

**Programs for Minors**

**Summary**

The following survey is intended to help ensure the agency is compliant with the requirements of System Regulation 24.01.06 Programs for Minors. Please complete and submit form to the Associate Director for Finance and Administration.

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| **Program Name:** |  | |
| **TFS Department Head or Program Leader:** |  | |
| **Third Party Organization Program Director/Leader:** |  | |
| **Brief Program**  **Description:** |  | |
| **Does the program involve participants under the age of 18?** | | YES  NO |
| **Does the program last for more than two consecutive days (for same participants) without an overnight stay?** | | YES  NO |
| **Is the program sponsored and operated by TFS?** | | YES  NO |
| **Is the program sponsored and operated by a third party?** | | YES  NO |
| **Is the program operated on TFS property/facilities?** | | YES  NO |
| **Does the program involve an overnight stay for participants?** | | YES  NO |
| **Are participants attending the program as part of their school activities and under the supervision of school personnel?** | | YES  NO |
| **Are participants transported in TFS vehicles by TFS staff?** | | YES  NO |
| **Does TFS staff exercise full supervisory duties (i.e. supervision, instruction and/or recreation apart from parent/guardian) over participants at any time, either in whole or in part?** | | YES  NO |
| **Does the third party’s staff or chaperones always accompany participants during program (including during any transport in TFS vehicle)?** | | YES  NO |
| **Does the third party’s staff exercise full supervisory duties (i.e. supervision, instruction and/or recreation apart from parent/guardian) over participants at any time, either in whole or in part?** | | YES  NO |
| **Please attach any additional explanatory information, as needed.** | | |

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| **Prepared by:** |  |  |  | |
|  | **Name (Please Print)** |  | **Signature** | **Date** |