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# Camps and Programs for Minors Annual Training



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# TAMIU RULE 24.01.06.L1

## Camps and Programs for Minors

### Rule Statement and Reason for Rule

- Texas A&M International University (TAMIU) is committed to providing a safe environment and meaningful experience to minors participating in recreational, athletic, enrichment, and educational camps and programs for minors (CPMs).
- This rule establishes TAMIU-wide guidelines and standards for operating CPMs that are sponsored and operated by TAMIU and by third-parties using TAMIU facilities and resources. CPMs sponsored and
- operated by TAMIU and third-parties shall be administered in accordance with **System Regulation 24.01.06**, Programs for Minors and this rule. This rule requires child protection training for all employees/volunteers of CPMs.
- For purposes of this rule, subsequent references to “CPMs” shall be construed to include both CPMs sponsored by TAMIU and CPMs sponsored by third-parties.

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# PROGRAMS FOR MINORS DEFINITION

- **Programs for minors, including camps, are those that are sponsored and operated by TAMIU or third parties using TAMIU property/facilities where full supervisory duties of the minor(s) are TAMIU's or the third party's responsibility and are held for more than two consecutive days with the same group of minors without an overnight stay or involving overnight stays with the same group of minors. Also included are programs that are not held on consecutive days but include the same group of minors and meet on a regular, recurring basis on non-consecutive days over the course of a period of time such as a semester or several weeks. Full supervisory duties include providing supervision, instruction and/or recreation while the minors are apart from their parent(s)/legal guardian(s). Programs that are potentially high risk will be evaluated and approved on an individual basis by the Office of Continuing Education (OCE) regardless of the number of days. A program that may involve minor(s) ancillary to the intended purpose of the activity that is not specifically for minors does not fall under this rule.**

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# Procedures for Camps/Programs

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# Camper to Staff Ratios

## As per American Camp Association Standards

Camper Age	Number Staff	Overnight Campers	Day-only Campers
5 years and younger	1	5	6
6–8 years	1	6	8
9–14 years	1	8	10
15-18 years	1	10	12

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# CHECKLIST

## Preliminary Forms For All CPMs

- The following forms must be submitted by the Dedicated Program Director to OCE **2 months prior** to the start of the CPM. Forms are available on the OCE website at [www.tamui.edu/ce](http://www.tamui.edu/ce) under the “Camps and Programs for Minors” tab.
- CPM Application
- TAMUS Risk Assessment Form
- TAMUS Camp/Retreat/Field Trip/Event

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# Program for Minors Preliminary Application

- Must be **submitted 2 months before camp** date in order to obtain approval.
- Form must be signed and approved by Department Head or Dean or Vice President.
- Forms not submitted within the time frame will incur a penalty fee of 50% of net revenue.



For CE Office USE ONLY  
Programs for Minors Training  
Date Completed: \_\_\_\_\_

## Camps and Programs for Minors Application Form

Any University Department holding a program that involves minors must submit the proper documentation to the Office of Continuing Education as per Rule 24.81.06.L1. This includes Grants that involve minors.

\*All Determination Forms must be signed & approved by Department Head, Dean, or Vice President. All blanks must be filled in.  
\*Program Director or designee must attend the Program for Minors Training on a yearly basis.

<sup>1</sup> Reservations cannot be confirmed until all required documents are submitted and reviewed by Continuing Education.

1. Department Name: \_\_\_\_\_
2. Program Name: \_\_\_\_\_
3. Program for Minors Director: \_\_\_\_\_  
Title: \_\_\_\_\_ Email: \_\_\_\_\_  
Office Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Secondary PM Contact: \_\_\_\_\_  
Title: \_\_\_\_\_ Email: \_\_\_\_\_  
Office Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_
4. Billing Address: \_\_\_\_\_
5. Program for Minors Dates: \_\_\_\_\_ Times: \_\_\_\_\_
6. Will the program for minors be held for more than 2 consecutive days or for more than 1 non-consecutive day with the same student population?  Yes  No Total Number of Days: \_\_\_\_\_
7. Participants Age: \_\_\_\_\_
8. Number of Participants: \_\_\_\_\_ Number of Personnel: \_\_\_\_\_  
(\*Consult Program for Minors Manual for ratio)
9. Will all minors be under the direct supervision of TAMU and/or TAMU employees?  Yes  No  
If no, please explain and provide supervisor's name, and contact information.  
\_\_\_\_\_  
\_\_\_\_\_
10. Will the program for minors require overnight stay?  Yes  No  
If yes, please explain and give arrangement details.  
\_\_\_\_\_  
\_\_\_\_\_
11. Please give a detailed description of this program for minors.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Program Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Printed Name: \_\_\_\_\_

