

THE CITADEL  
The Military College of South Carolina  
171 Moultrie Street  
Charleston, SC 29409

MEMORANDUM  
NUMBER 6-510

22 March 2018

**PROTECTION OF MINORS**

**1. PURPOSE**

This Policy establishes safeguards for youth under the age of 18 who participate in activities and programs taking place on The Citadel campus, in Citadel-owned facilities, or under the authority of The Citadel at off-campus locations. It covers all activities designed primarily to serve Minors. Athletic camps, academic camps, service programs, recruiting programs and similar activities intended for Minors come within the Policy's scope. The Policy applies to programs operated internally or externally, on campus or off campus, and during the day or overnight.

**2. REFERENCE**

[S.C. Code Ann. § 63-1-40](#)

[American Camp Association](#)

[National Sex Offender Registry](#)

S.C. State Law Enforcement Division (SLED) [Criminal History Background Check](#)

S.C. State Law Enforcement Division (SLED) [Sex Offender Database](#)

**3. DEFINITIONS**

- A. **Adult**: Any person 18 years or older who provides instruction, care, supervision, guidance to, or has control over a Minor, or otherwise comes in direct contact with a Minor as part of a Program.
- B. **Child Protection Committee**: A committee that reviews, updates and enforces the Protection of Minors Policy and is responsible for evaluating and recommending action on reports of alleged abuse or violations of the Policy.
- C. **Child Protection Officer**: The administrator who oversees the enforcement of and compliance with The Citadel Protection of Minors Policy.

- D. Child Protection Program Review Panel: A panel that will be the authority for deciding whether a planned activity falls under the purview of the Protection of Minors Policy.
- E. Citadel Facilities/Property: Premises owned, leased, or otherwise controlled by The Citadel including, for example, The Citadel Beach House, Summerall Field.
- F. Incident: Any actual or alleged event or situation that creates a significant risk of substantial or serious harm to the physical or mental health, safety or well-being of someone. Examples may include, but are not limited to: abuse, sexual violence/harassment, neglect, exploitation, injury, missing person, death, medical emergency, suicide or attempted suicide, etc.
- G. Minor: Anyone under 18 years of age.
- H. Minors Program: Organized activity offered by academic or administrative units of the college or by non-College (Third-Party) organizations involving Minors. This includes but is not limited to workshops, sports camps, academic camps, conferences, pre-enrollment visits, and similar activities that are:
1. Citadel-Sponsored (Citadel faculty and/or staff participating in the oversight and operation of the program while functioning in their official capacity as a faculty or staff member);
  2. Citadel Employee Independently Sponsored (e.g. Citadel coach/faculty/staff member acting as third-party; not functioning in their official capacity as a faculty or staff member);
  3. Third-Party Day only; or
  4. Third-Party Overnight.
- I. Participant: Anyone taking part in a Program. This includes both Minor campers and counselors.
- J. Program Director: The Adult with overall supervisory responsibility for a Program involving Minors. Examples of Program Directors include, among others, a camp director, a staff member coordinating a tutoring program, and the faculty advisor of a student group sponsoring a youth-serving activity.
- K. Third-Party Program/Event: A program or event not officially affiliated with The Citadel.

#### **4. POLICY**

- A. Guidelines for all Programs.

1. All Programs involving Minors must have prior approval by the President of The Citadel (or his or her designee) regardless of affiliation (Third-Party or Citadel-sponsored).
2. The Child Protection Program Review Panel, comprised of the Chief Compliance Officer, Child Protection Officer, General Counsel, and Director of Environmental, Health, and Safety, will be the authority for deciding whether a planned activity falls under the purview of the Protection of Minors Policy. Wedding receptions, group visits to parades, and facility rentals with parent/guardian supervision of Minors are examples of activities that normally do not fall under the purview of the Policy.
3. All Programs involving Minors (day or overnight) held in/on The Citadel's facilities/property and Programs using The Citadel's name but held away from The Citadel's facilities/property must have approval prior to taking place.
4. All Third-Party Programs are responsible for the actions of their counselors and Participants. The Citadel is held harmless of all claims as per the [Use of Citadel Facilities and Property Policy](#).
5. To the extent faculty, staff, or students participate through their roles in a Program sponsored by a Third-Party off campus, they should familiarize themselves with and follow the child protection policies of the Third-Party organization in addition to this Policy.
6. On-campus residents who host children as social guests in their private residences are not subject to this Policy. However, parents or guardians of children who reside on campus, and on-campus residents who host children as social guests in private on-campus residences, are expected to exercise close supervision of those children at all times.
7. Employees, faculty, and staff may bring their dependent children to campus in limited circumstances and for a limited amount of time. The department chair or director responsible for the area must give specific, advance approval, prior to the child's arrival on campus. This does not apply for very brief situations such as a Minor delivering something to a parent's office. Bringing children to campus is a privilege, and should only occur when alternative arrangements are impractical or impossible, such as the illness of a day care provider. Employees, faculty and staff who bring children to campus must supervise and be able to carry out their duties unimpeded, and must allow others to do the same.
8. Citadel employees who own, operate, participate in or are employed by a Third-Party Program/Event must take annual leave throughout the operation of those Programs if during normal business hours. All actions taken during the Third-Party Program/Event is as an agent of that Program/Event and not as an agent of The Citadel.

9. Non-Citadel sponsored programs will be charged a fee for use of Citadel Facilities and services and will be required to have general liability insurance as per the [Use of Citadel Facilities and Property Policy](#).
10. Behavioral Expectations for Adults having contact with Minors.
  - a. Required Behavior.
    - 1) Be vigilant in protecting the well-being and safety of Minors with whom they interact on campus or elsewhere.
    - 2) Watch for signs of Minor abuse or neglect and promptly report suspected instances of abuse or neglect, or violations of this Policy or law to the Department of Public Safety (843-953-5114).
  - b. Prohibited Behavior (this list is not all inclusive).
    - 1) Being alone with a Minor. If one-on-one interaction is necessary, the interaction must take place in an area visible to others to ensure there is no opportunity for privacy.
    - 2) Having any direct electronic and/or social media contact with Minors, unless it is related to the Program and another Adult is included in the communication. This provision shall not apply to Athletic recruiting where current National Collegiate Athletic Association (NCAA) rules apply.
    - 3) Having contact with a Minor outside of the Program (e.g., babysitting, home visits) unless the Adult is a parent, guardian, or family member of the Minor.
    - 4) Entering a facility in use by a Minor such as a bathroom, locker room, barracks room (if applicable), or similar area without another Adult present.
    - 5) Sleeping in the same accommodations with a Minor, unless the Adult is a parent or guardian of the Minor.
    - 6) Engaging in abusive conduct of any kind toward, or in the presence of, a Minor.
    - 7) Hitting, physically assaulting, or inappropriately touching Minors.
    - 8) Using language, making suggestions, or offering advice which is inappropriate, offensive or abusive in the presence of Minors.
    - 9) Behaving in a manner that simulates, mimics, audibly describes, suggests, or alludes to sex or anything sexual in the presence of Minors.

- 10) Acting in ways intended to shame, humiliate, belittle or degrade Minors or other people in the presence of Minors.
- 11) Perpetrating any form of emotional/verbal abuse toward Minors.
- 12) Driving with a Minor in a College and/or a personal vehicle (e.g. picking up Minors from or dropping off Minors at their homes or transporting them to and from off-campus activities) unless the Adult is a parent, guardian, or family member of the Minor.
- 13) Transportation of minors in 15-passenger vans is prohibited pursuant to 56-5-195, SC Code of Laws (also known as Jacob's Law).
- 14) Providing alcohol or illegal drugs to any Minor.
- 15) Providing prescription or over-the-counter medication to any Minor unless specifically authorized in writing by the parent or legal guardian as being required for the Minor's care or the Minor's emergency treatment.
- 16) Making sexual materials, including but not limited to images, narratives, or devices, in any form available to Minors or assisting in any way Minors gaining access to such materials.
- 17) Taking photos or videos of a Minor with personal cell phones, cameras or similar devices in showers, restrooms or other areas where privacy is expected.
- 18) Giving gifts to Minors independent of awards/gifts provided by the Program.

11. Staffing Ratios and Supervision.

a. Staffing Ratios.

Programs must maintain the following minimum ratios of Adults to Minors set forth as best practice by the [American Camp Association](#). If a Minor's parent or guardian supervises them at all times during the Program, the required minimum staffing ratios do not apply to that Minor. The parent or guardian shall not supervise other children without qualifying as a counselor for the Program.

Age of Minor	Adult-to-Minor Minimum Ratios	
	Overnight Program	Day Program
4 – 5	1 : 5	1 : 6

6 – 8	1 : 6	1 : 8
9 – 14	1 : 8	1 : 10
15 – 17	1 : 10	1 : 12

b. Supervision.

