POLICY TITLE: Interactions with Non-enrolled Minors Policy

Policy Number: TBD

Effective Date: TBD

Policy Sponsors: Allison M. Vaillancourt
Vice President, Institutional Effectiveness and Human Resources

Laura Todd Johnson
Vice President for Legal Affairs and General Counsel

I. PURPOSE, PHILOSOPHY, AND APPLICABILITY

The University of Arizona ("University") is committed to promoting the safety and well-being of all individuals who visit or use its campus or other facilities for any reason. The purpose of this Policy is to establish reasonable and flexible safeguards for official University programs or activities open for participation by Minors. Therefore, this Policy applies to organized University programs and activities ("Programs") that are supervised exclusively by University employees or others authorized to act in a custodial capacity on the University’s behalf ("Authorized Adults") for the benefit of individuals under the age of 18 ("Minors").

While the University will use all reasonable means to safeguard all minors, this Policy does not apply to minors who: (1) have been admitted and matriculated as a student at the University, (2) are employed by or volunteering at the University, (3) attend or participate in University activities while supervised by a parent, legal guardian, or official of a school or other non-University organization or group, (4) attend University events open to the public (e.g., museum tours, football games, etc.) for which a parent or legal guardian may give permission, or (5) participate in activities that have been given Institutional Review Board approval.

II. POLICY

A. Supervision of Minors

Authorized Adults will avoid interactions with Minors that cannot be observed by another Authorized Adult. There may be situations, however, in which such interactions are necessary. Examples may include off-site auditions, interviews, mentoring, and tutoring sessions. Where one-on-one interactions are planned or can reasonably be anticipated in advance, the Program must obtain written administrative and parental or legal guardian approval using an Administrative Approval of One-on-One Interaction With a Minor Form (Appendix A) and a Parental/Legal Guardian Disclosure of One-on-One Interaction With a Minor Form (Appendix B), or customized Program forms containing, at a minimum, all of the information required in Appendices A and B.
B. Duty to Report

1) If an Authorized Adult reasonably believes that a Minor, while participating in a Program, has been subjected to abuse or neglect, with or without physical or emotional harm, he or she will immediately report such information to a peace officer (by calling 9-1-1) and to the Program supervisor. Any Authorized Adult who is aware of an ongoing threat to the health or safety of a Minor will take such steps as are appropriate under the circumstances to immediately separate the Minor from the threat.

2) The Program will immediately take steps to prohibit anyone whose conduct has resulted in a report under this section from having any further contact with Minors until it receives suitable assurances that the individual whose conduct resulted in the report has been absolved of any wrongdoing.

C. Images of Minors

Authorized Adults may only photograph, videotape, or digitally record a Minor (1) for programmatic purposes, and (2) with the express written authorization of the Minor’s parent or legal guardian using an Image Release Form (Appendix C) or a comparable Program-specific form providing for such consent.

D. Communications with Minors

While a Program is being conducted, Authorized Adults may communicate with Minors by phone, social media, or other electronic means (e.g., emails, text messages, etc.) only to convey programmatic information, and may not have contact with Minors outside of official programmatic activities (e.g., no personal home visits, etc.).

E. Medical Contacts with Minors

1) Depending upon a review of factors such as Program duration, location, and activities, Programs will, if appropriate, develop individualized protocols regarding medical contacts with Minors. Such protocols may include medical information to be collected about Minors, administration of medication to Minors, and use by Minors of healthcare provider-prescribed medical devices to treat emergency or chronic conditions (e.g., “Epi” pens and respiratory-related inhalers).

2) At least one Authorized Adult with current first-aid and CPR certifications shall be reasonably accessible during all Program activities. Program staff will call 9-1-1 in the case of a medical emergency involving a Minor.
F. Training

The University will develop and maintain a training program for Authorized Adults that includes information about responsibilities to safeguard Minors, applicable policies and procedures, and reporting requirements. Authorized Adults will complete the training as directed by the University. The University will maintain a list of Authorized Adults who have completed the training.

G. Background Checks

As may be required by University policies and procedures, the Division of Human Resources ("HR") will conduct or cause to be conducted a criminal background check of all individuals who wish to serve as Authorized Adults. University Facilities Use Agreements with third-parties that conduct activities for Minors using University facilities will require such parties to conduct criminal background checks on all individuals who will have contact with Minors.