Department Head/Dean/VP: \_\_\_\_\_ Date: \_\_\_\_\_  
Printed Name: \_\_\_\_\_



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**RISK ASSESSMENT FORM**

The Texas A&M University System  
System Risk Management  
301 Tarrow Street, 5th Floor  
College Station, Texas 77840-7896  
(979) 458-6330 Phone (979) 458-6247 Fax <http://tamus.edu/> Web

System Member: \_\_\_\_\_

Requesting Department: \_\_\_\_\_

Department Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

Title: \_\_\_\_\_ Email: \_\_\_\_\_

Type of Concerns  
(Liability, Property, etc.): \_\_\_\_\_

Attached Detailed Information of Concerns: *(Check below if applicable)*

- |   |   |
|---|---|
| <input type="checkbox"/> Contract/Lease Agreement | <input type="checkbox"/> Housing              |
| <input type="checkbox"/> Activity                 | <input type="checkbox"/> Security             |
| <input type="checkbox"/> Premises                 | <input type="checkbox"/> Attendance           |
| <input type="checkbox"/> Sponsor                  | <input type="checkbox"/> Age of Participants  |
| <input type="checkbox"/> Supervision              | <input type="checkbox"/> Alcohol              |
| <input type="checkbox"/> Transportation           | <input type="checkbox"/> Inherently Dangerous |
| <input type="checkbox"/> Other _____              |   |

DETAILED Description of Operations/Event/Activity: *(Please use additional sheets if needed)*

\_\_\_\_\_

Attachments: *(Photographs maybe requested for insuring of property and/or equipment)*

- Copy of Contract/Agreement \_\_\_\_\_
- Other Pertinent Details \_\_\_\_\_

Insurance Liaison Signature \_\_\_\_\_ Date \_\_\_\_\_

For Internal Use Only: ACTION/RECOMMENDATION

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MUST BE SUBMITTED  
TOGETHER WITH THE  
PRELIMINARY  
APPLICATION**





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The Texas A&M University System  
Camp/Retreat/Field Trip/Event Application

Type of Program  Camp (K-12<sup>th</sup> Grade)  Sports Camp (K-12<sup>th</sup> Grade)

Program Name \_\_\_\_\_

System Member \_\_\_\_\_ Name of Department \_\_\_\_\_

Coordinator \_\_\_\_\_ Title \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Email Address \_\_\_\_\_ Website \_\_\_\_\_

INFORMATION FOR INSURANCE

PLEASE ATTACH ADDITIONAL PAGES IF NEEDED

REQUESTED COVERAGE	00/00/00 Start Date	00/00/00 End Date	Total # of Days	Estimated # of Participants	# of Student Counselors
Program Dates	_____	_____	_____	_____	_____
Transportation	_____		_____		
	Type of Transportation		Type of Event		
Ages of Participants	_____		_____		
			<input type="checkbox"/> Overnight <input type="checkbox"/> Day		
Location of Program	_____				
	(Campus, resort, civic center, etc.)				
Brief Description of your Program	_____				

Please make sure that your list of activities include: **ANY AND ALL FREE TIME** activities scheduled  
(PLEASE ATTACH ADDITIONAL PAGES IF NEEDED)

List of Activities: \_\_\_\_\_

AUTHORIZATIONS: My signature acknowledges request for enrollment in the specified insurance coverage.

Signature of Department Head or Liaison \_\_\_\_\_ Date \_\_\_\_\_

**NOTE:** Please provide a copy of your **itinerary and brochure** (if applicable) with the application

Each Participant **MUST** sign a waiver in order to have General Liability coverage. You will need to list each camp on your matrix with an estimated number of participants, updating with **ACTUAL** number of participants at the end of the camp/event.

RETURN COMPLETED APPLICATION TO SYSTEM RISK MANAGEMENT FOR FURTHER HANDLING:

The Texas A&M University System  
System Risk Management  
Campus: Mail 1262  
[rmi-insurance@tamu.edu](mailto:rmi-insurance@tamu.edu)



301 Tarrow St., 5<sup>th</sup> Floor  
College Station, Texas: 77840  
(979) 458-6330 (979) 458-6247 Fax  
[rmi-insurance@tamu.edu](mailto:rmi-insurance@tamu.edu)

