

Programs for Minors Flowchart

The following flowchart should be reviewed by any department that will sponsor a program involving minors.

Programs not subject to this handbook

1. Is your department sponsoring a program or solely allowing an outside entity to use its facilities?
 - a. Sponsoring a program: go to question 2.
 - b. Allowing an outside entity to use facilities: your program is not subject to this handbook; however, it remains subject to UWM's Use of Facilities Policies and Procedures and Minor Protection and Adult Leadership Policy, both of which are referenced in this handbook (see the Policies section).
2. Are minors, other than individuals admitted to UWM as students, participating in the program without their parents?
 - a. No: your program is not subject to this handbook; however, you are generally expected to comply with applicable UWM policies.
 - b. Yes: go to question 3.

Applicability of Wisconsin Law

3. Is your program oriented to the outdoors?
 - a. Yes: go to question 4.
 - b. No: go to question 5
4. Do any of the following factors apply to your program: there are three or fewer participants; the program is year-round (not seasonal); the program can be characterized as a group lesson to develop a talent, skill, or athletic ability; the program is 10 days or less in duration?
 - a. Yes: go to question 5.
 - b. No: in addition to the requirements set forth in this handbook, your program may also be subject to Wisconsin Law (DCF 252) – please consult the Office of Legal Affairs.
5. Does your program offer recreation programming within campus housing (other than offering food and sleeping accommodations)?
 - a. Yes: go to question 6.
 - b. No: go to question 7.
6. Do any of the following items apply to your program: UWM is offering credit (either academic or non-academic) to program participants; your program constitutes a tournament, competition, visitation, recruitment event, campus conference, or professional sports team training camp?
 - a. Yes: go to question 7.
 - b. No: in addition to the requirements set forth in this handbook, your program may also be subject to Wisconsin Law (ATCP 78) – please consult the Office of Legal Affairs.

Applicable Program?

7. Do participants stay on campus overnight?
 - a. Yes: See the Overnight Programs guidelines on the next page.
 - b. No: See the Day Programs guidelines on the next page.

Table of Requirements

Requirement	Handbook Page	Day Programs	Overnight Programs	Who to Contact
Collect Program Participants Forms	5	X	X	n/a
Collect Health Information Forms	7	(optional)	X	n/a
Send signed contracts to Housing	n/a		X	Housing
Purchase camp/clinic insurance for participants and provide funding string to Risk Management	10	X	X	Risk Manag.
Confirm that all employees and volunteers have had a background check within the last four years	27	X	X	Dept. Prep
Confirm that all employees and volunteers have received information on child abuse/neglect reporting	27	X	X	Dept. Prep.
Distribute volunteer letters to all volunteers	20	X	X	Dept. Prep.
Review health information and medication forms, create medication distribution plan and log	7	(optional)	X	n/a
Maintain a first aid kit	n/a	X	X	n/a
In the event of an injury, fill out and send a notice of injury form to Risk Management	10	X	X	Risk Manag.
Maintain minimum adult-minor ratios set forth in UWM Policy (or obtain written exception from Risk Management)	27	X	X	Risk Manag.
Create camp emergency plan in coordination with applicable building COOP(s)	21	X	X	Bldg Chair
Keep record of camp description and all staff, volunteers, and participants – retain this information and all other program records for six years	n/a	X	X	n/a
Fill out the Youth Program Checklist and submit it to the department liaison	26	X	X	Dept. Liaison

Contact Information

Department PREP	http://www4.uwm.edu/hr/prep_ubr.cfm		
Housing	University Housing Residential Guest Services	confa@uwm.edu	229-6588
Risk Management	James Olson	olson69@uwm.edu	750-4699

Program Participant Forms

All programs for minors should use the form provided on the following page or a substantially similar document.

Please insert contact information for a program supervisor in the highlighted area prior to distributing this form.

If you have questions about altering or negotiating the terms of this form, please reach out to the Office of Legal Affairs.

UNIVERSITY OF WISCONSIN – MILWAUKEE
2017 PROGRAM PARTICIPANT FORM

Event name: _____
Event Date(s): _____

Participant Name: _____ Birthdate: _____ Age at start of event: _____ Gender: _____

Participant phone: _____ Participant email address: _____

Participant home address: _____

If participant is under 18, custodial parent/guardian name(s): _____

Parent/Guardian cell phone: _____ Participant/Guardian home or work phone: _____

Emergency contact name: _____ Relationship to participant: _____

Emergency contact phone: _____ Emergency contact alternative phone: _____

PLEASE READ THE FOLLOWING PARAGRAPHS CAREFULLY. IF YOU HAVE ANY QUESTIONS REGARDING THIS AGREEMENT OR WOULD LIKE TO NEGOTIATE ITS TERMS, CONTACT _____ AT _____.

ASSUMPTION OF RISKS

You are being asked to sign this form because you would like to participate in the above-listed event (the “Program”) sponsored by the University of Wisconsin-Milwaukee (“UWM”). Before you can participate, UWM asks that you read this document carefully. If you want to ask questions about this document or request changes to it, you can do so by contacting the party listed above.