In addition to ensuring the Staffing Ratios above are maintained for the duration of the Program, each Program Director must:

- 1) Provide effective supervision for Adults involved with a Program.
- 2) Prohibit all one-on-one contact between an Adult and a Minor, unless the Adult is the Minor's parent or guardian; if one-on-one contact cannot be avoided, it must be done in view of the other Program Participants.
- 3) Restrict Minors to designated general-use facilities such as athletic fields, public spaces, and academic buildings.
- 4) Facilities prohibited to Minors include, but are not limited to: storage rooms, equipment rooms, athletic training rooms (unless Minor is being treated by Sports Medicine), staff/faculty offices, closets, attics, unfinished basement spaces, and other areas not used for Program activities unless other people associated with the camp are present.
- 5) Prohibit Minors from utilizing equipment that poses special hazards (unless the item(s) has been approved through the Program application process by The Citadel), such as:
  - a) Any type of weapon, device, or object that may be used to inflict bodily injury or death. Examples include, but are not limited to: knife, blackjack, metal pipe or pile, firearms, slingshot, metal knuckles, razor, archery items, etc.;
  - b) Power tools;
  - c) Scaffolds, ladders, and similar equipment involving heights;
  - d) Cooking equipment involving heat such as rotisseries, deep-fryers, and grills;
  - e) Food slicers;
  - f) Kilns;
  - g) Lawn mowers;
  - h) Golf carts, gators, or other motorized vehicles;

- i) Hoisting apparatus; or
  - j) Compactors.
- 6) Facilities on the Citadel campus such as the obstacle course and the rappel tower and all related equipment must be inspected by qualified personnel prior to use by minors. Further, all activity of minors on such facilities and equipment must be supervised on-site full-time by qualified personnel (e.g. certified military instructor, rappel master, etc.).
- 7) Assign a supervisory Adult to be on-site and available to Minors at all times. Staffing and supervisor ratios (paragraph 4, sub-paragraph A, sub-paragraph 10, sub-paragraph a above) must be maintained at all times. For overnight Programs, the supervisory Adults must reside in the housing unit.

## 12. Emergency and Safety Protocols for Programs in Citadel Facilities.

Each Program Director shall:

- a. Establish a procedure for notifying the Minor's parent/legal guardian in case of emergency, including medical or behavioral problems, natural disasters, or other significant disruptions. The Program Director shall provide written information on the notification procedure to Adults involved in the Program, parents/legal guardians of Minors, and, if age appropriate, the Minor.
- b. For overnight Programs, provide a roster of all Minors participating in the Program to the Department of Public Safety. The roster shall include each Minor's name, gender, age, and home address; local room assignment (if any); phone number(s) of parent or legal guardian; and emergency contact information.
- c. Provide information to the parent or legal guardian detailing the manner in which the Minor can be contacted during the Program.
- d. For overnight Programs, provide the Department of Public Safety with a roster of Program staff and contact information, including information on the Program Director.
- e. For all programs, the Program Director and Child Protection Officer will have the following local emergency contact numbers:
  - 1) Citadel Department of Public Safety, 811 on campus or 843-953-5114.
  - 2) If a child has been victimized, The Citadel Department of Public Safety will immediately contact the Charleston County Consolidated 9-1-1 Center, 843-202-1700.

- 3) Public Safety will contact the Interim Child Protection Officer, Fallon Walker, at 843-953-3640, or [child.protection@citadel.edu](mailto:child.protection@citadel.edu).
  - 4) If the incident is sexual in nature and involves a Citadel cadet, notify The Citadel Director of Cadet Advocacy, Response, and Education (CARE), Janet Shealy, office 843-953-7277, 24/7 cell 843-425-1315, email [janet.shealy@citadel.edu](mailto:janet.shealy@citadel.edu).
  - 5) If the incident is sexual in nature and involves a non-cadet student, Citadel faculty or staff, contact The Citadel Interim Title IX Coordinator, Shawn Edwards, office 843-953-6989, email [shawn.edwards@citadel.edu](mailto:shawn.edwards@citadel.edu).
- f. Only release the Minor to a person authorized to pick up and transport that Minor at the end of the Program or session (Annex B, Form 5).

### 13. Rules and Disciplinary Measures for Programs in Citadel Facilities.

- a. Each Program Director shall develop and make available to all staff and Participants the Program's rules and disciplinary measures applicable to the Program. Program Participants and staff must abide by all College regulations and may be removed from the Program for noncompliance. Random "spot checks" will be conducted by an official from The Citadel to ensure compliance with this Policy. When/if evidence of non-compliance is found, the official has the authority to restrict, revoke, or cancel any or all activities of a Program or Event.
- b. Program rules must include the following:
  - 1) The possession, distribution, or use of alcohol and/or drugs, fireworks, guns, and other weapons is prohibited.
  - 2) The operation of a motor vehicle by Minors is prohibited while participating in a Program unless authorized by the parent/guardian (Annex B, Form 5) and Program Director.
  - 3) Staff and Participants must park vehicles in accordance with College parking regulations.
  - 4) Minors may leave College property during the Program only under conditions stated by the Program.
  - 5) No theft or violence, including sexual abuse or harassment, will be tolerated. Hazing of any kind is prohibited. Bullying, including verbal, physical, and cyber bullying, is prohibited. All violations must be reported to the appropriate agency.



- 6) Misuse or damage of College property is prohibited. Charges will be assessed against those responsible for damaging or misusing College property.
- 7) If applicable, the Program must adopt and implement rules and regulations for proper supervision of Minors in College housing. The following regarding appropriate behavior in rooms must be included:
  - 8) Appropriate behavior in rooms.
    - a) A curfew time which is age-appropriate for the Minors, but in no case shall curfew be later than midnight.
    - b) In-room visitation to be restricted to Participants of the same gender and similar age.
14. Guests of Participants (other than a parent/legal guardian and other Program Participants) may visit only in the sally port or building lobby and/or floor lounges, and only during approved hours specified by the Program.
15. Reporting of Incidents (Required of All Programs and Events regardless of sponsorship). In addition to the following immediate reporting requirements, Incidents must be documented on the Program Incident Report Form (Annex B, Form 7).
  - a. Reporting Suspected Abuse.
    - 1) Current Abuse of a Minor.

All Adults who suspect or know of child abuse or neglect MUST IMMEDIATELY REPORT to The Citadel Office of Public Safety. Where an instance of known or suspected abuse or neglect is encountered during participation in a Program sponsored by a third-party at an off-campus location, Adults MUST ALSO IMMEDIATELY REPORT such known or suspected child abuse or neglect to the Director of the Program. The reporting obligation also applies to abuse of a Citadel student or employee under the age of 18. The Citadel Office of Public Safety will in turn report to The Citadel's Interim Title IX Coordinator Shawn Edwards at 843-953-6989 or [shawn.edwards@citadel.edu](mailto:shawn.edwards@citadel.edu) and Interim Child Protection Officer, Fallon Walker, at 843-953-3640, or [child.protection@citadel.edu](mailto:child.protection@citadel.edu). For incidents involving cadets, contact the Director of Cadet Advocacy, Response, and Education (CARE), Janet Shealy, at 843-953-7277 (office phone), 843-425-1315 (24/7 cell phone), or [janet.shealy@citadel.edu](mailto:janet.shealy@citadel.edu).

2) Past Abuse of a Minor.

Individuals who suspect or know of past child abuse or neglect must refer the matter to The Citadel's Interim Title IX Coordinator Shawn Edwards at 843-953-6989 or [shawn.edwards@citadel.edu](mailto:shawn.edwards@citadel.edu) and Interim Child Protection Officer, Fallon Walker, at 843-953-3640, or [child.protection@citadel.edu](mailto:child.protection@citadel.edu), who will determine and fulfill further reporting requirements. If the past child abuse involves a Citadel cadet, The Child Protection Officer will notify the Director of Cadet Advocacy, Response, and Education (CARE), Janet Shealy, at 843-953-7277 (office phone), 843-425-1315 (24/7 cell phone) or [janet.shealy@citadel.edu](mailto:janet.shealy@citadel.edu).

3) Allegations of Inappropriate Conduct.

If an allegation of inappropriate conduct has been made against an Adult participating in a Program, he or she will be prohibited from any further participation in the Program until such allegation has been resolved.

b. Reporting Accidents.

- 1) Program Directors must report any Incident or accident involving injury, or which could give rise to Program or College liability to the Director of Environmental Health and Safety as well as the appropriate sponsoring unit officer (Provost, Athletic Director, or Commandant).

Contact Information.

