INTERIM POLICY ON INTERACTIONS WITH NON-ENROLLED MINORS

PURPOSE AND PHILOSOPHY

The University of Arizona (“University”) is committed to promoting the safety and well-being of minors who participate in: 1) University Programs and 2) activities operated by third-parties using University facilities (“Third-party Activities”). The purpose of this Policy is to establish safeguards in support of this commitment.

DEFINITIONS

Adult – any person 18 years of age or older (Ariz. Rev. Stat. § 1-215(3)).

Authorized Adult and/or Program Staff – Adults, paid or unpaid, who have Direct Contact with Minors in a Program or Third-party Activity. This includes but is not limited to University faculty, staff and other employees, volunteers, University students, interns, employees of temporary employment agencies, and independent contractors or consultants. For purposes of this Policy, the terms Authorized Adult(s) and Program Staff may be used interchangeably.

Direct Contact – providing care, supervision, guidance to or control over Minors or having other non-incidental interactions with Minors.

Minor – any person under 18 years of age (Ariz. Rev. Stat. § 1-215(22)) who participates in a Program or Third-party Activity. This definition does not apply to persons under the age of 18 who:

(i) have graduated from high school and are enrolled in or attending the University for academic credit;

(ii) are working as a student employee or student volunteer at the University; or

(iii) attend University activities while supervised by their parent(s) or legal guardian(s) or officials of a school or other non-University organization or group.

One-on-One Contact – Direct Contact between a Minor and an Authorized Adult that is not within the clear and unobstructed view of another Authorized Adult, parent or legal guardian.

Program – an organized activity in which Minors participate, whether on or off campus, that is offered, sponsored, hosted, controlled, or otherwise operated by a Sponsoring Unit. Programs include but are not limited to workshops, camps, clinics, conferences, pre-enrollment visits (including recruiting visits by prospective student-athletes), and 4-H and Cooperative Extension activities. The term Program does not include events on campus that are open to the general public (e.g., museum or library tours) and that persons under the age of 18 may attend at the sole discretion of their parent(s) or legal guardian(s).
Sponsoring Unit – a University academic or administrative unit that offers, sponsors, hosts, controls or otherwise operates a Program.

Third-party Activity – sports camps and other similar activities in which Minors participate and that use University facilities, but which are owned, offered, controlled, or otherwise operated by third-parties pursuant to a facilities use or other similar type agreement with the University. This term does not include the rental or use of University owned or controlled facilities by a third-party for a private entertainment or personal event.

Third-party Activity Provider – any individual or entity that owns, offers, controls or otherwise operates a Third-party Activity.

University Housing – residential facilities owned by or under the control of the University.

SPONSORING UNIT AND THIRD-PARTY ACTIVITY PROVIDER REQUIREMENTS

A. Communication and Notification

1. The Sponsoring Unit will obtain contact information, including name, phone numbers, and street and email addresses, for the parent(s) or legal guardian(s) of all Minors on the Program Participant Information Form (Appendix A). It will also obtain similar information for one or more adults serving as emergency contacts. This information will be used to notify such individuals of any 1) significant health or safety issues affecting the Minor, including medical or behavioral problems, and 2) any programmatic disruptions, including Program cancellations and time changes.

2. Third-party Activity Providers will obtain substantially similar information for Minors participating in a Third-party Activity.

3. The Sponsoring Unit or Third-party Activity Provider will provide contact information for at least one Authorized Adult to the parent(s) or legal guardian(s) of each Minor.

B. Medical Information, Provision of Medication, and Emergency Services

1. The Sponsoring Unit will obtain a completed Program Participant Medical Information and Release Form (Appendix B) for each Minor.

2. Program Staff will only provide medication to Minors as follows:
a. Program Staff will review all Appendices A and B submitted on behalf of Minors.
b. The Minor’s parent(s) or legal guardian(s) will provide prescription medication in its original container labeled with the Minor’s name, medication name, and storage and dosing instructions.
c. Program Staff will store medication in a secure location accessible only by an Authorized Adult and will follow any special storage directions on the original container (e.g., refrigeration) and may make available such medication to a Minor at such times as directed on the original container. The Minor will be responsible for self-administration of such medication in the presence of an Authorized Adult.
d. Minors may possess any physician-prescribed medical devices intended to treat emergency or chronic conditions. Examples include but are not limited to “Epi” pens and respiratory-related inhalers.

