

Guidelines for Protecting Minors On Campus

Fayetteville State University

2018 Presenters

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Featuring Guest Speakers:

Ret. Col. Vinette Gordon, RN, Student Health Services, and

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Protecting Minors On Campus

- This presentation is a general overview of the legal issues and how to recognize them.
- For more specific details, see the contact information at the end of the presentation.

I. Legal Responsibility to Do What is Reasonable to Protect Minors From:

- Abuse and Neglect (NCGS 7B-301);
- Title IX Violations (20 U.S.C. Sections 1681-1688);
- ADA Violations (42 USC § 12182);
- Safety and Criminal Concerns (20 U.S.C. § 1092 (f)(1)(F), (f)(7), (i), and (j)); and
- Injuries In General ([Hello Muddah, Hello Faddah, Hello Lawyah!](#) National Association of College and University Attorneys (2017); [Assessing Risk and Best Practices for Programs Involving Minors on Campus](#), National Association of University Attorneys (2010))

Requirements for Compliance

- Report any crimes to the University Police (*1911) or on the LiveSafe App
- Report abuse of any kind to Child Protective Services by calling at (910) 677-2450.
- Report to your director any type of sexual discrimination, harassment, assault, violence, who will report it to:
 - University Police (if the act involves sexual abuse/violence)(*1911) and
 - FSU Title IX Coordinator: <http://www.uncfsu.edu/title-ix> Patricia Corey Bradley (*2325)
- Ensure that someone on your staff is immediately available and trained in medication administration, CPR, First Aid, and Emergency Management.
- Have liability release forms. Please contact Legal Affairs.
- Complete background checks on ALL paid and unpaid staff, contractors, parent volunteers, and administrators. Contact Terrance Robinson in the Office of Legal Affairs (*1145).
- Check sex offender registry. <http://sexoffender.ncsbi.gov/>
- Supervise ALL minors under age 16 at ALL times. (In the lab, under age 18).
- Put in place a medication administration policy and emergency preparedness plan.
- Have health forms on participants.

II. Recognizing Signs of Abuse and Neglect

Chief Renarde Earl, Lt. George Johnson FSU Campus Police and Public Safety



Recognizing Signs of Abuse & Neglect

The first step in helping abused or neglected children is learning to recognize the signs of child abuse and neglect. This presentation lists general signs that may signal the presence of child abuse. It also includes signs associated with specific types of maltreatment such as physical abuse, neglect, sexual abuse, and emotional maltreatment.

Child Welfare Information Gateway. Available online at www.childwelfare.gov/pubs/factsheets/signs.cfm

Recognizing Signs of Abuse & Neglect

Recognizing Child Abuse

The following signs may signal the presence of child abuse or neglect.

The Child:

- Shows sudden changes in behavior or school performance
- Has not received help for physical or medical problems brought to the parents' attention
- Has learning problems (or difficulty concentrating) that cannot be attributed to specific physical or psychological causes
- Is always watchful, as though preparing for something bad to happen
- Lacks adult supervision
- Is overly compliant, passive, or withdrawn
- Comes to school or other activities early, stays late, and does not want to go home

Child Welfare Information Gateway. Available online at www.childwelfare.gov/pubs/factsheets/signs.cfm.

Recognizing Signs of Abuse & Neglect

Recognizing Child Abuse

The Parent:

- Shows little concern for the child
- Denies the existence of—or blames the child for—the child's problems in school or at home
- Asks teachers or other caregivers to use harsh physical discipline if the child misbehaves
- Sees the child as entirely bad, worthless, or burdensome
- Demands a level of physical or academic performance the child cannot achieve
- Looks primarily to the child for care, attention, and satisfaction of emotional needs

Child Welfare Information Gateway. Available online at www.childwelfare.gov/pubs/factsheets/signs.cfm.

Recognizing Signs of Abuse & Neglect

Recognizing Child Abuse

The Parent and Child:

- Rarely touch or look at each other
- Consider their relationship entirely negative
- State that they do not like each other

Child Welfare Information Gateway. Available online at www.childwelfare.gov/pubs/factsheets/signs.cfm.

Recognizing Signs of Abuse & Neglect

Types of Abuse

- The following are some signs often associated with particular types of child abuse and neglect: physical abuse, neglect, sexual abuse, and emotional abuse. It is important to note, however, that these types of abuse are more typically found in combination than alone. A physically abused child, for example, is often emotionally abused as well, and a sexually abused child also may be neglected.

Child Welfare Information Gateway. Available online at www.childwelfare.gov/pubs/factsheets/signs.cfm.

Recognizing Signs of Abuse & Neglect

Types of Abuse

Signs of Physical Abuse

- Consider the possibility of physical abuse when the **child**:
- Has unexplained burns, bites, bruises, broken bones, or black eyes
- Has fading bruises or other marks noticeable after an absence from school
- Seems frightened of the parents and protests or cries when it is time to go home
- Shrinks at the approach of adults
- Reports injury by a parent or another adult caregiver

Child Welfare Information Gateway. Available online at www.childwelfare.gov/pubs/factsheets/signs.cfm.

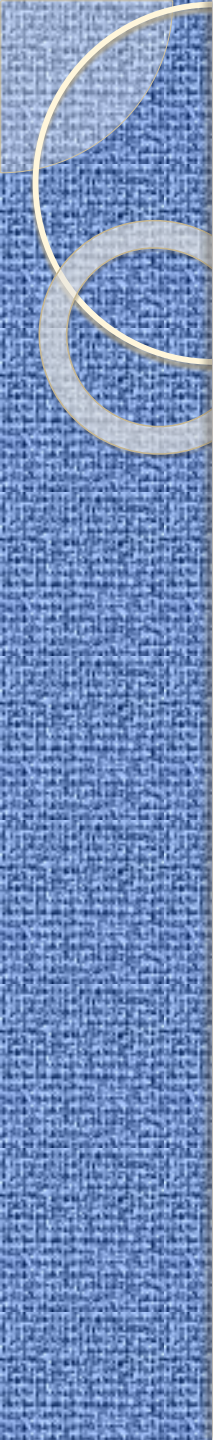
Recognizing Signs of Abuse & Neglect

Types of Abuse

Consider the possibility of physical abuse when the **parent or other adult caregiver**:

- Offers conflicting, unconvincing, or no explanation for the child's injury
- Describes the child as "evil," or in some other very negative way
- Uses harsh physical discipline with the child
- Has a history of abuse as a child

Child Welfare Information Gateway. Available online at www.childwelfare.gov/pubs/factsheets/signs.cfm.



Recognizing Signs of Abuse & Neglect

Signs of Neglect

Consider the possibility of neglect when the **child**:

- Is frequently absent from school
- Beggars or steals food or money
- Lacks needed medical or dental care, immunizations, or glasses
- Is consistently dirty and has severe body odor
- Lacks sufficient clothing for the weather
- Abuses alcohol or other drugs
- States that there is no one at home to provide care

Child Welfare Information Gateway. Available online at www.childwelfare.gov/pubs/factsheets/signs.cfm.

