



# Youth Camp Regulation Training 2023

**Prevention and Health Promotion Administration**

**Center for Recreation and and Community Environmental Health Services**

**6 St Paul Street, Suite 1301**

**Baltimore, MD 2120**

**[health.maryland.gov/youth-camps](https://health.maryland.gov/youth-camps)**

**Phone 410-767-8417**

**Fax 410-333-8926**



## MISSION AND VISION

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### MISSION

The mission of the Prevention and Health Promotion Administration is to protect, promote and improve the health and well-being of all Marylanders and their families through provision of public health leadership and through community-based public health efforts in partnership with local health departments, providers, community based organizations, and public and private sector agencies, giving special attention to at-risk and vulnerable populations.

### VISION

The Prevention and Health Promotion Administration envisions a future in which all Marylanders and their families enjoy optimal health and well-being.

## *Youth Camp Certification*

### CRCEHS Staff

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Howard Washington Baltimore City

# Training Outline

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1. What is a Youth Camp
2. Background Checks
3. Plans & Procedures
4. Facilities
5. Health Program
6. Application Process
7. Inspection & Fees
8. Required Reports

## *Section 1*

# What is a Youth Camp

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Regulations

Day Camp

Residential Camp

What is not a camp

## Legal Authority/Regulation

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Law: Youth Camp Act:

Health General Title 14 Subtitle 4

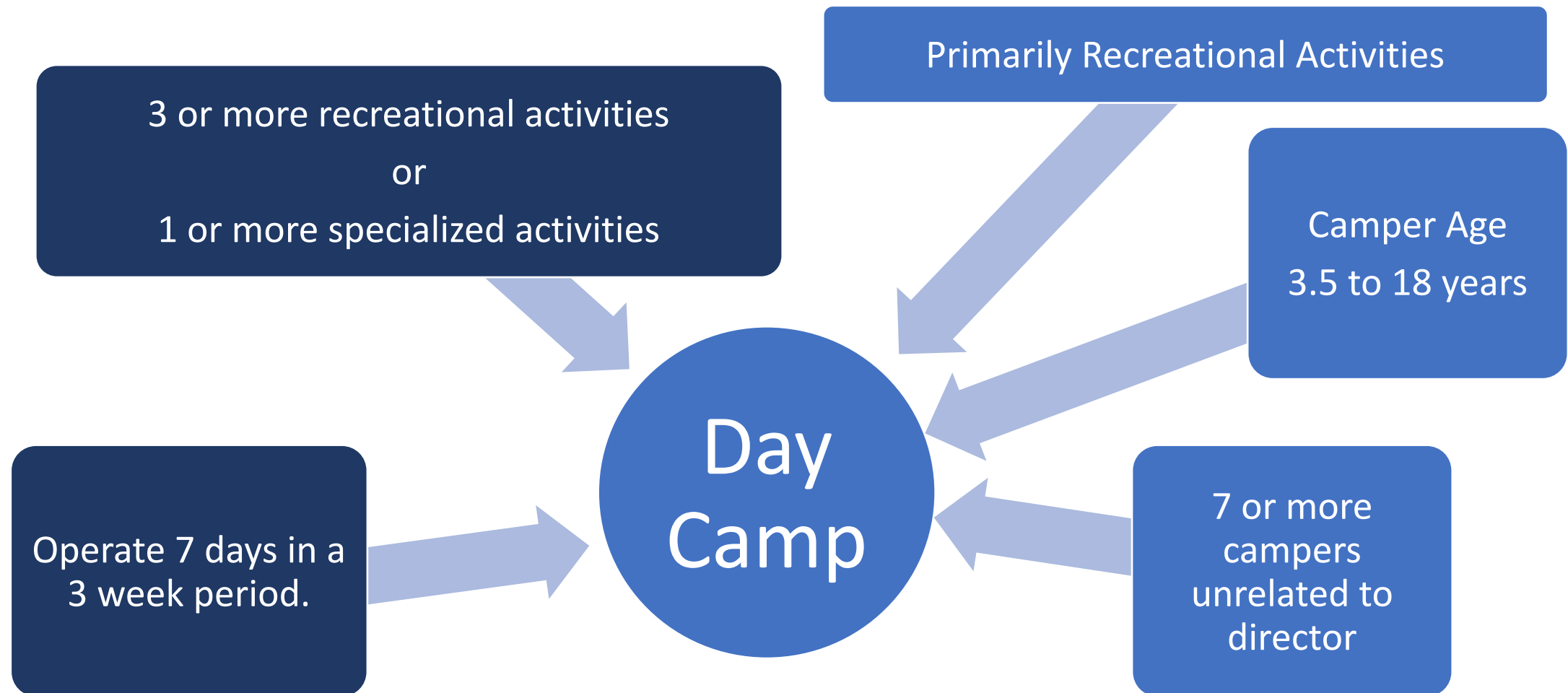
- Regulation: COMAR 10.16.06
  - Updated in 2016
- Regulation: COMAR 10.16.07
  - Created in 2016
- Regulation: COMAR 10.01.17
  - Update in 2016

## *Is My Program a “Youth Camp”?*

### Day Camp

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COMAR 10.16.06.02B(13)

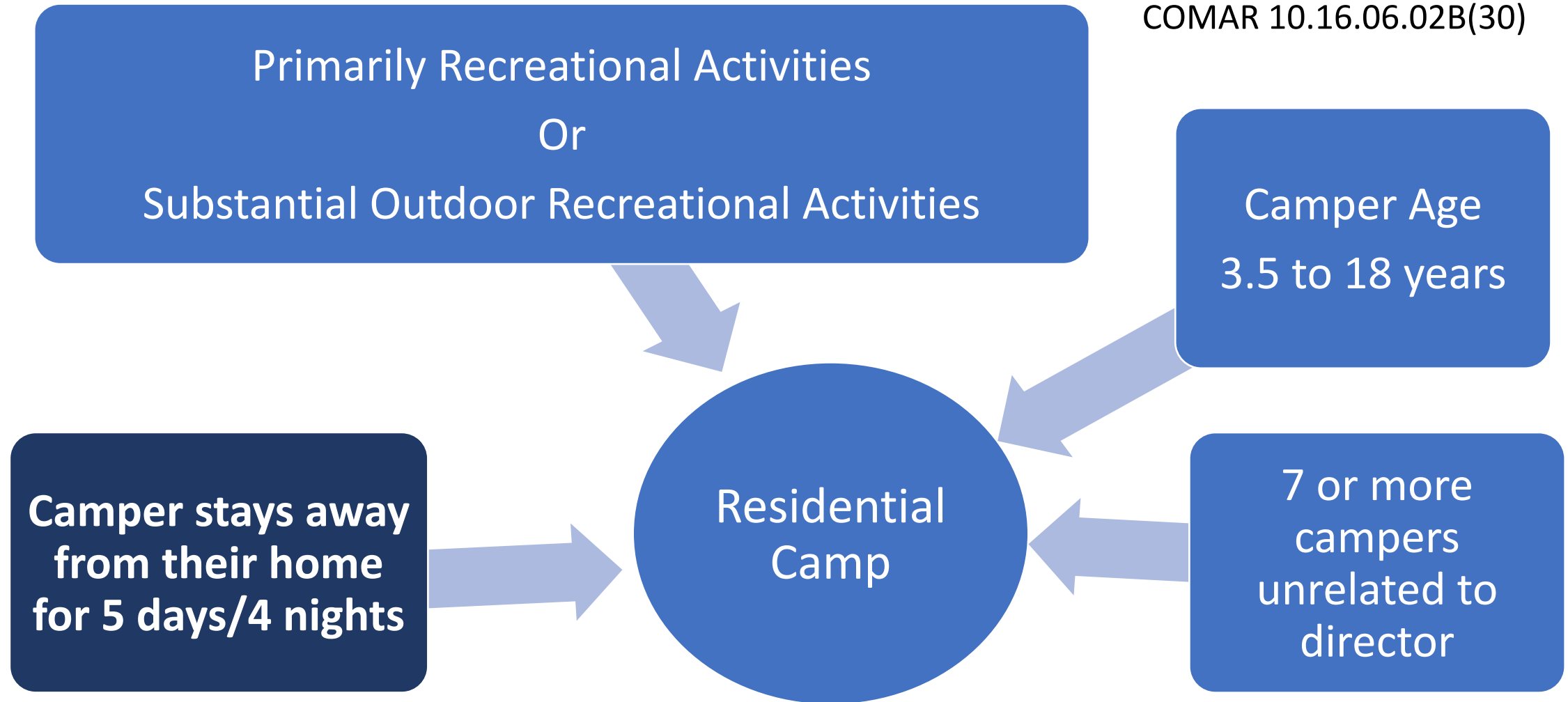


## *Is My Program a “Youth Camp”?*

### Residential Camp

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COMAR 10.16.06.02B(30)





## *Is My Program a “Youth Camp”?*

### What Is NOT a Youth Camp?

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COMAR 10.16.06.02B(39)(c)

- A licensed child care center
- A family day care home
- A program operating before or after a daily school session
- A competitive activity sponsored by a sports league
- An instructional program of 2 hrs. or less in a specialized activity

## *Is My Program a “Youth Camp”?*

### What Is NOT a Youth Camp?

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COMAR 10.16.06.02B(39)(c)

- A summer school program taught by certified teacher and offering credit
- A program or activity where parents/guardians are present for duration, participate, and oversee activities of the child

## What Is NOT a Youth Camp?

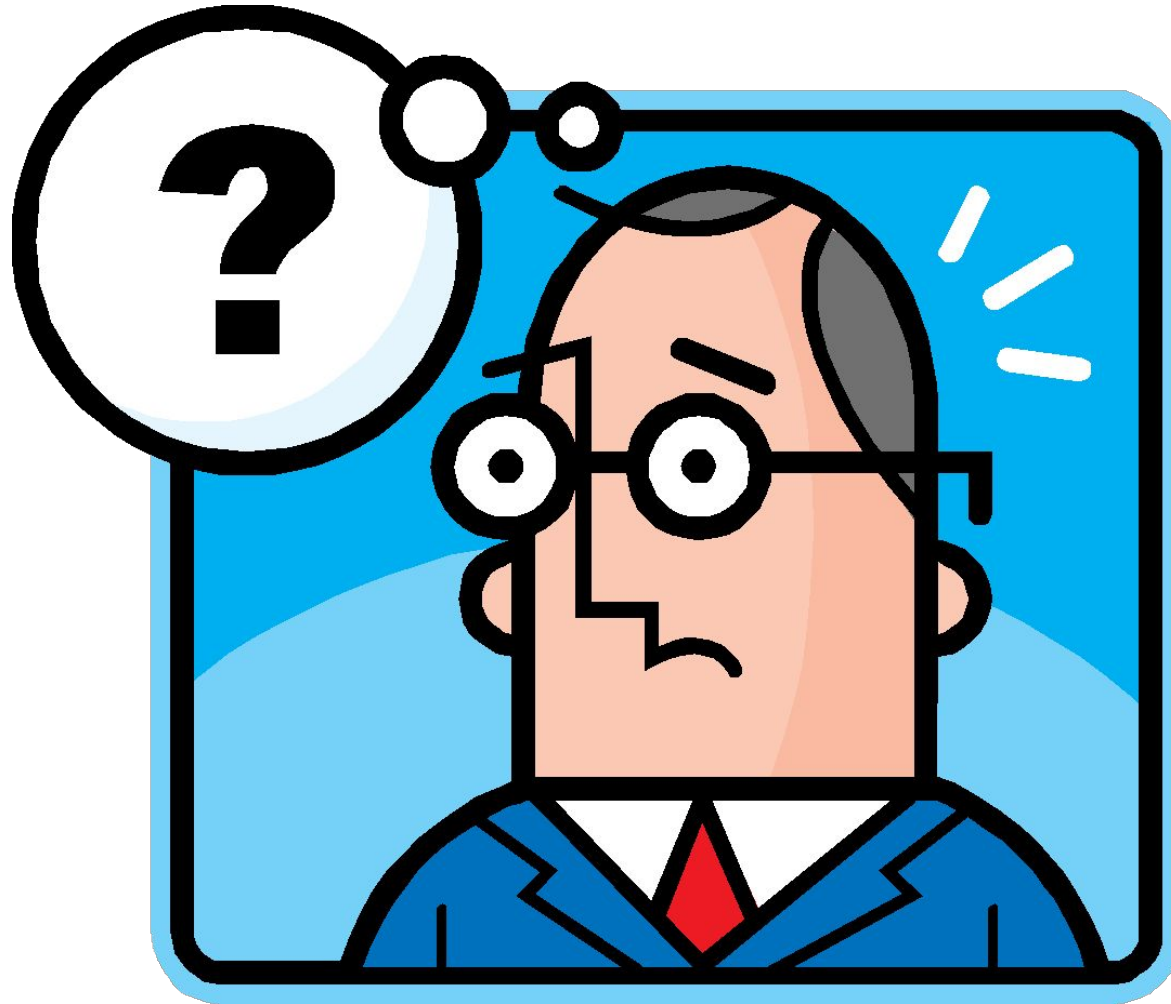
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COMAR 10.16.06.02B(39)(c)

- A program enrolling children under the age of 3.5 years old cannot be licensed as a youth camp.  
(The operator should consult with Child Care Administration to see if a child care license is required)

Questions?

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## *Background Checks and Clearances*

COMAR 10.16.06.21

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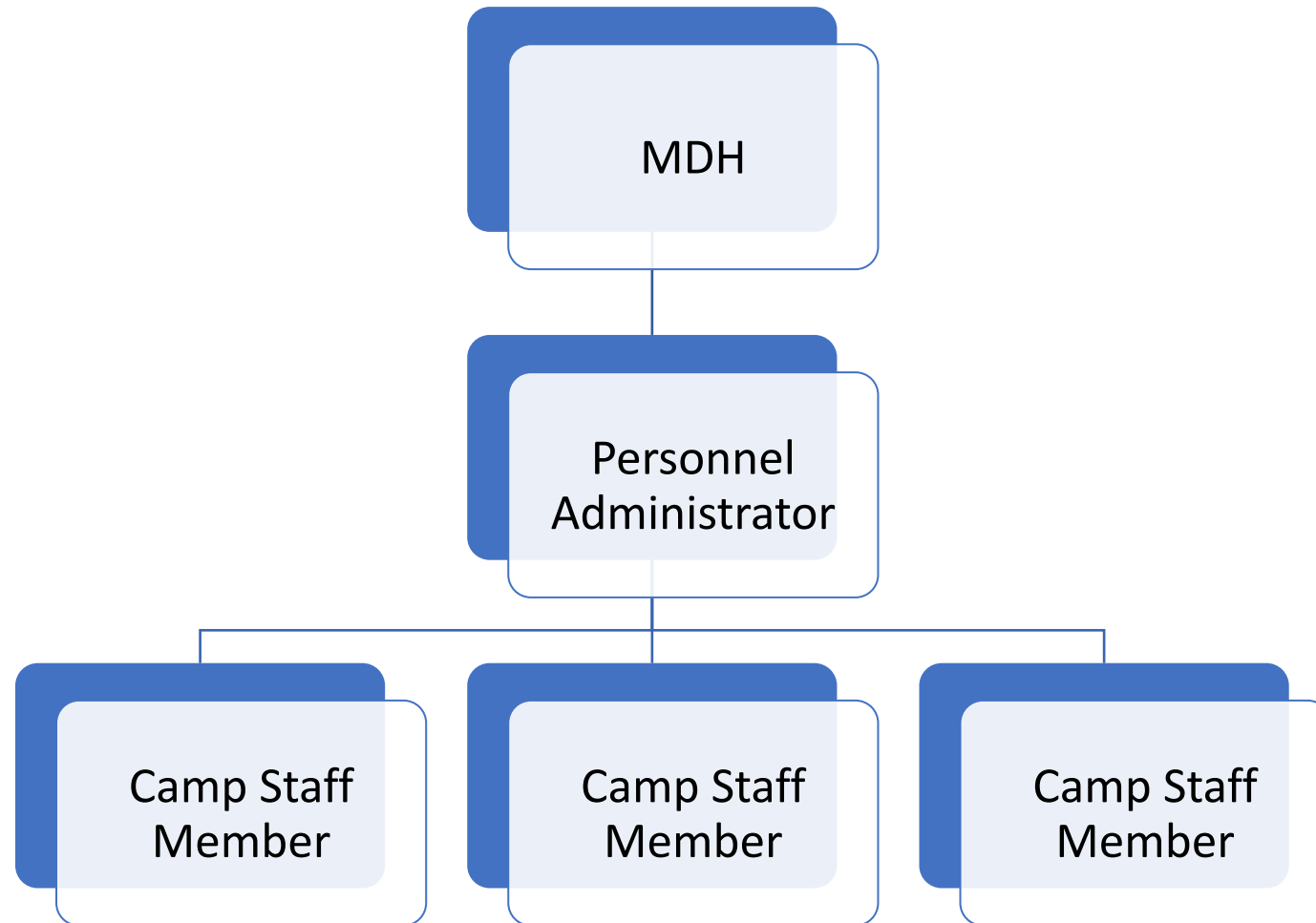
© Viviane Moos



## *Background Checks and Clearances*

COMAR 10.16.06.21

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## Authorization Number

- Camp applies for Authorization Number through **CJIS**
- Results are sent to contact person
- Email notification
- View/print results from secure web site



STATE OF MARYLAND  
DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONAL SERVICES  
INFORMATION TECHNOLOGY AND COMMUNICATIONS DIVISION  
**CRIMINAL JUSTICE INFORMATION SYSTEM - CENTRAL REPOSITORY (CJIS-CR)**

**APPLICATION TO RECEIVE CRIMINAL HISTORY RECORD INFORMATION  
FOR EMPLOYMENT OR LICENSING PURPOSES**

**PART I. AGENCY CONTACT INFORMATION**

Name of Agency: \_\_\_\_\_

Agency Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Agency Point of Contact: \_\_\_\_\_

Agency Point of Contact's Position/Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Ext: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

Is your agency a governmental agency? ☐ **Yes** (please complete Part III ONLY) ☐ **No** (please complete Parts II and III)

**PART II. GOVERNMENTAL AGENCY CONTACT INFORMATION**  
If you answered 'Yes' in Part I, please provide the name of the contact person from the governmental agency that has employment/licensing authority over your agency.

