

CASE NO. 1414190018

IN THE MATTER OF

CAMP KIOWA

GAINESVILLE, TX

§
§
§
§
§

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 Kiowa ("Respondent") holds Youth Camp Registration No. 250526 and, as such, is subject to the aforementioned Act and Rules.

III. FACTS

On June 26, 2019, a representative from the Department conducted a youth camp inspection at Camp Kiowa in Gainesville, 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 10, 2019, 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 \$875.00. The letter was received by Respondent.

V. RESPONSE

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

VI. SETTLEMENT

On 43790, 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 PROPERLY MAINTAIN SWIMMING POOL.**
The administrative penalty for this violation is \$875.00.

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 \$875.00, 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. 1414190018."
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 10, 2019.

Signed and ordered this 7th day of February, 2020, 2019. CD

Chris D. Drews

Chris D. Drews
Compliance Section Manager
Consumer Protection Division

AGREED TO BY RESPONDENT:

Ben Hiler

Signature of Authorized Agent

Ben Hiler

Printed Name

1.21.20

Signature Date

Ben Hiler

12.20.2019