

NEW YOUTH CAMP APPLICATION

FOR A YOUTH CAMP THAT WAS NOT
ISSUED A CERTIFICATE OR LETTER OF
COMPLIANCE IN THE PREVIOUS YEAR

Maryland Department of Health

Environmental Health Bureau
Center for Recreation and Community Environmental
Health Services
6 St. Paul Street, Suite 1301, Baltimore, MD 21202-1608
Phone (410) 767-8417 Fax (410) 333-8926
Toll Free (877) 4MD-DHMH ext. 8417

□□□□ FOR OFFICE USE ONLY □□□□			
DATE RECEIVED	AMOUNT RECEIVED	CHECK NUMBER	IDENTIFICATION NUMBER
<p>INSTRUCTIONS: Maryland youth camp regulations (COMAR 10.16.06) require a youth camp operator to obtain a certificate or letter of compliance from the Maryland Department of Health (MDH) before the camp opens. Before a certificate or letter of compliance is issued, MDH must determine substantial compliance with the regulations.</p> <ul style="list-style-type: none"> ▶ Complete parts: A. through K. Retain a copy of the application for your records. ▶ Do not send payment at this time. You will be contacted with instructions for payment after your application is processed. ▶ Fill out the application online, then email it to Tylvia E. Koromah -MDH- at least 60 days before the camp opens. Do not fax the application. ▶ If you operate multiple camps at separate physical locations, submit a separate application for each camp. ▶ If you have questions or require assistance, please call MDH, Center for Healthy Homes and Community Services at the above numbers. 			
A. OWNER/BUSINESS INFORMATION			
1. BUSINESS NAME			
2. BUSINESS TYPE: (Choose One)		<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> CO-OWNERSHIP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> OTHER:	3. FEIN (Required)
4. BUSINESS ADDRESS			
5. CITY, STATE, ZIP			6. COUNTRY <input type="checkbox"/> USA <input type="checkbox"/> OTHER:
7. BUSINESS CONTACT NAME			
8. BUSINESS PHONE	9. OTHER PHONE	10. FAX	
11. BUSINESS CONTACT EMAIL			
B. YOUTH CAMP INFORMATION			
1. CAMP NAME			
2. CAMP PHYSICAL ADDRESS			
3. CITY, STATE, ZIP			4. MARYLAND COUNTY
5. CAMP DIRECTOR'S NAME			
6. CAMP DIRECTOR'S PHONE	7. EMERGENCY PHONE	8. FAX	
9. CAMP DIRECTOR'S EMAIL			
10. CAMP MAIL ADDRESS: <input type="checkbox"/> SAME AS CAMP PHYSICAL ADDRESS ABOVE <input type="checkbox"/> SAME AS BUSINESS ADDRESS ABOVE			
ATTN (PERSON'S FIRST AND LAST NAME)		BUSINESS NAME	
ADDRESS			
CITY, STATE, ZIP			COUNTRY <input type="checkbox"/> USA <input type="checkbox"/> OTHER:
11. CERTIFICATION TYPE (Check one) <input type="checkbox"/> Certificate <input type="checkbox"/> Letter of Compliance –(For bona fide religious organizations only.)			
12. CAMP TYPE (Check one)			
<input type="checkbox"/> Day Camp <input type="checkbox"/> Residential Camp <input type="checkbox"/> Day and Residential Camp <input type="checkbox"/> Trip Camp <input type="checkbox"/> Travel Camp			

