



Programs Serving Non-Student Minors on Campus Training Agenda 2023

Adopted by President's Cabinet 12/18/18; Revisions Adopted by Presidents' Cabinet 2/23/21; 3/30/23

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Camp or Event Registration Form

Adopted by President’s Cabinet 2/23/21; 3/30/23

Camp or Event Name: _____

_____ (Date) _____ (Time)

Team/Participant Name: _____

Parent/Legal Guardian Name: _____

Mailing Address: _____

City, State, Zip: _____

Home Phone: _____ Work Phone: _____ Cell: _____

Coach/Event Leader Name: _____ Contact Number: _____

Fee: _____

Please indicate payment method:

_____ Personal Check -- Check # _____ Cash _____ *(please provide exact amount)*

___ MasterCard or ___ Visa Account # _____ Exp. Date: _____ CVV: _____

Name as it appears on card: _____

East Georgia College, a University System of Georgia Institution, is an affirmative action, equal opportunity educational institution. Admissions, treatment, and employment at the college are not influenced by race, sex, color, religion, nation origin, age, veteran status, or handicap.

Refunds/Cancellations: If EGSC must cancel a camp or event for any reason, we will notify you as soon as possible and send you a full refund. If you are unable to attend a camp or event for which you have registered, please notify us at least 24 hours in advance, excluding holidays and weekends, for a refund (less a 10% administrative processing fee). No refunds will be issued for “no shows” or cancellations received after a camp or event begins.

Parking: Please park in space designated for your camp or event or in space NOT designated for faculty/staff or handicapped.

Special Accommodation Requests: Please call at least 5 business days before the program begins for any special requests.

If Athletics camp, please submit this completed form with fees due via mail, fax, or hand-delivery to:

East Georgia State College Business Office
131 College Circle
Swainsboro, GA 30401 -- Phone (478-289-2038)

If Fulford Center camp, please submit this completed form with fees due via mail, email or hand-delivery:

to:

East Georgia State College Fulford Center
131 College Circle
Swainsboro, GA 30401
Email: fulford@ega.edu



**RELEASE OF CLAIMS, WAIVER OF LIABILITY,
ASSUMPTION OF RISKS, AND INDEMNIFICATION AGREEMENT**
FOR EGSC CAMP, EVENT, OR ACTIVITY 2023
READ CAREFULLY BEFORE SIGNING

I hereby acknowledge that participation by my child in the **EGSC CAMP, EVENT, or ACTIVITY**, a voluntary education program sponsored and administered by East Georgia State College, involves an inherent risk of personal injuries including but not limited to strains, sprains, bruises, broken bones, heart attack, heat exhaustion, dehydration, injuries associated with physical exercise indoors or outdoors, such as player collisions, slip and fall injuries, and death. I fully assume all risks of injury, sickness, or death to my child associated with his/her voluntary participation in the above program and I fully consent to my child's voluntary participation. For the sole consideration of East Georgia State College arranging for and allowing my child's voluntary participation in said program, and in connection therewith, making available for my child's use while participating in said program, certain equipment, facilities, grounds, or personnel of East Georgia State College, I hereby waive, release, forever discharge, hold harmless, covenant not to sue, and indemnify East Georgia State College, the Board of Regents of the University System of Georgia, their members individually and their officers, agents, employees (hereafter "Releasees") from any and all liability, claims, damages, demands, rights, and causes of action of whatever kind, arising from or by reason of any personal injury, property damage, or the consequences thereof, resulting from or in any way connected with my child's voluntary participation in the program. I understand and acknowledge that acceptance of this signed *RELEASE OF CLAIMS, WAIVER OF LIABILITY, ASSUMPTION OF RISKS, AND INDEMNIFICATION AGREEMENT* (hereafter "Agreement") by the Board of Regents of the University System of Georgia shall not constitute a waiver, in whole or in part, of sovereign immunity by Releasees. I further understand and agree that this Agreement shall be effective during the entire period of my child's participation in the above program. I understand that I may withdraw my consent at any time and elect for my child not to participate in the above activity.

EMERGENCY MEDICAL AUTHORIZATION: I understand and agree that the Releasees do not have medical personnel available at all times during the program and are hereby granted permission to authorize emergency medical treatment, if necessary, for my child, and that such action by Releasees shall be subject to the terms of this Agreement. I state that my child has no health-related reasons or problems which preclude or restrict participation in this program, and that my child has adequate 24-hour health insurance to provide for and pay any medical costs that may be attendant as a result of injury to him or her. In the event my child is not currently covered by a health insurance plan, I promise to pay the entire cost of emergency medical treatment necessary for my child while participating in the program.

I acknowledge and represent that I have fully informed myself of the contents of this Agreement, that I freely and voluntarily sign this Agreement, and that it is my express intent that this Agreement shall contractually bind my heirs, executors, administrators, and assigns, and my child's heirs, executors, administrators, and assigns, as well as myself and my child. I certify that I am ___ years of age and suffering under no legal disabilities and that I have read the above carefully.

This the _____ day of _____ 2023.

