



MINOR PROTECTION PROGRAM

STEP-BY-STEP REGISTRATION GUIDE

WWW.HR.UCONN.EDU/MINOR-PROTECTION



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I. OVERVIEW

PURPOSE OF THIS GUIDE

This guide is intended to provide you with step-by-step instructions for registering your activities and navigating through UConn's Minor Protection Registration Application.

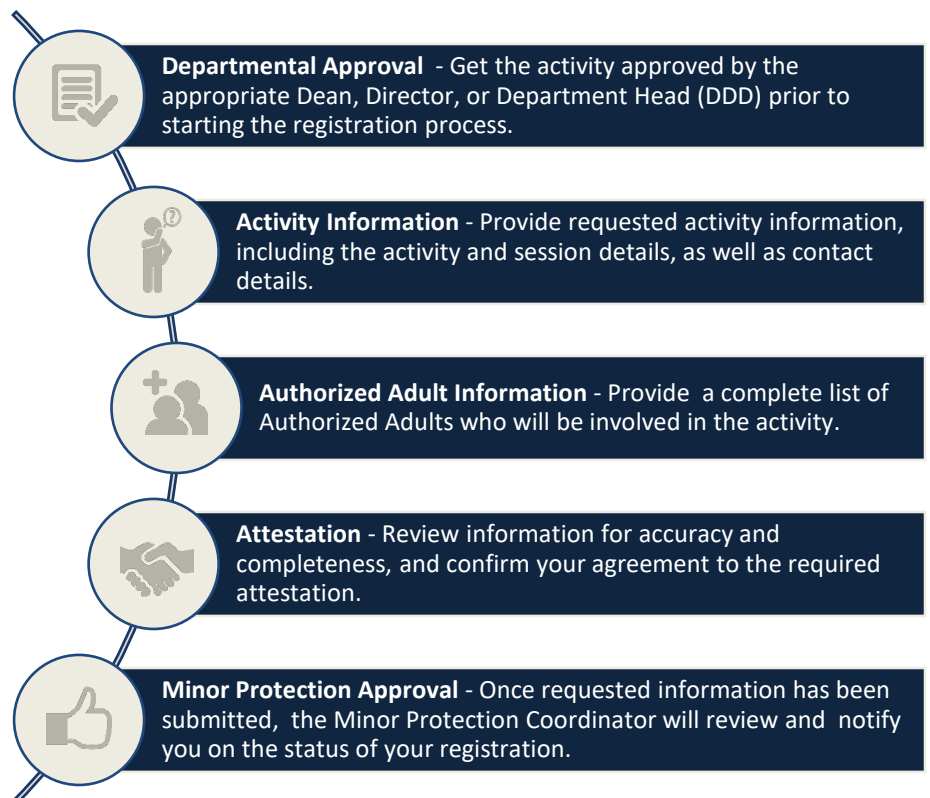
SUMMARY OF REQUIREMENT

University Sponsored activities involving minors, as defined in the University's Protection of Minors and Reporting of Child Abuse or Neglect Policy must register with the University's Minor Protection Program at least thirty (30) days prior to the start of the individual start date.

This timeline is to ensure completion of the extensive review and approval process.

REGISTRATION PROCESS

The registration process is structured into the following simple steps.



II. SUMMARY OF REQUESTED INFORMATION

ACTIVITY INFORMATION

Below is a summary of the type of information requested during the registration process.

General activity information is collected during the first phase of registration. This information Includes:

Activity Details

- Name of Activity
- Description of activity
- Sponsoring Unit
- KFS Account # (UConn Only)

Session Details

- Date(s) and Time(s)
- Min. & Max. Age of Participants
- Number of Authorized Adults and Participants
- Location(s) – Primary Day and Residential

Contact Details

- Primary Contact Information (if different from initiator)

AUTHORIZED ADULT INFORMATION

Requested Authorized Adult information includes:

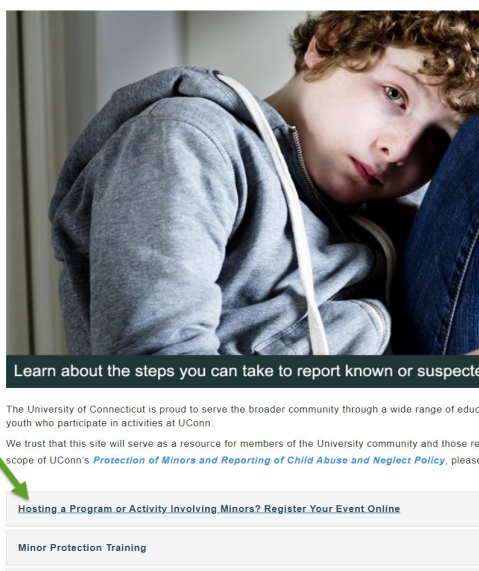
- Name of Authorized Adult
- UConn Affiliation (i.e. employee, student, or other)
- Net ID Number
- E-mail Address
- Phone Number
- Individual Start Date

