UWG PROCEDURE NUMBER: 9.5.1, Protection of Minors in Camps, Conferences, and Ancillary Programs
Authority: UWG POLICY 9.5 (Protection of Minors on Campus)

The Chief Legal Officer, pursuant to the authority of UWG Policy 9.5, establishes the following procedures for protecting minors on campus and at University functions:

A. Definitions
1. Adult – Any person 18 years of age or older.
2. Assigned adult – For the purposes of this Procedure, an “Assigned adult” refers to an “Adult” who has been designated by the University or the non-University group operating on campus, to supervise the minors while on campus.
3. Campus authority – Includes Chief Legal Officer, Risk Manager, Chief Human Resource Officer, Chief Business Officer, or any person in the Program Director’s chain-of-authority.
4. Child/Children – see “Minor”
5. Direct contact – The care, supervision, guidance or control of children or routine interaction with children.
6. Mandatory Reporter – Individuals in certain professions required by Georgia law in O.C.G.A. § 19-7-5 to report child abuse to the Division of Family and Children Services under Georgia’s Department of Human Services, to an appropriate police authority, or district attorney. See, O.C.G.A. § 19-7-5(e).
7. Minor – Any person under the age of 18 as further defined by O.C.G.A. § 39-9-1. For the purposes of UWG Policy 9.5 and its Procedures, this excludes UWG students.
8. One-on-one contact – Personal, unsupervised interaction between any “Assigned adult” and a participant minor without at least one other “Assigned adult”, parent, or legal guardian being present.
9. Program – Activities offered by a University unit, or non-University group operating on campus, that engages “Minors” academically or recreationally. This includes, but is not limited to workshops, sport camps, academic camps, symposiums, conferences, and pre-enrollment visits.
10. Staff member – Any university employee, reporting to the Program Director, who is involved in the operations of the Program.
11. Support personnel – Any employee, engaged in their normal course of employment, who may have incidental contact with minor program participants, including but not limited to custodial, maintenance, housing, dining, and transportation staff members.
12. Unit – Any academic or administrative unit within the organizational structure of the University.
13. University agent – Any individual employed by the University or a volunteer enrolled in a structured volunteer program.
14. University facilities – Buildings and areas of campus that are owned or controlled by the University.
15. University housing – Any building, owned or operated by the University, which includes residential quarters.
16. Volunteer – A person who voluntarily offers him/herself for a project or effort without pay, including non-paid interns. See UWG Procedure 6.7.1, Volunteering.
B. Authority to Develop Guidelines

1. The AVP/Auxiliary Services is authorized to:
   a. Develop guidelines related to permitting non-UWG groups with minors to use University facilities.
   b. Develop guidelines related to transporting minors in University vehicles.
   c. Develop guidelines related to feeding minors on campus.
   d. Evaluate adherence to this Procedure by any non-UWG group.

2. The Director of Housing and Residence Life is authorized to develop guidelines related to permitting University and non-University groups to use University housing facilities.

3. The Director of Risk Management is authorized to develop guidelines and standards related to the Program safety and the protection of minors.

4. The University Chief of Police is authorized to develop guidelines and procedures related to investigating reports of misconduct by University agents, program participants, or non-University agents.

5. The Chief Human Resources Officer is authorized to develop guidelines and procedures related to conducting criminal background checks, and investigations of misconduct by University agents.

6. UWG Departments are authorized to develop guidelines and procedures for their programs, provide said guidelines or procedures meet or exceed the criteria communicated in this Procedure.

C. Policy Applicability & Exemptions

1. Applicability
   This procedure applies to all camps, after-school programs, workshops, direct-instruction, conferences and similar periodic activities during which minors will be under the transient charge of University agents, and all on-campus programs and activities conducted by non-University groups in which minors will be participating, except as otherwise set forth below.

2. University Programs and Student Minors
   After the required Board of Regents’ pre-screening and training, this procedure generally does not place additional requirements on the following established University programs, except when minors not participating in the named programs may be involved:
   a. UWG Pre-K.
   b. UWG Comprehensive Community Clinic.
   c. Georgia Youth Science and Technology Center (GYSTC).
   d. Childcare programs.
   e. Events and programs with participants limited to UWG students.
   f. Medical services provided by Health Services.
   g. Job-shadowing or “Bring Your Child to Work” opportunities.
   h. Participation and supervision of off-campus practicums and applied-learning experiences.
   Similarly this does not preclude the establishment of additional requirements as set forth in Section B above.

