



**Maryland**  
DEPARTMENT OF HEALTH

# Youth Camp Regulation Training 2020

**Prevention and Health Promotion Administration**  
Center for Healthy Homes and Community Services

6 St Paul Street, Suite 1301

Baltimore, MD 21202 <https://phpa.health.maryland.gov/OEHFP/CHS/Pages/YCCertification.aspx>

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*

# CHHCS Staff

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<https://phpa.health.maryland.gov/OEHFP/CHS/Pages/YCCertification.aspx>

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Allegany Anne Arundel Calvert Carroll Charles  
Frederick Garrett Howard Montgomery  
Prince George's St. Mary's Washington

Baltimore City Baltimore Caroline Cecil  
Dorchester Harford Kent Queen Anne's  
Somerset Talbot Wicomico Worcester

## **Legal Authority/Regulation**

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❖ Law: Youth Camp Act:

Health General Title 14 Subtitle 4

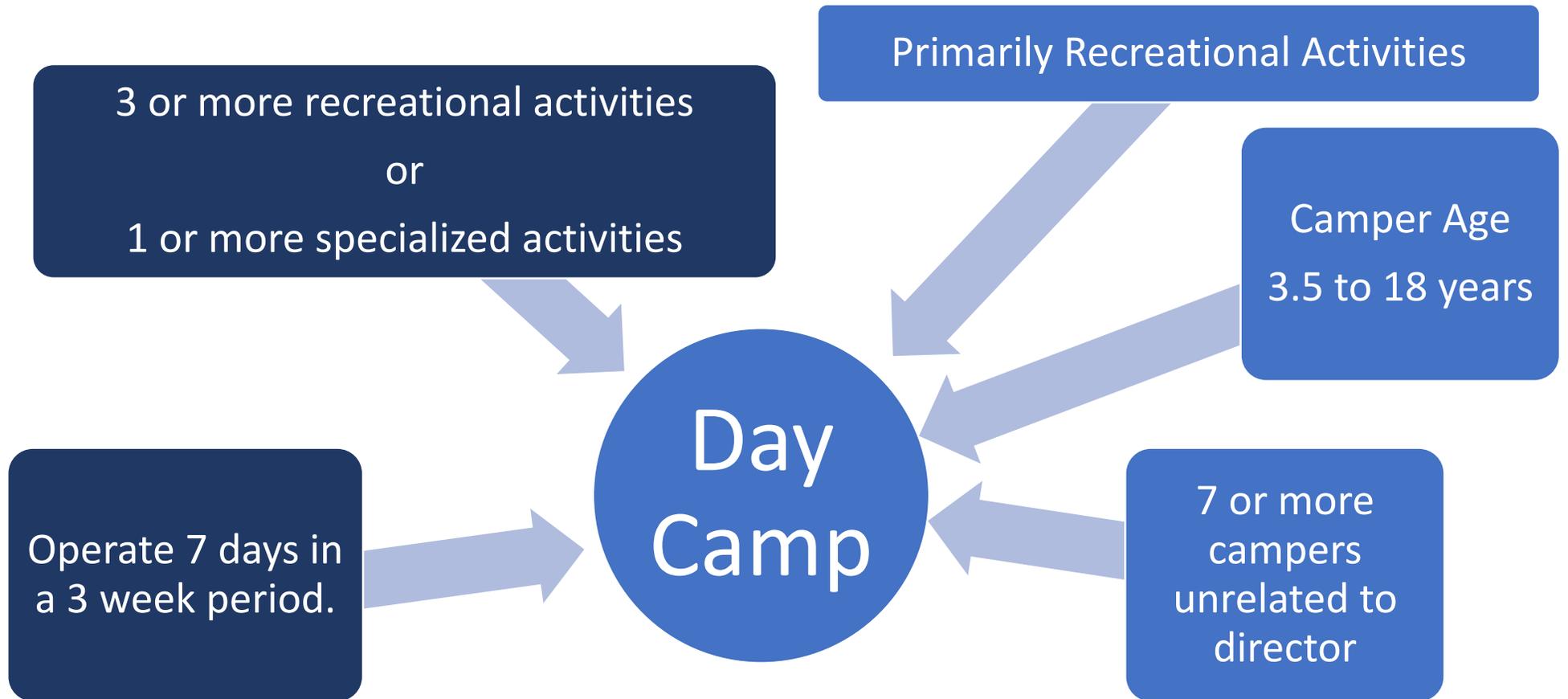
- Regulation: COMAR 10.16.06
  - Updated in 2016
- Regulation: COMAR 10.16.07
  - Created in 2016
- Regulation: COMAR 10.01.17
  - Update in 2016

*Is My Program a “Youth Camp”?*

# Day Camp

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COMAR 10.16.06.02B(13)