- a) Director of Environmental Health and Safety: [EHS@citadel.edu](mailto:EHS@citadel.edu) or 843-953-4816
- b) Provost: [Provost@citadel.edu](mailto:Provost@citadel.edu) or 843-953-5007
- c) Athletic Director: [AD@citadel.edu](mailto:AD@citadel.edu) or 843-953-5070
- d) Commandant: [Commandant.Dept@citadel.edu](mailto:Commandant.Dept@citadel.edu) or 843-953-6930

- 2) Reports must be submitted within 24 hours after the incident or accident or knowledge of the incident/accident. Reportable accidents include, but are not limited to: non-sexual physical injury to a camper, camp employee, or bystander. Filing a report does not transfer claim-processing responsibility to The Citadel; such responsibility remains solely with the Program Director.

16. This Policy authorizes the creation of a Child Protection Committee that will meet quarterly and be convened by the Child Protection Officer.

- a. Purpose: The purpose of this Committee is to periodically review and modify (as needed) the Protection of Minors Policy; review, discuss and recommend action regarding reports of alleged abuse; and to ensure compliance with the Protection of Minors Policy. This Committee will also report policy-related and statistical information to the campus community. The Committee must approve a document retention policy related to Programs and Events involving Minors on campus.
- b. Membership: Committee members include the Child Protection Officer (Committee chair), a representative from Public Safety, faculty, staff, Title IX coordinator(s), and others as deemed appropriate by the Committee chair or the College administration.
- c. Authority: The Child Protection Committee will have the authority to immediately revoke, restrict, or cancel a Program or Event when/if evidence of non-compliance with the Protection of Minors Policy is presented.

#### B. Program Requirements.

1. Approval: Programs involving children which utilize The Citadel's name must be approved before any activities occur. The Program Director (or their designee) must submit an application for the Program no less than fifteen (15) days prior (exceptions should be directed to the Event Management Services Office and Child Protection Officer) to the beginning of a Program or may be charged a \$250 fee by the Event Management Office. Programs that do not submit the application at least fifteen (15) days prior may risk Program disapproval. The Program Director must register each Program annually or for each occurrence (see Annex A, Form 1). Citadel Employee Independently Sponsored Programs may represent that they take place on The Citadel's campus, but otherwise may not make any representations that their activities are endorsed or supported by The Citadel in any way. Programs must ensure that their brochures, advertisements and promotional materials do not use any Citadel logos, trademarks, or service marks unless sponsored by The Citadel.
2. Risk Assessment: Programs will be subject to a risk assessment performed by the Director of Environmental Health and Safety (see Annex A, Form 1, paragraphs 12 through 23).
3. Letter of Agreement: Not required for Citadel-Sponsored Programs, BUT it is required for Citadel Employee Independently Sponsored Programs. Contact the Reservations and Event Management Services Office at [reservations@citadel.edu](mailto:reservations@citadel.edu) or 843-953-0467 for a copy of the Letter of Agreement.
4. Charter Transportation: All Programs must complete a charter transportation services form if they intend to use charter transportation services (see Annex A, Form 2).

5. Program Director Acknowledgement and Authorization: All Program Directors must complete the Acknowledgement and Authorization form (see Annex A, Form 3).
6. Voluntary Disclosure and Background Checks: All Adult Participants/Counselors must complete the Voluntary Disclosure and Background Check form (see Annex B, Form 4) and provide it to the Program Director. The Program Director must conduct checks for all Adults having contact with Minors. The cost for completing criminal background checks will be the responsibility of the Program/Participant. **Please do not send completed forms to The Citadel with Social Security numbers. The Program Director is responsible for taking completed forms from the Adult Participants/counselors and completing the background checks.**

Background Check Protocol. Program Directors will be responsible for conducting the following background checks on all Adults having contact with Minors and make this documentation available to the Child Protection Officer or designee for inspection:

- a. S.C. State Law Enforcement Division (SLED) [Criminal History Background Check](#)
- b. S.C. State Law Enforcement Division (SLED) [Sex Offender Database](#)
- c. [National Sex Offender Registry](#)

Persons having a history of sexual offense, abuse, violence, kidnapping, or drug trafficking are prohibited from participating in youth programs at The Citadel. Persons having histories involving other criminal offenses are to be assessed for participation on a case-by-case basis.

7. Release & Hold Harmless, Medical, Photography, & Transport Consent Agreement: All Participants and Counselors must complete a Release and Hold Harmless Agreement prior to their participation in the Program (see Annex B, Form 5). These must be available for inspection by the Child Protection Officer or designee.
8. Physician Certification of Participant Health: For Programs with sports-related activities only, all Participants must have a completed Physician's Certification of Participant's Health Form prior to participating (see Annex B, Form 6). If applicable, these must be available for inspection by the Child Protection Officer or designee.
9. Additional Items for submission with the application:

- a. Itinerary: All Programs must submit a copy of their itinerary with activities listed. A detailed schedule must be included with dates/times for all activities during the Program.
- b. Promotional Materials: All Programs must submit copies of their promotional materials.
- c. Certificate of General Liability: All Programs must submit a certificate of general liability insurance policy.
- d. Certificate of Accidental Medical Insurance: All Programs must submit a certificate of accidental medical insurance policy (this is usually an additional option on the liability insurance rider documentation).
- e. Sexual Molestation Coverage: All programs are highly encouraged to submit a certificate of sexual molestation coverage (this is usually an additional option on the liability insurance rider documentation).
- f. Program Safety Training Materials: All Programs must provide all safety training materials (rules for counselors and administrators, first aid, CPR training (if appropriate), harassment, bullying, sexual harassment and sexual assault).
- g. Child Protection Training Documentation: All Adults involved in the program must complete or provide current certification of youth protection training from a recognized training agency (such as Darkness 2 Light) annually. Youth protection training for all Adults must include a review of:
  - 1) Basic warning signs of abuse or neglect of Minors;
  - 2) Guidelines for protecting Minors from emotional and physical abuse and neglect; and
  - 3) Requirements and procedures for reporting incidents of suspected abuse, neglect, or improper conduct.
- h. First Aid and CPR Certification: A representative number of Adult staff or counselors must have successfully completed and provide proof of current First Aid, CPR, and/or lifesaving certification from a recognized training agency (such as the American Red Cross or the American Heart Association). A representative number is at least one person on duty at all times for each venue/event location. Otherwise, the Program Director can contract with Citadel Sports Medicine for this requirement. Contact Citadel Sports Medicine at 843-953-6867 or [SportsMedicine@citadel.edu](mailto:SportsMedicine@citadel.edu) for contract options for First Aid/CPR.

### C. Records Retention.

1. Citadel-sponsored youth programs are required to retain the required Annex B documents permanently.
2. The Citadel highly recommends third-party programs retain the required Annex B documents permanently.
3. The Citadel is required to permanently retain the approved and executed Annex A documents.

## 5. COMPLIANCE

The Citadel expects all members of the college community – faculty, staff, students, and volunteers – to abide by this Policy. Failure to do so may lead to disciplinary action up to and including termination from the College, revocation of the opportunity to use Citadel Facilities, or cancellation of the youth-serving Program.

All Program Directors must provide appropriately executed agreements to the Child Protection Officer at least fifteen (15) days prior to the scheduled use of College Facilities or may face an additional charge of \$250 through the Event Management Services Office. Program Directors must provide satisfactory evidence of compliance with all requirements of this Policy to the Child Protection Officer or make them available for inspection by the staff upon request. This includes: training certification forms for all Adults participating in Programs serving Minors, Participant waiver forms signed by the parent or guardian of each Minor, background check results for Adults with significant contact with Minors and updated background checks for Citadel employees.

All Programs are subject to a random review of documentation. The Office of Institutional Compliance will coordinate the review of the Program's documentation. The Child Protection Officer or Chief Compliance Officer has the authority to restrict the Program (or its participants) in the case of incomplete or missing documentation required by this Policy. This can include revocation of the opportunity to use Citadel Facilities and/or up to the immediate cancellation of the Program.

## 6. NOTES

### A. Dates of Official Enactment and Amendments:

Approved by the Senior Vice President of Operations and Administration on 22 March 2018.

Non-substantive changes made on 22 March 2018 include: updating contact information such as names, phone numbers, and email addresses. Additionally, changed Memorandum Number to reflect departmental change.

**B. Responsible Department:**

Office of Institutional Compliance

**C. Responsible Official:**

Chief Compliance Officer

Title IX Officer

**D. Cross References:**

Memorandum 2-025, [Sexual Violence Prevention and Response](#)

Memorandum 2-026, [Sexual Harassment](#)

**7. RESCISSION**

Memorandum 5-510, Protection of Minors, dated 1 June 2017, Memorandum 2-110, Protection of Minors, dated 2 March 2015, Memorandum 10, Children on The Citadel Campus, dated 15 November 2007 and previous versions are rescinded.

**8. REVIEW**

This Policy shall be reviewed every two (2) years, or as necessary.