Signature of participant or parent or guardian, Name and age of child (please print) Date

Parent or guardian name (please print): _____

Signature of witness
(Must be 18 years or older)

Medical Information Form for Minors 2023

Adopted by President's Cabinet 2/23/21; 3/30/23

I. Basic Personal Information (please print)

Today's Date: ____/____/____

Name: _____ DOB: ____/____/____

Event/Activity _____

Local Address: _____

City: _____ State: _____ Zip: _____

Local Phone Number(s): (____) _____, (____) _____

Height: _____ Weight: _____

II. Emergency Contact Information

Person to notify in case of emergency: _____ Relationship: _____

Contact's Phone Number(s): (____) _____, (____) _____

Contact's Address: _____

City: _____ State: _____ Zip: _____

Family Physician: _____ Phone Number: (____) _____

Insurance Provider: _____ Phone Number: (____) _____

Policy Number: _____

(Note: East Georgia State College does not provide insurance/medical coverage for participants)

III. Medical Information

Please list any current medical concerns we need to know about your child: (Ex. past injuries, current conditions, physical limitations, etc.) _____

List any allergies your child has (Ex. medications, stings, food, iodine, latex, etc.) _____

List any medications your child is currently taking, their purpose, dosage, and times taken:

(Note: Please see attached Programs Serving Non-Student Minors on Campus Policy regarding administration of medication located in Section V, 7)

I understand that my child is voluntarily participating in an EGSC camp or activity. By signing this form I hereby acknowledge that all information is accurate and current. I understand that East Georgia State College does NOT provide medical insurance for my child and that I should consult my child's physician before allowing my child to participate in this program. In the case of accident or illness, I hereby authorize the trip leader(s) and/or school officials to administer or seek medical treatment for my child, as they see fit. I acknowledge that I am solely responsible for any hospital or other costs arising out of any bodily injury or property damage sustained through my child's participation in such voluntary program.

Name of Participant (please print): _____ Date: ____/____/____

Signature of Participant: _____

Name of Parent/Guardian (please print): _____

Signature of Parent or Guardian, if minor: _____

Authorization to Administer Medication to Minors 2023

Adopted by President's Cabinet 11/24/20; Revisions Adopted 2/23/21; 3/30/23

I. Personal/Medication Information (please print) **Today's Date:** ____ / ____ / ____

Child's Name: _____ **Age:** _____

Food/Drug Allergies: _____

Parent/Guardian Name: _____

Home Phone: _____ **Cell Phone:** _____

Work Phone: _____

Name of Licensed Prescriber: _____

Phone Number: _____

Medication: _____

Dosage: _____

Instructions (route, frequency, duration, take with food, etc.): _____

Quantity Received: _____

Special Storage Instructions: _____

II. Authorization for Medical Care

I hereby authorize the program staff to administer my child the above-listed medication. (*See USG Policy)
I understand that medication, whether over-the-counter or prescription, should be kept in original containers. Prescription medication containers should bear the pharmacy label, date of filling, pharmacy name and address, patient name, name of prescribing practitioner, name of prescribed medication, directions for use and cautionary statements, as originally appeared on the container. When no longer needed, medications shall be returned to a parent or guardian whenever possible. If the medication cannot be returned, it shall be destroyed.

By signing this form I hereby acknowledge that all information is accurate and current, that all pertinent and important medication information is listed on this form, and to the best of my knowledge, my child is capable of participating safely in the program. I acknowledge that my failure to disclose relevant information may result in harm to my child and/or others during this program. I agree to notify the program of any changes in the above information in a timely and reasonable manner.

I hold harmless and agree to indemnify the program and East Georgia State College, as well as the Board of Regents, from any claims, causes of action, damages, and/or liabilities arising out of or resulting from said medical treatment.

Signature of Parent or Guardian: _____

Parent or Guardian Name (please print) : _____



Medication Protocol for Non-Student Minor Camp or Event Participants 2023

Adopted by President's Cabinet 2/23/21; 3/30/23

Parents/legal guardians are asked to notify the event leader during the registration period of any medications the participant may need during the event. Parents will be asked to sign a medication authorization form detailing the times and/or indications for medication and releasing the College and its personnel from responsibility for the use of all medications.

To prevent medication mishaps, participants must surrender all prescription and over-the-counter medications at the beginning of the event. Controlled substances, such as ADHD medications, should be counted and recorded in a Medication Log at the time of drop-off and at pick-up to provide accountability. All medications and the Medication Log must be stored in a secure location, such as a locked cabinet or small security safe (preferred), that is accessible only by an event leader.

The ONLY exception is that participants should keep emergency medications such as EpiPens® or inhalers on their person at all times, with notification to event workers about the existence and location of these medications. Participants should be able to self-administer any such emergency medication(s). All medications must be returned to the parent or participant at the end of each day (end of the program for residential activities).

Medications must be in the originally labeled container. Medication(s) will be placed in a sealable plastic bag (Ziploc® or similar bag) with the participant's name, event name, and time(s) of required administration. Event workers should not provide medication "as needed" as they are not trained to recognize those needs. It is the participant's responsibility to request medication(s) at the appropriate time(s). At the designated time, the event worker will provide the bag to the participant to allow the participant to take the proper medication. At no time will event workers handle the actual medication directly; nor will any event worker provide guidance on how or what medications to take. If the participant is unsure of the medication to take or the correct dosage, the parents will be contacted for clarification.

Each time medication is provided to a participant, the event worker must record it in the Medication Log. The Medication Log becomes part of the participant's registration information and must be maintained for the legally required retention period.



EGSC MEDICATION ADMINISTRATION RECORD FOR MINORS 2023

Adopted by President's Cabinet 11/24/20; Revisions Adopted by President's Cabinet 2/23/21; 3/30/23

Event or Activity: _____

Session Dates: _____

Name of Minor/Camper/Event Participant: _____

Allergies: _____

Physician Phone #: _____

Parent/Guardian: _____ **Phone #:** _____

Camp or Event Staff Responsible for Administration: _____

Medications Kept by Minor/Camper/Event Participant: _____

Acknowledgment by Parent/Guardian of the name of each medication, dose, and frequency to be dispensed to minor named above is recorded accurately along with any medications such as EpiPen or Inhaler that is kept by minor named above.

