Policies and Procedures
for Camps, Clinics, and Events for Youth
Sponsored by University of Wisconsin-Madison

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Requirements for Youth Programs
### Youth Program Requirements by Program Type

<table>
<thead>
<tr>
<th>Program Type</th>
<th>Requirement</th>
<th>Details</th>
</tr>
</thead>
</table>
| All Programs | **Jointly Required** | - Physical Education Program \( P \):
- Health and Physical Education Program \( H \):
- Language Development Program \( L \): |
| Residence Life | **Required** | - Orientation \( R \):
- Leadership \( L \):
- Volunteer \( V \):
- Other \( O \): |
| Residence Life | **Recommended** | - Academic \( A \):
- Career \( C \):
- Other \( O \): |
| Residence Life | **Optional** | - Social \( S \):
- Community Service \( C \):
- Other \( O \): |
| Residence Life | **Additional** | - Community Service \( C \):
- Other \( O \): |

### Notes
- Jointly Required: \( \text{Required for} \ P, H, L \)
- Recommended: \( \text{Recommended for} \ A, C, O \)
- Optional: \( \text{Optional for} \ A, C, O \)
- Additional: \( \text{Additional for} \ C, O \)
Terminology

Licensure
Recreational & Educational Camps are required to be licensed by the Wisconsin Department of Agriculture, Trade, & Consumer Protection (DATCP). A camp is defined as a planned program of recreation or education for more than 3 consecutive nights. UW Madison Campus holds two licenses, one for is by the Athletic Department and the other is the Precollege Programs Council. All programs serving youth on campus must belong to one of these organizations, or must obtain their own license.

UW Residential Programs
Some or all participants stay overnight, on or off campus, while attending the program. Requirements vary depending upon the program location and type of lodging as well as by the duration of the program.

UW Commuter Programs
No participants stay overnight; all participants leave at the end of each day. Programs are of 2 or more days in duration and can take place on or off campus. Requirements vary depending upon the location of the program and are grouped into the following categories:

Campus Visits
- 1 day, UW sponsorship, on campus
  - The University department sponsoring the event will be responsible for all administrative and financial obligations associated with the facility use.
- 1 day, UW co-sponsorship, on campus
  - Event that is sponsored by two parties, including at least one university group. The co-sponsoring university group/s will be responsible for all administrative and financial obligations associated with the facility use.
- 1 day, UW Staff at Off-Campus Visit
  - UW Staff attends an event that is held off campus as part of their job/position responsibilities.

Third Party Program
A program or event that is being run by a non-university entity at the invitation of a UW-Madison department, (school/ college/ division) or a program operated by a UW-Madison department that is not affiliated with the Athletic Department or Precollege Council.

All third party programs must obtain a DATCP license through the UW-Madison office of Environmental & Occupational Health. The license fee shall be the same as required by DATCP including a pre-inspection fee for the first year. All third party camps are responsible to provide a health supervisor and on-site health care providers as required by DATCP.

Such programs must be related to the mission of the University as determined by the Dean or Director of the inviting School/college/division. The inviting school/college/division and the non-university entity are responsible for all administrative and financial obligations associated with the facility use and other requirements in this policy. A written contract must be created with the third party based on a template available from Administrative Legal Services.

All Third Party programs AND programs not included in the UW-Madison Precollege Council are responsible for obtaining a license and following all licensing requirements.
Data Submission Checklist

RESIDENTIAL PROGRAMS

☐ By November 1: Email a copy of your program brochure and the completed Program Information Sheet (see next page) to Housing, University Health Services, and Risk Management.

☐ By Individual Due Date: Send signed confirmation letter to Housing

☐ Two Weeks Prior to Program Start: Email Housing, University Health Services, and Risk Management a complete staff list with contact information

☐ Within Three Days of Program Completion: Email Risk Management a complete student roster with names only. Include the program funding string in the email.

☐ By September 1: Email photos with captions to Precollege Council. Also complete the Precollege Program Online Survey, which includes program title, dates/times, number of students, program contact information, program mission, department, targeted population, summary of data, outcomes, and testimonials:

COMMUTER PROGRAMS

☐ Two Weeks Prior to Program Start: Send room list and contact information for one staff member to Campus police for WEEKEND and/or EVENING programs only: routesecurity@mhub.uwpd.wisc.edu (room locations for residential programs are sent to Campus Police by Housing)

☐ Within Three Days of Program Completion: Email Risk Management a complete student roster with names only. Include the program funding string in the email.

☐ By September 1: Email photos with captions to Precollege Council. Also complete the Precollege Program Online Survey, which includes program title, dates/times, number of students, program contact information, program mission, department, targeted population, summary of data, outcomes, and testimonials:
**Precollege Program Information Sheet**

**Due to Housing, UHS, Risk Management, Precollege Council by Nov. 1:**

<table>
<thead>
<tr>
<th>Program</th>
<th>Program Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program Dates</td>
<td>include details if more than one session is planned</td>
</tr>
<tr>
<td>Sponsoring Department</td>
<td></td>
</tr>
<tr>
<td>Contact Person</td>
<td></td>
</tr>
<tr>
<td>Phone</td>
<td></td>
</tr>
<tr>
<td>E-mail</td>
<td></td>
</tr>
<tr>
<td>Departmental Funding String</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Program Overview</th>
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</thead>
<tbody>
<tr>
<td>Describe your program including the goals and relation to the mission of UW-Madison and/or your department</td>
</tr>
<tr>
<td>Describe the target participants-ages, geographic distribution, other demographic characteristics, etc...</td>
</tr>
<tr>
<td>Provide a brief description of the planned activities</td>
</tr>
<tr>
<td>Describe the proposed program locations including any off-campus sites and planned field trips</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Detailed Program Information-Session 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complete separate information for each planned session</td>
</tr>
<tr>
<td>Estimated number of commuter participants</td>
</tr>
<tr>
<td>Estimated number of residential participants</td>
</tr>
<tr>
<td>Planned Housing Facility</td>
</tr>
<tr>
<td>Participant age range</td>
</tr>
<tr>
<td>Check-in Dates/Times</td>
</tr>
<tr>
<td>Check-out Dates/Times</td>
</tr>
</tbody>
</table>
# Adult to Student Ratios

<table>
<thead>
<tr>
<th>Grade Group</th>
<th>Situation</th>
<th>Ratios (Adult : Student)</th>
</tr>
</thead>
<tbody>
<tr>
<td>PreK-1 (age 3-4)</td>
<td>Commuter</td>
<td>1:4</td>
</tr>
<tr>
<td>PreK-1 (age 4-5)</td>
<td>Commuter</td>
<td>1:6</td>
</tr>
<tr>
<td>PreK-1 (age 5-6)</td>
<td>Commuter</td>
<td>1:10</td>
</tr>
<tr>
<td>PreK-1 (age 6 &amp; under)</td>
<td>Residential</td>
<td>1:4</td>
</tr>
</tbody>
</table>

| 2-4 (over age 6)     | In Classroom      | 1:10                     |
|                      | Walking/Transitional/Lunch | 1:10                 |
|                      | Field Trip        | 1:10                     |
|                      | Residential       | 1:10                     |
|                      | Commuter          | 1:10                     |

| 5-8                  | In Classroom      | 1:20                     |
|                      | Walking/Transitional/Lunch | 1:20              |
|                      | Field Trip        | 1:10                     |
|                      | Water Activities/Rec. Sports | 1:10               |
|                      | Residential & Commuter | Overall program staff to student ratio must be 1:10 |

| 9-12                 | In Classroom      | 1:18                     |
|                      | Walking/Transitional/Lunch | No adults necessary at the discretion of the program director; dependent on maturity level of students and familiarity with campus. Students must always be in groups of 3 or more. Programs must establish written procedures to ensure all students are accounted for at regular intervals and at the start of each activity. |
|                      | Field Trip        | 1:10                     |
|                      | Water Activities/Rec. Sports | 1:10               |
|                      | Residential & Commuter | Overall program staff to student ratio must be 1:10 |
Legal Requirements
MEMORANDUM

December 5, 2013

To: HR Representatives

From: Bob Lavigna
       Director, Office of Human Resources

Re: Criminal Background Check – Policy Changes

The University of Wisconsin Board of Regents has approved a resolution requiring modifications to the campus criminal background check (CBC) policies. The primary changes require us to conduct additional checks for positions with access to vulnerable populations and include a national crime database check for all CBCs.

To comply with the BOR resolution, UW-Madison has modified our campus criminal background check policy (new policy attached). The changes include:

- Employees and volunteers in positions of trust with access to vulnerable populations (defined in section VII of the policy) must have a criminal background check conducted every four years. However, employees and volunteers who have contact with minors in precollege camps must have these checks every two years.

- Employees and volunteers in positions of trust with access to vulnerable populations are required to self-disclose if charged with, or convicted of, a crime.

- Vendors and contractors with routine or unsupervised access to vulnerable populations must ensure their employees and volunteers have undergone and passed a CBC.

- Organizations with user and lessee facility agreements for multi-day programs where minors will be staying overnight must ensure their employees and volunteers have undergone and passed a CBC.

The attached criminal background check policy contains further details.

As discussed at previous HR representatives’ meetings, the new policy requires divisions to:

- Identify all employees and volunteers with access to vulnerable populations;

- Determine if a CBC has been conducted for those individuals within the last four years (two years for precollege camps);
• Conduct a background check for those who have not had a check within the last four or two years, whichever applies; and

• Send OHR a report identifying all employees in your division who have access to vulnerable positions or precollege camps.

The deadline for completing the above steps is December 31, 2013.

The Office of Human Resources, Office of Legal Affairs, and Purchasing Services will be working with affected divisions to address vendor contracts and facility use agreements. Our new CBC vendor, General Information Services, will incorporate the national crime database check into our predefined CBC checks.

CBC coordinators will need to be familiar with the policy changes and make necessary adjustments to their CBC processes.

Please contact Mark Walters or Steve Lund with any questions about the policy changes.

xc Darrell Bazzell
UW-Madison Criminal Background Check
Policy and Procedures

Purpose

To ensure the University of Wisconsin – Madison is a safe and secure environment for all students, employees and visitors.

Policy

UW-Madison will comply with the Board of Regent policy that UW institutions conduct a criminal background check on applicants for employment, certain current employees, and certain volunteers. In addition, UW-Madison will satisfy the criminal background check requirement for certain vendors/contractors, and certain users and lessees of university lands and facilities.

Effective Date

Created December 1, 2007
Amended effective December 2, 2013.
Updated January 2016

Procedures

I. Introduction – The Board of Regents adopted a resolution on December 8, 2006 that requires the implementation of a UW System-wide criminal background check policy for new employees and current employees moving to positions of trust. On December 7, 2012, the Board of Regents amended the resolution to require criminal background checks be conducted on current employees and volunteers holding a “position of trust with access to vulnerable populations” as defined in section VII of this revised policy who have not previously been subject to such a criminal background check by the University. Employees and volunteers holding a position of trust with access to vulnerable populations shall also be subject to a criminal background check every four years, except that employees and volunteers with duties involving contact with minors in precollege camps (multi-day and overnight programs) shall be subject to a criminal background check every two years. Employees and volunteers with access to vulnerable populations or who have duties involving contact with minors in precollege camps shall be required to self-disclose certain criminal offenses. The UW System-wide policy also requires each institution to develop procedures for implementing the policy. This document comprises those procedures for UW-Madison.

II. Relationship to Existing Legal Mandates – There are state and federal laws and regulations that require criminal background checks in certain circumstances. The UW System-wide criminal background check policy and these UW-Madison procedures do not replace these mandates. The most common mandates are listed below. There are other mandates that apply to a small number of very specific positions not listed here (e.g., police officers, nuclear reactor operators, commercial drivers).
a. **Wisconsin Caregiver Law** – Wisconsin law requires criminal history background checks of persons responsible for the care, safety, and security of children and vulnerable adults. This mandate requires criminal background checks for licensed individuals, employees, prospective employees, and other specified persons affiliated with care giving entities or providers. Criminal convictions related to the harm of another human being are generally a bar from employment for positions within health care settings. Employers bound by this law need to not only check prospective employees but also check the criminal history of employees every four years. There is also an expectation that employees report any criminal activity when it occurs.

b. **Select Agents** – The Public Health Security and Bioterrorism Preparedness and Response Act of 2002 and the Agricultural Protection Act of 2002 require entities to register with the U.S. Department of Health and Human Services (HHS) or Agriculture (USDA) if they possess, use, or handle biological agents or toxins that could pose a severe threat to public health and safety; to animal or plant health; or animal or plant products. As part of this “select agent” registration, these entities must have security measures in place including controlling access and **screening personnel, including current employees and students**, who are handling these select agents (i.e., security risk assessments must be done). These assessments require individuals handling the select agents be screened by the FBI to determine security risk, be approved by the Centers for Disease Control (CDC) and/or undergo a suitability assessment depending on the materials being accessed.

c. **Fiduciary Responsibilities** – Wisconsin law requires that when any state position involving fiduciary responsibility is to be filled, the employer must conduct a criminal background check on the candidate before offering employment. This is defined by the state as positions where the **principal duties** (i.e., 50 percent or greater) are to:

1. Handle, receipt for, or have custody of money, checks or securities, or account for supplies or other property; authorize (or make appropriations for) expenditures; approve, certify, sign or countersign checks, drafts, warrants, vouchers, orders or other documents providing for the paying over or delivery of money, securities, supplies or other property, or serve process; or

2. Maintain or audit accounts of money, checks, securities, time records, supplies or other property, or take physical inventories of money, checks, securities, supplies or other property.

d. **Criminal Justice Data Access** – Any employees, contractors or volunteers with access to FBI Criminal Justice Information (CJI) are subject to state and federal fingerprint-based record checks per the FBI Criminal Justice Information Services (CJIS) policy. This includes electronic access to the actual CJI records or working around these records in a secure facility (e.g., UW Police Department). The UW Police Department will work with the divisional HR representatives, as appropriate, to coordinate the fingerprint-based record checks for employees with this access.
III. UW Regent Policy Requirements for Hiring New Employees – UW-Madison divisions will incorporate the following steps into their hiring and selection process. This applies to all vacancies except when hires are made in student hourly, employee-in-training, and LTE appointments or when employees move from another UW campus or state agency, unless the vacancy involves a position of trust. If an individual is returning to the UW after less than a one-year absence, it is not required that a new check be done unless the employee is moving to a position of trust.

Note: the UW requirement to conduct criminal background checks does not apply to non-employee appointments such as Fellows and Postdoctoral Fellows unless required by law or is defined as a position of trust.

a. Announcing a Vacancy – All vacancy announcements (including advertisements) should contain the statement “Employment will require a criminal background check.” This statement is included in the campus human resources systems (JEMS) for insertion in all position materials.

b. Offering a Position – Divisions are expected to complete criminal background checks prior to making an offer of employment. If a check cannot be completed before an offer is made, the check must be completed before the individual begins employment unless an exception is granted by the appropriate dean or director. In any event, the criminal background check must be completed and a decision made no later than 60 days after the start of employment.

In most cases, only the finalist being offered the position will be checked. However, there may be circumstances where more than one applicant is checked (e.g., chancellor, dean, or provost search).

c. Appointment Letters – If a check cannot be completed before an offer is made, the appointment letter must state that the offer will be withdrawn or the employment terminated if the individual’s criminal background check results are unacceptable. The following statement must be used in the appointment letter.

“This offer of employment is conditional pending the results of a criminal background check. If the results are unacceptable, the offer will be withdrawn or, if you have started employment, your employment will be terminated.”

However, under no circumstances can an individual start employment in a position of trust with access to vulnerable populations without a completed criminal background check.

d. Consent – Prior to conducting a criminal background check, divisions are required to use the online consent process or have the employee sign a consent form (see attached). If the individual declines to provide the consent for the check, he/she can no longer be considered a candidate for the vacancy.

IV. Coverage of Volunteers – UW-Madison divisions shall perform criminal background checks on prospective volunteers when the volunteer position involved is a position of trust, or when required by law. In making this determination, consideration should be given to the level of direct supervision and guidance provided to volunteers and the nature of the duties of the volunteer position.
Criminal background checks must be conducted on current volunteers who have not previously been subject to a criminal background check by the University, and that hold a position of trust with access to vulnerable populations as defined in section VII of this policy. A criminal background check must be performed every four years on volunteers in a position of trust with access to vulnerable populations or every two years on volunteers who have contact with minors in a precollege camp.