As of 03.01.14

**MUST BE SUBMITTED  
TOGETHER WITH THE  
PRELIMINARY  
APPLICATION**

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# CHECKLIST

## Forms for CPMs That Fall Under TAMIU Rule

- **STAFF FORMS**—The following forms must be submitted by the **Dedicated Program Director 3 weeks prior** to the start of the CPM. Forms are available on the OCE website at [www.tamiu.edu/ce](http://www.tamiu.edu/ce) under the “Camps and Programs for Minors” tab.
- **Employees Child Protection Training Information Roster**
- **CPM Staff Code of Conduct**(Acknowledges that responsibilities and code of conduct are understood and agreed to.)
- **Employee Roster** (Completed by Camp Director)
- **Department of State Health Services Training Certification Form** (Required if CPM has 20+ participants and is 4 days or longer.)
- **CPM Acknowledgement Form** (Acknowledges having received CPM training and emergency plan. Emergency Plan must be submitted. Submit sign-in sheet of the CPM training given to staff and volunteers with date of the CPM training.)
- **Income/Expense Report (Submitted to C.E.) no later than 7 days following end of camp/program.**
- **Incident/Injury Report Form** (Submitted only in the event of an incident or accident.)


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# Incident/Injury Report

		<h2>INCIDENT / INJURY REPORT</h2>		The Texas A&M University System System Risk Management A&M System Building, Suite 1120 200 Technology Way College Station, Texas 77845 Campus Mail Stop 1262 Phone Number: (979) 458-6330 Fax Number: (979) 458-6247	
Please PRINT or TYPE					
<b>TIME &amp; PLACE</b>		Date/Time of Incident		Location: Street, City, Building, Room No. (Be specific)	
<b>PREMISES CONDITION</b>		Type of Premises <input type="checkbox"/> Construction Site <input type="checkbox"/> Hallway <input type="checkbox"/> Lobby/Entrance <input type="checkbox"/> Office <input type="checkbox"/> Other:		Conditions <input type="checkbox"/> Parking Lot <input type="checkbox"/> Sidewalk <input type="checkbox"/> Stairway <input type="checkbox"/> Street <input type="checkbox"/> Classroom <input type="checkbox"/> Dry <input type="checkbox"/> Icy <input type="checkbox"/> Snowy <input type="checkbox"/> Wet <input type="checkbox"/> Uneven Surface <input type="checkbox"/> Other:	
				Police Report Which Agency: _____ Report # _____ <input type="checkbox"/> Not Reported	
<b>INCIDENT DESCRIPTION</b>		Describe What Happened <i>(Use additional sheet if necessary):</i>			
<b>INJURED PERSON</b>		Name _____		Age _____ Phone No. _____	
		Address _____		Social Security Number: _____	
<b>DESCRIPTION OF INJURY &amp; MEDICAL TREATMENT</b>		Injury - <i>Describe the type, severity, and body part involved</i> Was Medical Treatment Given? Yes <input type="checkbox"/> No <input type="checkbox"/> Will seek treatment later <input type="checkbox"/> Name of Medical Facility/Doctor _____ <input type="checkbox"/> Transported by Ambulance <input type="checkbox"/> Transported by Other: _____			
<b>PROPERTY DAMAGE</b>		Owner's Name _____		Address _____ Phone # _____	
		Describe the property and the damage:			
<b>WITNESSES</b> Give the Full Name and Address of Each Witness		Name		Address	

Name/Title of the Employee completing this Report \_\_\_\_\_ Phone #: \_\_\_\_\_

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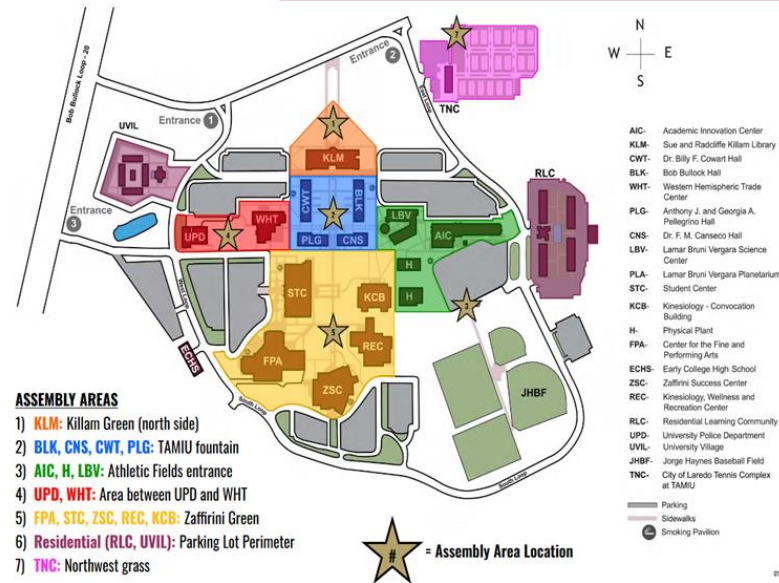
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# Emergency Assembly Plan