List the statutory (legal) authority that authorizes your agency to receive federal criminal history information:  
(ex. Criminal Procedure Article, §10-236.3, Annotated Code of Maryland) \_\_\_\_\_

Governmental Agency Name: \_\_\_\_\_

Governmental Agency Point of Contact: \_\_\_\_\_

Governmental Agency Primary Point of Contact's Position / Title: \_\_\_\_\_

## Maryland and FBI

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- Must have completed MD & FBI check for all required employees
- “Employee” paid/compensated and has access to the campers
- Copy of results must be addressed to employer, not the employee



# Background Checks and Clearances

## CJIS Results

State of Maryland  
Department of Public Safety and Correctional Services

1.1 [REDACTED]

Martin O'Malley  
Governor

Anthony G. Brown  
Lt. Governor

Gary D. Maynard  
Secretary

Information Technology and Communications Division  
Criminal Justice Information System - Central Repository  
Post Office Box 32708 - Pikesville, Maryland - 21202-2708  
Main No: 410-764-4501 - Toll Free: 1-888-795-0011  
www.dpscs.state.md.us

G. Lawrence Franklin  
Deputy Secretary

Ronald C. Brothers  
Chief Info. Officer

C. Kevin Combs  
Deputy Chief Info. Officer

Carole Shelton  
Director

MARYLAND DEPARTMENT OF HEALTH & MENTAL HYGIENE/ OFPCHS  
LINDA RUDIE  
6 ST. PAUL STREET, SUITE 1301, DIVISION OF COMMUNITY SERVICES  
BALTIMORE, MD 212021608

Received: 02/02/2011  
Reference: 1 [REDACTED]

February 02, 2011

Your request for a criminal history record check of Maryland's Criminal Justice Information System has been completed. This record check was based upon the identification information provided as follows:

NAME: [REDACTED]  
Sex: [REDACTED] Race: [REDACTED] Date of Birth: [REDACTED]

No criminal history was found under the Maryland statute or regulation authorizing you to receive the information.

A fingerprint supported national criminal history record check has been initiated. The results of that investigation will be sent to the requesting agency only.

The Maryland Criminal Justice Information System is operated under the authority of the Secretary of the Department of Public Safety and Correctional Services and may not contain data prior to 1978.

Carole Shelton

Carole Shelton, Director  
Criminal Justice Information Systems  
Central Repository

February 02, 2011 - 1 [REDACTED] -R\_CJIS Fax: 410-653-8326

State of Maryland  
Department of Public Safety and Correctional Services

1.1 [REDACTED]

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6 ST. PAUL STREET, SUITE 1301, DIVISION OF COMMUNITY SERVICES  
BALTIMORE, MD 212021608

Received: 02/02/2011  
Reference: 1 [REDACTED]

February 02, 2011

Your request for a criminal history record check has been conducted. Information from the Federal Bureau of Investigation (FBI), based upon the fingerprint supported identification information indicated below, has been reviewed.

Name: [REDACTED]  
Sex: [REDACTED] Race: [REDACTED] Date of Birth: [REDACTED]

The FBI criminal history investigation has been completed. The covered individual is not the subject of any criminal charge/charges.

The Maryland Criminal Justice Information System is operated under the authority of the Secretary of the Department of Public Safety and Correctional Services and does not contain data prior to 1978.

Carole Shelton

Carole Shelton, Director  
Criminal Justice Information Systems  
Central Repository

February 02, 2011 - 1 [REDACTED] -R\_FBI Fax: 410-653-8326




## Personnel Administrator

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- MDH must have the personnel administrator's criminal background results from CJIS
- Use MDH Authorization Number: 9400019171
- DO NOT USE THIS AUTHORIZATION NUMBER FOR OTHER STAFF MEMBERS***

# Background Checks and Clearances

## 365 Day Request

 STATE OF MARYLAND  
DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONAL SERVICES  
CENTRAL REPOSITORY  
P.O. BOX 32708  
PIKESVILLE, MD. 21282-2708

**365 DAY REQUEST FOR CHILD CARE CRIMINAL HISTORY RECORD CHECK**

NAME \_\_\_\_\_  
(Last) (First) (MI)

ADDRESS \_\_\_\_\_  
(Number) (Street) (P.O. Box)

\_\_\_\_\_  
(City) (State) (Zip Code)

SOCIAL SECURITY NUMBER \_\_\_\_\_ DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_  
(This information is required under Article 27, § 742-755, Maryland Annotated Code and under COMAR 12.15.01 in order verify and preserve security of the record)

THE REFERENCE NUMBER FROM YOUR MOST RECENT CHILD CARE APPLICATION FOR A FINGERPRINT SUPPORTED CRIMINAL HISTORY RECORD CHECK (the check must have occurred within the past 365 days).

\_\_\_\_\_  
(12 DIGIT NUMBER)

I hereby give my consent for requested Child Care Criminal History Information to be forwarded to the employer listed below.

SIGNATURE OF EMPLOYEE \_\_\_\_\_ DATE \_\_\_\_\_

-----

TO BE COMPLETED BY NEW EMPLOYER: Please list complete mailing address.

\_\_\_\_\_  
(EMPLOYER NAME)

\_\_\_\_\_  
(ADDRESS)

\_\_\_\_\_  
(CITY) (STATE) (ZIP CODE)

AUTHORIZATION NUMBER: \_\_\_\_\_

AUTHORIZED SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

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MAIL TO: CJIS CENTRAL REPOSITORY, P.O. BOX 32708, PIKESVILLE, MD. 21282-2708  
Customer Assistant Desk: (410) 764-4501 Fax: 410-653-5690 Alt. Fax: 410-653-6320

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FOR CJIS CENTRAL REPOSITORY USE ONLY

This request can not be processed because:

\_\_\_\_ this is not a valid reference number

\_\_\_\_ this is not a valid authorization number

\_\_\_\_ this reference number has not been received at the Central Repository

\_\_\_\_ this authorization number is not approved for this request.

\_\_\_\_ the application associated with this reference number was received more than 365 days before receipt of this request.

\_\_\_\_ requested information is not completed

- Use for individuals who were fingerprinted for child care within last year
- Does not require fingerprints
- No charge

## CPS Background Clearance

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- All employees must complete Child Protective Services (CPS) background clearance through myDHR portal (myMDThink/myDHRbenefits)

CONSENT FOR RELEASE OF INFORMATION  
CPS BACKGROUND / ADAM WALSH BACKGROUND CLEARANCE REQUEST

- Personnel Administrator keeps original signed and notarized form on file at camp.
- Personnel Administrator must “Submit” and Complete online via myDHR site.
- CPS Background Clearance result is received via email from myDHR site or can be viewed on the site.
- Personnel Administrator’s original signed and notarized form is sent to MDH (not DHS).

## Reviewing Results

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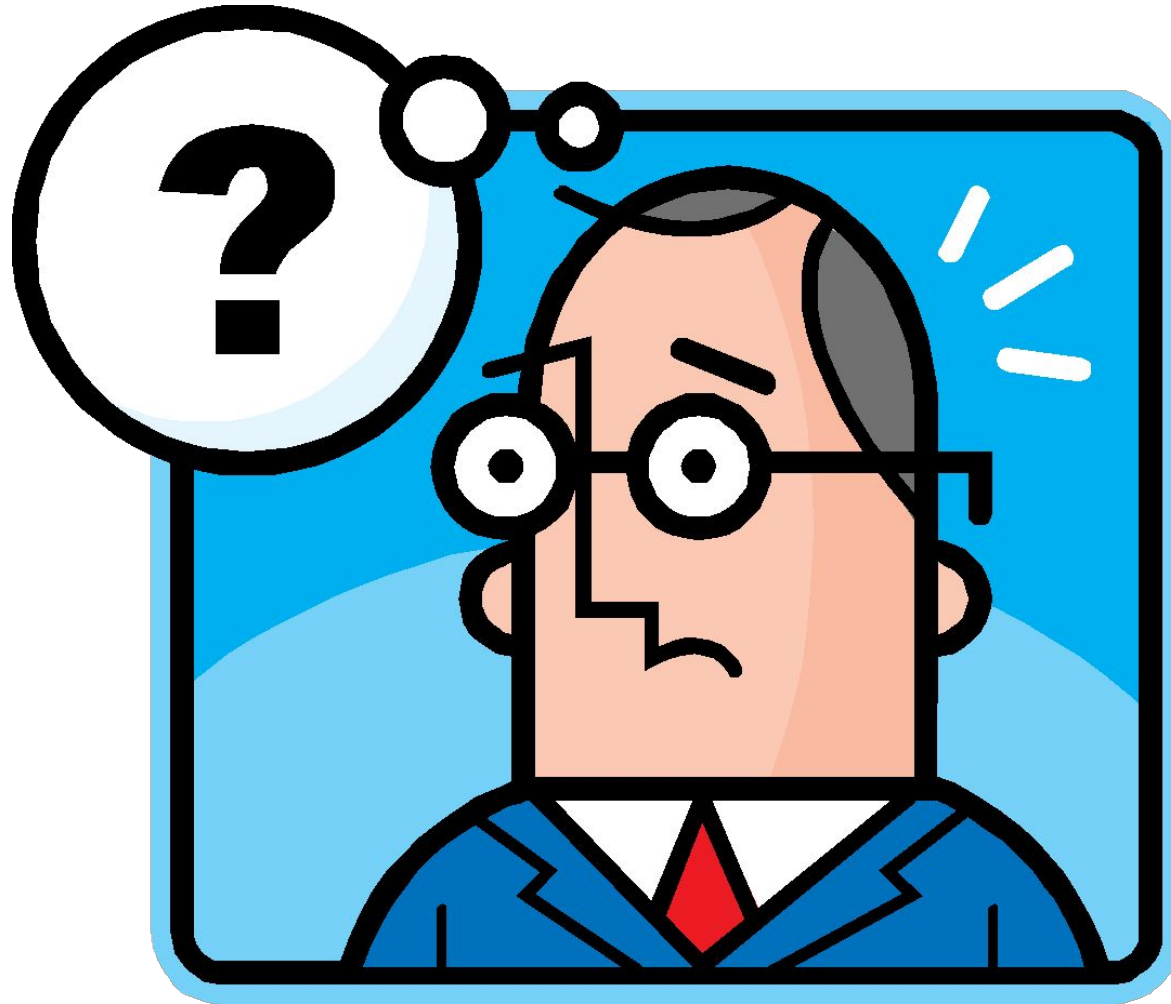
COMAR 10.16.06.21

- Personnel Administrator must review MD and FBI background checks and CPS background clearance information.
- Cannot employ an individual with a conviction, probation before judgment, not criminally responsible disposition or pending charge listed in Regulation .21E.
- Per Regulation .21F, if results indicate that the individual is responsible for child abuse/neglect or includes a crime not included in .21E, then Personnel Administrator must assess hiring based on job position, nature/seriousness of the crime, how long ago, individual's age, probation/parole and other pertinent information.

## *Background Checks and Clearances*

Questions?

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## *Section 3*

# Procedures

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Emergency

Trip & Transportation

Specialized Activities

Child Abuse Prevention and Reporting

Supervision



# Procedures

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## Emergency Procedures

- Regulation 10.16.06.34

## Trip and Transportation

- Regulations 10.16.06.52, and .53

## Supervision during routine activities

- Regulation 10.16.06.54

## Specialized Activities

- Regulations 10.16.06.47, through .52

## Child Abuse Prevention and Reporting

- Regulation 10.16.06.35

## Regulation 10.16.06.34

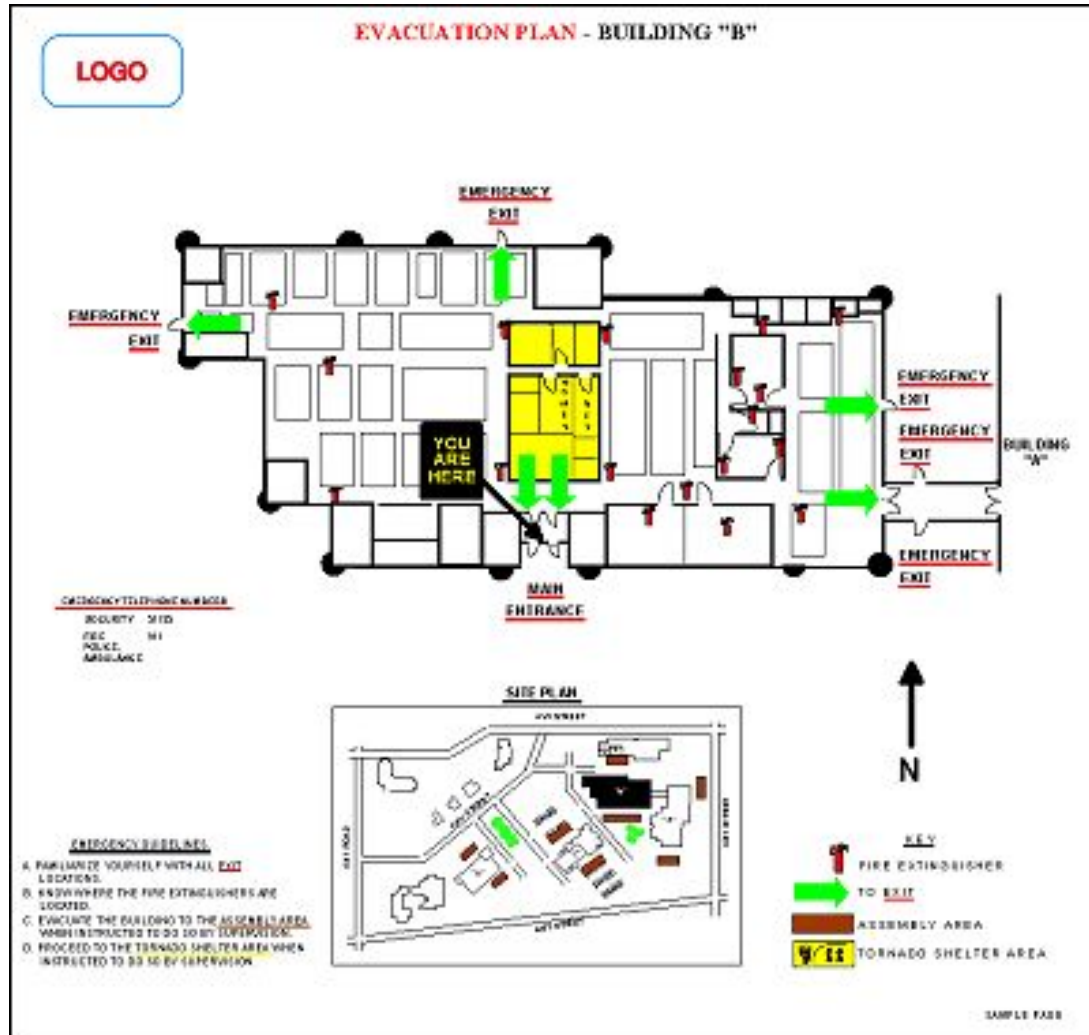
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### Shelter-In-Place

- Complete Shelter-In-Place drills at school and in a vehicle (if transportation is used)
- Train staff and campers to Shelter-In-Place for:
  - Active Shooter
  - Flooding/Flash Flooding (if too late to evacuate)
  - Thunderstorm
  - Tornado



## Evacuation Plan



### Evacuation Plan

- Complete drills on how to exit the assembly areas and sleeping areas
- Campers and staff are to be instructed on the location to assemble after exiting the building
- Train staff and campers to evacuate for:
  - Fire emergencies
  - Flooding/Flash Flooding

## Missing Campers?

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6 ?

