

## **Minors on Campus Check List**

- ☐ Conduct background checks on staff having direct contact with minors.
  - ☐ UNC staff or student, or program staff that has had no break in service: every 5 years:
    - ☐ Disclosure of arrest and sex offender registry check on every year the background check is not done.
    - ☐ [All programs](#), except Student Organizations
    - ☐ [Student Organizations only](#)
    - ☐ [National Sex Offender Registry](#)
  - ☐ UNC staff or student, or program staff that is seasonal or has had a break in service of 120 days or more: every year.
  - ☐ Department HR Reps conducting background check on UNC-CH employee or student working with a minor must contact their HR EC.
- ☐ [Program staff training](#)
  - ☐ [Policy](#) (program directors)
  - ☐ Abuse and Neglect (all program staff, yearly)
  - ☐ Emergency Action Planning (all program staff)
  - ☐ Working with minors (program directors and all staff)
- ☐ [Complete registration process](#):
  - ☐ Information needed for registration:
    - ☐ Staff: name, date of background check, date of training, date of disclosure of arrest, date of sex offender registry check
    - ☐ Minor participant: name, date of birth, name of emergency contact, address of emergency contact, phone number of emergency contact
- ☐ **Environment, Health and Safety Requirements**
  - ☐ Communicable Disease and Immunizations: For all overnight programs and minors on campus 3 or more days. A record of immunizations or attestation on all minor participants must be maintained by the program director. The records must be made available to Orange County officials in the event of an outbreak of a communicable disease.

- ☐ Minors in labs: You must complete [EHS requirements for minors in labs](#)

☐ **Emergency Action Plan-** Per new policy guidelines, all programs serving minors must have an emergency action plan.

- ☐ [Protection of Minors Website](#)
- ☐ [Protection of Minors Policy](#)

☐ **Requirements for Minors Participating in Covered Programs**

- ☐ Code of Conduct signed by parent/guardian and child
- ☐ Medical Health form if overnight or 3 or more days
- ☐ Medication Usage and Storage plan if overnight