

**217.1 PROTECTION OF MINORS ON CAMPUS**

By signing my name below, I am confirming that I have received and read a copy of the University of Arkansas, Fayetteville’s Policy on the Protection of Minors on Campus (Fayetteville Policies and Procedures 217.1).

I understand that if I reasonably suspect or observe any child maltreatment, I will immediately take the following steps as required by Arkansas law and University policy:

1. I will first call the Child Abuse Hotline at 1-800-482-5964 and report my reasonable suspicion or observation. I understand that the Child Abuse Hotline is open 24 hours per day. (In a non-emergency situation only, I understand that I may obtain a report form from [http://www.arkansas.gov/reportARchildabuse/report\\_child\\_abuse.html](http://www.arkansas.gov/reportARchildabuse/report_child_abuse.html) and submit it by fax to 1-501-618-8952.)
  
2. After reporting to the Child Abuse Hotline, I will then immediately contact the University of Arkansas Police Department (UAPD) at 911 or 479-575-2222.

In addition, **after** I have made the above reports, I will tell the Camp director of any suspected or observed child maltreatment.

I understand that child maltreatment that must be reported includes abuse, sexual abuse, neglect, sexual exploitation, or abandonment.

I further understand that the University of Arkansas desires to protect minors on campus. To comply with State law and the University’s policy, I understand that I am under no obligation to notify my supervisor or receive prior approval to contact the Child Abuse Hotline and UAPD. I understand that if I make a good faith report of suspected maltreatment that I am immune to suit or liability for making the report. I also understand that no one may retaliate against me for making a good faith report based upon my reasonable suspicion or observation of child maltreatment.

By: \_\_\_\_\_  
(sign name)

\_\_\_\_\_  
(print name)

Date: \_\_\_\_\_