By participating in the Program, you are putting yourself at some risk (e.g., vehicle accident during field trip, harm by other participants, etc.). The specific risks vary from one activity to another, but resulting injuries can range from minor (e.g., scratches and bruises), to major (e.g., fractures and internal injuries), or catastrophic (e.g., paralysis and death). UWM recommends you minimize your risks by talking to a doctor before participating in the Program and carrying insurance (insurance is not provided by UWM).

Please sign here to indicate that you understand that risks are inherent in the Program and you knowingly and willingly accept those risks.

Signature of participant: _____ Signature of parent/guardian _____

Date: _____ Date: _____

WAIVER OF RIGHTS

In exchange for allowing you to participate in the Program, UWM asks that you agree not to make a claim against UWM if you are injured while participating in the Program, even if your injury was caused by UWM’s negligence. This means you are giving up your right to sue UWM if you are injured during the Program. “Injury” refers to injuries to both your body and your property, whether caused by a UWM employee or a third party. You are not being asked to give up your rights in the event UWM acts recklessly or in an intentionally destructive manner.

Please sign here to confirm that **you are willing to give up your claims and rights against UWM in the event you are injured (including the right to sue).**

Signature of participant: _____ Signature of parent/guardian _____

Date: _____ Date: _____

Participant Health Information

UWM provides reasonable accommodations to participants in its programs with disabilities. Programs that believe they will be unable to accommodate such requests should reach out to the Office of Legal Affairs to discuss the situation.

All programs are encouraged to gather background information regarding participants and their health needs. The health forms on the following pages (or substantially similar documents) are suggested for day programs and **mandatory** for overnight programs.

Overnight programs must collect all prescription medications (except those necessary for life-threatening conditions (inhalers, insulin, etc.) and dermal creams) belonging to participants under the age of 18, keep such medications in a secure container, distribute (but not administer) these medications as directed, and log such distributions.

PARTICIPANT HEALTH INFORMATION (check all that apply)

- Asthma
If yes, is an inhaler required and carried?
 Yes No
- Diabetes
- Epilepsy/Seizures
- Headaches
- Mental health condition(s) (depression, anxiety, ADHD/ADD, etc.)
- Seasonal allergies
- Cognitive/Developmental concerns
- Dizziness, light-headedness, or fainting associated with strenuous effort in the last year
- Unexplained, rapid, or irregular heartbeat within the last year
- Physician has placed limits on physical activity (if yes, describe below)
- Allergies
If yes, provide information on all that are applicable.
 - Medications: _____
 - Foods: _____
 - Insects: _____
 - Other: _____
 - Is an EPI PEN injection required to address any of the allergies listed above?
 Yes No

Describe any limitations or restrictions of program activities:

Describe any special accommodation requests:

MEDICATION INFORMATION

All medications brought to UWM programs must be in the **original medicine packaging**. Prescription medication must be labeled with the participant’s name, doctor’s name and phone number, medication name, dosage, prescription number, date prescribed, and instructions. Only the amount of medication necessary during the course of the program should be brought to UWM.

Over-the-counter medications, dermal creams, and medication necessary for life-threatening conditions (inhalers, insulin syringes, EpiPens, etc.) may be carried and self-administered by all program participants.

Program participants under the age of 18 who require prescription medications (other than those described above) must provide such medications to UWM staff at the outset of the program (or as soon as such medications become available). UWM staff will distribute (but not administer) such medications to the participant as directed during the program.

Please use this form to provide information regarding medications that will be brought to UWM (attach additional pages if necessary).

Name of Medication	Dosage:	Side Effect Experiences:
Special notes:	How medication is taken (orally, via injection, etc.):	When medication is taken (days/times):

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Special notes:	How medication is taken (orally, via injection, etc.):	When medication is taken (days/times):

Sample Medication Distribution Log

Participant Name	Medication Name	Date and Time Distributed	Amount Distributed	Notes	Initials of Distributor

Risk Management Requirements

UWM Risk Management requires that all programs for minors acquire appropriate insurance. Additional information on this insurance is provided on the following pages. Inquiries and requests should be sent to UWM's Office of Risk Management.

Camps and Clinics Blanket Accident Insurance

I. Purpose

The purpose of this paper is to explain the Camps and Clinics Blanket Accident Insurance Program and the procedures which campus coordinators should follow when using this program.

II. Background

Camps and clinics insurance is purchased by System Risk Management to reduce the potential for liability claims arising out of injuries which occur at the various campus sponsored camps and clinics. This is not a substitute for liability insurance but rather provides “goodwill coverage” for small medical bills incurred by camp participants. **These medical expenses must be the result of a covered accident, this is not an illness policy.** The policy gives us the ability to pay the medical expenses of camp participants covered under the policy without being negligent, thus reducing the number of claims and suits from participants and their parents. **Coverage is primary to State liability insurance and the camper’s personal insurance for covered medical expenses up to \$10,000 per student, but is intended to target injuries incurred related to camp activities.** It is not meant to cover a student with allergies or a student who is playing with a pocket knife. Coverage can be provided for camps and clinics based on the following criteria:

- A. Camps and clinics must be sponsored by a UW campus and open to the public.
- B. Premium must be included as part of the registration fee or paid as a gift or grant authorized for this purpose.
- C. Only camps and clinics which are oriented toward people who are high school age and younger will be covered.