Recognizing Signs of Abuse & Neglect

Signs of Neglect

Consider the possibility of neglect when the **parent or other adult caregiver**:

- Appears to be indifferent to the child
- Seems apathetic or depressed
- Behaves irrationally or in a bizarre manner
- Is abusing alcohol or other drugs

Child Welfare Information Gateway. Available online at www.childwelfare.gov/pubs/factsheets/signs.cfm.

Recognizing Signs of Abuse & Neglect

Signs of Sexual Abuse

Consider the possibility of sexual abuse when the **child**:

- Has difficulty walking or sitting
- Suddenly refuses to change for gym or to participate in physical activities
- Reports nightmares or bedwetting
- Experiences a sudden change in appetite
- Demonstrates bizarre, sophisticated, or unusual sexual knowledge or behavior
- Becomes pregnant or contracts a venereal disease, particularly if under age 14
- Runs away
- Reports sexual abuse by a parent or another adult caregiver

Child Welfare Information Gateway. Available online at www.childwelfare.gov/pubs/factsheets/signs.cfm.

Recognizing Signs of Abuse & Neglect

Signs of Sexual Abuse

Consider the possibility of sexual abuse when the **parent or other adult caregiver**:

- Is unduly protective of the child or severely limits the child's contact with other children, especially of the opposite sex
- Is secretive and isolated
- Is jealous or controlling with family members

Child Welfare Information Gateway. Available online at www.childwelfare.gov/pubs/factsheets/signs.cfm.

Recognizing Signs of Abuse & Neglect

Signs of Emotional Maltreatment

Consider the possibility of emotional maltreatment when the **child:**

- Shows extremes in behavior, such as overly compliant or demanding behavior, extreme passivity, or aggression
- Is either inappropriately adult (parenting other children, for example) or inappropriately infantile (frequently rocking or head-banging, for example)
- Is delayed in physical or emotional development
- Has attempted suicide
- Reports a lack of attachment to the parent

Child Welfare Information Gateway. Available online at www.childwelfare.gov/pubs/factsheets/signs.cfm.

Recognizing Signs of Abuse & Neglect

Signs of Emotional Maltreatment

Consider the possibility of emotional maltreatment when the **parent or other adult caregiver**:

- Constantly blames, belittles, or berates the child
- Is unconcerned about the child and refuses to consider offers of help for the child's problems
- Overtly rejects the child

Child Welfare Information Gateway. Available online at www.childwelfare.gov/pubs/factsheets/signs.cfm.



Reporting Signs of Abuse and Neglect

- **First Step: Call Child Protective Services at (910) 677-2450**
- **Second Step: Call campus police at *1911 or use the LiveSafe App**



III. Title IX Responsibilities

2018 Summer Program Staff

Title IX Quiz: Q1

Which one of these is NOT an example of discrimination under Title IX

- A. Females cannot become good welders
- B. Discrimination based on pregnancy
- C. Failure to provide equal opportunity in education programs and co-curricular programs
- D. Discrimination based on race

Answer:

D. Discrimination based on race

Title IX Quiz: Q2

Title IX is designed to eliminate sex discrimination in any education program or activity receiving federal financial assistance.

- A. True
- B. False

Answer:
True

Title IX Quiz: Q3

Title IX covers all discrimination based on sex, including which of the following:

- A. Athletic opportunities
- B. Sexual harassment, violence, or assault
- C. Both of these

Answer:

C

What is it?

Title IX states that:

"No person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any education program or activity receiving Federal financial assistance."

*Higher Education Act as amended by Title IX of the Education Amendments of 1972
(Public Law No. 92-318, 86 Stat. 235 (June 23, 1972))
Codified in 20 USC Chapter 38 Section 1681-1688
Regulations in 34 CFR 106*

Title IX Quiz: Q4

Which of these is least likely to be considered an act of sexual harassment/misconduct.

- A. Improper touch
- B. When someone asks you out, and you explain you're not interested, and then continue to ask, text, talk to you anyway
- C. A faculty member gives you certain parameters to get a good grade based on you getting involved with them in some way
- D. A stranger smiling and making eye contact with you in the hall

Answer:

D

Title IX:

Title IX of the Education Amendments of 1972 protects people from discrimination based on sex in education programs and activities that receive federal financial assistance:

- sexual harassment
- failure to provide equal opportunity in athletics
- discrimination based on pregnancy

Title IX Quiz: Q5

Sexual harassment can include men sexually harassing other men, and women sexually harassing other women.

- A. True
- B. False

Answer:
True

Title IX Quiz: Q6

A student/an employee must complain to the employer about harassment in order for the employer to be liable.

- A. True
- B. False

**Answer:
False**

Title IX Quiz: Q7

If a harassment complaint is of a criminal nature, schools should wait for the police to finish its investigation before doing anything on campus.

- A. True
- B. False

**Answer:
False**

Notice Standard

- OCR applies both an “actual notice” standard as well as a “constructive notice” standard that is broader than the notice standard used by the courts – which is “actual notice”
- This brings under its ambit all complaints about which the university -- through a “**responsible employee**” – knew or should have known
- The OCR standard of “knew or should have known: is more favorable to complainants than the “actual knowledge” standard used to determine civil liability

Title IX

- Creates obligations for FSU to investigate and provide a “prompt and effective” remedy for victims of gender discrimination and sexual harassment/violence.
- This obligation is incurred when the victim has given notice to a “responsible employee” or when the university, in the exercise of reasonable care, should have known about the assault, harassment or discrimination.
- <https://vimeo.com/137708714>

Title IX Quiz: Q8

If you observe harassment taking place, it is best to let the people involved deal with it between themselves.

- A. True
- B. False

Answer:
False

Title IX Quiz: Q9

If you honestly do not intend to offend anyone, your behavior cannot be considered harassment.

- A. True
- B. False

**Answer:
False**

Essential Compliance Elements:

- Investigate
- Stop
- Remedy
- Prevent

Responsible Employee

- A responsible employee under Title IX includes any employee who:
 - Has the authority to take action to redress the harassment
 - Has the duty to report harassment or other types of misconduct to appropriate officials, OR
 - Is someone a student could reasonably believe has this authority or responsibility.

Title IX Quiz: Q10

I am considered a “Responsible Person” under Title IX reporting requirements.

- A. True
- B. False

**Answer:
True**

Title IX Quiz: Q11

If it doesn't feel right, it probably isn't right.

- A. True
- B. False

Answer:
True

Interpersonal Violence

- Stalking/Cyber-Stalking
- Domestic Violence
- Dating Violence
- Sexual Assault

FSU Compliance Efforts

- Title IX Coordination Team
- Sexual Assault Taskforce
- Mandated Employee Training
- Working on print materials

REPORTING OPTIONS

- Campus Police, (910) 672-1911
- FSU Center of Personnel Development for Confidential Reporting, (910) 672-1222
- Fayetteville 24 hour Rape Crisis Center, (910) 485-RAPE
- FSU Title IX Coordinator, (910) 672-2325

Mandated Employee Training

- Title IX on Campus
- Preventing Sexual Harassment for Employees

If you haven't successfully completed these on-line courses, please sign-up on the sheet provided.