Additionally, the following Authorized Adult information will be entered by the Minor Protection Coordinator:

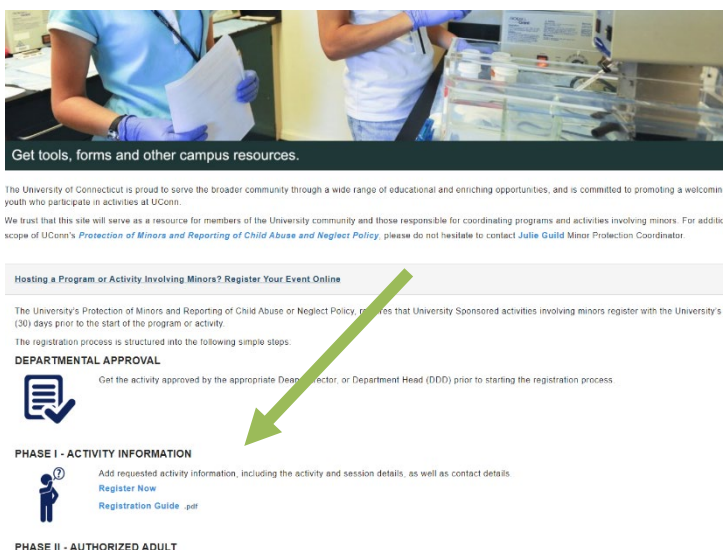
- Background Check Completion Date
- Minor Protection Training Completion Date

III. GETTING STARTED

1. Once your proposed activity has been approved by senior leadership and you have gathered the necessary information, begin the registration process by visiting the Minor Protection website at: <https://hr.uconn.edu/minor-protection/>. Navigate under the picture and click “**Hosting a Program of Activity Involving Minors? Register Your Event Online.**”



2. Find the link titled “**Register Now**” and provide your NetID and Password to log into the Minor Protection Registration Application.



Please Note:

If you do not have your NetID, visit:

https://netid.uconn.edu/find_netid.php

IV. ACTIVITY INFORMATION

ACTIVITY DETAILS

3. From the tab titled "General Activity Information", select "yes" or "no" to indicate whether the proposed activity has received the appropriate senior leadership approval, and enter the e-mail address of the person who has approved the activity.

The screenshot shows the 'General Information' tab selected. It contains the following fields and instructions:

- General Information** (selected tab), **Staff Information**, **Attestation**
- * Has the proposed activity been approved by the appropriate Dean, Director or Department Head (DDD)?
Please indicate whether this activity has received the appropriate senior leadership approval by selecting "yes" or "no".
☒ Yes ☐ No
- * Email of approver

Enter the e-mail address of the person who has approved this activity.

4. Enter the name of the proposed activity and provide a brief description or purpose of the activity.

5. Enter the name of the University unit that is sponsoring, operating, and/or supporting the proposed activity. For example, "College of Agriculture, Health and Natural Resources / Department of Animal Science".

6. Select "yes" or "no" to indicate whether this activity is being sponsored by UConn Health.

7. If the activity is sponsored by the University, provide a non-grant KFS account number for this activity. The University's Department of Human Resources will use information to bill the appropriate department for expenses associated with Background Checks.

The screenshot shows the 'Activity Details' form with the following fields and instructions, numbered 4 through 7:

- 4** * Name of the Activity
Husky Summer Art Experience
Enter the name of the proposed activity.
- 5** * Description
Provide a brief description or purpose of the activity.
This is a week long summer program for children ages 8 - 12. Participant learn basic skills to capture and edit amazing digital photographs.
- 6** * Sponsoring Unit
School of Fine Arts (Art & Art History Department)
Enter the name of the University unit that is sponsoring, operating, and/or supporting the proposed activity. For example, "College of Agriculture, Health and Natural Resources / Department of Animal Science".
- 7** * Is this activity sponsored by UConn Health?
Select "yes" or "no" to indicate whether this activity is being sponsored by UConn Health.
☐ Yes ☒ No
- * Please enter KFS account number

Please provide the Kuali Financial System (KFS) account number for this activity. The University's Department of Human Resources will use information to bill the appropriate department for expenses associated with Background Checks. For more information contact Heather Mokosi at (860) 486-8328 or heather.mokosi@uconn.edu.

IV. ACTIVITY INFORMATION (CONTINUED)

SESSION DETAILS

8. Click the green "+" symbol to add the following details for each session.

* Session Details – Please provide requested information for each session.
Click the green "+" symbol below to add details related to the dates, locations, age ranges, and number of adults and minors for each session.