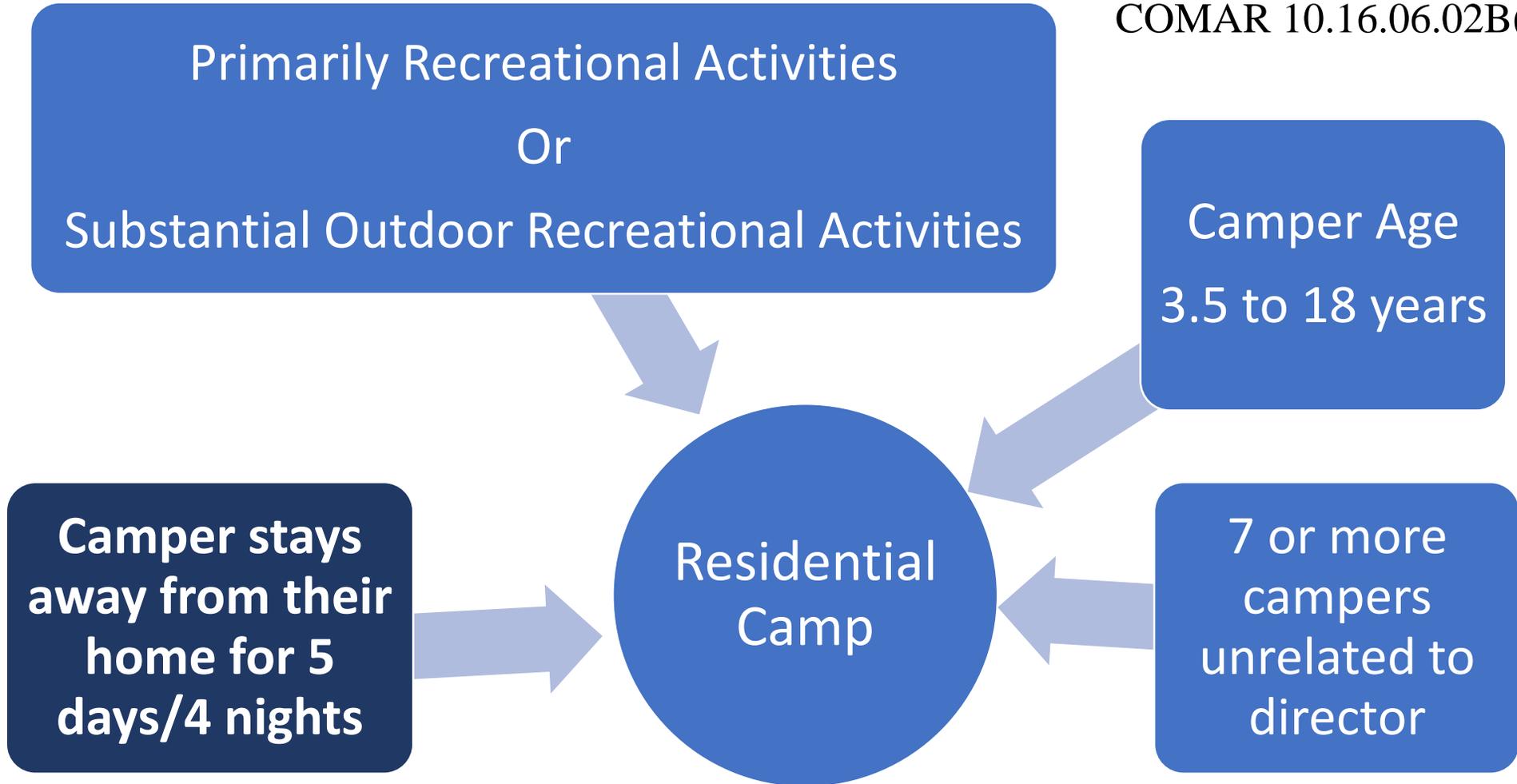


*Is My Program a “Youth Camp”?*

# 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

*Is My Program a “Youth Camp”?*

## **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.

## *Youth Camp Application*

# **New Application**

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COMAR 10.16.06.08

- New Youth Camp Application
  - Print from Youth Camp website
  - <https://phpa.health.maryland.gov/OEHFP/CHS/Documents/ApplicationforNewYouthCamp.pdf>
  - Fill out completely, accurately, attach all required supporting documents, & fee
  - Applications not signed, submitted without fee, or with incorrect fee will not be reviewed and will be returned.

# Youth Camp Application

## Fee Chart

COMAR 10.01.17.02B

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

# Renewal Application

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COMAR 10.16.06.08

- Renewal Applications
  - Renewal email is sent to operator
  - “Good Standing”- Pay reduced fee
    - Application submitted on time
    - Annual Report submitted on time
    - All fees paid
    - No Critical Violations for 2 years
    - Self-Assessment submitted on time
- Applications submitted without fee, or with incorrect fee will not be reviewed.

*Criminal and CPS Background Checks and Clearances*

**COMAR 10.16.06.21**

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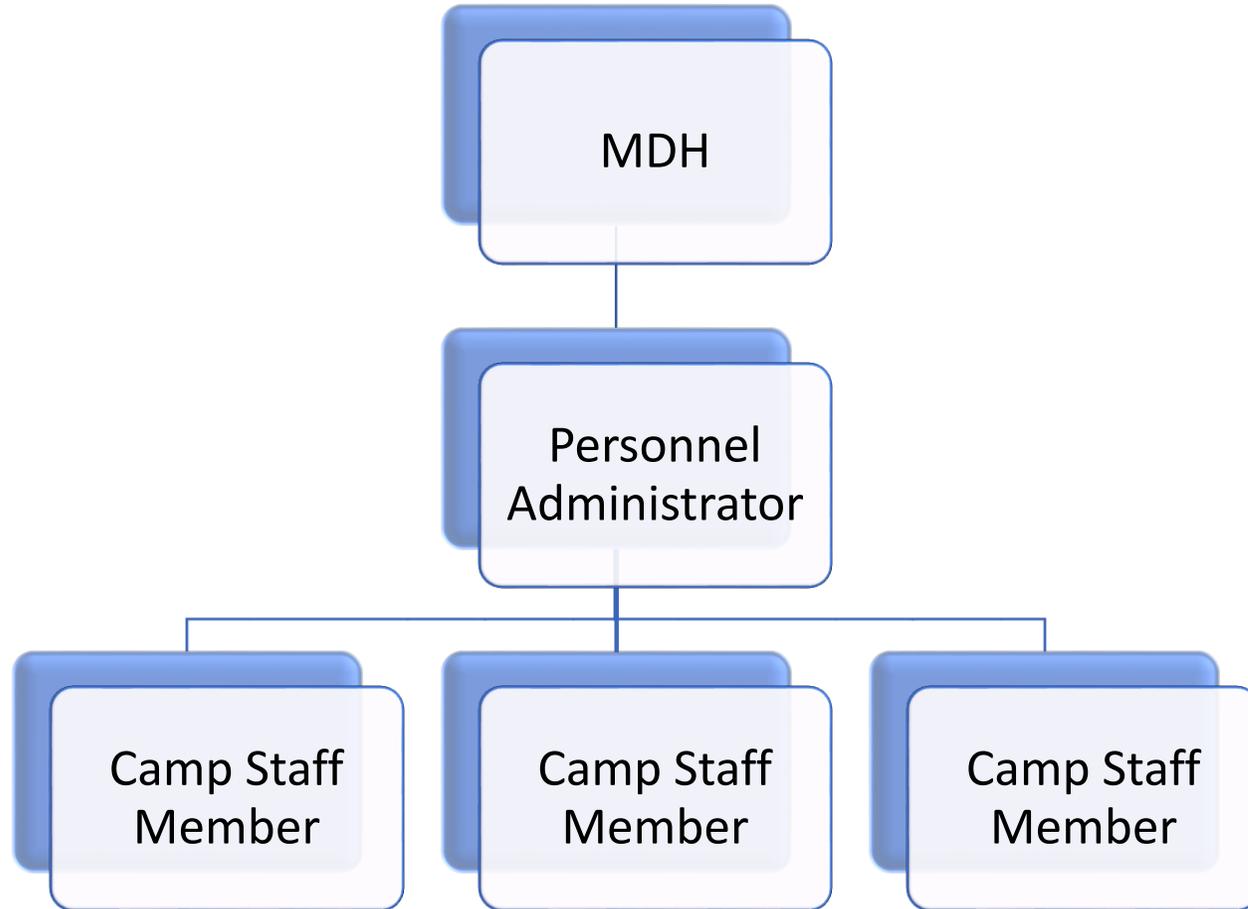
© Viviane Moos



*Criminal and CPS Background Checks and Clearances*

**COMAR 10.16.06.21**

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# Criminal and CPS Background Checks and Clearances

## 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  
CRIMINAL JUSTICE INFORMATION SYSTEMS-CENTRAL REPOSITORY REGISTRATION  
FOR AUTHORIZATION FOR RECORD CHECKS

- This is a NEW registration.  
 This is a CHANGE to a current registration.

List Authorization Number if known: \_\_\_\_\_

I. COMPANY OR AGENCY NAME: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_  
(Person who will be handling the criminal history record information from CJIS)  
CONTACT PERSON'S TITLE: \_\_\_\_\_  
CONTACT PERSON'S TELEPHONE NUMBER: \_\_\_\_\_  
MAILING ADDRESS: \_\_\_\_\_  
CITY, STATE AND ZIP CODE: \_\_\_\_\_  
E-mail address: \_\_\_\_\_  
Fax Number: \_\_\_\_\_  
Business License#: \_\_\_\_\_

Please include a copy of your business license, IRS paperwork EIN# and a short bio about your agency.