3. Exemptions for On-Campus Programs Involving Minors
   This procedure does not apply to the following on-campus programs involving minors:
   a. On-campus events and programs that are open to the general public and which minors attend at the discretion of their parents or guardians.
   b. Events and programs during which minors are expected to be under the supervision of their parents or guardians.
c. Other on-campus visits by minors during which the minors are supervised by their parents and guardians.

d. On-campus private events such as weddings, birthday/holiday parties, company picnics, etc.

e. Visits to a campus which are supervised by an outside organization and do not involve overnight lodging.

f. Student-admissions processes such as open houses, admissions visits, and admission tours.

D. Procedures for University of West Georgia Programs

1. Program Requirements

   All Programs Involving Minors:
   a. Shall be approved by the unit's chain-of-authority;
   b. Shall be assigned a Program Director, responsible for fulfilling the requirements of this Procedure; and
   c. Shall maintain a roster of all program staff and volunteers, which includes the training that they have received.

2. Procedural Requirements

   Program Directors shall ensure that the following requirements are accomplished:

   a. Program Registration: All programs involving minors shall be registered with Risk Management, which shall include, but not be limited to:
      i. The name and purpose of the program.
      ii. The number and ages of the minor participants.
      iii. The identification of all program staff and volunteers.
      iv. Lodging, transportation, and meal accommodations.
      v. Supervision ratios.
      vi. Safety and security for program participants.
      vii. Training and screening for staff and volunteers.
      viii. Response protocols for injuries, illnesses, misconduct, and other incidents.
      ix. All participant forms.
      x. Any other pertinent information regarding the participants' involvement.

   b. Program Roster: Program Directors shall maintain a roster of all participants.

   c. Codes of Conduct:
      i. All program staff and volunteers shall be required to sign and adhere to the Staff & Volunteer Code of Conduct.
      ii. All program participants shall be required to sign and adhere to the Participant Code of Conduct when required by the Program Director, superior University Unit or division, UWG General Counsel or UWG Risk Management.

   d. Parental Permission & Forms:
      i. A Parental Permission Form and Medical Release Form are mandatory for all programs.
      ii. A Media Release Form, Medications Form, and Self-Travel Authorization Form shall be used when applicable.

   e. Training:
      All program staff, volunteers, and support personnel shall be trained annually on mandatory reporting requirements and relevant institutional policies and procedures. Additionally, all
program staff and volunteers shall be trained annually on safety and security procedures; and the Staff & Volunteer Code of Conduct.

f. Pre-Screening & Background Investigations:
   i. Program Directors shall ensure that all University employees and volunteers associated with the programs, who are reasonably anticipated to have one-on-one contact or with minors, must be appropriately pre-screened and trained. The minimum requirement for screening includes a criminal background check in accordance with the Human Resources Administrative Practice Manual, “Background Investigation.”
   ii. Additional screening may be required by the Program Director or other campus authority.
   iii. To the extent these Procedures conflict with Board of Regents Policy 12.9 Programs Serving Minors, the BOR policy shall prevail.

g. Supervision Ratios: Programs shall be staffed by University agents, proportional to the nature of activities and associated risks. The following ratios of agents/minors shall be standard:

<table>
<thead>
<tr>
<th>Camps/conferences/event</th>
<th>Overnight Lodging</th>
<th>Transportation</th>
</tr>
</thead>
<tbody>
<tr>
<td>At least 2 staff members at all times</td>
<td>At least 2 staff members at all times</td>
<td>At least 1 staff member at all times</td>
</tr>
<tr>
<td>1 staff member for every 10 participants under the age of 10 years old</td>
<td>1 staff member for every 10 participants under the age of 10 years old</td>
<td>1 staff member for every 30 participants under the age of 18</td>
</tr>
<tr>
<td>1 staff member for every 12 participants ages 11-17</td>
<td>1 staff member for every 15 participants ages 11-17</td>
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</table>

Deviations from the expressed supervision ratios shall be approved by UWG Risk Management.

3. Other Considerations
   Program Managers shall consider all other activities and elements of the Program, including food and accessibility; protocols for special-use facilities, such as chemical laboratories or recreational facilities; free time; and participant and staff/volunteer visitors and family members.

E. Procedures for On-Campus, non-UWG Programs

1. Registration
   Non-UWG Programs shall be administered by UWG Auxiliary Services, including responsibility for:
   a. Submitting Program information to Risk Management for review.
   b. Arranging or facilitating all support services to the Program.
   c. Ensuring that a Facility Use Agreement is in place for all on-campus activities and services

2. Facility Use Agreement
   Non-University Groups with minor participants shall complete a Facility Use Agreement Form. This form shall include:
   b. A list of adopted standards on screening, training, and the supervision of minors, and an agreement that the group will comply with UWG standards.
   c. Language indemnifying the University, the Board of Regents of the University System of Georgia, its members individually and their officers, agents and employees.
   d. State licensing requirements
F. Reporting Abuse or Neglect

1. Reporting Requirement for Assigned Adults or Program Staff
   a. Any Assigned Adult or Program Staff who has reasonable cause to suspect that child abuse has occurred, shall immediately report the suspected abuse to UWG’s Police Department at (678) 839-6000 and the appropriate supervisor or Program administrator.
   b. The appropriate supervisor or Program administrator is authorized to take immediate remedial action to protect minors.
   c. The UWG Police or the Program administrator must ensure that the Division of Family and Children Services is notified of the suspected abuse immediately, but in no case later than 24 hours after the Assigned Adult or Program Staff first had reasonable cause to suspect the abuse.