V. UW Regent Policy for Vendors/Contractors - To the maximum extent feasible, any agreement with a vendor or contractor whose employees, affiliates, or volunteers will have routine or unsupervised access to vulnerable populations (minors or medical patients) in the course of the contract must include a representation from the vendor or contractor stating that these employees, affiliates, or volunteers have satisfied a criminal background check that includes a national criminal background check database. Divisions will need to identify those vendors/contractors who fall under this policy and subsequently work with Purchasing Services, Office of Legal Affairs, and the Office of Human Resources to ensure compliance.

VI. Coverage of Certain Users and Lessees of University Lands and Facilities - Facilities use agreements or leases with outside organizations that use or lease University lands and facilities to operate multi-day programs for minors, or programs for minors that involve an overnight stay, must include a representation from the organization that its employees, affiliates, or volunteers have satisfied a criminal background check that includes a national criminal background check database. Divisions will need to identify those agreements or leases and subsequently work with Office of Legal Affairs and the Office of Human Resources to ensure compliance.

VII. Positions of Trust – is defined as a paid or volunteer position with one or more of the following responsibilities.

a. Access to vulnerable populations – Responsibilities require unsupervised or significant access (more than de minimis part of their job responsibilities) to vulnerable populations, defined as minors and medical patients. For purposes of this policy, a minor is a person under the age of eighteen (18) who is not enrolled, accepted for enrollment or employed at a UW System institution. Examples of settings with vulnerable populations include child care centers, precollege camps for minors*, precollege or enrichment programs, and health care facilities. This category also includes employees who are not directly working in those units, but have unsupervised access to the unit when the vulnerable population is present. This category does not include faculty or instructional academic staff performing regular teaching, service, and research responsibilities unless these responsibilities include unsupervised or significant access to vulnerable populations.

Employees and volunteers holding a position of trust with access to vulnerable populations shall be subject to a criminal background check every four years, except that employees and volunteers with access to minors in a precollege camp shall be subject to a criminal background check every two years. Regardless of whether an individual has previously passed a criminal background check by the University, an individual who will hold a position of trust with access to vulnerable populations must pass a check that evaluates whether the individual is suitable for contact with vulnerable populations or minors. (e.g., a faculty member who has passed a background check that did not
evaluate suitability for access to children must pass an additional check prior to working/volunteering for a precollege camp.)

* For purposes of this policy precollege camp is defined as multi-day or overnight activity for minors (individuals under the age of 18), except for activities falling into any of the categories below.

1) An activity that primarily serves individuals who are enrolled or have been accepted for enrollment as students at UW-Madison (e.g. SOAR or Basecamp).

2) An activity in which minors are primarily supervised by a parent, relative, or other guardian (e.g., campus tours and exhibitions that are open to the public).

3) An activity for which minors are primarily supervised by non-University employees or volunteers (e.g., school or youth group field trips led by an outside organization).

4) UW-Madison run preschools and child care resources coordinated by the Office of Child Care and Family Resources, which conduct checks in compliance with state laws and regulations.

Note - Individuals who are not subject to 2-year checks under items 1-4 above may still be subject to 4-year checks if they have access to vulnerable populations and/or are subject to the Wisconsin Caregiver law.

b. **Property access** - Responsibilities require the use of master keys/card access. This pertains to employees with key access to offices/worksites/facilities other than their own departmental worksite, including UW residential housing facilities.

c. **Executive positions** - Responsibilities involve top-level management functions throughout the campus including roles as Chancellor, Provost, Dean, Director, etc. Executive positions are defined as all limited appointments. This would include any movement from a limited appointment to a different limited appointment.

[See Attachment 1: Determining When a Criminal Background Check is Required]

**Self Reporting Requirement** - Employees and volunteers holding a position of trust with access to vulnerable populations, as defined in section VII of this policy, are required to report any criminal arrests, charges, or convictions (excluding misdemeanor traffic offenses punishable only by fine) to the appropriate Background Check Coordinator (BCC), within twenty-four (24) hours or at the earliest possible opportunity. Failure to make the required report constitutes a violation of this policy and may result in disciplinary action, up to and including dismissal. Divisions must provide notification of this requirement to employees covered by this provision.

**VIII. Conducting Criminal Background Checks** – Criminal background checks will be conducted and managed within the divisions. The following process and roles will be built into how criminal background checks are conducted and what actions are taken. For purposes of this policy and these procedures, “conviction” includes please of guilty and no contest.
a. **Background Check Coordinator (BCC)** – Each division will identify at least one employee with experience in human resources as the division’s Background Check Coordinator (BCC). This individual will be responsible for all activities involved with the checks including determining the scope, conducting, making recommendations on results, and providing appropriate information to both employer and employee. A key component of this role involves keeping information confidential except on a need-to-know basis. Background Check Coordinators will be required to undergo initial and ongoing training. The Office of Human Resources and Office of Legal Affairs will be responsible for providing this training.

b. **Steps for Completing Check – The following process is required for performing a criminal background check.** All costs associated with conducting the check will be borne by the division.

1. **Securing Consent** - For those individuals with e-mail accounts, the consent process can be completed online using the university-contracted vendor without the need for a signed consent form. The BCC should send an e-mail to the applicant or volunteer informing him/her that the vendor will be contacting them to complete the consent form and start the criminal background check process. Alternatively, if electronic consent is not feasible or practical, the BCC may provide a hard-copy consent form to the applicant indicating that it needs to be completed and returned to the BCC along with a resume/vita/employment application if available.

   *[See Attachment 2: Notification to Candidate when using vendor electronic consent process.]*

   *[See Attachment 3: Consent Form – when not using online consent process.]*

Divisions may decide to obtain consent at the time of application depending on the type of recruitment. Typically, the check is conducted only on the person selected for the job or as a volunteer, however divisions may decide that they want to conduct a check on all finalists. The completed consent form(s) should always be sent from the finalist(s) to the BCC without involvement of the hiring manager. If the consent is secured via a hard-copy consent form, the BCC should enter it into the vendor’s system. Both processes will require the applicant to self-disclose whether he/she has ever been convicted of a crime or is currently facing criminal charges.

An applicant’s or volunteer’s failure to consent to a criminal background check or falsification of any related information is grounds for the rejection of the applicant or volunteer.

**As of December 2, 2013, General Information Services (GIS) is the private vendor under contract to conduct criminal background checks.**
2. **Conducting the Criminal Background Check** - The BCC will use the standard criminal background package setup in GIS for individuals that are being hired into the University. This GIS package includes:

- **Social security number validation and trace module** - This trace determines the scope of check by identifying all the places within the United States the individual has resided. If the social security number is not valid, the individual will have three (3) working days from the receipt of the notification of invalidity to challenge the findings and then seven (7) working days to resolve the matter with the Social Security Administration. If the matter is not resolved within the stated timeframe, the applicant or volunteer will become ineligible for the position.

  [See Attachment 4: Social Security Adverse Action Template]

  Individuals who have recently arrived in the U.S. on a non-immigrant visa (e.g., H-1, J, etc.) or who have recently received a change in their visa status that permits them to work may not yet have a social security number at the time of hire. In such instances, the BCC will perform the standard criminal background check in GIS (social security number will not be entered in these situations).

- **Criminal convictions by county of residence outside of Wisconsin** - GIS collects convictions and pending charges from all the U.S. counties where the individual has resided outside of Wisconsin (determined by credit trace).

- **Wisconsin Circuit Court Access** - GIS collects convictions and pending charges going back to the start of the record keeping system for the state of Wisconsin.

- **National Sex Offender Registry** - GIS identifies whether the individual has been placed on any state sex offender registries.

- **National criminal background check database** - GIS searches national criminal conviction database(s) to identify any convictions within all U.S. jurisdictions, including federal offenses. This includes Wisconsin’s Department of Justice (DOJ) database going back to the start of the record.

Note – For periodic review requirement on current employees who have access to vulnerable population or are moving into a Position of Trust, there will be an expedited criminal background check that would run the national criminal background check database search for the last four (4) years only. Based on the results GIS will check any counties that are identified in that search. The check will also conduct the Wisconsin Court Access System, Wisconsin DOJ and the GIS national criminal/sex offender search for a four (4) year time period. This is done to eliminate some expenses of going back to records more than four (4) years.
3. **Foreign National Criminal Background Checks** – An appropriate U.S. criminal background check must be conducted on an applicant for employment, current employee, or volunteer who is a foreign national being considered for a position subject to this policy. A criminal background check in the individual’s prior country(ies) of residence will be also conducted if his/her country(ies) of residence provides a criminal background check for the time period during which the individual was a resident. A media search is not considered an appropriate criminal background check and, therefore, institutions are not required to conduct media searches. A specific international capability will be setup within GIS for this check.

Note: The social security trace conducted by the vendor will not find places of residence outside of the U.S. The BCC should use all available information to determine whether the individual has lived in other countries. Appropriate sources of this information include a resume or curriculum vitae.

4. **Non-Criminal Records** - In the course of using various databases to complete the background check, the BCC may learn of actions that are irrelevant to the criminal background check. For example, the GIS reports may include arrests where the charges have been dropped. In another example, civil suits (e.g., divorce, financial) filed against the individual may appear in the returned records.

It is imperative that no consideration be given to these matters and they not be communicated by the BCC in any way.

An exception exists for tickets or fines for traffic, rule or municipal ordinance violations. These are not crimes, but can be considered if the offense is substantially related to the job e.g., a DUI ticket (first offense) for an applicant for a position that requires driving.

**IX. Making Determination Whether Criminal Record is Substantially Related to the Position** – *The existence of a conviction is not an automatic exclusion from employment.* Wisconsin’s Fair Employment Act prohibits employers from discriminating against prospective or current employees based on pending criminal charges or convictions unless the “pending criminal charge” or “conviction record” is determined to be “substantially” related to the “circumstances of the particular job.” Arrests (other than pending) or detention orders that do not result in convictions or pleas and expunged convictions cannot be considered.

If there concerns about the results of the CBC, the University has created a Criminal Background Check Review Panel, comprised of staff from the Office for Equity and Diversity, the Classified Human Resources office and the Academic Personnel Office, that will review all crimes and pending arrests to determine whether there is a substantial relationship. In reviewing the results of a criminal background check, the panel will consider the following factors in order to determine whether there is a substantial relationship between the pending charge or conviction and the position and whether the applicant should be further considered for the position.
The Offense. The nature, severity and intentionality of the offense(s) including but not limited to:

- The statutory elements of the offense (rather than the individual’s account of the facts of the offense);
- The individual’s age at the time of the offense(s);
- Number and type of offenses (felony, misdemeanor, traffic, other);
- Time elapsed since the last offense;
- The individual’s probation or parole status;
- Whether the circumstances arose out of an employment situation; and
- Whether there is a pattern of offenses.

The Position. The duties, responsibilities and circumstances of the position, including but not limited to:

- The nature and scope of the position, including key access to residential facilities, key access to other facilities, access to cash and access to vulnerable populations, including minors;
- The nature and scope of the position’s student, minor, public or other interpersonal contact;
- The nature and scope of the position’s autonomy and discretionary authority;
- The nature and scope of supervision, including supervision received in the position and/or provided to subordinate staff;
- The sensitive nature of the data or records maintained or to which the position has access;
- The opportunity presented for the commission of additional offenses; and
- The extent to which acceptable job performance requires the trust and confidence of the employer, the University or the public.

The Individual. The individual’s record of performance and behavior on recent jobs at UW-Madison or elsewhere.

The criminal background check policy and procedures do not change the usual decision-making authority for hires, which varies by division and by type of employee. For example, nothing in this policy usurps or diminishes an academic department’s existing authority in making faculty hiring decisions.

Once the criminal background check is completed, the BCC shall review the results and act as follows.

- If no criminal records are found, the BCC shall inform the person making the hiring decision that an offer may be made.

- If the check discloses a pending charge or conviction for a felony or misdemeanor, the unit BCC is required to consult with the Office of Human Resources through the online UW-Madison CBC system (https://apps.ohr.wisc.edu/cbc/) for the CBC Review Panel to make a determination whether the criminal activity is substantially related to the functions of the position.
• If the panel concludes that there is no substantial relationship between the offense(s) and the position or there is a substantial relationship but there are mitigating factors that override the finding of a substantial relationship, the panel will inform the BCC. The BCC will then inform the person making the hiring decision that an offer may be made.

• If the panel concludes that there is a substantial relationship between the offenses and the position without adequate mitigating factors, the panel shall inform the BCC that an offer cannot be made. If the person has already begun in a position, the BCC should consult with OHR to determine next steps.

The BCC shall keep the background check results confidential except on a need-to-know basis.

X. Notifying Individual who was Not Approved for Employment – If a decision is tentatively made not to hire an applicant, to withdraw an offer or take action with an existing employee, or to reject a volunteer based upon the results of the background check, the BCC will be responsible for notifying the individual of the results of the check and the dispute and/or reconsideration process.

[See Attachment 6: Adverse Action Template]

• If the individual would like to dispute charges that appeared on their CBC they will:

  o Have three (3) working days to send a communication to the BCC explaining they would like to dispute a charge that appeared on their CBC.

  o Upon receiving communication from the applicant, the BCC will send the individual a communication outlining their next steps in the dispute process.

  o The individual will have seven (7) working days upon receiving the communication from the BCC to contact GIS directly and provide them with the documentation that they request to determine if the charges were accurately reported.

  o Once GIS has made a decision regarding the disputed charges, they will contact the BCC by e-mail to communicate their decision. If any charges were changed, the CBC will be updated in the GIS system to accurately reflect the individuals’ criminal record.

  o If no changes are made by GIS, the decision made by the panel stands. If changes are made by GIS, the BCC will contact the panel and advise them of the changes, the panel will review the changed information and make a final decision.

[See Attachment 7: Disputing Criminal Charges on CBC Template]
• If the individual would like the panel to reconsider their decision to not approve their hire they will:
  
o Have three (3) working days to send a communication to the BCC explaining they would like to request reconsideration the decision made by the panel.

  
o Upon receiving communication from the applicant, the BCC will send the individual a communication outlining next steps in the reconsideration process.

  
o The individual will have seven (7) working days upon the receipt of the communication from the BCC to provide the BCC with justification (and any additional documents requested) as to why they feel the charges aren’t substantially related to the position.

  
o At that time, the BCC will share these communications with the panel and they will reconsider their decision.

  
o Once a final decision has been made, the panel will communicate it to the BCC. The BCC will notify the individual of the decision.

  
[See Attachment 8: Requesting Reconsideration of Panel’s Decision Template]

These dispute and reconsideration processes were created to be in compliance with the Fair Credit Reporting Act (FCRA).

XI. Keeping Records – Records gathered as a result of a criminal background check will be kept by the BCC in files segmented by applicant, employee, or volunteer name. These records will include:

• The Consent Form;
• Information collected from the check;
• Analysis and decision if criminal activity substantially related to position; and
• Any correspondence related to the criminal background check.

Alternatively, these records may be maintained in a secure university or vendor on-line data base.

The records will be securely maintained for a period of seven (7) years after the position has been filled or action has been taken against an employee or volunteer. Records will be destroyed after seven years from the position being filled including the records of the applicant that was hired.

XII. Confidentiality – The BCC and the University will maintain the criminal background check records as confidential to the extent allowed by law. Although most records are obtained from public sources, the records may contain very sensitive information and BCCs are required to respect individuals’ privacy by only sharing any information obtained on a strict need-to-know basis.
XIII. Division Procedures – This campus policy should not prevent divisions from implementing their own criminal background check procedures that are specific to their environment. However, the division practice must meet the requirements of the campus policy and be approved by the chancellor or designee before being implemented.

XIV. Other Criminal Background Checks - Nothing in this policy shall be construed to prevent UW-Madison, with a reasonable basis, from obtaining at any time criminal background check information on any current employee or volunteer. Such checks are unusual and prior approval must be obtained from either the Academic Personnel Office or the Classified Human Resources office.