Signature of Parent/Guardian

Print Name

Date

MEDICATION LOG

Medication #1 Name, Dose, Frequency, Route	Administration #1 Date _____ Time _____ Initials _____	Administration #2 Date _____ Time _____ Initials _____	Administration #3 Date _____ Time _____ Initials _____	Administration #4 Date _____ Time _____ Initials _____
Medication #2 Name, Dose, Frequency, Route	Administration #1 Date _____ Time _____ Initials _____	Administration #2 Date _____ Time _____ Initials _____	Administration #3 Date _____ Time _____ Initials _____	Administration #4 Date _____ Time _____ Initials _____
Medication #3 Name, Dose, Frequency, Route	Administration #1 Date _____ Time _____ Initials _____	Administration #2 Date _____ Time _____ Initials _____	Administration #3 Date _____ Time _____ Initials _____	Administration #4 Date _____ Time _____ Initials _____
Medication #4 Name, Dose, Frequency, Route	Administration #1 Date _____ Time _____ Initials _____	Administration #2 Date _____ Time _____ Initials _____	Administration #3 Date _____ Time _____ Initials _____	Administration #4 Date _____ Time _____ Initials _____
<u>OMITTED DOSE</u>	DOCUMENTATION	OF OMITTED	DOSE of	
Medication, Dose, Frequency, Route	Dose Omitted:	Reason for Omission	Initials: _____	



Minor Child Pick Up Authorization Form 2023

Adopted by President’s Cabinet 2/23/21; 3/30/23

Name of Minor Child: _____

Name of EGSC Event/Camp: _____

Parent/Guardian Name: _____

Parent/Guardian Contact Number: _____

For your child’s safety, a photo ID must be presented at pickup which authorizes a child’s release to the bearer of the card. The name listed on the form below must be identical to the name on the driver’s license or picture ID. Minor children will not be released to individuals named below unless such individuals have proper identification.

Please include all names of the persons authorized to pick up your child from East Georgia State College. No minor child will be released to anyone except the individuals named on the list.

Last Name	First Name	Relationship	Phone No.
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I have authorized the above individuals to pick up my child from EGSC and am aware that the child will not be released to any of the above individuals without proper identification.

Parent/Guardian Signature: _____

Date: _____

Name of Parent/Guardian (please print): _____

NO MINOR CHILD WILL BE RELEASED TO ANYONE NOT ON THE ABOVE LIST UNDER ANY CIRCUMSTANCES



Adopted by President's Cabinet 2/23/21; 3/30/23

USE of PHOTOGRAPHS AGREEMENT and RELEASE 2023

For sole consideration of being permitted to participate in the _____Event/Camp at East Georgia State College, I, the undersigned, agree to provide East Georgia State College with the absolute right and unrestricted permission to copyright and/or use, and/or publish photographs/pictures of my child or children, still, single, multiple or moving, in whole or in part made in conjunction with my child's or children's activities associated with _____Event/Camp.

I waive any right that I may have to inspect and approve the photographs/pictures. I further agree and understand that the photographs/pictures may be reproduced in publications of East Georgia State College as well as publications associated with East Georgia State College's _____Event/Camp. It is agreed and understood that the photographs/pictures will be utilized with the intent to advertise the existence and activities of the _____Event/Camp at East Georgia State College.

I hereby release and forever discharge East Georgia State College, the Board of Regents of the University System of Georgia, their members individually and their officers, agents, and employees from any and all claims, demands, rights and causes of actions of whatever kind that its officers, trustees, agents and employees (current and former) from and against any and all claims, demands, and actions or causes of action, claims for attorney's fees whatever kind or nature which might be asserted against them, by or on behalf of myself, my heirs, assigns, attorneys in fact, attorneys at law, personal representative(s), dependents, or otherwise, arising from the use of photographs/pictures of my child or children in connection with his/her/their activities at East Georgia State College.

I affirm that the only consideration for signing this Agreement are the above stated terms, that no other promise or agreement of any kind has been made to or with me by any persons or entity whomsoever to cause me to execute this Agreement, and that I fully understand the meaning and intent of this Agreement, including, but not limited to its final and binding effect. I further state that I have read carefully this "Use of Photographs Agreement and Release"; know and understand its contents.

IN SIGNING THIS RELEASE, I ACKNOWLEDGE AND REPRESENT THAT I have fully informed myself of the contents of the foregoing Use of Photographs Agreement and Release by reading the same before signing, I understand its contents, and I am signing this document freely and voluntarily, no oral representation, statements or inducements, apart from the foregoing written agreement, have been made. I further state that I am at least eighteen (18) years of age and fully competent to sign this agreement; I am the parent of the child listed below, and I execute this Release for full, adequate consideration fully intending to be bound by the same. I understand I may withdraw this consent at any time.

Participant's Name: _____ Date of Birth: _____

Parent/Guardian's Signature: _____ Date: _____

Parent/Guardian Name (please print): _____

Address: _____

City: _____ State: _____ Zip Code: _____



Minors Code of Conduct 2023

Adopted by President's Cabinet 2-23-21; 3/30/23

East Georgia State College is looking forward to providing your child a fun, memorable, and safe summer camp experience. Each camper or event participant has a responsibility to act in a way that ensures a positive experience for all. All campers or event participants are required to follow these behavior guidelines. Failure to comply with the Minors Code of Conduct Guidelines may result in removal from the program. There will be no refund of campers removed from the program due to violation of the Minors Code of Conduct.

