MINORS ON CAMPUS PROGRAM PLAN APPROVAL FORM

Submit completed form to compliance@nyit.edu at least 60 days prior to the event.

PROGRAM INFORMATION	
Program/Event Title:	
Brief Description of Program:	
Department/Unit Sponsoring the Program:	
Program Director/Coordinator:	
Phone: Email:	
Program Location(s):	
Program Date(s):	
Daily Program Hours:	
PARTICIPANT INFORMATION	
Age Range of Minor Participants:	
Anticipated Number of Minor Participants:	
Will minors be supervised at all times? ☐ Yes ☐	No (if no, explain in "Additional Information")
Supervision Ratio (adults:minors):	
Will any of the following activities be included?	? (Check all that apply)
•	 Swimming/water activities
□ Athletic/physical activities	□ Food service
• ☐ Transportation of minors	□ Overnight stay
□ Activities with tools, equipment	 □ Off-campus excursions

PERSONNEL INFORMATION

List all university personnel who will have direct contact with minors. If they have previously completed background checks and training, please note the dates below.

Name	Position	Background Check Date	Training Completion Date
Will any non-university		contact with minors?	□ Yes □ No
□ YES (attach ago□ NO, but one is preparation)□ NO, we do not	reement) needed (please attach have plans for a third-p	prior agreement or mate party agreement (please der "Additional Informati	erials to assist in explain non-university
RISK MANAGEMENT Safety, Security and Em	ergency Plans:		
 □ Program-speci o Includes s	fic emergency procedu	res have been developed nt of an emergency, such cant program disruption.	n as a medical event,
 Establish Sets forth pe co aj 	es participant code of c n program safety rules s ersonnel communicatio	plans have been develop conduct and incident repositions specific to minors, includ in and interaction guideli for participants during free participant protocols	orting processes; ing but not limited to: ines;
o Includes	drop-off and pick-up pro	ardians has been develo ocedures, absence repor mergency procedure info	ting, and any other

Participant and Parental Consent Forms:

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The appropriate forms have been developed using the template forms provided

	for the Program	
ADDIT	TIONAL INFORMATION	
Please provide any additional information about the program that would help us assess potential risks. Include any alternate measures proposed in lieu of background checks and/or training, with rationale:		
CERTII	FICATION	
By sigr	ning below, I certify that:	
1.	All information provided is accurate and complete at the time of submission.	
2.	University policies regarding minors on campus will be followed and shared with personnel.	
3.	All staff have completed required training on working with minors (or will complete prior to program start date).	
4.	All required background checks have been completed (or will be completed prior to program start date).	
5.	All required forms will be received by the parent/guardian(s) prior to a minor's participation.	
6.	Appropriate supervision will be maintained throughout the program, in accordance with program-specific operational plans.	
Progra	am Director ("PD") Signature: Date:	
PD Su	pervisor's Signature: Date:	
FOR LI	EGAL DEPARTMENT USE ONLY	
□ Арр	roved □ Approved with modifications (see attached) □ Denied	