



# Youth Camp 2022

**Prevention and Health Promotion Administration**

**Center for Recreation 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**



## **MISSION AND VISION**

---

### **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

---

**Linda Rudie, Chief**

**410-767-8419**

**[Linda.Rudie@maryland.gov](mailto:Linda.Rudie@maryland.gov)**

**Tylvia Koromah, Office Secretary**

**410-767-8417**

**[Tylvia.Koromah@Maryland.gov](mailto:Tylvia.Koromah@Maryland.gov)**

**Michael McNeely, Section Head**

**443-743-9723**

**[Michael.McNeely@Maryland.gov](mailto:Michael.McNeely@Maryland.gov)**

Montgomery Wicomico Worcester

**Brian Flynn, Section Head**

**443-690-3081**

**[Brian.Flynn@maryland.gov](mailto:Brian.Flynn@maryland.gov)**

Baltimore Cecil Prince George's

**Nicole Alonge-Smart, Regional EHS**

**443-690-7017**

**[Nicole.Alonge-Smart1@Maryland.gov](mailto:Nicole.Alonge-Smart1@Maryland.gov)**

Anne Arundel Caroline Carroll Dorchester  
Frederick Harford Kent Queen Anne's  
St. Mary's Somerset Talbot

**Lindsey A Linthicum, Regional EHS**

**410-375-6541**

**[LindseyA.Linthicum@Maryland.gov](mailto:LindseyA.Linthicum@Maryland.gov)**

Allegany Calvert Charles Garrett  
Howard Washington Baltimore City

## Legal Authority/Regulation ---

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

# Youth Camp Certification

## Webpage

Health.Maryland.gov/youth-camps

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

# Youth Camp Certification

## Definition/Certification

The screenshot shows the Maryland Department of Health website. The header includes a search bar and navigation menus for 'Individuals and Families', 'Providers and Professionals', 'Media and Publications', and 'Offices and Administrations'. The main navigation bar lists 'A-Z Index', 'Fact Sheets', 'Reportable Diseases', 'Training', and 'Reports'. The left sidebar contains 'Helpful Links' (Maryland Department of Health (MDH), Behavioral Health Administration, Environmental Health Bureau, Infectious Diseases Bureau, Mental Hygiene) and 'Federal resources' (USA.gov, HRSA, CDC, FDA). The main content area features a photo of children running, followed by the heading 'New Maryland Department of Health' and a link for 'Youth Camp Search Link'. Below this is a paragraph explaining the search process. Further down is a link for 'Youth Camp Covid-19 Information' and a section titled 'Youth Camp Certification' with a paragraph describing the purpose of certification. The right sidebar includes a 'Submit a Question about MD Youth Camps' section, 'Regulations' (COMAR 10.01.17, Fees; COMAR 10.16.06, Certification for Youth Camps; COMAR 10.16.07, Health and Medication Requirements for Youth Camps), 'Laws & Regulations' (Laws & Regulations for Youth Camps), and 'Certification Requirements' (Does my program require certification?, Law, scope and definitions, Youth Camp Brochure).

- Review the training “Definition Application Fee Portal”
- Does my program require certification?
- Law, scope and definitions

