

**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** |