



University of Nevada, Reno

Policy on the Protection of Children Information Packet

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2. [Nevada Department of Health & Human Services Division of Child & Family Services \(page 4\)](#)
Recognizing, Reporting and Preventing Child Abuse
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University Administrative Manual

7,002: Policy on the Protection of Children

University of Nevada Cooperative Extension

Reporting Child Abuse and Neglect

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Exhibit B:

Certification of receiving, reading, and understanding the University of Nevada, Reno Policy on the Protection of Children Information Packet

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Certification of Completion of Online Training Regarding Child Abuse

Volunteer and Employee Criminal History System (VECHS)

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1. Nevada System of Higher Education Board of Regents Handbook



Title 4 – Codification of Board Policy Statements, Chapter 22: Child Protection Policies

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Section 1. Introduction

The Nevada System of Higher Education (NSHE) is committed to maintaining a supportive and safe educational environment, one which seeks to enhance the well-being of all members of the NSHE community, which includes creating a secure environment for children who may participate in NSHE programs or activities, or be present at NSHE facilities or events. The NSHE policies for the protection of children are intended for the protection all children who participate in NSHE events or activities for children or who are NSHE students.

Section 2. Public Events and Venues

Children are permitted at events and venues open to the public on NSHE property. However, NSHE reserves the right to determine whether selected events or venues are appropriate for unescorted or unsupervised children.

Section 3. Definitions

1. Child. A “child” is anyone under 18 years of age or, if in school, until graduation from high school, and includes children under the age of 18 years who are registered as NSHE students. The terms “child”, “minor” and “children” are used synonymously in this policy.
2. Volunteer. The term “volunteer” means individuals who are working at an institution pursuant to a volunteer agreement approved by the institution’s general counsel. For the purposes of this policy, the term “volunteer” does not include a parent or guardian of a child. Parents and guardians, however, should be supervised by appropriate NSHE or non-NSHE personnel during their participation in NSHE sponsored or approved programs and activities.
3. Child Abuse or Neglect. Child abuse or neglect is defined in accordance with the provisions of NRS 432B.020- NRS 432B.150.
4. Program or Activity Involving Children. “Program or activity involving children” applies to programs or activities for children that are established by NSHE institutions; and programs or activities for children sponsored by outside persons or entities which are permitted to take place at NSHE facilities. “Program or activity involving children” does not include events (such as concerts, plays, sporting events) or facilities (such as restaurants or stores) that are open to the public.

Section 4. Policies for the Protection of Children

1. Reports of Child Abuse or Neglect by All NSHE Personnel. All NSHE employees and volunteers, who have reasonable cause to believe that child abuse or neglect has occurred at an NSHE facility or during NSHE programs or activities, must report the suspected abuse or neglect to law enforcement or a child welfare

agency, as soon as possible and within 24 hours. Retaliation against any individual who makes a report of child abuse or neglect is prohibited.

2. Supervision and Protection of Children. All children who participate in NSHE programs and activities must be appropriately supervised at all times. A child must be immediately removed from a dangerous situation involving suspected child abuse or neglect or other inappropriate conduct, or which presents a threat to the child's health and safety.
3. Policy and Procedure. In order to implement these child protection policies, NSHE institutions and System Administration must:
 - a) Periodically (at least annually) inventory all programs or activities that involve children under the age of 18 years, such as, daycare facilities, summer camps and programs, sport camps, research studies and other activities or programs that are specifically intended to involve children under the age of 18 years;
 - b) Periodically review (at least annually) the security of programs and activities involving children, including considering measures that may be appropriate for the protection of students from sex offenders who are registered with the institution's police departments;
 - c) Provide for a uniform procedure for the approval of the use of facilities by outside persons or entities for programs or activities involving children, and requiring written acknowledgment of NSHE and institution policy and procedure for the protection of children;
 - d) Identify all mandatory reporters of child abuse, pursuant to the provisions of NRS 432B.220-NRS 432B.250 and provide training materials regarding the mandatory reporting requirements;
 - e) Provide a copy of this policy, and any supplemental institution policy and procedure, for the protection of children to all employees and volunteers who supervise or work in programs or activities involving children;
 - f) Publicize this policy, and any supplemental institution policy and procedure for the protection of children on the institution or System website, including the Division of Child and Family Services toll-free telephone number and/or other law enforcement telephone numbers to receive reports of child abuse or neglect;
 - g) Conduct appropriate investigations of all incidents of alleged child abuse or neglect, and provide confidential notice of such incidents to the Chancellor and Chair of the Board of Regents.

