2017
Penn State University
Youth Program Director Meeting

Tuesday, January 31, 2017
9:30 a.m. – 3:00 p.m.
The Nittany Lion Inn
University Park, PA

Sponsored by the Office of Ethics & Compliance and State-Wide Continuing Education
AGENDA

9:30  Welcome
9:40  The Scope and Gravity of Child Maltreatment
10:10 Supporting Trans Youth
12:10 Lunch
1:00  Risk Management Review
1:30  Hot Topics
2:30  University Park Housing and Food

Sponsored by the Office of Ethics & Compliance and State-Wide Continuing Education
Jennie Noll, Ph.D.

Director, Network on Child Protection and Wellbeing
Professor of Human Development and Family Studies

2017
Penn State University
Youth Program Director Meeting

Sponsored by the Office of Ethics & Compliance and State-Wide Continuing Education
The Scope and Gravity of Child Maltreatment:
Why early detection matters

Jennie G. Noll, PhD
Professor, Human Development and Family Studies
Director, Child Maltreatment Solutions Network
PI, Translational Center for Child Maltreatment Studies;
NICHD P50 Capstone Center
The Pennsylvania State University
Child Maltreatment

“ANY RECENT ACT OR FAILURE TO ACT ON THE PART OF A PARENT OR CARETAKER WHICH RESULTS IN DEATH, SERIOUS PHYSICAL OR EMOTIONAL HARM, SEXUAL ABUSE OR EXPLOITATION; OR AN ACT OR FAILURE TO ACT, WHICH PRESENTS AN IMMINENT RISK OF SERIOUS HARM.”

Physical Neglect
Medical neglect
Physical abuse
Sexual abuse
Psychological maltreatment
Other (e.g., threatened abuse, parent’s drug/alcohol abuse)
National Prevalence Rates

6.3 MILLION CHILDREN WERE SUBJECTS OF CHILD MALTREATMENT ALLEGATIONS

3.2 MILLION CHILDREN WERE INVESTIGATED

1.2 MILLION VICTIMS OF MALTREATMENT

17.1 victims per 1000 children (~1 in 58)

800,000 REACHED “ENDANGERED” STANDARDS

The National Incidence Study of Child Abuse & Neglect, 2010
Rates of Maltreatment by Age

- Most maltreatment happens to younger children.

Types of Child Maltreatment

Annual Rates Dramatically Underestimate the problem

1 in 8 children will have a substantiated hx by age 18

1 in 5 for African Americans

Wideman et al., 2014; JAMA
CDC: “CPS reports may underestimate the true scope”

- 1 in 4 children experience some form of child abuse or neglect
- 1,580 children died from abuse or neglect in 2014
- The total lifetime cost of $124 billion each year
PA legislation changes in 2013-2015

SENATE BILL 21  COMPREHENSIVE BILL IMPACTING REPORTING OF CHILD ABUSE
SENATE BILL 33  WHISTLE BLOWER PROTECTIONS FOR PERSONS REPORTING CHILD ABUSE
HOUSE BILL 431  REQUIRING TRAINING FOR MANDATED REPORTERS
HOUSE BILL 436  INCREASING THE PENALTIES FOR FAILURE TO REPORT SUSPECTED CHILD ABUSE
HOUSE BILL 89  DEDICATED FUNDING FOR CHILD ADVOCACY CENTERS
HOUSE BILL 316  STRENGTHEN MULTIDISCIPLINARY INVESTIGATIVE TEAMS (MDITS)
HOUSE BILL 726  LOWER THRESHOLD FOR DEFINING ABUSE
SENATE BILL 23  EXPANDED DEFINITIONS OF PERPETRATOR
SENATE BILL 30  STATEWIDE DATABASE FOR REPORTING ABUSE
HOUSE BILL 321  ENHANCED SENTENCING FOR CHILD PORNOGRAPHY
HOUSE BILL 414  CUSTODY HEARINGS TAKE INTO ACCOUNT CHILD ABUSING
HOUSE BILL 1594 LURING A CHILD INTO CAR OR STRUCTURE SECOND DEGREE FELONY
Cumulative Impact on Mental Health

Prevalence %

- Mood Disorders
- Anxiety Disorders
- Substance Abuse
- Impulse Control Disorders

Data from the National Comorbidity Survey-Replication Sample (NCS-R).