- Head count
- Missing campers
- Finding missing campers

## Ensure Camper Safety

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Maintain the safety of the other campers while searching for a missing camper.



## *Supervision*

### Regulation 10.16.06.54

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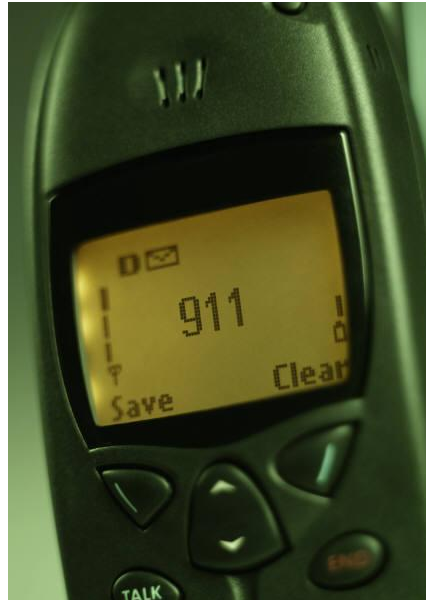
Campers	Required Number of Adults and Assistant Counselors	
	Adults	Assistant Counselors or Adults
3 ½ to 5 years old		
1 to 8	1	0
9 to 16	1	1
17 to 24	1	2
6 to 10 years old		
1 to 15	1	0
16 to 30	1	2
	Or 2	0
11 years old or older		
1 to 15	1	0
16 to 30	1	2
	Or 2	0
31 to 40	2	2
	Or 3	0

# 911

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Does camp use cell phones or another communication plan?

Who is responsible for calling 9-1-1?

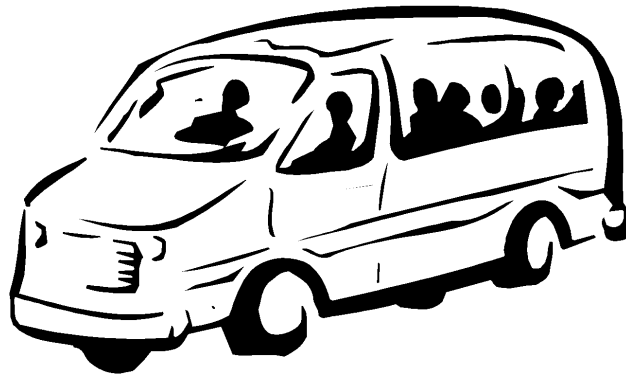




## Transportation for Evacuation

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Emergency transportation plan for evacuating the entire facility.





### Notify Parents

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Mechanisms for notifying parents of changes to pick-up or drop-off locations due to an emergency situation.



## Regulation 10.16.06.52 and .53

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- Written Safety Plans for:
  - Field trips (On line)
  - Transportation (On Line)
    - Safety Seats for Younger Children
- Written parental authorization
- Rules
- Supervision

## *Specialized Activities*

### Regulation 10.16.06.47 - .52

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- All Specialized Activities
  - Director Present
  - Safety Plan Developed and Implemented
  - Staff Training
  - Staff Ratio (1 staff to 10 campers)
- Swimming
  - Swim ability test
  - Safety system to quickly account for campers
  - WATCHERS, WATCHERS, WATCHERS
- Marksmanship
- Horseback Riding

## Change to Regulation .51

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A helmet is required for rock climbing or high ropes activities, except when an auto-belay system is utilized.



## Regulation 10.16.06.35

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- Develop and implement child abuse prevention and reporting plan
- Recognizing signs of abuse and neglect
- Provide training to staff members/volunteers on the prevention and reporting plan annually
- Keep sign-in sheet for training on file
- Keep a copy of the local DSS numbers on file
- Child abuse reporting legal requirements, have copy of form
- Reporting responsibility rests upon the person who suspects the abuse.
- Report to Director/Owner?
- Developing a Child Abuse Prevention and Reporting Plan handout.

## Staff Training

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From Baltimore Child Abuse Center

Review video at

<https://www.bcaci.org/pages/training-education-outreach-offerings/>

**Understanding Your Responsibilities as a Mandated Reporter:**

**Summer Camp Training:**

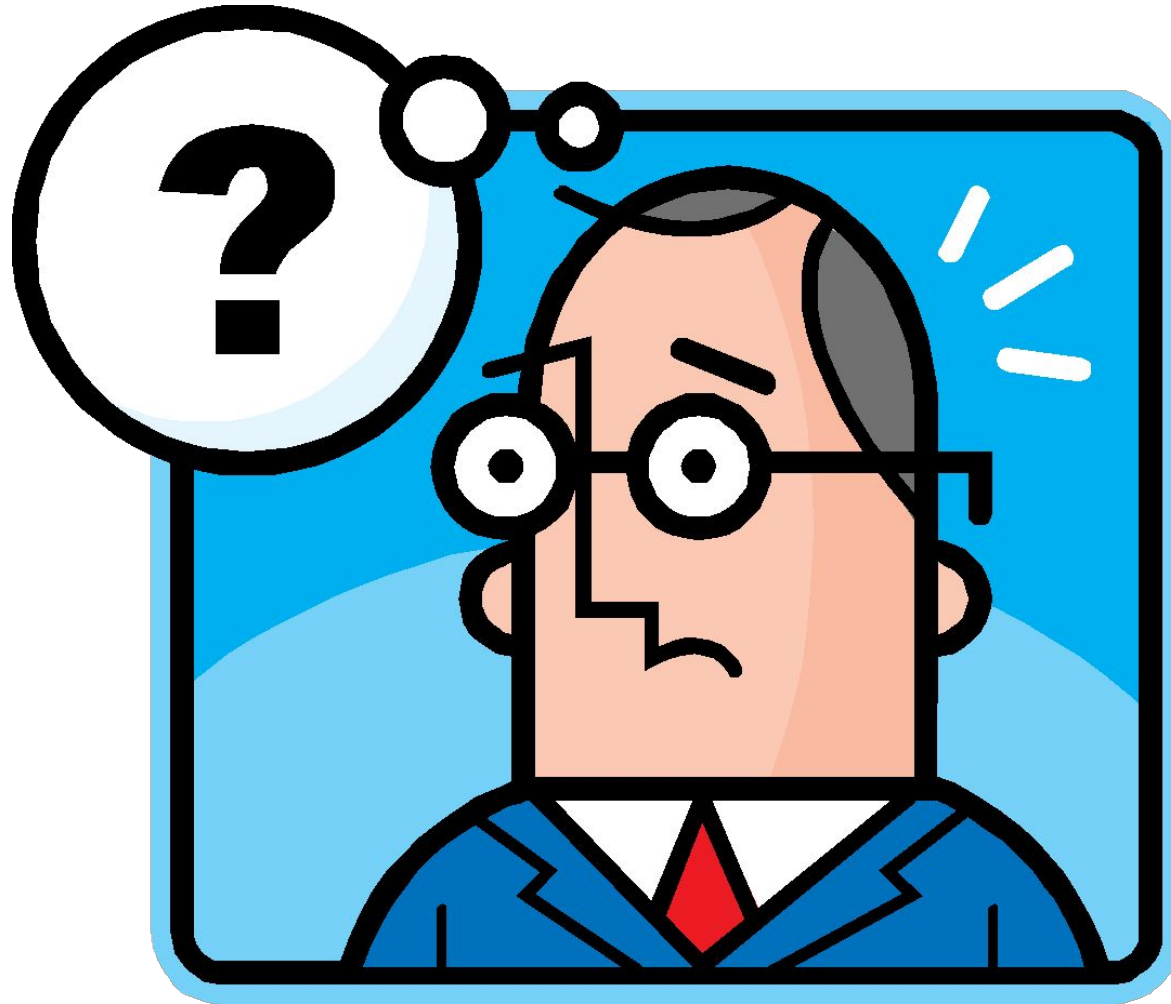
**Child Sexual Abuse Prevention Training:**

**Internet Safety for Parents and the Community:**

*Procedures*

Questions?

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## *Section 4*

# Facilities

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Bathrooms & Sleeping Space

Garbage removal

Insect and Rodent Control

Documentation for Private Building

Documentation for School/Government Building

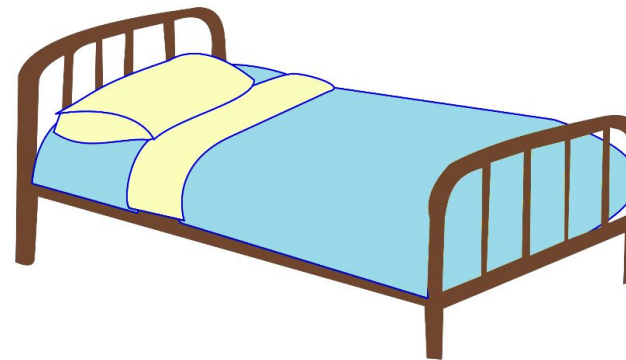
Staff Training



## *Facilities*

Regulations 10.16.06.38 - .41

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## Facilities

### Regulations 10.16.06.38 - .40

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- Toilet facilities: If separate toilet facilities are provided they must be properly marked
- Showerheads spaced min. of 30 inches apart
- Min. of 6 square feet of floor area
- Constructed of nonabsorbent, skid resistant, easily cleanable material
- Min. temp 90°F max. temp 120°F

Type of Facility	Day	Residential
1 Toilet per	35 campers	15 campers
1 Hand Washing Unit per	35 campers	25 campers
1 Showerhead per	N/A	15 campers
1 Bed, Cot or Bunk per	N/A	1 camper

- Sleeping facilities, COMAR 10.16.06.40
- 1 bed, cot, or bunk per camper
- Sturdy frame with 12 inches from floor
- Clean, vermin-free, hole-free mattress plastic mattress cover
- Disinfect mattresses annually
- Provide min. of 30 square feet of floor space per occupant in sleeping areas
- Double Bunks: 27 inches bottom bunk to top bunk and 36 inches top bunk to ceiling

## Garbage removal, COMAR 10.16.06.43

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- Durable containers in good repair
- Collected as necessary to prevent overflow
- Disposed of legally
- Outside containers have:
  - Tight-fitting Lids
  - Are leak-proof, fly-proof, and rodent-proof

## Insect and rodent control

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COMAR 10.16.06.44

Minimize entry

Eliminate harborage



5380255



## Documentation for Private Building

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- Building COMAR 10.16.06.46
  - Use and Occupancy Permit, or
  - Master Plumber and Master Electrician Letters
- Water and Sewage
  - Public Water and Sewer, or COMAR 10.16.06.36
  - Local Health Approval Form COMAR 10.16.06.37
- Fire Marshal Inspection COMAR 10.16.06.46
- Food Service Facility Permit from LHD COMAR 10.16.06.42
- Swimming Pool Permit from LHD COMAR 10.16.06.47

## Documentation for School/Government

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- Building Safety Form (covers)
  - Water
  - Sewage Disposal
  - Plumbing
  - Electrical
  - Fire
  - Building/Zoning
- Food Service Facility Permit from LHD
- Swimming Pool Permit from LHD

## Staff Training & Certification

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Document staff training for the following:

- Health Program
  - Including Medication Administration
- Emergency Plan
- Child Abuse Prevention and Reporting Plan

Upload training sign-in log to Youth Camp Portal

CPR and First Aid certification Staff

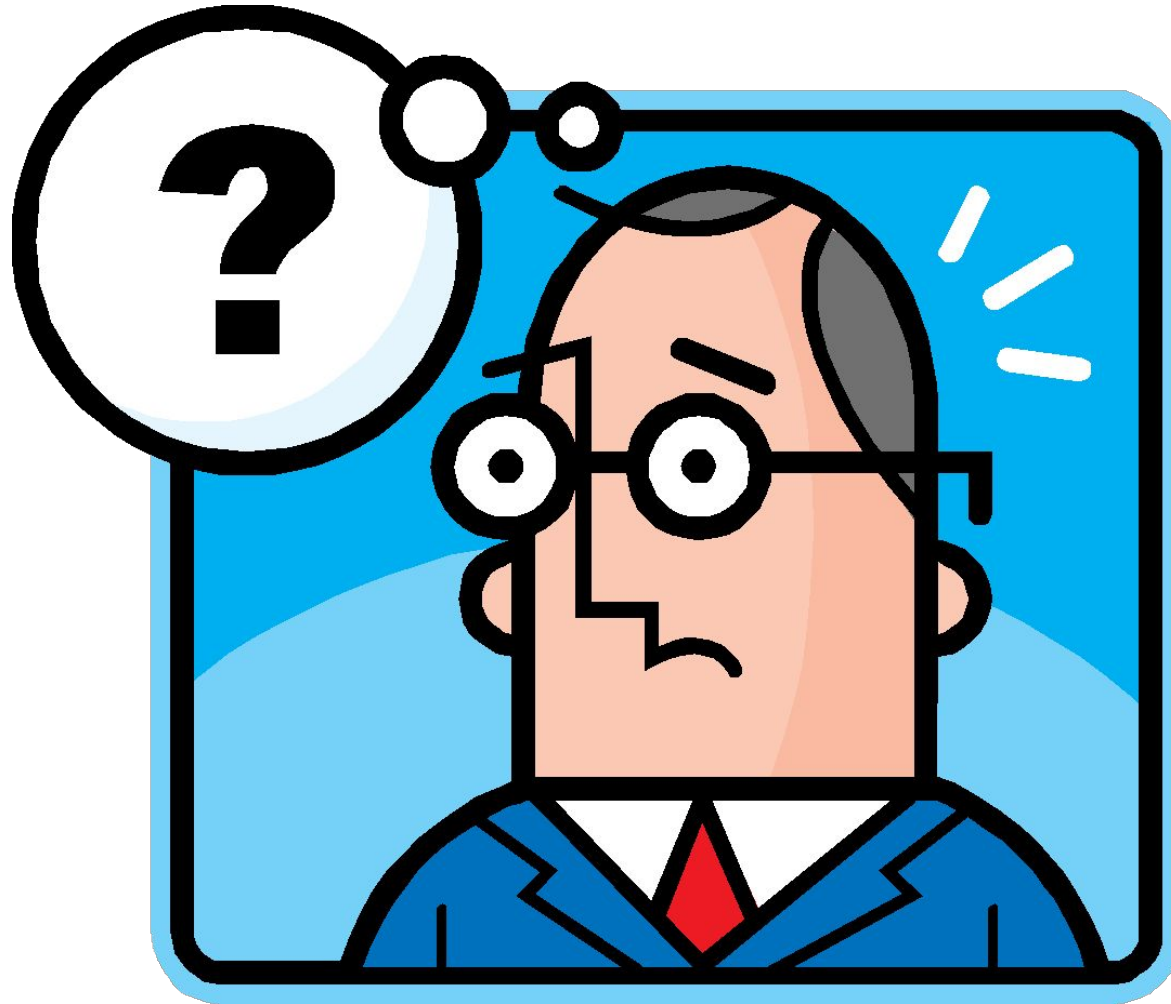
- 2 CPR/First Aid trained staff must be on duty during camp

Upload CPR and First Aid Certificates to the Youth Camp Portal

*Facilities*

Questions?