# Community User

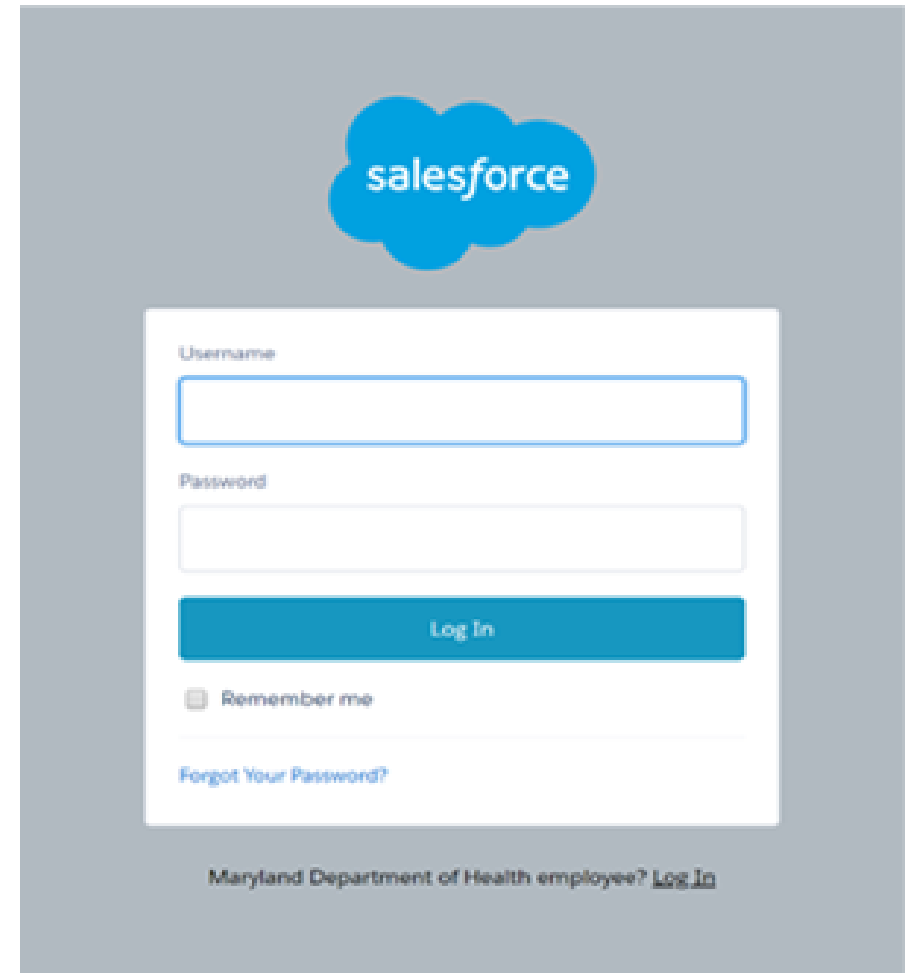
---

Who is the Community User?

Owner, Director, Manager

Log In

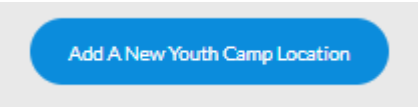
<https://mdhyouthcamps.force.com/login>



# Community User

More than one camp? – **View All**

Add a New Youth Camp Location -



☰



Environmental Health Bureau

Online Application



[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**



# Community User

Click on Camp Name



Camp Balance

Fee Status

Enforcement Level

Camp Status

▼ Youth Camp Information

Facility Name	Youth Camp Test12	Supervisor	<a href="#">Michael McNeely</a>
License Number	02-YC-12822	Inspector	<a href="#">Linda Rudie</a>
Camp Balance	\$5.00	Camp Status	Renewing
Fee Status	Regular	Camp Type	Day and Residential Camp
Enforcement Level	Compliant	Camp Class	Certified
Personnel Administrator	Peter Parker	Regional	<a href="#">Nicole Alonge-Smart</a>
Verified Personnel Administrator	<input checked="" type="checkbox"/>	Permit Type	Day
Personnel Administrator Phone	9099489919	Community user	Peter Parker
Personnel Administrator Mobile		Community User Phone	9099489919
Personnel Administrator Email	<a href="mailto:vuth@enovational.com">vuth@enovational.com</a>	Community User Mobile	
		Community User Email	<a href="mailto:vuth@enovational.com">vuth@enovational.com</a>

# MHD Youth Camp Portal

## Community User

### Application (Annual Renewal)

The screenshot shows the top navigation bar with the Maryland Department of Health logo. Below the logo, the facility name "Youth Camp Test12" is displayed. To the right of the facility name are three buttons: "+ Follow", "2020 Checklist", and "Application" (highlighted in yellow). Below this, the facility details are shown:

License Number	Physical Address	Camp Balance
02-YC-12822	6 Saint Paul Street Baltimore, MD 21202 United States	\$5.00

### Fee – Invoices

The screenshot displays the "Youth Camp Information" page. On the left, there is a sidebar with "Youth Camp Information" including details for "Youth Camp Test12" such as License Number (02-YC-12822), Camp Balance (\$5.00), Fee Status (Regular), and Personnel Administrator (Peter Parker). The main content area shows sections for "2020 Checklist (0)", "Camp Applications (0)", "Annual Reports (6+)", "Invoices (1)", and "Incidents (3)". The "Invoices (1)" section is highlighted in yellow and contains the following table:

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

Click on invoice number:  
Pay Invoice

The screenshot shows the "Youth Camp Invoice" page for invoice number 205121. It includes a table with the following data:

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

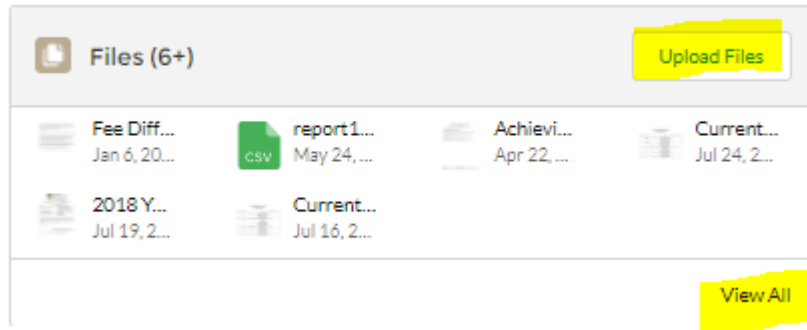
Below the table, there are fields for "Invoice Number" (205121), "Camp Year" (2021), "Youth Camp" (Youth Camp Test12), and "Invoice Type" (Renewal Application Fee). To the right, there is a "Payments (0)" button and a "Pay Invoice" button (highlighted in yellow).

Then: **Pay Online Now** button opens payment processor (credit card or ACH)

# Community User

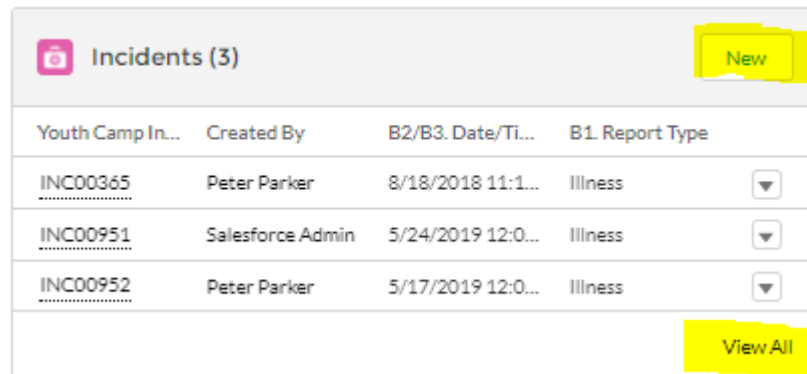
## Files- Upload Documentation

Safety Plans, Building Documentation  
(not Personnel information)



## Incident Report

Add a new report, see Required Reports



## Annual Report

New – upper right button

select year



To view Annual Report history: View All

Annual Reports (6+)

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

[View All](#)

# Community User

## Additional Camp Information

See link to search for MDH Licensed Youth Camps



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.