What about physical health?

Stress Continuum

Mild ➔ Car accident ➔ Separation ➔ Poverty ➔ Child Maltreatment ➔ Severe
Stress Response; HPA axis

Chronic Stress/Abuse

Hypothalamus → CRH → Anterior Pituitary → ACTH → Adrenal Glands → Cortisol
Biological Embedding

1. Increased glucocorticoid secretion
2. (De-) Methylation of stress-regulatory genes (e.g., GR, FKBP5, leading to GR resistance)
3a. Further potentiation of stress responses
3b. Disinhibition of NFκB and inflammatory mediators
5. Increased Response
6. Telomere shortening (e.g., via effects on telomerase activity)

Neuroendocrine
Autonomic
Immunologic
Epigenetic
Telomere Biology
89% located/agreed
96% retained
Offspring 0-9; M=4.08
Offspring 2-18: M=10.29
Offspring 4-20; M=12.29
Time 1; mean age=11.06
Time 2; mean age=12.22
Time 3; mean age=13.42
Time 4; mean age=18.05
Time 5; mean age=19.85
Time 6; mean age=24.89
Time 7; mean age=34.47
Time 8; mean age=36.47
89% retained
Earlier Pubertal Onset

Meta analysis of 460,000 women across 35 countries showed younger age at menarche signaled higher relative risk for breast cancer


Noll, Shalev et al., Journal of Adolescent Health, 2017

12 mos. earlier pubic hair

8 mos. earlier breast
Lower overall:
- graduation rates
- educational attainment
- occupational viability

Group X intercept interaction $p<.01$
Group X linear time interaction $p<.01$
Income and education attainment dynamically controlled
Childhood Abuse → PTSD symptoms → HPA Hyperactivity

Chronic Stress Activation

Potentially Malleable Mid-Life Modifiers:
- poor stress coping
- adult temperament
- rumination
- dysregulation

Poor Cognitive Outcomes

Poor Health Outcomes

NIH AG048791 PI:Noll
The Development of Obesity

The graph shows the linear trends of raw BMI with age for abused and non-abused individuals, compared to the CDC population trends. The 25th percentile and 75th percentile are indicated on the graph.


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*Key Points*
- **Raw BMI**: Linear trends for abused and non-abused individuals.
- **CDC population trends**: Comparison with the population trends.
- **Percentiles**: Indication of 25th and 75th percentiles.

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Impact across development

**Childhood:**
- ↑childhood depression
- ↑PTSD symptoms
- ↑externalizing behavior problems
- ↑somatic complaints
- ↓family cohesion
- ↑depressed mothers
- ↓school performance

**Adolescence:**
- ↑earlier pubertal timing
- ↑depressive symptoms
- ↑PTSD symptoms
- ↓cognitive abilities
- ↓age at first voluntary intercourse
- ↑teen pregnancy rates
- ↑self harm
- ↑sleep problems
- ↑revictimization

**Adulthood:**
- ↑persisting PTSD
- ↑psychiatric diagnoses
- ↑clinical depression
- ↑alcohol & drug use
- ↑suicide attempts
- ↑inter-partner violence
- ↑sexual violence / rapes

Cumulative Impact Chronic Disease

Prevalence %

Ischemic Heart Disease  Stroke  COPD  Diabetes  Sexually Transmitted Disease

0 1 2 3 ≥4

Offspring Outcomes

↑ Born Preterm (19% vs. 10%)

↓ Cognitive Abilities (>1 SD below pop mean)

↑ Child Protective Service (CPS) Involved (17% vs. 1%)

40% permanent removal from mom
5 deaths (all born to abused mothers)

Noll et al. (2007) Journal of Interpersonal Violence
offspring born to sexually abused mothers

offspring born to comparison mothers

CPS involved offspring born to a teenage mom

* = abused vs. comparison difference at p<.01
Teen Motherhood Rates

- National Average (2007): 4.20%
- National Average (2010): 3.43%
- Comparison Females: 9.43%
- Maltreated Females: 20.30%