(B/R 3/13)

Rev. 302 (12/22)
Title 4, Chapter 22, Page 3

2. Nevada Department of Health & Human Services Division of Child & Family Services



Nevada Department of
Health and Human Services
DIVISION OF CHILD AND FAMILY SERVICES

Recognizing, Reporting and Preventing Child Abuse

Watch recognizing, reporting and preventing child abuse video

<https://www.youtube.com/watch?v=ygVvaCLzYRO>

3. University of Nevada, Reno



University of Nevada, Reno

University Administrative Manual

Read 7,002: Policy on the Protection of Children:

- <https://www.unr.edu/administrative-manual/7000-7999-miscellaneous/7002-policy-on-the-protection-of-children>

University of Nevada, Reno Extension

Read Child Abuse & Neglect Training Requirement & Reporting Protocol:

- <https://extension.unr.edu/publication.aspx?PubID=2477>

Read Reporting Child Abuse & Neglect:

- <https://extension.unr.edu/publication.aspx?PubID=4882>



Records, Communications and Compliance Division 333 West
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Carson City, Nevada 89706
Telephone (775) 684-6200 ~ Fax (775) 687-3290
www.rccd.nv.gov

Fingerprint Background Waiver

As an applicant who is the subject of a national fingerprint-based criminal history record check for noncriminal justice purpose (such as an application for employment or license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below. All notices must be provided to you in writing. These obligations are pursuant to the Privacy Act of 1974, Title 5, United States Code (U.S.C.) Section 552a, and Title 28 Code of Federal Regulations (CFR), 50.12, among other authorities.

1. You must be notified by University Police Services (*name of requesting agency*) that your fingerprints will be used to check the criminal history records of the FBI and the State of Nevada.
2. Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.
3. Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI and/or the Central Repository for Nevada Records of Criminal History may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.
4. Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI and/or Central Repository for Nevada Records of Criminal History, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

Applicant Initial: _____ Date: _____

5. If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the FBI criminal history record. The procedure for obtaining a change, correction, or update of your FBI criminal history record as set forth at, 28 CFR 16.34 provides for the proper procedures to do so.
6. If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and fee to the FBI. Information regarding this process may be obtained at <https://www.fbi.gov/services/cjis/identity-history-summary-checks> and <https://www.edo.cjis.gov>.
7. If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI by submitting a request via <https://www.edo.cjis.gov>. the FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, The FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34)
8. You have the right to expect that officials receiving the results of the fingerprint-based criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal or state statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.
9. I hereby authorize University Police Services (*name of requesting agency*), to submit a set of my fingerprints to the Nevada Department Public Safety, Records Bureau for the purpose of accessing and reviewing State of Nevada and FBI criminal history records that may pertain to me.
10. I hereby release from liability and promise to hold harmless under any and all causes of legal action, the State of Nevada, its officer(s), agent(s) and/or employee(s) who conducted my criminal history records search and provided information to the submitting agency for any statement(s), omission(s), or infringement(s) upon my current legal rights. I further release and promise to hold harmless and covenant not to sue any persons, firms, institutions or agencies providing such information to the State of Nevada on the basis of their disclosures. I have signed this release voluntarily and of my own free will.

Applicant Initial: _____ Date: _____

505RCCD-003(08/2020rev)

Fingerprint Background Waiver

A reproduction of this authorization for release of information by photocopy, facsimile or similar process, shall for all purposes be as valid as the original.

In consideration for processing my application I, the undersigned, whose name and signature voluntarily appears below; do hereby and irrevocably agree to the above.

Applicant's Name:

Last: _____ First: _____ Middle: _____

Applicant's signature: _____ Date: _____

Agency Account #: _____

Agency Representative:

Last: _____ First: _____ Middle: _____

Agency representative's signature: _____ Date: _____

4. Acknowledgement Forms



University of Nevada, Reno

Exhibit B

Certification of receiving, reading, and understanding the University of Nevada, Reno Policy on the Protection of Children Information Packet

Name: _____

Date: _____

I hereby certify that I have received, read, and understood on this date the University of Nevada, Reno Policy on the Protection of Children [[UAM 7,002](#)] and its Information Packet and the Nevada System of Higher Education Child Protection Policies.