- II. REASON FOR REQUEST:  
\_\_\_ ADULT DEPENDENT CARE (For Maryland Adult Dependent Program Only)  
\_\_\_ ATTORNEY/CLIENT  
\_\_\_ CHILD CARE (Licensed Agencies working with Children in Maryland Only)  
\_\_\_ CRIMINAL JUSTICE (For Criminal Justice Agencies ONLY)  
\_\_\_ GOVERNMENT EMPLOYMENT - Federal \_\_\_ State \_\_\_ Local \_\_\_  
\_\_\_ GOVERNMENT LICENSING/CERTIFICATION

IF AUTHORIZED BY STATUE, ENTER STATUTORY CITATION: \_\_\_\_\_

III. CERTIFY THAT UNDER  
THE SPIRIT AND  
INTENT OF THE LAWS  
OF MARYLAND, I  
UNDERSTAND THAT  
DATA RETURNED TO  
ME CAN ONLY BE  
USED AS REQUESTED  
AND THAT I AM NOT  
AUTHORIZED FOR  
FURTHER  
DISSEMINATION.



MARYLAND  
Department of Health

## **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

# Criminal and CPS Background Checks and Clearances

## Results

State of Maryland  
Department of Public Safety and Correctional Services

11 [REDACTED]



G. Lawrence Franklin  
Deputy Secretary  
Ronald C. Brothers  
Chief Info. Officer  
C. Kevin Combs  
Deputy Chief Info. Officer  
Carole Shelton  
Director

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 - 21282-2708  
Main No: 410-764-4501 - Toll Free: 1-888-795-0011

www.dpscs.state.md.us

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: 410-653-8320

State of Maryland  
Department of Public Safety and Correctional Services

11 [REDACTED]



G. Lawrence Franklin  
Deputy Secretary  
Ronald C. Brothers  
Chief Info. Officer  
C. Kevin Combs  
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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]

Originally printed: 2011-02-02

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: 410-653-8320

# Criminal and CPS Background Checks and Clearances

## Fingerprints

  
**STATE OF MARYLAND**  
**DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONAL SERVICES**  
**CRIMINAL JUSTICE INFORMATION SYSTEMS - CENTRAL REPOSITORY**

**LIVESCAN PRE-REGISTRATION APPLICATION**

**APPLICANT INFORMATION (PLEASE TYPE OR PRINT CLEARLY)**

Name: \_\_\_\_\_  
Date of birth: \_\_\_\_\_ SSN: \_\_\_\_\_ Gender:  Male  Female (Please check)  
Height: ft. \_\_\_\_\_ inches \_\_\_\_\_ Weight: \_\_\_\_\_ lbs. Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_  
Race:  Black  White  Asian/Pacific Islander  Native American  Other (Please check)  
Place of Birth: \_\_\_\_\_ Citizenship: \_\_\_\_\_  
Current address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_  
Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

**AGENCY INFORMATION**

Agency Authorization #: \_\_\_\_\_  
ORI # (if required): MD004455Y Reason fingerprinted? **CHILD CARE**  
Position Applied for: \_\_\_\_\_

Request Type: (Choose one ONLY)

<input type="checkbox"/> Adult Dependent Care	<input type="checkbox"/> Government Licensing or Certification
<input type="checkbox"/> Attorney/Client	<input type="checkbox"/> Immigration/VISA
<input checked="" type="checkbox"/> Child care	<input type="checkbox"/> Individual Challenge
<input type="checkbox"/> Criminal Justice	<input type="checkbox"/> Individual Review
<input type="checkbox"/> Gold Seal/Adoption	<input type="checkbox"/> MSP Licensing
<input type="checkbox"/> Gold Seal/Letter/VISA	<input type="checkbox"/> Private Party Petition
<input type="checkbox"/> Government Employment	<input type="checkbox"/> Public Housing

**Mail Response to:**  
(Mailing option only available for Visa Gold Seal and/or Individual Review)

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip code: \_\_\_\_\_

**APPLICANT** LEAVE BLANK

TYPE OR PRINT ALL INFORMATION IN BLOCKS

STATE BLANK

08 3038 03184 5

APPLICATION FOR CRIMINAL HISTORY RECORD CHECK

READ INSTRUCTIONS BEFORE COMPLETING THIS APPLICATION  
ONLY ORIGINAL APPLICATION WILL BE PROCESSED  
TYPE OR PRINT ALL INFORMATION CLEARLY  
CHECK OR MONEY ORDER (NO CASH) MADE PAYABLE TO:  
CJIS-CENTRAL REPOSITORY  
MAIL COMPLETED APPLICATION TO:  
CJIS, P.O. BOX 32708, Pikesville, MD 21130-2708  
OR RETURN TO REQUESTING AGENCY  
FOR ASSISTANCE CALL 410-764-4500

State Only  
 State and FBI  
 State and FBI Volunteer  
CJIS REQUEST TYPE:  
 Check Only One  
 Adult Dependent Care  
 Attorney/Client  
 Criminal Case #  
 Child Care  
 Criminal Justice  
 Gold Seal Letter/Adoption  
 Gold Seal Letter/Visa  
 Government Employment  
 Government  
 Licensing or Certification  
 Immigration/Visa  
 Individual Challenge  
 Individual Review  
 MSP Licensing  
 Private Employer Petition  
 Public Housing Authority  
 Payment Enclosed  
Amount \$ \_\_\_\_\_  
Check or M.O. # \_\_\_\_\_  
 BM Authorization Account  
(must have approved billing agreement)  
 Indigent (Form must be attached with verification)  
 One FBI Fingerprint card enclosed for FBI



**Maryland CJIS no longer accepts inked fingerprints as of April 15, 2012, except for out of state. Use LIVESCAN PRE-REGISTRATION APPLICATION**

## **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***

# Criminal and CPS 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: \_\_\_\_\_

.....

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

.....

**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 CPS Release of Information Form (DHR/SSA 1279) online.
- Handwritten forms are not accepted.
- 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.

# 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

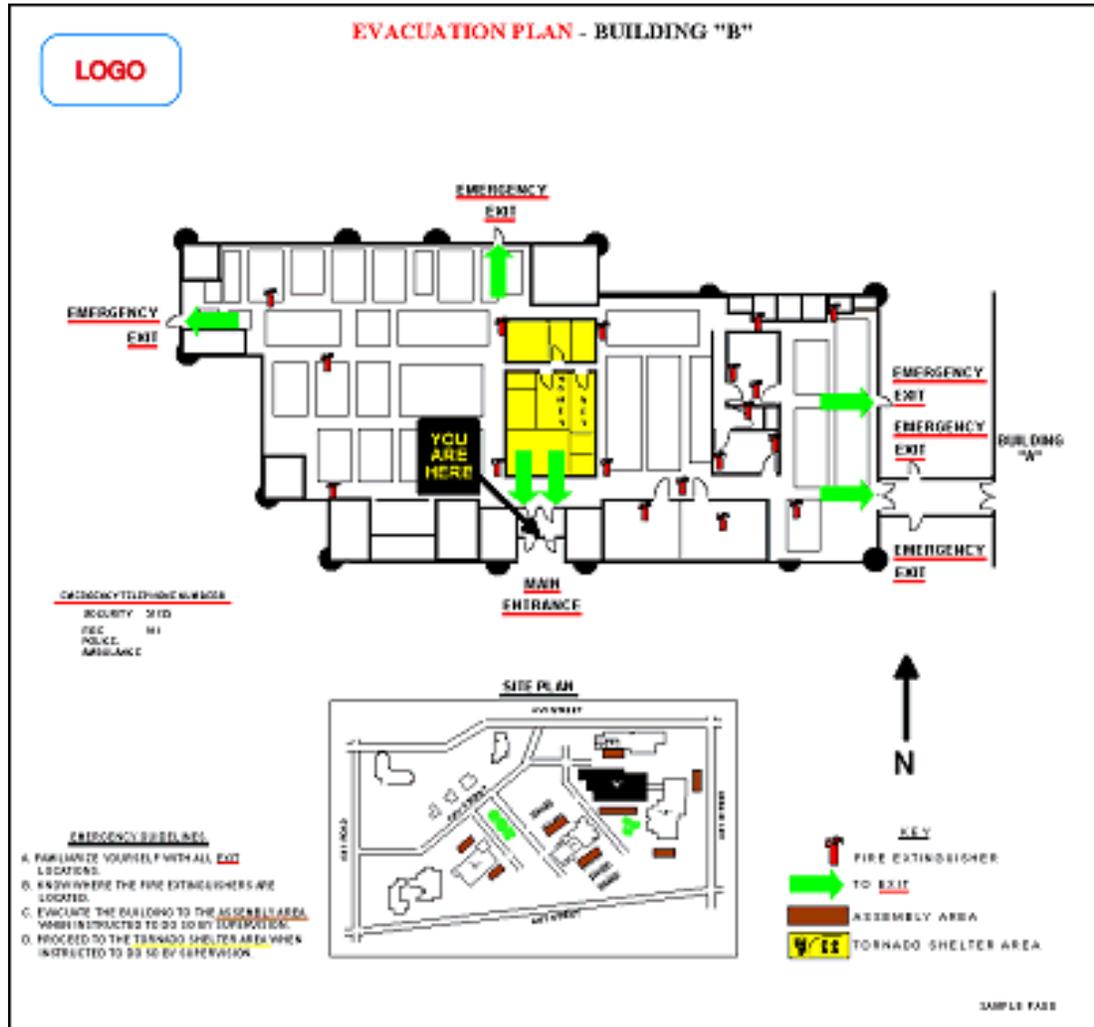
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- Natural disasters and severe weather
- Being prepared