Behavior Guidelines:

- Campers or event participants will be honest and respectful of peers, event personnel and self;
- Campers or event participants shall follow directions and rules of camp staff;
- Campers or event participants will not use inappropriate language (profanity) or conduct;
- Campers or event participants will not engage in bullying, act aggressively or violently toward any camper, event participants, or event staff;
- Campers or event participants will stay within camp or event boundaries.

Prohibited behaviors:

- Endangering the health and safety of themselves, other campers, event participants, or event staff;
- Stealing, damaging or failing to care for college property;
- Continual disruption of the program;
- Refusal to follow the behavior guidelines;
- Inappropriate physical contact;
- Possession or use of illegal substances, tobacco or alcohol;
- Possession of weapons – any object that may cause harm to another or place another person in fear of his/her safety may be considered a weapon

When a camper does not follow the behavior guidelines:

- Event Leader will redirect the camper to more appropriate behavior;
- The camper or event participant will be reminded of behavior guidelines;
- If behavior persists, event staff will discuss the problem with parent/guardian;
- Event staff will document the behavior, circumstances surrounding the behavior and the action taken;
- If the problem persists and a second call to parent/guardian is necessary, the child may be dismissed early from camp or event for the day.
- If a campers or event participants behavior at any time threatens the immediate safety of him/her, other campers or staff, the parent/ guardian will be contacted to immediately pick up the child. The child will be removed from the camp or event program.

CRIMINAL BACKGROUND CHECKS

All event leaders and volunteers will be required to clear a criminal background check prior to participation in college-run or -affiliated activities involving minors.

Non-EGSC organizations and entities who operate programs or activities on campus involving minors must conduct criminal background checks of their employees, volunteers and representatives that meet college standards.

The college may request any additional information it deems necessary to meet the requirements of these guidelines.



REPORTING

If you know or suspect that a minor has been abused, neglected or is otherwise unsafe, contact:

**East Georgia State College
Police Department
478-289-2090 or
mobile - 478-455-0125**

Any questions, concerns or complaints should be directed to the Event Leader or Authorized Individual.

Additional Information:

ECSC Sexual Misconduct Policy:
<https://direc.to/jcCN>

EGSC Programs Serving Non-Student Minors on Campus Policy:
<https://direc.to/jcCG>

Volunteer Policy:
<https://direc.to/jcCD>

**EGSC Ethics Hotline
877-516-3429**

Adopted by President's Cabinet 3/30/23

East Georgia
STATE COLLEGE®

Protection of Minors



THE THREE RS OF REPORTING CHILD ABUSE

 **RECOGNIZE**

 **RESPOND**

 **REPORT**

SCOPE

All stakeholders, including, but not limited to, parents, guardians, caregivers, EGSC faculty, staff and volunteers, should be assured that East Georgia State College is committed to the safety of all individuals in its community. The college has particular concern for those who are potentially vulnerable, including minor children, who require special attention and protection. The guidelines in this brochure apply to non-student minors. The college is, under the state law of Georgia, a mandatory reporter of any child maltreatment.

With the goal of promoting the safety and well-being of non-student minors, these guidelines are for those in the college community who may work or interact with individuals under 18 years of age.

Our guidelines apply broadly to interactions between minors and students, faculty, staff, volunteers and contractors in college-run or -affiliated programs or activities. It also establishes requirements for non-college affiliated organizations and entities that operate programs or activities involving non-student minors on campus; agreements with such organizations and entities shall reflect those requirements. All East Georgia State College students, faculty, staff, volunteers and contractors are responsible for understanding and complying with these guidelines.

GUIDELINES AND RESPONSIBILITIES

When participating in college-run or -affiliated programs and activities, students, faculty and staff must:

- *Always be vigilant in protecting the well-being and safety of minors with whom they interact on campus or elsewhere.*
- *Review the informational material about the signs of abuse and neglect of minors in training materials.*
- *Watch for signs of minor abuse or neglect and promptly report suspected instances of abuse or neglect, or violations, as required by Georgia mandates.*
- *Before engaging in any college-run or -affiliated program or activity involving contact with minors: meet the requirements relating to training and criminal background checks.*
- *Meet any additional requirements that relate to the specific program or activity.*

Non-East Georgia State College organizations and entities operating programs or activities involving non-student minors on campus must be aware of, and comply with, these guidelines.

To the extent college faculty, staff or students are participating in programs or activities run by a non-EGSC organization or entity off campus, they should familiarize themselves with, and follow, the policies of the off-campus organization relating to interactions with minors and understand their legal obligations with respect to working with minors in the program setting.

TRAINING

East Georgia State College students, employees and volunteers who participate in college-run or -affiliated programs or activities involving minors must complete appropriate training and criminal background checks per the EGSC Programs Serving Non-Student Minors on Campus Policy. The criminal background check must be completed within one year. At a minimum, training must include:

- **Basic warning signs of abuse or neglect of minors.**
- **Guidelines for protecting minors from emotional and physical abuse or neglect.**
- **Guidelines for camp workers.**
- **Requirements and procedures for reporting incidents of suspected abuse or neglect or improper conduct.**
- **Emergency medical and emergency weather response.**
- **Signed certification of training completion.**

Non-EGSC organizations who wish to operate programs or activities involving non-student minors on campus must provide certification that its personnel assigned to the program or activity have been pre-screened with a criminal background check and must attend EGSC Minors on Campus training prior to camp or activity start. External sponsors must sign a Facility License Agreement, indicate that minors are involved in the program or activity, and provide evidence of adequate SAMS and liability insurance.