Signature: _____

Exhibit C

Certification of Completion of Online Training Regarding Child Abuse

Name: _____

Date: _____

I hereby certify that on this date I completed the online training regarding child abuse from the State of Nevada Department of Child and Family Services at <https://www.youtube.com/watch?v=ygVvaCLzYR0>

Signature: _____



University of Nevada, Reno

Memorandum

Date: _____

To: University Police Services

From: _____
[Name, Department], [Program/Department Name]

Re: Fingerprint-Based Background Check

Applicant name: _____
[First and last name]

Fingerprinting Appointments are available Monday through Friday from 8:20am - 4:20pm and can be booked online at <http://www.unr.edu/police/services-and-requests>. If you are unable to schedule an appointment online, please contact University Police Services at (775) 784-4013 Monday-Friday from 8 a.m. to 5 p.m.

Check the box below that corresponds with your position:

- Volunteer, PPC position
- Employee, PPC position

Individuals must provide Police Services with the following:

1. This memo requesting fingerprinting.
2. Copy of the Internal Purchase Order (IPO) (\$45.25/employee, \$37.75/volunteer).
3. Valid government-issued photo ID (i.e.: driver's license, state-issued ID card, or passport).
4. Completed Fingerprint Background Waiver.
5. Completed NCPA-VCA Applicant Notice.
6. Completed Policy on the Protection of Children (PPC) training acknowledgment forms as listed below:
 - a. Exhibit B - Certification of Receiving, Reading, and Understanding
 - b. Exhibit C – Certification of Completion of Online Training



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Volunteer and Employee Criminal History System (VECHS) Applicant Waiver Agreement and Statement

For criminal history record information pursuant to the *National Child Protection Act of 1993, as amended by the Volunteer for Children Act.*

Pursuant to the National Child Protection Act of 1993 (NCPA), as amended by the Volunteers for Children Act (VCA), this form must be completed and signed by every current or prospective applicant, employee, volunteer, and contractor/vendor, for whom criminal history records are requested by a qualified entity under these laws.

I hereby authorize (*enter name of Qualified Entity*) University Police Services to submit a set of my fingerprints to the Nevada Department of Public Safety Records (DPS) - Records, Communication and Compliance Division (RCCD) for the purpose of accessing and reviewing state and national criminal history records that may pertain to me. I understand that I would be able to receive any national criminal history record that may pertain to me directly from the Federal Bureau of Investigation (FBI) and pursuant to Title 28, Code of Federal Regulations (CFR), Sections 16.30-16.34, I could then freely disclose any such information to whomever I chose. By signing this Waiver Agreement, it is my intent to authorize the dissemination of any national criminal history record that may pertain to me to the Qualified Entity with which I am or am seeking to be employed or to serve as a volunteer.

I understand that, until the criminal history background check is completed, the Qualified Entity may choose to deny me unsupervised access to children, the elderly, or individuals with disabilities. I further understand that, if Qualified Entity policy permits, the Qualified Entity may provide me a copy of the criminal history background report, if any, received on me and that I am entitled to challenge the accuracy and completeness of any information contained in any such report. I may obtain a prompt determination as to the validity of my challenge before a final decision is made.

I am a current or prospective (check one):

- Applicant Employee Volunteer Contractor/Vendor

Please print the following information:

First Name: _____ **Middle Name:** _____

Last Name: _____ **Date of Birth:** _____

Complete Mailing Address: _____

As listed on Identification document.

I have I have not
been convicted of/am under pending indictment for the following crimes:

You are required to provide dates, locations/jurisdictions, circumstances and outcome of each conviction and/or pending indictment. Attach a separate sheet if additional space is needed.

Applicant Signature: _____ **Date:** _____

To be completed by Qualified Entity Authorized Personnel:

First Name: _____

Signature: _____ **Date:** _____

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NOTE: This document must be retained by the Qualified Entity for audit purposes.