Neglected: 3.43%
Physically abused: 9.43%
Sexually abused: 20.30%

Noll, & Shenk., *Pediatrics*, 2013
What does it cost to do nothing?
Each 2014 First-Time Case of Child Maltreatment Costs U.S. Economy
Approximately $1.8 Million in Total Expenditures over their Lifetime¹


¹Suffer the Little Children: An Assessment of the Economic Costs of Child Maltreatment
Penn State’s Child Maltreatment Solutions Network

CM Solutions Network

Social Science Research Institute

College of Medicine / Department of Pediatrics

Division of Child Abuse Pediatrics

Transforming Lives of Children (TLC) Clinic
Harrisburg, PA
-EB Mental Health Tx
-Research

College of Liberal Arts

College of Nursing

College of Education

College of Health & Human Dev’l
Basic Science:
- Biology of stress
- Promote optimal health
- Epidemiology
- Observational research

Translation:
- Impact that matters
- Implications for families / providers / systems
- Influencing policy

Prevention & Treatment:
- Universal / Primary
- Targeted / Secondary
- Evidence-based Tx
- Implementation

Education:
- Undergraduate minor
- Awareness events
- Conference series
Translational Center for Child Maltreatment Studies (TCCMS); NICHD P50 Capstone Center (2017-2022)
Project 1: PA Cohort
Improving Health Disparities Maltreated Survivors

Health Disparities:
- Brain Health
- Behavioral & Emotional Health
- Physical Health

Substantiated Child Maltreatment:
- Sexual Abuse
- Physical Abuse
- Neglect

Biological Embedding Mechanisms:
- Neuroendocrine
- Autonomic
- Immunologic
- Epigenetic
- Telomere Biology
Health Disparities:

Physical Health

Substantiated Child Maltreatment:
Sexual Abuse
Physical Abuse
Neglect

Behavioral & Emotional Health

Brain Health

Malleable Psychosocial & Behavioral Factors:
Healthy Lifestyle:
Diet, Exercise, Sleep
Sexual behaviors
Substance use
Treatment Utilization

Resilience:
School Engagement
Self-Esteem
Family & Peer Support
Coping / Flexibility
Cognitive Ability
Emotion Regulation
Executive Functioning

Biological Embedding Mechanisms:
Neuroendocrine
Autonomic
Immunologic
Epigenetic
Telomere Biology

Neuro Development

M = Moderators: Genotype; Gender; Ethnicity; Pubertal Stage; Maltreatment Type

Project 1: PA Cohort
Improving Health Disparities Maltreated Survivors
Research to Policy Bridge

- Leadership
- Resources
- Exposure
- Translate
- Engage
- Package
Kari Jo Freudigmann

Programming Coordinator
LGBTQA Student Resource Center

Sponsored by the Office of Ethics & Compliance and State-Wide Continuing Education
Supporting Trans Youth

The Pennsylvania State University
Learning objectives

• Learn language and definitions related to the trans community
• Understand pronoun usage
• Explain cisgender privilege and recognize instances of every day struggles of trans youth
• Know Penn State resources and national resources for non-gender binary individuals // http://studentaffairs.psu.edu/lgbtqa/nationalresources.shtml
• Understand how to be an ally to trans youth
Some statistics to ponder

While about 1.6 percent of the general population attempt suicide, a staggering 46 percent of the transgender population has reported attempting suicide—GLAAD’s statistics.

"name calling and bullying based on gender expression are among the first forms of harassment that young people learn and experience" (GLSEN).
How many trans people are there?

• We don’t know for sure:
  • No one is collecting this data
  • US Census doesn’t track it
  • Many trans people are not public about their identities

• National Center for Transgender Equality estimates between ¼% and 1% of the population is transgender.

• American Psychological Association estimates the prevalence of transgender people are about 1 in 10,000 for biological males and 1 in 30,000 for biological females.
Why this is important
-Whittington Family: Ryland’s Story
The basics

Sex is biological (a combination of genitalia, chromosomes and hormonal make-up)

Gender Identity is a person’s internal sense of self

Sexual Orientation is who a person is attracted to romantically, emotionally and/or physically

Gender Expression is how a person’s chooses to show their gender (hair, make-up, clothing)
Refers to people who feel their assigned sex at birth and their gender are congruent.