These are only guidelines to help determine eligibility for the program. If you have a camp or clinic that you feel should be covered and does not fall directly under these guidelines please contact System Risk Management and we can determine if the activity can be covered under this policy.

** Also keep in mind, the coverage is not required but encouraged by System Risk Management to avoid the potential of a lawsuit.

III. Policy Coverage Details

Insurer: ACE American Insurance Company

Medical Benefits: Up to \$10,000 per participant for accident medical expenses

There is a limitation for medical benefits in the policy:

- a. For hospital room and board, benefits shall not exceed the hospital's usual charge for its semi-private room accommodations.

The maximum total accident medical payments that can be made to a camp participant is \$10,000. This \$10,000 includes the limitation discussed above. The insurance company will pay the usual and customary cost for these services actually rendered within one year from the date of the accident up to the \$10,000 limit.

Coverage does not apply while any participants are in or on any aircraft.

Accidental Death & Dismemberment:

The other benefits that are covered in addition to the accident medical expenses are:

Percent Loss of Life	Accidental Loss of Benefit Amount
(a) Life	\$10,000
(b) Speech and Hearing	\$10,000
(c) Speech and one of: Hand, Foot or Sight of One Eye	\$10,000
(d) Hearing and one of: Hand, Foot or Sight of One Eye	\$10,000
(e) Both Hands, Both Feet or Sight of Both Eyes or a Combination of a Hand, a Foot or Sight of One Eye	\$10,000
(f) One Hand or One Foot or Sight of One Eye	\$5,000
(g) Speech or Hearing	\$5,000
(h) Thumb and Index Finger of Same Hand	\$2,500
(i) Quadriplegia	\$10,000
(j) Paraplegia	\$5,000
(k) Hemiplegia	\$5,000

Deductible: None

Rates: \$1.81 per participant per camp per week regardless of exposure. Daily rate \$.32/day for 1 to 2 day camps with no overnight stay. *See section C under procedures*

Renewal Date: Annually on January 1

Coverage Provisions: Coverage is in effect while the participant is attending the camp and is taking part in camp-related activities

IV. Procedures

A. Each campus risk manager should meet with the camps and clinics coordinator annually to discuss the coverage and procedural changes which have occurred. This information should be provided to all potential camps and clinics coverage users such as the program directors.

B. The camps and clinics coordinator or the campus risk manager should receive a copy of the camp or clinic brochure at least two weeks before the camp begins. This allows time to evaluate the eligibility of the camp or clinic. If there is a question regarding eligibility, consult System Risk Management.

C. A camp that runs 1 or 2 days with no overnight stay is charged at the daily rate. Any camp that includes an overnight stay is charged at the weekly rate, including 2-day camps with an overnight stay. Camps that run 3-7 consecutive days are charged at the weekly rate. Camps that run 1 day per week for multiple weeks should be calculated at the daily rate.

There have been questions from some institutions about using other carriers. This is the only acceptable insurance. Our reasons are: 1. Our policy offers 24 hour coverage. 2. Our policy is primary medical coverage which is the sole reason for having the policy. If the policy is not primary it may then become a liability issue and would fall under our liability coverage under the state of Wisconsin. 3. It allows for an understanding of what is covered by our policy rather than attempting to understand other parties' contracts.

D. The camp and clinic coordinator must send to System Risk Management one list of camp and clinic participants along with the applicable premium by April 10, July 10, October 10, and January 10. Internal record-keeping and accounting of the accumulated premiums will be the responsibility of the camp coordinator during the quarter. A single check for the total premium during the quarter is acceptable. If a camp takes place over more than 1 quarter, report it in the last quarter that applies.

E. Complete both parts of the Reporting Form and forward to the System Risk Management office with the applicable premium by the four above listed dates.

F. Claims reporting procedure:

1. In the event of an injury, common sense should be used in assuring adequate care is given to the camper. If personal health insurance is available, that may be used in lieu of this policy.
2. Upon injury, the injured camper or his/her parent (and physician if possible) should complete a copy of the attached claim form.
3. The camp director must inform the parent that the claims form must be filed within 90 days of the injury to the following parties with medical bills and the original report sent to:

Debbie Monroe
AON Risk Services Inc. of Wisconsin
10700 Research Dr, Suite 450
Milwaukee, WI 53226

4. If the injury is severe and potentially may result in expenses greater than \$10,000, immediately inform System Risk Management in case the injury results in a liability claim.
5. All claims must include the name of the campus where the camp was held. This information must be completed on the claim form by the campus before it is given to the claimant. This is especially important as the frequency and severity of claims increases, since this information helps us determine which institutions and camps are having the problems.