# Emergency Procedures

## Evacuation Plan



Where are you going?  
Practice drills and document them at the beginning of each new session or whenever new children are added.

# Missing Campers?

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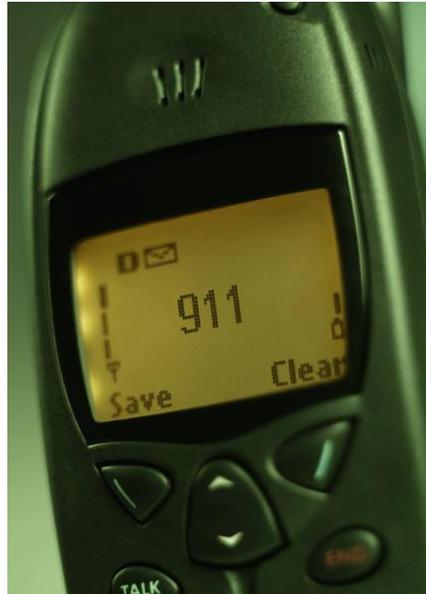
6 ?

- Head count,
- Missing campers,
- Finding missing campers.

# 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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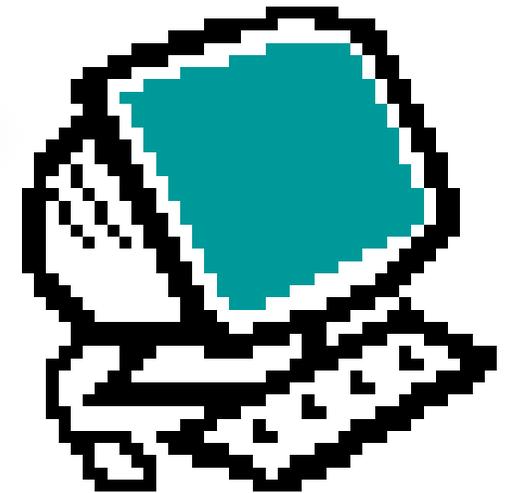
- Emergency transportation plan for evacuating the entire facility.



# Notify Parents

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



## **Ensure Camper Safety**

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



## **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

## *Specialized Activities*

# 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.



# Supervision

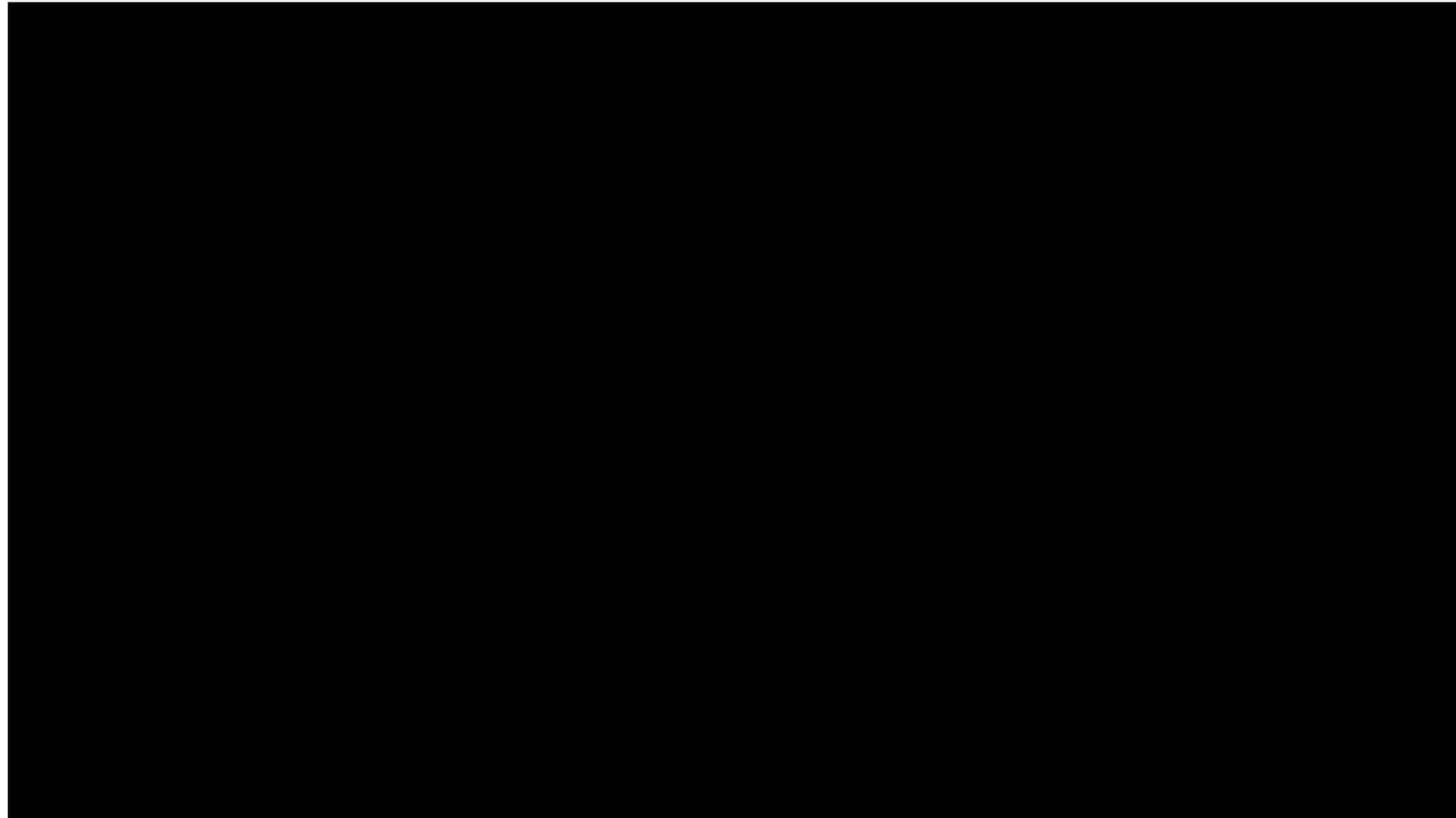
## Regulation 10.16.06.54

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

*Child Abuse Prevention and Reporting*

# **Mandated Reporters**

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## *Child Abuse Prevention and Reporting*