FSU Compliance Efforts

- Chief Title IX Coordinator:
Patricia Corey Bradley
x2325
- Deputy Title IX Coordinators/Investigators:
 - Dr. Sherree Davis x 2213
(Faculty involved or Student on Student)
 - Dr. LaWanda Miller x 1440
(Intercollegiate Athletics)

What's Your Responsibility?

- Be Aware
- Complete Mandated Compliance Training
- Immediately Report Possible Violations



QUESTIONS?



IV. Safety and Criminal Concerns

- Chief Renarde Earl and Lt. George Johnson

A. Clery Act Responsibilities

- What Type of Crimes Against Children Must Be Reported?
- http://www.securityoncampus.org/index.php?option=com_content&view=article&id=271&Itemid=60

For more information, contact Lt. George Johnson

B. Missing Students

- It is best to follow the same procedures found in FSU's Missing Residential Student Policy and Procedures.
 - <http://www.uncfsu.edu/assets/Documents/Office%20of%20Legal%20Affairs/MissingResidentialStudentNotification.pdf>
 - [34 CFR 668.46](#)



C. Violence Against Women: SaVE Act

- March 2013, President Obama signed the campus sexual violence elimination act (SAVE)
- Amended the Clery Act
- Aimed at improving how colleges and universities in the United States address sexual violence.



D. Bullying

- Don't Laugh At Me: Too Late To Apologize Video
 - <http://www.youtube.com/watch?v=ha6QP-qvVZw>
- What is bullying?
 - Any pattern of gestures or written, electronic, or verbal communications, or any physical act or any threatening communication
 - <http://www.stopbullying.gov/at-risk/warning-signs/index.html>
- What can you do to prevent bullying?
 - <http://www.stopbullying.gov/prevention/at-school/index.html>
- Examples and Videos for Children
 - <http://www.stopbullying.gov/kids/webisodes/index.html>
- For More Information or to Schedule Training
 - Contact FSU Chief of Police, Renarde Earl, at *2462 to discuss



E. Active Shooter

- How to handle issues of children and guns/weapons



F. LiveSafe App

<https://www.uncfsu.edu/life-fsu/our-campus/campus-safety/livesafe>

V. Medical, Medication, and Behavioral Health Issues Involving Minors



Col. Vinette Gordon
Director for Student Health Services
Fayetteville State University

Dr. LaTonya Graham
Interim Director for the Center for Personal Development

Common Emergencies Affecting Children and Youth with Special Health Needs

- All CYSHCN are likely to experience a medical emergency because of their health status or disability.
- Most common (not inclusive):
 - Asthma attacks
 - Dehydration
 - Medication reactions or OD
 - Allergic reactions
 - Food, insect bites or bee stings
 - Hypoglycemic reactions for IDDM
 - Sanitation



Asthma

- Asthma attack
 - **Triggers** – pollen, changes in weather, exercise, irritants, pollution
 - **What to observe** – coughing, wheezing, shortness of breath, drop in activities
- Exercise induced asthma
 - **Triggers** – seasonal allergies, physical activity, sports
 - **What to observe** - coughing, wheezing, shortness of breath, and chest tightness, not keeping up with other kids

Asthma Management

Managing Asthma Symptoms

- Understand child's symptoms so as to help with asthma management
- Follow the child's asthma action plan, e.g., triggers, list of medications, asthma symptoms to watch for, emergency numbers
- Have rescue inhalers readily accessible

When to Be Concern & Take Action

- Wheezing or coughing that continues after taking asthma quick-relief medication
- Difficulty taking part in usual daily activities
- Very fast or difficult breathing
- Peak flow meter readings that register in the yellow or red zone



Drug Allergies

Hypersensitive reaction of the immune system to **medications**

- **Triggers** – PCN, Cephalosporins, Sulfa, Dilantin, Insulin
- **What to Observe** – eczema, hives, asthma, anaphylactic shock – medical emergency

Common Food Allergies in Children

- Peanuts, cows milk (most common); eggs, tree nuts, soy, fish, shellfish and wheat.
- **What to Observe** – occurs within 1 – 60 minutes;
 - **Skin** - hives, itching, rash, swelling of the lips, tongue, face
 - **Digestive tract:** nausea, vomiting, diarrhea, abdominal pain
 - **Respiratory:** wheezing, congestion, shortness of breath, difficulty breathing due to swelling of the throat

Heat Related Emergencies

- Heat Rash
 - results from inflamed sweat ducts – ducts are obstructed and sweat can't get out
- Heat Edema
 - swelling in hands, feet, ankles
- Heat Cramps
 - usually in hamstrings/calf muscles. Dehydration is the culprit. Consider electrolyte replacement with water



heat rash

Heat Exhaustion

Occurs after exposure to high temperatures for several days and subsequently become dehydrated

- Two types of heat exhaustion:
 - Water depletion - excessive thirst, weakness, headache, and loss of consciousness
 - Salt depletion – nausea and vomiting, frequent muscle cramps and dizziness
 - Not as serious as heat stroke
- **Triggers** – high heat index (90+ degrees), decrease sweat evaporation, higher when standing in full sunshine. infants and children \leq than 4 and adults \geq 65 more vulnerable (adjust to heat more slowly), certain health conditions lung, obesity or underweight, HBP, diabetes, mental illness, etc., certain medications, e.g., BP, stimulants.
- **What to observe** – confusion, dehydration, dizziness, fainting, fatigue, headache, muscle cramps, nausea, pale skin, profuse sweating, rapid heartbeat

Heat-Related Emergencies

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Heat Exhaustion Management

- Limit outdoor activities when the heat index is high.
- Encourage child / parent to wear lightweight, light-colored, loose-fitting clothing and a wide-brimmed hat.
- Use a sunscreen with an SPF of 30 or more.
- Substitute an electrolyte-rich sport drink for water during periods of extreme heat and humidity to prevent salt depletion.
- Encourage fluids!!
 - When exercising or working outdoors
 - recommendation – drink 24 ounces of fluid two hours before exercise, e.g., water or sport drink and consume
 - 8 oz of water every 20 minutes even if you don't feel thirsty.
- Avoid caffeine.

Heat Exhaustion First Aid

- Remove from the sun
- Elevate the legs and feet slightly.
- Loosen or remove clothing.
- Provide cool water or other nonalcoholic beverage without caffeine to drink.
- Cool by spraying or sponging with cool water and fanning.
- Monitor carefully. Heat exhaustion can quickly become heat stroke.



Dehydration

- **Triggers** - diarrhea and vomiting (losing fluids) in children, heat exhaustion, high blood sugar, exercise.
- **What to observe** – dry mouth and tongue, no tears when crying, sunken abdomen, eyes, or cheeks, high fever, listlessness or irritability, skin that does not flatten when pinched and released, increased thirst.

