

Protection of Minors – Summary Report

Program Information

Program Name _____

Program Director _____

Department _____

Date (s) _____ Year _____

Location(s) Used _____

Type of Program (select all that apply)

Overnight One Day Multiple Days Athletic Academic

Age Range of Participants (select all that apply)

0-10 11-15 16-17 18-21

Number of Employees* _____ Number of Attendees _____

*Employees are defined as anyone (paid or unpaid) who has a role in working with the Program, including directors, student workers, coaches, counselors, volunteers, staff, mentors, contractual employees, IWU staff, and faculty.

Program Review

1. Did you have to file an incident report during the Program? If so, please provide the date or the report: _____.
2. Did any of the following occur:
 - a. Injuries Yes No
 - b. Participant or Parent/Guardian Complaints Yes No
 - c. Participant or Staff Conflicts Yes No
 - d. Serious incidents of misbehavior Yes No
 - e. Removal of participant from an activity or the Program Yes No

For any of the above occurrences, please attach a brief description and what actions were taken.

3. Was Campus Safety or Bloomington Police Department called for any reason (excepting a lock out)? If so, please fill out an Incident Report.
4. Is there anything not reported in an incident report that you would like us to know, in regards to safety or liability (including facility conditions)?

Submit this form to the Conference Services office (Memorial Center 167) within 24 hours of the conclusion of your Program; electronic copies may be submitted to acompto1@iwu.edu. This form will be reviewed by the Athletic Director, Associate Provost, Conference Services Director and/or Human Resources representatives.