G. We would recommend the following verbiage be used as a photo and or video release on the application that is signed by the participant and/or parent:

I understand that the University may take photographs and or videos of camp participants and activities. I agree that the University of Wisconsin-_____ shall be the owner of and may use such photographs and or videos relating to the promotion of future camps. I relinquish all rights that I may claim in relation to the use of said photographs.

H. If the campuses are going to list that there is accident insurance in their informational materials they need to note that it is limited accident insurance up to \$10,000.

I. The Department of Health and Family Services has developed legislative language to govern Health and Educational Camps under Chapter HFS 175. UW System Risk Management has negotiated variances to parts of these requirements that are outlined in Appendix A. The variances were granted based on a collective process between UW System campuses and the Department of Health and Family Services. Changes to these variances or the recommendation of other variances must be cleared with the System RM due to liability concerns. The campus, by written protocol, shall keep available the required list under subsection (2) for each campus and be centrally maintained by the campus to meet the requirements of HFS175. These protocols are to be made available to the licensing authority upon request.

Protocols to include:

- Means of contacting medical authorities in an emergency.
- Medical histories maintained centrally, by each camp director, or the camp health supervisor.
- Medicine protocol for university designated camp staff.
- Emergency procedures.
- Lost camper policy/security.
- Severe weather policy.

DISCLAIMER

This insurance document is furnished to you as a matter of information for your convenience. It only summarizes the listed policy(ies) and is not intended to reflect all the terms and conditions or exclusions of such policy(ies). Moreover, the information contained in this document reflects coverage as of the effective date(s) of the policy(ies) and does not include subsequent changes. This document is not an insurance policy and does not amend, alter or extend the coverage afforded by the listed policy(ies). The insurance afforded by the listed policy(ies) is subject to all the terms, exclusions and conditions of such policy(ies).

Forms

2015 Campus Reporting Form Cover Sheet (https://www.wisconsin.edu/risk-management/download/risk_management_/camps_and_clinics/2015-Campus-Reporting-Form-Cover-Sheet.doc)

2015 Premium Calculation Form (https://www.wisconsin.edu/risk-management/download/risk_management_/camps_and_clinics/2015-Campus-Workbook.xlsx)

2015 Youth Event Health Form (https://www.wisconsin.edu/risk-management/download/risk_management_/camps_and_clinics/2015%20Youth%20Event%20Health%20Form.doc)

Accident Claim Form (https://www.wisconsin.edu/risk-management/download/risk_management_/camps_and_clinics/Ace%20Accident%20Claim%20Form.doc)

Appendix A (<https://www.wisconsin.edu/risk-management/appendix-a/>)

OFFICE OF RISK MANAGEMENT

Tom Joestgen
780 Regent Street
Madison, WI 53715

☎ 608.890.4792

📄 608.263.7330

✉ tjoestgen@uwsa.edu (<mailto:tjoestgen@uwsa.edu>)

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(<https://www.wisconsin.edu/privacy-policy>) | Contact Webmaster (<mailto:webteam@uwsa.edu>)

Camps & Clinics Claim Form

Institution: UW- Milwaukee

Type of Camp/Clinic _____

Send Claims to the following:

Kathy Burgoyne
Aon Risk Services Inc. of Wisconsin
10700 Research Dr, Suite 450
Milwaukee, WI 53226
Phone: 414-225-5368
Email: kathleen.burgoyne@aon.com

ACCIDENT CLAIM
(To Be Completed By the Injured Person)

FULL NAME (INJURED PERSON)			SOCIAL SECURITY NUMBER	
STREET ADDRESS			TELEPHONE NUMBER (INCLUDE AREA CODE)	
CITY OR TOWN, STATE, ZIP			DATE OF BIRTH	
PARENT'S NAME AND PHONE			PARENT'S E-MAIL	
POLICY HOLDER'S NAME Board of Regents of the University of Wisconsin System			PHYSICIAN'S OR SURGEON'S NAME	
STREET ADDRESS 780 Regent Street, Suite 145			PHYSICIAN'S STREET ADDRESS, CITY, STATE, ZIP	
CITY OR TOWN, STATE, ZIP Madison, WI 53715			PHYSICIAN'S TELEPHONE NUMBER	
POLICY NUMBER PTPN04986192			IF HOSPITALIZED, NAME OF HOSPITAL	
WHEN WERE YOU INJURED?	DATE	TIME AM/PM	HOSPITAL STREET ADDRESS, CITY, STATE, ZIP	
WHERE WERE YOU INJURED?			IF APPLICABLE, NAME OF OTHER INSURANCE COMPANY	
TYPE OF INJURY			OTHER INSURANCE POLICY NUMBER	EMPLOYER NAME
DESCRIBE FULLY HOW AND WHERE ACCIDENT OCCURRED (Attach Separate Sheet if Necessary)				
AUTHORIZATION TO PAY BENEFITS TO PROVIDER I authorize medical payments to physician or supplier describe on any attached statements enclosed. Signature _____ Date _____ I hereby authorize any insurance company, hospital, physician, or other person who has attended or examined the claimant to disclose when requested to do so, all information with respect to any injury, policy coverage, medical history, consultation, prescriptions or treatment, and copies of all hospital or medical records. A photo static copy of this authorization shall be considered as effective and valid as the original. Signature _____ Date _____ Company: <u>Ace American Insurance Co. by Aon Risk Services Inc., of Wisconsin</u>				