## EVACUATION ASSEMBLY AREAS



- Each campus building has its own designated Evacuation Assembly Area for individuals to congregate following a building evacuation. These assembly areas are primarily used for an evacuation due to a fire, suspicious odor, or other infrastructure-related emergency, and should not be utilized for severe weather or an active intruder incident which may require greater flexibility.
- Please note multiple buildings use the same area where possible for enhanced consistency, while also enabling enhanced safety and visibility for both first responders and those evacuating.

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# Procedures for setting up CPM's Registration Site and Invoicing

1. An administrative fee of \$100.00 will be charged to set up the CPM Registration on Marketplace.
2. After the CPM has been approved by the C.E. Director, the CPM Director will set up an appointment with Brittany Cedillo, Continuing Education- Administrative Associate, at least one month prior to date of camp/program to provide all information for the registration site. The Department Account # and Department Detail Code are required for payments. All payments will be sent to Bursar.
3. Once the site has been set up there will be no changes/additions.
4. If there are any P.O.'s (invoices) that will need to be charged after the camp/event there will be an additional charge of \$100.00 to create and issue the invoices for the CPM. A complete list of names, addresses, emails, and phone numbers will be required. This should be on a Google Doc.
5. The Office of Continuing Education will not be responsible for collection of unpaid invoices.
6. As per Mr. Castillo, effective September 1, 2023, the Continuing Education Department is authorized to charge 50% of collected revenue as a penalty when camps and programs for minors' documentation is not submitted as per established deadlines.



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# Participant Forms

- The following participant forms must be submitted no later than the first day of the CPM.
- **Waiver, Indemnification, and Medical Treatment Authorization Form(per participant)**
- **Model Release Form for Minors(per participant)**
- **Medical Information & Release Form(per participant)**
- **Participant Roster(Submitted in any legible format on the first day and last day of CPM. Daily attendance must be kept for insurance purposes.**

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# Forms for CPM Service Agreements, Independent Contracts Third Party

- The following forms must be submitted by the Dedicated Program Director. Any outside event must apply through Event Services and have a designated University Sponsor.
- Forms are available on the OCE website at [www.tamui.edu/ce](http://www.tamui.edu/ce) under the “Camps and Programs for Minors” tab.
- Model Release Form for Minors (per participant)
- Waiver, Indemnification, and Medical Treatment Authorization Form(per participant)
- Medical Information & Release Form (per participant)
- Employee Roster including Child Protection Training Information
- CPM Staff Code of Conduct(Acknowledges that responsibilities and code of conduct are understood and agreed to.)



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### Employee Roster

Camp/ Program Name: \_\_\_\_\_  
 Dates of CPM: \_\_\_\_\_  
 Primary Contact Name: \_\_\_\_\_  
 Primary Contact Email: \_\_\_\_\_  
 Primary Contact Phone #: \_\_\_\_\_

First Name	Last Name	Type	Contact Information	Background Check	Child Protection Training	Medical Indemnification Waiver	Model Release	Sex Offender Registry Check	Staff & Vol Contract	Volunteer Application	Volunteer Waiver Indem
- First	Example	Employee		X	X	-	-	X	X	-	-
- Second	Example	Employee- CPM Worker		X	X	-	-	X	X	-	-
- Third	Example	Employee- Federal/State WS		X	X	-	-	X	X	-	-
- Fourth	Example	Employee-Service Contract		X	X	X	X	X	X	-	-
- Fifth	Example	Independent Contract		X	X	X	X	X	X	-	-
- Sixth	Example	Volunteer- CPM		X	X	X	X	X	X	X	X
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											

Completed ELECTRONIC roster must be submitted to CE 2 weeks prior to the start of camp or program.  
 All Original Forms must be delivered to the Office of Continuing Education.  
 Any changes to roster must be submitted via email to CE@tamiu.edu.  
 Keep copies of all documents until camp has been cleared at the end of fiscal year.