Monitoring Monitors with Diabetes

Seek authorization for care of children with Insulin-Dependent Diabetes - Parent should complete action plan that identifies:

- Child's target range of blood glucose, e.g. 70 – 150 or 70 – 180
- Glucose meter (supplied by parent) and when testing is usually done
- Signs of symptoms of hypoglycemia to watch for
- Parameters to treat LBG and which fast acting carbohydrates, e.g., OJ, apple, soda w/sugar, glucose tablets to give
- Other complex carbohydrates, if lunch or snack is greater than 1 hr., graham cracker squares; saltines; pieces of bread or toast
When to repeat BG and fast- acting carbohydrates.
- Losing consciousness or having a seizure, **call "911"** or other emergency medical personnel, parent(s) or guardian(s), and child's doctor's office.
- What range to notify parents or guardian, e.g., high (200) or low
- **Recreational Activities:**
 - Know if child may participate in recreational activities or any activity restrictions
 - Know recreational activities that should be delayed if blood glucose is higher than e.g., **300** or lower than **70**.
- **Staff should:**
 - Have fast-acting carbohydrate readily available at all times
 - Should administer fast-acting carbohydrates even if suspicious of LBG and glucose meter is not readily available
 - Follow the child's **Diet Restrictions, e.g., no sugar or sweets to lunch or routine snacks**

High and Low Blood Glucose (hyperglycemia & hypoglycemia) Symptoms and Causes

High Blood Glucose Symptoms (Hyperglycemia)	High Blood Glucose Causes	Low Blood Glucose Symptoms (Hypoglycemia)	Low Blood Glucose Causes
Thirst Hunger Frequent urination Fatigue Nausea Blurred vision Headache Nervousness Confusion	Too much food Too little exercise Too little medicine Stress Illness Injury Short time between meals and snacks	Shakiness Sweaty Hunger Anxiety Nervousness Confusion Acting angry or irritable Slurred speech Headache	Too little food Too much medicine More activity than usual Too long between meals or snacks Alcohol



Handout

Behavioral Issues

Dealing with the difficult and acting out youth

- Model good behavior
- Talk and listen to the youth
- Discuss all rules early on
 - Give warning to give youth a chance to correct behavior and follow through if not done
 - Set reasonable limits
 - Be fair and consistent in limit setting
 - Don't make false promises
 - Give a time out / lost of privileges for inappropriate behavior
 - Discuss with the youth specifically why the problem behavior was wrong
 - Discuss specific consequences with youth
 - Discuss appropriate ways to behave
 - Do not get in a power struggle or argue with the youth – redirect
- Call the youth's parent if necessary
- Consult with your supervisor
- Follow guidelines provided by parents for dealing with the disordered youth, e.g., ADHD, ODD, CD



Sanitation for Good Health

- Cleanliness
- Food Preparation
- Pool Sanitation

Medication, Medical and Behavioral: What you should know!

Don't

- Provide routine medication or care (exception: first aid/CPR) to treat temporary illnesses.
- Accept or administer OTC medications (must be labeled by pharmacist).
- Assume minors are capable of self-administering medication.
- Allow minor to attend if contagious or feverish (temp ≥ 101)
- Prepare food yourself
 - (get a 3rd party vendor – permanent location vendor-- to prepare the food)

Do

- Ensure > than 1 person has received CPR, First Aid or medication administration training (director or program leader).
- Ensure a nut free or latex free zone.
- Have a plan to deal with behavioral issues.
- Ensure proper forms and guidelines are developed that address all medical, behavioral and medication, administration procedures.
- Require health related forms to be completed by parents and physicians.
- Inform parents about your medication, medical and behavioral guidelines and procedures.
- Wash your hands and ensure the children wash their hands
- Wear gloves when serving food.
- Use bleach and water to clean tables.
- Remind minors not to relieve themselves in the pool.

Medication, Medical and Behavioral: Emergencies

- Remain calm.
- Never leave the youth alone.
- Call *1911 (on campus) or 911 (if off campus)
 - For immediate attention call Campus Police – 910-672-1911.
 - Call the Safety Office at 910-672-1827 for proper authorization.
 - Notify your immediate supervisor ASAP. .
- At least one immediately available staff should have CPR and First Aid training.

References

Common Emergencies Affecting Children and Youth with Special Health Care Needs (2013)

Americans with Disabilities Act: How it affects you (2013) Retrieved from

<http://www.aafa.org/display.cfm?id=9&sub=19&cont=255>

<http://www.ada.gov/kinder1.htm>



VI. Department of Housing and Residence Life:

Shawn Odom,
Associate Director of
Residence Life

Guidelines for Camps and Conferences

Residence Hall Policies

The following is a list of university rules and regulations that apply directly to summer conferences and camps. Please see that you and your participants know and understand these important policies.

- Participants may not occupy windowsills, roofs, or any other external appendage of FSU facilities.
- Possession of firearms or weapons of any kind, ammunition, fireworks, explosives, or highly flammable materials in the residence halls are prohibited.
- Possession of alcohol or drugs (without prescription and consent from parent) on state property is strictly prohibited.
- Smoking is strictly prohibited in the residence halls.
- Tampering with or removal of windows, window screens, fire systems, fire-fighting equipment, or emergency call systems is not tolerated. Please do not hang any items on the sprinkler heads found in the residence hall rooms.
- All camp participants are expected to respond and/or evacuate the building, if needed, in the event of a fire emergency.



Residence Hall Policies

- Please report all lost or damaged keys/cards to the Department of Housing and Residence Life **immediately**.
- Behavior dangerous to persons or property including fighting or threatening another person is not allowed.

Camp and Conference Guidelines

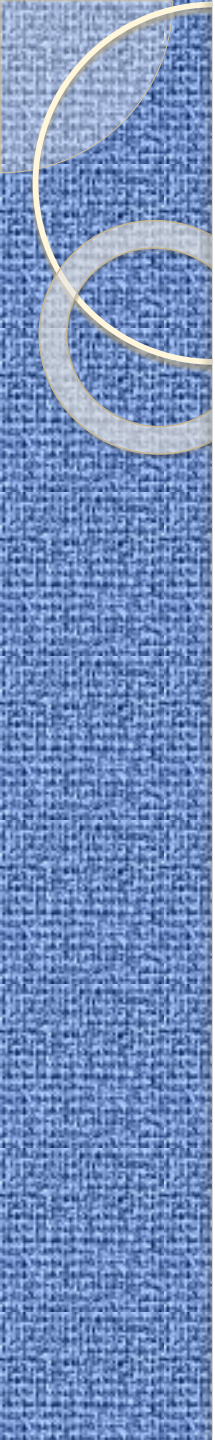
- Should any incidents occur (policy violations, injured camp participants, etc.) please notify the Department of Housing and Residence Life immediately to make aware of situation.
- Be with your group at all times. Check on them frequently, especially at night. Please do not allow your minor to be unescorted/unattended while in the halls and/or on campus.
- If your group has male/female participants, the camp must provide both genders as chaperones.
- All meals must be coordinated the Bronco Card Office, and are invoiced separately than housing charges. Contact Mr. Donald Pearsall x 1053 or Mr. Anthony Watson x 1735.
- All camp participants are expected to sign a University wavier prior to moving into the buildings.

