participants and their Parents, Legal Guardian or to the adult responsible for the Minor Participants (Answer all questions) |   |  |  |  |
|     | a.  | Prepared written contact information and instruction for picking up the minor at the conclusion of the program. (Section A (3))   |  |  |  |
|     | b.  | Distributed the Policy and Rules of Conduct to all staff and distributed same OR other written statement, where practical, of expected behavior to participants, Parents, Legal Guardians or the adult responsible for Minor Participants. (Section A (1 &4)                                    |  |  |  |
|     | If you answered "NO" to any question, stop. If you answered yes to all questions, attach documents and continue.  |   |  |  |  |
| 5.  | Concerning your staff that will work during this Event, have you completed the following tasks? (Answer all questions)  |   |  |  |  |
|     | a.  | Designated a "Program Coordinator" who is responsible for overall compliance with this Policy and supervising staff? <b>AND</b> provided written documentation that this person has successfully passed a background check for criminal activities including sexual crimes. (Section A (7 & 8)) |  |  |  |
|     |   | If not, stop. If yes, print name of Program Coordinator Date and attach background documentation.   |  |  |  |
|     | b.  | Designated the appropriate ratio of staff members over 18 years of age (at least one staff member to every 50 Minor Participants) to oversee all staff instruction to minors? <b>AND</b> who have been instructed to prohibit all one-on one-contact with minors. (Section A(9& 11))?           |  |  |  |

|            |    | If no, stop. If so, please indicate total number of so qualified 18 year old staff members and the number of anticipated Minor Participants for this Event   |
|------------|----|--|
|            | C. | Trained all your staff on the Event topic as well as this Policy, including the duty to report violations and all applicable University rules and policies and on emergency procedures AND performed background checks (criminal, including sexual crimes) on all staff, regardless of age, or if a University Sponsor utilizing non-paid students, have performed a National Sexual Offender Data Base Search on all students involved in the Event and completed "Search Compliant" form (Section A(,7,8, 9 & 11)) |
|            |    | If no, stop, if so, attach documents background check documentation.   |
| 6.         | Ad | ditional Obligations: (Check all that apply)   |
|            | a. | In addition to the above, all non-University groups conducting an Event on University property must present proof of insurance naming the University as an additional insured under a policy that includes coverage for abuse to minors. (Section A (15)).   |
|            |    | Have you attached proof of coverage? (Certificate of Insurance.)   |
|            | b. | Other groups and individuals participating in an Event at the University must report all violation of this Policy to Program Coordinator AND the appropriate University Official and are subject to the sanctions proscribed under the Policy. (Section A (12), (C) & D).  |
|            | c. | If any of the above information changes between now and the commencement of the Event, you have an affirmative obligation to resubmit an amended form as soon as possible and to immediately advise the Office of Student Development of the change.   |
|            |    | Do you agree to abide by all the requirements of this policy, all the applicable rules and policies of the University, including but not limited to the reporting requirement for the violation of this policy. If so, please sign and date below  |
| Print Name |    |  |
| Signature  |    |  |
| Date       |    |  |
|            |    |  |

Stop, you have completed the Checklist for an Event. Please return this completed form to the Office of Student Development along with all required documentation.