Session	Start Date and Time	End Date and Time	Number of Participating Minors	Number of Authorized Adults	Minimum Age	Maximum Age	Primary Location for Day Activities	Overnight Location (if applicable)
There are no submissions.								

Green icons: +, edit, delete

9. Enter the minimum / maximum age a participant can be to be allowed to participate in the activity.

10. Type in or select from the calendar the date this activity will begin and end. If typing, use the following format: mm/dd/yyyy

Add Entry

Session
1

* Minimum Age
8
Enter the youngest age a participant can be to be allowed to participate in the activity.

* Maximum Age
12
Enter the oldest age a participant can be to be allowed to participate in the activity.

* Start Date and Time
Date Time
March 2015
S M T W T F S
28 29 1 2 3 4 5
6 7 8 9 10 11 12
13 14 15 16 17 18 19
20 21 22 23 24 25 26
27 28 29 30 31 1 2
3 4 5 6 7 8 9
2015 2016 2017

Add Cancel

Add Entry

30
Type in the number of minors expected to participate in this activity.

* Number of Authorized Adults
6
Type in the number of Authorized Adults that will participate in this activity. Please Note: An Authorized Adult is defined as "A University employee, student, or volunteer (paid or unpaid) who has (1) successfully passed a Background Screening, (2) completed the University minor's protection training within the last year, and (3) has been registered with the University's Minor Protection Coordinator."

* Primary Location for Day Activities
Fine Arts Complex, Storrs Campus. Department of Art + Art History (B)
Please describe the primary location where activities will take place. Include: campus/building or street address for off-campus locations.

Overnight Location (if applicable)
N/A
If your activity requires overnight lodging, please describe the location(s) where activities will take place.

Add Cancel

11. Type in the number of minors and Authorized Adults expected to participate in this activity.

12. Provide the primary location of day and overnight activities. Include: campus / building or street address for off-campus locations.

IV. ACTIVITY INFORMATION (CONTINUED)

CONTACT DETAILS

13. If the activity has a web site, please enter the complete URL. For example: <http://minorprotection.uconn.edu/>

14. Your information will be displayed automatically under the section titled "Initiator". Select "yes" or "no" to indicate whether you will also be the primary contact for this activity.

14

The screenshot shows the 'Contact Details' form with the 'Initiator' section highlighted. It contains fields for First Name, Last Name, Phone, NETID, Department, and Email. At the bottom, there is a question: 'Will you be the primary contact for this activity?' with radio buttons for 'Yes' and 'No'. A purple circle with the number 14 is next to the 'No' radio button.

15. If the initiator is not the primary contact of this activity, enter the name of the person who will be the primary contact, click "search", and select the appropriate person.

15

The screenshot shows the 'Search' form. It has instructions: '1. Enter First and Last Name', '2. Click on Search to populate the Select a person list.', and '3. Select a person from the list to fill in the Contact information.' Below the instructions are input fields for First Name and Last Name, and a 'Search' button. A 'Select a person' dropdown menu is also visible. A purple circle with the number 15 is next to the 'Select a person' dropdown.

16. Review the Primary Contact information, enter the appropriate phone number, and click "submit". Upon submitting, a link to the form will be emailed to you and you can proceed to the next phase by clicking "Next".

16

The screenshot shows the 'Primary Contact' form. It contains fields for Contact First Name (Jonathan), Contact Last Name (Husky), Contact Department (School of Fine Arts / Departm), Contact Phone ((860) 486-1111), and Contact Email (Johnathan.Husky@UConn.edu). There are 'Submit' and 'Save Draft' buttons at the bottom. A purple circle with the number 16 is next to the 'Contact Phone' field.

The requested activity information has been successfully submitted. A link to this form has been sent to your email. Please proceed to the next page to provide requested Authorized Adult information. This information must be provided at least thirty (30) days prior to the start of the activity.

OK

IV. AUTHORIZED ADULT INFORMATION

DATA ENTRY OPTIONS

17. Navigate to the tab titled “Staff Information” and indicate whether you will be entering the requested Authorized Adult information manually (via table) or via an attachment (excel spreadsheet).

The screenshot shows the 'Staff Information' tab with the 'Table' option selected. The interface includes instructions for adding, editing, and deleting entries. Below the instructions is a table header with columns: First Name, Last Name, UConn Primary Affiliation, NETID, Email, Phone Number, Background Check Clearance Date, Training Completion Date, Session for this Adult, and Individual Start Date. The table is currently empty, displaying 'There are no submissions.'

MANUAL ENTRY

18. If entering manually, select “Table” and click the add icon “+” to add authorized adults. Assign adults to a specific session, provide the requested information (excluding training and background check dates, which will be entered by the Minor Protection Coordinator), and click “Add”.

