



Youth Protection Program

Buddy Program Sign-in and Out Log Sheet

Program Name: _____

Date: _____

Attending Program Sponsor (person responsible for supervision): _____

Printed Name

Instructions: (1) This log sheet is to be filled out daily for programs which qualify for the Buddy Program. (2) Participant information is to be completed by the participant. (3) Participants should never be away from the program during this time for longer than 15 min. (4) Time in and out to be completed and signed by Attending Program Supervisor (5) Completed forms must be turned into the Program sponsor/administrator and to the Youth Protection Officer: risk@csumb.edu daily upon program completion. Note: If you see repeated abuse of this program please have someone investigate the issue.

	1 st Participant First and Last Name	Age	2 nd Printed Participant First and Last Name	Age	3 rd Printed Participant Firs and Last Name	Age	Time Out	Prog Sup Int.	Time In	Program Sup Signature
1										
2										
3										
4										
5										
6										
7										
8										

As defined by the Policy:

Buddy Program: When an *Authorized Adult is not available to accompany the minor, aged 13 or older, on a restroom break, to a housing facility, or any other location within a viewable walking distance from the program, the minor must be accompanied by two other minor participants, aged 13 or older. All "buddy program" participants shall check-out and in with the supervising Authorized Adult.

* **Authorized Adult:** Individuals, 18 years or older, paid, or unpaid, who interact with, supervise, chaperone, lead, assist, or otherwise oversee youth in any and all programs and activities, and/or staying at a CSUMB residential facility. This includes but is not limited to faculty, staff, volunteers/Person of Interest (PoI), graduate and undergraduate students, interns, coaches, instructors, employees of temporary employment agencies, and independent contractors/consultants. Authorized Adults are considered mandated reporters

1/11/2022 3:31 PM- EHSRM jg

Provide signed copy to: risk@csumb.edu