FOR THE PRESIDENT:

OFFICIAL

//Signed, TGP, 22 March 2018//  
THOMAS G. PHILIPKOSKY  
Colonel, USAF, Retired  
Senior Vice President of Operations and  
Administration

**Attachments**

Instructions for Approval of Materials for Activities Involving Minors  
Annex A, Forms provided by Program Director for Program Approval  
Annex B, Forms provided by Program Director for inspection at Event

## INSTRUCTIONS FOR APPROVAL OF MATERIALS FOR ACTIVITIES INVOLVING MINORS

Requests for program approval must include the documents indicated in the Annex A table below. These documents must be submitted to the Child Protection Officer/Chief Compliance Officer. In addition, any approving authority may require additional documentation, in his or her discretion. For questions about this process, contact The Citadel Child Protection Officer 843-953-3640 or Chief Compliance Officer 843-953-2667.

### Annex A

	Item	Programs
1.	Complete Form 1: "Application and Risk Assessment Form for Activities Involving Minors at The Citadel."	All Programs.
2.	Complete and sign Letter of Agreement (contract). Citadel-sponsored Programs are exempt from completing this agreement. Contact the Reservation and Event Management Office at <a href="mailto:reservations@citadel.edu">reservations@citadel.edu</a> or 843-953-0467 for a copy of the Letter of Agreement.	All 3 <sup>rd</sup> Party and Citadel Employee Independently Sponsored Programs.
3.	Complete Form 2: "Charter Transportation Service Information Request."	All Programs.
4.	A detailed itinerary with activities listed.	All Programs.
5.	Brochure / advertising materials.	All Programs.
6.	Certificate of General Liability Insurance and Accidental Medical Insurance Coverage listing the Citadel as an additional insured with limits of at least \$1,000,000 per occurrence and \$3,000,000 aggregate (for day programs only) or \$5,000,000 aggregate (for high risk or overnight programs). Sexual abuse/molestation coverage (\$1,000,000) is highly encouraged. Medical Expense Reimbursement (Med Pay) should be \$5,000 per individual. Additional amounts may be necessary, per the discretion of the Vice President for Finance. <b>(Citadel-sponsored Programs are covered by the Insurance Reserve Fund (IRF) and are therefore exempt from providing any certificates.)</b>	All 3 <sup>rd</sup> Party and Citadel Employee Independently Sponsored Programs.
7.	Copies of the program's safety training materials. Activity specific safety awareness training must be provided to all counselors and activity administrators, to include all persons who will have any contact with minors attending the activity. Safety training must be provided prior to the start of any activities involving children, and must include (1) rules for counselors and administrators, (2) first aid, (3) CPR training (if appropriate), (4) harassment, (5) bullying, (6) sexual harassment and (7) sexual assault.	All Programs.
8.	Copies of Child Protection Training Certification.	All Programs.
9.	Charter Transportation Service Documentation: <ul style="list-style-type: none"> <li>• Certificate of Insurance for Charter Service</li> <li>• Driver Certification and Training for Charter Service</li> <li>• Vehicular Maintenance for Charter Service</li> <li>• Vehicular Accidents of Charter Service</li> </ul>	For Programs using Charter Transportation Services.
10.	Complete, sign, and scan Form 3: "Acknowledgement and Authorization Form."	All Programs.

The Program Director of all Programs must obtain the documents listed in the table below from the participants prior to the program occurring at The Citadel. **These documents must be brought to the event for possible inspection by Citadel Officials.**

### Annex B

	Item	
1.	Form 4: "Program Counselor's Voluntary Disclosure and Background Check."	All Programs.
2.	Form 5: "Release and Hold Harmless, Medical, Photography, & Transport Consent Agreement" from all Participants in Program.	All Programs.
3.	Form 6: "Physician's Certification of Participant's Health" from all Participants in a Sports-related Program.	For all Sports Programs.
4.	Form 7: "Program Incident Report Form (only filled out if an incident occurs)"	



**APPLICATION AND RISK ASSESSMENT FORM FOR  
ACTIVITIES INVOLVING MINORS AT THE CITADEL**

*The Program Director must complete this form.*

**PROGRAM DIRECTOR**

**1. NAME of PROGRAM:** \_\_\_\_\_  
Website Address: \_\_\_\_\_  
Date of Application: \_\_\_\_\_

**2. CONTACT INFORMATION FOR PROGRAM DIRECTOR**  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Evening Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

**3. CONTACT INFORMATION FOR ASSISTANT DIRECTOR OR OTHER ALTERNATE**  
Name: \_\_\_\_\_ Position: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Evening Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

**4. COORDINATING CITADEL OFFICIAL [if any]**  
Name: \_\_\_\_\_ Department: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**5. REVIEWING VICE PRESIDENT [Check one.]**

- Provost:** Reviews all academic enrichment programs.
- Commandant:** Reviews all military and leadership programs.
- Director of Athletics:** Reviews all sports-related programs.

**6. THE PROGRAM IS A... [Check one.]**

- Citadel-sponsored Program
- Citadel employee, independently sponsored Program (i.e., Coach's Athletic Program)
- Third-party Program: any program, which is not affiliated with or sponsored by The Citadel or a Citadel employee.

**7. TYPE OF PROGRAM [Check one.]**

- Academic Program (Please describe): \_\_\_\_\_
- Athletic Program
- Leadership Training (e.g. JROTC)
- Other (Please describe): \_\_\_\_\_

**8. PROPOSED CAMPUS LOCATION [check all that apply]**

- Barracks: \_\_\_\_\_
- Deas Hall
- McAlister Field House
- Washington Light Infantry Field
- Other (Specify Location): \_\_\_\_\_
- Johnson Hagood Stadium
- Summerall Field
- Wilson Field

**9. DATES, DAYS, COUNSELORS AND PARTICIPANTS**

<b>Session Number</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>Proposed Dates MM-DD-YYYY format</b>					
<b># of Days</b>					
<b>Age of Minors</b>					
<b>Number of Minors</b>					
<b>Number of Counselors</b>					

**10. INDICATE WHETHER THIS PROGRAM IS [Check one.]**

**Day Program** only [Skip to #11]

**Overnight Program** where participants are housed overnight at The Citadel.

Participants will stay on-campus.

Indicate requested campus location: \_\_\_\_\_

Participants will be housed in off-campus lodging arranged by the Program Director.

Provide the name of the facility: \_\_\_\_\_

Participants will be responsible for arranging their own off-campus housing.

Please explain: \_\_\_\_\_

**11. INSURANCE**

- Citadel-sponsored Programs, as identified in #6 above, receive general liability insurance coverage through The Citadel’s policy with the SC Insurance Reserve Fund. Those programs are also eligible to purchase accidental medical coverage through The Citadel’s recommended Insurance Plan.
- All other Programs must purchase a commercial General Liability Policy and Accidental Medical Insurance Policy. These policies must list “*The Citadel, the State of South Carolina, their officers, directors, servants, agents and employees*” as additional insureds with limits of at least \$1,000,000 per occurrence and \$3,000,000 aggregate (for day programs only) or \$5,000,000 aggregate (for high risk or overnight programs). Coverage must include sexual molestation coverage (\$1,000,000). Medical Expense Reimbursement (Med Pay) should be \$5,000 per individual. Additional amounts may be necessary, per the recommendation of the Director of Environmental Health and Safety or the discretion of the Vice President for Finance.

Citadel-sponsored Program: General Liability Insurance provided by The Citadel’s policy with SC Insurance Reserve Fund.

Citadel employee, independently sponsored Program (i.e., athletic Program) or Third Party Program: General Liability Insurance will be provided through \_\_\_\_\_.

**(Along with this form, submit a copy of the Certificate of Insurance)**

**12. RISK ASSESSMENT**

Program directors must consider the full impact of all activities conducted during a program, assume responsibility, and take appropriate measures to reduce or to eliminate the potential for exposure of program participants to reasonably foreseeable risks and hazards. This risk assessment tool cannot encompass all of the possible scenarios for program activities and risks. Therefore, directors are called upon to exercise due diligence in designing program activities to address risk and safety considerations for all participants. Program directors are required to obtain and to review the latest edition of the American Camp Association’s (ACA) Accreditation Guide, available through the ACA’s website at [www.acacamps.org](http://www.acacamps.org), and at a minimum, comply with the ACA “Mandatory Standards”. Program directors can seek assistance from The Citadel’s Director of Environmental Health and Safety at 843-953-4816, [EHS@citadel.edu](mailto:EHS@citadel.edu) and/or The Citadel’s Child Protection Officer at 843-953-3640, [Child.Protection@citadel.edu](mailto:Child.Protection@citadel.edu) for specific questions.