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## *Section 5*

# Health Program

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Health Supervisor

Required Staff

Written Health Program

Medication

Medication Forms

Illnesses and Communicable Diseases

Treatment Area

Health Records

Health Log

What is an Incident



## Health Supervisor

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COMAR 10.16.07.04

- Doctor
- Nurse
- Certified Nurse Practitioner

### **Duties**

- Review & Approve Health Program Annually
- Oversee or Delegate Medication Administration
- Oversee Health Treatment Area
- Review Camper Health Forms

## CPR/First Aid

---

COMAR 10.16.07.04

### Minimum of 2 Adults

- Certification Issued by National Organization

### On Duty at All Times

- From 1<sup>st</sup> camper arrival to last camper pick up

### Field Trips

- One with trip and one at camp if campers stay behind

## Written Health Program

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COMAR 10.16.07.03



Refer to Writing Health  
Program Procedures

## Medications

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COMAR 10.16.07.14

Covers Prescription and Nonprescription Medications

3 Types-OTC (Over the Counter), Prescription and Emergency

Delegation ability varies depending on credentials of Health  
Supervisor

Self-administration vs. Staff Administration

Youth Camp Medication Administration Certificate Holder

## Medications

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COMAR 10.16.07.14

Prescriptive Order for All Medication – MDH form

(may be used at multiple camps for one season)

Parental Consent Documented

Standing Orders and Parental Consent

Staff Medications

Sunscreen, see January 25, 2017 memo

## Asthma Action Plan

### ASTHMA ACTION PLAN AND MEDICATION ADMINISTRATION AUTHORIZATION FORM for Youth Camps in Maryland

Page 1 of 2

Please complete both pages of this form if the child has an inhaler or other asthma-related medication

Maryland Department of Health (MDH)  
Office of Healthy Homes and Communities  
(410) 767-8417 or 1-877-463-3464 ext. 78417

1. CHILD'S NAME (First Middle Last)		2. DATE OF BIRTH (mm/dd/yyyy)		3. PEAK FLOW PERSONAL BEST:	
4. ASTHMA SEVERITY (check one): <input type="checkbox"/> Mild Intermittent <input type="checkbox"/> Mild Persistent <input type="checkbox"/> Moderate Persistent <input type="checkbox"/> Severe Persistent <input type="checkbox"/> Exercise Induced					
5. ASTHMA TRIGGERS (check all that apply): <input type="checkbox"/> Colds <input type="checkbox"/> Exercise <input type="checkbox"/> Animals <input type="checkbox"/> Dust <input type="checkbox"/> Smoke <input type="checkbox"/> Food <input type="checkbox"/> Weather <input type="checkbox"/> Other					
<b>Section I. ASTHMA ACTION PLAN</b>					
6. THIS ASTHMA ACTION PLAN SHALL BE EFFECTIVE FOR AND MEDICATION SHALL BE ADMINISTERED during the year in which this form is dated in 9b below unless more restrictive dates are specified in 6a and 6b. This authorization is NOT TO EXCEED 1 YEAR.				6a. FROM (mm/dd/yyyy)	6b. TO (mm/dd/yyyy)
<b>GREEN ZONE - DOING WELL</b>					
You have <b>ALL</b> of these Breathing is good No cough or wheeze Can walk, exercise, & play Can sleep all night If known, peak flow greater than _____ (80% personal best)	Medication Name	Dose	Route	Frequency	OK to Self-Administer
					<input type="checkbox"/> Yes <input type="checkbox"/> No
	Known side effects:				
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Exercise Zone</b>					
<input type="checkbox"/> Prior to all exercise/sports <input type="checkbox"/> When the child feels they need it	Rescue Medication	Dose	Route	Frequency	OK to Self-Administer OK to Self-Carry
					<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
	Known side effects:				
					<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>YELLOW ZONE - GETTING WORSE</b>					
You have <b>ANY</b> of these Some problems breathing Wheezing, noisy breathing Tight chest Cough or cold symptoms Shortness of breath Other: If known, peak flow between _____ and _____ (50% to 79% personal best)	Emergency Medication	Dose	Route	Frequency	OK to Self-Administer OK to Self-Carry
					<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
	Known side effects:				
					<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>RED ZONE - MEDICAL ALERT/DANGER</b>					
You have <b>ANY</b> of these Breathing hard and fast Lips or fingernails are blue Trouble walking or talking Medicine is not helping (15-20 mins?) Other: If known, peak flow below _____ (0% to 49% personal best)	Emergency Medication	Dose	Route	Frequency	OK to Self-Administer OK to Self-Carry
					<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
	Known side effects:				
					<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No

MDH-4758-C (01/2019)

Please turn over - this form has 2 pages with four total sections

Keep for 3 Years

### ASTHMA ACTION PLAN AND MEDICATION ADMINISTRATION AUTHORIZATION FORM for Youth Camps in Maryland

Page 2 of 2

Please complete this form if the child has an inhaler or other asthma-related medication

Maryland Department of Health (MDH)  
Office of Healthy Homes and Communities  
(410) 767-8417 or 1-877-463-3464 ext. 78417

CHILD'S NAME (First Middle Last)		DATE OF BIRTH (mm/dd/yyyy)	
<b>Section II. PRESCRIBER'S AUTHORIZATION</b>			
8. PRESCRIBER'S NAME/TITLE		This space may be used for the Prescriber's Address Stamp	
TELEPHONE	FAX		
ADDRESS			
CITY	STATE	ZIP CODE	
9a. PRESCRIBER'S SIGNATURE (Parent/guardian cannot sign here) (original signature or signature stamp only)			9b. DATE (mm/dd/yyyy)
<b>Section III. PARENT/GUARDIAN AUTHORIZATION</b>			
I request the authorized youth camp operator, staff member or volunteer to administer the medication or to supervise the camper in self-administration as prescribed by the above authorized prescriber. I certify that I have legal authority to consent to medical treatment for the child named above, including the administration of medication at the facility. I understand that at the end of the authorized period an authorized individual must pick up the medication; otherwise, it will be discarded. I authorize camp personnel and the authorized prescriber indicated on this form to communicate in compliance with HIPAA.			
10a. PARENT/GUARDIAN SIGNATURE	10b. DATE (mm/dd/yyyy)	10c. INDIVIDUALS AUTHORIZED TO PICK UP MEDICATION	
10d. HOME PHONE #	10e. CELL PHONE #	10f. WORK PHONE #	
<b>Section IV. AUTHORIZATION FOR SELF-ADMINISTRATION / SELF-CARRY (OPTIONAL)</b>			
THIS SECTION SHOULD ONLY BE COMPLETED IF ANY MEDICATIONS IN THE ASTHMA ACTION PLAN ABOVE ARE APPROVED FOR SELF-ADMINISTRATION. Self-carry is only permitted for emergency medications such as inhalers and epinephrine. Both the prescriber and the parent/guardian must consent to self-administration below. However, youth camp operators are not required to permit self-administration or self-carry.			
I authorize self-administration of all of the medications listed in Section I: Asthma Action Plan above that are checked as "OK to self-administer" or "OK to self-administer and self-carry" for the child named above under the supervision of the youth camp operator, a designated staff member or volunteer. If indicated in Section I: Asthma Action Plan, the child named above may self-carry emergency medications checked as "OK to self-administer and self-carry."			
11a. PRESCRIBER'S SIGNATURE FOR SELF-ADMINISTRATION/SELF-CARRY			11b. DATE (mm/dd/yyyy)
12a. PARENT/GUARDIAN'S SIGNATURE FOR SELF-ADMINISTRATION/SELF-CARRY			12b. DATE (mm/dd/yyyy)
<b>Section V. CAMP MEDICAL STAFF USE ONLY</b>			
Camp Medical Staff Notes:			
Reviewed by:			DATE (mm/dd/yyyy)

MDH-4758-C (01/2019)

Please turn over - this form has 2 pages with four total sections

Keep for 3 Years



## (Epi) Allergy Action Plan

**Allergy Action Plan**  
Must be accompanied by a Medication Authorization Form (OCC 1216)

CHILD'S NAME: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

ALLERGY TO: \_\_\_\_\_

Is the child Asthmatic? ☐ No ☐ Yes (If Yes = Higher Risk for Severe Reaction)

Place Child's  
Picture Here

**TREATMENT**

Symptoms:	Give this Medication	
The child has ingested a food allergen or exposed to an allergy trigger:	Epinephrine	Antihistamine
But is <i>not</i> exhibiting or complaining of any symptoms		
Mouth: itching, tingling, swelling of lips, tongue or mouth ("mouth feels funny")		
Skin: hives, itchy rash, swelling of the face or extremities		
Gut: nausea, abdominal cramps, vomiting, diarrhea		
Throat: difficulty swallowing ("choking feeling"), hoarseness, hacking cough		
Lung*: shortness of breath, repetitive coughing, wheezing		
Heart*: weak or fast pulse, low blood pressure, fainting, pale, blueness		
Other:		
If reaction is progressing (several of the above areas affected)		

\*Potentially life-threatening. The severity of symptoms can quickly change.  
\*IMPORTANT: Asthma inhalers and/or antihistamines cannot be depended on to replace epinephrine in anaphylaxis.

Medication	Dose:
Epinephrine:	
Antihistamine:	
Other:	

Doctor's Signature \_\_\_\_\_ Date \_\_\_\_\_

**EMERGENCY CALLS**

1) Call 911 (or Rescue Squad) whenever Epinephrine has been administered. 2) Call the parent. State that an allergic reaction has been treated and additional epinephrine may be needed. 3) Stay with the child.

Doctor's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Contact(s)	Name/Relationship	Phone Number(s)	
		Daytime Number	Cell
Parent/Guardian 1			
Parent/Guardian 2			
Emergency 1			
Emergency 2			

**\*EVEN IF A PARENT/GUARDIAN CANNOT BE REACHED, DO NOT HESITATE TO MEDICATE AND CALL 911.**

Health Care Provider and Parent Authorization for Self-Carry Self Administration  
I authorize the child care provider to administer the above medications as indicated. Students may self carry/self administer (school-aged only) ☐ Yes ☐ No

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Page 1



**Allergy Action Plan**  
(Continued)

Must be accompanied by a Medication Authorization Form (OCC 1216)

CHILD'S NAME: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

ALLERGY TO: \_\_\_\_\_

Is the child Asthmatic? ☐ No ☐ Yes (If Yes = Higher Risk for Severe Reaction)

Place Child's  
Picture Here

**The Child Care Facility will:**

- ☐ Reduce exposure to allergen(s) by: (no sharing food,
- ☐ Ensure proper hand washing procedures are followed.
- ☐ Observe and monitor child for any signs of allergic reaction(s).
- ☐ Ensure that medication is immediately available to administer in case of an allergic reaction (in the classroom, playground, field trips, etc.)
- ☐ Ensure that a person trained in Medication Administration accompanies child on any off-site activity.

**The Parent/Guardian will:**

- ☐ Ensure the child care facility has a sufficient supply of emergency medication.
- ☐ Replace medication prior to the expiration date
- ☐ Monitor any foods served by the child care facility, make substitutions or arrangements with the facility, if needed.

**EpiPEN<sup>®</sup>**  
Epinephrine Auto-Injector 0.1/0.5mg

user guide

**1** Pull off the blue safety release cap.

**2** Swing and firmly push the orange tip against the outer thigh so it "clicks." HOLD on thigh for approximately 10 seconds to deliver the drug.   
Please note: As soon as you release pressure on the thigh, the protective cover will extend.

**Call 911**

**3** Seek immediate emergency medical attention and be sure to take the EpiPen Auto-Injector with you to the emergency room.

To view an instructional video demonstrating how to use an EpiPen Auto-Injector, please visit [epipen.com](http://epipen.com).

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Page 2



## Health Program

COMAR 10.16.07.14

MEDICATION ADMINISTRATION AUTHORIZATION FORM - Fourth Camps in Maryland										Signature of Pharmacist (The Pharmacist must personally provide to a child a new set of oral liquid dose tablets)	
Patient's name (last, first, middle initial) and date of birth (MM/DD/YYYY) must be printed in full on the front of the form. The patient's name and date of birth must be printed in full on the back of the form. The patient's name and date of birth must be printed in full on the front of the form. The patient's name and date of birth must be printed in full on the back of the form.											
<b>Section: MEDICATION AUTHORIZATION</b>											
1. CHILD'S NAME (Last, First, Middle Initial)								2. DATE OF BIRTH (MM/DD/YYYY)			
3. MEDICATION NAME (Generic Name)								4. PRESCRIPTION (Rx)		5. INDICATION (Why)	
6. DOSE (mg/kg/day)											
7. FREQUENCY (Times per day)											
8. ROUTE (How)											
9. SIGNS AND SYMPTOMS (What to watch for)											
10. SPECIAL INSTRUCTIONS (Any other information)											
11. SIGNATURE OF PHARMACIST (Print Name)											
12. SIGNATURE OF PARENT/GUARDIAN (Print Name)											
13. DATE (MM/DD/YYYY)											
14. TIME (HH:MM)											
15. LOCATION (Where)											
16. COMMENTS (Any other information)											
17. SIGNATURE OF PHARMACIST (Print Name)											
18. SIGNATURE OF PARENT/GUARDIAN (Print Name)											
19. DATE (MM/DD/YYYY)											
20. TIME (HH:MM)											
21. LOCATION (Where)											
22. COMMENTS (Any other information)											
23. SIGNATURE OF PHARMACIST (Print Name)											
24. SIGNATURE OF PARENT/GUARDIAN (Print Name)											
25. DATE (MM/DD/YYYY)											
26. TIME (HH:MM)											
27. LOCATION (Where)											
28. COMMENTS (Any other information)											
29. SIGNATURE OF PHARMACIST (Print Name)											
30. SIGNATURE OF PARENT/GUARDIAN (Print Name)											
31. DATE (MM/DD/YYYY)											
32. TIME (HH:MM)											
33. LOCATION (Where)											
34. COMMENTS (Any other information)											
35. SIGNATURE OF PHARMACIST (Print Name)											
36. SIGNATURE OF PARENT/GUARDIAN (Print Name)											
37. DATE (MM/DD/YYYY)											
38. TIME (HH:MM)											
39. LOCATION (Where)											
40. COMMENTS (Any other information)											
41. SIGNATURE OF PHARMACIST (Print Name)											
42. SIGNATURE OF PARENT/GUARDIAN (Print Name)											
43. DATE (MM/DD/YYYY)											
44. TIME (HH:MM)											
45. LOCATION (Where)											
46. COMMENTS (Any other information)											
47. SIGNATURE OF PHARMACIST (Print Name)											
48. SIGNATURE OF PARENT/GUARDIAN (Print Name)											
49. DATE (MM/DD/YYYY)											
50. TIME (HH:MM)											
51. LOCATION (Where)											
52. COMMENTS (Any other information)											
53. SIGNATURE OF PHARMACIST (Print Name)											
54. SIGNATURE OF PARENT/GUARDIAN (Print Name)											
55. DATE (MM/DD/YYYY)											
56. TIME (HH:MM)											
57. LOCATION (Where)											
58. COMMENTS (Any other information)											
59. SIGNATURE OF PHARMACIST (Print Name)											
60. SIGNATURE OF PARENT/GUARDIAN (Print Name)											
61. DATE (MM/DD/YYYY)											
62. TIME (HH:MM)											
63. LOCATION (Where)											
64. COMMENTS (Any other information)											
65. SIGNATURE OF PHARMACIST (Print Name)											
66. SIGNATURE OF PARENT/GUARDIAN (Print Name)											
67. DATE (MM/DD/YYYY)											
68. TIME (HH:MM)											
69. LOCATION (Where)											
70. COMMENTS (Any other information)											
71. SIGNATURE OF PHARMACIST (Print Name)											
72. SIGNATURE OF PARENT/GUARDIAN (Print Name)											
73. DATE (MM/DD/YYYY)											
74. TIME (HH:MM)											
75. LOCATION (Where)											
76. COMMENTS (Any other information)											
77. SIGNATURE OF PHARMACIST (Print Name)											
78. SIGNATURE OF PARENT/GUARDIAN (Print Name)											
79. DATE (MM/DD/YYYY)											
80. TIME (HH:MM)											
81. LOCATION (Where)											
82. COMMENTS (Any other information)											
83. SIGNATURE OF PHARMACIST (Print Name)											
84. SIGNATURE OF PARENT/GUARDIAN (Print Name)											
85. DATE (MM/DD/YYYY)											
86. TIME (HH:MM)											
87. LOCATION (Where)											
88. COMMENTS (Any other information)											
89. SIGNATURE OF PHARMACIST (Print Name)											
90. SIGNATURE OF PARENT/GUARDIAN (Print Name)											
91. DATE (MM/DD/YYYY)											
92. TIME (HH:MM)											
93. LOCATION (Where)											
94. COMMENTS (Any other information)											
95. SIGNATURE OF PHARMACIST (Print Name)											
96. SIGNATURE OF PARENT/GUARDIAN (Print Name)											
97. DATE (MM/DD/YYYY)											
98. TIME (HH:MM)											
99. LOCATION (Where)											
100. COMMENTS (Any other information)											
101. SIGNATURE OF PHARMACIST (Print Name)											
102. SIGNATURE OF PARENT/GUARDIAN (Print Name)											
103. DATE (MM/DD/YYYY)											
104. TIME (HH:MM)											
105. LOCATION (Where)											
106. COMMENTS (Any other information)											
107. SIGNATURE OF PHARMACIST (Print Name)											
108. SIGNATURE OF PARENT/GUARDIAN (Print Name)											
109. DATE (MM/DD/YYYY)											
110. TIME (HH:MM)											
111. LOCATION (Where)											
112. COMMENTS (Any other information)											
113. SIGNATURE OF PHARMACIST (Print Name)											
114. SIGNATURE OF PARENT/GUARDIAN (Print Name)											
115. DATE (MM/DD/YYYY)											
116. TIME (HH:MM)											
117. LOCATION (Where)											
118. COMMENTS (Any other information)       </											

[illegible]

**MEDICATION FINAL  
DISPOSITION FORM**  
for Youth Camps in Maryland

Standard Department of Health (SDH)  
Customer Healthy Homes and Community Services (CCHHS)  
MDH 202-201-7007 FAX 202-201-4884-0000 10/07

1. FINAL DISPOSITION OF MEDICATION	
Prescriber Name	State of Birth
Medication Name	First Dispensation 11 Dispensed (Original Prescription) 22 Dispensed (Control Prescription)
Section A	
MEDICATION RETURNED TO PHARMACY	DATE
MEDICATION RETURNED BY PHYSICIAN'S DONATION	DATE
Section B	
The above includes medication that was returned to the pharmacy in packaging that was not tampered with, and is not for consumption, only, meaning, a medicine dispensed according to COMAR 01.02.01.01.	
SIGNATURE OF PERSON RESPONSIBLE FOR THE RETURNED MEDICATION	DATE
SIGNATURE OF PERSON WHO RECEIVED THE DISPOSITION OF THE MEDICATION	DATE
KEEP FOR 1 YEAR	



## Acute Illness and Communicable Disease Prevention

---

COMAR 10.16.07.03 and .12

- 1) Clean your hands often
- 2) Wash your hands with soap and water for at least 20 seconds especially after you have been in a public place, or after blowing your nose, coughing, or sneezing.
- 3) If soap and water are not readily available, use a hand sanitizer that contains at least 60% alcohol. Cover all surfaces of your hands and rub them together until they feel dry.
- 4) Avoid touching your eyes, nose, and mouth with unwashed hands.