H. Behavioral Expectations

Before a Program begins, it will distribute written behavioral expectations to all Minors and their parents or legal guardians using the attached Behavioral Expectations for Minors Form (Appendix D), or a comparable Program-specific form. Minors and their parent(s) or legal guardian(s) will sign and return the form to Program staff to acknowledge that they agree to its terms. Authorized Adults will sign and return a Behavioral Expectations for Authorized Adults Form (Appendix E), or a customized Program form containing, at a minimum, all of the information required in Appendix E, to acknowledge that they have reviewed this Policy and agree to abide by its terms and conditions.

III. COMPLIANCE

A. Recordkeeping

1) Programs will obtain contact information, including name, phone numbers, and street and email addresses, for the parents or legal guardians of all Minors on a Program Participant Information Form (Appendix F), or a comparable Program-specific form. This information will be used to notify such individuals of any (a) significant health or safety issues affecting the Minor, including medical or behavioral problems, and (b) programmatic disruptions, including cancellations and time changes.

2) Programs will also obtain contact information for individuals (other than a parent or legal guardian) authorized to pick the Program Participant up, if applicable, and for one or more adults designated as emergency contacts. Programs will provide contact information for at least one Authorized Adult to the parents or legal guardians of each Minor.
3) As soon as such information becomes available, Programs will submit a Program Information Form (Appendix G) to the Vice President for Student Affairs ("VPSA") containing a description of activities and their dates and locations. Programs will supplement this information with the names of all participating Minors and Authorized Adults as soon as such information becomes final. The VPSA will maintain a master list of all programmatic information reported.

B. Consequences of Violations

1) Employees and others who violate this Policy may be subject to discipline including, but not limited to, dismissal or suspension from employment, dismissal from participation in current programs, or ineligibility to participate in future programs.

2) Units that violate this Policy may be prohibited from offering, sponsoring, hosting, or otherwise operating programs or activities for Minors.
RELATED POLICIES AND OTHER MATERIALS:

Reporting of Illegal or Unethical Conduct at the University of Arizona
http://president.arizona.edu/memos_letters/reporting-illegal-or-unethical-conduct-university-arizona

Mandatory Background Checks for Employees and Process for Hiring, Retaining, or Terminating Employees Convicted of a Felony Offense – Arizona Board of Regents Policy 6-709

Fingerprint-Based Criminal Background Checks for Security- or Safety-Sensitive Positions
http://www.hr.arizona.edu/02_sel/FPChecks.php

Pre-Employment Screening – University of Arizona Human Resources Policy 103.1 and University Handbook for Appointed Personnel Policy 2.23
http://www.hr.arizona.edu/policy/103.1
http://uhap.web.arizona.edu/chapter_2#2.23

Pre-Employment Screening and Background Checking Procedures
http://www.hr.arizona.edu/pre_employment_background_screening

Criminal Background Checks for Non-competitive Hires, Transfers and Reassignments and Student Employees and Volunteers
http://www.hr.arizona.edu/criminal_background_checks_for_non_competitive_hires

Workplace Violence – University of Arizona Human Resources Policy 401.1 and University Handbook for Appointed Personnel Policy 2.21
http://www.hr.arizona.edu/policy/401.1
http://uhap.web.arizona.edu/chapter_2#2.21

University of Arizona Nondiscrimination and Anti-harassment Policy
http://policy.arizona.edu/sites/default/files/Nondiscrimination.pdf

Visitors in the Workplace – University of Arizona Human Resources Policy 421.0
http://www.hr.arizona.edu/policy/421
APPENDIX A
UNIVERSITY OF ARIZONA INTERACTIONS WITH NON-ENROLLED MINORS
ADMINISTRATIVE APPROVAL OF POSSIBLE ONE-ON-ONE INTERACTION WITH A MINOR

Program or activity name: ____________________________________________

Supervisor’s name and contact information: ______________________________
____________________________________________________________________
____________________________________________________________________

One-on-one interactions between Minors and Authorized Adults are (or may be) necessary for the following reason(s):
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Describe the nature, frequency, and setting(s) of all one-on-one interactions between Authorized Adults and Minors that can reasonably be anticipated:
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

The following safeguards will be observed regarding one-on-one interactions between Authorized Adults and Minors:
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

I authorize the above-named Program or activity to have one-on-one interactions between Authorized Adults and Minors as described above.

_______________________________________________________________
Printed Name of Supervising Dean, Director or Department Head

_______________________________________________________________
Position Title

_______________________________________________________________
Signature                                         Date
APPENDIX B
UNIVERSITY OF ARIZONA INTERACTIONS WITH NON-ENROLLED MINORS
PARENTAL/LEGAL GUARDIAN DISCLOSURE OF ONE-ON-ONE INTERACTION WITH A MINOR

Program or activity name: ____________________________________________

The above-named Program or activity may involve one-on-one interactions with your child as follows:
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

Please complete the following regarding your child’s participation in this Program or activity:

Child’s Name: _______________________

I understand that the above-named Program or activity may involve one-on-one interactions with my child and, by signing below, I authorize my child to participate.

