

CASE NO. 1414210001

**IN THE MATTER OF
CAMP TEJAS
GIDDINGS, TX**

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§**

**BEFORE THE TEXAS
DEPARTMENT OF STATE
HEALTH SERVICES
AUSTIN, TX**

AGREED ORDER

I. JURISDICTION

The Department of State Health Services, Consumer Protection Division ("Department") is authorized to enforce the Texas Youth Camp and Safety Act ("Act"), Health and Safety Code 141, and the Texas Youth Camp Safety and Health Rules ("Rules"), 25 Texas Administrative Code, Chapter 265, Subchapter B.

II. RESPONDENT

Camp Tejas ("Respondent") holds Youth Camp Registration No. 144002 and, as such, is subject to the aforementioned Act and Rules.

III. FACTS

On August 4, 2021, a representative from the Department conducted a youth camp inspection at Camp Tejas in Giddings, Texas. The purpose of the inspection was to determine the facility's compliance with the Rules and Act as referenced in "I. Jurisdiction."

As a result of the subsequent review of DSHS files, it was determined that Respondent failed to comply with provisions of the Rules and Act as referenced in "I. Jurisdiction." The violations are more specifically described in the Department's September 9, 2021, Notice of Violation Letter ("NOV"), which is adopted and incorporated in this Agreed Order ("Order") by reference.

IV. NOTICE

By the NOV, Joe Contreras, Consumer Protection Division, informed Respondent of the Department's intent to assess an administrative penalty of \$250.00. The letter was received by Respondent.

V. RESPONSE

Paul Biles, representing Respondent, responded to the Department's NOV by requesting an informal conference.

VI. SETTLEMENT

On November 9, 2021, an informal conference was held between representatives of the Department and Respondent. The parties reached a proposed settlement, the terms of which are contained in the "It is Ordered" section of this Order, based on various factors including the desire to avoid litigation.

Respondent agrees to terms of this Order as evidenced by signing the Order. The following terms were agreed upon:

- VIOLATION - FAILURE TO HAVE A BOUND MEDICAL LOG IN THE FIRST AID AREA. The administrative penalty for this violation is \$250.00.

Respondent has no objection to this Order being signed by the Commissioner of State Health Services or his designee.

VII. COMPLETE SETTLEMENT

The facts contained herein are the complete settlement of all issues regarding the violations described in "IV. Notice" of this Order.

A. WAIVER OF HEARING

In exchange for the execution of this Order, Respondent waives the right to a hearing.

B. NO WAIVER WITH REGARD TO FUTURE VIOLATIONS

The Department does not waive the right to enforce future violations committed by Respondent.

C. COMPLETE UNDERSTANDING

The Department and Respondent acknowledge that they understand the terms of this settlement, enter into the settlement freely, and agree to the terms.

D. NO RIGHT TO APPEAL

Respondent waives the right to judicial review of this Order.

NOW THEREFORE, IT IS ORDERED:

1. Respondent pay an administrative penalty, in the amount of \$250.00, in full settlement for the violation(s) that is/are the subject of this Order. Payment must be made by cashier's check or money order and mailed to: Department of State Health Services, Mail Code 2003, P.O. BOX 149347, Austin, TX 78714-9347. Each cashier's check or money order must be made payable to the Department of State Health Services and must also include the notation: "Deposit in Budget No. ZZ156, Fund No. 112, Case No. 1414210001."
2. Payment is due in one lump sum payment, thirty (30) days from the date this Order is signed by the Assistant Commissioner.

3. Respondent shall henceforth comply with this Order and with all applicable laws, rules, and regulations governing the Texas Youth Camp and Safety Act. Failure to comply may result in additional compliance action and the Department seeking administrative penalties as originally proposed in the NOV, dated September 9, 2021.

Signed and ordered this 15th day of December, 2021.

Chris D. Drews

Chris D. Drews
Compliance Section Director

Consumer Protection Division

AGREED TO BY RESPONDENT:

[Handwritten Signature]

Signature of Authorized Agent

PAUL BLUES

Printed Name

11/18/21

Signature Date