Updated 1/1/2014

(complete both sides of form)

PHYSICIAN'S REPORT
(To Be Completed By The Attending Physician)

Policy Holder's Name: Board of Regents of the University of Wisconsin System		Policy No. PTPN04986192		
1. PATIENT'S NAME:				
2. NATURE OF INJURY (DESCRIBE COMPLICATIONS, IF ANY)				
3. DESCRIBE ANY PRE-EXISTING CONDITION OR OTHER DISEASE OR INFIRMITY WHICH MAY OR MAY NOT AFFECT PRESENT CONDITION.				
	OFFICE			
4. GIVE DATES OF TREATMENTS	HOME			
	HOSPITAL			
5. IS YOUR PATIENT DISABLED?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES <input type="checkbox"/> TOTAL <input type="checkbox"/> PARTIAL DATE:	ABLE TO WORK ON: DATE:	RESUMED WORK ON: DATE:
6. FACTORS PRESENT PROLONGING DISABILITY				
7. IS PATIENT STILL UNDER YOUR CARE FOR THIS CONDITION?	<input type="checkbox"/> YES <input type="checkbox"/> NO	CONTEMPLATE DISCHARGE DATE:	IF DISCHARGED, GIVE DATE:	
8. AMOUNT OF YOUR BILL FOR SERVICES TO DATE:				
PHYSICIAN'S SIGNATURE _____ DATE _____				
STREET ADDRESS _____				
CITY OR TOWN _____ STATE _____ ZIP _____				
TELEPHONE NUMBER (_____) _____ - _____				

(complete both sides of form)

Volunteers

Appropriate Responsibilities for Volunteers

A department should not rely on volunteers to perform duties that are typically performed by permanent employees—other than on a short-term basis. Volunteers should be supplementing the work done by employees, not replacing the need for paid staff.

Volunteer Application

A sample volunteer application can be accessed on the Human Resources Forms site:

<https://www4.uwm.edu/hr/forms/>.

Letter to the Volunteer

To avoid any confusion about the terms of the relationship, the department should send a letter to the volunteer spelling out the begin date, end date (if any), time commitment, responsibilities, who to contact with questions and information about insurance coverage. A sample volunteer application can be accessed on the Human Resources Forms site:

<https://www4.uwm.edu/hr/forms/>.

Insurance Issues

Liability protection is provided to all officers, employees and agents of the University under Wisconsin Statute, Section 895.46(1). Volunteers acting under the direction and control of the University and for its benefit are considered agents and thus covered. This statute authorizes the State to pay claims based on the negligent acts of employees or agents or to defend employees or agents against allegations of negligence, which may have caused injury or property damage to others provided the employee or agent was acting within the scope of his/her responsibilities to the University. It is important that volunteers acknowledge mistakes that could lead to potential liability claims and that such incidents be reported promptly by the department to the UW-Milwaukee Risk Management Office.

Volunteers are not covered by worker's compensation, however. If injured during the course of their volunteer work, they would have the same legal rights as any visitor to the campus to seek compensation if the injury resulted from University negligence.

Emergency Procedures

Each program is expected to create an emergency plan addressing various situations that may arise during the course of the programming. In creating such plans, the program should work with the applicable building chair(s) and review the relevant building Continuity of Operations Plans (COOPs).

The following documents are included on the following pages to assist with emergency planning:

- Emergency Preparedness
- Lost Participant Procedures
- Lost Participant Incident Report
- Lost Swimmer Procedures

Emergency Preparedness

It is University of Wisconsin – Milwaukee policy to immediately notify the campus community upon confirmation of a significant emergency or dangerous situation involving an immediate threat to the health or safety of students, employees or visitors on campus. Visit the Campus Safety web page (<http://www4.uwm.edu/safety>) for up-to-date information on campus health and safety issues and how to register for emergency alerts.

Dial 9-911 from any campus phone or (414) 229-9911 from a cellphone for First Response to all Emergencies at the UWM Campus

Information on the following topics is available on the University's Emergency Preparedness webpage (<https://www4.uwm.edu/usa/safety/emergency/index.cfm>):