Office of Continuing Education Student Center 118 ~ Phone: 956.326.3068 ~ Fax 956.326.2838 ~ Email: CE@tamiu.edu Updated 10.27.2015, JHA

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# Employee Roster Instructions

**All hired HR employees, temporary employees for any camp must submit the following documents:**

- Waiver Indemnification
- System Waiver
- Child Protection Training Transcript on Train Traq
- Staff Code of Conduct Contract

**All independent contractors need the following:**

- Background Check
- Model Release
- Waiver Indemnification
- System Waiver
- Child Protection Training Transcript on Train Traq
- Staff Code of Conduct Contract



## Camps and Programs for Minors Staff Code of Conduct

This Code of Conduct applies to all Program/Activity Staff (“Staff”), working with minors in a University program or activity. Along with any Program/Activity- specific guidelines and procedures, Staff are required to comply with all applicable laws, University policies, and the requirements herein.

- (1) **General** – Staff should work cooperatively with youth, families, University faculty, other Staff, community members and others in a courteous, respectful manner demonstrating behaviors appropriate for a positive role model.
  - Staff should represent the University and the Program/Activity with pride and dignity, behave appropriately, refrain from using profanity, exhibit good sportsmanship, and demonstrate reasonable conflict management skills.
  - Staff should respect, adhere, and enforce the Participant Code of Conduct as well as other rules, policies and guidelines established by the Program/Activity Administrator, including state laws and regulations.
- (2) **Two Adult Rule** – Generally, two Staff should always be present with a minor. When it is necessary to speak privately with a minor, meet in open, well-illuminated spaces or rooms within sight of other Staff.
- (3) **Mentoring** – Programs/Activities that involve mentoring or private instruction (tutoring, laboratory, music lessons, etc.) where there is only one Staff present should take place in a room or other space that is in full view from outside the room even when the door is closed. These Programs/Activities should only take place in authorized facilities, never a private residence.
- (4) **Time and Place** – Do not meet with minors outside of the established time or place designated for the Program/Activity.
- (5) **Transportation** – Never transport a minor without parent/guardian permission, and avoid being alone with a minor in a vehicle. All transportation should comply with the University and Program/Activity transportation guidelines and policies.
- (6) **Privacy** – The privacy of all individuals should be respected in situations such as toileting, showering and changing clothes. When it is necessary to supervise minors, at least two Staff should be present and only to the extent that the health and/or safety requires.
- (7) **Touching** – Do not touch minors in a manner that a reasonable person could interpret as inappropriate. Always avoid touching areas that are normally covered by swim suits. When hugging is appropriate, hug from the side over the shoulders, not from the front.
- (8) **Overnight** – When supervising overnight activities, Staff should not share sleeping areas with minors.
- (9) **Sexual Conduct and Communications** – Engaging in any sexual conduct, making sexual comments, telling sexual jokes, or sharing sexually explicit material (or assisting in any way to provide access to such material) with minors is prohibited. Staff must not engage or allow minors to engage them in romantic or sexual conversations, or related matters.

# Staff Code of Conduct Pg. 1



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- (10) **Online Communications** – Staff should not engage or communicate with minors through email, text messages, social networking websites, internet chat rooms, or other forms of social media at any time, except and unless there is an educational or programmatic purpose and the content of the communication is consistent with the mission of the Program/Activity and the University.
- (11) **Other Communications** – It is inappropriate for Staff to share sensitive personal information about themselves with minors, including information about financial challenges, workplace challenges, drug or alcohol use, promotion of particular religious or political beliefs, and romantic relationships.
- (12) **Discipline** – Any discipline used should be constructive, not humiliating or isolating. Physical punishment is not an appropriate form of discipline and IS NOT allowed.
- (13) **Photography** – Photographing minors is prohibited, except for Program/Activity-related purposes where the parent or guardian has executed a Photo and Media Release. Use of any device capable of recording and transmitting visual images in shower areas, restrooms, or other areas where privacy is expected is strictly prohibited.
- (14) **Gifts** – Staff may not provide gifts to minors independent of items provided by the Program/Activity.
- (15) **Administering Medication** – Medication must only be administered to a minor in accordance with the parent/guardian’s written instructions. Do not provide or administer medication without first consulting the Program/Activity Administrator.
- (16) **Substance Use Prohibited** – Do not use, possess or be under the influence of alcohol, illegal drugs, or any prescription medication that impairs your ability to perform your duties during the Program/Activity.
  - Do not condone others’ use of alcohol or illegal drugs during the Program/Activity.
  - Recognize that TAMIU is a tobacco-free campus and that smoking and tobacco use is prohibited.
- (17) **Non-Discrimination** – Staff must comply with TAMIU’s Non-Discrimination and Anti-Harassment Policy.
  - Hazing initiations are prohibited and may not be included as part of any Program/Activity.
  - Verbal, physical, and cyber bullying are prohibited.
- (18) **Report Injuries** – Report any accident, injury or illness of a minor immediately to the Program/Activity Administrator.
- (19) **Mandatory Reporter** – All Staff are considered mandatory reporters for purposes of the Policy and must report incidents involving sexual or physical abuse or neglect of a minor immediately to the Program/Activity Administrator, the TAMIU Police Department, AND the Texas Department of Family and Children Services (DFCS).