C. CURRENT CAMP PROGRAM INFORMATION. <i>Attach current camp brochure.</i>		
1. CAMP OPENING DATE	2. CAMP CLOSING DATE	3. DATE(S) CLOSED FOR BUSINESS
<i>Attach fee with completed application. Make check payable to the Maryland Department of Health</i>		
4. IS YOUR CAMP CURRENTLY ACCREDITED? <i>(Check One, If Applicable)</i>		
<input type="checkbox"/> NO <input type="checkbox"/> YES		
BY WHOM?		
<input type="checkbox"/> American Camp Association (ACA) <input type="checkbox"/> Boy Scouts of America (BSA)		
<i>Attach a copy of current certification from the accrediting organization, no fee is required.</i>		
INITIAL APPLICATION FEE FOR DAY CAMP	INITIAL APPLICATION FEE FOR RESIDENTIAL CAMP, DAY AND RESIDENTIAL CAMP, TRIP CAMP, OR TRAVEL CAMP	
\$190	\$500	
Payment of Fee Difference Owed.		
(1) The Department shall:		
(a) Calculate a fee difference, that is, the difference between the fee paid at the time of application and the fee owed, based on information reported by a camp operator in the annual report for the past calendar year as required by Regulation .06 of COMAR 10.16.06 and the fees found in COMAR 10.01.17; and		
(b) Notify a camp operator of any fee owed to the Department.		
(2) Within 2 weeks following receipt of the notice from the Department, the camp operator shall pay the fee owed to the Department.		
FEE CHART FOR DAY CAMP	FEE CHART FOR RESIDENTIAL CAMP, DAY AND RESIDENTIAL CAMP, TRIP CAMP, OR TRAVEL CAMP	
1 to 500 CAMPER DAYS : \$190	1 to 700 CAMPER DAYS : \$500	
501 to 2,000 CAMPER DAYS: \$500	701 to 5,000 CAMPER DAYS: \$1,000	
2,001 to 5,000 CAMPER DAYS: \$665	5,001 to 16,000 CAMPER DAYS: \$1,500	
5,001 or more CAMPER DAYS: \$855	16,001 or more CAMPER DAYS: \$2,000	
5. FEE ENCLOSED \$		
D. YOUTH CAMP FACILITY INFORMATION		
1. ARE YOU OPERATING A CHILDCARE CENTER AT THIS SITE? <input type="checkbox"/> NO <input type="checkbox"/> YES <i>Attach a copy of license.</i>		
2. DID YOU NOTIFY THE CHILD CARE LICENSING OFFICE ABOUT YOUR INTENT TO OPERATE A YOUTH CAMP AT THIS SITE?		
<input type="checkbox"/> NO <input type="checkbox"/> YES <i>Attach documentation of the notification.</i> <input type="checkbox"/> NOT APPLICABLE		
3. BUILDING(S) TYPE <i>(Check all that apply.)</i>		
<input type="checkbox"/> School (Public or Private) or Government Owned Building: <i>Attach completed Building Safety form.</i>		
<input type="checkbox"/> Privately Owned Building or Property <i>Attach a copy of a current Fire Safety Inspection (COMAR 10.16.06.42) from the State or Local Fire Marshal's Office.</i>		
<i>Attach the Use & Occupancy permit. If no Use & Occupancy permit, attach certification from a master electrician and a master plumber stating the building meets code and attach documentation of zoning approval.</i>		
<input type="checkbox"/> Outdoor Pavilion or No Buildings.		
<input type="checkbox"/> Other, Specify Type: _____ <i>Contact this Office for required compliance documentation.</i>		
4. WATER SUPPLY – COMAR 10.16.06.36		
<input type="checkbox"/> Public: <i>Specify the water company from your water bill:</i> _____		
<input type="checkbox"/> On-Site Well: <i>Attach completed Local Health Approval form.</i>		
5. SEWAGE DISPOSAL – COMAR 10.16.06.37		
<input type="checkbox"/> Public: <i>Specify the sewer service company:</i> _____		
<input type="checkbox"/> On-Site Sewage Disposal System: <i>Attach completed Local Health Approval form.</i>		

6. BATHROOM FACILITIES. - **COMAR 10.1606.38 and .39** (Check all that apply.)

Male Toilets, # _____ Handsinks, # _____ Showers, # _____ Urinals, # _____
Female Toilets, # _____ Handsinks, # _____ Showers, # _____
 Portable Toilets Male, # _____ Female # _____ **Attach completed Local Health Approval form.**
 Privies Male, # _____ Female # _____ **Attach completed Local Health Approval form.**

7. CAMP FACILITIES - **COMAR 10.16.06.40 and .41** (Check all that apply.)

Sleeping Facilities Tents Cabins Other, specify: _____

8. FOOD SERVICE - **COMAR 10.16.06.42** (Check all that apply.)

Meals Prepared On-Site: **Attach copy of food permit.**
 Lunches Brought From Home: Refrigeration provided Notice to send non- perishable food given to parents
 Summer Lunch Program: **Attach verification of acceptance from certifying organization.**

9. PRIMITIVE CAMP A youth camp where permanent facilities for water supply and sewage disposal systems, food service facilities, sleeping areas, bathing facilities, and hand washing facilities are not available. (If your camp or any portion of your camp is a primitive camp, check all that apply.)