Camp and Conference Guidelines

- Please be considerate of other groups. Camps may have to share the building with other camps. It will be the responsibility of the camp coordinator to set and enforce the rules.
- In the event that parents need to contact a student for emergency purposes, they should be directed to the camp coordinator. Please make sure parents have access to the camps coordinator phone number(s).
- All staff and participants are invoiced for their stay in any residential facility.
- All parking needs must be facilitated through FSU PD.

Staffing

- FSU Sponsored Camps (w/FSU registered students)
 - The Department of Residence Life will provide Resident Assistant coverage for the building. These students are employed to address maintenance concerns, staff the front desk area, and to complete periodic rounds throughout the building.
- FSU Sponsored Camps (w/non-FSU students)
 - The Camp is responsible for providing all staff to the needs of their camps participants. The Department of Residence Life will provide coverage for the building staff the front desk area, and to complete periodic rounds throughout the building.



Sign in sheet- Request all Camp Coordinators cell phone numbers to use for emergency contact purposes.

Property Security Officers will be present at each residence hall from 11pm – 7am daily.



VII. Emergency Management

By Cindy Wetherwax, EHS
672-1827



Protecting Minors on Campus

- Supervisors should report all accidents and injuries involving employees to Human Resources (HR) and Environmental Health and Safety (EHS) and involving minors to the Environmental Health and Safety (EHS) office immediately utilizing the appropriate accident investigation form(s)



Protecting Minors on Campus

- If an accident or injury occurs the following steps should be taken:
 - Get the person medical attention
 - Protect others
 - Minimize property damage if possible
 - Stabilize the situation if possible
 - Conduct an accident investigation immediately
 - Contact Human Resources (HR) and EHS

Emergency Situation & Preparedness

- Building Evacuation Procedures:
 - When the fire alarm is activated, evacuation is mandatory, even if you don't smell smoke
 - Do not use elevators
 - Take personal belonging (key, purse, wallets)
 - Follow directions given by first responder.
 - Assist persons with disabilities

Assembly Point Sign

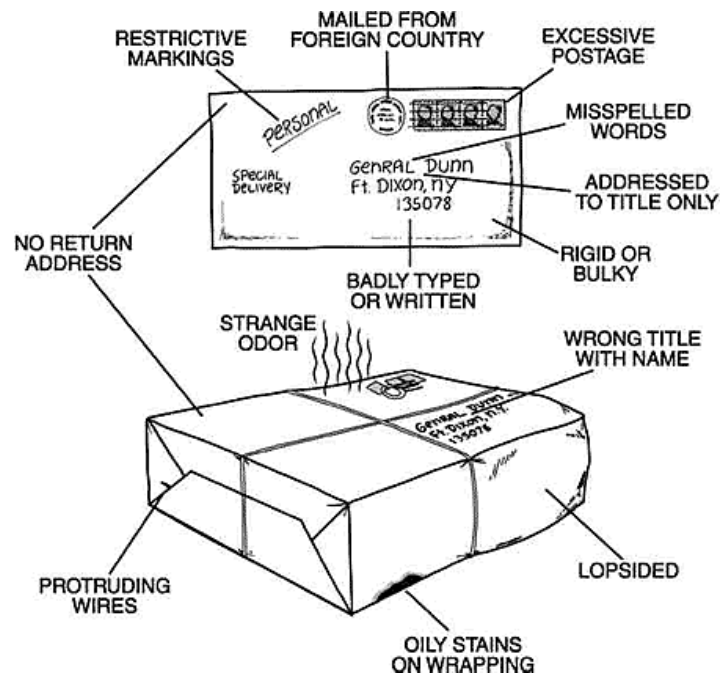


Find your assembly point for emergency evacuation. Look for the Call Box nearest your building.

Emergency Situations & Procedures

- Suspicious Person in building:
 - Do not physically confront a person
 - Do not block the person's access to exit
 - Secure the area if possible
 - Call 1911 from your landline or 672-1911 from your cell phone or LiveSafe App

What do suspicious packages look like?



Emergency Situations & Procedures

- Suspicious Object/Package:
 - Do not touch or disturb the object or package
 - Call 1911 from a campus phone, call 672-1911, from your cell phone or use LiveSafe App
 - Notify supervisor and/or the building's Emergency Coordinator



Emergency Situations & Procedures

- Bomb Threat:
 - Remain calm
 - Get as much information as possible
 - Call 1911 from a campus phone, call 672-1911, from your cell phone or use LiveSafe App
 - Follow instruction of emergency personnel



Emergency Situations & Procedures

- Fire:
 - Evacuate the building
 - Activate the nearest fire alarm pull station and call 1911 from a campus phone, call 672-1911, from your cell phone or use LiveSafe App
 - Extinguish the fire if you have been trained and if it is safe to do so
 - Do not re-enter the building until authorized by first responders



Emergency Situations & Procedures

- Weather Emergency:
 - Follow first responder/FSU officials instructions
- For up-to-date weather information:
 - Monitor local radio and television stations
 - Check the conditions on campus on the FSU website—www.uncfsu.edu
- Be prepared to shelter in place



VIII. Other Safety/Liability Concerns

- Travel with Minors – Terrance Robinson
- Pool– Terrance Robinson/Mykia Mitchell
- Background Checks—Terrance Robinson
- Card and Key Access—Anthony Watson
- Food Services—Joeroyal Evans
- Other Safety Concerns—Cindy Wetherwax



Travel with Minors

FAYETTEVILLE STATE UNIVERSITY CODE OF STUDENT CONDUCT

I. AUTHORITY

The Code of the Board of Governors of the University of North Carolina provides to the Chancellor of Fayetteville State University (University) the "full authority in the regulation of student affairs and in matters of student discipline...." This responsibility may be delegated to certain University administrators and committees. However, the Chancellor may intervene directly in any matter when deemed necessary. Except for such intervention, no offense shall be recognized nor sanction imposed on any student except as provided in this Code of Student Conduct (Code).

II. JURISDICTION

The University reserves the right to take necessary and appropriate action to protect the safety and well-being of its campus community. This Code applies to all undergraduate and graduate students as defined below. The University's jurisdiction and conduct processes shall be limited to behavior which occurs on University premises, at University-sponsored events or at other off-campus locations if the conduct adversely affects the University community and/or the pursuit of its objectives as determined by university officials (Chancellor, Provost, Vice Chancellors, administrators, faculty or staff).

A student whose conduct has been found to be in violation of established University policies and regulations may also be subject to appropriate actions by individual University offices which may or may not give rise to a formal charge under the Code. In addition, an incident may result in criminal or civil charges as well as a University disciplinary action. Unless otherwise provided by law, University disciplinary proceedings and court proceedings may occur concurrently.

The University also reserves the right to dismiss any student prior to his or her enrollment by rescinding that student's admission, without a hearing, upon a finding of cause to do so. Such a finding shall be an administrative decision rendered by the Provost or the Vice Chancellor for Student Affairs or his or her designee.