Guidelines for Working with Minors 2023

Adopted by President's Cabinet 3/30/23

Individuals associated with programs or activities involving minors should observe the following “do’s” and “don’ts” in order to maintain a safe and positive experience for program participants:

DO:

- Maintain the highest standards of personal behavior at all times when interacting with minors.
- Whenever possible, try to have another adult present when you are working with minors in an unsupervised setting. Conduct necessary one-on-one interaction with minors in a public environment where you can be observed.
- Listen to and interact with minors and provide appropriate praise and positive reinforcement.
- Treat all minors in a group consistently and fairly, and with respect and dignity.
- Be friendly with minors within the context of the formal program or activity while maintaining appropriate boundaries.
- Maintain discipline and discourage inappropriate behavior by minors, consulting with your supervisors if you need help with misbehaving youth.
- Be aware of how your actions and intentions might be perceived and could be misinterpreted.
- Consult with other adult supervisors or colleagues when you feel uncertain about a situation.

DON'T:

- Don't spend significant time alone with one minor away from the group or conduct private interactions with minors in enclosed spaces or behind closed doors.
- Don't engage in inappropriate touching or have any physical contact with a minor in private locations.
- Don't use inappropriate language, tell risqué jokes, or make sexually suggestive comments around minors, even if the minors themselves are doing so.
- Don't give personal gifts, do special favors for a minor, or do things that may be seen as favoring one minor over the others.
- Don't share information with minors about your private life or have information or purely social contact with minor program participants outside of program activities.
- Don't strike or hit a minor, or use corporal punishment or other punishment involving physical pain or discomfort.
- Don't relate to minors as if they were peers, conduct private correspondence (including Facebook, Twitter or other social media) or take on the role of confidant.
- Don't take photos of minors on your personal devices.
- Don't date or become romantically or sexually involved with a minor. Don't show pornography to minors or involve minors in pornographic activities.

- Don't provide alcohol or drugs to minors or use them in the presence of minor



SIGNS OF CHILD ABUSE AND NEGLECT

THE MOST REPORTED FORM OF CHILD MALTREATMENT IS NEGLECT, FOLLOWED BY PHYSICAL ABUSE AND SEXUAL ABUSE.

NEGLECT occurs when parents or caretakers do not provide proper supervision, control, subsistence, education as required by law, or other care necessary for healthy development. By itself, lack of financial means to provide for a child is not neglect.

<p>PHYSICAL SIGNS MAY INCLUDE:</p> <ul style="list-style-type: none"> • POOR HYGIENE • INAPPROPRIATE OR ILL-FITTING CLOTHING • BEING LEFT ALONE OR WITH PEOPLE UNABLE TO PROVIDE PROPER SUPERVISION • OBVIOUS LACK OF NECESSARY MEDICAL TREATMENT 	<p>BEHAVIORAL SIGNS MAY INCLUDE:</p> <ul style="list-style-type: none"> • CHRONIC HUNGER OR SLEEPINESS • DELAYED LANGUAGE DEVELOPMENT • CLINGING BEHAVIOR OR DEVELOPMENT OF INDESCRIMINATE ATTACHMENTS • FREQUENT COMPLAINTS OF FEELING UNWELL • FREQUENT TARDINESS OR ABSENCE FROM SCHOOL
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PHYSICAL ABUSE is non-accidental injury of a child by a parent or teacher.

<p>PHYSICAL SIGNS MAY INCLUDE:</p> <ul style="list-style-type: none"> • BRUISES, WELTS OR SWELLING • SPRAINS OR BROKEN BONES • LACERATIONS OR ABRASIONS • BITE MARKS • UNEXPLAINED OR REPEATED INJURIES 	<p>BEHAVIORAL SIGNS MAY INCLUDE:</p> <ul style="list-style-type: none"> • ATTEMPTS TO HIDE INJURIES • DIFFICULTLY SITTING OR WALKING • WARINESS OF PHYSICAL CONTACT WITH ADULTS • RELUCTANCE TO GO HOME • DEPRESSION OR SELF-MUTILATION • FEAR OF PARENT OR CAREGIVER
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SEXUAL ABUSE is the exploitation of a child for the sexual gratification of an adult or older child.

<p>PHYSICAL SIGNS MAY INCLUDE:</p> <ul style="list-style-type: none"> • DIFFICULTY WALKING OR SITTING • TORN, STAINED OR BLOODY CLOTHING • GENITAL PAIN OR ITCHING • SEXUALLY TRANSMITTED DISEASES • PREGNANCY 	<p>BEHAVIORAL SIGNS MAY INCLUDE:</p> <ul style="list-style-type: none"> • PRECOCIOUS SEXUAL KNOWLEDGE OR BEHAVIOR • EXTREMES – HOSTILE AND AGGRESSIVE OR FEARFUL AND WITHDRAWN • SELF-MUTILATION
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- | | |
|--|--|
| | <ul style="list-style-type: none">• SUBSTANCE ABUSE• RUNNING AWAY |
|--|--|



REPORTING

WHAT TO DO IF YOU SUSPECT THAT A MINOR HAS BEEN ABUSED OR NEGLECTED OR IS OTHERWISE UNSAFE.

If you know, suspect, or receive information indicating that a minor has been abused or neglected, or if you have other concerns about a situation involving the safety of minors, follow the procedures described below.

ANY CONCERNS OR COMPLAINTS SHOULD BE DIRECTED TO THE CAMP OR PROGRAM DIRECTOR.