The 'Add Entry' form contains the following fields and options:

- * NETID**: Text input field. Below it, a note states: 'If no NetID exists for the individual, please request an affiliate ID at <http://www.affiliate.uconn.edu/>'.
- * UConn Primary Affiliation**: Radio button options: Regular Payroll Employee, Special Payroll Employee, Student Employee, Student Volunteer, Volunteer, and Other.
- * Email**: Text input field.
- * Phone Number**: Text input field.
- Background Check Clearance Date**: Date picker.
- Training Completion Date**: Date picker.
- Individual Start Date**: Date picker.
- Buttons**: 'Add' and 'Cancel'.

FILE UPLOADS

19. If uploading information, select “Attachment” and click on the hyperlink titled “link to Excel template file”. Complete the provided excel template file, save the updated file on your computer, and use the browse feature to find and attach the file to the form.

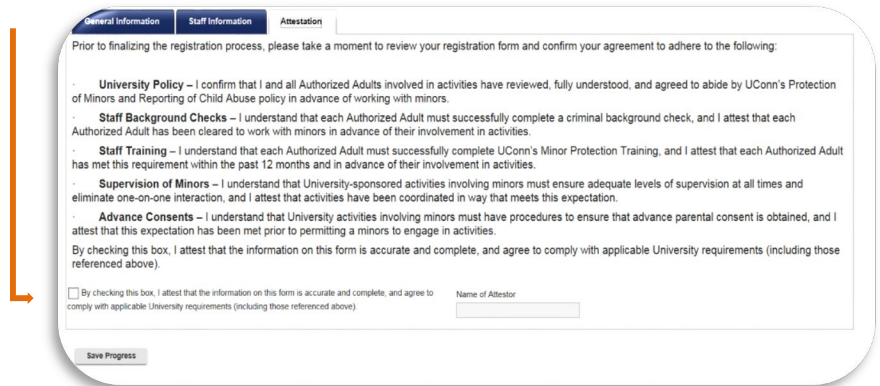
The screenshot shows the 'Attachment' option selected. It includes a hyperlink for the Excel template file and a file upload section with a 'Browse' button. A red error message states 'Attachment is required'. A 'Save Progress' button is at the bottom.

20. Once all Adults have been entered, navigate to the next screen by clicking “Next” or selecting the tab titled “Attestation”.

VI. FINALIZING THE REGISTRATION PROCESS

ATTESTATION

21. Once you have reviewed your registration form for accuracy and completeness, confirm your agreement to the required attestation, and submit your form for review/approval.



The screenshot shows a web form titled "Attestation" with tabs for "General Information", "Staff Information", and "Attestation". The "Attestation" tab is active. The form contains a list of statements for the user to confirm, each preceded by a bullet point. Below the list is a checkbox for the user to confirm the accuracy of the information. To the right of the checkbox is a text field for the "Name of Attestor". At the bottom left of the form is a "Save Progress" button. An orange arrow points from the "Attestation" tab to the form content.

Prior to finalizing the registration process, please take a moment to review your registration form and confirm your agreement to adhere to the following:

- **University Policy** – I confirm that I and all Authorized Adults involved in activities have reviewed, fully understood, and agreed to abide by UConn's Protection of Minors and Reporting of Child Abuse policy in advance of working with minors.
- **Staff Background Checks** – I understand that each Authorized Adult must successfully complete a criminal background check, and I attest that each Authorized Adult has been cleared to work with minors in advance of their involvement in activities.
- **Staff Training** – I understand that each Authorized Adult must successfully complete UConn's Minor Protection Training, and I attest that each Authorized Adult has met this requirement within the past 12 months and in advance of their involvement in activities.
- **Supervision of Minors** – I understand that University-sponsored activities involving minors must ensure adequate levels of supervision at all times and eliminate one-on-one interaction, and I attest that activities have been coordinated in way that meets this expectation.
- **Advance Consents** – I understand that University activities involving minors must have procedures to ensure that advance parental consent is obtained, and I attest that this expectation has been met prior to permitting a minors to engage in activities.

By checking this box, I attest that the information on this form is accurate and complete, and agree to comply with applicable University requirements (including those referenced above).

☐ By checking this box, I attest that the information on this form is accurate and complete, and agree to comply with applicable University requirements (including those referenced above).

Name of Attestor

Save Progress

MINOR PROTECTION APPROVAL

22. Once all requested information has been submitted, the form will be reviewed by the Minor Protection Coordinator and you will be notified on the status of your registration.

CONTACT US

For further assistance with the registration process please visit: <http://hr.uconn.edu/minor-protection> or contact the Minor Protection Coordinator at:

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