# **Regulation 10.16.06.35**

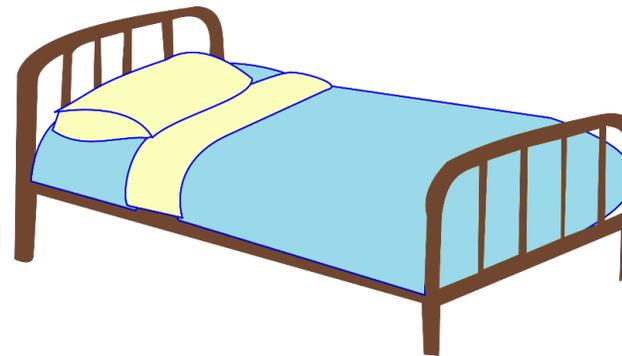
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- Develop and implement child abuse prevention and reporting plan  
*\*\*see training packet\*\**
- Recognizing signs of abuse and neglect
- Provide training to staff members/volunteers on the prevention and reporting plan annually
- Keep sign-in sheet 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.

*Facilities*

# Regulations 10.16.06.38 - .41

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## Facilities

# Regulations 10.16.06.38 - .40

- 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

# 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 COMAR 10.16.06.36
  - Public Water and Sewer COMAR 10.16.06.37
  - Or
  - Local Health Approval Form COMAR 10.16.06.46
- Fire Marshal Inspection COMAR 10.16.06.42
- Food Service Facility Permit from LHD COMAR 10.16.06.47
- Swimming Pool Permit from LHD

# 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

# Health Supervisor

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COMAR 10.16.07.04

- Physician
- Registered 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**

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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 list of questions provided in your packet.

# Medications

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COMAR 10.16.07.14

- Covers Prescription and Nonprescription Medications
- 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

# Infectious Illness Prevention

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COMAR 10.16.07.15

- 1) Clean your hands often
- 2) Wash your hands often 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.



# Infectious Illness Prevention

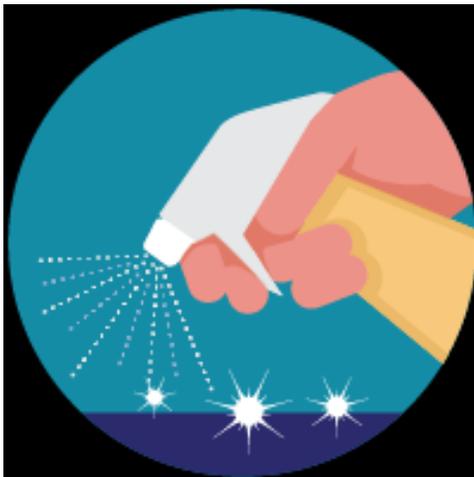
---

COMAR 10.16.07.15

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.



## *Health Program*

# **(CDC) Disinfect**

<https://www.cdc.gov/coronavirus/2019-ncov/community/home/cleaning-disinfection.html>

---

COMAR 10.16.07.15

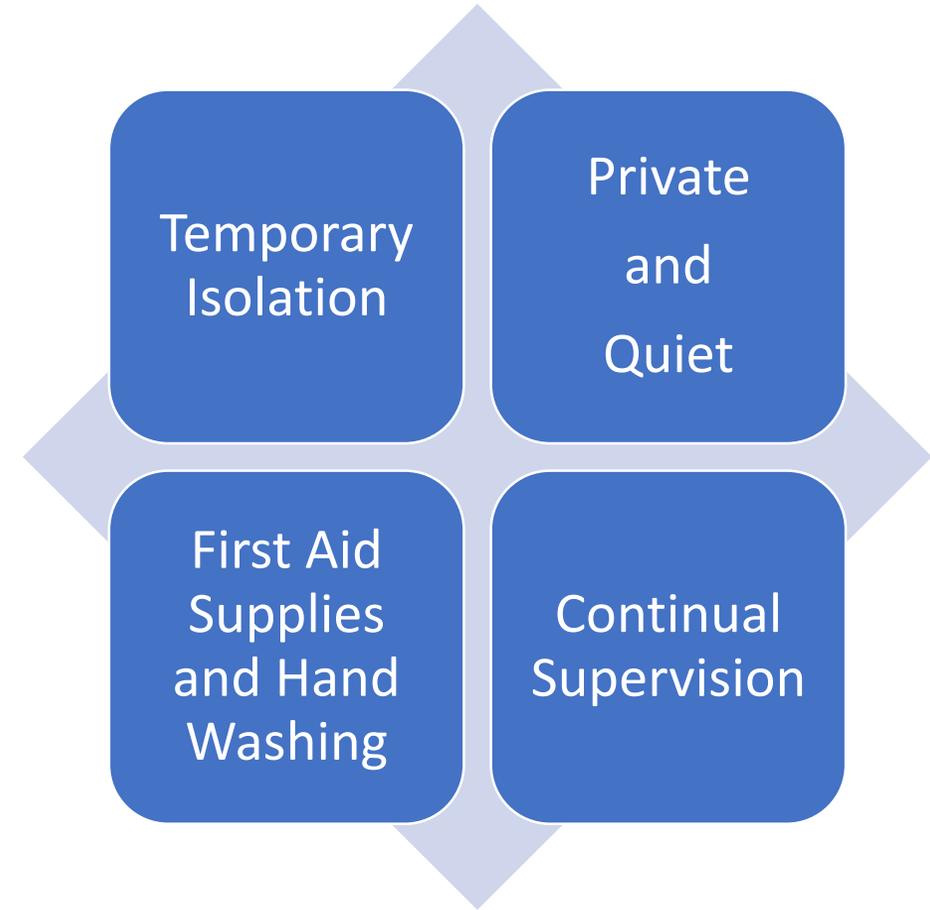
- **Most common EPA-registered household disinfectants will work. Use disinfectants appropriate for the surface.**
- **Options include:**
- **Diluting your household bleach.**
- **To make a bleach solution, mix:**
- **5 tablespoons (1/3rd cup) bleach per gallon of water**
- **OR**
- **4 teaspoons bleach per quart of water**
- **Follow manufacturer’s instructions for application and proper ventilation. Check to ensure the product is not past its expiration date. Never mix household bleach with ammonia or any other cleanser. Unexpired household bleach will be effective against coronaviruses when properly diluted.**
- **Alcohol solutions.**
- **Ensure solution has at least 70% alcohol.**
- **Other common EPA-registered household disinfectants.**
- **Products with EPA-approved emerging viral pathogens pdf icon[7 pages]external icon claims are expected to be effective against COVID-19 based on data for harder to kill viruses. Follow the manufacturer’s instructions for all cleaning and disinfection products (e.g., concentration, application method and contact time, etc.).**