Weapons on School Grounds

It is a felony to possess or carry, whether openly or concealed, a weapon of any kind on any school grounds, including the Fayetteville State University campus. If you do obtain a concealed weapon permit, you are still prohibited from bringing a weapon on campus.

Written Complaint Procedure for FSU Students

At Fayetteville State University, we recognize our students as the primary customers for all of the services that we offer, from classroom instruction, to personal counseling, to computer labs. When an area of the University needs improvement or change to better serve the needs of our students, we appreciate hearing your suggestions/resolutions.

As a first step, students are encouraged to discuss their complaints directly with the person responsible for the area or problem. If the issue is not or cannot be addressed through discussion with the responsible person; and if there are no methods prescribed for appeal in the applicable area in University Catalogs, Student Handbooks or other official University documents; then the issue should be outlined in writing and submitted to the following offices in the order indicated:

1. Academic Complaints:

- a. Department Chair
- b. Dean of the School/College
- c. Provost and Vice Chancellor for Academic Affairs

2. Non-Academic Complaints:

- a. Department or Office Director
- b. Vice Chancellor of the Division to which the Department or Office reports

Each office listed above will respond to students within ten working days of receipt of the written complaint. If the issue is not satisfactorily resolved at the first level, the student should submit his/her request to the highest level. If the issue remains unresolved at the highest level indicated above, the student(s) should appeal to the Office of the Chancellor. For a complete listing of all University policies and procedures visit the following link:

http://www.unctsu.edu/chancellor/legal_counsel/Policies_and_Procedures.htm.

FAYETTEVILLE STATE UNIVERSITY

YOUTH SUMMER CAMPS

AUTHORIZATION FOR STUDENT PICK UP

DATE _____

I _____, authorize the following person(s) to pick up my child(ren) from summer camp. The individual(s) must present picture ID.

Child(ren) _____

Person(s) Authorized to Pick-Up Child	Phone Number
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Is there any one NOT authorized to visit your child(ren) during camp hours?

Yes ___ No ___

If yes, please list name(s)

Parent Signature

Parent phone numbers during camp hours



FSU WAIVER OF LIABILITY AND ACTIVITY PERMISSION SLIP
(TO BE COMPLETED BY PARENT)

PRINT PARTICIPANT NAME _____

PRINT PARENT NAME _____

I understand the Participant will participate in a program on FSU's campus and access FSU property, grounds, facilities, (hereinafter collectively and individually referred to as the Property) for the FSU Kids University Summer Camp (the "Program"). I understand that the Participant is not required to access the Property or participate in the Program and that my decision to allow the Participant to access the Property and participate in the Program is fully voluntary. I also understand that there are risks, dangers, and hazards associated with accessing the Property and preparing for and participating in the Program, and I have decided to, and do fully and voluntarily, assume the risks.

In consideration of the Participant being permitted to participate in the Program, I do individually, and on behalf of my heirs, successors, assigns, administrators and/or personal representatives, hereby **RELEASE, WAIVE, COVENANT NOT TO SUE AND FOREVER DISCHARGE** FSU and any of its employees, agents, officers, trustees, volunteers and/or representatives (in their official and individual capacities) ("Releases") from and against any and all liability whatsoever, whether caused by negligence or carelessness of any one or more of the Releases or otherwise, for any and all harm, damages, losses and/or injuries (including death) Participant may sustain to his or her person or property or both, including but not limited to any claims, demands, actions, causes of action, judgments, damages, expenses, and/or costs of any nature, including attorneys fees, or otherwise, which arise out of, result from, occur during or are connected in any manner with 1) the Participant's participation in or preparation for the Program, 2) the Participant's accessing of the Property and/or 2) any travel incident to Participant's participation in or preparation for the Program or Participant's usage of the Property.

In consideration of the Participant being permitted to participate in the Program, I, individually, and on behalf of my heirs, successors, assigns, administrators and/or personal representatives, hereby agree to **INDEMNIFY, DEFEND, AND HOLD HARMLESS** the Releases (in their official and individual capacities) from and against any and all liability whatsoever, whether caused by negligence or carelessness of any one or more of the Releases or otherwise, for any and all harm, damages, losses and/or injuries (including death) Participant may sustain to his or her person or property or both, including but not limited to any claims, demands, actions, causes of action, judgments, damages, expenses, and/or costs of any nature, including attorneys fees, or otherwise, which arise out of, result from, occur during or are connected in any manner with 1) the Participant's participation in or preparation for the Program, 2) the Participant's accessing of the Property, and/or 3) any travel incident to Participant's participation in or preparation for the Program or Participant's usage of the Property.

I agree that this Waiver of Liability is to be construed under the laws of the State of North Carolina, U.S.A.; and that if any portion hereof is held invalid, the balance hereof shall, notwithstanding, continue in full legal force and effect. I also agree that the place of this agreement, its situs and forum, shall be Cumberland County, North Carolina.

_____ Parent Initial

Waiver of Liability Page 1 of 2



I represent that Participant shall be covered throughout his/her participation in and preparation for the Program by policies of comprehensive health and accident insurance which provide coverage for illnesses or injuries he or she may sustain or experience while participating in the Program. By my signature below, I certify that I have confirmed Participant's health and accident insurance policies will adequately cover him or her while participating in and preparing for the Program; and, I hereby release, discharge and indemnify the Releases from and against all responsibility and liability for any injuries, illnesses, medical bills, charges and/or similar expenses she or he incurs while accessing the Property or while participating in or preparing for the Program.

I hereby release, discharge and indemnify the Releases from and against all responsibility and liability for any injuries, illnesses, medical bills, charges and/or similar expenses which might arise out of or in connection with any emergency or medical attention.

Permission is granted for Participant to receive emergency medical treatment by an authorized health care provider or hospital designated by **FSU Office of Continuing Education or FSU personnel**. I understand that every effort will be made to contact me. If I cannot be reached, the provider selected by a staff member of the **FSU Office of Continuing Education or FSU** is permitted to hospitalize and secure proper treatment (including surgery) for the Participant at my financial expense.

I give permission for the Participant to participate in photographs, films, and/or interviews as they pertain to FSU, and I understand that such pictures, films, and/or interviews may be used, without compensation to me or Participant, to promote or publicize FSU events and/or demonstrate how federal or state funds are being used.

In signing this Waiver of Liability, I acknowledge and represent that I have fully informed myself of the content of this document by reading it before I signed it, that I have reviewed it, that I and the Participant understand what it means, that by signing it I am giving up any substantial legal rights I might otherwise have, and that I sign this document as a free act and deed.

I further state that I am fully competent to sign this Agreement; and that I execute this Waiver of Liability for full, adequate, and complete consideration fully intending to bind by the same myself and my family, heirs, administrators, successors, assigns, and/or personal representatives and the Participant and his or her family, estate, heirs, administrators, personal representatives, and/or assigns.

Accident/Hospitalization Policy Name _____

Policy Number _____

I can be reached at anytime (phone number) _____

IN WITNESS THEREOF, I have executed this release on the date indicated below.