IN CASE OF AN EMERGENCY

IMMEDIATELY CALL EAST GEORGIA STATE COLLEGE DEPARTMENT OF PUBLIC SAFETY AT 478-289-2090 OR THE MOBILE 478-455-0125

ALWAYS CALL 911 IF DEEMED NECESSARY



Emergency Response Protocols – Accidents, Injuries, Emergencies

Adopted by President's Cabinet 2-23-21; 3-30-23

Injuries to Faculty, Staff, Volunteers, Campers or Event Participants

EGSC Police Department: Monday - Friday 8:00 AM until 5:00 PM **478-289-2090**

Weekends and Nights-EGSC Police Department cell phone **478-455-0125**

Human Resources: **478-289-2035 or 478-289-2180**

*Report **all** personal injuries and accidents to Police Department and Human Resources Office immediately.

Complete an **EGSC Accident/Incident Report** (for all injuries – even if no medical attention required)

Non-emergency injury that may or may not require medical attention – Call EGSC Police Department

- If non-emergency injury to volunteer, camper, or event participant, the Event Leader/Authorized Individual or EGSC Police Department will administer first aid as needed; Event Leader/Authorized Individual will contact parent/guardian to inform of injury and need for medical attention per Emergency Medical Form; EGSC Police Department or other college employee as designated by EGSC Police Department if an officer is not available will transport and remain with individual; and/ or release to parent/guardian.
- If non- emergency injury to faculty/staff – EGSC Police Department will administer first aid as needed; if medical attention needed check with Human Resources Office for instructions on obtaining appropriate services per Workers Compensation; EGSC Police Department may transport for medical attention.

Emergency- medical attention needed – Call EGSC Police Department

- Notify EGSC Police Department - remain with the injured until EGSC Police Department arrives and/or the individual is transported for medical attention.
- EGSC Police Department will call ambulance and will provide immediate transport to the hospital when an ambulance is delayed or unavailable. EGSC Police Department or designee will remain at hospital until family member arrives.
- Event Leader/Authorized Individual will contact parent/guardian of camper/volunteer and inform of injury and transport.

Mental Health Crisis

- Notify EGSC Police Department - remain with the individual (or remain at a safe distance for observation purposes) until EGSC Police Department arrives. Link below provides additional information to assist with managing a mental health crisis. Call counselor and parent.
<https://www.ega.edu/about/at-a-glance/policies-and-procedures-of-the-college/04-plan-for-managing-a-psychological-and-psychological-medical-crisis.html>



Emergency Response Procedures

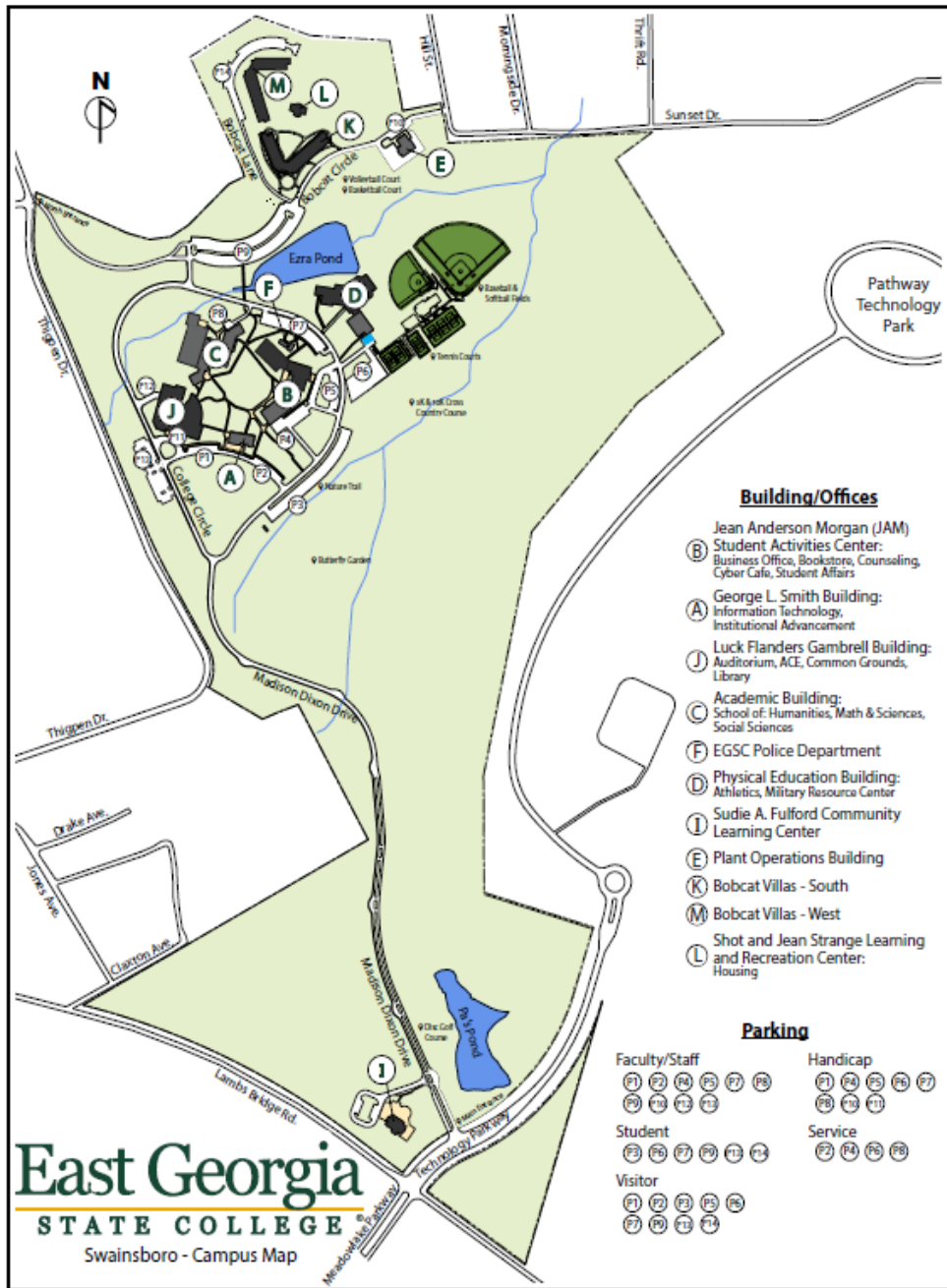
Adopted by President’s Cabinet 2/23/21; 3/30/23