No Permanent Facility for Water Supply System: **Attach the camp's written procedure for water filtration and disinfection (COMAR 10.16.06.36).**
 No Permanent Facility for Sewage Disposal System: **Attach the camp's written procedure for sewage disposal (COMAR 10.16.06.37).**
 No Permanent Facility for Food Service: **Attach the camp's written food preparation and handling plan (COMAR 10.16.06.42).**
 No Permanent Facility for Sleeping Areas: **Attach description of the camp's sleeping provisions (COMAR 10.16.06.40 and .41).**
 No Permanent Facilities for Bathing or Hand Washing: **Attach the camp's written bathing or hand washing procedures (COMAR 10.16.06.38 and .39).**

E. HEALTH PROGRAM INFORMATION

1. HEALTH SUPERVISOR'S NAME _____ PHONE _____
2. HEALTH SUPERVISOR'S TITLE (Check one) _____ MD LICENSE # _____
 Physician Registered Nurse Certified Nurse Practitioner
3. DO 50% OR MORE OF THE CAMPERS HAVE IDENTIFIED MEDICAL PROBLEMS? NO YES
4. THE HEALTH SUPERVISOR IS: **COMAR 10.16.07.04** (Check one)
 Available for consultation at all times when campers are present.
 On-site at all times when campers are present. *Required when 50% or more of the campers have identified medical problems.*
5. WRITTEN HEALTH PROGRAM **Attach a copy of the camp's health program that includes the health supervisor's annual approval. (COMAR 10.16.07.03 and .14)**
6. CAMPER HEALTH RECORD **Attach example of the camp's camper health record form. (COMAR 10.16.07.08)**
7. STAFF HEALTH RECORD **Attach example of the camp's staff member/volunteer health record form. (COMAR 10.16.07.09)**
8. HEALTH LOG IS: (COMAR 10.16.07.05) (Check one)
 Bound composition book Spiral notebook Individual record Electronic medical record
9. CPR CERTIFIED STAFF *Two adults with current cardiopulmonary resuscitation (CPR) certification are required on duty at camp at all times.*
Number of adult staff certified in CPR by a national certifying organization: (COMAR 10.16.07.04) _____
10. FIRST AID CERTIFIED STAFF *Two adults with current first aid are required on duty at camp at all times.*
Number of adult staff certified in first aid by a national certifying organization: (COMAR 10.16.07.04) _____

F. EMERGENCY PROCEDURES INFORMATION.

Attach a copy of the camp's emergency procedures. (COMAR 10.16.06.34)

G. CHILD ABUSE PREVENTION AND REPORTING

Attach a copy of the camp's child abuse prevention and reporting procedures. (COMAR 10.16.06.35)

H. CRIMINAL BACKGROUND CHECK INFORMATION. (COMAR 10.16.06.21)

1. PERSONNEL ADMINISTRATOR NAME (FIRST AND LAST):

2. PERSONNEL ADMINISTRATOR PHONE NUMBER:

4. SUPERVISION PROVIDED DURING ROUTINE ACTIVITIES See COMAR 10.16.06.54. If necessary, attach additional sheet.

CAMPERS AGE	GROUP SIZE	NUMBER OF ADULT (S) (18 AND OLDER) SUPERVISING CAMPER GROUP	NUMBER OF ASSISTANT COUNSELORS (16-17 YEAR OLDS) SUPERVISING CAMPER GROUP

J. WORKER'S COMPENSATION ACT COMPLIANCE STATEMENT Indicate compliance with workers compensation act.

Maryland Health-General Code Annotated §1-202 requires that before any license, certificate or permit may be issued under the Health-General Article; the employer must file a certificate of compliance listing a workers' compensation insurance policy or binder number. This statement of compliance is based on the workers' compensation law applicable in the state in which the licensee is based. **(Check one and provide requested information.)**

- I have workers' compensation insurance.

Insurance Company _____

Policy or Binder number _____

- Attach a copy of the certificate of compliance with the Maryland Workers' Compensation Act.

K. YOUTH CAMP REGULATIONS (COMAR 10.16.06) COMPLIANCE STATEMENT. Read and sign compliance statement.

I have carefully examined and read this application and when operating, agree to comply with all applicable laws and COMAR 10.16.06 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 COMAR 10.16.06, 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. *If you have questions, please call MDH, Center for Healthy Homes and Community Services at (410) 767-8417 or 1-877-4MD-MDH ext. 78417.*

X _____ **DATE** _____

APPLICANT'S SIGNATURE: *Must be a person who owns, supervises, controls, conducts, or manages a youth camp.*

This document can be found on the MDH website at:
<https://phpa.health.maryland.gov/OEHFP/CHS/Shared%20Documents/Youth%20Camps/ApplicationforNewYouthCamp.pdf>