_______________________________________________________________
Printed Name of Program Participant’s Parent or Legal Guardian

_______________________________________________________________
Signature of Parent or Legal Guardian                      Date
APPENDIX C
UNIVERSITY OF ARIZONA INTERACTIONS WITH NON-ENROLLED MINORS
IMAGE RELEASE

I am the parent or legal guardian of ________________________________
("Minor"). On behalf of the Minor, I grant permission to the Arizona Board of Regents, on behalf of the University of Arizona and its agents or employees, to use photographs, video, or digitally recorded images (collectively “images”) taken of the Minor while participating in

__________________________________________________________

(Fill in Program name)
activities, for use in University publications such as recruiting brochures, newsletters, and magazines, and to use such images on display boards, or electronic versions of the same publications, or on University websites or other electronic forms or media, and to offer them for use or distribution in other non-university publications, electronic or otherwise, without notifying me.

I waive any right to inspect or approve the finished images or printed or electronic matter that may be used in conjunction with them now or in the future, whether that use is known to me or unknown, and I waive any right to royalties or other compensation arising from or related to the use of the images.

I agree to release and hold harmless the Arizona Board of Regents, on behalf of the University of Arizona and its agents or employees, including any firm publishing and/or distributing the finished product in whole or in part, whether on paper or via electronic media, from and against any claims, damages or liability arising from or related to the use of the images, including but not limited to any misuse, distortion, blurring, alteration, optical illusion or use in composite form, either intentionally or otherwise, that may occur or be produced in taking, processing, reduction or production of the finished product, its publication or distribution.

__________________________________________________________

Printed Name of Program Participant’s Parent or Legal Guardian

__________________________________________________________

Signature of Parent or Legal Guardian Date
APPENDIX D
UNIVERSITY OF ARIZONA INTERACTIONS WITH NON-ENROLLED MINORS
BEHAVIORAL EXPECTATIONS FOR MINORS

[Name of Program]

The University of Arizona is committed to providing a safe, fun, and healthy learning environment for all Minors involved in Programs or activities it sponsors. The University encourages an environment of mutual respect among participants, volunteers, staff, and faculty.

Minors are expected to follow all University policies as well as the guidelines listed below:

1. Work cooperatively and respectfully with other Minors, volunteers, faculty and staff.
2. Follow established Program and activity rules and directions.
3. Use appropriate language and behavior at all times. Language or behavior that is abusive, harassing, or threatening may result in my removal from the event or activity.
4. Use all University property and materials appropriately. Charges may be incurred due to misuse or damage.
5. Dress appropriately for the activities as directed by Program staff, including the use of safety gear where required.
6. Remain on event property or with the group at all times. Participants should not leave the property or group without prior notification and authorization from Program staff.
7. Obey all local, state and federal laws.
8. Not bring any prohibited items to activities and events including tobacco, alcohol, drugs, illicit material, and weapons outside of sanctioned events.
9. Not host guests in University-owned or University-provided overnight accommodations without express permission from Program staff.
10. Report to the Program supervisor any abuse or neglect committed against any Minor during Program activities.

It is the goal that all Minors have a positive experience with events and activities offered, hosted, or sponsored by the University of Arizona. In order to promote the health and safety of all involved, participation by a Minor may be terminated at the discretion of Program staff if the Minor does not abide by the above expectations.

I have read, understand and have discussed the above expectations with my child.

__________________________________________  __________________________
Printed Name of Parent or Legal Guardian of Minor  Date

__________________________________________
Signature of Parent or Legal Guardian of Minor

IN ADDITION, PLEASE COMPLETE THE FOLLOWING FOR CHILDREN OVER THE AGE OF 10:

I agree to follow the behavioral expectations listed above.