# Treatment Area

---

COMAR 10.16.07.13

## Day Camp



# Treatment Area

---

COMAR 10.16.07.13

## Residential Camp



# Health Program

# 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:

<p>For campers who reside within the United States, a United States territory, or the District of Columbia:</p> <p>1. State/territory in which child resides: _____</p> <p>2. Is this child exempt from any immunizations? <input type="checkbox"/> YES <input type="checkbox"/> NO  <input type="checkbox"/> YES, List them: _____</p>	<p>OR</p> <p>↔</p>	<p>For campers who reside outside the United States, a United States territory, or the District of Columbia:</p> <p>1. Country in which child resides: _____</p> <p>2. Attach Department form DHMH-896 (record of vaccination or immunity)</p>
---	--------------------	--

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:

<p>For staff members/volunteers who reside within the United States, a United States territory, or the District of Columbia:</p> <p>1. State/territory in which person resides: _____</p> <p>2. Is this person exempt from any immunizations? <input type="checkbox"/> YES <input type="checkbox"/> NO  <input type="checkbox"/> YES, List them: _____</p>	<p>OR</p> <p>↔</p>	<p>For staff members/volunteers who reside outside the United States, a United States territory, or the District of Columbia:</p> <p>1. Country in which person resides: _____</p> <p>2. Attach Department form DHMH-896 (record of vaccination or immunity)</p>
--	--------------------	--

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

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

# Health Log

---

COMAR 10.16.07.05



## 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



# Staff Training & Certification

---

- Training
  - Document staff training for the following:
    - Health Program
      - Including Medication Administration
    - Emergency Plan
    - Trip Safety Plan
    - Transportation Safety Plan
    - Specialized Activities Safety Plans
    - Child Abuse Prevention and Reporting
- CPR and First Aid certification
  - Document current CPR/first aid
  - Ensure that at least 2 adults with CPR/FA are on duty during camp

# Community User

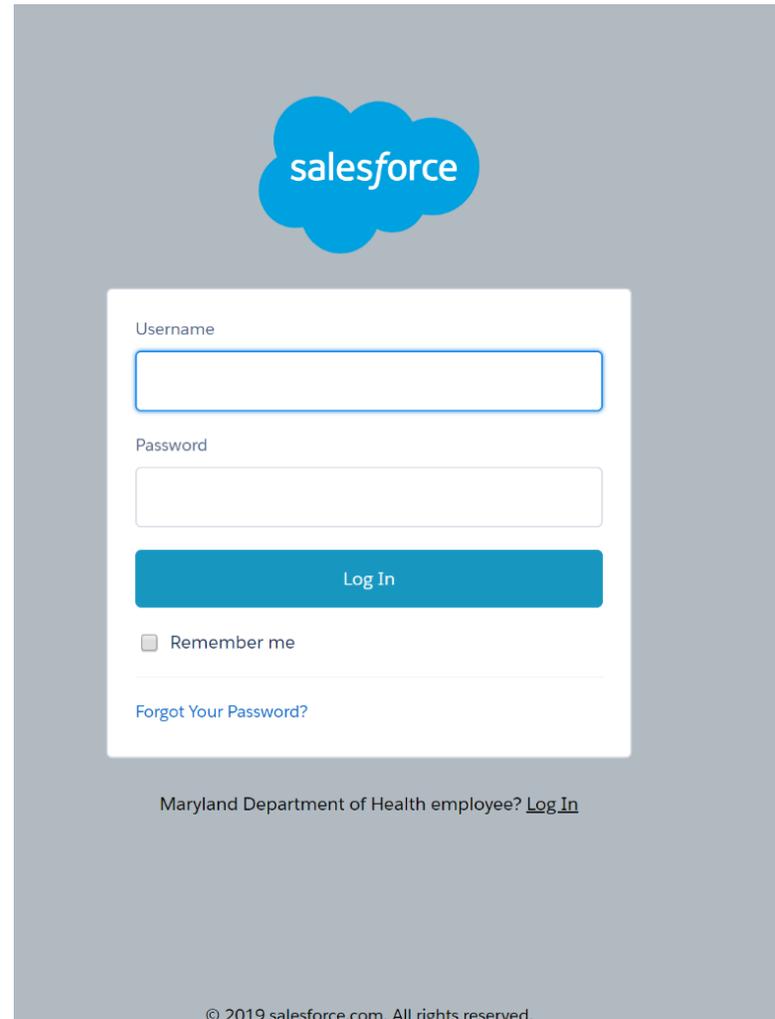
---

## ❖ Community User

- Who is the Community User?
  - More than one camp?
- Log In
  - Enter Annual Report
  - Enter Incident Report
  - Renewal Application On-line
  - Upload Documentation
  - Review Info

*Community User:*

**<https://mdhyouthcamps.force.com/login>**



salesforce

Username

Password

Log In

Remember me

[Forgot Your Password?](#)

Maryland Department of Health employee? [Log In](#)

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# Youth Camp

## Select All Youth Camp



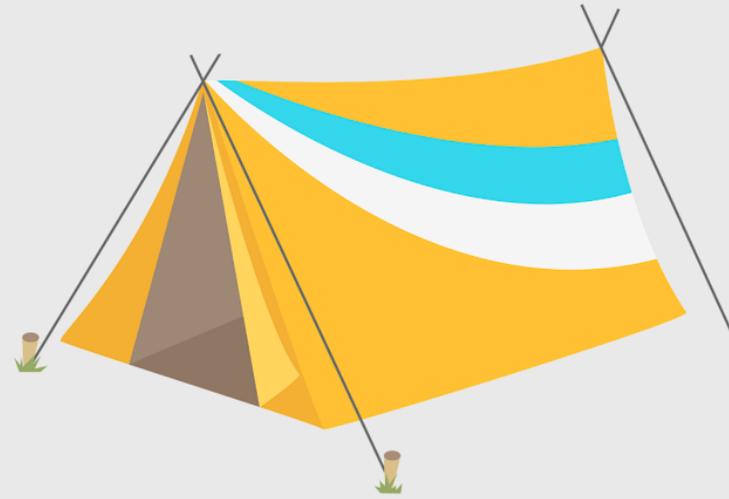
[Home](#)



Environmental Health Bureau

## Youth Camp Portal

Online Application



[Youth Camp](#)

### MY YOUTH CAMPS

FACILITY NAME

LICENSE NUMBER

STATUS

2020 APPLICATION

ADELETE test

02-YC-12917

[Click Here to Apply](#)

*Community User*

# Youth Camp

---

## Youth Camp Application

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

[MDH Youth Camp Portal](#)

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.

# Youth Camp



Home

Search...



## Facility ADELETE test

+ Follow

License Number: 02-YC-12917  
Physical Address:  
Camp Balance: \$0.00

### Youth Camp Information

Status *i*  
[Click Here to Apply](#)

Supervisor  
 Linda Rudie

Facility Name: ADELETE test *edit*  
License Number: 02-YC-12917  
Camp Balance: \$0.00  
Fee Status: Regular  
Enforcement Level: Compliant

Inspector: Linda Rudie  
Community User: Peter Parker  
Camp Status: Renewing  
Camp Type: Day and Residential Camp  
Camp Class: Certified

Camp Applications (0)

Invoices (0)

Annual Reports (2) New

REPORT #	REPORT YEAR	TOTAL CAMP...	COMPLETED ...
RPT2019-9...	2019	0	<input type="checkbox"/> <i>dropdown</i>
RPT2019-9...	2019	0	<input type="checkbox"/> <i>dropdown</i>

View All

*Youth Camp Renewal Online?*

# **Renewal**

---

- 2020 Renewal Online

# Youth Camp

## 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

## 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 Information

 Or drop files

\*Are Camp Trips Provided?