## Acute Illness and Communicable Disease Prevention

---

COMAR 10.16.07.03 and .12

### Clean and disinfect

Clean AND disinfect frequently touched surfaces daily. This includes tables, doorknobs, light switches, countertops, handles, desks, phones, keyboards, toilets, faucets, and sinks.

If surfaces are dirty, clean them: Use detergent or soap and water prior to disinfection.

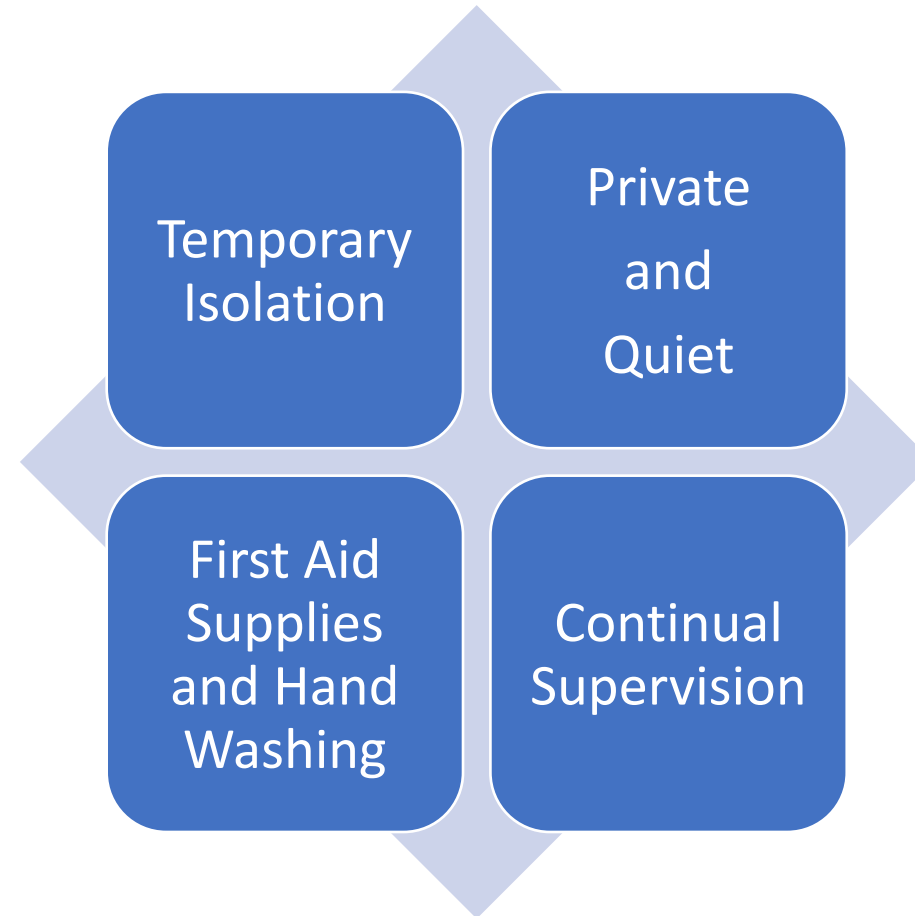


## Treatment Area

---

COMAR 10.16.07.13

### Day Camp

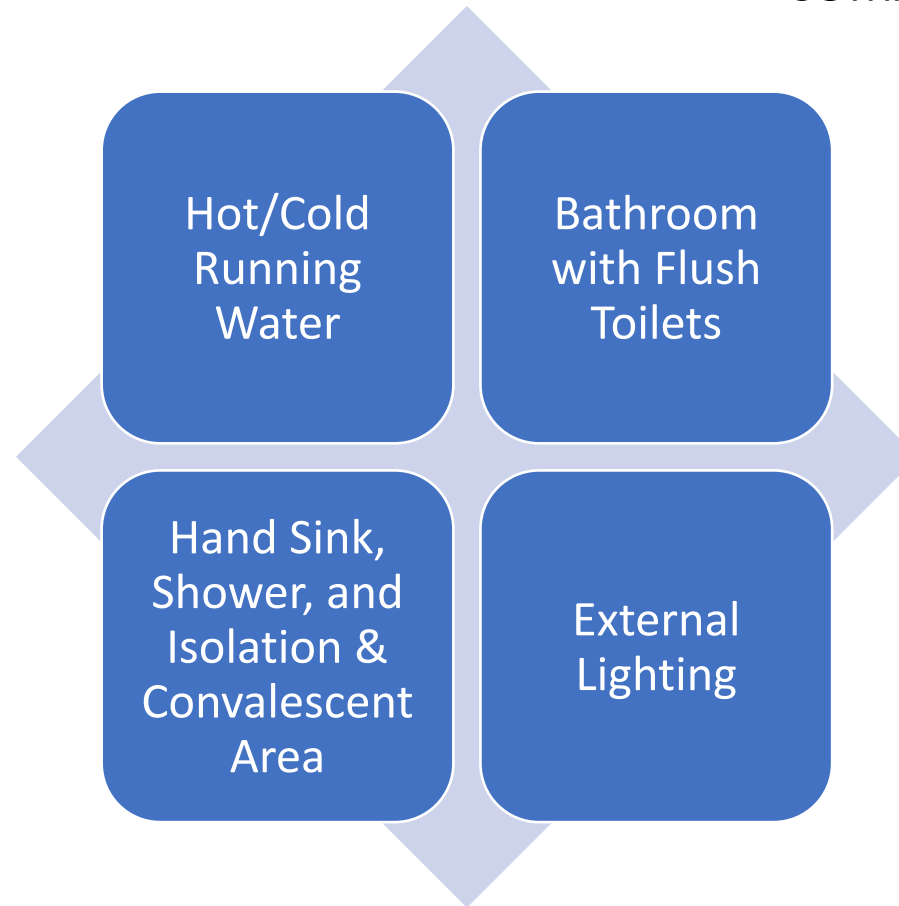


## Treatment Area

---

COMAR 10.16.07.13

# Residential Camp



## Health Records

COMAR 10.16.07.08 & .09

### Camper Health Record

### Staff/Volunteer Health Record

**CAMPER HEALTH HISTORY**

Child's Name: \_\_\_\_\_

The following information is required:

Parent or Legal Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

HEALTH INFORMATION:

1. Are there any health problems including physical, psychiatric, or behavioral problems of which we need to be aware? ☐ YES ☐ NO

☐ YES, Explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Are there any medications, dietary restrictions, allergies, or special needs that we need to be aware of to ensure that your child's camp experience is positive? ☐ YES ☐ NO

☐ YES, Explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

IMMUNIZATION INFORMATION:

For campers who reside within the United States, a United States territory, or the District of Columbia: **OR** For campers who reside outside the United States, a United States territory, or the District of Columbia:

1. State/territory in which child resides: \_\_\_\_\_

2. Is this child exempt from any immunizations? ☐ YES ☐ NO

☐ YES, List them: \_\_\_\_\_

\_\_\_\_\_

Parent or Legal Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**STAFF/VOLUNTEER HEALTH HISTORY**

Staff Member's/Volunteer's Name: \_\_\_\_\_

The following information is required:

Emergency Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Primary Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

HEALTH INFORMATION:

1. Are there any health problems including physical, psychiatric, or behavioral problems of which we need to be aware? ☐ YES ☐ NO

☐ YES, Explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Are there any medications, dietary restrictions, allergies, or special needs of which we need to be aware? ☐ YES ☐ NO

☐ YES, Explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

IMMUNIZATION INFORMATION:

For staff members/volunteers who reside within the United States, a United States territory, or the District of Columbia: **OR** For staff members/volunteers who reside outside the United States, a United States territory, or the District of Columbia:

1. State/territory in which person resides: \_\_\_\_\_

2. Is this person exempt from any immunizations? ☐ YES ☐ NO

☐ YES, List them: \_\_\_\_\_

\_\_\_\_\_

Staff Member/Volunteer Signature or \_\_\_\_\_ Date \_\_\_\_\_

Parent or Legal Guardian's Signature (If Staff Member is Under 18 Years)

Document record of vaccination or immunity for campers who currently reside outside the U.S, U.S. territory or DC.

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# Health Log

---

COMAR 10.16.07.15



## Must Include:

1. Date
2. Name of Camper
3. Ailment
4. Treatment Prescribed
5. Name or Initials of  
Person Administering Care

## Must Be:

1. On Lined Paper
2. Kept Confidential
3. In Locked Compartment
4. Available to Department
5. Retained for 3 years
6. Recorded in Ink
7. No Skipped Lines
8. Spiral Book Must Have Sequentially Numbered Pages





## Incident Report

---

- What is an Incident?
- When to Report?
- When to Report Acute Illnesses and Communicable Diseases?

Entered online in the Youth Camp Portal

(Details later in the presentation)

## Acute Illness & Communicable Disease

---

COMAR 10.16.07.12



Refer to list provided  
in your packet.

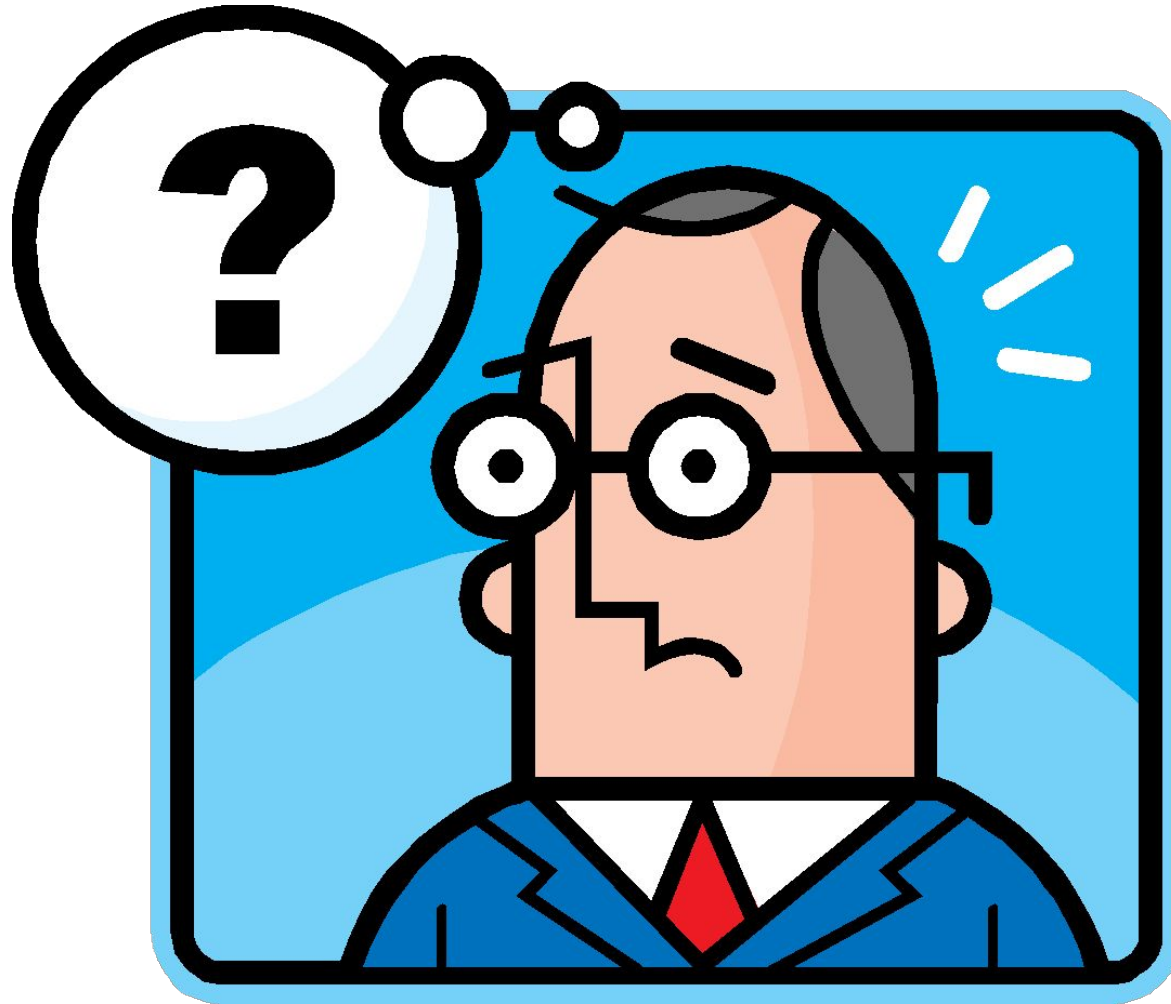
## Incident Reports

Make Report To: ⇨ Type of Injury or Illness:	Minor's Parent/Guardian or Adult's Emergency Contact	Health Supervisor	DHMH	Health Log or Personal Health Record
CPR, Admission to a hospital, Death	Immediately	Immediately	Verbally within 24 hours and submit the <b>Report Form*</b> within 1 week	Record same day
Injury that is treated at an off-site medical facility and requires medical attention	Immediately	Immediately	Submit the <b>Report Form*</b> within 2 weeks of the end of camp	Record same day
Accident with no apparent injury Example: a fall from a horse/equipment or impact from sports equipment.	If Health Supervisor is not on duty at camp, ASAP and before end of camp day (verbal or written)	Immediately if Health Supervisor is on duty at camp	No report	Record same day
All other injuries & illnesses	If Health Supervisor is not on duty at camp, ASAP and before end of camp day (verbal or written)	No report	No report	Record same day
Reportable conditions or outbreaks per COMAR 10.06.01, see list	Immediately	Immediately	Verbally to DHMH and Local Health Department within 24 hours and submit the <b>Report Form*</b> to DHMH within 1 week.	Record same day
Medication Error	Immediately	Immediately	Submit the <b>Report Form*</b> within 2 weeks of the end of camp	Record same day

Maintain documentation of reports at camp.

Questions?