In other words, if your birth certificate says you're male and you identify yourself as a man or if your birth certificate says you're female and you identify as a woman then you are cisgender.

Refers to people who feel their assigned sex at birth and their gender identity are not congruent.
The Genderbread Person

**Gender Identity**
- Woman
- Genderqueer
- Man

Gender identity is how you, in your head, think about yourself. It’s the chemistry that composes you (e.g., hormonal levels) and how you interpret what that means.

**Gender Expression**
- Feminine
- Androgynous
- Masculine

Gender expression is how you demonstrate your gender (based on traditional gender roles) through the ways you act, dress, behave, and interact.

**Biological Sex**
- Female
- Intersex
- Male

Biological sex refers to the objectively measurable organs, hormones, and chromosomes. Female = vagina, ovaries, XX chromosomes; male = penis, testes, XY chromosomes; intersex = a combination of the two.

**Sexual Orientation**
- Heterosexual
- Bisexual
- Homosexual

Sexual orientation is who you are physically, spiritually, and emotionally attracted to, based on their sex/gender in relation to your own.
### All identities are on a spectrum

<table>
<thead>
<tr>
<th>Gay or Lesbian</th>
<th>Asexual</th>
<th>Bisexual</th>
<th>Bi</th>
<th>Pansexual</th>
<th>Queer</th>
<th>Straight/Heterosexual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>Intersex</td>
<td>Androgynous</td>
<td>Butch</td>
<td>Masculine</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Feminine</td>
<td>Femme</td>
<td>Genderqueer</td>
<td>Drag king/queen</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Woman</td>
<td>trans</td>
<td>Transgender</td>
<td>Transsexual</td>
<td>Genderqueer</td>
<td>Man</td>
<td></td>
</tr>
</tbody>
</table>
Agender

- A person without gender.

- An agender individual’s body does not necessarily correspond with their lack of gender identity.

- Often, agender individuals are not concerned with their physical sex, but some may seek to look androgynous.
Lev Trans Identity Model

1. **Awareness** - initial gender dysphoria, needs safe environment to explore feelings

2. **Seeking information / Reaching out** - persons may use term ‘transgender;’ potential desire to meet other transgender persons

3. **Disclosure to significant others** - feeling of ‘slowing down’ process; important to process interactions of significant others, family, and friends

4. **Exploring Identity and Transition** - may begin outwardly expressing self as a trans person and taking hormones

5. **Exploring Transition and Possible Body Modification** - potential (but not certain) reassignment surgery; trans persons in this stage may feel ‘tested’ by their peers insofar as ‘passing’ is concerned

6. **Integration and Pride** - considerable comfort with identity; some persons at this stage become activists whereas others prefer not refer to their pre-transition past
Genderqueer example:
  Feeling and often expressing a different gender identity from a young age
  Realizing that genderqueer is a viable identity
  Deciding on how to express oneself as genderqueer
  Encountering resistance to non-binary gender expression of identity
  Not fitting in with transgender or LGBT communities
  Creating a home within or outside LGBT/transgender communities
“Children as young as two may show features that could indicate gender dysphoria.”

“The vast majority of children and adolescents with gender dysphoria are not suffering from underlying severe psychiatric illness such as psychotic disorders.”

Additional information available at www.wpath.org, World Professional Organization for Transgender Health
1. Don’t make assumptions based on appearance
2. Don’t ask another person
3. Don’t be afraid to ask
4. Be respectful of their pronoun usage
Students and Pronouns
Hi, my name is Jordan.
Hi Jordan, it’s nice to meet you. My name is ______ and my pronouns are ______. May I ask what pronouns you use?
Privilege

- A special advantage or right possessed by an individual or group
- A right or advantage gained by birth, social position, or effort.
  - This means a person does not do anything to earn it. It is automatically given to them
- It can be either legal or personal
- Unless a person is actively cognizant of their privilege they do not notice it or appreciate it
Cisgender Privilege

Legal
Policies pertaining to transgender healthcare
State laws pertaining to nondiscrimination
State school laws pertaining to nondiscrimination
Other school policies pertaining to nondiscrimination
Laws and policies pertaining to identity documentation

Personal/Social
What do I wear today?
Which bathroom do I use?
What do I do if I can’t find a gender neutral/single occupancy bathroom?
What do I do if my instructor or coach doesn’t use my preferred name?
How do I respond to someone who misgenders me?