Camp contact information for public, phone/email  
Camp web page, social media and short camp description

Additional Camp Information (1)			New
Additional Informatio...	Created Date	Created By	
ACI-00299	11/6/2020 9:56 AM	Peter Parker	▼
			View All

# Youth Camp Documentation and Operation

## Regulation Trainings

Please review the recorded trainings:

- Background Check
- Procedures and Supervision

MDH Youth Camp web page: [health.Maryland.gov/youth-camps](http://health.Maryland.gov/youth-camps)



The screenshot displays the MDH website interface. At the top, there is a search bar and navigation menus for 'Individuals and Families', 'Providers and Professionals', 'Media and Publications', and 'Offices and Administrations'. The main header features the MDH logo and the text 'MARYLAND DEPARTMENT OF HEALTH Consumer Health and Safety'. Below the header, there are tabs for 'A-Z Index', 'Fact Sheets', 'Reportable Diseases', 'Training', and 'Reports'. The central content area includes a banner for 'New Maryland Department of Health Youth Camp Search Link' with an image of children running. To the right, a sidebar titled 'Submit a Question about MD Youth Camps' contains a section for 'Youth Camp Regulation Trainings' with a list of topics: Background Check, Definition Application Fee Portal, and Procedures and Supervision. At the bottom of the sidebar, there is a 'Regulations:' section.