My signature confirms that I have read and understand this Code of Conduct. My signature further confirms that I agree to abide by this Code of Conduct. Failure to abide by this Code of Conduct may result in disciplinary action or sanctions against me, including but not limited to, removal from the Program/Activity, exclusion from future Programs/Activities, termination, and/or criminal prosecution.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Program Director Signature and Date

# Staff Code of Conduct Pg. 2



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# Child Protection Training Instructions for TAMIU employees.

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## CHILD PROTECTION TRAINING FOR EMPLOYEES

*As per System Regulation 24.01.06, An individual hired or assigned to an employee or volunteer position involving contact with minors at a camp and program for minors is required to complete training and examination on sexual abuse and child molestation.*

ALL TAMIU Employees are automatically designated TrainTraq Training. Complete training in a timely manner and submit Certificate to the Office of Continuing Education.

### IMPORTANT:

- ALL Employees must submit the above documents to the Office of Continuing Education.

**CPM DIRECTORS MUST SUBMIT CERTIFICATE FOR CHILD PROTECTION TRAINING VIA EMAIL TO: [CE@tamiu.edu](mailto:CE@tamiu.edu).**

- Directions to Produce Transcript.
  - Log in to SSO
  - Enter into TrainTraq
  - Click on the Tab "My Transcript"
  - On the left hand side there is a PDF Icon. Click on it.
  - Save File to Computer
  - Email file to [ContinuingEducation@tamiu.edu](mailto:ContinuingEducation@tamiu.edu)

Questions: Contact the office of Continuing Education at 956-326-3068

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# Environmental Health & Safety

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# Insurance Premiums

- Insurance will take effect on the first day camp begins.
- Risk Management will ask for approval from your department to pay for insurance, along with department's account number and Department Code for FAMIS.



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# Final Camp Count

- Daily attendance must be kept, and you must submit:
- List of participants names/numbers as per Origami Instructions. Daily attendance count.

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# Accidents/Injuries

If an accident or injury occurs to participant; notify parents or guardians immediately.

- For severe injuries, call 911 or 326-2911 for assistance.
- Important to collect as much information as possible.
- Fill out Accident/Incident Report (Found on [www.tamui.edu/ce](http://www.tamui.edu/ce) website)

## Things to Remember

1. Please eliminate high hazard/risk activities
2. If it seems unsafe, it probably is.
3. Don't assume.

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# Requirements

- 1. Purchase of general liability and accident medical coverage insurance through System Risk Management.
  
- 2. Completion of Waiver Indemnification and Medical Authorization form by all program participants.
  
- 3. Risk assessment procedure to review and mitigate risks.



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# Contact Information

**Adrian Dominguez**

*Director, Environmental Health and Safety*

(956) 326-2756

[adrian.dominguez@tamiu.edu](mailto:adrian.dominguez@tamiu.edu)

H 205

**Jessica Perez**

*Environmental Health & Safety Officer*

(956) 326-2190

[jessica.perez01@tamiu.edu](mailto:jessica.perez01@tamiu.edu)

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# Documents for Camps/Programs that **DO NOT** fall under CPM Rule

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# Documents to be submitted

Documents must be submitted 2-3 months before camp begins. A review of application will be done and notification of receipt will be issued.

- Preliminary Application
  - Risk Assessment Form
  - Camp/Field/Retreat Application Form
  - Participant Forms to be submitted 1<sup>st</sup> day of camp/program if not under other supervision.
1. Model Release Form for Minors
  2. Waiver Indemnification and Medical Authorization Form
  3. Student Health and Emergency Form
- After program ends submit to CE the final participant count and roster. If revenue is collected, an expense report is required. All documents must be submitted no later than 7 days following end of camp/program or a penalty will be incurred.