---



## *Section 6*

# Application Process

---

Pre-Application / New Location

Community User

Youth Camp Portal

Application Walkthrough

Invoice Location

Required Documents

## *Application Process*

### Pre-Application / New Location

---

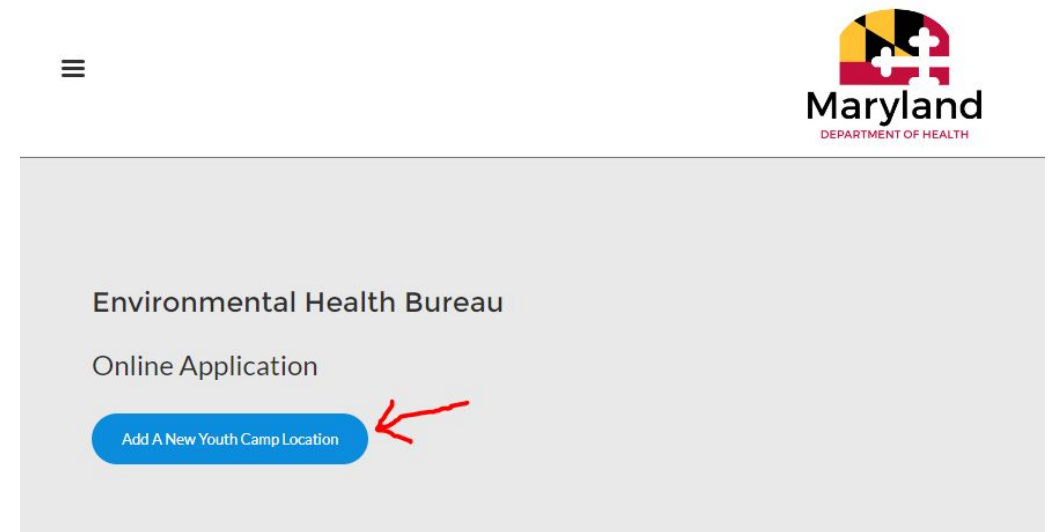
New Camp:

Complete the Pre-Application found on MDH Youth Camp webpage 'Does my program require certification?'

New Camp Location:

Complete the (under Certification Requirements, Does my program require certification?)

Both will take you to the same questionnaire to enter the camp information into the Youth Camp Portal



## *Application Process*

### Community User

---


The Community User is the person who has access to the MDH youth camp portal and is responsible for entering the:

- annual application
- annual report
- incident reports
- uploading documents

A camp can only have 1 community user

A person can be the community user for more than one camp

Log In: <https://mdhyouthcamps.force.com/login>



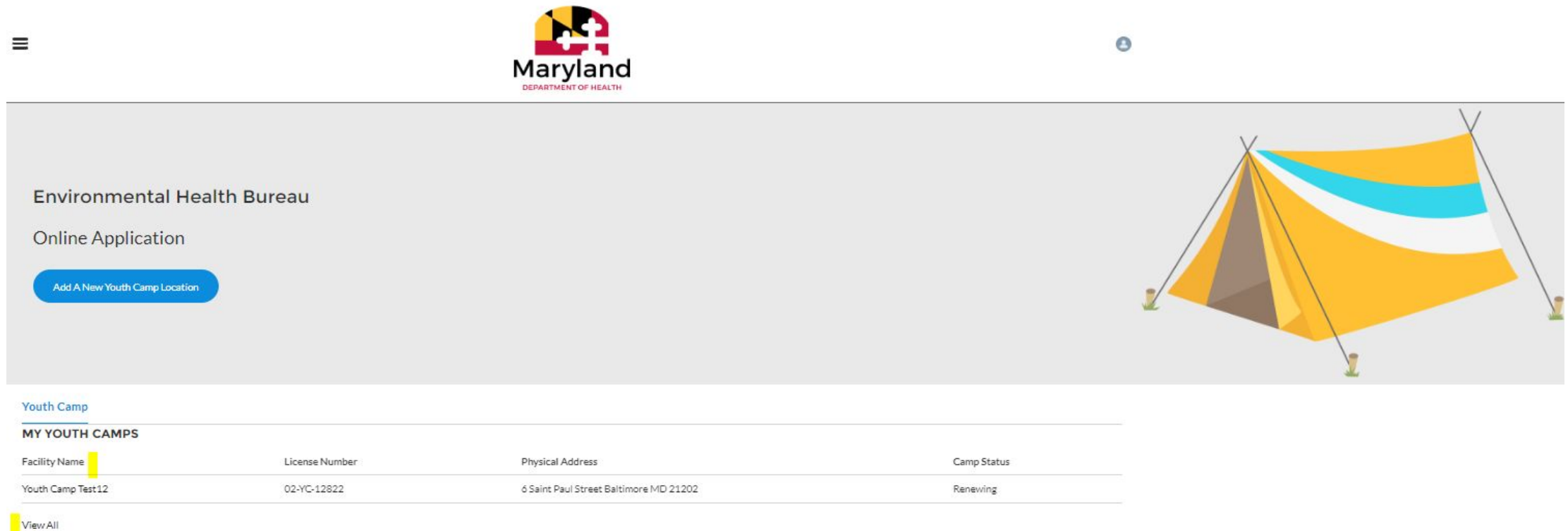
The image shows a screenshot of a Salesforce login page. At the top center is the Salesforce logo, which is a blue cloud shape with the word "salesforce" in white. Below the logo is a white rectangular login form. Inside the form, there are two input fields: "Username" and "Password". Below the "Password" field is a blue "Log In" button. Under the button is a checkbox labeled "Remember me". At the bottom of the form is a link that says "Forgot Your Password?". Below the form, on a gray background, is a link that says "Maryland Department of Health employee? Log In".

# Youth Camp Portal

To enter your youth camp, click on the name of the camp

For more than one camp location, click view all will show all the locations

Add a 'New Youth Camp Location' button found on this page



The screenshot shows the Maryland Department of Health Youth Camp Portal. At the top, there is a navigation bar with a hamburger menu icon on the left, the Maryland Department of Health logo in the center, and a user profile icon on the right. Below the navigation bar, the main content area is divided into two sections. On the left, there is a sidebar with the text "Environmental Health Bureau" and "Online Application", followed by a blue button labeled "Add A New Youth Camp Location". On the right, there is a large illustration of a yellow and blue tent. Below the sidebar, there is a section titled "Youth Camp" with a sub-header "MY YOUTH CAMPS". This section contains a table with four columns: "Facility Name", "License Number", "Physical Address", and "Camp Status". The table has one row of data. Below the table, there is a yellow button labeled "View All".

Environmental Health Bureau

Online Application

Add A New Youth Camp Location

Youth Camp

MY YOUTH CAMPS

Facility Name	License Number	Physical Address	Camp Status
Youth Camp Test12	02-YC-12822	6 Saint Paul Street Baltimore MD 21202	Renewing

View All



# Application Process

## Facility Youth Camp Test11-21

License Number  
04-YC-12911

Physical Address  
123 main st  
Hollywood, MD 20636

Camp Balance  
\$0.00

### ▼ Youth Camp Information

Facility Name  
Youth Camp Test11-21

License Number  
04-YC-12911

Camp Balance  
\$0.00

Fee Status  
Regular

Enforcement Level  
Compliant

Personnel Administrator  
Peter Parker

Verified Personnel Administrator  
☐

Personnel Administrator Phone  
9099489919

Personnel Administrator Mobile

Personnel Administrator Email  
vuth@enovational.com

Supervisor  
Brian Flynn

Inspector  
Clark Adelman

Camp Status  
Renewing

Camp Type  
Day and Residential Camp

Camp Class  
Certified

Regional  
Lindsey Linthicum

Permit Type  
Certificate

Community user  
Peter Parker

Community User Phone  
9099489919

Community User Mobile

Community User Email  
vuth@enovational.com

+ Follow

2020 Checklist

Application

Create Annual Report

2020 Checklist (1)			
2020 Checklist #	Indicate that yo...	Indicate that yo...	Name (Please Pr...
CL-0002	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Peter Parker
View All			

### Camp Applications (0)

Annual Reports (3)			
Report #	Report Year	Total Camper D...	Completed Ann...
RPT2022-12736	2021	0	<input type="checkbox"/>
RPT2018-8166	2017	610	<input checked="" type="checkbox"/>
RPT2018-8163	2016	1,585	<input checked="" type="checkbox"/>
View All			

Invoices (1)			
Invoice Number	Camp Year	Amount due	Invoice Type

# Youth Camp Portal

Camp Balance

Fee Status

Enforcement Level

Camp Status

Inspector

Community User

Personnel Administrator

## ▼ Youth Camp Information

Facility Name

Youth Camp Test11-21


License Number

04-YC-12911

Camp Balance

 \$0.00

Fee Status

Regular 

Enforcement Level

 Compliant

Personnel Administrator 

Peter Parker

Verified Personnel Administrator 

☐

Personnel Administrator Phone 

9099489919

Personnel Administrator Mobile 

Personnel Administrator Email 

vuth@enovational.com

Supervisor

Brian Flynn

Inspector

Clark Adelman

Camp Status

Renewing 

Camp Type

Day and Residential Camp

Camp Class

Certified

Regional

Lindsey Linthicum

Permit Type

Certificate

Community user 

Peter Parker

Community User Phone 

9099489919

Community User Mobile 

Community User Email 

vuth@enovational.com

# Youth Camp Portal

2020 Checklist (Obsolete)

Camp Applications

Annual Reports

Invoices

Incidents

Specialized Activities

Additional Camp Information

Files

2020 Checklist (1)			
2020 Checklist #	Indicate that yo...	Indicate that yo...	Name (Please Pr...
CL-0002	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Peter Parker
View All			

Camp Applications (0)			
-----------------------	--	--	--

Annual Reports (3)			
Report #	Report Year	Total Camper D...	Completed Ann...
RPT2022-12736	2021	0	<input type="checkbox"/>
RPT2018-8166	2017	610	<input checked="" type="checkbox"/>
RPT2018-8163	2016	1,585	<input checked="" type="checkbox"/>
View All			

Invoices (1)			
Invoice Number	Camp Year	Amount due	Invoice Type
207961	2021		Credit Voucher I...
View All			

Incidents (6)			
Youth Camp In...	Created By	B2/B3. Date/Ti...	B1. Report Type
INC00368	LindaTest Rudie9	7/10/2018 1:03 ...	Injury
INC00435	Linda Leichliter	9/17/2018 8:40 ...	Injury
INC00436	Linda Leichliter	9/17/2018 8:45 ...	Injury

Specialized Activities (4)			
Specialized Ac...	Activity	Specialized Acti...	Location
SA04389	Archery	Approved	here
SA04392	Wind Surfing	Approved	bay
SA04411	Canoeing	Discontinued	
SA04746	Snow Skiing	Pending	on site
View All			

Additional Camp Information (2)		
Additional Informatio...	Created Date	Created By
ACI-00618	1/3/2023 11:21 AM	LindaTest Rudie9
ACI-00000	3/23/2020 2:28 PM	Salesforce Admin
View All		

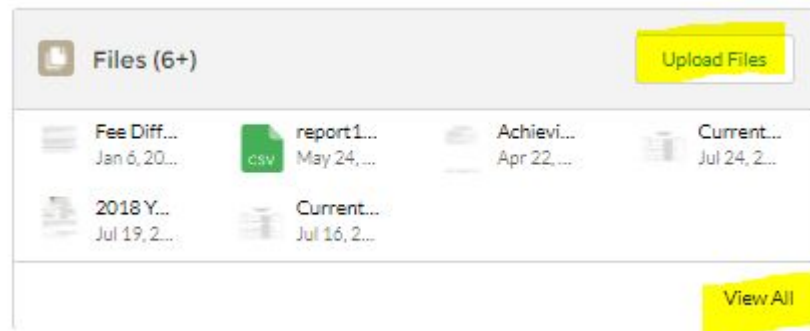
Files (1)	
U&O_WorldVie...	Sep 6, 2018 •...
View All	

## Application Process

# Youth Camp Portal

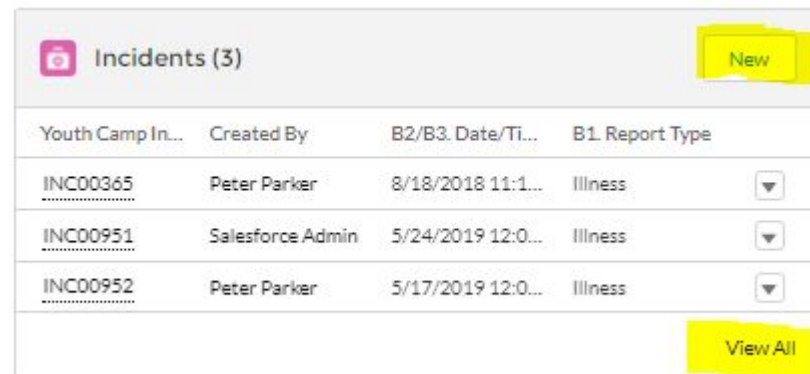
## Files- Upload Documentation

Safety Plans, Building Documentation  
(not Personnel information)



## Incident Report

Add a new report, see Required Reports



## Annual Report

Create new report with button at top right of page



To view Annual Report history: View All

Annual Reports (6+)			
Report #	Report Year	Total Camper D...	Completed Ann...
RPT2020-10696	2019	7,548	<input checked="" type="checkbox"/>
RPT2018-8177	2018	494	<input checked="" type="checkbox"/>
RPT2018-8176	2018	184	<input checked="" type="checkbox"/>
RPT2018-8175	2018	510	<input checked="" type="checkbox"/>
RPT2018-8174	2018	860	<input checked="" type="checkbox"/>
RPT2018-8173	2018	345	<input checked="" type="checkbox"/>
			View All


# Youth Camp Portal

### Additional Camp Information

- Camp contact information phone and email for the public
- Camp web page, social media and short camp description for the public
- Facility information - not public


### MDH Public Licensed Youth Camp Search

<https://mdhehb-gov.my.site.com/CampSearch/s/>



Additional Camp Information (1)

New

Additional Informatio...	Created Date	Created By	
ACI-00299	11/6/2020 9:56 AM	Peter Parker	
			View All



New Maryland Department of Health

### Youth Camp Search Link

Please select the link and search for active camps that are licensed by the Maryland Department of Health (MDH). The search options are by camp name, license number, county or specialized activities. If the camp is not listed, it has not been approved to operate by MDH. Please contact MDH at 410-767-8417, if you have any questions.

## Application Walkthrough

---

The Application button is at the top right of the page  
Click 'Application' and then select the year.



+ Follow

2020 Checklist

Application

Create Annual Report



# Application Walkthrough

---

If you get this message, the previous year's Annual Report was not completed. Complete the annual report, then the application can be entered.

If the camp did not operate the previous year, email your MDH contact. Once the issue is resolved, the application can be entered.



\$0.00

### Application

You have not completed the previous year's Annual Report for this camp.

Click the "MDH Youth Camp Portal" button to go back to the home page. Enter and complete your previous year's Annual Report first, then you may proceed to the application. If you have any questions, please contact the Maryland Department of Health's Center for Healthy Homes and Community Services at 410-767-8417 or 1-877-463-3464, ext 78417. Thank you.

Finish

Camp Class

## Application Process

# Application Walkthrough

Youth Camp Application

**Youth Camp Information**

If any of the information is incorrect, please contact the Maryland Department of Health's Center for Healthy Homes and Community Services at 410-767-8417 or 1-877-463-3464, ext 78417. Thank you.

Youth Camp Name  
ADELETE test

**License Number:**  
02-YC-12917

**Camp Status**  
Renewing

**Camp Class**  
Certified

**Permit Type**  
Certificate

**Camp Type Information**  
**Day Camp:** Program is daily, no overnights  
**Residential Camp:** Program is overnight, at least 4 nights  
**Day and Residential Camp:** Program includes both day campers and overnight campers  
**Trip Camp:** Program is overnight in which camper moves from one site to another under their own power or by transportation that permits individual guidance of a vehicle or animal  
**Travel Camp:** Program is overnight and provides for campers to use motorized transportation to move as a group to a site or among sites for experience in different environments

\*Camp Type

Youth Camp Application

**Review And Update Your Information**

**Camp Year**  
2020

\* Camp Opening Date

\* Camp Closing Date

Date(s) Closed for Business

**Child Care Center Present Information**  
If Yes - A child care center is operating at this site - Upload documentation that you notified the child care licensing office about your intent to operate a youth camp.

\*Child Care Center Present?  
Child\_Care\_Center\_Present\_Default

Child Care Center Present Information  
 Or drop files

\*Are Camp Trips Provided?  
Are\_Camp\_Trips\_Provided\_Default



# Application Walkthrough

New specialized activity.