- UWM Emergency Operations Plan
- Emergency Phone Numbers
- National Incident Management System (NIMS)
- COOP Template Abbreviated version 2013
- Airborne Release
- Automated External Defibrillator (AED) Plan
- Bomb Threats
- Preparing for Campus Building Security Incidents (Personal Safety)
- Chemical Spills
- Disease Outbreak
- Earthquake
- Electrical Failure
- Elevator Malfunctions
- Evacuation
- Emergency Evacuation Instructions
- Emergency Evacuation of Persons with Disabilities
- Explosion
- Fire Safety
- Floods
- Floor Captain Information
- Gas Leak
- Medical Assistance and First Aid
- Radioactive Spill Response
- Shelter-in-Place
- Suspicious Package
- Tornado Safety
- Workplace Violence
- Additional Resources:
 - Communicating During Emergencies, Federal Communications Commission
 - Disaster Planning for People with Disabilities
 - Disaster Mitigation for Persons with Disabilities, Center for an Accessible Society
 - Disaster Preparedness for People with Disabilities - Resources and Information, National Organization on Disability
 - Individuals with Special Needs, Federal Emergency Management Agency
 - Emergency Exit Routes Fact Sheet.pdf format, Adobe Acrobat Required, OSHA
 - Emergency Planning and Preparedness, U.S. Nuclear Regulatory Commission
 - OSHA's Emergency Preparedness and Response Page
 - Public Health Emergency Preparedness & Response, Centers for Disease Control (CDC)

Lost Participant Procedures

These procedures should be followed by all faculty, staff, volunteers and anyone else who may be associated with the program.

0 - 10 Minutes

1. Staff members check participant's room (if overnight program) and calls participant's cell phone if available.
2. Program Director calls staff to begin searching typical areas where participants may go, speaks to close friends within program, etc.
3. Program Director calls Campus Police first; police or Program Director contacts parents (as jointly decided by the police and Program Director).
4. Staff fills out a lost participant incident report (see next page).

11-20 Minutes

1. Program Director calls Housing (if overnight program) and any staff or faculty who can help in the search.
2. The participant's cell phone is called every 10 minutes if available; parents are continuously updated with any new developments.
3. All parties work together to keep one another updated so if the incident escalates, all necessary university officials have been notified.
4. Program Director alerts anyone who needs to be apprised of the incident, such as Risk Management and University Relations.
5. Staff updates incident report as needed.

When the participant has been located, it is recommended that the Program Director assess the participant's needs and/or behavior as every incident is different and could be very traumatic. Follow emergency procedures that are in place and utilize any university personnel that could help.

If it is determined that the participant chose to not follow camp protocol/procedures, it is up to the Program Director to establish any reprimands. For example: there are specific things you can establish with the participant who chooses to do things their own way:

1. Have them check in at the office every morning and at every break in the day, until you feel they have earned the right to be independent.
2. Escort them to class and activities until you are confident they will do it on their own.

Establishing guidelines at the beginning of the program is very important; following through on what you say is also very important, both in discipline and in every day interactions.

The Program Director should file the incident report and provide a copy to Campus Police if needed.

LOST PARTICIPANT INCIDENT REPORT

NAME OF PROGRAM: _____

NAME OF MISSING/LOST PERSON: _____

DATE: _____ TIME: _____ A.M. P.M.

LAST KNOWN LOCATION: _____

PARTICIPANT DESCRIPTION:

• AGE: _____ HEIGHT: _____ WEIGHT: _____ HAIR COLOR: _____

• CLOTHING DESCRIPTION: _____

• DISTINGUISHING FEATURES/HABITS: _____

HOW DID INCIDENT OCCUR: _____

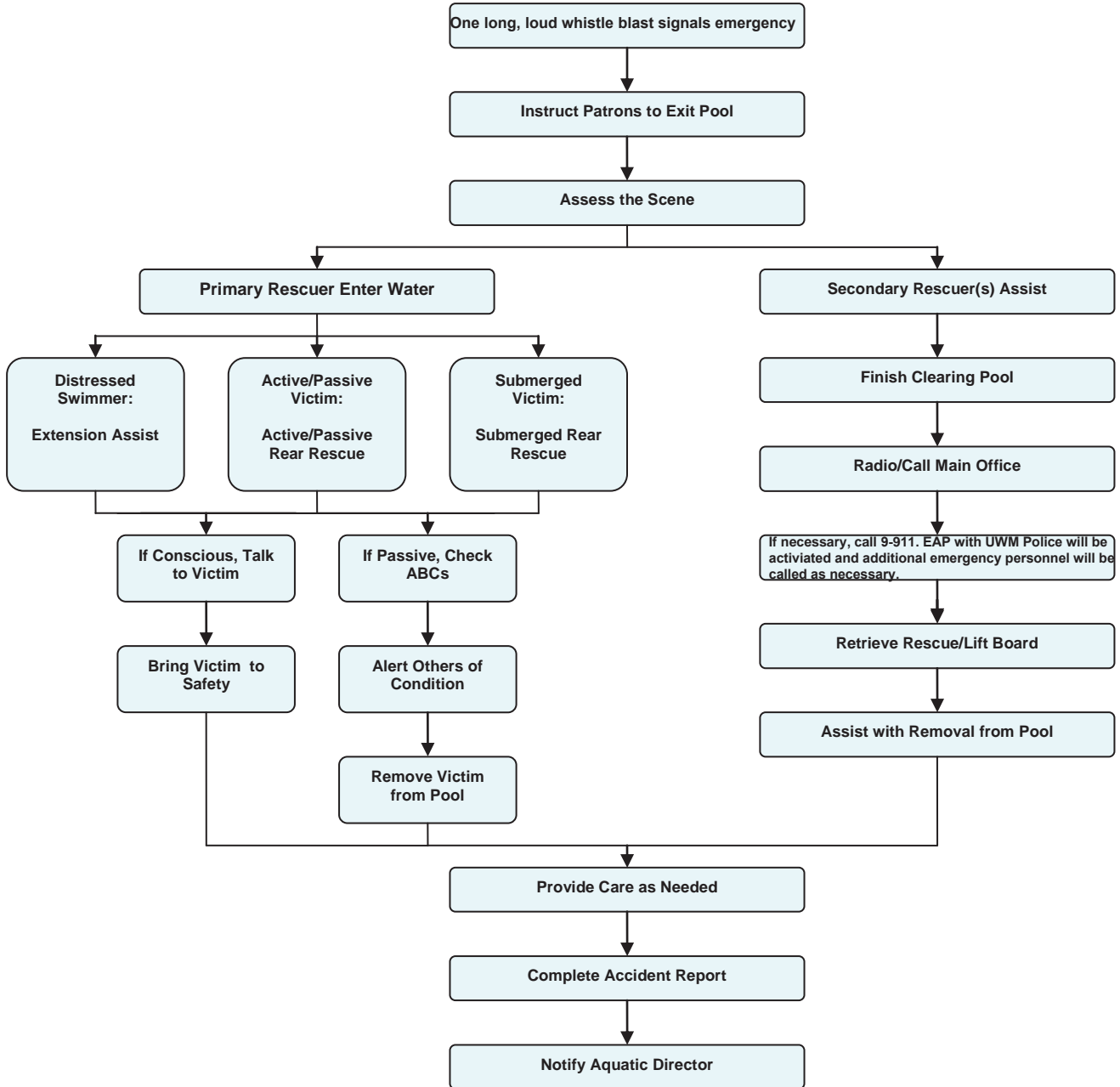
Name and Address of
Parent or Legal Guardian