2. Reporting Requirement for Mandatory Reporters
   Mandatory Reporters under Georgia law shall immediately report suspected child abuse to UWG’s Police Department, the Division of Family and Children Services under Georgia’s Department of Human Services, or to the District Attorney for the Coweta Judicial Circuit in accordance with O.C.G.A. § 19-7-5(e).

3. Responsibilities During Investigations
   a. The Program Director shall take prompt action to protect the minor and work with University Police during investigation.
   b. While an investigation is conducted, the person being investigated must not have any direct contact with minors in any UWG or on-campus program.

E. Information Retention & Security

1. All personal information related to minors shall be kept confidential, and distributed on a need-to-know basis only. All relevant laws and policies regarding the security of this information apply.

2. All documents related to the Program and its participants shall be retained in accordance with requirements set forth by the USG Records Retention Schedule, which generally requires retention of child and youth records for three year after the participant reaches the age of 18. Please consult the USG Records Retention Schedule for other record retention requirements.

Issued by the Chief Legal Counsel, the 11th day of [Date] 2019.

Signature, Chief Legal Officer

Reviewed by President:

Previous version dated: March 15, 2017

Resources: USG (Programs Serving Minors)
STAFF/VOLUNTEER CODE OF CONDUCT

The University of West Georgia is committed to the safety and well-being of minors. Authorized staff and volunteers should be positive role models and treat others with respect and courtesy. Authorized staff and volunteers must abide by all University polices, University System policies, state, and federal laws.

- As an authorized staff or volunteer working in programs with minors, I hereby agree as follows:
  - I will maintain appropriate physical boundaries at all times.
  - I will immediately report any reasonable suspicion or knowledge of abuse of a minor to University Police and the Program Director.
  - I will not touch or speak to a minor in a sexual or other inappropriate manner.
  - If one-on-one interaction is required, it will take place in a location that is observable by other volunteers or programs staff.
  - I will not meet with minors outside of established program locations or outside of established times.
  - I will not invite minors to my home or other private locations, or accept their invitation for the same.
  - I will not make sexual comments, tell sexual jokes, or allow minors to access sexually-explicit materials.
  - I will not engage or allow minors to engage me in romantic or sexual conversations.
  
- I will not engage in private communications with minors to include communications via text messaging, email, phone, internet chat, online games or social media.
  
- I will not accept or give gifts to minors without the knowledge of their parents or guardians.
- I will not inflict any physical or emotional abuse on minors to include, but not limited to striking, humiliating, or degrading minors.
  
- I will not use, possess, or be under the influence of alcohol or illegal drugs at any time while working with minors.
  
- I will not provide or knowingly allow minors to possess or consume alcohol, tobacco, or illegal drugs.
  
- I will not use profanity or inappropriate language in the presence of minors at any time.
  
- I will not provide transportation to minors unless doing so is an acknowledged component of the program. When transporting minors, I will not be alone in the vehicle with the minor.

My signature confirms I have read and understand this Code of Conduct. My signature further confirms that I agree to abide by this Code of Conduct. Failure to abide by this Code of Conduct may result in sanctions against me, including but not limited to, termination and/or criminal prosecution.

______________________________                                  _______________________
Name         Date

___________________________
Sponsoring Department
MEDIA, PHOTO & VIDEO RELEASE
Programs Involving Minors

Please read the following release carefully and initial one:

_____ Yes, I give permission for my child’s name, likeness, image, or voice to be used in photographic, video, digital, or other recording forms. I give my permission for the program to use those recordings or works produced by my child (e.g., artwork) for promotional, information, and educational purposes in any and all media, as deemed appropriate by (the University). I understand that the image may be accessible by the general public. I further acknowledge and agree that the University cannot be responsible for any use of the image by any third party accessing the image through the internet or any other manner. I understand that neither my child nor I will receive payment or any other compensation for the taking or use of any recordings or works created as a result of my child’s participation in the program. I understand that I have the right not to consent to my child being videotaped, photographed, or recorded during the program, and the right not to consent to the release or use of the image or media and any personally identifiable information about my child contained in the media, and that this consent shall remain in effect until revoked by me in writing and delivered to the University, though any such revocation shall not affect disclosures previously made prior to its receipt

_____ No, I do not grant permission for my child’s name, likeness, image, or voice to be used in any form, unless necessary for the administration of the program while my child is participating.