## Health Supervisor

---

COMAR 10.16.07.04

- Doctor
- 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

---

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

*Health Program*

# Written Health Program

---

COMAR 10.16.07.03



Refer to Writing Health  
Program Procedures



## Medications

---

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

---

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



# 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.

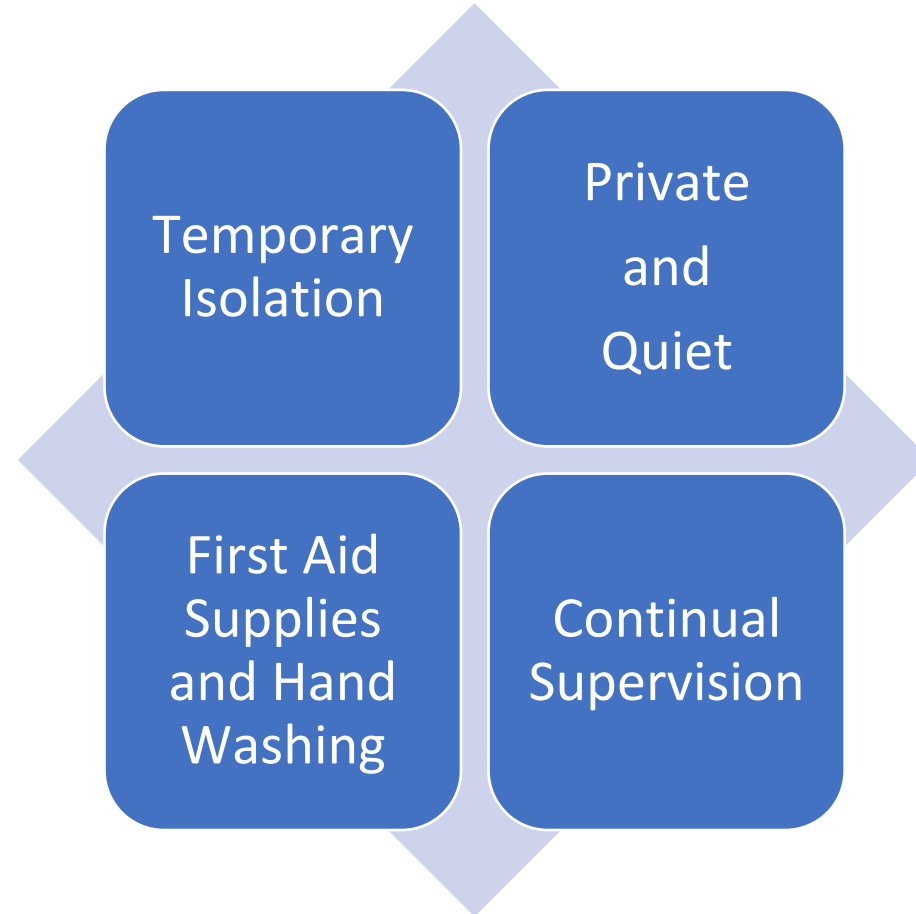


# Treatment Area

---

COMAR 10.16.07.13

## Day Camp

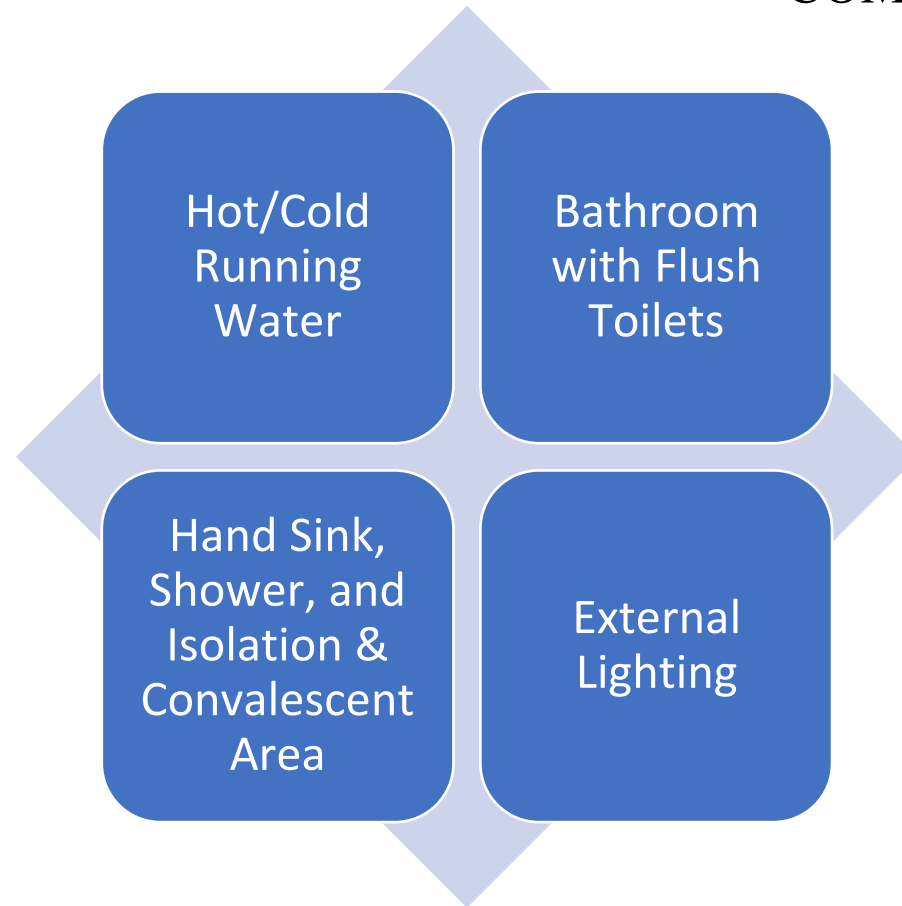


## Treatment Area

---

COMAR 10.16.07.13

# Residential Camp



# Health 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:

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, List them: \_\_\_\_\_  NO

\_\_\_\_\_

\_\_\_\_\_

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, List them: \_\_\_\_\_  NO

\_\_\_\_\_

\_\_\_\_\_

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

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



# Immunization

## Immunization Record, Form MDH 896

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

STATE OF MARYLAND DEPARTMENT OF HEALTH AND GENERAL SERVICES

CHILD'S NAME \_\_\_\_\_ SEX  MALE  FEMALE  DATE OF BIRTH \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_

PARENT NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_  
OR  
GUARDIAN ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_

DATE OF BIRTH OF THE CHILD IN THIS STATE (If you know the child's name)

DATE	VACCINE	LOT NO.	EXPIRES	DATE	PROVIDER	OTHER	REMARKS

For the following knowledge, the vaccine manufacturer name administered selected:

1.  Yes  No  
2.  Yes  No  
3.  Yes  No  
4.  Yes  No

Notes: If used for a child under 18 years of age, please indicate the child's age.

COMPLETION OF THIS FORM DOES NOT GUARANTEE THE ACCURACY OF THE INFORMATION PROVIDED. THE USER OF THIS FORM ASSUMES ALL LIABILITY FOR THE INFORMATION PROVIDED. THE USER OF THIS FORM ASSUMES ALL LIABILITY FOR THE INFORMATION PROVIDED.