Name of Person Completing Form: _____ Phone Number: _____

THIS FORM MUST BE COMPLETED

IMMEDIATELY FOLLOWING INCIDENT

Lost Swimmer Procedures Emergency Action Plan Flowchart



Programs for Minors Timeline and Checklist

- Have you read this manual in its entirety?
- Have background checks been completed for all employees and volunteers?
- Have all employees and volunteers received education on child abuse reporting?
- Have you reviewed all relevant policies as listed on Page 27?
- Have you fulfilled all other requirements set forth on the Table of Requirements?

By signing below, you indicate that the above representations are accurate and that the youth program for which you are responsible will comply with UWM’s policies and guidelines.

Signature: _____

Printed name: _____

Title: _____

Date: _____

Please return the completed form to the applicable Department Liaison for Youth Programs.

Summer Program Timeline

Deadline	Task
By Individual due date	Send signed confirmation letter to Housing for overnight programs
Six months prior to program start	Obtain departmental approval of program
Two weeks prior to program start	Send Housing a complete staff list with contact information
One week prior to program start	Submit Youth Programs Checklist to Department Liaison for Youth Programs
Three days prior to program start	Send Risk Management insurance request and program funding string

Policies

Background Checks

All UWM employees, volunteers, and vendors/contractors with access to vulnerable populations must comply with UWM's Criminal Background Check Policy, S-14.5 The policy can be accessed at the following site:

https://www4.uwm.edu/secu/docs/other/S_14.5_Criminal_ded_3_01_13.pdf

Child Abuse and Neglect

All UWM employees, volunteers, and contractors must receive education on, and agree to comply with, UWM's Child and Abuse Policy, S-64. A copy of UWM's Child Abuse brochure must be distributed to all program employees and volunteers. The brochure can be accessed at the following site:

<http://uwm.edu/hr/home/resources/toolkits/executive-order-54-toolkit/>

The underlying policy can be accessed at the following site:

https://www4.uwm.edu/secu/docs/other/S_64_Child_Abuse_Neglect.pdf

Minor Protection and Adult Leadership Policy

UWM's Minor Protection and Adult Leadership Policy is attached. All employees and volunteers are expected to be familiar with and comply with this policy.

The underlying policy can be accessed at the following site:

http://www4.uwm.edu/secu/docs/other/S_75_Minor_Prot_ship_Policy.pdf

Use of Facilities Policies and Procedures

All outside facility users are expected to comply with the terms of UWM's Use of Facilities Policies and Procedures, S-23. Any outside group utilizing UWM facilities should enter into an agreement substantially similar to the form contained in these policies and procedures. The policy can be accessed at the following site:

https://www4.uwm.edu/secu/docs/other/S_23_USE_OF_FAC_PROCEDURES.pdf



MINOR PROTECTION AND ADULT LEADERSHIP POLICY

No: S-75

Date: March 2017

Authority: University of Wisconsin System
Agriculture Trade and Consumer Protection ch. 78, Published under s.13.92, WI Stat. (2016), Recreational and Educational Camps.
<https://docs.legis.wisconsin.gov/code/register/2016/726B/insert/atcp78>
Department of Children and Families ch. 252, (2009), Licensing Rules for Day Camps for Children.
http://dcf.wisconsin.gov/childcare/licensed/CommManuals/DC/252_01.pdf

Initiator: Vice Chancellor of Financial and Administrative Affairs

Responsible Party: Risk Management Manager

I. Purpose

To provide for appropriate supervision of minors not enrolled or accepted for enrollment at a UW institution who are involved in University-sponsored programs, programs held at the University via written agreement or sponsorship and/or programs housed in University facilities at all geographic locations. Supervision of minors who are subjects in University research is addressed by the Institutional Review Board process and is not addressed by this policy.