__________________________________________  __________________________
Printed Name of Minor  Date

__________________________________________
Signature of Minor
APPENDIX E
UNIVERSITY OF ARIZONA INTERACTIONS WITH NON-ENROLLED MINORS
BEHAVIORAL EXPECTATIONS FOR AUTHORIZED ADULTS

As an Authorized Adult staff member in the __________________________ Program, I agree to abide by the following Behavioral Expectations related to my conduct:

1. I will not consume alcohol if I am under the age of 21 and/or while on duty or responsible for the care of Minors.
2. I will not bring firearms or other weapons to any Program site unless use of such firearms or weapons is a part of officially sanctioned Program activities.
3. I will not sell, use, possess, or distribute illegal drugs or related items that would violate the law.
4. I will not provide any legal drugs, including prescription medications or over-the-counter medications, to Minors unless expressly authorized to do so in accordance with a release from the Minor’s parent(s) or legal guardian(s).
5. I will not engage in any threatening or intimidating behavior, including stalking, bullying or hazing.
6. I will not engage in behavior that will or is intended to cause physical or emotional harm either to myself or others participating in this Program.
7. I will not engage in gambling or gaming activities while on duty or responsible for the care of Minors.
8. I will not engage in any illegal sexual activity, sexual offenses, or activities involving sexual favors with any Minor.
9. I will not engage in or solicit prostitution or use escort or related adult entertainment services.
10. I will not engage in any discriminatory activities, including harassment or retaliation.
11. I will abide by all state and federal laws.
12. I will not conceal an act of misconduct prohibited by these Behavioral Expectations.
13. I will only use audio or video recording devices if approved by the Program for purposes consistent with authorized Program activities.
14. I will make a report by calling 9-1-1 if I believe any Minor has been the subject of abuse or neglect, with or without physical or emotional harm.
15. I will follow directions of Program supervisors that are reasonably required to fulfill my duties as a staff member.
16. I will read the University’s Policy on Interactions with Non-enrolled Minors and will abide by its terms and conditions.

I am aware and acknowledge that if I violate any of these Behavioral Expectations, I may be subject to removal from Program participation or be subject to other sanctions, and that any expenses related to removal or sanctions will be my sole responsibility.

I certify that I have read and will follow the Behavioral Expectations and regulations outlined above.

__________________________________________________________  ______________________
Printed Name of Program Staff Member             Date

__________________________________________________________
Signature of Program Staff Member
APPENDIX F
UNIVERSITY OF ARIZONA INTERACTIONS WITH NON-ENROLLED MINORS
PROGRAM PARTICIPANT INFORMATION FORM

[Name of Program]

Name of Minor: _____________________________________________________________

Date of Birth: _____________________________________________________________

Address: __________________________________________________________________

Phone Number:_____________    Email Address: ________________________________

Parent/Legal Guardian Information:

_________________________   Home Phone Number   Email Address
      Name                  __________________________
                          __________________________
      Home Phone Number   __________________________
                          __________________________
      Email Address       __________________________
                          __________________________
      Cell Phone Number

_________________________   Home Phone Number   Email Address
      Name                  __________________________
                          __________________________
      Home Phone Number   __________________________
                          __________________________
      Email Address       __________________________
                          __________________________
      Cell Phone Number

Emergency Contact Information:

_________________________   Home Phone Number   Email Address
      Name                  __________________________
                          __________________________
      Home Phone Number   __________________________
                          __________________________
      Email Address       __________________________
                          __________________________
      Cell Phone Number

Individuals (other than a parent/legal guardian) authorized to pick the Program Participant up from the Program:

_________________________   Cell Phone Number   Relationship to Minor
      Name                  __________________________
                          __________________________
      Cell Phone Number   __________________________
                          __________________________
      Relationship to Minor

_________________________   Cell Phone Number   Relationship to Minor
      Name                  __________________________
                          __________________________
      Cell Phone Number   __________________________
                          __________________________
      Relationship to Minor
APPENDIX G
UNIVERSITY OF ARIZONA INTERACTIONS WITH NON-ENROLLED MINORS
PROGRAM INFORMATION FORM

Instructions: Please complete this form fully and email it to the Office of the Vice President for Student Affairs, attention James Van Arsdel (vanarsde@email.arizona.edu). Forms should be submitted as soon as the information requested below becomes available, ideally no fewer than ___ days prior to the Program start date, and complete information should be submitted supplementally as soon as available.

A. Initial Program Information

Name of Program: ________________________________________________________________

Sponsoring Department or Unit: ___________________________________________________

Program Description: ____________________________________________________________

Where one-on-one interactions between Minors and Authorized Adults are (or may be) necessary, please attach signed administrative approval form and check here.

Dates of Operation: _____________________________________________________________

Location(s): _________________________________________________________________

Name of Program Director or Supervisor: __________________________________________

Phone Number: _____________________________

Email Address: _______________________________

B. Supplemental Program Information

Supplement the above information with the following as soon as it becomes final:

(1) Names of all Program employees and volunteers who may have direct contact (i.e., care, supervision, guidance, control, or non-incidental contact) with Minors

__________________________________________________________________________

__________________________________________________________________________

(2) Names of all Minors

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________