Flipcharts are in each Classroom, Lab, and Office

Severe Weather Emergency – SHELTER ROOMS

On Campus Emergency Weather Rooms					
	Room Location 1	Room Location 2	Room Location 3	Room Location 4	Room Location 5
<i>Academic Building & Expansion</i>	Student Health Clinic Lobby 151, Corridor Hallway 172, Restrooms 142 & 143, Conf. Rm. 122, Classroom 128	Upper Level Restrooms C230 & C227, Corridor Hallway C225	Social Science Conf Room C281, Corridor Hallway C281 & C273, Break Rm. C280, Corridor Hallway C254, Janitor C247	Math/Science Suite 218 Math/Science Break Rm. C208, Corridor Hallway C207, C214	Exp. - Classrooms C114, C112, C113, C110, C108; Restrooms C108, C102, & Multi-Purpose C101
<i>Bobcat Villas South and West</i>	First Floor Interior Hallway				
<i>Fulford Center</i>	Back Hallway I-115	Front Hallway I-111			
<i>Student Center</i>	Office HR B161A & B161, Art Gallery B162, Restroom B169 & B167	Office Suite B150, Supply Room B116, Janitor B117	Business Affairs Vault B143, Corridor B110	Student Records Vault B124, Office B123	
<i>JAM Student Activities Center</i>	Testing Room B122, Corridor Hallway B110	Studio Room B107 & Setup Room B108	Restroom B201 & B202	Dry Storage B234 & Locker Room B226	
<i>JAM Expansion</i>	Furniture Storage B322	A/V Room B323	Corridor B305, Restrooms B308 & B307	Office B317 & B320	

<i>Gambrell Building</i>	Classrooms J531 & J528	Stage Area J551	Library Storage J518, J521, J519, J520; Study Room J513	Restrooms J534 & J535	File Room J553
<i>George L Smith</i>	IT Dept Office A123; Storage A129	Storage Room A109; Office A106	Room A101; File Room A104	Restroom A130 & A132	
<i>Gymnasium/P.E. Building</i>	Locker Rooms D118 & D112, Classroom D127	Corridor D126; Setup Room D144	Restroom D140 & D141, Corridor Hallway D143	Faculty Suite D146, Locker Rooms in D131	
<i>Plant Operations</i>	Restrooms E108 & E111	Meeting Room E112	Vestibule E107	Plan Room E114	
<i>Strange Clubhouse</i>	Restrooms L108, L109	Corridor L107			
EGSC Augusta	Galloway Hall inside Hallway First Floor	Galloway Hall First Floor Restrooms	Stairwell		
EGSC Statesboro	GSU Rooms 1601, 1602, & 1603				
EGSC Command Center	GL Smith Conf. Room	LFG Building PCR	LFG Building J531		



East Georgia
STATE COLLEGE
 Swainsboro - Campus Map

Building/Offices

- Jean Anderson Morgan (JAM)
- (B) Student Activities Center: Business Office, Bookstore, Counseling, Cyber Cafe, Student Affairs
- (A) George L. Smith Building: Information Technology, Institutional Advancement
- (J) Luck Flanders Gambrell Building: Auditorium, ACE, Common Grounds, Library
- (C) Academic Building: School of Humanities, Math & Sciences, Social Sciences
- (F) EGSC Police Department
- (D) Physical Education Building: Athletics, Military Resource Center
- (I) Sudie A. Fulford Community Learning Center
- (E) Plant Operations Building
- (K) Bobcat Villas - South
- (M) Bobcat Villas - West
- (L) Shot and Jean Strange Learning and Recreation Center: Housing

Parking

- | | |
|---------------------------------|--------------------------|
| Faculty/Staff | Handicap |
| (P1) (P2) (P4) (P5) (P7) (P8) | (H1) (H4) (H5) (H6) (H7) |
| (P9) (P10) (P11) (P12) | (H8) (H9) (H11) |
| Student | Service |
| (S3) (S6) (S7) (S9) (S11) (S14) | (F2) (F4) (F6) (F8) |
| Visitor | |
| (V1) (V2) (V3) (V5) (V6) | |
| (V7) (V9) (V11) (V14) | |



Adopted by President's Cabinet 3/30/23

ACCIDENT/INCIDENT REPORT FORM 2023

Name: _____ (last) _____ (first)

Address: _____ Phone#: _____

Staff Student Student Identification Number: _____
 Contractor Other

Location/Building _____ Department/Program _____

Date of Accident _____ Time _____ Date of Report _____
D/M/Y a.m. p.m. D/M/Y

Supervisor's Name _____ Contractor Company _____

Personal Injury: Body Region _____ Injury Code _____
(seen reverse side) (seen reverse side)

Description of Accident:

Cause Analysis (seen reverse side for a list of possible causes or use your own words to describe the possible causes)

Corrective Actions (to prevent future recurrences)

Investigated by: _____ Reviewed by: _____

PLEASE SUBMIT REPORT TO: East Georgia State College Office of Human Resources
131 College Circle ~ Swainsboro, GA 30401 ~ 478-289-2035

Guide to Completion of Accident/Incident Investigation Report

The following is intended to provide some assistance in the completion of the Accident/Incident Investigation Report. Please complete the form as fully as possible.