**13. SCHEDULING**

Is all program time scheduled (minimal or no free time)? **[Check one.]**  
 Yes **[Skip to #14 and submit a detailed itinerary along with this form.]**  
 No **[Complete following table for free time periods.]**

Free Time Period	Location of Participants	Supervision Arrangements

**\*For additional Free Periods, attach a separate sheet with information above**

**14. PHYSICAL ACTIVITY**

Does this program include physical fitness activities? (e.g. running, jumping, swimming, climbing at heights greater than six (6) feet, lifting weights, contact or field competition) **[Check one.]**  
 Yes **[List physical activity below and have Annex B, Form 6 completed by the Physician of each minor and counselor.]**  
 No **[Skip to #15.]**

**\*For additional Physical Activities, attach on a separate sheet with information above**

**15. TOOLS**

Do any of the activities in this program involve the operation of hand tools such as saws, knives, hand drills, scissors, scalpels, etc.? **[Check one.]**

Yes **[Complete the following table.]**  
 No **[Skip to #16.]**

Type of Equipment	Location When Not In Use	Tool Supervisor	Experience of Supervising Official

**\*For additional Tools, attach on a separate sheet with information above**

**16. WEAPONS**

Will any activity of this program involve participant use of, or access to, firearms, bows and arrows, pressurized projectiles, or other similar implements? **[Check one.]**

Yes **[Complete the following table.]**  
 No **[Skip to #17.]**

Type of Equipment	Weapon Inspection date & Official	Location When Not In Use	Weapon Supervisor	Supervisor Qualifications	Specific Activity	Activity Location

**\*For additional Weapons, attach on a separate sheet with information above**

**17. CHEMICALS**

Will any activity involve the use of chemicals, flammable or noxious gases, or similar dangerous substances? **[Check one.]**

Yes **[Complete the following table.]**

No **[Skip to #18.]**

Chemical Or Gas	Location / Security Of Chemicals When Not In Use	Program Official Who Will Provide Supervision	Training Or Qualifications For Supervising Official	Specific Activity	Activity Location

**\*For additional Chemical, attach on a separate sheet with information above**

**18. WATER ACTIVITIES**

Will any activity involve water sports (diving, swimming, scuba, wading, etc.)? **[Check one.]**

Yes **[Complete A - C.]**

No **[Skip to #19.]**

**A. NAME of WATER ACTIVITY COORDINATOR:** \_\_\_\_\_

The aforementioned person will be present at and coordinate all water activities, including the assessment of swimming proficiency of each participant.

**QUALIFICATIONS of WATER ACTIVITY COORDINATOR**

(American Red Cross certificates, or equivalent, WSI certificate, lifeguard experience, etc., please include dates of certificates, experience, etc.)

\_\_\_\_\_

**If applicable, submit copy of the certificate(s) along with this form.**

**B. LIST OF WATER ACTIVITIES**

Complete the following table for all water activities that will occur as part of the program.

Activity	Number Of Participants	Location Of Activity	Number Of Lifeguards	Lifeguard Qualifications

**\*For additional water activities, attach on a separate sheet with information above**

**C. WATER ACTIVITIES WHICH WILL NOT OCCUR AT THE CITADEL**

For any water activities listed in #18.B above, which will not take place in the Deas Hall pool at The Citadel, complete the following table.

Activity	Number of Participants	Location	Investigation Or Inspection Conducted	Date Of Inspection	Inspecting Official

**\*For additional Water Activities Off-Campus, attach on a separate sheet with information above**

**19. HOUSING**

Will program participants be housed overnight, either on campus or off campus? **[Check one.]**

Yes **[Complete A - D.]**

No **[Skip to #20.]**

**A. HOUSING LOCATION at THE CITADEL:** \_\_\_\_\_

**B. OFF CAMPUS HOUSING LOCATION:** \_\_\_\_\_

**C. HOUSING PLAN**

Describe the housing plan, including but not limited to: room assignment plan, room check-in and check-out procedures, curfew times, overnight supervision, visiting restrictions, and lost / unaccounted-for-participant procedure. (**Note:** Program plans must include prohibitions against participants visiting in staff-members rooms, except on official business. Also, counselors should never be alone with participants.)

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

**D. SAFETY COORDINATOR(S)**

Identify the individual who will provide instruction on security, loss prevention, emergency exit locations and procedures, and other housing-related safety and security issues. Please describe that person's qualifications.

**NAME:** \_\_\_\_\_

**ADDRESS/LOCATION DURING PROGRAM:** \_\_\_\_\_

**PHONE NUMBERS: Office:** \_\_\_\_\_ **Home:** \_\_\_\_\_ **Mobile:** \_\_\_\_\_

**QUALIFICATIONS:** \_\_\_\_\_

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

In situations where groups of minors bring their own adult counselor or supervisor (Example: coaches, drill team advisors, guidance counselors), identify the individual who will brief these counselors/supervisors on safety, program established expectations, program rules, or other provisions:

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

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

**20. TRANSPORTATION**

**A. TRANSPORTATION TO AND FROM THE PROGRAM**

Describe the pick-up and drop-off procedure for minors participating in the program:

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

**B. TRANSPORTATION DURING PROGRAM**

Will participants be transported to, from, or during the program by counselors? [**Check one.**]

Yes [**Complete the following table.**]

No [**Skip to #21.**]

Driver	Training Or Experience	Transportation Responsibilities (i.e. Pickup For Program, Transport From Program, Transport During Program)	Vehicle To Be Used (POV, Citadel, Etc.)

\*For additional Drivers, attach on a separate sheet with above information

**C. NON-CITADEL VEHICLES**

Will any non-Citadel vehicles be used for the program?

Yes **[Complete the following table.]**

No **[Skip to #20.D.]**

Vehicle To Be Used	Owner	Insurance On Vehicle (Policyholder, Limits)	Is All Safety Equipment Installed And In Good Working Condition?	Inspecting Individual	Date Of Inspection

**\*For additional Non-Citadel vehicles, attach on a separate sheet with information above**

**D. CHARTERED TRANSPORTATION**

Will any chartered transportation services be used? **[Check one.]**

Charter service is defined as services secured to transport participants by land, sea, or air in which one or more vehicles and operators are provided for this purpose.

Yes **[Complete the following tables and Annex A, Form 2.]**

No **[Skip to #21.]**

Charter Service	Years In Operation	License(s) / Certification(s)	Insurance Coverage

**\*For additional Charter Service Transportation, attach on a separate sheet with information above**

**TRANSPORTATION LOG**

Destination*	Reason for Transportation	# of Participants to be Transported	Inspection Date of Location	Inspecting Official	Senior Program Official on Trip	Instructions to be Provided to Drivers (maps, Briefing on Driving Conditions, etc.)	Emergency Contacts (at The Citadel / in Transit / at Location	Safety Equipment Available (during Trip and at Location

**\*For additional trips, attach above information on a separate sheet**

**(Note:** Prior to first trip, program director, or designee, should inspect destination for loading / unloading location, safety considerations. Prior to each trip, program director or designee should review weather and traffic conditions. Senior official on travel should have copies of contact numbers for parents or guardians of minors during all off-campus travel.)

**21. MEDICAL CONSIDERATIONS**

**A. CHARLESTON AREA HOSPITAL AND CITADEL INFIRMARY**

Which Charleston area hospital (Roper, MUSC, Trident, etc.) will the Program use for emergencies? \_\_\_\_\_

**The Citadel Infirmary does not provide medical support for minor's programs at all during the academic year.**

**The Citadel Infirmary does not normally provide medical support for minor's programs during the summer.** However if you have made a special arrangement with the Infirmary (843-953-4827) for limited medical coverage for a summer program, please indicate below:

Yes **[Complete this section.]**

No **[Skip to #21.B.]**

Please describe the arrangements, if any, that you have made with The Citadel Infirmary for minor's programs during the summer.

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

**B. FIRST AID TRAINING**

Has the Program director made arrangements to provide First Aid training to the program's counselors? **[Check one.]**

Yes **[What type of training is provided (classroom instruction, video instruction, web-based instruction, literature, other) (please explain):** \_\_\_\_\_

No **[Skip to #21.C.]**

**C. FIRST AID-TRAINED PERSONNEL WHO WILL BE IN ATTENDANCE**

Name	Training	Relation To Program	Role At Program

**\*For additional First-Aid Trained Personnel, attach on a separate sheet with information above**

**\*\*Along with this form, submit a copy of the certificate of each counselor.**

**D. ADMINISTRATION OF FIRST AID**

If none of the above, please provide an explanation of how First Aid will be administered for the program. Contact Citadel Sports Medicine at 843-953-6867 or [SportsMedicine@citadel.edu](mailto:SportsMedicine@citadel.edu) for contract options for First Aid/CPR.