If you are starting a new specialized activity and don't see it on the list, email your MDH contact

Youth Camp Application

**Do You Have New Specialized Activities?**

☐ Yes  
☐ No

[Previous](#) [Next](#)

### Youth Camp Application

#### Check all new Specialized Activities.

- ☐ Air Guns
- ☐ Archery
- ☐ Boating
- ☐ Canoeing
- ☐ Climbing Wall
- ☐ Cycling
- ☐ Fencing
- ☐ Go Karts
- ☐ Gymnastics
- ☐ Hang Gliding
- ☐ High Ropes
- ☐ Horseback Riding
- ☐ Kayaking
- ☐ Low Ropes
- ☐ Mountain Biking
- ☐ Mountain Boarding
- ☐ Paddle Boats
- ☐ Paintball
- ☐ Rappelling
- ☐ Riflery
- ☐ Road Cycling
- ☐ Rock Climbing
- ☐ Rock Wall
- ☐ Sailing
- ☐ Scuba
- ☐ Skateboarding
- ☐ Skating
- ☐ Snow Skiing
- ☐ Spelunking
- ☐ Standup Paddle Boarding
- ☐ Swimming - Natural Beach
- ☐ Swimming - Pool

## *Application Process*

# Application Walkthrough

---

### Youth Camp Application

By clicking Finish, I agree to comply with all applicable laws and regulations of the State of Maryland regarding youth camps. I understand that providing false information on this application or violating the Maryland Youth Camp Act, Maryland Health-General Code Annotated Title 14, Subtitle 4, or any regulation adopted by the Department under this subtitle, may result in an abatement order or closure order or denial, suspension, or revocation of youth camp certification or letter of compliance.

**Finish**

Click the Finish button to complete your application. The next page will have payment information and options to pay. If you have any questions, please contact the Department of Health's Center for Healthy Homes and Community Services at 410-767-8417 or 1-877-463-3464, ext 78417. Thank you.

## Application Process

# Youth Camp Portal

### Fee Payment / Invoice Location

Click on the invoice number to enter that invoice

Then click 'Pay Invoice' in the right corner

Click 'Pay Online Now' button to open the payment processor (credit card or ACH)

The screenshot shows the 'Youth Camp Information' page. On the left, under 'Youth Camp Information', there are fields for Facility Name (Youth Camp Test12), License Number (02-YC-12822), Camp Balance (\$5.00), Fee Status (Regular), Enforcement Level (Compliant), Personnel Administrator (Peter Parker), Verified Personnel Administrator (checked), Personnel Administrator Phone (9099489919), Personnel Administrator Mobile, and Personnel Administrator Email (vuth@enovational.com). On the right, under 'Supervisor', there are fields for Supervisor (Michael McNeely), Inspector (Linda Rudie), Camp Status (Renewing), Camp Type (Day and Residential Camp), Camp Class (Certified), Regional (Nicole Alonge-Smart), Permit Type (Day), Community user (Peter Parker), Community User Phone (9099489919), Community User Mobile, and Community User Email (vuth@enovational.com). On the far right, there are sections for '2020 Checklist (0)', 'Camp Applications (0)', 'Annual Reports (6+)' (with a table of reports), 'Invoices (1)' (with a table of invoices), and 'Incidents (3)'.

Report #	Report Year	Total Camper D...	Completed Ann...
RPT2020-10696	2019	7,548	<input checked="" type="checkbox"/>
RPT2018-8177	2018	494	<input checked="" type="checkbox"/>
RPT2018-8176	2018	184	<input checked="" type="checkbox"/>
RPT2018-8175	2018	510	<input checked="" type="checkbox"/>
RPT2018-8174	2018	860	<input checked="" type="checkbox"/>
RPT2018-8173	2018	345	<input checked="" type="checkbox"/>

Invoice Number	Camp Year	Amount due	Invoice Type
205121	2021	\$5.00	Renewal Applica...

The screenshot shows the 'Youth Camp Invoice' page for invoice 205121. It displays the following information:

Camp Year	Invoice Type	Amount due	Total Paid	Balance Remaining
2021	Renewal Application Fee	\$5.00	\$0.00	\$5.00

Below this, there are fields for Invoice Number (205121), Camp Year (2021), Youth Camp (Youth Camp Test12), and Invoice Type (Renewal Application Fee). On the right, there are fields for Amount due (\$5.00), Total Paid (\$0.00), and Balance Remaining (\$5.00). A yellow 'Pay Invoice' button is highlighted in the top right corner. At the bottom right, there is a section for 'Payments (0)'.

# Application Process

## Youth Camp Portal



[Home](#)



Youth Camp Invoice  
206711

[Pay Invoice](#)

Camp Year	Invoice Type	Amount due	Total Paid	Balance Remaining
2020	Credit Voucher Issued		\$0.00	\$0.00

Invoice Number  
206711

Amount due

Camp Year  
2020

Total Paid  
\$0.00

Youth Camp  
ADELETE test

Balance Remaining  
\$0.00

Invoice Type  
Credit Voucher Issued



Payments (0)

## Required Documents

---

### **Needs to be uploaded to the Youth Camp Portal:**

Fire Marshal Inspection (Annually)

Workers Compensation Insurance (Annually)

Building Documentation

LHD approval of well water / septic system (Annually, if well or septic)

Certification of 2 staff trained in CPR and first aid

Written health program signed by the health supervisor (Annually)

Written emergency procedures

Written child abuse prevention and reporting procedure

## Additional Documents

---

**Needs to be uploaded to the Youth Camp Portal, if applicable:**

Food service documentation (Annually)

On-site pool permit (Annually)

Trip Plan

Transportation Plan

Specialized Activity Plan

Primitive Camp Documentation

## MDH Website

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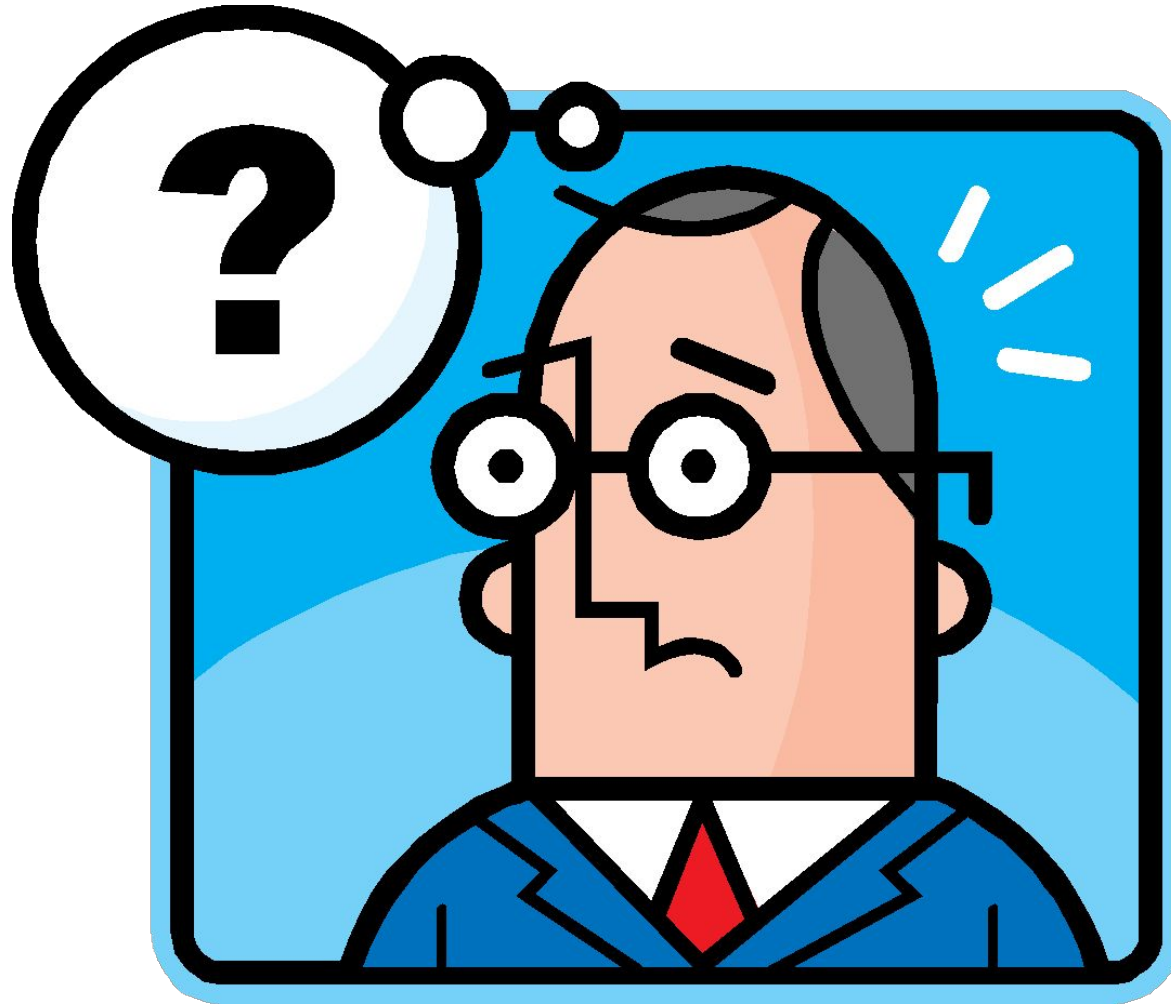
### Most Request Youth Camp Forms and Documents

- Guidance Documents
- Template Forms
- Helpful Information

<https://health.maryland.gov/phpa/OEHFP/CHS/Pages/youth-camp-forms.aspx>

Questions?

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## *Section 7*

# Youth Camp Inspection & Fees

---

Inspection Process

Inspection Frequency

Good Standing

Fee Explanation

Fee Chart

Reduced Fee / No Fee

## Inspection Process

---

COMAR 10.16.06.09

Camp inspections are not required to be scheduled, but summer inspectors may request information prior to the inspection.

During the inspection be prepared to:

- Provide a tour of the facility
- Allow time for the inspector to talk with staff about the plans and procedures
- Review staff background results and health history forms with the inspector
- Review safety plans and procedures with the inspector

The inspection reports (4 separate sections) will be emailed to the community user. Any violations observed during the inspection will be on the inspection reports.

## Inspection Frequency

---

COMAR 10.16.06.09

Camps will receive an annual inspection from a MDH summer inspector

Except:

- Camps in 'Good Standing' will receive an inspection at least every 4 year by a MDH summer inspector

If MDH receives a complaint about a camp, the camp complaint will be investigated by a MDH summer inspector

## Good Standing

---

COMAR 10.16.06.02.B.17

A youth camp is in 'Good Standing' after 2 years of:

- Application submitted on time
  - New camp 60 days & Renewing 30 days before the first day of camp
- All fees paid
- No Critical Violations noted during inspection
- Annual Report submitted on time
  - Within 4 weeks of the end of camp
- Self-Assessment submitted on time
  - Within 4 weeks of the end of camp, on years camp did not receive a MDH inspection

## Good Standing

---

COMAR 10.16.06.02.B.17

### Benefits for a camp in 'Good Standing'

- Inspection at least every 4 years, instead of annually.
- Reduced camp fee

## Fees Explanation

---

Fees are based on the number of camper days from the Annual Report.

Explain Calculating Camper Days (# of Days per Week X # of Weeks per Year X # of Campers per Week)

- Example 1: 5 days per week, 8 weeks per year, 10 campers  
(5 X 8 X 10 = 400 camper days)
- Example 2: 5 days per week, 10 weeks per year, 100 campers  
(5 X 10 X 100 = 5,000 camper days)

First year of camp has a base fee at the beginning of year and once the annual report is submitted a fee difference invoice, credit, or either

## Youth Camp Fee

### Fee Chart

Maryland Department of Health		
Center for Recreation and Community Environmental Health Services		
Youth Camp Application Fee Chart		
Effective January 1, 2017		
Day Camps		
Camper Days	Regular Fee	<i>Reduced Fee</i>
<b>1 to 500</b>	<b>\$190</b>	<i>\$45</i>
501 to 2,000	\$500	<i>\$125</i>
2,001 to 5,000	\$665	<i>\$165</i>
5,001 or more	\$855	<i>\$215</i>
Residential, Day & Residential, Trip, or Travel Camps		
Camper Days	Regular Fee	<i>Reduced Fee</i>
<b>1 to 700</b>	<b>\$500</b>	<i>\$125</i>
701 to 5,000	\$1,000	<i>\$250</i>
5,001 to 16,000	\$1,500	<i>\$375</i>
16,001 or more	\$2,000	<i>\$500</i>

COMAR 10.01.17.02B

Example 1: 400 camper days

Example 2: 5,000 camper days

## *Youth Camp Fee*

### Reduced Fee / No Fee

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COMAR 10.16.06.08

Camps that meet the requirements to be in 'good standing' pay a reduced fee

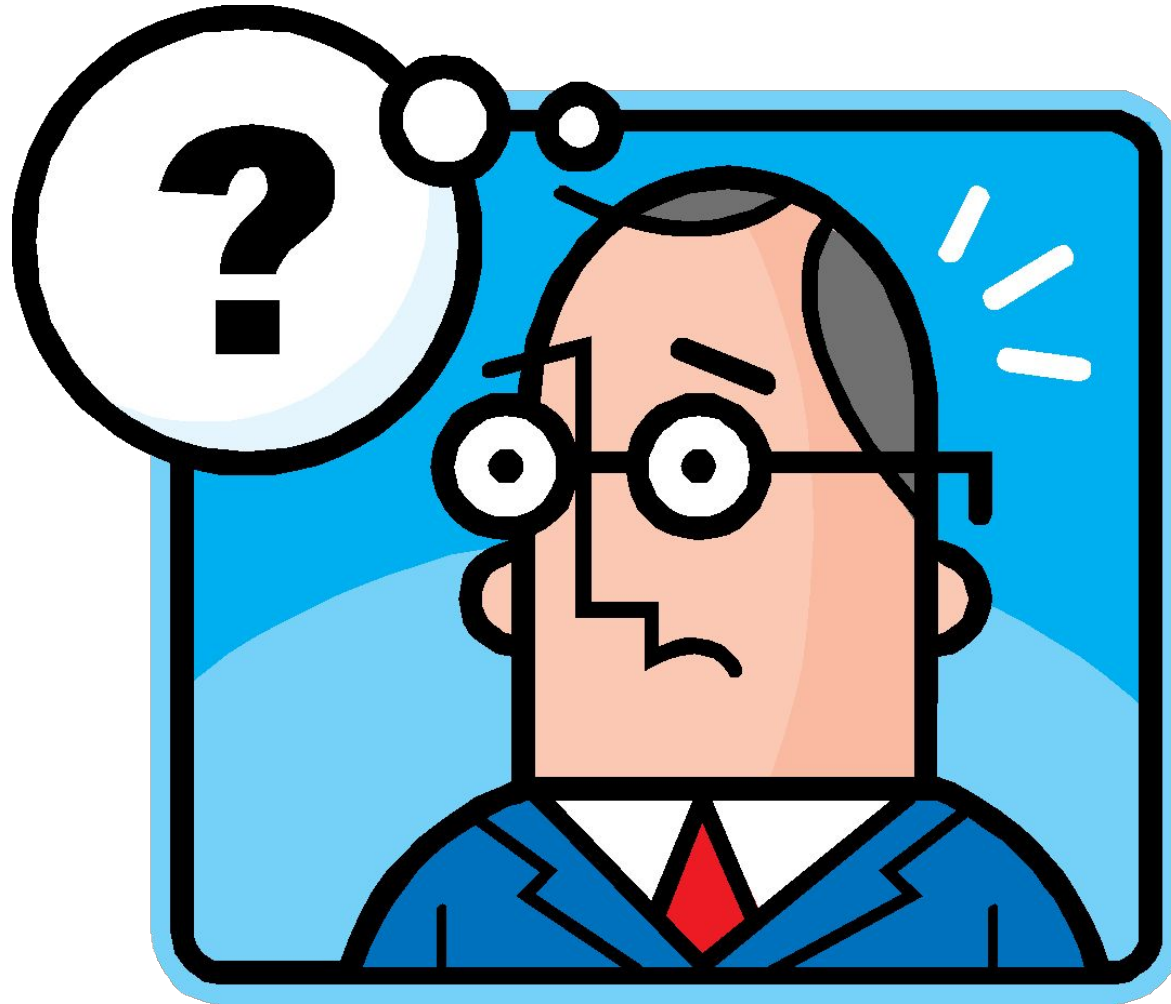
Camps with an alternative accreditation (American Camp Association or Boy Scouts) do not pay the application fee

Camps operated by a unit of local government may opt for an Acceptance Letter (no fee) or Certificate (fee).



Questions?