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# CPR

- *CPM Directors and at least one paid staff must be certified in Basic Life Support (must be renewed every 2 years).*
- Trainings for certifications can be *provided on-campus* by *TAMIU AHA Training Center* for a fee.
- CPM Director's or employees **MUST** notify the TAMIU AHA Training Center, 956-326-3067 or at [cpr@tamiu.edu](mailto:cpr@tamiu.edu) in advance to set up training
- Provide number of participants to be trained, and camp start date
- Courses will be set up to group together participants to fill a class (6 participants)

GO BEYOND>



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# HUMAN RESOURCES DEPARTMENT

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# Human Resources

Date of camp

- HR will assist to determine posting dates and job descriptions
- Qualifications for hires
- Certification required
- Teacher status
- Education level
- All positions must be posted in TAMIU Workday
- Hiring manager must meet with HR at the beginning of February to arrange dates for posting positions
- All positions must be posted a minimum of ten (10) days
- No Volunteers

## **Section 33.99.14 (Criminal History Record Information –Employees and Candidates for Employment)**

**2.1** Every offer of system employment must be conditioned on receipt of an acceptable criminal history record information check. Every candidate for employment is required to complete the background check authorization/consent process.

A candidate for employment's failure to consent to a criminal background check is grounds for the rejection of that candidate.

As such, since all positions will be posted, background checks will be processed for all positions. Furthermore, volunteers are not allowed based on several components which include, required criminal history, but most importantly provisions under the Fair Labor Standards Act.

GO BEYOND >





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# New Hire Orientation

- All new employees must attend new hire orientation
- New hire orientation will be scheduled in relation to camp dates
- New hire orientation begins mid April and early May for camps which begin in June

GO BEYOND>



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# Contact Information

Marcos Ceballos

HR Associate Director

956-326-2067

[marcos.ceballos@tamiu.edu](mailto:marcos.ceballos@tamiu.edu)

Alejandra Saucedo

*Employment Coordinator*

(956) 326-3204

[alejandra.saucedo@tamiu.edu](mailto:alejandra.saucedo@tamiu.edu)

Rebecca Delgado

*Employment Coordinator*

(956) 326-3202

[rebecca.delgado@tamiu.edu](mailto:rebecca.delgado@tamiu.edu)

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# **Department of Community Relations and Event Services**

**GO BEYOND>**

# Booking a Room

When booking a room:

1. Ad-Astra – call Events for instructions.

2. [events@tamiu.edu](mailto:events@tamiu.edu)

3. 956-326-INFO (4636)

**What services do we take care of...**

- Police Department
- Technology
- Maintenance (custodial)
- Physical Plant
- Risk Management
- Communication with Aramark for special set up



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# Additional Services

## Golf Carts(s)

- Usage depends on availability.
- Week Notice
- They are only available to licensed TAMIU employees

## Room Usage:

- Rooms **MUST** be returned to original setting.
- Rooms are **NOT** a storage room.
- Fee for cleaning and returning room to original setting.



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# Contact Information

Enrique Botello  
Director, Event Services  
(956) 326-2937  
[enrique.botello@tamiu.edu](mailto:enrique.botello@tamiu.edu)  
STC 127B

Monica Manrique  
Manager – Event Services  
Ext 2930  
[monica.manrique@tamiu.edu](mailto:monica.manrique@tamiu.edu)  
STC 127A

**ARAMARK FOOD SERVICES Carlos J. Rodriguez**  
*Food Service Director*  
(956) 326-3054  
[rodriguez-carlos3@aramark.com](mailto:rodriguez-carlos3@aramark.com)  
SC 232

**Kassandra Garcia**  
*Catering Coordinator*  
(956) 326-2091  
[garcia-kassandra@aramark.com](mailto:garcia-kassandra@aramark.com)  
STC 127C

To see our catering menus/services please go to our link: <https://tamiu.catertrax.com/>  
Questions can also be directed to [catering@tamiu.edu](mailto:catering@tamiu.edu)

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# Athletics Camps and Clinics

Contact: Henry Miller  
Director of Athletic  
Compliance  
(956) 326-2732  
[Henry.miller@tamiu.edu](mailto:Henry.miller@tamiu.edu)

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# Child Abuse and Neglect

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# DEFINITION OF A CHILD

The Texas Administrative Code (25 TAC § 1.203) defines a child as,

“A person under 18 years of age who is not and has not been married or who has not had the disabilities of minority removed for general purposes.” <http://policies.tamus.edu/24-01-06.pdf>

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# WHAT IS CHILD ABUSE?

According to **Chapter 261 of the Family Code**, child abuse is an *act* or *omission* that *endangers* a child's physical, mental, or emotional health and/or development. Child abuse may take several forms:

- Physical
- Emotional
- Neglect
- Sexual

## Emotional Abuse

Any **attitude** or **behavior** that interferes with a child's *mental health*, *social development*, or *psychological functioning*.

Examples include making fun of a child, name-calling, shaming, rejection, threatening, and attacking a child's self-image through labels or ridicule.