(http://www.transequality.org/)
Inclusive and affirming of trans* campers?

- Policies [e.g. dress code], nondiscrimination statements, mission, goals, hiring trans-ally staff
- Communications, marketing, FAQs, website
- Camp staff training and support
- Trans-Inclusive Facilities: Housing, Bathrooms & Locker Rooms
- Programming - [e.g. games based around gender]
- What is your protocol for educating parents?
Troubleshooting w/ Adolescents

- Consider ‘outness’ - is the camper openly trans?
- Behavior Management
  - Erikson - “Industry v. Inferiority” // “Identity v. Role Confusion”
  - ‘Calling out v. Calling in’
  - Normalize differences [race, background, gender, sex]
  - Appealing to reason versus. Appealing to expectations
- Avoid overprotecting - Most students want to be treated like all other students
Stereotypes to be Prepared For....

• “Just because you dress up like a woman...”
• “So do you like boys/girls now?”
• “When are you having your surgery?”
• “When did you decide to be trans?”
• “This is just a phase.”
• “You raised your kids poorly.”
How to be an Ally to Trans Individuals

• Monitor language
• Challenge gender roles
• Avoid assumptions based upon appearance
• Be aware of ‘outness’
PRACTICE: Yay or Nay???

- Yay
  - What name do you go by?
  - Someone’s medical history is none of your business. Just do not ask this.
  - What pronouns do you use?
  - You have a great smile. You always look so happy!
  - Should I disclose your trans status? Or when is it ok or to whom can I share this with?

- Nay
  - So what is your “Real” Name
  - Well she looks like a girl so I’ll just use she/her.
  - You’re so pretty for a trans woman! I would have never known!
  - I should tell all of my friends that Ty is trans so they know before they meet her!
Resources

- The Human Rights Campaign - http://www.hrc.org/resources
- The National Center for Transgender Equality - http://www.transequality.org/
- World Professional Organization for Transgender Health - www.wpath.org
- Lambda Legal, www.lambalega.org
- Trevor Project, www.trevorproject.org
The LGBTQA Center

- [https://studentaffairs.psu.edu/lgbtqa](https://studentaffairs.psu.edu/lgbtqa)
- 814.863.1248
- [lgbtqa@psu.edu](mailto:lgbtqa@psu.edu)
- 101 Boucke Bldg, University Park, PA 16802
LUNCH

Please return at 1:00 pm
Penn State University’s Risk Management Office Workshops 2017
YOUR PARTNERS

• GARY LANGSDALE  
  – UNIVERSITY RISK OFFICER

• PEG JANOWIAK  
  – CLAIM MANAGER

• DAVID SNOWE  
  – INSURANCE MANAGER /ASST. DIRECTOR

• RICHEL PERRETTI  
  – CONTRACTS MANAGER

• CRIS BOOB  
  – ASSISTANT CONTRACTS COORDINATOR

814-865-6307
RISK MANAGEMENT WEBSITE:  
http://guru.psu.edu/risk/
WHERE WE OFTEN INTERACT

- Situational Risk Assessments
- Contracts
- Insurance Certificate Requests
- Claims
- Lawsuits/Letters of Representation
- Good Old-Fashioned Advice
YOU ARE THE RISK MANAGER!

• IN YOUR DAILY ACTIVITIES ON BEHALF OF THE UNIVERSITY
• INTERACTION WITH STAFF, STUDENTS, VENDORS, VISITORS AND VOLUNTEERS
• LET COMMON SENSE BE YOUR GUIDE!
• THE RISK MANAGEMENT DEPT. IS YOUR TECHNICAL RESOURCE
Automobile Insurance/Claims

- Liability & Property coverage
- Owned & leased licensed vehicles traveling in the US & Canada.
- Extends to University and its employees while in the course and scope of employment
- If injured, employees are covered by Worker Comp.