THIS IS A RELEASE OF LEGAL RIGHTS. READ BEFORE SIGNING

Parent/Guardian Signature

Date

Waiver of Liability Page 2 of 2

FAYETTEVILLE STATE UNIVERSITY

Office of Continuing Education

Camper HEALTH FORM

STUDENT'S NAME _____ GRADE next year _____ D.O.B. _____

STUDENT'S HOME ADDRESS _____

PARENT/GUARDIAN NAME (1) _____ PHONE (home/mobile) _____

PARENT/GUARDIAN NAME (2) _____ PHONE (home/mobile) _____

Dear Parent,

The Office of Continuing Education is requesting that the parent complete the information about each child attending camp. We will use this information to ensure that we are prepared to meet the health needs of your child. In order to accomplish this, we will need the information requested below.

- | <u>1. MY CHILD HAS</u> | <u>SHORT DESCRIPTION of MEDICAL HISTORY</u> |
|---|---|
| <input type="checkbox"/> Asthma | _____ |
| <input type="checkbox"/> Diabetes | _____ |
| <input type="checkbox"/> Seizures | _____ |
| <input type="checkbox"/> Heart Disease | _____ |
| <input type="checkbox"/> Cancer/Leukemia | _____ |
| <input type="checkbox"/> Sickle Cell Disease (not trait) | _____ |
| <input type="checkbox"/> Recent Surgery | _____ |
| <input type="checkbox"/> Physical Disabilities | _____ |
| <input type="checkbox"/> Severe Allergy Requiring Special Treatment | _____ |
| <input type="checkbox"/> Emotional Problems Requiring Medical Treatment | _____ |
| <input type="checkbox"/> Other | _____ |

2. ALLERGY

Has your child received medical attention requiring an injection following a bee sting, ingestion of food or medication, or exposure to latex (i.e., gloves)? Yes No

Was your child prescribed any allergy kit? Yes No

My child _____, does/does not require medication during the camp day for the above condition(s).

Parent/Guardian Signature: _____ Date: _____

3. Does your child take medications regularly? If so, list below.

Home _____

During Camp Hours _____

If your child needs medication during camp hours:

- a. Complete "Medical Authorization." This form is to be completed by both the child's physician and the parent. If you have a completed form from your child's current school a copy will meet this requirement.
- b. Only prescription medications may be administered at camp. Such medications must be in a pharmacy-labeled prescription bottle.
- c. Parent must transport all medications to the Continuing Education office. Do not send medications with your child.

4. IN CASE OF EMERGENCY, PARENTS WILL BE CALLED FIRST. IF WE ARE UNABLE TO REACH A PARENT/GUARDIAN, CAMP STAFF SHOULD CALL:

Emergency Contact Person #1

Name _____ Phone No. _____

Emergency Contact Person #2

Name _____ Phone No. _____

5. IF UNABLE TO REACH A PARENT OR AN EMERGENCY CONTACT PERSON IN CASE OF ACCIDENT OR SERIOUS ILLNESS, I AUTHORIZE THE SHARING OF INFORMATION PERTINENT TO MY CHILD'S CURRENT CONDITION BETWEEN DIRECTOR OF CONTINUING EDUCATION/CAMP COORDINATOR AND PHYSICIAN. I AUTHORIZE THE CAMP TO CALL THE PHYSICIAN BELOW OR MAKE WHATEVER ARRANGEMENTS ARE DEEMED NECESSARY.

Physician _____ Phone No. _____

6. THIS FORM IS TO BE SIGNED BY THE PARENT/GUARDIAN AND RETURNED TO THE OFFICE OF CONTINUING EDUCATION.

Parent/Guardian Signature _____ Date _____

FSU Continuing Education Summer Camp MEDICAL AUTHORIZATION

Camper's Name _____ Birthdate _____

In order to help protect your child's health, your consent **and** written authorization from a health care provider with prescriptive authority is required when it is necessary for your child to receive prescription and/or non-prescription medicines.

Parent or Guardian's Permission: I give permission for my child to receive this medicine during camp hours. I also give permission for camp staff to contact the prescribing healthcare provider with questions/concerns. I understand that it is my responsibility to purchase and supply this medicine in its original container. On behalf of my child I absolve Fayetteville State University and their agents and employees from any and all liability whatsoever that may result from my child taking this medicine at camp.

Signature of parent or guardian _____ Date _____ Contact numbers (home, office, mobile, etc.) _____

This medication is to be used for emergencies only. Please allow this student to self-administer this medication

*******Both sides of this form are required for emergency self-carry medications*******

Medication _____ Strength/Dose _____

Medical Diagnosis: _____

Specific Directions (include amount to give, at what time and/or how often, relationship to meals, specific indications if "as needed")

How often and/or at what time (hour): _____

Purpose of medication: _____

Relationship to meals, if applicable: _____

Expected side effects or adverse reactions: _____

Specific indications: _____

Other information: _____

It is necessary for this child to receive this medication during camp hours in order to maintain or improve health and to benefit from camp activities. Please notify the camp staff and parents/guardians if there are any problems.

Signature of Healthcare Provider _____ Date _____ Telephone _____ Fax _____

Please print practitioner's last name _____ Practice name /address _____

----- **FOR**
CAMP USE ONLY:

Date Received/By: _____ Camp Coordinator Review: _____

Location of Medicine on student, emergency medication only in Camp Coordinator's Emergency Kit

AUTHORIZATION FOR SELF-CARRY BY CAMPERS EMERGENCY MEDICATIONS

Camper's Name _____ Birthdate _____

Medication _____ for _____

Eligibility: Only campers with asthma, diabetes and/or severe allergies who may require rescue medications (i.e., inhaler, glucagon, epi-pen).

Healthcare Provider: This camper is capable of and has been instructed on how to self-carry and, if applicable, administer this medication as directed on the medication consent form (both correct technique and dose intervals). Please allow him/her to self-carry it during camp hours or activities.

Healthcare Provider signature/date _____

Parent/Guardian: I give consent to the FSU Summer Day Camp staff to allow my child to self-carry and, when applicable, to self-administer this medicine at camp. I understand that my child and I assume responsibility for the proper use and safekeeping of this medicine. I will provide backup medication to be kept at camp. I absolve Fayetteville State University and their agents and employees from any and all liability whatsoever that may result from my child carrying this medicine at camp.

Parent signature/date _____

Student: I am capable of carrying this medicine as recommended and accept this responsibility. I will keep it secure at all times and will not share it with others. I understand that I will be subject to disciplinary actions if medications are shared. I will inform an adult when medication is used.

Student signature/date _____

Camp Coordinator: I have reviewed this request and agree that this camper should be capable of safely self-carrying and, when applicable, self-administering this medication.

Camp Coordinator signature/date _____



FAYETTEVILLE
STATE UNIVERSITY™

PHOTOGRAPHIC CONSENT AND RELEASE FORM

I hereby authorize Fayetteville State University (university), and those acting pursuant to its authority to:

- (a) Record my likeness and voice on a video, audio, photographic, digital, electronic or any other medium.
- (b) Use my name in connection with these recordings.
- (c) Use, reproduce, exhibit or distribute in any medium (e.g. print or digital) these recordings for any purpose that the university, and those acting pursuant to its authority, deem appropriate, including promotional or advertising efforts.