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

**E. FIRST AID KITS**

Location	Contents	Date Of Last Inspection	Inspecting Official

**\*For additional First-Aid Kits, attach on a separate sheet with information above**

**F. HEAT EXHAUSTION**

Describe the training provided to counselors for recognition of heat exhaustion:

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

Describe the planned preventative measures. (Example: The provision of cool drinks and frequent reminders to consume them, breaks or rest periods from extended periods of physical activity, counselor's alert for the symptoms of the onset of heat exhaustion.)

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#### G. PARTICIPANT MEDICATION AND ALLERGY PREPARATIONS

Official who will collect and maintain participant medication and allergy information:

NAME: \_\_\_\_\_

ADDRESS/LOCATION DURING PROGRAM: \_\_\_\_\_

PHONE NUMBERS: Office: \_\_\_\_\_ Home: \_\_\_\_\_ Mobile: \_\_\_\_\_

QUALIFICATIONS: \_\_\_\_\_

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Location of medications and records during program: \_\_\_\_\_

Describe the Program's plan for storing and providing medications, avoiding, and responding to allergic reactions: \_\_\_\_\_

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#### 22. FOOD PREPARATION

Will the program prepare and/or serve its own foods: **[Check one.]**

Yes **[Contact Sodexo for meal support; call 843-953-5086 / 5017.]**

No **[Skip to #23.]**

#### 23. USE OF THE CITADEL COMPUTER LABS

Will the program use The Citadel's Computer labs: **[Check one.]**

Yes **[Complete this section.]**

No **[Skip to #24.]**

**The Citadel does not restrict internet access nor monitor the use of its computers in the lab rooms. It will be the responsibility of the program to monitor the use of the computers by its minors.**

Describe the planned preventative measures. (How many counselors will monitor the minors in a computer lab? Some computer labs have twenty four computers. How will the counselors monitor the minors?)

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#### 24. COMPLETE APPROPRIATE FORMS BASED ON PROGRAM TYPE, AS DESCRIBED BELOW.

- All Third-party Programs or Citadel employee, independently sponsored Programs (i.e., athletic Program) complete **Letter of Agreement (contract)**. Contact the Reservation and Event Management Office at [reservations@citadel.edu](mailto:reservations@citadel.edu) or 843-953-0467.
- If the program is using Charter Transportation, then complete **Annex A, Form 2**.
- If the program is not using Charter Transportation, then complete **Annex A, Form 3**.



## CHARTER TRANSPORTATION SERVICE INFORMATION REQUEST

*The Program Director must complete this form.*

1. **NAME of PROGRAM:** \_\_\_\_\_  
Date of Application: \_\_\_\_\_
2. **NAME of PROGRAM DIRECTOR:** \_\_\_\_\_
3. **CHARTER SERVICE**  
Will this program use a charter service? **[Check one.]**  
Yes **[Complete #4 - 11.]**  
No **[Skip to #11.]**
4. **NAME OF CHARTER SERVICE:** \_\_\_\_\_  
Website of Charter Service (if applicable): \_\_\_\_\_
5. **DATES OF CHARTERED SERVICE USE FOR PROGRAM:** \_\_\_\_\_
6. **CHARTER SERVICE CONTACT INFORMATION**  
Name of Charter Service Contact Person: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Fax number: \_\_\_\_\_  
E-mail address (if applicable): \_\_\_\_\_
7. **CERTIFICATE of INSURANCE FOR CHARTER SERVICE**  
**Along with this form, submit a copy of the Certificate of Insurance for the State required liability limits (minimum \$5,000,000.00) for the charter service.**
8. **DRIVER CERTIFICATION and TRAINING FOR CHARTER SERVICE**  
**Along with this form, submit information on the driver certification and training required of or provided to the charter service drivers.**
9. **VEHICULAR MAINTENANCE FOR CHARTER SERVICE**  
**Along with this form, submit a brief explanation of how preventative maintenance and safety checks are managed for the charter service vehicles.**
10. **VEHICULAR ACCIDENTS OF CHARTER SERVICE**  
Has this charter service been involved in vehicular accidents that resulted in significant injury (requiring hospitalization) or death in the past five (5) years? **[Check one.]**  
Yes **[Along with this form, submit information on the accidents that meet this criteria.]**  
No **[Skip to #23.]**
11. **COMPLETE ACKNOWLEDGEMENT and AUTHORIZATION FORM, ANNEX A, FORM 3.**

**ACKNOWLEDGEMENT and AUTHORIZATION FORM FOR ALL PROGRAMS**

*The Program Director must complete this section.*

1. **Name of Program:** \_\_\_\_\_  
Date of Application: \_\_\_\_\_

2. **NAME of PROGRAM DIRECTOR:** \_\_\_\_\_

**3. ACKNOWLEDGMENT AND AUTHORIZATION OF PROGRAM DIRECTORS**

By signing this document, I:

- have read The Citadel's [Protection of Minors Policy](#).
- have read The Citadel's [Use of Citadel Facilities and Property Policy](#).
- agree to conduct the following checks on all adults associated with the program (available via the [S.C. State Law Enforcement Division](#) (SLED) website):
  - [Background Check](#) and
  - [Sex Offender Check](#)
- agree to have fully screened alternate counselors on standby if an active counselor cannot perform his/her counselor duties.
- agree to provide to all counselors safety training with respect to first aid, CPR (if appropriate), harassment, bullying, sexual harassment, and sexual assault; and rules of conduct.
- recognize that The Citadel does not monitor computer usage in its laboratories and that the program must monitor its own minors on The Citadel's computers
- will report any incident to Citadel Public Safety and the Director of Environmental Health and Safety no later than twenty-four hours afterwards. An incident is defined as any actual or alleged event or situation that creates a significant risk of substantial or serious harm to the physical or mental health, safety, or well-being of someone. Examples include abuse, neglect, exploitation, injury, missing person, death, medical emergency, suicide, or attempted suicide.
- agree to bring to the event all Annex B documents associated with this program.
- recognize that the Annex B documents may be checked by Citadel personnel during the operation of the program on campus and retain such for a minimum of two (2) years.
- recognize that The Citadel may cancel the event if the program is not in compliance with The Citadel's *Protection of Minors Policy* or if there is a campus emergency.
- agree that all participants in this program will complete the on-line survey, which will help The Citadel to provide appropriate services to all future programs.

I have complied with all requirements to date, and I agree to abide by The Citadel's *Protection of Minors Policy* in the operation of my proposed program. My signature authorizes the transfer of funds from the given account in this application for the payment of fees/expenses to The Citadel.

\_\_\_\_\_  
**Signature of Program Director**

\_\_\_\_\_  
Date (MM/DD/YYYY)

*The Program Director will obtain the signature of The Citadel Co-host for third-party overnight programs, such as HOBY, AFJROTC, etc. Otherwise this application is submitted to The Citadel via the Child Protection Officer/Chief Compliance Officer.*

**4. AUTHORIZATION OF CITADEL FACULTY, STAFF, or EMPLOYEE**

I agree to assist in the coordination of this program. I have made sure that all Annex A, Items 1-10 (including Forms 1-3) have been completed, if applicable. I am submitting these forms on behalf of the Program Director to The Citadel for review and approval.

\_\_\_\_\_  
**Signature of Citadel Faculty, Staff, or Employee**

\_\_\_\_\_  
Date (MM/DD/YYYY)

Citadel personnel will complete this section.

**5. INITIAL AUTHORIZATION OF CHILD PROTECTION/CHIEF COMPLIANCE OFFICER**

I find this program \_\_\_\_\_ (to be/not to be) in compliance with The Citadel's *Protection of Minors Policy*.

Explanation for Rejection of Program: \_\_\_\_\_

\_\_\_\_\_  
**Signature of Child Protection Officer /  
Chief Compliance Officer**

\_\_\_\_\_  
Date (MM/DD/YYYY)

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**6. AUTHORIZATION OF REVIEWING VICE PRESIDENT**

I find that this program \_\_\_\_\_ (is/is not) consistent with The Citadel's educational mission or the mission of the department under my direction. I authorize the transfer of funds to pay for insurance and/or support services fees, as appropriate, from the account referenced in this application.

Explanation for Rejection of Program: \_\_\_\_\_

\_\_\_\_\_  
**Signature of (circle one) Provost /  
Commandant / Director of Athletics**

\_\_\_\_\_  
Date (MM/DD/YYYY)

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**7. AUTHORIZATION OF DIRECTOR OF ENVIRONMENTAL HEALTH AND SAFETY**

I find this program \_\_\_\_\_ (to be/not to be) in compliance with general safety guidelines and The Citadel's *Protection of Minors Policy*. The program has appropriate insurance coverage.