(Childhelp, 2012; What We Can Do About Child Abuse, 2006)

GO BEYOND>



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# Neglect

- The *failure to ensure a child's* physical, medical, emotional, and safety *needs are met*.
- This includes a lack of supervision, inadequate provision of food, inappropriate clothing for season or weather, abandonment, denial or medical care, and inadequate hygiene.
- (Childhelp, 2012)

# Physical Abuse

- Any *non-accidental bodily harm or injury* to a child. This includes hitting, kicking, slapping, shaking, burning, shoving, whipping, and any other use of physical force.
- (Childhelp, 2012)



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# Sexual Abuse

- Child sexual abuse or molestation is criminal behavior that involves children in sexual behaviors for which they are not personally, socially, or developmentally ready.
- The Texas Administrative Code (25 TAC) defines Sexual Abuse as:

“Any sexual activity, including any involuntary or nonconsensual sexual conduct that would constitute an offense under the Penal Code 21.08 (indecent exposures) or Chapter 22 (assaulting offenses), involving a facility and a patient or client. Sexual activity includes but is not limited to kissing, hugging, stroking, or fondling with sexual intent; oral sex or sexual intercourse; any request, suggestion, or encouragement for the performance of sex.”



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# Types of Sexual Abuse

- Child sexual abuse may be **violent or non-violent**, and many times the children are **not forced** into a sexual situation.
- Rather, children are **persuaded, bribed, tricked, or coerced**.
- All child sexual abuse is an **exploitation** or a child's **vulnerability** and **powerlessness** in which the ***abuser is fully responsible*** for the actions.



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# Child Abuse

- If a child has told you he/she has been abused or you suspect abuse...
  - ***DO NOT:***
    - Investigate to determine if the reported abuse is true
    - Ask leading questions  
*E.g. “That man touched you, didn’t he?”*
    - Make promises
- Notify the parents or the caretaker



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# Child Abuse

- **DO:**
  - Believe the child
  - Provide a safe environment
    - *Be comforting, welcoming, and a good listener*
  - Tell the child it was not his/her fault
  - Listen carefully
  - Document the child's exact quotes
  - Be supportive, not judgmental
  - Know your limits
  - Tell the truth and make no promises
  - Let the child know the information will not be shared with other children while acknowledging that in order to help the child, it will be necessary to discuss the situation with others that are in a position to help.

GO BEYOND>



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# Child Abuse

Ask *only* the following four questions:

- What** happened?
- When** did this happen?
- Where** were you when this happened?
- Who** did this to you?

*Asking additional questions may contaminate a case!*





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# Reporting Abuse

You ***must*** report suspected or known abuse or neglect

- –The Texas Family Code Chapter 261 requires,  
“...any person having **cause to believe** that a child’s physical or mental **health or welfare** has been adversely **effected by abuse or neglect** to **immediately make a report** to law enforcement.” This law also **provides protection** for those who, **in good faith**, report or assist in the investigation or alleged of known abuse or neglect.
- You ***must*** report suspected or known abuse or neglect  
“When a child **appears to be** in immediate danger or serious harm, **call 9-1-1** (where that service is available) or the nearest police or sheriff’s department to **ensure the fastest possible response time** to protect the child.”

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# Reporting Suspected or Reported Abuse

**Once the incident is reported** to law enforcement, notification *will* be given to the **Office of Continuing Education**.

Due to the sensitive nature of this type of report, it is important *to maintain the highest level of confidentiality and professionalism* when reporting.

*It is critical that the report be made as soon as possible.* The more time that elapses between the incident and the report, the more difficult it is for authorities to investigate and to get the child the necessary care.

GO BEYOND>



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# CPS Contact Information

## **Texas Department of Family and Protective Services**

*4611 Foster Avenue*

*1-800-254-5200*

## **Child Protective Services**

*1500 N. Arkansas*

*956-728-7383*

## **Children's Advocacy Center**

*111 N Merida Dr.*

*956-712-1840*

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# UPD Contact Information

**Chief of Police:** Cordelia G. Perez

956-326-2100

UPD-109C

[cordeilia.perez@tamiu.edu](mailto:cordeilia.perez@tamiu.edu)

**Assistant Chief of Police:** Roque Velasco

956-326-3416

UPD-109C

[Roque.Velasco@tamiu.edu](mailto:Roque.Velasco@tamiu.edu)

**University Police Department Dispatchers**

956-326-2100

UPD-130

[dispatcher@tamiu.edu](mailto:dispatcher@tamiu.edu)

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**Thank you!**

**Any questions please contact  
relevant department.**

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