I release the university and those acting pursuant to its authority from liability for any violation of any personal or proprietary right I may have in connection with such use. I understand that all such recordings, in whatever medium, shall remain the property of the university.

I have read and fully understand the terms of this release.

Name: _____

Address: _____

Street

City

State

Zip

Phone: _____

Signature: _____ Date: _____

Parent/Guardian Signature (if under age 18):

_____ Date: _____

www.unccsu.edu/ia/marketing

**Fayetteville State University
Summer Day Camp Parent Handbook**

This Summer Day Camp Parent Handbook has been prepared for your information and understanding of the policies, rules, goals and benefits of FSU Summer Day Camp. Please read it carefully. Upon completion of your review of this handbook, sign the statement below, and return it to Fayetteville State University Office of Continuing Education. A copy of this acknowledgment appears at the back of the handbook for your records.

I, _____, have received and read a copy of the FSU Summer Day Camp Parent Handbook which outlines the policies, rules, goals, benefits and expectations of FSU Summer Day Camp, as well as my responsibilities as a parent.

I have familiarized myself with the contents of this handbook. By my signature below, I acknowledge, understand, accept and agree to comply with the information contained in the Summer Camp Parent Handbook provided to me by Fayetteville State University Office of Continuing Education. I understand this handbook is not intended to cover every situation which may arise during my child enrollment, but is simply a general guide to the goals, policies, rules and expectations of FSU Summer Day Camp.

Parent signature

Date

Capel Arena Swimming Pool Request Form

Department:	
Department /Unit Head:	
Requestor :	
Phone Number:	
Email Address:	

Request Details	
Date Requesting:	
Start Time :	
End Time :	
Type of Function:	
Age Group:	
Number in Attendance	
Additional Information: (Tell us about your event/request)	
Estimated Cost: (please contact Legal Affairs for an Estimate)	

Signatures

Department/Unit Head: _____

Vice Chancellor: _____ (Budget Line) _____
Fund – Org – Account – Program

For Office Use Only

Approved

Disapproved

Comments:

(An email notification will be sent out approving/disapproving the request)

Capel Arena Swimming Pool Request Form

Lifeguard Requirements

1. A lifeguard is required and the requirement is to have a ratio of one certified lifeguard per twenty-five (25) swimmers.
2. The lifeguard/pool manager shall have the authority to enforce all pool rules. Patrons who repeatedly violate the rules may be ejected by the Lifeguard.
3. If requestor is providing additional lifeguards, a copy of each lifeguard's certification should be submitted to Legal Affairs no later than one week prior to the event date.

FSU Aquatics Pool Rules and Regulations

1. No one shall enter the swimming area unless the pool is officially open and a lifeguard is on duty.
2. All individuals within the pool area must be attired in swimming apparel. The swimming pool and decks must be maintained in a sanitary manner.
3. Children 12 and under entering the pool facility must be escorted and directly supervised by an adult or responsible person 18 years old.
4. Children 6 years and younger must be accompanied and directly supervised, within arms reach of an adult at all times in the water and within the facility. Children 6 and under, who pass a swim test, are not required to have an adult in the water.
5. Groups of children 6 or more and ages 6-17 entering the pool must be directly supervised at poolside by an adult in swimmer. There must be one adult for every 25 children.
6. Food or refreshments may not be consumed in the pool area. Food is not permitted in locker rooms.
7. Glass containers, alcoholic beverages, drugs and pets are not permitted in the pool facilities. An exception will be made for service animals.
8. No person within the pool grounds shall behave in such a manner as to jeopardize the safety and health of him/herself or others. Such behavior, including abusive or profane language, shall be grounds for the termination of this contract.
9. Loitering will not be permitted on the pool grounds or within any of the University's facilities.
10. Any injury occurring in the pool area must be reported to the Lifeguard immediately.
11. The use of cameras, video cameras or any device containing camera equipment of any kind is prohibited in locker rooms, bathrooms and changing facilities.



Card Access

- Departments have to request building and classroom access.
- Requests must be sent to department chair or dean.
- Once it is approved by the dean or chair an approval email can be sent to broncocard@uncfsu.edu
- Access is granted in 1-2 business days
- Contact Bronco Card Office ext. 1762/2310



Key Requests

- Departments have must request building and classroom access.
- Department head and dean must sign off on key request.
- Key requests are submitted to Locksmiths
- There is a 3-5 business day turnaround for key creation.
- Locksmiths will contact the requestor for key pick-up
- Contact the Locksmith office
 - Erving Murphy ext. 2311
 - Edward Williams ext. 2312

Food Services

- Notification of Allergies: Please notify us prior to camps of any major Food Allergies. This will help us be prepared.
- Need before you leave today; dates meals requested, estimate # of campers
- Final Camp Count needed 5 days prior to your camp so we can staff and prep food properly. *This number will be locked in and what you are charged for the camp. We will verify by having our cashier count for each meal.*
- Wrist Band or ID's will be needed for entry into dining hall
- All Camps will be expected to keep the café clean and return all dishes to the dish return
- All Payments must be made 48 hours prior to camp starting
- Contact Information: Joeroyal Evans Director: 910-672-1816

FSU Contacts

- **Emergency Services:** *1911 (on campus), 911 (off campus), or LiveSafe App
- **Report Child Abuse or Neglect:** Child Protective Services (910) 677-2450
- **Report Title IX Questions/Complaints:** Title IX Coordinator, Patricia Bradley (*2325)
- **Liability, Abuse & Neglect, and Other Legal Questions:** Benita Angel Powell, Assistant General Counsel (*1145)
- **Bullying Concerns:** Robin Williams, Police Officer (*2656)
- **Housing and Residence Life Issues:** Greg Moyd, AVC of Student Affairs (*1162)
- **Clery Act Crime Reporting Concerns:**
 - Lt. George Earl Johnson, Police and Public Safety (*1559)
- **Safety Preparedness Concerns:** Cindia Wetherwax, Safety Professionals (*1827)
- **Emergency Management Concerns:** Melvin Lewis, Emergency Management Professional (*1426)
- **Sanitation Concerns:** Jon Parsons, Facilities Services (*1954)
- **Medical, Medication or Behavioral Health Concerns:**
 - Shirley Johnson (Cumberland County Schools, Coordinator of Healthy Living, (Note that you will need to contract with her for a fee)) (910)978-9320
- **CPR & First Aid Certification Training:** George Earl Johnson, Police and Public Safety (*1559) or Cindia Wetherwax, Safety Professional (*1827)
- **Background Checks:** Terrance Robinson, Legal Affairs (*1145)
- **Pool Questions:** Mykia Mitchell, Legal Affairs (*1145)
- **Travel Questions:** Terrance Robinson, Paralegal (*1145)
- **Bronco Card Office:** Anthony Watson, Director (*1762)
- **Food Services:** Joeroyal Evans(*1816)(Evans-Joeroyal@aramark.com)