List any risk concerns about this program and how they will be addressed: \_\_\_\_\_

Explanation for Rejection of Program: \_\_\_\_\_

\_\_\_\_\_  
**Signature of Director of Environmental  
Health and Safety**

\_\_\_\_\_  
Date (MM/DD/YYYY)

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**8. AUTHORIZATION OF ASSOCIATE VICE PRESIDENT FOR FACILITIES and ENGINEERING**

I \_\_\_\_\_ (authorize/do not authorize) the use of the following facilities for this program and recommend the program \_\_\_\_\_ (be/not be) charged \$\_\_\_\_\_ for these facilities.

Session Number	Start Date (MM/DD/YYYY)	End Date (MM/DD/YYYY)	Facilities
1			
2			
3			
4			

Explanation for Rejection of Program: \_\_\_\_\_

\_\_\_\_\_  
**Signature of Associate Vice President for  
Facilities and Engineering**

\_\_\_\_\_  
Date (MM/DD/YYYY)

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**9. AUTHORIZATION OF GENERAL COUNSEL**

I find this program \_\_\_\_\_ (to be/not to be) in compliance with The Citadel's *Protection of Minors Policy*.

Explanation for Rejection of Program: \_\_\_\_\_

\_\_\_\_\_  
**Signature of General Counsel**

\_\_\_\_\_  
Date (MM/DD/YYYY)

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**10. AUTHORIZATION OF VICE PRESIDENT FOR OPERATIONS**

I find that this program \_\_\_\_\_ (is/is not) consistent with The Citadel's educational mission and I \_\_\_\_\_ (approve/do not approve) this program under the provisions of The Citadel's *Protection of Minors Policy*.

Explanation for Rejection of Program: \_\_\_\_\_

\_\_\_\_\_  
**Signature of Vice President for Operations**

\_\_\_\_\_  
Date (MM/DD/YYYY)

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**11. AUTHORIZATION OF VICE PRESIDENT FOR FINANCE**

I find that this program \_\_\_\_\_ (is/is not) consistent with The Citadel's educational mission and I \_\_\_\_\_ (approve/do not approve) this program under the provisions of The Citadel's *Protection of Minors Policy*. I \_\_\_\_\_ (concur/ do not concur) with the Associate VP for Facilities and Engineering about the fees for the facilities. The Citadel will charge \$\_\_\_\_\_ for the facilities listed in #8 above.

Explanation for Rejection of Program: \_\_\_\_\_

\_\_\_\_\_  
**Signature of Vice President for Finance**

\_\_\_\_\_  
Date (MM/DD/YYYY)

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*Note: All overnight Programs must be approved by The President of The Citadel. Both the Executive Assistant to The President and The President should be notified.*

**12. AUTHORIZATION OF PRESIDENT**

I \_\_\_\_\_ (certify) this overnight program has been briefed to the President of The Citadel for final approval.

\_\_\_\_\_  
**Signature of Child Protection /  
Chief Compliance Officer**

\_\_\_\_\_  
Date (MM/DD/YYYY)

## **INSTRUCTIONS FOR COLLECTION OF MATERIALS AFTER APPROVAL AND PRIOR TO COMMENCEMENT OF PROGRAM**

Following complete approval of Citadel officials, Program Directors must begin detailed planning of program activities. Program Directors must obtain and maintain in the program files the documents listed below. These documents must be brought to the actual event while it is being held on The Citadel campus, such that the documents can be reviewed by Citadel officials if requested. Failure to provide these documents to Citadel personnel can result in immediate termination of the program.

1. Form 4: "Program Counselor's Voluntary Disclosure and Background Check Form"
2. Form 5: "Release and Hold Harmless, Medical, and Photography Consent Agreement"
3. Form 6: "Physician's Certification of Participant's Health" (for sports-related programs only)
4. Form 7. "Program Incident Report Form (for use when an incident occurs)"

**PROGRAM COUNSELOR'S VOLUNTARY DISCOLSURE and BACKGROUND CHECK FORM**

*Each Program Counselor must complete this form and submit it to the Program Director.*

The information provided below will be used to screen for criminal convictions. Your employment or volunteer participation in any Citadel affiliated program is contingent upon the satisfactory completion of a background screen. Individuals who have been convicted of a sexual offense are not eligible to serve in an employment or volunteer capacity for any Citadel affiliated programs involving children.

The information on this form, together with any attachments, is the property of the program to which you are applying. The results of the background check will be shared with The Citadel, with all confidential information redacted. State law requires that you be informed of the following: (1) you are entitled to request to be informed about the collected facts about yourself by use of this form (with exceptions as provided by law); (2) you are entitled to receive and review that information; (3) you are entitled to have the information corrected at no charge to you.

**DO NOT provide this completed form back to The Citadel. Provide it to your Program Director.**

1. **NAME:** \_\_\_\_\_  
Last First Middle Suffix

2. **OTHER NAMES YOU HAVE USED** (including maiden name):

**NAME:** \_\_\_\_\_  
Last First Middle Dates of Use

**NAME:** \_\_\_\_\_  
Last First Middle Dates of Use

3. **DATE of BIRTH:** Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

4. **CURRENT ADDRESS**

**STREET ADDRESS:** \_\_\_\_\_

**CITY, STATE, ZIP:** \_\_\_\_\_

**DRIVER'S LIC. #:** \_\_\_\_\_ **SOCIAL SECURITY NUMBER:** \_\_\_\_\_

5. **PREVIOUS ADDRESSES for LAST FIVE (5) YEARS** (include college and home addresses). Use a separate sheet if necessary.

**STREET ADDRESS:** \_\_\_\_\_

**CITY, STATE, ZIP:** \_\_\_\_\_ **DATES:** \_\_\_\_\_

**STREET ADDRESS:** \_\_\_\_\_

**CITY, STATE, ZIP:** \_\_\_\_\_ **DATES:** \_\_\_\_\_

**STREET ADDRESS:** \_\_\_\_\_

**CITY, STATE, ZIP:** \_\_\_\_\_ **DATES:** \_\_\_\_\_

**For additional addresses, attach on a separate sheet with information above**

**CRIMINAL and CIVIL RECORD**

6. Have you ever been convicted of a violation of any local, State, or Federal law other than minor traffic violations? (This includes a plea of guilty or no contest.) **[Check one.]** YES NO

If yes, please explain. For each conviction, include the crime for which you were convicted or plead guilty, the date of conviction, the court (including city and state), and the sentence imposed.

\_\_\_\_\_

7. Have you ever been adjudged liable for civil penalties or damages involving sexual or physical abuse of children? **[Check one.]** YES NO

If yes, please explain: (Use a separate sheet, if necessary.)

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8. Are you now or have you ever been subject to any court order involving sexual or physical abuse of a minor, including, but not limited to a domestic order or protection? **[Check one.]** YES NO

If yes, please explain: (Use a separate sheet, if necessary.)

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9. Have your parental rights ever been terminated for reasons involving sexual or physical abuse of children? **[Check one.]** YES NO

If yes, please explain: (Use a separate sheet, if necessary.)

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**10. ACKNOWLEDGEMENT.** I understand that:

- A. The program may deny employment to any person who answers "yes" to any one of the questions above. If hired and the employer later discovers circumstances that would indicate a "yes" answer to any of the above questions, employment may be terminated immediately.
- B. The information provided on this form is subject to verification, which may include a criminal history check and request from any Central Registry of child abusers.
1. **I hereby authorize** the operators of the above referenced program, and/or The Citadel Human Resources office, to check my personal information against records maintained on the South Carolina Department of Public Safety Crime Records Service, the Sex Offender Database, and other similar State or Federal criminal records.
  2. **I further authorize** any law enforcement agency to furnish to The Citadel, or its agent, my criminal conviction record for a misdemeanor or felony offense.
  3. **I hereby release** all agents, servants, and employees of The Citadel, the person in charge of such law enforcement agency or department, and all members of such law enforcement agency or department from all liability resulting from the furnishing of this information to The Citadel.
- C. The program may terminate employment or volunteer service of any person if that person is found, regardless of when discovered, to:
1. have a history of complaints of abuse of a minor;
  2. have resigned, been terminated or been asked to resign from a position, whether paid or unpaid, due to complaint(s) of sexual abuse of a minor; and/or
  3. have falsified or omitted information in this disclosure statement.
- D. This disclosure statement must be updated yearly.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(MM/DD/YYYY)

Signature of Minor's Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_  
(MM/DD/YYYY)

**RELEASE & HOLD HARMLESS, MEDICAL, PHOTOGRAPHY, & TRANSPORT CONSENT AGREEMENT**

*In order to participate in the program, the Parent/Guardian of a Minor must complete this form and submit it to the Program Director. Counselors must complete this form and submit it to the Program Director.*

\_\_\_\_\_ (Initials or N/A) **For Parent/Guardian of Minor.** I am the Parent/Guardian of \_\_\_\_\_  
\_\_\_\_\_ (“Participant”) who is under eighteen years of age, and I am fully competent to sign this Agreement.