- Physical Damage deductibles: $500 comprehensive & $1,000 collision
- University Policy BS20
- Use of Personal vehicles (Pa. law – insurance follows the vehicle)
Auto Insurance/Claims

• Risk Management Website
  http://controller.psu.edu/risk-management/claims

• GURU / University Policy Manual
  https://guru.psu.edu/policies/psu/BS20.html
**VEHICLE ACCIDENT REPORT**

**RISK MANAGEMENT OFFICE**
103 RIDER BUILDING II, STATE COLLEGE, PA 16801
TELEPHONE: (814) 865-6307 FAX: (814) 865-4029

PURPOSE: This form is used to record facts of any accident involving a University vehicle, rental car or personal vehicle if being used on University business. In case of serious injuries or undrivable vehicle, please call Risk Management. Complete both sides of the form and mail or bring this card to the Risk Management Office. At non-University Park locations, bring the completed form to the local campus Business Office.

All information on this form is important and must be obtained at the time of the accident. If for some reason (such as injuries) all the information cannot be secured immediately, the form must be submitted as soon as possible, within 24 hours.

If you are involved in an accident in which someone is seriously injured or if any vehicle is undrivable, you must immediately notify the local or state police.

**Weather:** (Circle) Sunny, Cloudy, Raining, Snowing, Freezing Rain

**Road Conditions:** (Circle) Wet, Dry, Snow Covered, Icy, Road Obstruction, Road Construction

**DESCRIPTION OF ACCIDENT** - Include direction your car was going and its speed; same for other car. Label streets and indicate traffic controls. PSU car is always #1.

<table>
<thead>
<tr>
<th>Persons Injured</th>
<th>Diagram</th>
</tr>
</thead>
<tbody>
<tr>
<td>Names</td>
<td>Addresses and Phone</td>
</tr>
</tbody>
</table>

**Property Damage** - Describe and give location (address) of damage.

<table>
<thead>
<tr>
<th>-Witnesses (Including Passengers)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Names</td>
</tr>
</tbody>
</table>

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**STUDENTS ONLY**

I hereby grant authorization to Penn State to release this form to its insurance carrier(s) for their use in evaluating a claim. I understand that I am entitled to a copy of this report upon request.

**Student Signature**

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This accident report has been properly completed and the vehicle was authorized for permissive use.

**Signatures**

Supervisor/Dept: Head Signature

Driver Signature

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Form CR-44
GL Insurance/Claims

• Protects the University and its employees for bodily injury and property damage to others ("3rd parties").
• Where we are “negligent” (responsible).
• Coverage is worldwide.
• Coverage extends to employees while in the course and scope of employment.
What constitutes a CLAIM

- an act, error or omission
- a written demand for monetary or non-monetary relief
- a civil, criminal, regulatory or administrative proceeding (monetary or non-monetary)
- a subpoena
- six-month notice
- some polices are triggered by an “occurrence”, some are “claims-made” – ALL have duty to promptly notify!
Other Claim Considerations

Any injury resulting in, or which could possibly result in one of the following:

- significant fracture;
- fatality;
- any spinal injury or paralytic conditions;
- second or third degree burns to the body;
- amputation, permanent loss of use or permanent loss of sensation of a major extremity;
- head or brain injuries resulting in disorientation, behavioral disorders, personality changes, seizures, aphasia or coma;
- loss of sight in one or both eyes or loss of hearing;
- injury resulting in incontinence of bowel or bladder;
- sexual molestation, sexual assault or rape.
CLAIMS REPORTING

• If an individual or organization complains about an injury, property damage or some other incident,
  - IT’S YOUR ROLE TO ASSIST THE PERSON.
  - IT’S THE CARRIER’S ROLE TO INVESTIGATE, DETERMINE AN OUTCOME AND COMMUNICATE A FORMAL RESPONSE.