Any questions related to this policy, including interpretations and resource locations, should be directed to the human resources representative within the college/school/division.

Attachments
Authority: Regent Policy #20-19, Resolution 9276, adopted 12/08/06, amended effective 12/07/2012
## Determining When a Criminal Background Check is Required

<table>
<thead>
<tr>
<th>Current Employees</th>
<th>Conduct CBC?</th>
</tr>
</thead>
<tbody>
<tr>
<td>All current employees and volunteers in positions of trust with access to vulnerable populations (except precollege program employees and volunteers)</td>
<td></td>
</tr>
<tr>
<td>Yes - conduct CBC every four years</td>
<td></td>
</tr>
<tr>
<td>Precollege camp employees and volunteers who meet the definition as defined in section VII of the CBC policy</td>
<td></td>
</tr>
<tr>
<td>Yes - conduct CBC every two years</td>
<td></td>
</tr>
<tr>
<td>All other - Not in a job identified as a position of trust with access to vulnerable populations</td>
<td></td>
</tr>
<tr>
<td>No*</td>
<td></td>
</tr>
</tbody>
</table>

## New Employee

| Faculty, Academic Staff, Classified Permanent/Project, T/A/PA or Limited |
| Classed L/E, Student Hourly, Employee-in-Training (employment titles only) |
| Non-employee Appointments (e.g., Fellows, Postdoctoral Fellows, Research Assistants, and Volunteers) |
| Conduct CBC? |
| Yes |
| No* |

## Internal Employee Movement (Within UW System, No Break in Service)

<table>
<thead>
<tr>
<th>From</th>
<th>To</th>
<th>Conduct CBC?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Academic Staff, Classified Permanent/Project, Faculty, or Limited</td>
<td>Academic Staff, Classified Permanent/Project, E-I-T, Faculty, LTE, Student Hourly, T/A/PA</td>
<td>No*</td>
</tr>
<tr>
<td>Academic Staff, Classified Permanent/Project, Faculty, or Limited</td>
<td>Limited</td>
<td>YES</td>
</tr>
<tr>
<td>Classified L/E</td>
<td>LTE, Student Hourly</td>
<td>No*</td>
</tr>
<tr>
<td>Classified L/E</td>
<td>Academic Staff, Classified Permanent/Project, E-I-T, Faculty, T/A/PA</td>
<td>YES</td>
</tr>
<tr>
<td>Employee-in-Training (E-I-T)</td>
<td>E-I-T, LTE, Student Hourly</td>
<td>No*</td>
</tr>
<tr>
<td>Employee-in-Training (E-I-T)</td>
<td>Academic Staff, Classified Permanent/Project, Faculty, T/A/PA</td>
<td>YES</td>
</tr>
<tr>
<td>Student Assistant</td>
<td>Academic Staff, Classified Permanent/Project, E-I-T, Faculty, LTE, Student Hourly, T/A/PA</td>
<td>No*</td>
</tr>
<tr>
<td>Student Hourly</td>
<td>LTE, Student Hourly, E-I-T</td>
<td>No*</td>
</tr>
<tr>
<td>Student Hourly</td>
<td>Academic Staff, Classified Permanent/Project, Faculty, T/A/PA</td>
<td>YES</td>
</tr>
</tbody>
</table>

## External Employee Movement (Move from State Agency, No Break in Service)

<table>
<thead>
<tr>
<th>From</th>
<th>To</th>
<th>Conduct CBC?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Classified L/E</td>
<td>LTE, Student Hourly</td>
<td>No*</td>
</tr>
<tr>
<td>Classified L/E</td>
<td>Academic Staff, Classified Permanent/Project, E-I-T, Faculty, T/A/PA</td>
<td>YES</td>
</tr>
<tr>
<td>Classed Permanent or Project</td>
<td>Academic Staff, Classified Permanent/Project, E-I-T, Faculty, LTE, Student Hourly, T/A/PA</td>
<td>No*</td>
</tr>
<tr>
<td>Classed Permanent or Project</td>
<td>Limited</td>
<td>YES</td>
</tr>
</tbody>
</table>

* Unless new position requires a CBC by law or it is a position of trust. See table below if current employee movement is between positions requiring a CBC based on law or being identified as a position of trust.

** Unless current position requires a periodic CBC by law (e.g., Wisconsin caregiver law, select agents etc.)

## Movement Between Required CBC Positions

<table>
<thead>
<tr>
<th>From</th>
<th>To</th>
<th>Conduct CBC?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caregiver, Fiduciary, or Position of Trust</td>
<td>Caregiver, Fiduciary, or Position of Trust</td>
<td>YES</td>
</tr>
</tbody>
</table>

## Return to UW*** after Break in Service (i.e., Appointment Ended)

<table>
<thead>
<tr>
<th>Circumstance of Return</th>
<th>Conduct CBC?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Returning to Campus - Absence Less Than 12 Months</td>
<td>No***</td>
</tr>
<tr>
<td>Returning to Campus - Absence 12 Months or more</td>
<td>YES</td>
</tr>
</tbody>
</table>

*** Candidate from outside the UW exercising reinstatement eligibility or restoration rights is subject to a CBC

**** Unless position requires a CBC by law or it is a position of trust
Template: Notification to Candidate of GIS Contact

Dear Jane Doe,

The [school/college/division] has [choose one: 1) identified you as a finalist; 2) selected you; 3) hired you; 4) appointed you] for the [title] position in [department name]. The University of Wisconsin’s Board of Regents requires that a criminal background check be conducted on all new appointments. This requirement was implemented to safeguard the campus community for students and employees and visitors.

To begin the criminal background check process, you will receive an e-mail from General Information Services (GIS), a vendor used by the University to conduct the check. Please watch for it. This correspondence will ask you to go to a website so you can electronically consent to the check and insert information that will allow for the check to be completed. You will also need to enter any past name(s) you have had over the last seven years.

The University of Wisconsin strictly adheres to Wisconsin’s Fair Employment Act, which prohibits employers from discriminating against job applicants based on criminal convictions or pending charges unless there is a substantial relationship between the criminal activity and the responsibilities of the position.

If you have any questions, please contact me.

Thank you for cooperating with this requirement.
Authorization to Release Criminal Information for Employment Purposes

**Note:** The position for which you are being considered for or are currently working in requires a criminal background check to be conducted as a condition of employment. This check includes a review of any pending charges or convictions. The Wisconsin Fair Employment Act prevents employers from disqualifying applicants based on criminal history unless the position for which the applicant applied has job responsibilities that are substantially related to the applicant’s criminal history. However, failure to disclose criminal convictions or pending charges will disqualify you from further consideration.

I authorize UW-Madison to conduct a criminal background check. In connection with this consent, I authorize the use of law enforcement agencies and/or private background check organizations to assist UW-Madison in collecting this information. General Information Services (GIS) has been secured as a third party vendor (consumer reporting agency) to assist UW-Madison in collecting and verifying information.

I am aware that the information requested below regarding sex and date of birth is for the sole purpose of accurately gathering the information needed for the criminal background check and will not be used to unlawfully discriminate against me.

I also am aware that criminal records and/or pending charges will not automatically disqualify me from employment. Such information will be used to determine if there is a substantial relationship between the circumstances of the arrest and/or conviction and the position for which I am being considered.

Position(s):

_________________________________________________________________________

UW-Madison Unit/Department:

_________________________________________________________________________

*Please print (for identification purposes):*

Full Legal Name:

________________________  __________________________  __________________________

First       Middle       Last

Other Names You Have Used:

_________________________________________________________________________

Current Address:

_________________________________________________________________________

Previous Addresses for the last seven years:

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

Phone Number: ___________________________  Alternate Phone Number (cell) ___________________________
Date of Birth: ___________________________  Gender:  Female _____________  Male __________
   Month/Day/Year

Social Security Number: _____________________________________________________________

Have you ever been convicted of a felony or a misdemeanor or have any pending charges against you*?
* This refers only to felonies and misdemeanors; you do not need to include non-criminal traffic violations or municipal ordinance violations.

Yes ___ (provide details below)   No ___

Nature and Date(s) of Conviction(s) and/or Pending Charge(s):
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

Name and Location of the Court or Jurisdiction for the items listed above:
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

To the best of my knowledge, the information provided on this page and the next is true and complete. I understand that any falsification or omission of information may disqualify me for this position.

________________________________________________________________________________
Signature                                             _________________  Date

Only return this completed form to:

[Insert Address Here]
Social Security # Adverse Action Template

December 1, 2013

Ms. John Smith
2530 Burrows Hill
Madison, WI 53071

Dear Ms. Smith,

As we recently informed you, the University of Wisconsin performs a criminal background check as part of the [employment/appointment] process. To ensure an accurate criminal background check is conducted, your social security number first is validated.

This is to advise you that we could not validate your social security number. When we attempted the validation, there was a discrepancy. We will not be able to proceed with considering your application for employment based on this discrepancy.

If you believe there has been an error in this matter, you have three working days from the date you received this letter to submit a written appeal to me. If you decide to challenge, you will then have seven days to successfully resolve this issue with the Social Security Administration. You can contact the Social Security Administration at 1-800-772-1213 (toll free) or (866)-770-2262 (toll free).

You will not be considered for this position unless this matter is resolved.

Please contact me at xxx-xxxx if you have additional questions.

Regards,

Jane Doe, Criminal Background Check Coordinator
College of Widgets
University of Wisconsin – Madison

cc: Office of Human Resources

Attachment
ATTACHMENT 5

Adverse Action Letter - Template

June 3, 2014

Mr. John Smith
2530 Burrows Hill
Madison, WI 53071

Dear Mr. Smith,

As part of our [appointment/ employment] selection process for the XXXXXX position, you were subject to a criminal background check. The results of this check are attached.

This is to advise you that it has been determined you are not eligible for this position at UW-Madison as a result of your criminal background check. Pursuant to the Wisconsin Fair Employment Act, employment may be denied if an applicant’s criminal conviction record and/or pending criminal charges are substantially related to the circumstances of the particular job for which the applicant applied. The campus wide Criminal Background Check Review Panel has determined there is a substantial relationship between your reported criminal activity and the position for which you were being considered.

If you believe the results of the background check are not accurate, therefore would like to dispute the charges, and/or you would like for this decision to be reconsidered, you have three (3) working days from the receipt of this letter to communicate with me, in writing, and explain whether you plan to dispute the charges and/or would like a reconsideration by the Criminal Background Check Review Panel. Once I receive your written communication, I will send you further information on how to proceed. Please contact me at xxx-xxxx if you have additional questions or seek clarification on this process. Any written communications can be sent to the following e-mail address XXX@wise.edu.

Regards,

Jane Doe, Criminal Background Check Coordinator
College of Widgets
University of Wisconsin - Madison

xc: Office of Human Resources
Dear Jane Doe,

The University of Wisconsin – Madison requires that a criminal background check (CBC) be conducted [every four years on all current employees and volunteers who hold a position of trust with access to vulnerable populations] or [two years on all current employees and volunteers who hold a position with precollege camps]. Your position has been identified as a position of trust with access to vulnerable populations. Your CBC was last conducted on [insert date]. Since it has been two/four years from the last time we conducted a background check, UW Madison [school/college/division] is required to conduct a new check (see link below). This requirement is to safeguard the campus community for students, employees and visitors.

To begin the criminal background check process, you will receive an e-mail from General Information Services (GIS), a vendor used by the University to conduct the check. Please watch for it. This correspondence will ask you to go to a website so you can electronically consent to the check and insert information that will allow for the check to be completed. You will also need to enter any past name(s) you have had over the last seven years.

Or

To begin the criminal background check process, you need to complete and sign the attached consent form. This gives your authorization to conduct the check. Please return this form to me within the next five working days.

The University of Wisconsin strictly adheres to Wisconsin’s Fair Employment Act, which prohibits employers from discriminating against individuals based on criminal convictions or pending charges unless there is a substantial relationship between the criminal activity and the responsibilities of the position.

If you have any questions, please contact me.

Thank you for cooperating with this requirement.

Regards,
John Smith, Criminal Background Check Coordinator

College of Widgets
University of Wisconsin - Madison


12/2/13
Template: For current employees and volunteers holding a position of trust with access to vulnerable populations who have not been checked (started before 2007)

December 2, 2013

Dear Jane Doe,

The University of Wisconsin - Madison requires (see web link below) that a criminal background check (CBC) be conducted on all current employees and volunteers who hold a position of trust with access to vulnerable populations. This requirement is to safeguard the campus community for students and employees.

Since you hold a position identified as a position of trust with access to vulnerable populations, the [school/college/division] is proceeding with a criminal background check.

To begin the criminal background check process, you will receive an e-mail from General Information Services (GIS), a vendor used by the University to conduct the check. Please watch for it. This correspondence will ask you to go to a website so you can electronically consent to the check and insert information that will allow for the check to be completed. You will also need to enter any past name(s) you have had over the last seven years.

Or

To begin the criminal background check process, you need to complete and sign the attached consent form. This gives your authorization to conduct the check. Please return this form to me within the next five working days.

The University of Wisconsin strictly adheres to Wisconsin’s Fair Employment Act, which prohibits employers from discriminating against individuals based on criminal convictions or pending charges unless there is a substantial relationship between the criminal activity and the responsibilities of the position.

If you have any questions, please contact me.

Thank you for cooperating with this requirement.

Regards,

John Smith, Criminal Background Check Coordinator
College of Widgets
University of Wisconsin – Madison

Mandatory Reporting Requirement of Child Abuse and Neglect

It is required that all UW employees and volunteers working with children complete a Mandatory Reporting training annually.

As a UW-Madison employee, you are required to report child abuse or neglect immediately if in the course of employment you observe an incident or threat of child abuse or neglect, or learn of an incident or threat of child abuse or neglect, and have reasonable cause to believe that child abuse or neglect has occurred or will occur. This requirement applies to incidents of abuse or neglect, regardless of whether they occur on campus or elsewhere, including abuse or neglect at home by the child’s parents or other relatives. Volunteers on UW-Madison’s campus or participating in UW-Madison sponsored activities are expected to report child abuse or neglect. Reports of child abuse or neglect must be made in person or by telephone to the county department of social services, the county department of human services, or to law enforcement.

A UW-Madison employee or volunteer who is a mandatory reporter under Wis. Stat. § 48.981(2)(a) shall comply with the requirements of the state mandatory reporter law.

Deciding to get involved in a situation of suspected abuse or neglect can be difficult. It is, however, a decision that may be crucial to a child not only today, but also in the future. Caregivers/maltreaters who have abused or neglected their children may need services and support to provide safe care for their children. The sooner an issue is reported, the sooner the child can be helped.

No UW-Madison employee making a report to the police or child protective services, in good faith, may be discharged from employment, disciplined or otherwise discriminated against in regard to employment, or threatened with any such treatment, for so doing.

Definitions and Signs of Child Abuse and Neglect

Definition of Child
For purposes of reporting child abuse or neglect, a “child” is a person who is less than 18 years of age.

Physical Abuse
Definition: Physical injury inflicted on a child by other than accidental means. Physical injury includes, but is not limited to, lacerations, fractured bones, burns, internal injuries, severe or frequent bruising or great bodily harm.

Signs:
- Bruises, welts on face, neck, chest, back
- Injuries in the shape of object (belt, cord)
- Unexplained burns on palms, soles of feet, back
- Fractures that do not fit the story of how an injury occurred
- Delay in seeking medical help
- Extremes in behavior: very aggressive or withdrawn and shy
- Afraid to go home
- Frightened of parents
- Fearful of other adults

Sexual Abuse
Definition: Sexual intercourse or sexual contact with a child; recording or displaying of a child engaged in sexually explicit conduct; causing a child to view or listen to sexual activity for purposes of sexual gratification; exposing genitals or pubic area to a child or exposing a child’s genitals or pubic area for purposes of sexual gratification; or permitting, allowing or encouraging a child to engage in prostitution.

Signs:
- Pain, swelling, itching in genital area
- Bruises, bleeding, discharge in genital area
- Difficulty walking or sitting, frequent urination, pain
- Stained or bloody underclothing
- Venereal disease
- Refusal to take part in gym or other exercises
- Poor peer relationships
- Unusual interest in sex for age
- Drastic change in school achievement
- Runaway or delinquent
- Regressive or childlike behavior

Note: Sexual abuse does not include consensual sexual contact with anyone 16-17 years old.