3. Program Staff will maintain current first-aid and CPR certifications and will call 9-1-1 in the case of a medical emergency involving a Minor.

C. Supervision of Minors

1. No Authorized Adult will have One-on-One Contact with a Minor. Therefore, an Authorized Adult may have contact with a Minor only if at least one other Authorized Adult, parent or legal guardian has a clear and unobstructed view of the other Authorized Adult and Minor.

2. Program Staff will not photograph, videotape, or digitally record a Minor unless expressly authorized by the Minor’s parent(s) or legal guardian(s) and in a manner consistent with authorized Program activities.

D. Non-Program Communication and Contact with Minors

Authorized Adults may communicate with Minors by phone, social media, or other electronic means (e.g., emails, text messages, etc.) only to convey information related to Program or Third-party Activities, and may not have contact with Minors outside of official Program activities (e.g., babysitting, home visits).
E. Behavioral Expectations

1. Program Staff will distribute written Behavioral Expectations for Minors/Program Participants (Appendix C) to all Minors and their parent(s) or legal guardian(s) prior to the Program or Third-party Activity. Program Staff also will receive written Behavioral Expectations for Program/Third-party Activity Staff (Appendix D) related to their participation in Program or Third-party Activities. Such Behavioral Expectations will specify the conduct requirements and prohibitions to which all Minors and Program Staff are subject. Minors and their parent(s) or legal guardian(s) will sign an acknowledgment that they have read and received a copy of the Behavioral Expectations and return a signed copy of such acknowledgment to the Program or Third-party Activity prior to participating in the Program or Third-party Activity. Program Staff also will sign an acknowledgment that they have received and read the Behavioral Expectations related to their participation in such Program or Third-party Activity. The Behavioral Expectations will include a statement that, at the sole discretion of Program Staff, Minors may be subject to removal or other sanctions related to the Program or Third-party Activity, and that any expenses related to such removal or sanctions will be the sole responsibility of the Minor’s parent(s) or legal guardian(s).

2. If Minors will be residing in University Housing during a Program, they also will receive a copy of the Department of Residence Life’s Community Standards and Policies which they will be required to follow.

F. Applicability to Third-party Activity Providers

University facility use or other similar agreements with Third-party Activity Providers will specify that compliance with the requirements of Sections A through E of this Policy is a condition of such agreements, although such Providers may design their own forms and write their own policies to comply with such requirements.

G. Recordkeeping

If practicable, no fewer than thirty (30) days before a Sponsoring Unit commences a Program, it will submit a Program Information Form (Appendix E) to the Vice President for Student Affairs (“VPSA”) containing dates and location(s) of Program activities, and the names of all Program Staff. The Sponsoring Unit will submit to the VPSA a supplemental Program Information Form that includes any new Program information as well as the names and dates of birth of all Program Participants no later than the start
date of the Program. University facility use or other similar agreements with Third-party Activity Providers will impose the same requirement upon such Providers. The VPSA will maintain a master list of all Programs and Third-party Activities. Such master list will include but not be limited to Program and Third-party Activity names and descriptions, and dates of operation.

H. Background Checks

The Division of Human Resources (“HR”) will conduct or cause to be conducted a criminal background check of all Program Staff who participate in a University Program pursuant to the policies and procedures of the Arizona Board of Regents and the University. University facility use and other similar agreements with Third-party Activity Providers will specify that, as a condition of being allowed to use University facilities, such Providers will provide proof to HR that they have conducted criminal background checks at their own expense through a private authorized vendor of all proposed Program Staff.

I. Training

1. The Sponsoring Unit will require that all Program Staff read and become familiar with this Policy. All Program Staff will sign and date a Verification Form (Appendix F) that they have reviewed this Policy and agree to its terms, and the Sponsoring Unit will maintain all such verifications. No Authorized Adult may have Direct Contact with a Minor until he or she has provided such verification.

2. The University will develop a training program that includes information about responsibilities pertaining to safeguarding Minors, applicable policies and procedures, and reporting requirements. No Authorized Adult may have Direct Contact with a Minor unless he or she has successfully completed the training as directed by the University. The University will maintain a list of the names and dates on which Authorized Adults or Program Staff have completed the training.