PLEASE PRINT THE appropriate fee to determine the correct costs indicated.

This is a  permanent  temporary record \_\_\_\_\_

The child will receive other immunizations being administered here. Please indicate which vaccine and the brand and lot number.

Report \_\_\_\_\_

DATE OF BIRTH OF THE CHILD IN THIS STATE

FOR BLENDED USE ONLY

Print the name of the child's immunization provider. Because of the state's obligation to its citizens, the state will not accept any immunization record that is not signed by a health care provider. The immunization record is valid only if signed by a health care provider.

Report \_\_\_\_\_

STATE OF MARYLAND DEPARTMENT OF HEALTH AND GENERAL SERVICES

# 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



## Staff Training & Certification

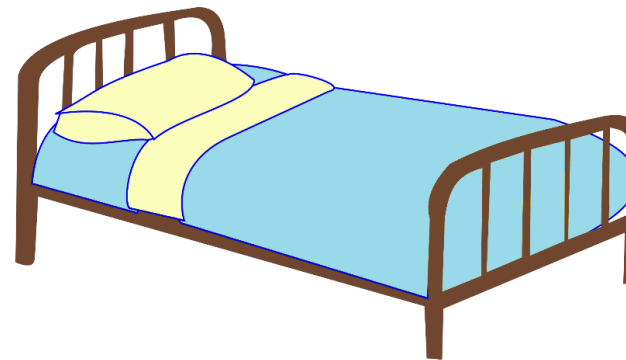
---

- Training
  - Document staff training for the following:
    - Health Program
      - Including Medication Administration
    - Emergency Plan
    - Upload plan to MDH Youth Camp Portal
    - Upload training sign in log to MDH Youth Camp Portal
- CPR and First Aid certification
  - Document current CPR/first aid
  - Ensure that at least 2 adults with CPR/FA are on duty during camp

*Facilities*

Regulations 10.16.06.38 - .41

---



## 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

## *Facilities*

### Garbage removal, COMAR 10.16.06.43

---



- 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

---

COMAR 10.16.06.44



- Minimize entry
- Eliminate harborage

## *Facilities*

# Documentation for Private Building

---

- 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
- 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



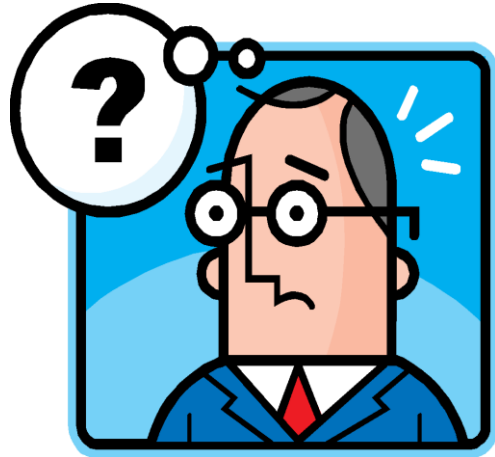
## *Facilities*

# Documentation for School/Government

---

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

## Questions?



Maryland Department of Health  
Web page:  
[Health.Maryland.gov/youth-camps](https://health.maryland.gov/youth-camps)

Submit a Question about  
MD Youth Camps →

A screenshot of the Maryland Department of Health website. At the top, there is a navigation bar with links: "A-Z Index", "Fact Sheets", "Reportable Diseases", "Training", and "Reports". Below the navigation bar is a large image of five children running happily in a park. Underneath the image, the text reads "New Maryland Department of Health" and "Youth Camp Search Link". On the right side of the page, there is a yellow button that says "Submit a Question about MD Youth Camps". Below the button, there is a section titled "Youth Camp Regulation Trainings" with a list of items: "Background Check", "Definition Application Fee Portal", and "Procedures and Supervision". At the bottom right, there is a section titled "Regulations:".