**Emotional Abuse**

**Definition:** Emotional damage for which the child’s parent—or caretaker—has neglected, refused or been unable, for reasons other than poverty, to obtain the necessary treatment or to take steps to ameliorate the symptoms. Emotional damage is harm to a child’s psychological or intellectual functioning which is evidenced by one or more of the following characteristics exhibited to a severe degree: anxiety, depression, withdrawal or aggression. Emotional damage may be demonstrated by substantial and observable changes in behavior, emotional response or learning that are incompatible with the child’s age or stage of development.

**Signs:**
- Low self-esteem
- Self-denigration
- Severe depression
- Aggression
- Withdrawal
- Severe anxiety

**Neglect**

**Definition:** When a child’s parent—or caretaker—fails, refuses or is unable, for reasons other than poverty, to provide the necessary care, food, clothing, medical or dental care or shelter so as to seriously endanger the physical health of the child.

**Signs:**
- Poor hygiene, odor
- Inappropriately dressed for weather
- Needs medical or dental care
- Left alone, unsupervised for long periods
- Failure to thrive, malnutrition
- Constant hunger, begs or steals food
- Extreme willingness to please
- Frequent absence from school
- Arrives early and stays late at school or play areas or other people’s homes

**Abuse as Manufacturing of Methamphetamines**

**Definition:** It is child abuse to manufacture methamphetamines with a child present, or in a child’s home or under any other circumstances in which a reasonable person should have known that the manufacture would be seen, heard, or smelled by a child.

**Reporting Child Abuse or Neglect**

**How to Report:** Contact your county social/human services department, sheriff, local police department, or university police department by telephone or in person. A preliminary inquiry to collect additional information that is readily available (such as talking to coworkers who also interact with that child) or to verify that the information learned meets the criteria for reporting may be appropriate, but such inquiry must be conducted promptly. You should not delay making a report in order to gather evidence; the agency to whom you make the report will determine whether such an investigation is warranted.

You may share information only with appropriate individuals, such as law enforcement personnel, social/human services personnel, appropriate University officials, and need-to-know co-workers. Beyond appropriate disclosures, you should treat the information as confidential.
Prior to making a report involving a suspected victim who is over the age of 18, please contact UW-Madison’s Office of Administrative Legal Services.

**What to Report:** Explain, as well as you can, what happened or is happening to the child. Describe the nature of the abuse or neglect and the involved parties. Be as specific as possible. Be prepared to give the name, address, and telephone number of the child and also the name of the parent or caretaker, if known. Even if you do not know all of this information, report what you do know. Tell all you know about the situation.

**What Happens After You Report:** Child Protective Services and/or law enforcement will investigate the matter and determine whether abuse/ neglect has occurred and determine what action to take. Child Protective Services will not release your identity unless ordered to do so by a court or you are subpoenaed to provide testimony.

**Reports to CPS or Law Enforcement**

**Emergency Phone Number:** 911  
**Non-Emergency Phone Numbers:**
- **University of Wisconsin--Madison Police Dept.:** 608-264-COPS or 608-264-2677  
- **Madison Police Department:** 608-266-4275  
- **Dane County Child Protective Services:** 608-261-KIDS or 608-261-5437  
- **Wisconsin Telecommunications Relay System (WTRS):** To connect to WTRS, dial 7-1-1 from any phone in Wisconsin, or the appropriate WTRS toll-free number found here: [http://gab.wi.gov/elections-voting/voters/accessibility/wtrs](http://gab.wi.gov/elections-voting/voters/accessibility/wtrs)

**Interpretation Services:** Language interpretation services are available through the University of Wisconsin–Madison Police Department, the Madison Police Department, or Dane County Child Protective Services.

**Additional Campus Reporting Expectations:** If the incident or threat of child abuse or neglect involves an allegation against a University employee or agent (e.g. student, volunteer, etc.) and the suspected child abuse or neglect occurred on the UW-Madison campus or during a UW-Madison sponsored activity, you should also notify your immediate supervisor. Alternatively, you may notify one of the following UW-Madison offices:
- **The Office for Equity and Diversity:** 263-2378  
- **The Dean of Students Office:** 263-5700  
- **The Office of Administrative Legal Services:** 263-7400  
- **UW-Madison Police Department:** 264-COPS (if not notified previously)

The purpose of such notification is to alleviate an ongoing threat of harm to a child or children. Such reports shall be maintained in a secure location, and the confidentiality of the reporter shall be maintained to the extent permitted by law or University policy.

If you have any questions, please contact:

**Kate O’Connor**  
Division of Diversity, Equity, and Educational Achievement  
608-263-2378  
kate.oconnor@wisc.edu
Executive Order 54

Mandatory Reporting Requirement

As a UW-Madison employee, you are required to report child abuse or neglect immediately if in the course of employment you observe an incident or threat of child abuse or neglect, or learn of an incident or threat of child abuse or neglect, and have reasonable cause to believe that child abuse or neglect has occurred or will occur. This requirement applies to incidents of abuse or neglect, regardless of whether they occur on campus or elsewhere, including abuse or neglect at home by the child’s parents or other relatives. Volunteers on UW-Madison’s campus or participating in UW-Madison sponsored activities are expected to report child abuse or neglect. Reports of child abuse or neglect must be made in person or by telephone to the county department of social services, the county department of human services, or to law enforcement.

A UW-Madison employee or volunteer who is a mandatory reporter under Wis. Stat. § 48.981(2)(a) shall comply with the requirements of the state mandatory reporter law.

Deciding to get involved in a situation of suspected abuse or neglect can be difficult. It is, however, a decision that may be crucial to a child not only today, but also in the future. Caregivers/maltreaters who have abused or neglected their children may need services and support to provide safe care for their children. The sooner an issue is reported, the sooner the child can be helped.

No UW-Madison employee making a report to the police or child protective services, in good faith, may be discharged from employment, disciplined or otherwise discriminated against in regard to employment, or threatened with any such treatment, for so doing.

As a mandatory reporter the UW requires training annually. If you have NOT completed the training, you can complete online training at the following website.

http://wcwpds.wisc.edu/mandatedreporter/index.html

I have reviewed the Executive 54 Training Materials and verify my understanding of the responsibilities to comply with the requirements as a State of Wisconsin mandatory reporter.

______________________________
On line

______________________________
Face-to-Face

______________________________
Name (print)

______________________________
Date

______________________________
Signature
UW-Madison Two-Deep Policy

PURPOSE
To provide for appropriate supervision of minors not enrolled at a UW institution who are involved in University-sponsored programs, programs held at the University and/or programs housed in University facilities at all geographic locations. Supervision of minors who are involved in University research is addressed by Institutional Review Board process and is not addressed by this policy. This policy also does not apply to general public events where parents/guardians are invited/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 camps and clinics. These policies are primarily for the protection of minors; however, they also serve to protect adult volunteers.

DEFINITIONS:

Minor -
A person under the age of eighteen (18) who is not enrolled or accepted for enrollment at the University. Students who are “dually enrolled” in University programs while also enrolled in elementary, middle and/or high school are not included in this policy unless such enrollment includes overnight housing in University facilities.

University Facilities -
Facilities owned by, or under the control of, the University, with the exception of the Student Health Center’s found on most system campuses, which will follow separate policies that reflect the unique activities that occur in those locations.

Programs -
Programs and activities offered by various academic or administrative units of the University, or by non-University groups using University facilities. This includes but is not limited to workshops, sport camps, academic camps, pre-college or enrichment programs, conferences, pre-enrollment visits, 4H or Cooperative Extension programs, and similar activities. Outside groups or organizations must comply with these policies.

One-On-One Contact -
Personal, unsupervised interaction between any adult and a participant without at least one other adult, parent or legal guardian being present.
**POLICY:**

Two-deep leadership on all outings required. At least two adults are required for all trips and outings involving minors. Appropriate adult leadership must be present for all overnight activities; coed overnight activities—even those including parent and child—require male and female adults, all of whom must be 21 years of age or older.

One-on-one contact between adults and minors prohibited. One-on-one contact between adults and minors is not permitted. The exception would be in the case of a parent and child relationship. This policy does not apply in instructional settings where one on one tutoring ensues. In such settings, free access to any confined space must be maintained.

**Overnight events.**

Adults must maintain a two-deep (at least two adults present) at all times on overnight events. When camping, no minor is permitted to sleep in the tent of an adult other than his or her own parent or guardian.

**Privacy of youth respected.**

Adult must respect the privacy of minors in situations such as changing clothes and taking showers. Intrusions are permitted only to the extent that health and safety require. Adult volunteers must protect their own privacy in similar situations.

**Inappropriate use of cameras, imaging, or digital devices prohibited.**

Any device capable of recording or transmitting visual images in shower houses, restrooms, or other areas where privacy is expected by participants is prohibited.

If you have any questions, please contact:

**Randy Hentschel**
Regulation and Licensing
608-262-0924
rjhentsc@uhs.wisc.edu
Risk Management Requirements
Risk Management Policy: Camps & Clinic Requirements

Camps &/or Clinics on UW-Madison campus must be run by the University. The State liability insurance does not extend to student(s) or student organization(s); it only extends to paid University employees. Students hired to “work” the camp will be covered as employees and liability coverage extended to them for the duration of the camp.

Camps &/or Clinics must be held on UW property. That can be UW-Madison campus or it could be off the main campus. Contact Risk Management at 262.8926 to be sure.

All Camps &/or Clinics must have a brochure. The brochure must be forwarded to Risk Management; 21 N Park St, Ste 5344A; Madison, WI 53715 or emailed to Debbie Beich at dbeich@bussvc.wisc.edu. The following are areas that must be included in the brochure (dependent on the type of camp/clinic):

**Liability Waiver**
In consideration of my child’s participation in the camp, I hereby release the University of Wisconsin System, Board of Regents, its officers, agents, and employees from any and all liability arising out of any injury or illness my child incurs while participating in camp activities. I understand the rigorous athletic activity in which my child will be involved. In understand that participation is voluntary and I choose freely to have my child participate. I understand that overnight accommodations for resident campers are private facilities, not University facilities.

**Health Insurance** - Campers should have their own health insurance to cover medical treatment that may be required while attending the camp. Limited accident insurance is provided by the University; illnesses are not covered by this policy.

By signing below, the parent/guardian understands and acknowledges that the Camp provides limited accident insurance, which is primary up to $10,000. The parent/guardian also understands that all bills for medical treatment that the child receives at the camp, including prescriptions, are ultimately his/her responsibility.

**Health Care** - The camp has qualified Medical Staff on duty 24 hours to evaluate minor illnesses and injuries, dispense medications brought by campers, and provide First Aid. Campers in need of further medical care will be transported to local medical facilities. Every effort is made to protect the health and safety of our campers. It is important that campers come physically prepared to take full advantage of their camp experience.

By signing below, the parent/guardian understands and acknowledges that the confidential Consent for Medical Administration and Medical Treatment Form and Health History Questionnaire must be completed, signed and returned to the (insert Dep’t. name) prior to the child’s participation in the Camp activities.

The parent/guardian also understands that all bills for medical treatment that the child receives at the camp, including prescriptions, are ultimately his/her responsibility.

____________________________
Signature of Parent (Guardian)
Photographs and Videos
By applying for this Camp I understand the University of Wisconsin-Madison may take photographs and or videos of camp participants and activities. I agree that the UW shall be the owner of and may use such photographs and videos relating to the promotion of future camps. I relinquish all rights that I may claim in relation to the use of said photographs and videos.

______________________________
Signature of Parent (Guardian)

FOR RESIDENTIAL PROGRAMS:
Housing/Meals
Campers will be staying and eating at (insert name of facility), an off-campus private facility located (insert where). Dorm counselors will monitor campers.

Room Assignments
(# of campers) campers are assigned per room with up to (#) preferences requested at the time of application. You and your roommates must request each other to insure correct rooming assignment and must send in applications together for roommate requests. We will try to accommodate all requests.

Refund Policy
Cancellations made prior to (insert date) will pay an administrative fee of $ (insert dollar amount) that will be deducted from your refund amount. After (insert date), refunds (minus the administrative fee) will only be given for medical reasons when accompanied by a signed letter from a physician. All registrations must be received by two weeks before check in at the camp.

Supervision and Conduct
Campers will be supervised at all times to ensure a secure environment and are not permitted to leave (insert facility name) unsupervised. (insert medical professional title) staff will be on duty 24 hours a day during camp. Any misconduct by a camper is grounds for immediate dismissal from the camp without a refund.

What to Bring
Linens, blankets, alarm clock, towels, soap, socks, t-shirts and shorts.

Feel free to amend any of the items above from Housing/Meals down to suit your particular camp/clinic. The items above may call for you to insert a title or facility/department name but that wording must stay as is. Most brochures also include pictures of the individuals running the camp and a short bio but that is not necessary.

Any injuries incurred at the camp must be reported immediately to Risk Management via the injury report. Be sure to write clearly and include complete addresses.

If you have any questions, please contact:

Debbie Beich
UW-Madison Assistant Risk Manager
21 N Park St, Ste 5344 A
Madison, WI 53715
Phone: 608.262.8926
Fax: 608.262.9082

debbie.beich@wisc.edu

http://www.bussvc.wisc.edu/risk_mgt/risk_mgt.html
The Camps and Clinics policy renewed as of 1/1/2016.

The new rates are $0.32 for 2 days or less without an overnight stay or non-consecutive days without an overnight stay

or

$1.81 for 3 days or more or any overnight stays.

The limit is $10,000.

**Debbie Beich**
Assistant Risk Manager
University of Wisconsin-Madison
21 N Park St, Ste 5344A
Madison, WI 53715

Phone: 608.262.8926
Fax: 608.262.9082
Email: debbie.beich@wisc.edu

*A risk foreseen is half avoided.* ~ Anonymous
NOTICE OF INJURY
CAMPS AND CLINICS

NAME OF CAMP/CLINIC: _______________________________________________________

NAME OF PERSON INJURED: ____________________________________________________

DATE: ________________________ TIME: ______________________________ P.M.

LOCATION: ______________________________________________________________

TYPE OF INJURY: ______________________________________________________________________

WHERE TREATED: __________________________________________________________

HOW DID INCIDENT OCCUR: ______________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

Name and Address of
Parent of Legal Guardian

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

Name of Coach/Coordinator Completing Form: ______________________

Phone Number: ______________________

____________________________________________________________________________

THIS FORM MUST BE COMPLETED AND SUBMITTED TO:

RISK MANAGEMENT; 21 N PARK ST, STE 5344 A; MADISON, WI  53715

IMMEDIATELY FOLLOWING INCIDENT
Driver Authorization Information

In order to be covered by the State's Liability Protection while driving on university business, all prospective drivers must complete the appropriate driver authorization request form. All drivers must be approved through Risk Management, regardless of whether you are driving your personal vehicle, a Car Fleet or DOA vehicle, or a rental vehicle.

Once approved to drive, all approved drivers will be listed on the Approved Driver Database.

GENERAL RULES FOR ALL POTENTIAL DRIVERS:

- One of the purposes of your signature on the request form is to acknowledge that the driver has reviewed and understands the Fleet Driver Policies and Appendix and UW-Madison Fleet Rules and Regulations.
- Be aware that the University's Authorization Requirements are stricter than DOA.
- Processing of driver authorizations takes 10 working days from the date received in our office. Due to the volume of driver authorization requests, we cannot do rushes.
- If not approved, the requesting department will receive an e-mail rejection from our office.
- Other than Canada, we cannot accept licenses from outside the country. Individuals will need to contact the Wisconsin Department of Motor Vehicles to obtain a Wisconsin driver's license before being authorized to drive.
- When hiring for a driving position, please fill out a Pre-Hire Driver's License Check form. Risk Management will do a license check and respond before the employee is hired. this process applies to Wisconsin licensees only.
- Group Travel: When using multiple fleet vehicles to travel to one destination, DO NOT drive the vehicles in a single file 'convoy'. Often, the fleet has experienced 'double damage' due to two fleet vehicles being involved in a collision with each other. This also makes it very difficult for a group to continue travel if that is desired after a collision. Always maintain adequate following distance to all traffic based on conditions; never drive fleet vehicles so close together that other traffic is unable to merge and flow in between. A group that attempts to drive in a convoy will foster the impulse for reckless or overly aggressive driving and road rage in order to prevent other traffic from disrupting the convoy, and needlessly risk the lives and property of vehicle occupants. This is not permitted.