3. University facility use or similar agreements with Third-party Activity Providers will mandate that such Providers furnish similar training to their Program Staff.
J. Duty to Report

1. If an Authorized Adult reasonably believes that a Minor has been the subject of abuse, neglect, or physical or emotional harm, he or she will immediately report such information to a peace officer (by calling 9-1-1) and to the Sponsoring Unit. 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. A Program or Third-party Activity Provider will immediately take steps to prohibit anyone whose conduct has resulted in a report under Section J.1 above from having any further Direct Contact with Minors until such Program or Third-party Activity Provider has received suitable assurances that continuing Direct Contact with Minors would be appropriate.

K. Consequences of Violations

1. University Program Staff who violate this Policy may be subject to discipline including, but not limited to, dismissal from current Programs and/or the ability to participate in future Programs.

2. Sponsoring Units that violate this Policy may be prohibited from offering, sponsoring, hosting, or otherwise operating Programs.

3. Third-party Activity Providers that violate this Policy may be prohibited from using University facilities.

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
Name of Program Participant: __________________________________________

Date of Birth: ______________________________________________________

Address: __________________________________________________________

Phone Number: ___________  E-mail Address: __________________________

**Parent/Legal Guardian Information:**

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<tr>
<th>Name</th>
<th>Home Phone Number</th>
<th>E-mail Address</th>
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<td>Residence Phone Number</td>
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<td></td>
<td>Cell Phone Number</td>
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<table>
<thead>
<tr>
<th>Name</th>
<th>Home Phone Number</th>
<th>E-mail Address</th>
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<td>Residence Phone Number</td>
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<td>Cell Phone Number</td>
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**Emergency Contact Information:**

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<thead>
<tr>
<th>Name</th>
<th>Home Phone Number</th>
<th>E-mail Address</th>
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APPENDIX B
UNIVERSITY OF ARIZONA INTERACTIONS WITH NON-ENROLLED MINORS
PROGRAM PARTICIPANT MEDICAL INFORMATION AND RELEASE

(NAME OF PROGRAM/THIRD-PARTY ACTIVITY)

Name of Program Participant: ________________________________________________

Date of Birth: ______________________________________________________________

Does the Program Participant have any medical condition(s) or limitation(s) affecting his/her ability to participate in Program/Third-party Activities?

____ Yes   _____ No

If yes, please describe: ______________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

If yes, does the Program Participant require any accommodations in connection with such medical condition(s) or limitation(s)?

____ Yes   _____ No

If yes, please describe: ______________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Does the Program Participant have any known medication, food, or other allergies?

____ Yes   _____ No

If yes, please describe: ______________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Name of Program Participant’s Health Insurance Company: ______________________

Policy & Group Numbers: _____________________________________________________

Will the Program Participant be bringing any prescription or other medications to the Program?

____ Yes   _____ No

If yes, name each medication and provide dosage instructions exactly as set forth on the prescription medication (amount and time(s) of administration). NOTE: PROGRAM STAFF MAY NOT AUTHORIZE DEVIATIONS FROM PRESCRIPTION INSTRUCTIONS.
Are there any special handling instructions for the above-described medications (e.g., refrigeration)? If yes, please describe:

Name and phone number of the Program Participant’s Primary Health Care Provider:

I authorize the Program as follows:

1. to obtain emergency medical services as needed for my child; and
2. to store the above-listed prescription medication(s) according to original product label instructions and to provide such medication(s) to my child for purposes of permitting my child to self-administer such medications at the prescribed times according to prescription instructions.

I release and discharge the Arizona Board of Regents, on behalf of the University of Arizona, and all of their employees, volunteers, and other agents (“Releasees”) from any liability in connection with obtaining emergency medical services for my child or providing medications to my child as I have directed and authorized above. I further agree to indemnify, defend, and hold the Releasees harmless from and against all claims, demands, and suits brought against them in connection with this Release.