\_\_\_\_\_ (Initials) **For Parent/Guardian of Minor or Counselor.** I give permission for Participant to participate in \_\_\_\_\_ (hereafter “the Program”). I acknowledge that the risk of injury from the activity involved in the Program is significant, including the potential for permanent disability and death, and while particular protective equipment and personal discipline will minimize this risk, the risk of serious injury does exist. I understand and appreciate the nature of such hazards and risks.

\_\_\_\_\_ (Initials) In consideration of Participant being permitted to participate in the Sports Program, I, on behalf of myself, my heirs, successors, and assigns, and as parent or legal guardian of Participant, **KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS**, both known and unknown, **EVEN IF ARISING FROM THE NEGLIGENCE of the Sports Program, The Citadel, the State of South Carolina, their respective officers, directors, agents, servants, employees, members, successors and assigns**, and I assume full responsibility for my child’s participation in the program.

\_\_\_\_\_ (Initials) I, on behalf of myself, my heirs, successors, and assigns, and as parent or legal guardian of Participant, HEREBY **RELEASE AND HOLD HARMLESS** the Program, The Citadel, the State of South Carolina, their respective officers, directors, agents, servants, employees, members, successors and assigns, (“Releasees”), **WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH,** or loss or damage to person or property, **WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE**, that may result from or occur during Participant’s participation in the Program.

\_\_\_\_\_ (Initials) I further agree to indemnify and hold harmless **The Citadel, the State of South Carolina, their respective officers, directors, agents, servants, employees, members, successors and assigns**, from liability for the injury or death of any person(s) and damage to property that may result from Participant’s negligent or intentional act or omission while participating in **the Sports Program**.

\_\_\_\_\_ (Initials) **MEDICAL CONSENT**

1. **ROLE of PARTICIPANT at PROGRAM:** [Check one.]  
Minor [Complete #2.]                      Counselor [Skip to #3.]

2. **INFORMATION ABOUT MINOR’S PARENTS or GUARDIANS**  
Name of Parents/Guardians: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Mother’s Day Phone: \_\_\_\_\_ Mother’s Mobile Phone: \_\_\_\_\_  
Father’s Day Phone: \_\_\_\_\_ Father’s Mobile Phone: \_\_\_\_\_

3. **EMERGENCY CONTACT**

I understand that I will be contacted as soon as possible in the event that my child will need medical attention. If I am not available, please contact:

**FIRST EMERGENCY CONTACT**

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

**SECOND EMERGENCY CONTACT**

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_



**4. MEDICAL HISTORY (Fill out where applicable.)**

**A. KNOWN MEDICAL, BEHAVIORAL, and PSYCHOLOGICAL CONDITIONS (Describe):**

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**B. ALLERGIES (Describe):**

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**C. PREVIOUS INJURIES (Include Dates):**

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**5. MEDICATION**

**A. REGULAR MEDICATION REQUIRED: [Check one.] YES NO**  
**IF YES, LIST MEDICATION, DOSAGE, and TIME of DAY for TAKING**

- Medications will only be dispensed from the original pharmacy container labeled with the person's name, medicine name, dosage, and timing of consumption. A program official will dispense the medication. Please note that the Infirmary does not dispense medications except in the event of an emergency.
- Over-the-counter medications must be provided in the manufacturer's container and labeled with the Minor's name, dosage, and timing of consumption.
- The parent or guardian of a minor must provide written authorization before any medication can be dispensed to a Minor.

Medication	Dosage	Time(s) of Day for Taking

**B. SPECIAL NEEDS for ACCOMMODATION at PROGRAM (Describe):** \_\_\_\_\_

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\_\_\_\_\_**(Initials) PHOTOGRAPHY CONSENT.** I authorize The Citadel and the Program to use any photographs or videos taken of the minor or counselor listed for publicity purposes. These photographs or videos may be posted to a web page, printed in newspapers/magazines, used in public displays, or used in some other appropriate manner to advertise this program.

\_\_\_\_\_**(Initials) PERSONS AUTHORIZED TO PICK-UP & TRANSPORT MINOR TO/FROM PROGRAM.** The following person(s) is (are) authorized to pick-up & transport the minor to/from the program. There are no criminal, civil, legal, or other reasons precluding these persons from maintaining the safety of the minor. \_\_\_\_\_

\_\_\_\_\_**(Initials) I HAVE READ THIS RELEASE AND HOLD HARMLESS & CONSENT AGREEMENT, FULLY UNDERSTANDING ITS TERMS. I UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT. I SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

Participant's Printed Legal Name: \_\_\_\_\_

Parent's / Guardian's Printed Legal Name: \_\_\_\_\_

Signature of Parent / Guardian or Counselor: \_\_\_\_\_ Date: \_\_\_\_\_  
(MM/DD/YYYY)

I also agree to follow all instructions and procedures of the program.

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(MM/DD/YYYY)

**PHYSICIAN'S CERTIFICATION of PARTICIPANT'S HEALTH**

*In order to participate in a **sports-related program**, the Physician of a Minor or Counselor in the Program must complete this form. The completed form must be returned to the Program Director. If a physical examination occurred within the last six months, then a copy of the results may be attached. Otherwise a physical examination must be conducted by a licensed healthcare practitioner within six months prior to the program. A physical examination is also required if the individual is currently under medical care, takes prescribed medication, requires a medically prescribed diet, has had an injury or illness during the last six months that limited activity for a week or more, has ever lost consciousness during physical activity, or has suffered concussion from a head injury.*

Participant's Name: \_\_\_\_\_ Last 4 digits of SSN: \_\_\_\_\_

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Note to Licensed Healthcare Practitioner: The person listed above will be participating in a program at The Citadel that may involve strenuous athletic outdoor activities, where the temperature may reach 95°F. Please review the healthcare history with this person for any interim changes. Please explain any abnormal evaluations. Thank you.

**1. GENERAL HEALTH**

Height: _____	Weight: _____	Blood Pressure: _____
Eyes: _____	Glasses/Contacts: _____	Hearing: _____
Teeth: _____	Braces: _____	Skin: _____
Heart: _____	Nose: _____	Throat: _____
Lungs: _____	Abdomen: _____	Hernia: _____
Posture (Spine): _____	Extremities: _____	Genitalia: _____

Allergies to Medications: \_\_\_\_\_

Other Allergies (Please specify type and severity): \_\_\_\_\_

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**2. MEDICAL HISTORY**

Does the individual have chronic medical problems, emotional difficulties, or behavioral issues of which you are aware? **[Check one.]** YES NO

If Yes, please describe the condition and list prescribed medications and dosing instructions.

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

Recommendations and/or restrictions (e.g., diet, swimming, etc.):

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

**3. ACKNOWLEDGEMENT**

I certify the veracity of the above information.

**Printed Name of Examining Physician:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Examining Physician:** \_\_\_\_\_

## PROGRAM INCIDENT REPORT FORM

### Instructions

Complete all information as soon as possible (within 24 hours) of **any** incident. An incident is defined as any actual or alleged event or situation that creates a significant risk of substantial or serious harm to the physical or mental health, safety, or well-being of someone. Examples include abuse, neglect, exploitation, injury, missing person, death, medical emergency, suicide, or attempted suicide, etc. If there are any witnesses, obtain a statement from each individual indicating his/her recollection of the incident. Upon completion of this form, forward a copy to The Director of Environmental Health and Safety.

Program Name: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Person Involved: \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Minor Counselor Visitor  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Additional Person Involved: \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Minor Counselor Visitor  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Additional Person Involved: \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Minor Counselor Visitor  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Counselor/Reporting Party: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_

Location of Incident: \_\_\_\_\_

Detailed Description of Incident: (Use separate sheets as necessary. Include a diagram if possible)

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

Was injured party participating in any activity at the time of injury?                      Yes                      No

If "yes," describe activity: \_\_\_\_\_

Identify any equipment involved, if any: \_\_\_\_\_

Did Citadel Public Safety Respond?                      Yes                      No

If Yes: Officer Responding: \_\_\_\_\_  
Incident Report Number: \_\_\_\_\_

Did Anyone Receive Medical Attention?                      Yes                      No

If Yes: Where: \_\_\_\_\_  
Transport Provided By: \_\_\_\_\_

Was any other action taken by the counselor? \_\_\_\_\_

Were parents notified?                      Yes                      No  
If yes: Method of Notification:                      Writing                      Phone                      Other (Describe: \_\_\_\_\_)  
By Whom: \_\_\_\_\_                      Position: \_\_\_\_\_                      Phone: \_\_\_\_\_  
Parent's Response: \_\_\_\_\_

Witness(es) (Please note the name and contact information for any witnesses to the incident.):

Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
Address: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
Address: \_\_\_\_\_

Reporting Individual: \_\_\_\_\_ Position: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_  
(MM/DD/YYYY)