STUDENTS:

- Students, LTE's and volunteers must complete the Student, LTE, & Volunteer Driver Authorization form. Again, a check of your motor vehicle record will be made and, if approved, the drivers name will be listed on the Approved Driver Database. Specific information regarding the process for authorizing students is available in the Student/Volunteer Guidelines.
- If the driver has an out-of-state license, or a Wisconsin license for less than 3 years due to being licensed out-of-state, the driver must complete a Notarized Statement of their driving record and have the form notarized, before submitting it along with the appropriate application.
- All students should watch the 4 YouTube videos, which applies specifically to UW-Madison. There is also a two-page test of knowledge that departments should consider requiring before signing the authorization request.

FACULTY AND STAFF:

<table>
<thead>
<tr>
<th>WISCONSIN LICENSE HOLDERS ONLY</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 years experience minimum in Wisconsin and never licensed anywhere else</td>
</tr>
<tr>
<td>OR</td>
</tr>
<tr>
<td>Last 3 years licensed in Wisconsin</td>
</tr>
<tr>
<td>Apply by clicking: Wisconsin Only Vehicle Use Agreement</td>
</tr>
</tbody>
</table>

- If the above box does not apply, Faculty and staff must complete a Vehicle Use Agreement. Specific information regarding the process for authorizing faculty and staff is available in the Faculty/Staff guidelines.
- If the driver has an out-of-state license, or a Wisconsin license for less than 3 years due to being licensed out-of-state, the driver must complete a Notarized Statement of their driving record and have the form notarized, before submitting it along with the appropriate application.
# UW-Madison Student/Volunteer/TE: Driver Authorization

Please allow 10 working days for processing. Incomplete forms will not be processed or returned.

<table>
<thead>
<tr>
<th>APPLICANT TYPE/MAXIMUM APPROVAL LENGTH</th>
<th>STATUS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student/1 year</td>
<td>□ Currently hold a WI license (more than 3 years)</td>
</tr>
<tr>
<td>Volunteer/1 year</td>
<td>□ Hold a valid WI license (less than 3 years)*</td>
</tr>
<tr>
<td>TE/2 years</td>
<td>□ Hold a valid Out of State or Canadian license*</td>
</tr>
</tbody>
</table>

*Completion of Notary Statement form required

The Notary Statement is found at: Business Services Risk Management.

The Notary Statement must list any moving violations and/or describe accidents in the past three years.

Please attach a legible copy of the front of driver’s license if issued anywhere outside of Wisconsin.

The Notary Statement should be attached to this form and submitted to UW-Madison Risk Management.

Do you have a 12 and 15 passenger van driver card issued by the State of Wisconsin Department of Administration? □ Yes □ No

If yes, please attach a copy of the card to this application.

INITIAL ALL STATEMENTS AFTER READING

□ I currently hold a valid driver’s license. I understand that a copy of the Statewide Fleet Policies and Procedures is available to download at: Statewide Fleet Policies and Procedures. I understand that it is both required and in my best interest to acquaint myself with these documents.

□ I understand that my driver information will be included in a statewide database that is checked monthly. Any negative change in the status of my driving record may result in the revocation of the privilege of driving a state-owned vehicle. I agree that I will notify UW Risk Management if there is any change in my driving status.

□ I understand approved applications will appear on the Risk Management website at Business Services Risk Management. This website will be my only notification of approval. My name must appear on this website BEFORE I am allowed to drive or reserve a vehicle.

## APPLICANT INFORMATION

<table>
<thead>
<tr>
<th>Driver Name as it appears on license</th>
<th>Date of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td>Driver license number</td>
<td>Driver License Issue State/Country Full Name</td>
</tr>
<tr>
<td>Driver Email Address, please supply your @wisc.edu account if available</td>
<td>Number of Years of Driving Experience</td>
</tr>
</tbody>
</table>

Employment Department ID Number, Name and Address (Example: 037300, Risk Management, 21 N Park Street, Suite 5301)

Reason for driving

Approval Length

Signature of Applicant

Date signed:

Signature of Professor/Coordinator

Print Name:

Date signed:

Signature of Department Chair/Director

Print Name:

Date signed:

If driver is denied, divisional (school/college) contact person for notification (approvals are posted in the website named above):

Name:  
Phone:  
Email:  

Departments: send completed forms to: Risk Management, 21 N Park Street, Suite 5301 (campus mail) or via fax: 608-262-9082.

DOA Records Management requires that the original form be kept in the personnel file.

9/2015
UW-Madison Faculty & Staff: Vehicle Use Agreement

APPLICATION TYPE

- Hold a valid WI license for 3 years or more must complete EVUA online.
- Hold a valid WI license (less than 3 years)*
- Hold a valid Out of State or Canadian license*

*Completion of Notary Statement form required

The Notary Statement is found at: Business Services Risk Management.

The Notary Statement must list any moving violations and/or describe accidents in the past three years.

Please attach a legible copy of the front of the driver’s license if issued anywhere outside of Wisconsin.

The Notary Statement should be attached to this form and submitted to UW-Madison Risk Management.

Do you have a 12 and 15 passenger van driver card issued by the State of Wisconsin Department of Administration? □ Yes □ No

If yes, please attach a copy of the card to this application.

INITIAL ALL STATEMENTS AFTER READING

I currently hold a valid Wisconsin driver’s license or will obtain one before 90 days of residency. I understand that a copy of the Statewide Fleet Policies and Procedures is available to download at: Statewide Fleet Policies and Procedures. I understand that it is both required and in my best interest to acquaint myself with these documents.

I understand that my driver information will be included in a statewide database that is checked monthly. Any negative change in the status of my driving record may result in the revocation of the privilege of driving a state-owned vehicle. I agree that I will notify UW Risk Management if there is any change in my driving status.

I understand approved applications will appear on the Risk Management website at Business Services Risk Management. This website will be my only notification of approval. My name must appear on this website BEFORE I am allowed to drive or reserve a vehicle.

EMPLOYEE INFORMATION

<table>
<thead>
<tr>
<th>Driver Name as it appears on license</th>
<th>Date of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td>Driver license number</td>
<td>Driver License Issue State/Country Full Name</td>
</tr>
<tr>
<td>Driver Email Address, please supply your @wisc.edu account if available</td>
<td>Number of Years of Driving Experience</td>
</tr>
<tr>
<td>Employment Department ID Number, Name and Address (Example: 037300, Risk Management, 21 N Park Street, Suite 5301)</td>
<td></td>
</tr>
</tbody>
</table>

Signature of Employee

Date signed:

If driver is denied, divisional (school/college) contact person for notification (approvals are posted in the website named above):

Name: Phone: Email:

Departments: send completed forms to: Risk Management, 21 N Park Street, Suite 5301 (campus mail) or via fax: 608-262-9082.
DOA Records Management requires that the original form be kept in the personnel file.

11/2015
# UW-Madison: Notarized Statement of Driving Record

A Notary is legally required to witness and certify the validity of this document. Notaries are available at the Risk Management office by appointment.

## APPLICANT INFORMATION

Driver Name as it appears on license:

- [ ] I have held my WISCONSIN license for less than three years
- [ ] I have an Out of State or Canadian License

Prior to holding my current WISCONSIN license I was licensed in the state or country of:

## MOVING VIOLATIONS

I have been ticketed for the following moving violations in the past 3 years. If none, please enter "None." Be as specific as possible (i.e. if cited for speeding, indicate how many miles over posted limit).

<table>
<thead>
<tr>
<th>Date</th>
<th>Citation Description</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

## ACCIDENTS

I have been involved in the following accidents in the past 3 years. If none, please enter "None." Be as specific as possible.

<table>
<thead>
<tr>
<th>Date</th>
<th>At fault? (Yes/No)</th>
<th>Accident Description</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

- [ ] I certify that the above are true statements about my driving record for the past 3 years and that I have not omitted any relevant information.

Signature of Applicant: ____________________________ Date signed: ____________

Subscribed and sworn before me this ______ day of ______, 20____

My commission expires ____________ County of ____________  SEAL

Notary Signature: ____________________________

Departments: send completed forms to: Risk Management, 21 N Park Street, Suite 5301 (campus mail) or via fax: 608-262-9082. DOA Records Management requires that the original form be kept in the personnel file.

9/2015
University Health Services

UHS Summer Health Services: To meet these Administrative Code requirements, UHS provides a range of health services for campers 1st week of June through the 1st week of August. Summer health services include:

- Review of Health History Forms prior to camp. A list of campers with health concerns and/or requiring medications during camp sessions will be provided to Camp Directors.
- Health staff will be present at camper check-in and will review the camper health needs.
- Operation of camp health offices:
  - UHS staff on-campus 24/7 and access to a consulting physician
  - Administration of medications
  - Triage of camper acute injury and/or illness
- 1st Aid Supplies for Field Trips
- Storage of Health Forms and Treatment Records; also available to commuter camps
- If necessary, referral to UHS and/or higher level of care such as ER, Urgent Care, etc.

UHS is unable to provide the following services:

- Infirmary care – campers with significant illness or injury may be sent home
- Transportation of campers requiring additional medical care or returning from medical facility
- Medications – cannot supply or obtain prescription medications for students
- Equipment – camp responsible to obtain any medical equipment needed by campers (wheelchairs, crutches, nebulizer machines, etc.)

Costs:

Residential Camps: $4.75 per camper per day

Off-Site Camps: $150.00 per health staff per day stipend (camp must provide food and lodging)

Deadlines:

April 1st – Pre-College Information Sheet. Include detailed information about check-in dates.
April 30th – Health History Forms submitted directly to UHS or forwarded to UHS from camp directors. If forms arrive after this date, forward immediately to UHS. Original forms will be stored in the health office during the program.
2 weeks before program start date: Participant roster, Camp Staff roster with contact information, Funding string

UHS Contacts:
Jennifer Baird MSN, RN 608-890-2804 jlbaird@uhs.wisc.edu
Carlotta Soeder, RN 608-890-3490 cmsoeder@uhs.wisc.edu
UNIVERSITY HEALTH SERVICES
CHILD’S HEALTH HISTORY RECORD

INSTRUCTIONS TO PARENT: COMPLETE AND RETURN TO THE CAMP. Contact your child’s health care provider or University Health Services 608-265-5607 if you need assistance completing this form.

NAME OF CAMP ATTENDING: _______________________

CHILD’S PERSONAL INFORMATION

<table>
<thead>
<tr>
<th>Name - Child’s (Last, First, Middle Initial)</th>
<th>Birthdate (Mo/Day/Yr)</th>
<th>Telephone Number (Home)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address (Street, City, State, Zip)</td>
<td></td>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Parent/Guardian/Legal Custodian</th>
<th>Work Telephone Number</th>
<th>Cellphone Number</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name of Emergency Contact</th>
<th>Work Telephone Number</th>
<th>Cellphone Number</th>
</tr>
</thead>
</table>

CHILD’S HEALTH CARE PROVIDER

<table>
<thead>
<tr>
<th>Health Care Provider Name</th>
<th>Name of Clinic:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address of Facility (Street, City, State, Zip)</td>
<td>Telephone Number</td>
</tr>
</tbody>
</table>

ALLERGIES

Please check all that apply:

<table>
<thead>
<tr>
<th>This child is allergic to this food(s):</th>
<th>This child is allergic to this medication(s):</th>
<th>This child is allergic to the following: ________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does this allergy cause anaphylaxis?</td>
<td>Does this allergy cause anaphylaxis?</td>
<td>Does this allergy cause anaphylaxis?</td>
</tr>
<tr>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Date of most recent episode?</td>
<td>Date of most recent episode?</td>
<td>Date of most recent episode?</td>
</tr>
<tr>
<td>Describe reaction and how it is managed?</td>
<td>Describe reaction and how it is managed?</td>
<td>Describe reaction and how it is managed?</td>
</tr>
</tbody>
</table>

MEDICAL CONDITIONS

Please check all that apply:

<table>
<thead>
<tr>
<th>ASTHMA</th>
<th>This child does NOT have asthma</th>
<th>This child does have asthma and has completed action plan attached</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIABETES</td>
<td>This child does NOT have diabetes</td>
<td>This child does have diabetes and has diabetes management plan attached</td>
</tr>
</tbody>
</table>
MENTAL HEALTH CONCERNS

This child does NOT have any mental health concerns.

This child has the following mental health concerns:
- ADD/ADHD
- Anxiety
- Autism Spectrum Disorders
- Bipolar
- Depression
- Eating Disorder
- Self-Injurious Behavior

Other: ______________________________

Are they currently receiving mental health services?

YES  NO

MEDICATION

This child will NOT take any daily medications while attending camp.

Camp health staff may administer over-the-counter medications as needed.

This child will take the following medication (includes vitamins, supplements, and over-the-counter) while attending camp.
- I am bringing enough medication to last the entire session
- All medications MUST be in the original container and if prescribed – labeled by the pharmacy

<table>
<thead>
<tr>
<th>Medication or Treatment</th>
<th>Dose</th>
<th>When do you give it at home?</th>
<th>Reason for taking medication</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

OTHER HEALTH CONCERNS

Please indicate any other important medical conditions (e.g., seizures, physical conditions, etc.)

SIGNATURE

The information included on this form is complete and accurate to the best of my knowledge.

SIGNATURE: Parent/Guardian/Legal Custodian

Date Signed

______________________________
CONSENTS AND NOTICE OF PRIVACY PRACTICES

If your son, daughter, or ward will be under the age of 18 years while at the event/camp, it is our policy to secure your consent for all of the following:

CONSENT FOR MEDICATION ADMINISTRATION AND MEDICAL TREATMENT
- I am giving consent in advance for medical treatment at an appropriate medical facility in case of an illness or injury.
- I am stating that I am aware of and accept the inherent risk in program activity.
- I attest that all information on all pages of these forms is correct.
- I agree to hold harmless and indemnify the Board of Regents of the University of Wisconsin System, and the University of Wisconsin- Madison, their officers, agents and employees from any and all liability, loss, damages, cost or expenses which are sustained, incurred or required arising out of the actions of my son, daughter or ward in the course of the event/camp.

CONSENT FOR RELEASE OF HEALTH INFORMATION
I hereby authorize University Health Services to release any necessary health information to Youth Program staff as deemed necessary or as required by law.

NOTICES OF PRIVACY PRACTICES
I acknowledge that I've been given a copy of the University Health Services Notice of Privacy Practices (attached).

PARTICIPANT/CAMPER NAME: ________________________________

CAMP NAME: ________________________________

________________________________________________________________________

$SIGNATURE OF PARENT OR LEGAL GUARDIAN $DATE

________________________________________________________________________

RELATIONSHIP TO PARTICIPANT/CAMPER
UNIVERSITY HEALTH SERVICES NOTICE OF PRIVACY PRACTICES

This notice describes how medical information about you may be used and disclosed, and how you can get access to this information. Please review it carefully.

I. UNDERSTANDING YOUR HEALTH INFORMATION

Each time you visit, contact via phone, or send an electronic message to a University Health Services (UHS) health care provider (physician, nurse, psychologist, etc.), a record of your visit is made. This record usually contains identification (including address, telephone numbers, etc.) and financial information as well as symptoms, diagnoses, test results, a description of a physical examination, and a treatment plan. This record is often referred to as your “medical record,” or “health information,” and may consist of both paper and electronic records.

Your health information is used:
- to plan for your care and treatment;
- for communication among your health care professionals;
- as a legal document describing the care you received;
- as a way for you or your insurance company to verify the services provided;
- to help UHS health care providers review and improve health care and outcomes;
- as a source of information for important health research;
- to train health professionals and students;
- for other similar activities that allow UHS to operate efficiently and provide you with quality care.

II. UHS’ DUTY TO PROTECT YOUR HEALTH INFORMATION

The Health Insurance Portability and Accountability Act, also known as HIPAA, requires privacy protection for health information (medical records) that is termed protected health information (PHI). PHI is health information or health care payment information including demographic information collected from individual patients. It is information that identifies the individual or could be used to identify the individual. Protected health information related to UHS patients who are not university students falls under the privacy protection requirements of HIPAA. Wisconsin state law also requires some specific protections.