# Specialized Activities

Youth Camp Application

Do You Have New Specialized Activities?

- Yes
- No

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

# Youth Camp

## 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

# Youth Camp

## 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.

*What is a Incident Report “Youth Camp”?*

## **Online Incident Report**

---

- What is an Incident Report?
- When to Report?
- When to Report Acute Illnesses and Communicable Diseases?
- How to Fill out the Incident Report?

# Acute Illness & Communicable Disease

---

COMAR 10.16.07.12



Refer to list provided  
in your packet.

# Health Program Incident Report

COMAR 10.16.07.06 & .07

**MARYLAND YOUTH CAMP  
INCIDENT REPORT FORM**

Department of Health and Mental Hygiene (DHMH)  
Center for Healthy Homes and Community Services (CHHCS)  
6 St. Paul Street, Suite 1301, Baltimore MD 21202-1608  
Phone 410-767-8417 Toll Free 1-877-4MD-DHMH ext.8417 Fax 410-333-8926

A. PERSONAL INFORMATION			
1. Name (DO NOT INCLUDE NAME ON COPY SENT TO DHMH)	2. Age	3. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	4. Check One <input type="checkbox"/> Day Camper <input type="checkbox"/> Residential Camper <input type="checkbox"/> Camp Employee <input type="checkbox"/> Other:
B. INCIDENT INFORMATION Complete items 5 through 14 for an injury, illness, medication error, or epinephrine.			
5. Report Type (check one) <input type="checkbox"/> Injury <input type="checkbox"/> Illness <input type="checkbox"/> Medication Error <input type="checkbox"/> Epinephrine	6. Date of Incident/Illness Onset	7. Time of Incident/Illness Onset : : <input type="checkbox"/> AM <input type="checkbox"/> PM	
8. Provide short description, do not include names: _____ <span style="float: right;"><input type="checkbox"/> Additional information attached</span>			
9. Did the incident require any of the following: AED: <input type="checkbox"/> No <input type="checkbox"/> Yes CPR: <input type="checkbox"/> No <input type="checkbox"/> Yes Epinephrine: <input type="checkbox"/> No <input type="checkbox"/> Yes Inhaler: <input type="checkbox"/> No <input type="checkbox"/> Yes			
10. Was the person transported off-site for medical care? <input type="checkbox"/> No <input type="checkbox"/> Yes, complete A. and B. A. Transported by: <input type="checkbox"/> Camp vehicle <input type="checkbox"/> Personal vehicle <input type="checkbox"/> Ambulance <input type="checkbox"/> Helicopter B. Treated or evaluated at (check all that apply, specify the name of facility): <input type="checkbox"/> Urgent Care <input type="checkbox"/> Doctor's Office <input type="checkbox"/> Hospital <input type="checkbox"/> Other _____ (specify) _____	11. After off-site or on-site medical evaluation, the person (check all that apply): <input type="checkbox"/> Was admitted to the hospital <input type="checkbox"/> Went home. Date: _____ <input type="checkbox"/> Returned to camp with medical restrictions <input type="checkbox"/> Returned to camp with no restrictions 12. Did incident result in death? <input type="checkbox"/> No <input type="checkbox"/> Yes List Date of death: / / List Time of death: <input type="checkbox"/> am <input type="checkbox"/> pm	13. Did the incident involve physical abuse, neglect, sexual abuse, or mental injury? <input type="checkbox"/> No <input type="checkbox"/> Yes 14. Did the incident prompt a report or investigation by government authorities or officials? <input type="checkbox"/> No <input type="checkbox"/> Yes (specify) Government Agency _____ Report/Investigation Date: _____ Report/Investigation Number _____	
C. INJURY (15 through 22)			
15. What caused the injury (check one, specify below) <input type="checkbox"/> Bite <input type="checkbox"/> Burn <input type="checkbox"/> Contact/Irritation with <input type="checkbox"/> Person or <input type="checkbox"/> Object <input type="checkbox"/> Drowning <input type="checkbox"/> Near-Drowning <input type="checkbox"/> Fall <input type="checkbox"/> Trip/Slip <input type="checkbox"/> Hazardous Material Exposure <input type="checkbox"/> Poisoning <input type="checkbox"/> Weapon <input type="checkbox"/> Other (specify) _____ specify by what _____	18. Specify the body part(s) injured: _____ 19. Describe where the injury occurred: <input type="checkbox"/> On Site <input type="checkbox"/> Off Site (specify location) _____ 20. Specify the activity the individual was engaged in at the time of injury (select most applicable activity): <input type="checkbox"/> Archery <input type="checkbox"/> Arts & Crafts <input type="checkbox"/> Biking <input type="checkbox"/> Boating (specify) _____ <input type="checkbox"/> Competitive Sport/Game (specify): _____ <input type="checkbox"/> Cooking/Food Preparation <input type="checkbox"/> Fighting <input type="checkbox"/> General Camp Life (specify) _____ <input type="checkbox"/> Groundskeeping/Maintenance (staff only) <input type="checkbox"/> Gymnastics/Dance/Cheerleading <input type="checkbox"/> Horseback Riding	20. Continued <input type="checkbox"/> Motorized Vehicle (specify) _____ <input type="checkbox"/> Playground <input type="checkbox"/> Primitive Camping <input type="checkbox"/> Rfbery <input type="checkbox"/> Rock Climbing/Rappelling <input type="checkbox"/> Ropes Course/Challenge Course/Zip-line <input type="checkbox"/> Swimming <input type="checkbox"/> Walking/Running/Hiking <input type="checkbox"/> Other (specify) _____ 21. Was the activity supervised? <input type="checkbox"/> Not Applicable <input type="checkbox"/> No <input type="checkbox"/> Yes (specify) # of campers in activity _____ # of staff in activity _____ 22. Was the individual using safety equipment? <input type="checkbox"/> No <input type="checkbox"/> Not Applicable <input type="checkbox"/> Yes (specify) _____	
D. ILLNESS 23. DHMH requires certain diseases, conditions, outbreaks and unusual manifestations reported to the local health department. A. Was the illness a suspected reportable disease, condition or outbreak? <input type="checkbox"/> No <input type="checkbox"/> Yes For the required DHMH reportable diseases list and outbreak information go to: <a href="http://www.dhmh.maryland.gov/DC/HS/Shared/DocumentCenter/View/10-ReportableDisease_HCP.pdf">http://www.dhmh.maryland.gov/DC/HS/Shared/DocumentCenter/View/10-ReportableDisease_HCP.pdf</a> B. Was the illness reported to a local health department? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes (specify department): _____ The camp health supervisor or responding health care provider completes Provider Report Form # 1140 when reporting to the local agency go to: <a href="http://www.dhmh.maryland.gov/DC/HS/Shared/DocumentCenter/View/10-ReportableDisease_HCP.pdf">http://www.dhmh.maryland.gov/DC/HS/Shared/DocumentCenter/View/10-ReportableDisease_HCP.pdf</a>			
E. MEDICATION ERROR 24. Right Patient? <input type="checkbox"/> No <input type="checkbox"/> Yes; Right Medication? <input type="checkbox"/> No <input type="checkbox"/> Yes; Right Time? <input type="checkbox"/> No <input type="checkbox"/> Yes; Right Dose? <input type="checkbox"/> No <input type="checkbox"/> Yes; Right Route? <input type="checkbox"/> No <input type="checkbox"/> Yes 25. Type of administration: <input type="checkbox"/> Self-Administration: Was camp staff supervising the self-administration? <input type="checkbox"/> No <input type="checkbox"/> Yes Was medication secured? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Staff administration: Staff person's training level (check one): <input type="checkbox"/> Office of child care (6 hour course) <input type="checkbox"/> Certified Medication Technician <input type="checkbox"/> LPN <input type="checkbox"/> RN <input type="checkbox"/> CNP			
F. EPINEPHRINE 26. Who administered the epinephrine? Name and Title: _____ 27. Was the epinephrine prescribed to: the individual? <input type="checkbox"/> or the Camp, Epinephrine Certificate Holder? <input type="checkbox"/> No <input type="checkbox"/> Yes 28. Trigger: <input type="checkbox"/> Unknown or <input type="checkbox"/> Known: (specify): _____ 29. Symptoms (check all that apply): <input type="checkbox"/> Skin reaction, <input type="checkbox"/> Feeling of warmth, <input type="checkbox"/> Sensation of a lump in the throat, <input type="checkbox"/> Constriction of the airway, swollen tongue, bubble breathing, <input type="checkbox"/> Rapid pulse, <input type="checkbox"/> Nausea, vomiting or diarrhea, <input type="checkbox"/> Dizziness or fainting			
30. Report Completed By-Employee Name (print) _____ Title _____			
31. Camp Name _____ Address _____		DHMH CAMP ID # _____	
32. Parent, Guardian, or Emergency Contact was notified <input type="checkbox"/> No <input type="checkbox"/> Yes Date _____ Method _____			
Camp Health Supervisor was notified <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable		Health Supervisor Name _____ Date _____ Method _____	
DHMH/CHS was notified within 24 hours <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable		DHMH Contact Name _____ Date _____ Method _____	
33. Employee Signature _____ Date _____ Phone Number _____			