I hereby certify that I am over 18 years of age and that I have read the above carefully before signing, and fully understand its contents. This release shall be binding upon me, my heirs, legal representatives, and assigns.

__________________________________________________________
Signature of parent/guardian

__________________________________________________________
Name and age of child (print)

__________________________________________________________
Date
MEDICAL INFORMATION AND AUTHORIZATION FOR MEDICAL TREATMENT

I. Basic Personal Information (please print)  

Today’s Date: ____/____/______

Child’s Name: ________________________________________ Age: ______________

Local Address: ____________________________________________

City: __________________________ State: ___________ Zip: ________________

Cell Phone Number: __________ Work Phone Number: _________________________

Home Phone Number: __________________

II. Emergency Contact Information

Person to notify in case of emergency:

Name: ____________________________ Relationship: ____________________________

Contact’s Phone Number(s): (____)____________________, (____)_________

Contact’s Address: __________________________________________________________

City: __________ State: ___________ Zip: ________________

Family Physician: __________________________ Phone Number: (____)__________________

Insurance Provider: __________________________ Phone Number: (____)__________________

Policy Number: ______________________________________________________________

(Note: The institution does not offer any form of health, liability, or other types of insurance for participants. Please attach a copy of the front and back of your insurance card with this form.)

III. Medical Information

Please list any current medical concerns or medical history we need to know about your child: (Ex. past injuries, current conditions, physical limitations, etc.)

_____________________________________________________________________________

_____________________________________________________________________________

List any allergies your child has (Ex. medications, stings, food, iodine, latex, etc.)

_____________________________________________________________________________

_____________________________________________________________________________
List any medications your child is currently taking, their purpose, dosage, and times taken:
_______________________________________________________________________________
_______________________________________________________________________________
_____________________________________________________________________________

Does your child need any accommodations to safely participate in the program? If yes, please explain.
_______________________________________________________________________________
_______________________________________________________________________________

Does your child require any assistance with his or her medication? If so, please explain:
_______________________________________________________________________________
_______________________________________________________________________________

IV. Authorization for Medical Care
I understand that my child is voluntarily participating in a University of West Georgia program. By signing this form I hereby acknowledge that all information is accurate and current, that any activity restrictions, allergies, and medications are listed on this form, and to the best of my knowledge, my child is capable of participating safely in the program. I acknowledge that my failure to disclose relevant information may result in harm to my child and/or others during this program. I agree to notify the program of any changes in my child’s mental, physical, or medical condition before the program begins.

I understand that UWG does NOT provide medical insurance for my child and that I should consult my child’s physician before allowing my child to participate in this program. In the case of accident or illness, I hereby authorize the program staff to administer or seek medical treatment for my child, as they see fit, including routine first aid care or emergency medical treatment. I hold harmless and agree to indemnify the University of West Georgia and the Board of Regents from any claims, causes of action, damages, and/or liabilities arising out of or resulting from said medical treatment. I acknowledge that I am solely responsible for any hospital or other costs arising out of any bodily injury or property damage sustained through my child’s participation in such voluntary program.

Name of Participant: __________________________ Date: _____/_____/

Signature of Parent or Guardian: __________________________

Name of Parent of Guardian: __________________________

Cell/Personal Phone: __________________________ Work Phone: __________________________
PICK UP AUTHORIZATION

I. Personal Information
(please print)

Today’s Date: ____/____/____

Child’s Name: _________________________________________ Age: ______________

Parent/Guardian Names:_________________________________________________________

Home Phone: ___________________________ Cell Phone(s): ___________________________

Work Phone(s): ______________________________

II. Authorized Pick Up

Please list any individual who is authorized to pick up your child, including yourself. Each authorized person must be at least 16 years of age. The above-named child will not be permitted to leave the program with anyone who is not listed below. Authorized individuals must pick up the child in person and may be requested to show identification to program staff. Children will not be released to persons who fail to provide acceptable identification upon request.

I authorize the following responsible persons to pick up my child from the program (attach additional pages as needed):

<table>
<thead>
<tr>
<th>Authorized Person</th>
<th>Phone Number</th>
<th>Relationship to Child</th>
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Please note that children must be picked up by designated times. If an authorized adult is unable to be reached, program members will contact University Police as a last resort to take your child home. If you are not at home, your child will be released to the Division of Family and Children Services.

III. Authorized Dismissal

(____) Initial if your child is at least 16 years of age and will be responsible for his/her own transportation to and from the program. Your child may sign himself/herself out at the end of the program activities.

Signature of Parent or Guardian: ____________________________________________

Parent or Guardian Name*: _______________________________________________________

*Please note that only the enrolling parent will be permitted to complete this form.