UHS consists of Mental Health Services, Medical Services, and Prevention Services, and provides quality health care, trains future health care professionals (such as doctors, nurses, counselors, and psychologists), and conducts health sciences research.

In the course of providing health care, training health care professionals, and conducting health sciences research, UHS creates, maintains, uses, and may disclose your health information. The purpose of this notice is to describe the privacy practices that UHS will use related to your health information. Our privacy practices are intended to protect the confidentiality of the health information that specifically identifies or could be used to identify you. UHS may change the terms of this notice if its privacy practices change or as federal or state requirements change. Each notice will have an effective date listed on the document. UHS reserves the right to make the amended notice effective for any health information UHS has at the time the change is made, as well as for future health information.

You may obtain a current copy of our Notice of Privacy Practices at any UHS registration desk or on our web site: www.uhs.wisc.edu

III. HOW UHS MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

UHS uses and discloses your health information for many different reasons, most of which are necessary to provide you with quality health care services. Federal and state law does not require UHS to get your permission to perform many routine functions, especially those activities necessary to treat you, create and deliver bills for your treatment, and other routine activities necessary to perform efficiently. Federal and state law also require(s) UHS to share this information with third parties who assist us in the performance of these routine functions without your permission. For some other activities, federal and/or state law require(s) UHS to obtain your written authorization.

Please note that Wisconsin law is more protective of certain health information than federal law. As required by state law, in most cases UHS may not disclose certain portions of your information related to treatment for and HIV status without your specific written authorization.

The following examples do not refer to every way in which your health information could be used or disclosed. UHS may use or disclose your health information in ways permitted by law that are not included in the examples below.

A. Uses and disclosures of your health information for the purpose of providing you with medical and mental health care without authorization

Providing you with treatment, collecting payment, and conducting health operations are necessary activities for delivering health care. State and federal law permit UHS to use and disclose your health information for these purposes. Examples of what constitute treatment, payment, and health care operations follow. Mental Health care transfer or requests of records outside of UHS will require your authorization.

1. Treatment Examples:
   - Your MEDICAL provider or staff member may have to disclose your health information (including all of your medical records) to another health care provider or use it if necessary to refer you for diagnosis, assessment, or treatment of your health condition. Mental Health records will require an authorization for treatment outside of UHS.
   - Different departments of UHS may use and disclose your health information to each other to coordinate your care and treatment such as writing prescriptions and ordering and viewing lab work and X-rays.
   - UHS may disclose your medical health information by phone, letter, fax, or computer to people not affiliated with UHS who are involved in your medical care, such as your primary physician.

2. Payment Examples:
   - UHS may need to give your health insurance plan information about your visit in order to receive payment.
   - UHS may tell your health insurance plan about treatment to obtain approval or to determine whether your plan will pay for the treatment.

3. Health Care Operations Examples:
   - Your health information may be used to review the performance and competence of physicians, counselors, and others involved in your care.
   - Your health information may be used in UHS training programs for health sciences students who will become future health care professionals.
   - UHS may use your health information for administrative activities, or for accreditation, certification, or licensing purposes (ex. quality improvement studies)

B. Other uses and disclosures of your information that do not require your authorization

There are some instances in which UHS is permitted or required by law to use and disclose your information without your authorization. The following
examples illustrate such disclosures.

1. Disclosures Required by Law
   UHS will disclose medical information about you when required to do so by federal or state laws.

2. Public Health Activities
   UHS may disclose medical information about you for public health purposes. For example:
   - Reporting certain conditions such as communicable diseases for purposes of monitoring, preventing, and controlling disease; and
   - Reporting reactions to medications or problems with health products and notifying people of health product recalls.

3. Victims of Abuse, Neglect, or Domestic Violence
   UHS is required by law to report any suspected abuse of a child, and is permitted to report suspected abuse of an adult. Usually, UHS will report suspected abuse of an adult only with that person's consent.

4. Health Oversight Activities
   UHS may need to disclose health information to agencies that monitor our compliance with state and federal laws.

5. Judicial and Administrative Proceedings
   If you are involved in a lawsuit or a dispute, UHS may disclose medical and mental health information about you in response to a judicial order or lawfully issued subpoena.

6. Law Enforcement
   UHS may disclose health information about you to law enforcement officials in response to a court order or other similar process allowed by law in order to identify or locate a suspect, fugitive, material witness, or missing person; or to report or respond to a crime.

7. Coroners and Medical Examiners
   UHS may disclose health information to a coroner or medical examiner for the purposes of identifying a deceased person or determining a cause of death.

8. Appointment Reminders/ Additional Communications
   UHS may use your health information to call you, contact you electronically, or send a letter reminding you of an upcoming appointment. UHS may also use your information to call you or send the results of tests or to convey other health communications.

9. Research
   Under certain circumstances, UHS may use and disclose your health information for research purposes, which may include contacting you about participation in research projects. A research oversight committee exists to protect the rights of all research participants, including their privacy and confidentiality rights.

10. Serious Threat to Health or Safety
    UHS may use and disclose your health information when necessary to prevent a serious threat to your health and safety or the health and safety of others.

11. Specific Government Functions
    If you are a member of the armed forces, UHS may disclose your health information, under certain circumstances, to military authorities to assist with a military mission.

12. Workers' Compensation
    UHS may release your health information to workers' compensation or similar programs that provide benefits for work-related injuries or illness.

13. Communicating Additional Services Provided by UHS
    Under certain conditions, UHS may use your health information to inform you of additional or health-related services it has to offer.

C. Uses and disclosures of your health information that you may object to or refuse
   Listed below are examples of ways UHS may use or disclose your health information without your authorization unless you refuse or object.

1. Information Disclosed to Family Members, Close Friends, or Others
   To coordinate your care and explain your condition and treatment plan, UHS may disclose health information about you to your family or close personal friends. You have the right to object to these kinds of disclosures. In an emergency situation, UHS will exercise its professional judgment to determine if family or friends should receive information about you. As a general policy, UHS does not disclose information to family members, close friends, or others without consent.

2. Notification
   Unless you object, UHS may use your health information to notify, or assist in notifying, members of your family, close personal friends, or any other people responsible for your care about your condition, location, or death.

3. Disaster Relief
   Unless you object, UHS may also disclose your health information to an organization authorized to assist in disaster relief efforts so that loved ones can receive information about your location and health status.

To obtain further information on how to refuse or object, please contact the UHS Privacy Manager at 333 East Campus Mall, Madison, WI 53715; (608)265-5600.

D. Uses and disclosures of your health information requiring your authorization
   If UHS needs to use or disclose your health information for most other purposes not listed in this brochure, UHS must first obtain your written authorization. Some examples that require your authorization would be for marketing, psychotherapy records or sale of PHI. Even if you authorize UHS to use or disclose your information for a particular purpose, you may revoke your authorization.

E. Requirements to report Crime Statistics
   State and federal laws require some employees of the University to provide data to campus officials about crimes that occur on or near campus, or that affect members of the campus community, including students and employees. UHS will only provide aggregate data, and will not provide any information that identifies you without your permission.

IV. YOUR RIGHTS AS A PATIENT/CLIENT OF UHS
   As a patient of UHS, you have the following rights with regard to your health information:

A. Right to request how you will be contacted
It is UHS' normal practice to communicate with you at your home address and home phone number or through secure message through MyUHS about health matters, such as appointment reminders and the results of lab tests. Sometimes UHS may leave messages on your voicemail. You have the right to request that UHS communicate with you in a different way. For example, you may request that UHS only communicate with you by mail or to a particular address. UHS will agree to reasonable requests.

To request an alternative method of communication, please contact the UHS privacy manager at 333 East Campus Mall, (608) 265-5600. Please note, however, that if you request communications in an alternative manner, all future communications initiated by UHS will be made in that manner.

B. Right to inspect and copy your health and billing records
You have the right to inspect and obtain a copy of your information contained in UHS' billing and health records. UHS may deny your request to inspect and copy under limited circumstances. To request access to your billing or health information, contact the budget and finance or the health record department at the UHS location where you receive care. If you ask for a copy of any information, UHS may charge a reasonable fee for the costs of copying, mailing, and supplies.

C. Right to add information to correct or amend your health and billing records
If you feel that information contained in your health or billing records is incorrect or incomplete, you may ask UHS to add information to correct the record. UHS will make a decision on your request within 60 days, or in some cases, within 90 days. Under certain circumstances, UHS may deny your request to add information. To request an addition to your billing or health records, you must contact the budget and finance or the health record department at the UHS location where you receive care. UHS may require you to submit your request in writing and to provide an explanation concerning the reason for your request.

D. Right to an accounting of disclosures
You have the right to request an “accounting of disclosures,” which is a list of certain disclosures of your health information by UHS. This list will not include:
- disclosures made to carry out treatment, payment, and health care operations;
- disclosures made to you;
- disclosures made with your authorization;
- disclosures to family or friends involved in your care, to disaster relief organizations, or to notify those involved in your care of your location in UHS health facilities and your health status; or

UHS will make a decision on your request for an accounting within 60 days, or in some cases, 90 days of receipt of your request and will provide you with further information about your rights if the request is denied.

UHS must provide you an accounting of disclosures free of charge once in any 12 month period. UHS may charge you for the costs of providing you with the list more than once in a 12 month period.

To request an accounting of disclosures, you must make your request to the medical record department at the UHS location where you receive care.

E. Right to a paper copy of this notice
You have the right to obtain a paper copy of the most current UHS Notice of Privacy Practices upon request within a reasonable amount of time, even if you have received a copy of the notice electronically.

F. Right to request restrictions on uses and disclosures of your health information
Federal and state law says you have the right to ask for restrictions on certain uses and disclosures of your health information. Federal law also says that UHS is not required to agree to such restrictions except as noted below. Because of the number, complexity, and nature of the services we deliver, UHS cannot make any formal commitment under federal or state law to agree to such requests. However, outside of federal law, in rare circumstances, informal arrangements for limited restrictions may be worked out with you.

UHS must agree to a request to restrict disclosures of PHI to a health plan if the disclosure is for the purpose of carrying out payment or health care operations and the PHI pertains solely to a service or item for which you or another entity other than the health plan has paid UHS in full.

G. UHS must notify you following a breach of your unsecured PHI.

V. CONTACT AND COMPLAINT INFORMATION
A. Contact information
If you have any question or concerns regarding the information in this notice please contact:
UHS Privacy Manager
333 East Campus Mall Madison, WI 53715
(608) 265-5600

B. Complaints
If you believe that anyone at UHS has violated your privacy rights, you may call the UHS Privacy Manager and discuss your concerns. If you are not satisfied with the outcome, UHS will provide you with information on how to contact the UW–Madison privacy officer and Department of Health and Human Services, when applicable. UHS will take no action against you if you make a complaint to either.

Notice effective April 14, 2003
Revised September 2013 and September 2014
Asthma Action Plan

Important Info

Name: 
Date: 
Doctor name: 
Doctor phone: 
Emergency contact: 
Emergency phone: 

Exercise-Induced Flare-Up

Instructions for an exercise-induced asthma flare-up

Medicine: 
How much: 
When: 
Additional instructions: 

Triggers: 
- [ ] pollen
- [ ] mold
- [ ] dust mites
- [ ] animals
- [ ] smoke
- [ ] food
- [ ] exercise
- [ ] cold/flu
- [ ] weather
- [ ] air pollution
- [ ] other 

The Green Zone (also known as the safety zone)

Symptoms
- Breathing is easy
- No cough or wheeze
- Can do usual activities
- Can sleep through the night

Use these controller medicines as listed:

<table>
<thead>
<tr>
<th>Medicine</th>
<th>How much</th>
<th>How often / when</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

Peak flow from ___ to ___

The Yellow Zone (also known as the caution zone)

Symptoms
- Some shortness of breath
- Cough, wheeze, or chest tightness
- Some difficulty doing usual activities
- Sleep disturbed by symptoms
- Symptoms of a cold or flu

Continue with controller medicines as above, and add these rescue medicines:

<table>
<thead>
<tr>
<th>Medicine</th>
<th>How much</th>
<th>How often / when</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

Call your doctor if:

Peak flow from ___ to ___

The Red Zone (also known as the danger zone)

Symptoms
- Severe breathing problems
- Cannot do usual activities
- Difficulty walking and talking
- Rescue medicine is not helping

Take this medicine and call the doctor now!

<table>
<thead>
<tr>
<th>Medicine</th>
<th>How much</th>
<th>How often / when</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

If symptoms don't improve and you can't contact the doctor, go to the hospital or call 911.
Diabetes Management Plan

Important Information:
Name: ________________________________
Date: ________________________________
Doctor Name: __________________________
Doctor Phone: __________________________
Emergency Contact: ____________________
Emergency Phone: ______________________

Insulin Therapy

Student Self-Care Insulin Administration Skills:

- Independently calculates and gives own injections  YES  NO
- May calculate/give own injections with supervision  YES  NO
- Requires school nurse or trained diabetes personnel to calculate/give injections  YES  NO

Additional Information for Student with Insulin Pump:
Brand/Model of Pump: ________________________________
Type of Infusion Set: ________________________________

For blood glucose greater than ________mg/dL that has not decreased within ________hours after correction, consider pump failure or infusion site failure. Notify parents/guardian.

When to Give Insulin:

Lunch
Carbohydrate coverage only
Carbohydrate coverage plus correction dose when blood glucose is greater than ________Mg/dL and ________ hours since last insulin dose.

Other: __________________________________________
When to Give Insulin continued:

Snack

No coverage for snack

Carbohydrate coverage only

Carbohydrate coverage plus correction dose when blood glucose is greater than ________Mg/dL and ________ hours since last insulin dose.

Other: ____________________________________________

Correction dose only:

For blood glucose greater than______ mg/dL AND at least ________ hours since last insulin dose.

Other: ____________________________________________

Fixed Insulin Therapy

Name of insulin: ____________________________________________

______ Units of insulin given pre-lunch daily

______ Units of insulin given pre-snack daily

Other: ____________________________________________

Physical Activity and Sports

A quick-acting source of glucose must be available at the site of physical education activities and sports.

Glucose tabs

Sugar-containing juice

Student should eat:

15 grams Before After vigorous physical activity

30 grams Every 30 minutes Other: ______________________

Other: ______________

If most recent blood glucose is less than______ mg/dL, student can participate in physical activity when blood glucose is corrected and above ________ mg/dL.

Avoid physical activity when blood glucose is greater than______ mg/dL or if urine/blood ketones are moderate to large.
UNIVERSITY OF WISCONSIN- MADISON
SUMMER YOUTH CAMP HEALTH HISTORY RECORD

INSTRUCTIONS TO PARENT: COMPLETE AND RETURN TO THE CAMP. Contact your child’s health care provider or camp Director if you need assistance completing this form.

NAME OF CAMP ATTENDING: ____________________________

CHILD’S Personal Information

<table>
<thead>
<tr>
<th>Name - Child’s (Last, First, Middle Initial)</th>
<th>Birthdate (Mo/Day/Yr)</th>
<th>Telephone Number (Home) ( )</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address (Street, City, State, Zip)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Name of Parent/Guardian/Legal Custodian

<table>
<thead>
<tr>
<th>Work Telephone Number ( )</th>
<th>Cellphone Number ( )</th>
</tr>
</thead>
</table>

Name of Emergency Contact

<table>
<thead>
<tr>
<th>Work Telephone Number ( )</th>
<th>Cellphone Number ( )</th>
</tr>
</thead>
</table>

CHILD’S Health Care Provider

Health Care Provider Name

<table>
<thead>
<tr>
<th>Name of Clinic:</th>
</tr>
</thead>
</table>

Address of Facility (Street, City, State, Zip)

<table>
<thead>
<tr>
<th>Telephone Number ( )</th>
</tr>
</thead>
</table>

ALLERGIES

Please check all that apply:

<table>
<thead>
<tr>
<th>This child has no known allergies.</th>
<th>This child is allergic to this food(s):</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Does this allergy cause anaphylaxis?</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>Date of most recent episode?</td>
</tr>
<tr>
<td></td>
<td>Describe reaction and how it is managed?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>This child is allergic to this medication(s):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does this allergy cause anaphylaxis?</td>
</tr>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>Date of most recent episode?</td>
</tr>
<tr>
<td>Describe reaction and how it is managed?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>This child is allergic to the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does this allergy cause anaphylaxis?</td>
</tr>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>Date of most recent episode?</td>
</tr>
<tr>
<td>Describe reaction and how it is managed?</td>
</tr>
</tbody>
</table>

MEDICAL CONDITIONS

Please check all that apply:

<table>
<thead>
<tr>
<th>ASTHMA</th>
<th>This child does NOT have asthma.</th>
<th>This child does have asthma and has completed action plan attached.</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIABETES</td>
<td>This child does NOT have diabetes.</td>
<td>This child does have diabetes and has diabetes management plan attached.</td>
</tr>
</tbody>
</table>

Non-UHS Child Health History Form
MENTAL HEALTH CONCERNS

This child does NOT have any mental health concerns.