This policy also does not apply to general public events or locations that are generally open to the public, such as arboretums and unions, and where parents/guardians are invited and expected to provide supervision of minors.

The University System has adopted the following policies for the safety and well-being of minors that attend our various programs for minors. These policies are primarily for the protection of minors; however, they also serve to protect adult employees and volunteers.

II. Policy

One-on-one contact between an adult and a minor is prohibited. A group setting must be maintained at all times, which means that one-on-one contact between adults and minors is not permitted during the duration of Programs.

Exceptions:

- The case of a child and parent, guardian, or family member relationship.
- Instructional settings where one-on-one tutoring (including private lessons) ensues. In such settings, free access to the instructional setting by authorized persons to and from any space must be maintained at all times. Examples to achieve this include: no window

or door coverings that would restrict or eliminate visibility into the room and ensuring doors that are used to enter and exit the space are unlocked and accessible. In such settings it is strongly encouraged to leave doors open when feasible.

- Interactions with University Police.
- Authority of Risk Management Manager. The University's Risk Management Manager (or such manager's designee) may grant limited exceptions to this policy. Factors to be considered in evaluating an exception are:
 - One-on-one contact should not be permitted unless it would fundamentally alter the nature of the service being provided. If one-on-one contact is permitted, free access to and from any space must be maintained.
 - The number of adults present must be sufficient to ensure adequate supervision of minors at all times.

Supervision. An appropriate ratio of adults to minors must be maintained. See Appendix for recommended ratios.

Overnight events. In the case of adults supervising minors overnight, other than the minor's own parent, guardian or family member, an Authorized Adult should not enter a minor's room, bathroom facility, or similar area without another Authorized Adult in attendance.

Privacy of youth respected. Adults must respect the privacy of minors in situations such as changing clothes and taking showers, whenever possible. Intrusions are permitted only to the extent that health and safety require. Adults must protect their own privacy in similar situations.

Inappropriate use of cameras, imaging, or digital devices prohibited. Use of such device capable of recording or transmitting visual images in shower houses, restrooms, or other areas where privacy is expected by participants is prohibited.

Emergency Exception. The requirements of this policy may be temporarily suspended if an emergency situation warrants it (e.g., one adult accompanies a minor to the emergency room, is summoning law enforcement, or is searching for a missing minor). An adult must join the group to reestablish leadership as soon as feasible.

Violations. Any employee who violates this policy may be subject to disciplinary action up to and including termination of employment.

III. Definitions

Authorized Adult -

Any person eighteen (18) years of age or older in a paid or unpaid supervisory or leadership position.

Minor -

A person under the age of eighteen (18) who is not enrolled or accepted for enrollment at the University.

One-on-One Contact –

Unsupervised interaction between an Authorized Adult and a participant in a program without at least one other Authorized Adult, parent, guardian, family member or other minor being present.

Programs -

Programs and activities offered by various academic or administrative units of the University.

Programs and activities offered by non-University groups that use University facilities pursuant to an agreement with the University.

This includes but is not limited to workshops, sport camps, academic camps, conferences, and similar activities. Outside groups or organizations that contract with the University to use University facilities for programs must warrant that they follow the Minor Protection and Adult Leadership Policy.

University Facilities -

Facilities owned by, or under the control of, the University. University daycare and preschool services or services provided by a licensed health care provider (or employee or volunteer acting under the direction of a licensed healthcare provider) are not included in the definition of university facilities and will follow applicable laws, regulations, and separate policies that reflect the unique activities that occur in those locations.

APPENDIX
Adult to Minor Ratios

Grade Group		Situation	Ratios
PreK-1 (age 3-4)		Day Camp	1:4
PreK-1 (age 4-5)		Day Camp	1:6
PreK-1 (age 5-6)		Day Camp	1:10
PreK-1 (age 6 & under)		Residential (Overnight) Camp	1:4

2nd-4th (over age 6)		Classroom Setting	1:10
		Field Trip	Minimum of 2 adults, with a ratio of 1:10
		Day Camp	1:10
		Commuter	1:10

5th-8th		Classroom Setting	1:18
		Field Trip	Minimum of 2 adults, with a ratio of 1:10
		Water Activities/ Rec. Sports	1:10
		Residential (Overnight) and Day Camp	1:10

9th-12th		Classroom Setting	1:18
		Field Trip	Minimum of 2 adults, with a ratio of 1:10
		Water Activities/ Rec. Sports	1:10
		Residential (Overnight) and Day Camp	1:10