DHMH-4762 01/2017

Maintain this report for at least 3 years.

## What is an Incident Report?

# When to Report?

### REQUIRED HEALTH REPORTS, COMAR 10.16.07.06

<b>Make Report To:⇒</b>	<b>Minor's Parent/Guardian</b>	<b>Health Supervisor</b>	<b>MDH</b>	<b>Health Log or Personal Health Record</b>
<b>Type:</b>				
<b>Injury or illness that results in death, requires CPR, or admission to a hospital. (See COMAR 10.16.07.06A)</b>	Immediately	Immediately	Verbally within 24 hours and submit the Report Form* within 1 week	Record same day
<b>Injury that is treated at an off-site medical facility and has a positive prognosis (See COMAR 10.16.07.06B)</b>	Immediately	Immediately	Submit the Report Form* within 4 weeks of the end of camp	Record same day
<b>Accident with no apparent injury Example: a fall from a horse/equipment impact from sports equipment. (See COMAR 10.16.07.06C+D)</b>	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
<b>All other injuries &amp; illnesses</b>	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
<b>Reportable conditions or outbreaks per COMAR 10.06.01, see list</b>	Immediately	Immediately	Verbally to MDH and Local Health Department within 24 hours and submit the Report Form* to DHMH within 1 week.	Record same day
<b>Medication Error or Auto-injectable Epinephrine</b>	Immediately	Immediately	Submit the Report Form* within 4 weeks of the end of camp	Record same day

Maintain documentation of reports at camp.

**\*Before forwarding reports to MDH, remove confidential information such as person's name. DO NOT REMOVE AGE, GENDER OR DATE/TIME OF INCIDENT.**

MDH, Center for Healthy Homes and Community Services  
6 St Paul St, Suite 1301  
Baltimore, MD 21202-1608  
Phone: 410-767-8417 Fax: 410-333-8926

# What is an Incident Report?

## Online Incident Report

Facility  
ADELETE test

+ Follow

License Number      Physical Address      Camp Balance  
02-YC-12917                                      \$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
<a href="#">206711</a>	2020		Credit Voucher...

[View All](#)

### Annual Reports (3) [New](#)

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

[View All](#)

### Incidents (0) [New](#)

# What is an Incident Report?

## Incident Report

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

View all dependencies

Cancel Save & New Save

## **Submitting Required Reports**

---

- COMAR 10.16.06.06 and COMAR 10.16.07.06
- Annual Report must be submitted to Center for Healthy Homes and Community Services within 4 weeks of camp ending along with any required injury/illness reports.

# Annual Report

Facility  
ADELETE test

+ Follow

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... <span>▼</span>

[View All](#)

Annual Reports (3) [New](#)

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

[View All](#)

Incidents (0) [New](#)

*Annual Report*

# **Annual Report**

---

- Submit Online with-in 4 weeks at the end of Camp
- Can be saved every week during camp

# Annual Report

New Youth Camp Annual Report: Annual Report

Report #

**ANNUAL REPORT**

\* Camp Name  Validation Date

Report Year

Revised Copy

**Week 1**

W1: Start Date  W1: End Date

W1: # of Days  W1: # of Days Closed

W1: # of Campers  W1: # of Reportable Injuries

New Youth Camp Annual Report: Annual Report

W12: # of Days  W12: # of Days Closed

W12: # of Campers  W12: # of Reportable Injuries

W12: # of Staff  W12: # of Reportable Diseases/Conditions

W12: # of Medication Errors  W12: # of Ephinerphine

W12: # of Fatalities

**Completed Annual Report**

Completed Annual Report  Completed Annual Report Date

# Paying Invoice

# Invoice



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)

# How to Upload Documents?

## Files

The screenshot displays a web application interface for facility management. At the top, it shows the facility name 'ADELETE test' with a 'Follow' button. Below this, there are three columns of data: License Number (02-YC-12917), Physical Address, and Camp Balance (\$0.00). The main section is titled 'Youth Camp Information' and shows the status 'Application Submitted'. To the right, there are fields for Supervisor (Linda Rudle), Inspector (Linda Rudle), and Community User (Peter Parker). Below these are fields for Camp Status (Renewing), Camp Type (Day and Residential Camp), Camp Class (Certified), and Permit Type (Certificate). On the far right, there are three summary cards: 'Camp Applications (1)' with a table showing one application for 2020, 'Invoices (1)' with a table showing one invoice for 2020, and 'Annual Reports (3)' with a table showing three reports for 2020 and 2019. A blue arrow points from the 'Camp Applications' card down towards the 'Files' section.

Camp Year	Application Sta...	Date Received	Camp Opening ...
2020	Referred	1/31/2020	7/1/2020

Invoice Num...	Camp Year	Amount due	Invoice Type
206711	2020		Credit Voucher L...

Report #	Report Year	Total Camper D...	Completed Ann...
RPT2020-10...	2020	220	<input checked="" type="checkbox"/>
RPT2019-9945	2019	0	<input type="checkbox"/>
RPT2019-9946	2019	0	<input type="checkbox"/>

Do not upload personally identifiable information!

The screenshot shows a file upload interface with a 'Files (0)' header and an 'Upload Files' button. Below the button is a text prompt 'Or drop files'.

# Submitting Required Reports

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- Submit Annual Report and Incident Report online.

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

- **Obtain a user name from MDH**
- Create a password
- See instructions in Welcome to Youth Camps Online
- Online renewal

# Questions?

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