This child has the following mental health concerns:
- ADD/ADHD
- Anxiety
- Autism Spectrum Disorders
- Bipolar
- Depression
- Eating Disorder
- Self-Injurious Behavior
  Other: ____________________________

Are they currently receiving mental health services?

YES  NO

MEDICATION

This child will NOT take any daily medications while attending camp.

Camp health staff may administer over-the-counter medications as needed.

This child will take the following medication (includes vitamins, supplements, and over-the-counter) while attending camp.
- I am bringing enough medication to last the entire session
- All medications MUST be in the original labeled container and if prescription is labeled by the pharmacy.

<table>
<thead>
<tr>
<th>Medication or Treatment</th>
<th>Dose</th>
<th>When do you give it at home?</th>
<th>Reason for taking medication</th>
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OTHER HEALTH CONCERNS

Please indicate any other important medical conditions (e.g., seizures, physical conditions, etc.)

SIGNATURE

The information included on this form is complete and accurate to the best of my knowledge.

SIGNATURE: Parent/Guardian/Legal Custodian

Date Signed

[Type here]
Emergency Procedures
Lost Camper Procedures

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

0 - 10 Minutes

1. Program Director or staff member checks camper’s room (if residential program) and calls camper’s cell phone if available.
2. Program Director calls staff to begin searching typical areas where campers may go, speaks to close friends within program, etc.
3. Program Director calls Campus Police (UWPD) first; UWPS or Program Director contacts parents. (This is decided jointly by UWPD and the Program Director.)
4. Staff fills out a lost camper incident report (see next page).

11-20 Minutes

1. Program Director calls UW Housing (if residential program) and any staff or faculty who can help in the search.
2. The camper’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 or UW communications.
5. Staff updates incident report as needed.

When the camper has been located, it is recommended that the Program Director assess the camper’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 camper 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 camper 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 CAMPER INCIDENT REPORT

NAME OF CAMP/CLINIC: _______________________________________________________

NAME OF MISSING/LOST PERSON: ___________________________________________

DATE: _____________________ TIME: _____________________ A.M.   P.M.

LAST KNOWN LOCATION: _____________________________________________________

CAMPER DESCRIPTION:

- AGE: _______ HEIGHT: _______ WEIGHT: _______ HAIR COLOR: _______

- CLOTHING DESCRIPTION: _______________________________________________

- DISTINGUISHING FEATURES/HABITS: _______________________________________
  _______________________________________________________________
  _______________________________________________________________

HOW DID INCIDENT OCCUR: ________________________________________________

____________________________________________________

____________________________________________________

____________________________________________________

Name and Address of
Parent of Legal Guardian

____________________________________________________

____________________________________________________

____________________________________________________

Name of Person Completing Form: ________________ Phone Number: ________________

______________________________

THIS FORM MUST BE COMPLETED
IMMEDIATELY FOLLOWING INCIDENT
Lost Swimmer Procedures (UW Pools)
Emergency Action Plan Flowchart
(from Division of Rec Sports)

3 Whistle Blasts Signals
- Instruct Patrons to Exit Pool
- Assess the Scene

Primary Rescuer Enter Water
- Distressed Swimmer:
  - Extension Assist
- Active/Passive Victim:
  - Active/Passive Rear Rescue

If Conscious, Talk to Victim
- Bring Victim to Safety
- Alert Others of Condition
- Remove Victim from

Provide Care as Needed
- Complete Accident Report
- Notify Aquatic Director

Secondary Rescuer(s) Assist
- Finish Clearing Pool
- Radio/Call Main Office
- If Necessary, Call 911
- Retrieve Rescue/Lift Board
- Assist with Removal from Pool

Lost Swimmer Procedures (Outdoor/Lakes)

UW Lifesaving Station
Emergency: 608-262-3505
Business: 608-262-5865

Missing or Abducted Children from UW Recreational Pools
1. If a child disappears, particularly if under suspicious circumstances, lifeguards on duty will immediately call the University of Wisconsin Madison Police Department then contact the Facility Supervisor on duty and the professional staff. Information for the police department- provide the child’s name, date of birth, height, weight, and any other unique identifiers such as eyeglasses and braces. Tell them how long the child has been missing and what clothing he or she was wearing.

2. Volunteers can then be contacted to immediately mobilize to look for the missing child. Places to check:
   - Pool deck
   - Locker Rooms
   - Hallways
   - Concessions
   - Bleachers – downstairs and upstairs

If appropriate, the police department will issue an Amber Alert.
This guide has been prepared to provide you with a quick reference guide that can be used in preparation for an emergency on campus. We encourage you to review and become familiar with this guide before an emergency occurs. People are most effective in an emergency when they are PREPARED.

Recipients of this guide should become familiar with its contents and all new employees should be provided a copy during orientation. Additional copies of this guide are available from your facility manager, the University Police, or the Safety Department.

In some of the informational sections of this guide, there are blanks that should be filled in by you. Once you have filled in these blanks and the procedures have been reviewed, this guide should be kept in a readily accessible location, such as hanging on the wall near your phone.

This document cannot cover every emergency that may arise. If you are unsure of what you need to do in your building, please ask your facility manager, contact the University Police at 264-COPS (2677), or the Safety Department at 262-8769. Be sure to check with your facility manager for building specific emergency guidelines and procedures.

**Reporting Emergencies**

**WHEN TO CALL 911:**
You should call 911 in ALL emergencies.

**WHAT IS AN EMERGENCY?**
An emergency is any immediate threat to life and/or property that requires immediate response from police, fire or EMS. Some examples of emergencies are crimes in progress, any kind of fire or a serious injury or illness. If you are not sure if an incident falls into an emergency classification, feel free to call 911 when an immediate response is needed.

**WHEN REPORTING AN EMERGENCY:**
- Stay on the line with the dispatcher.
- Provide the address, location and a description of the emergency.
- Provide the phone number at your location.
- Provide a through description of the incident to assure appropriate resources are dispatched.

**Phone Numbers**
The following numbers are provided for non-emergency situations. Use of these numbers will still provide a prompt response from the responsible agency and keep 911 lines free for emergencies. All 911 calls are voice and TTY.

**Police:** 264-COPS (2677) [www.uwpd.wisc.edu](http://www.uwpd.wisc.edu)

**Safety Department:** 262-8769 [www2.fpm.wisc.edu/safety](http://www2.fpm.wisc.edu/safety)

**Physical Plant/CARS** (Central Answering & Response Service): 263-3333 Voice 265-4550 TTY

**Facility Access:** 263-3021 Voice 265-5147 TTY 265-3139 Fax
Persons with Disabilities

Individuals who need assistance during an evacuation should identify and discuss with someone, in advance, who might assist them in leaving the building and/or who will inform emergency personnel of their presence and where they are located so that further assistance can be provided.

Persons with Disabilities should inform their Program Director at the time of registration. Program Directors provide information to emergency personnel and first responders during emergencies on campus.

**In case of Building Evacuation**
*(Fire Alarm, Chemical Spill, Bomb Threat, etc…)*

- EXIT the building immediately using the most direct route.
- If unable to do so on your own – Ask for assistance to the nearest EXIT or room near a stairway with a window. Note the room Number.
- Ask someone leaving the building to notify emergency personnel of your location so that you can get the assistance you need.

[ ] If a phone is available, call 911. Answer all the 911 operator’s questions and the police dispatcher will relay your location to first responders.

**To Shelter in Place**
*(Tornado, Severe Weather, Building Intruder, etc…)*

- Seek shelter in a room with no windows, on the interior of the building if possible. Note the room number.

[ ] Call 911. Answer all the 911 operator’s questions and the police dispatcher will relay your location to first responders.

For more information about Persons with Disabilities and Planning for Emergency Situations, see:
http://www2.fpm.wisc.edu/accessibility/emerevuwlogo1.htm

**Criminal Activity**

If you observe a crime in process or behavior that you suspect is criminal, immediately notify University Police *(Dial 911).* Please be prepared to provide as much of the following information as possible:

- Where is it happening?
- What is the person doing?
- How many people are involved?
- Physical and clothing description of those involved.
- Are weapons involved?
- Vehicle description and license plate number.
- Direction of travel if known.
- Has anyone been injured?

**DO NOT** approach or attempt to apprehend the person(s) involved. Stay on the phone with the police dispatcher to provide additional information, until the police arrive.

Report things that are unusual or suspicious!
Suspicious Package

If a suspicious package is received notify the University Police Immediately

No return address
Restrictive Mailings

Possibly mailed from
a foreign country
Excessive postage

Misspelled words
Addressed to title only
Incorrect title
Badly typed or written

Oil stains, discolorations, or
crystallization on wrapper

Lapsed or uneven
Strange odor

Excessive tape or string
Rigid or bulky

1 Handle with care.
Don’t shake or bump.
2 Isolate it immediately
3 Don’t open, smell, touch or taste.
4 Treat it as suspect.
Call local law enforce-
ment authorities

If a parcel is open and/or a threat is identified . . .

For a Bomb:
Evacuate Immediately
Call Police
Contact Postal Inspectors
Call Local Fire Department/HAZMAT Unit

For Radiological:
Limit Exposure - Don’t Handle
Evacuate Area
Shield Yourself From Object
Call Police
Contact Postal Inspectors

For Biological or Chemical:
Isolate - Don’t Handle
Evacuate Immediate Area
Wash Your Hands With Soap and Warm Water
Call Police
Contact Postal Inspectors
Bomb Threats

If you receive a bomb threat by telephone, here are some helpful things to keep in mind:

1. **Remain Calm.** When bomb threat is received, the person taking the call must remain calm and obtain as much information as possible.
   a. **DO NOT put the caller on hold**
   b. **DO NOT attempt to transfer the call**

2. The person taking the call should immediately notify another staff person in the office, preferably while the caller is still on the line.

3. Pay close attention to the caller and his/her words and speech:
   a. Does the caller have any distinguishing voice characteristics such as an accent, stuttering, mispronunciation?
   b. Is the caller angry, excited, irrational or agitated?
   c. Is the caller a man or woman, young, middle-aged, old?
   d. If you have caller ID, please note the phone number of the caller

4. Listen for background noises (traffic, train whistle, music, radio, TV, children, etc.).

5. It is important that you document all that you know and hear. This should include filling out the *Bomb Threat Checklist*.

**CHECKLIST – WHEN YOU RECEIVE A BOMB THREAT**

The Checklist should be immediately available. Keep one under your phone or other accessible location. (See next page.)

All personnel should become familiar with the following Bomb Threat Checklist. It may become the only means of determining what happened and may be the only way to determine the validity of a call and could aid in identifying and apprehending the caller.

After receiving a bomb threat of any kind, immediately contact the UW Police at 911. The UW Police Department will notify all appropriate officials and will assist in the evacuation as needed.
BOMB THREAT CHECK LIST
(Stay calm and collect all the information you can)

NAME OF PERSON
Who Received Threat: ________________________________

DATE & TIME
Threat Received: AM PM

How was THREAT REPORTED: Telephone ______ E-mail ______ Give Phone Number (Include Area Code): ______

In Person ______ Voice-Mail ______ Fax ______

By MAIL Carrier (e.g. FED EX): ______ Campus ______ US Mail ______ Courier ______

LOCATION THREATENED:
(Give name of building, office, etc.) ________________________________

EXACT WORDS USED to make the threat (if possible): __________________________________________


QUESTIONS TO ASK THE PERSON MAKING THE THREAT:

1. WHEN IS THE BOMB GOING TO EXPLODE? ________________________________

2. WHERE is the bomb located? ________________________________________

3. WHAT kind of bomb is it? _________________________________________

4. WHAT does it look like? ___________________________________________

5. WHO placed the bomb? __________________________________________

6. WHY was the bomb placed? ________________________________

7. Where are you calling from?

DESCRIPTION OF THE CALLER'S VOICE (Give identity if known):

Callers
Name: ______________________ Male ______ Female ______

Young ______ Old ______ Middle-Aged ______ Accent ______ Race ______

Tone of voice (e.g. excited, calm, angry, loud, shuttered) ______________________

Was Voice-Language: Taped ______ Well-spoken ______ irrational ______ is voice familiar ______

If so, who did it sound like: ________________________________________

Other Voice characteristics: ________________________________________

Background or Other Noises: ________________________________________

REMARKS: ________________________________

____________ ________________________________
Completed by: Phone: ________________________________

UW Madison Police Department
(608) 264-COPS (2677)

911
Fire
Know what to do in case of fire

Take time to get prepared now – because there is no time in an emergency.

Know the location of:

**Fire extinguishers:**
Understand the types and how to use them.

**Fire alarms:**
If an alarm is sounded immediately, it can protect property and save lives.

**Fire exit:**
Know where they are, and be sure they open easily and are free of obstructions.

Upon discovering smoke, fire, or flames in the building.

- Evacuate and activate the fire alarm system by pulling the nearest fire alarm.
- Use nearest exit or alternate safe route
- From a safe location (assembly point) call 911 and be prepared to give:
  - Building Name
  - Floor
  - Room Number
  - Type of Incident
- **Do not** use elevators during a fire emergency.
- When the fire alarm sounds, immediate evacuation of the facility is required. Walk, do not run to the nearest stairway exit and proceed to ground level. If the stairway contains smoke or fumes, use an alternative stairway exit. If it is safe to do so, close all doors and windows as you leave.

***NOTE*** **The alarm may not sound continuously.** If the alarm stops, continue the evacuation and warn others who may attempt to enter the building after the alarm stops.

- Leave the building and move at least 500 feet away, leaving the driveways and walkways open for arriving police and fire equipment.
- DO NOT enter building until given the all clear from the Fire Department.
- Someone familiar with the situation and who knows the area involved should meet the fire department. Someone with keys, which may be needed to allow firefighters access to affected areas, should make themselves available upon arrival of the fire department.
- Notify firefighters on the scene if you suspect someone may be trapped inside the building.
Before a fire: Planning & Preparation

- Know the location of the nearest fire extinguisher
- Know the location of the fire alarm pull stations in your area
- Know the location(s) of the nearest exit
- Know alternative evacuation routes out of building
- Practice exiting your area by imagining you are in a dark, smoky environment – count doorways, turns, etc.
- Report potential hazards or refer fire prevention questions to the Safety Department at 262-8769.

The nearest fire extinguisher is located at: ______________________________________

Medical Emergencies

*Remember!*

*DO NOT* approach persons injured by electrocution or toxic exposure unless they are clearly away from the hazard.

*DO NOT* move a seriously injured person unless they are in an unsafe area. If the victim must be moved, move as a unit, always supporting the head and neck.

*DO NOT* bend or twist the injured person’s body.

**Call 911**  
*Be prepared to give the 911 dispatcher the following information:*

- Location of the emergency
- What happened?
- Number of persons injured
- Is the injured person conscious?
- Is the injured person breathing?
- Is there severe bleeding?

- After calling 911, stay with the victim until help arrives.
- Restore or maintain breathing and heartbeat.
- Stop severe bleeding with direct pressure when possible.
- Keep victim warm.
- Persons in your building trained in CPR should be listed here:

* A first aid kit is located at: ______________________________________
Remember Universal Precautions (Protect yourself from blood and bodily fluids).