• What we need from you is the “WHO, WHAT, WHERE, WHEN and HOW”, so we can respond appropriately to the individual and/or organization.
<table>
<thead>
<tr>
<th>TIME &amp; PLACE OF ACCIDENT/INCIDENT</th>
<th>PROPERTY DAMAGE</th>
<th>INJURED PERSON</th>
<th>WITNESS</th>
<th>FACTORS</th>
<th>DESCRIBE INCIDENT FACTS IN DETAIL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date: __________________________</td>
<td>Owner: _________</td>
<td>Name: _________</td>
<td>Name</td>
<td>Premises:</td>
<td>USE A SEPARATE SHEET OF PAPER IF NECESSARY</td>
</tr>
<tr>
<td>Time: __________________________</td>
<td>Phone: __________</td>
<td>Age: _________</td>
<td>Address</td>
<td>dry wet snow covered icy other:</td>
<td></td>
</tr>
<tr>
<td>Location: ________________________</td>
<td>Address: _________</td>
<td>Phone: __________</td>
<td>City: __________</td>
<td>concrete asphalt metal carpet tile other:</td>
<td></td>
</tr>
<tr>
<td>City: __________________________</td>
<td>State: _________</td>
<td>State: _________</td>
<td>State: __________</td>
<td>Lighting: indoor ( on or off ) outdoor ( sunny or overcast ) other:</td>
<td></td>
</tr>
<tr>
<td>Zip: __________________________</td>
<td>Zip: _________</td>
<td>Zip: _________</td>
<td>Zip: __________</td>
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</tr>
</tbody>
</table>

Students Only: I hereby grant authorization to The Pennsylvania State University to release this Incident Form to its insurance carrier(s) if warranted for their use in evaluating a claim. I understand that I am entitled to a copy of this Form upon request.

Signature: __________________________ Date: __________________________

Report Taken By: __________________________ Date: __________________________
WHAT WE DON’T NEED

• DO NOT **SPECULATE** AS TO INCIDENT CAUSE OR **DRAW CONCLUSIONS**

• IT IS PERFECTLY NORMAL TO EXPRESS YOUR PERSONAL CONCERN, BUT **DO NOT COMMIT TO THE INJURED PARTY THAT PENN STATE WILL REIMBURSE!**

• DON’T PUT INTO AN EMAIL WHAT YOU DON’T WANT TO READ IN THE SUNDAY NEWSPAPER.
IF IT IS **REALLY** SERIOUS

- CALL US IMMEDIATELY, IF YOU OBSERVE, AS THE RESULT OF AN ACCIDENT:
  - CRITICAL INJURY
  - SOMETHING VERY STRANGE
- DAYTIME: **814-863-5539**
- AFTER HOURS: **814-360-1956**
WHAT A TEAM!

HOW CAN WE WORK EVEN BETTER IN THE FUTURE?
Sandy Weaver, MS
Youth Program Compliance Specialist
Penn State University Office of Ethics & Compliance

2017
Penn State University
Youth Program Director Meeting

Sponsored by the Office of Ethics & Compliance and State-Wide Continuing Education
Hot Topics
Policy AD72: Reporting Suspected Child Abuse

- Training Requirements
- LRN
Policy AD39: Minors Involved in University-Sponsored Programs

✓ Updated Policy
✓ New Policy

Sponsored by the Office of Ethics & Compliance and State-Wide Continuing Education
Penn State Policy Review

Policy AD03: Conducting Educational Programs using the Name of the University

- December Update
- University Park
- Commonwealth Campuses

Sponsored by the Office of Ethics & Compliance and State-Wide Continuing Education
PA Child Protective Services Law

- Fully Implemented
- KeepKidsSafe.com
- Ethics and Compliance Website
- Mandated Reported Focus Group
Emergency Management Plans

- Review
- Feedback

Sponsored by the Office of Ethics & Compliance and State-Wide Continuing Education
Auditor General Audit Update

- Initial Request
- New Request
Youth Program Inventory

- AD39
- Link and Instructions
- Updates

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ADA and Epi Pens

- ADA and Formal Settlement Agreements
- American Red Cross Training
- FARE (Food Allergy Research & Education)
- American Camp Association: Epinephrine Auto-Injectors

Accessibility Laws and Camps

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On November 22, a Federal Judge blocked the Department of Labor's "White Collar" Final Rule.

American Camp Association: Final Rule Released - FLSA White Collar Exemption Changes

Plan Ahead - Communicate with your HR Strategic Partner
Pamela A. Driftmier, MBA, M.Ed.
Interim Executive Director, Professional and Community Education
Director of Conferences & Institutes

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Conference Services and Desk Operations

2017
Penn State University
Youth Program Director Meeting

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