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## *Section 8*

# Required Reports

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### Incident Reports

COMAR 10.16.07.06

Injury, Illness, Medication Error, Epinephrine


### Annual Report

COMAR 10.16.06.06

Annual Report must be submitted within 4 weeks of camp ending along with any required injury/illness reports.

## Required Report

# Incident Report - Where

 Facility

ADELETE test

License Number

02-YC-12917

Physical Address

Camp Balance

\$0.00

▼ Youth Camp Information

Status ⓘ

[Click Here to Apply](#)

Facility Name

ADELETE test

License Number

02-YC-12917

Camp Balance

\$0.00

Fee Status

Regular

Enforcement Level

Compliant


Personnel Administrator

Verified Personnel Administrator ⓘ


☐

Parent Facility

Supervisor

 Linda Rudie

Inspector

 Linda Rudie

Community User

Peter Parker

Camp Status

Renewing

Camp Type


Day and Residential Camp


Camp Class

Certified

Permit Type ⓘ


Certificate

 Camp Applications (0)

 Invoices (1)

INVOICE N...	CAMP YEAR	AMOUNT DUE	INVOICE TYPE
206711	2020		Credit Voucher... ▼


View All

 Annual Reports (3) 

New

REPORT #	REPORT YEAR	TOTAL CAMP...	COMPLETED ...
RPT2020-1...	2020	220	<input checked="" type="checkbox"/> ▼
RPT2019-9...	2019	0	<input type="checkbox"/> ▼
RPT2019-9...	2019	0	<input type="checkbox"/> ▼

View All

 Incidents (0) 

New

## Required Report

# Incident Report - How

New Youth Camp Incident: Youth Camp Incident Layout

**PERSONAL INFORMATION**

\* A1. Age  
10

\* A2. Gender  
Female

\* A3. Individual Type  
Day Camper

A3i. Individual Type Other

**INCIDENT INFORMATION**

Youth Camp Incident #

\* B1. Report Type  
Medication Error

\* B2/B3. Date/Time of Incident Onset  
Date Time

B4. Short Description

\* B6. Transported off-site?  
--None--

B6i. Transported by?  
--None--

View all dependencies

Cancel Save & New Save

Ensure that B4 the short description is completed.

Ensure that all relevant questions are answered.

## Required Report

# Incident Reports - When

Make Report To: ⇨ Type of Injury or Illness:	Minor's Parent/Guardian or Adult's Emergency Contact	Health Supervisor	DHMH	Health Log or Personal Health Record
CPR, Admission to a hospital, Death	Immediately	Immediately	Verbally within 24 hours and submit the <b>Report Form*</b> within 1 week	Record same day
Injury that is treated at an off-site medical facility and requires medical attention	Immediately	Immediately	Submit the <b>Report Form*</b> within 2 weeks of the end of camp	Record same day
Accident with no apparent injury Example: a fall from a horse/equipment or impact from sports equipment.	If Health Supervisor is not on duty at camp, ASAP and before end of camp day (verbal or written)	Immediately if Health Supervisor is on duty at camp	No report	Record same day
All other injuries & illnesses	If Health Supervisor is not on duty at camp, ASAP and before end of camp day (verbal or written)	No report	No report	Record same day
Reportable conditions or outbreaks per COMAR 10.06.01, see list	Immediately	Immediately	Verbally to DHMH and Local Health Department within 24 hours and submit the <b>Report Form*</b> to DHMH within 1 week.	Record same day
Medication Error	Immediately	Immediately	Submit the <b>Report Form*</b> within 2 weeks of the end of camp	Record same day

Maintain documentation of reports at camp.

# Annual Report - Where

- Annual reports should be entered online in the Youth Camp Portal.
- Create an annual report using the button at the top of the page.
- Edit an annual report by clicking on the report number.
- An annual report is only submitted after the complete box is checked.

[+ Follow](#)[2020 Checklist](#)[Application](#)[Create Annual Report](#)

### Annual Reports (3)

Report #	Report Year	Total Camper ...	Completed An...
<a href="#">RPT2022-12...</a>	2021	0	<input type="checkbox"/> <span style="color: red;">—</span> <span>▼</span>
<a href="#">RPT2018-81...</a>	2017	610	<input checked="" type="checkbox"/> <span style="color: red;">—</span> <span>▼</span>
<a href="#">RPT2018-81...</a>	2016	1,585	<input checked="" type="checkbox"/> <span>▼</span>

[View All](#)

## Required Report

# Annual Report - How

Ensure the:

- Start and end dates for the week make sense
- Closed days are correct
- Average number of campers for the week is entered

If a health item is entered, make sure an incident report has been completed

### Week 1

W1: Start Date

W1: # of Days

W1: # of Campers

W1: Camper Days

W1: # of Staff

W1: End Date

W1: # of Days Closed ⓘ

W1: # of Reportable Injuries ⓘ

W1: # of Reportable Diseases/Conditions ⓘ

W1: # of Medication Errors ⓘ

W1: # of Ephinerphine ⓘ

W1: # of Fatalities

July 2023						
Su	Mo	Tu	We	Th	Fr	Sa
25	26	27	28	29	30	1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31	1	2	3	4	5

## *Required Report*

# Annual Report - When

Annual report must be submitted in the Youth Camp Portal within 4 weeks of camp ending

Annual report can be entered weekly during camp or all at once at the end of camp

Annual report is only submitted when the box is checked

New Youth Camp Annual Report: Annual Report

W12: # of Days 0	W12: # of Days Closed ⓘ 0
W12: # of Campers 0	W12: # of Reportable Injuries ⓘ 0
W12: # of Staff 0	W12: # of Reportable Diseases/Conditions ⓘ 0
	W12: # of Medication Errors ⓘ 0
	W12: # of Ephinerphine ⓘ 0
	W12: # of Fatalities 0

Completed Annual Report

Completed Annual Report ⓘ  
☒

Completed Annual Report Date

Cancel Save & New Save



## *Required Report*

# Annual Report - Submitting

---

### ✓ Completed Annual Report

Completed Annual Report 

☐

Completed Annual Report Date

#### Note

Before you check this report as "Completed", please Save the report and then review the data for accuracy.

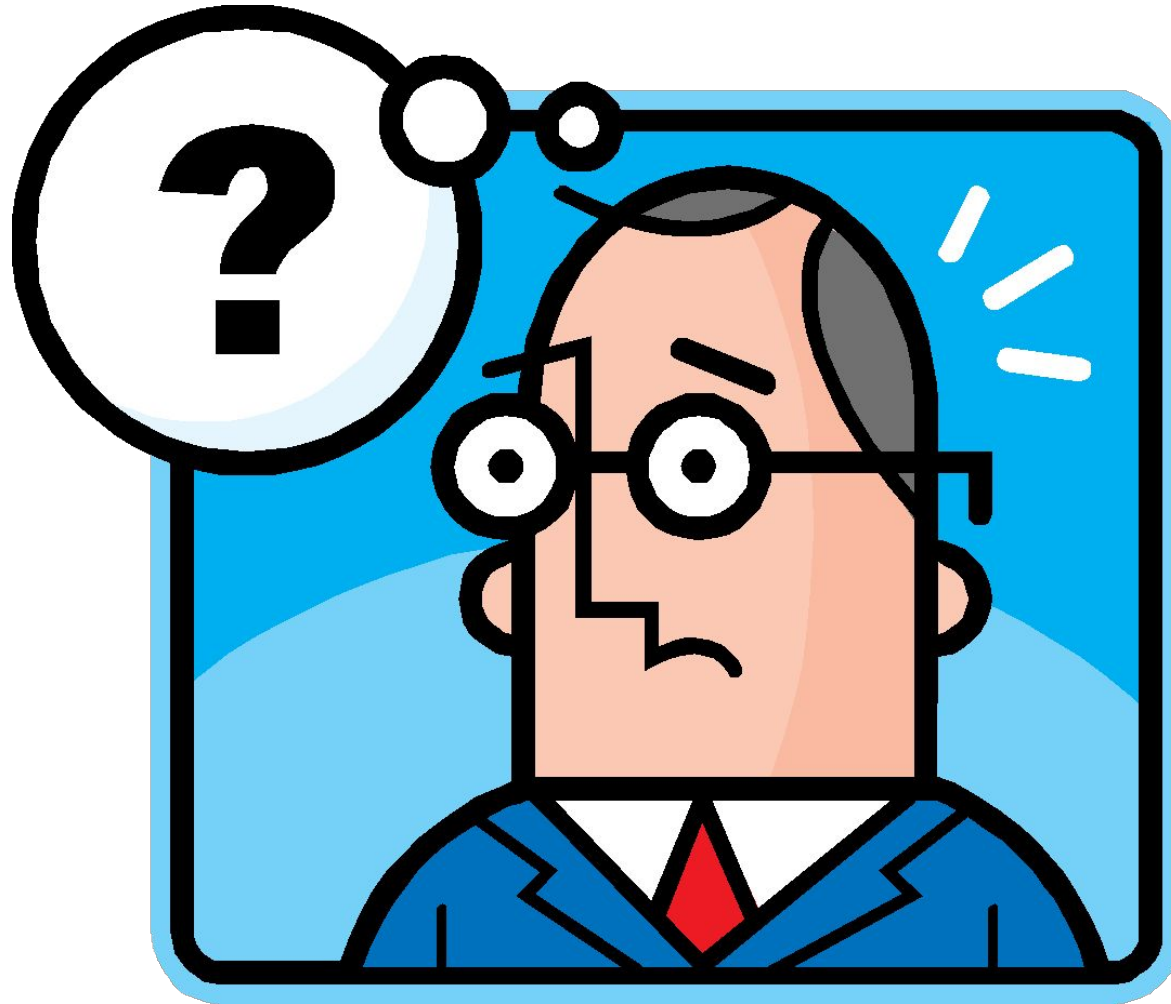
The report will calculate the Camper Days for each week. If there are errors, select the Edit button at the top right of the form. After you have entered all data for this report and checked for accuracy, please check the box under Completed Annual Report.

You will not be able to Edit the report when Completed, contact the Office if you need to Edit after Completed Annual Report is checked.

*Required Report*

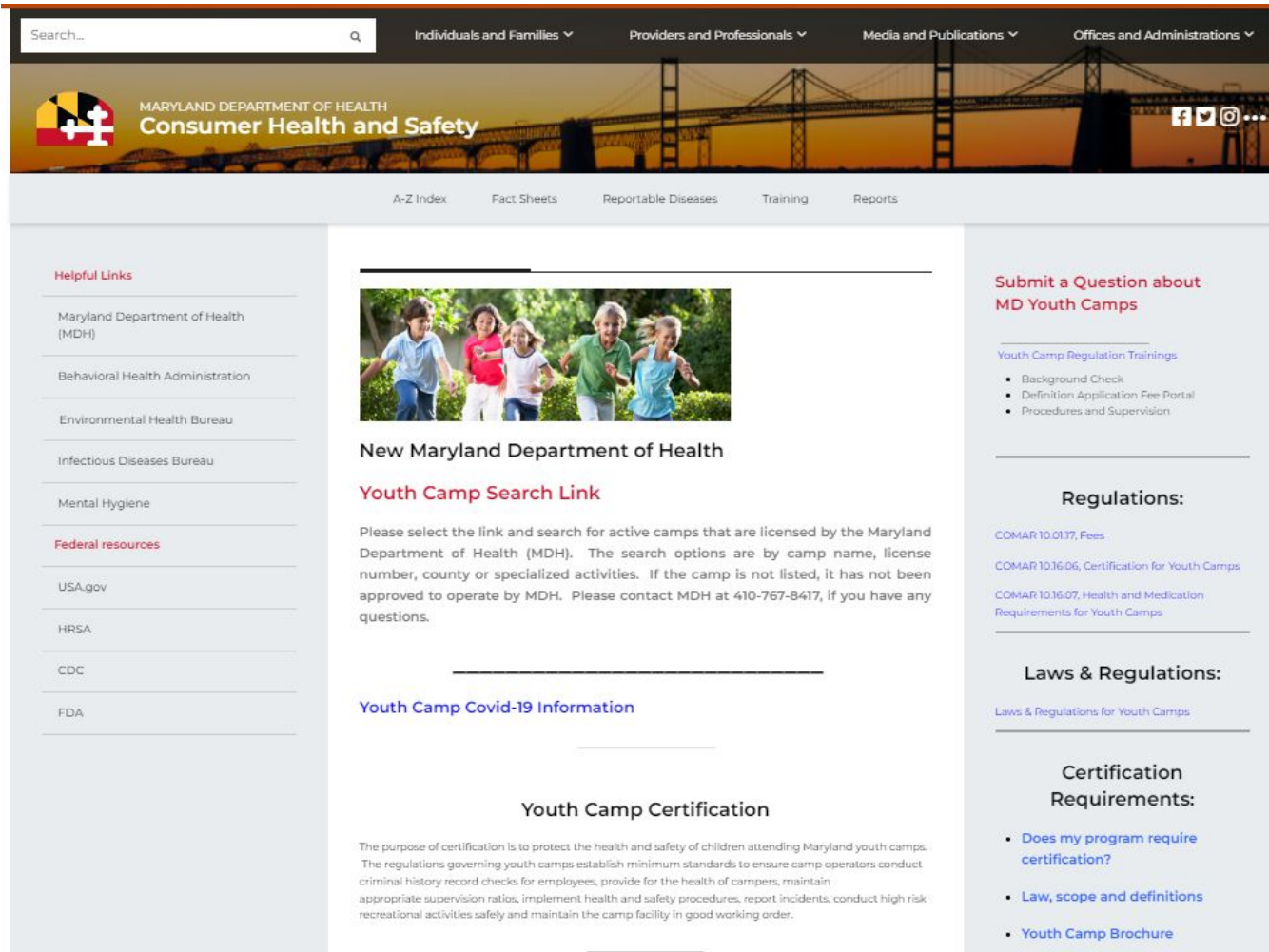
Questions?

---



# Youth Camp Website

Health.Maryland.gov/youth-camps



The screenshot shows the Maryland Department of Health (MDH) Youth Camp Website. The header features a search bar and navigation links for Individuals and Families, Providers and Professionals, Media and Publications, and Offices and Administrations. The main banner displays the MDH logo and the text "Consumer Health and Safety" against a background of a bridge. Below the banner, there are links for A-Z Index, Fact Sheets, Reportable Diseases, Training, and Reports. The left sidebar contains "Helpful Links" and "Federal resources". The main content area includes a photo of children running, a section for "New Maryland Department of Health Youth Camp Search Link", and a "Youth Camp Covid-19 Information" link. The right sidebar lists "Submit a Question about MD Youth Camps", "Regulations", "Laws & Regulations", and "Certification Requirements".

Search...

Individuals and Families Providers and Professionals Media and Publications Offices and Administrations

MARYLAND DEPARTMENT OF HEALTH  
Consumer Health and Safety

A-Z Index Fact Sheets Reportable Diseases Training Reports

**Helpful Links**

- Maryland Department of Health (MDH)
- Behavioral Health Administration
- Environmental Health Bureau
- Infectious Diseases Bureau
- Mental Hygiene

**Federal resources**

- USA.gov
- HRSA
- CDC
- FDA

**New Maryland Department of Health Youth Camp Search Link**

Please select the link and search for active camps that are licensed by the Maryland Department of Health (MDH). The search options are by camp name, license number, county or specialized activities. If the camp is not listed, it has not been approved to operate by MDH. Please contact MDH at 410-767-8417, if you have any questions.

**Youth Camp Covid-19 Information**

**Youth Camp Certification**

The purpose of certification is to protect the health and safety of children attending Maryland youth camps. The regulations governing youth camps establish minimum standards to ensure camp operators conduct criminal history record checks for employees, provide for the health of campers, maintain appropriate supervision ratios, implement health and safety procedures, report incidents, conduct high risk recreational activities safely and maintain the camp facility in good working order.

**Submit a Question about MD Youth Camps**

Youth Camp Regulation Trainings

- Background Check
- Definition Application Fee Portal
- Procedures and Supervision

**Regulations:**

- COMAR 10.01.37, Fees
- COMAR 10.36.06, Certification for Youth Camps
- COMAR 10.36.07, Health and Medication Requirements for Youth Camps

**Laws & Regulations:**

- Laws & Regulations for Youth Camps

**Certification Requirements:**

- Does my program require certification?
- Law, scope and definitions
- Youth Camp Brochure

Submit a Question  
Regulation Training  
Laws & Regulations  
Certification Requirements  
Search Link  
Council Meetings  
Most Requested Forms and Documents  
Web Portals