Chemical Spills

DO NOT attempt to contain or clean up any chemical spill unless you know what the spilled material is, its hazards and you have been trained in safe cleanup methods.

Minor Spills
(Inside building, not escaping to drain and not an inhalation hazard)

Anyone who knows what was spilled, its hazards and safe cleanup methods may clean up a minor spill. If you do not know how to clean it up, contact someone who does.

Major Spills
A major spill is one which you cannot safely clean up or one that has occurred outside of a building.

- **Volatile?**
  - Contain and/or clean up the spill only if you are trained and can do so safely.
  - Evacuate the room(s) where the spill occurred.
  - Call 911 from a safe place with as much information as possible about the material spilled and amount.
  - Meet emergency responders to provide information.

- **Flammable?**
  - In addition to the above information on volatile chemicals.
  - Avoid any action that might create a spark.
  - If the spill is close to a source of ignition, activate the fire alarm to evacuate building.

- **Outside of building?**
  - Contain and/or clean up the spill only if you have been trained and can do so safely.
  - Unless you can clean up the spill completely, call 911 from a safe place and provide as much information as possible about the material and amount spilled.
  - Notify the Safety Department (282-8769) as soon as possible. The Safety Department will handle regulatory reporting and record keeping.

- **Entering a drain?**
  - Block additional material from entering the drain if you can do so safely.
  - Call 911 from a safe place and provide as much information as possible about the material and the amount spilled.
  - Notify the Safety Department (282-8769) as soon as possible. The Safety Department will handle regulatory reporting and record keeping.
Hazardous Odors or Leaks

Report any hazardous gas leaks to UW Police by calling 911.

Be prepared to provide the following information:

- Your Name
- Building name
- Nature of the incident
- Floor or area which is affected
- Room Number
- Type of incident
- The name of the chemical or gas, if known

Suspicious Odors or Leaks

Should you detect any suspicious odors or a suspected slight odor of gas, dial 911 and report it to the UW Police. They will send someone to check on the problem.

IN THE EVENT OF GAS LEAKS OR VISIBLE FIRE FROM GAS CYLINDERS OR PIPING:

- Evacuate the area and dial 911 to notify the UW Police of the incident and follow all instructions given to you by the 911 dispatcher.

- If it is an explosive gas (eg. natural gas), **DO NOT** use or activate items that can generate a spark in the general vicinity. Light switches, fire alarm pull stations, phones, elevator cars, etc., are all sources that can initiate a spark, which could ignite explosive gas.

- Confine any fire or fumes to the extent possible (close off any doors to the affected area, if you can do so safely as you evacuate). This will help limit the impact of the leak or fire.

- Notify others in the immediate area, if you can do so safely.

Evacuation:

- If it is necessary to evacuate the building, activate the building’s fire alarm and leave the building (Note: **DO NOT** activate the fire alarm if it is an explosive gas such as natural gas).

- If it is an explosive gas, such as natural gas, exit the building via the stairwell. **Do not use an elevator.**

- Confine any fire or gases to the extent possible by closing the doors behind you as you leave. This will help limit the impact of the leak.

- Notify others in the immediate area and as you exit knock on office doors and inform as many people as possible if you are unable to activate the building’s fire alarm.

- Upon exiting the building, get a safe distance from the building (at least 100 feet away).

- Remain upwind of the leak.

- Leave adequate room for police and other emergency responders.

- **Do not** return to the building until given approval by fire or police personnel.

- If you have information about the source of the odor or leak, give the information to any police officer or fire fighter at the scene.
Utility Failures

Report any Utility Failure to Physical Plant / CARS (Central Answering and Response System) by dialing 263-3333 (Voice) or 265-4550 (TTY). Be prepared to provide the following information:

- Your name
- Phone number where you can be reached
- Building name
- Nature of the incident
- Floor(s) or area affected
- Room number

**Electrical Failure:**

- The UW Electricians will assess the situation and determine the appropriate course of action.
- In the event of a significant power failure, the building’s emergency generator (if so equipped) will provide limited electricity to crucial areas of the building, including emergency lighting.
- Turn off all electrical equipment including computers.
- Do not turn any electrical equipment back on until given the approval of your supervisor or facility manager.
- Some buildings’ emergency lighting power source is provided by battery, and will have a limited amount of time the emergency lighting remains on. In this instance, you should evacuate the building when the emergency lighting comes on. This is especially important if there is limited or no natural lighting available along your path.
- **DO NOT** re-enter the building until all power has been restored.
- Remember: The elevators will not function in a power failure. Use the stairs if you evacuate the building.
- If trapped in an elevator, use the elevator’s emergency phone to notify the UW Police Dispatcher. If there is no emergency phone in the elevator, trigger the elevators emergency alarm button.

**Steam Leaks:**

- If the steam leak is inside the building, evacuate the area and close the door behind you. Steam can cause severe burns, displace oxygen, and moisture from steam can conduct electricity.
- A steam leak may cause the building’s fire alarm to sound. Even if you have determined the problem is a steam leak, exit the building immediately.

**Water Leaks / Flooding:**

- In the event of water leaks, try to contain the leakage in a container to minimize damage or safety hazards. If it is a significant water leak, avoid the area where water has accumulated, and wait for help.
- Remember: Water makes an excellent conductor of electricity; thus electric shock is a strong possibility.
- Immediately cease use of all electrical equipment.
- If the leak is from an unknown source, avoid contact with leaking material. It may be hazardous. In case of accidental contact, wash immediately and thoroughly with soap and water.
Weather Emergencies
Know the location of the nearest emergency shelter for your facility!
Check with your Facility Manager or check building postings for the location of emergency shelters.

Severe Thunderstorms

Watch:
Conditions are right for a severe thunderstorm. Continue with normal activities, but continue to monitor the situation.

Warning:
Severe thunderstorms are occurring. Be prepared to move to shelter if threatening weather approaches.
- Remain indoors and away from windows until the severe storm passes. If large hail begins to fall, seek immediate shelter.
- Report any injuries or damage by Calling 911.
- Be prepared to give the following information:
  - Your name
  - Building Name
  - Type of injury or damage
  - The location of injured person(s) or building damage
  - Room number you are calling from

Tornado

Watch:
Conditions are right for a tornado to develop. Continue with normal activities, but continue to monitor the situation.

Warning:
Radar or weather spotters have identified a tornado. The emergency sirens will sound a steady tone for three minutes or longer if there is danger in the immediate area.

Take the following actions:
- SEEK IMMEDIATE SHELTER (Individuals with disabilities: follow the same procedures) When the warning siren sounds, seek shelter, preferably in a basement or below ground evacuation location. A steel formed or reinforced concrete building will provide some protection.
- In a multistory building, seek shelter in an interior hallway or a lower floor.
- Stay away from outside walls, exterior doors, and glass windows or partitions. DO NOT open windows.
- Basements and interior hallways or rooms on lower floors offer good shelter.
- In vehicles, get out and seek shelter in a nearby well-built structure. If you cannot find a well-built structure nearby, seek out a ditch or ravine, which can offer some protection. Lay face down, with hands covering your head.
- After the all clear, leave badly damaged buildings if it is safe to do so. Elevators may not work in damaged buildings (the electrical power may be out or there may be damage to the elevator equipment).
- If you are surrounded by debris, be aware that removing some of it can cause other debris or part of the building to collapse. If it is not safe or possible to leave the area, stay there until assisted out.
- DO NOT attempt to return to the building unless directed to do so by University Police.
- DO NOT attempt to turn on or off any utilities or other equipment.
- Report all injuries and damage to the University Police by calling 911.

Be prepared to give the following information:
  - Your name
  - Building Name
  - Type of injury or damage
  - The location of injured person(s) or building damage
  - Room number you are calling from
Additional Preparedness Resources

Dane County
Department of Emergency Management
Room 2107 Public Safety Building
115 West Doty Street
Madison, WI 53703-3202
Phone: (608) 266-4330
Fax: (608) 266-4500
TTY: (608) 267-1597 http://www.co.dane.wi.us/ems/

Wisconsin Emergency Management
2400 Wright Street
PO Box 7865
Madison, WI 53707-7865
Phone: (608) 242-3232
Fax: (608) 242-3247 http://www.emergencymanagement.wi.gov/

American Red Cross Badger Chapter
4860 Sheboygan Ave. Madison, WI 53705-0905
Phone: (608) 233-9300 http://www.arcbadger.org/

National Oceanic & Atmospheric Administration (NOAA)
14th Street & Constitution Avenue, NW Room 6217
Washington, DC 20230
Phone: (202) 482-6090
Fax: (202) 482-3154 http://www.noaa.gov

Federal Emergency Management Agency (FEMA)
500 C Street SW Washington, DC 20472
Phone: (800) 621-FEMA (3362)
http://www.fema.gov/

U.S. Department of Homeland Security
Washington, DC 20528
Phone: (202) 282-8000
Comment Line: (202) 282-8495 http://www.dhs.gov/dhspublic/
Volunteers
Volunteer Fact Sheet – For Departments and 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.

Policies re: Minors on Campus

Volunteers are expected to comply with applicable UW-Madison background check policies. Volunteers are also expected to follow UW-Madison policies for reporting any child abuse or neglect that the volunteer learns about while on campus or while participating in a UW-Madison sponsored program or activity. Volunteers must also comply with UW-Madison policies for obtaining education or training about reporting child abuse or neglect; the extent of this education or training may vary depending upon the volunteer’s duties and expected level of interaction with children.

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 and ID cards.

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-Madison 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.

ID Cards

Retired University of Wisconsin-Madison employees (i.e., former employees eligible to receive WRS annuities) should retain their UW-Madison identification cards for access to university libraries, recreational, and other facilities. Retirees who wish to continue using the facilities should contact their department prior to their retirement date. The department will email the Office of Human Resources: retiredID@ohr.wisc.edu. Volunteers who are not UW retirees can only obtain an ID card if they are given a zero-dollar appointment.
Volunteer Letter

Dear (insert name here),

Thank you for your willingness to volunteer your services to UW-Madison and specifically this department (insert name of department). We look forward to you helping us with the project.

Based on our previous discussions, your activities as a volunteer will be [briefly describe the responsibilities]____. You will begin x/x/xx and continue for as long as we mutually wish to maintain the relationship [Specific end date also possible]. You have indicated that you can spend approximately xx hours [or list a range] per week on these activities.

Please read carefully the attached “Volunteer Fact Sheet.” Note that receipt of this letter makes you an official volunteer and that you will be covered by the State’s liability protection program so long as you perform your duties within the scope of the description provided above. Since volunteers are not covered by the state’s worker compensation program, however, you are encouraged to maintain your own health insurance. If you should be injured during the course of your activities and the injury results from the negligence of a University employee or agent, you would have the same legal rights to seek compensation as would any visitor to the campus.

As a volunteer, you must comply with applicable UW-Madison background check policies. You are also expected to follow UW-Madison policies for reporting any child abuse or neglect that you learn about while on campus or participating in a UW-Madison sponsored program or activity. You must also comply with UW-Madison policies for obtaining education or training about reporting child abuse or neglect; this education or training will be provided to you by UW-Madison. I will follow up with you to let you know what level of education or training you are required to obtain and let you know about the campus resources available to you for fulfilling this requirement.

[IF THE VOLUNTEER IS NOT RETIRED FROM THE UNIVERSITY, OMIT THIS SECTION] As a retiree of the University, you are eligible for an ID card. If you don’t already have one, you may want to contact the administrator of your former department.

If you have any questions about your volunteer service to our department, please do not hesitate to let me know. Again, thank you for your willingness to donate your time, energy and expertise. We really appreciate it!

Sincerely,
Third Party Program Requirements

A program or event that is being run by a non-university entity at the invitation of a UW-Madison department or school/college/division. Such programs must be related to the mission of the University as determined by the Dean or Director of the inviting School/college/division. The inviting school/college/division and the non-university entity are responsible for all administrative and financial obligations associated with the facility use and other requirements in this policy. A written contract must be created with the third party based on a template available from Administrative Legal Services.

REQUIREMENTS:

☐ Negotiate and sign to contract with UW-Madison
   Contact Risk Management:
   Debbie Beich
dbeich@bussvc.wisc.edu
   608-262-8926

☐ Provide Certificate of Insurance
   Contact Risk Management:
   Debbie Beich
dbeich@bussvc.wisc.edu
   608-262-8926

☐ Purchase Licensure from Health Services Licensing
   Contact Health Services Licensing:
   Randy Hentschel
   rjhentsc@uhs.wisc.edu
   608-262-0924
Additional Resources
Division of Recreational Sports
Policies and Procedures for Youth Camps

1. All campers and supervisors, chaperones, counselors must provide the Division of Recreational Sports with a valid ID card which shows the person’s name, picture, and grants access to our facilities.

2. Supervisors, chaperones, counselors must be readily identifiable through a badge or uniform that clearly identifies them as a staff member of the camp.

3. The ratio of supervisors to camp participants is a minimum of 1 supervisor to 10 camp participants (2 supervisors is preferred.)
   a. All camp participants MUST be supervised at all times. Supervisors must be present in all rooms where campers are participating in any recreational or fitness activities.
   b. IN ORDER TO ENTER THE FACILITY, THERE MUST BE A MINIMUM OF 1 SUPERVISOR TO 10 CAMP PARTICIPANTS!
   c. Participants that come to the facility MUST be here for recreational or health related purposes. No horseplay, running through hallways or locker rooms.

4. Our pools are not designed for leisure use. Pools are to be used only for swimming laps. They will not be used for rough play, splashing, water games, etc.

5. Exercise room usage (Free Weights, Machines, Cardio Equipment) will be strictly monitored. To enter these areas, the camp participants must be at least 16 years old, must be wearing close toed shoes and shirt that covers torso. A supervisor must be present with camp participants in these areas at all times. There is absolutely NO HORSEPLAY allowed in these rooms. There is a major safety issue and camp participants not adhering to these policies will be removed from the facility.

6. Please do not interrupt or use the reserved areas where instruction is taking place. There are fitness and academic classes being taught throughout the day in the facility. Please check room cards to determine whether area is available for use.

7. It is strongly urged to limit your use to hours other than our Peak Use Hours of 11:00a-1:00p and 3:00p-6:00p.

8. All camp participants must adhere to all policies and procedures in all facilities. Rec Sports reserves the right to remove individuals/groups/camps from the facility for delinquent behavior.

9. For supervisor, chaperone, counselor access to use the facility when not accompanying a camper, the camp needs to purchase memberships for the staff. Please contact one of our Coordinators of Member Services and Operations at least two weeks prior to the camp starting to arrange memberships and payment:
   Sandy Terhune (sandy.terhune@wisc.edu or 608-262-9568)
   Suzanne Merrill (suzanne.merrill@wisc.edu or 608-890-2863)

10. To make a gym, multipurpose room or pool reservation for the camp, please contact Karen Lux, Coordinator of Special Events at karen.lux@wisc.edu or 608-262-9565.
University Resources

- Campus Construction: http://transportation.wisc.edu/resources/construction.aspx
- Campus Safety Reports: http://uwpd.wisc.edu/
- Event Reservation Request: https://union.wisc.edu/host-your-event/event-reservation-request/
- Facilities Campus Map: http://map.wisc.edu/
- Facility/Building Managers: http://map.wisc.edu/buildings/
- Guest Net-IDs for accessing Campus Computer Network (for Commuter Programs): https://guestnetid.wisc.edu/cgi-bin/home.cgi
- Libraries: http://www.library.wisc.edu/libraries
- McBurney Disability Resource Center: http://www.mcburney.wisc.edu/
- Recreational Sports: http://www.recsports.wisc.edu/
- Transportation Services: http://transportation.wisc.edu/home.aspx
- WiscAlerts Emergency Notification System: http://uwpd.wisc.edu/services/wiscalerts/

Department Websites

- Administrative Legal Services: http://legal.wisc.edu/
- Campus Police: http://www.uwpd.wisc.edu/
- Housing: http://www.housing.wisc.edu/conferenceservices.htm
- Precollege Council:
- University Health Services: http://www.uhs.wisc.edu/
Precollege Contacts

EMERGENCY PROCEDURES
Captain Mike Newton
University Police Department
Planning and Development
608-265-0074
mrnewton@wisc.edu

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