_________________________________________  _____________  ________________
Printed Name of Program Participant’s Parent/Legal Guardian  Date

Signature of Program Participant’s Parent/Legal Guardian
APPENDIX C
UNIVERSITY OF ARIZONA INTERACTIONS WITH NON-ENROLLED MINORS
BEHAVIORAL EXPECTATIONS FOR MINORS/PROGRAM PARTICIPANTS

As a participant in the ____________________________ Program/Third-party Activity, I agree to follow these Behavioral Expectations related to my conduct:

1. I will not consume alcohol if I am under the age of 21.
2. I will not bring firearms or other weapons to any Program activity.
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 other Program Participants or Program Staff.
5. I will not engage in any threatening or intimidating behavior, including stalking, bullying or hazing of other Program Participants or Program Staff.
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 the Program.
7. I will not engage in gambling or gaming activities.
8. I will not engage in any illegal sexual activity, sexual offenses or activities involving sexual favors.
9. I will not engage 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 Program Staff for purposes consistent with authorized Program activities.
14. I will report to Program Staff if I believe that any Program/Third-party Activity participant has been the subject of abuse, neglect, or physical or emotional harm.
15. I will follow directions of Program Staff.

I am aware and acknowledge that a violation of these Behavioral Expectations and regulations may subject me to removal from the Program or Third-party Activity or other sanctions at the sole discretion of Program Staff and that any expenses related to such removal or sanctions will be my/our sole responsibility.

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

____________________________________________________  ____________________________
Printed Name of Program Participant  Date

____________________________________________________
Signature of Program Participant

____________________________________________________  ____________________________
Printed Name of Parent/Legal Guardian of Program Participant  Date

____________________________________________________
Signature of Parent/Legal Guardian of Program Participant
APPENDIX D
UNIVERSITY OF ARIZONA INTERACTIONS WITH NON-ENROLLED MINORS
BEHAVIORAL EXPECTATIONS FOR PROGRAM/THIRD-PARTY ACTIVITY STAFF

As a Program/Third-party Activity staff member in the __________________________ Program/Third-party Activity, I agree to follow these 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 activity.
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 Program Participants, unless expressly authorized to do so in accordance with a release from the Program Participant’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.
8. I will not engage in any illegal sexual activity, sexual offenses or activities involving sexual favors with any Program Participant.
9. I will not engage 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 or Third-party Activity for purposes consistent with authorized Program activities.
14. I will make a report by calling 9-1-1 if I believe any Program Participant has been the subject of abuse, neglect, or physical or emotional harm.
15. I will follow directions of Program/Third-party Activity Staff that are reasonably required to fulfill my duties as a staff member.

I am aware and acknowledge that a violation of these Behavioral Expectations and regulations may subject me to removal from a Program or Third-party Activity or other sanctions, and that any expenses related to such 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 E
UNIVERSITY OF ARIZONA INTERACTIONS WITH NON-ENROLLED MINORS
PROGRAM INFORMATION FORM

Instructions: Please complete this form in its entirety and e-mail it to the Office of the Vice President for Student Affairs, attention Jennifer Hiatt (hiatt@email.arizona.edu). Forms should be submitted no later than 30 days prior to the Program start date, and complete information should be submitted supplementally no later than the Program start date.

Name of Program: ______________________________________________________

Sponsoring Department or Unit or Third-Party Activity Provider: ________________

Program Description: ____________________________________________________________________________________________

__________________________________________________________________________________________

Dates of Operation: ____________________________

Location(s): ________________________________________________________________

Name of Program Director or Supervisor: _____________________________________________

Phone Number: _________________________________

E-mail Address: ________________________________

Names of all Program employees and volunteers who may have direct contact (i.e., care, supervision, guidance, control, or non-incidental contact) with Program Participants in the above-named Program who are minors (submit a supplemental information sheet(s) if needed): ______________

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

Names and dates of birth of Program Participants (submit supplemental information sheets if needed):

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________
APPENDIX F
UNIVERSITY OF ARIZONA INTERACTIONS WITH NON-ENROLLED MINORS
VERIFICATION FORM

I acknowledge that I have reviewed and become familiar with the University Policy on Interactions with Non-enrolled Minors. I agree to the terms of this Policy and understand that I may not have Direct Contact with a Minor as defined in the Policy until I have signed and returned this verification form.

____________________________________________________

Printed Name of Program Staff Member

____________________________________________

Date

____________________________________________________

Signature of Program Staff Member