Please identify the appropriate body region and type of **primary injury** from the following lists. Select **one code** from each list:

Body Region:

- | | | |
|-------------|---------------|----------------|
| 1. Abdomen | 10. Foot | 19. Nose |
| 2. Ankle | 11. Groin | 20. Shoulder |
| 3. Back | 12. Hand | 21. Teeth |
| 4. Buttocks | 13. Head | 22. Thigh |
| 5. Chest | 14. Knee | 23. Thumb |
| 6. Elbow | 15. Lower Arm | 24. Toe |
| 7. Eye | 16. Lower Leg | 25. Upper Arm |
| 8. Face | 17. Mouth | 26. Whole Body |
| 9. Finger | 18. Neck | 27. Wrist |

Type of Injury:

- A. Abrasion – Scrape
- B. Biological Exposure – insect bite/animal scratch or bite/exposure to infectious agents
- C. Burn
- D. Chemical Exposure – inhalation, ingestion, or skin contact with a chemical agent
- E. Concussion – blow to the head or unconsciousness
- F. Contusion (bruise) – swelling and/or discoloration of the skin
- G. Dislocation – separation of a joint
- H. Foreign body – skin, eye
- I. Fracture
- J. Laceration
- K. Puncture
- L. Sprain – twisting or moving a joint beyond normal range
- M. Strain – pulling or tearing of tissue
- N. Teeth – loosened or broken, or otherwise damaged
- O. Other



Response Protocol for Missing Non-Student Minor Camp or Event Participants 2023

Adopted by President's Cabinet 2/23/21; 3/30/23

Event Leaders and other Authorized Individuals are expected to maintain adequate supervision of all event participants. Head counts at regular, frequent intervals should be conducted to ensure that participants do not stray from the group. If at any time you cannot account for all of your camp or event participants, you should:

- Contact the event leader or other designated representative on site.
- Secure all participants in a designated area. Do not let participants begin a search for the missing participant.
- Determine the identity of the missing participant. Obtain a physical description of this person (height, weight, hair color, clothing description, any photos taken of this person during the event).
- Determine the last known location of the participant. Search the perimeter of the last known location of the participant.
- Contact East Georgia State College Police Department and request assistance.
- The EGSC Police Department will notify the Vice President for Institutional Advancement and the President.
- The event leader, at the direction of the Vice President for Institutional Advancement or EGSC Police Department, is responsible for all communications with the parent/guardian to provide a consistent, known source for information.
- The EGSC Police Department will provide a written report of the incident.
- The event leader will notify Legal Counsel/Chief of Staff who serves as the Risk Management Coordinator of the incident, who will obtain the written report and maintain that report with the event documentation. If a child is separated from the group and is found by someone not affiliated with the event, that person should take the child to an open area so they are not alone with the child and where they can be easily seen. They should immediately call EGSC Police Department at 478-289-2090 to report the found child. EGSC Police Department will identify the event the child should be attending and notify the event leader.

YOUTH PROGRAMS SERVING NON-STUDENT MINORS ON CAMPUS

STAFF & VOLUNTEER CODE OF CONDUCT 2023

Adopted by President's Cabinet 2/23/21; 3/30/23

The University System of Georgia (USG) is committed to the safety and well-being of non-student minors on campus. Authorized staff and volunteers should be positive role models and treat others with respect, courtesy and dignity. Authorized staff and volunteers must abide by all USG policies and state and federal law.

As an authorized staff or volunteer working in programs for minors, I hereby agree as follows:

- I will maintain appropriate physical boundaries at all times.
- I will immediately report any reasonable suspicion or knowledge of abuse of a minor to the institution police department and the appropriate supervisor or program director who can take immediate action.
- I will not touch or speak to a minor in a sexual or other inappropriate manner.
- If one-on-one interaction is required it will take place in an open, well-illuminated space where I am observable by other volunteers or program staff.
- I will not meet with minors outside of established program locations or outside of established times.
- I will not invite minors to my home or other private location or accept their invitations for the same.
- I will not make sexual comments, tell sexual jokes or allow minors to access sexually explicit materials.
- I will not engage or allow minors to engage me in romantic or sexual conversations.
- I will not engage in private communications with minors to include communications via text messaging, e-mail, phone, internet chat, on-line games or other forms of social media.
- I will not accept or give gifts to minors without the knowledge of their parents or guardians.
- I will not inflict any physical or emotional abuse on minors to include, but not limited to striking, humiliating, ridiculing, or degrading minors.
- I will not use, possess or be under the influence of alcohol or illegal drugs at any time while working with minors.
- I will not provide or knowingly allow minors to possess or consume alcohol, tobacco, or illegal drugs.
- I will not use profanity, vulgarity, or harassing language in the presence of minors at any time.
- I will not provide transportation to minors unless doing so is an acknowledged component of the program. When transporting minors, more than one volunteer or program staff must be present in the vehicle, except when multiple children/teens will be in the vehicle at all times through the transportation.

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 sanctions against me, including but not limited to, termination and/or criminal prosecution.

Name

Date

Sponsoring Department