



Maryland
DEPARTMENT OF HEALTH

Youth Camp Regulation Training 2025

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

Phone 410-767-8417

Fax 410-333-8926



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.

CRCEHS Staff

Brian Flynn, Center Chief 443-690-3018 Brian.Flynn@maryland.gov health.maryland.gov/youth-camps	
Tylvia Koromah, Office Secretary 410-767-8417 Tylvia.Koromah@Maryland.gov	
Michael McNeely, Section Head 443-743-9723 Michael.McNeely@Maryland.gov Cecil, Montgomery, Somerset, Wicomico, Worcester	Lindsey Wuest, Section Head 410-375-6541 Lindsey.Wuest@Maryland.gov Allegany, Garrett, Howard, Prince George's
Nicole Alonge-Smart, Regional EHS 443-690-7017 Nicole.Alonge-Smart1@Maryland.gov Anne Arundel, Caroline, Carroll, Charles, Dorchester, Frederick, Harford, Kent, Queen Anne's, Talbot	Angelese Davis, Regional EHS 443-571-5892 Angelese.Davis1@maryland.gov Baltimore, Baltimore City, Calvert, St. Mary's, Washington

Training Outline ---

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

- Regulations
- Day Camp
- Residential Camp
- What is not a camp

Legal Authority/Regulation

Law

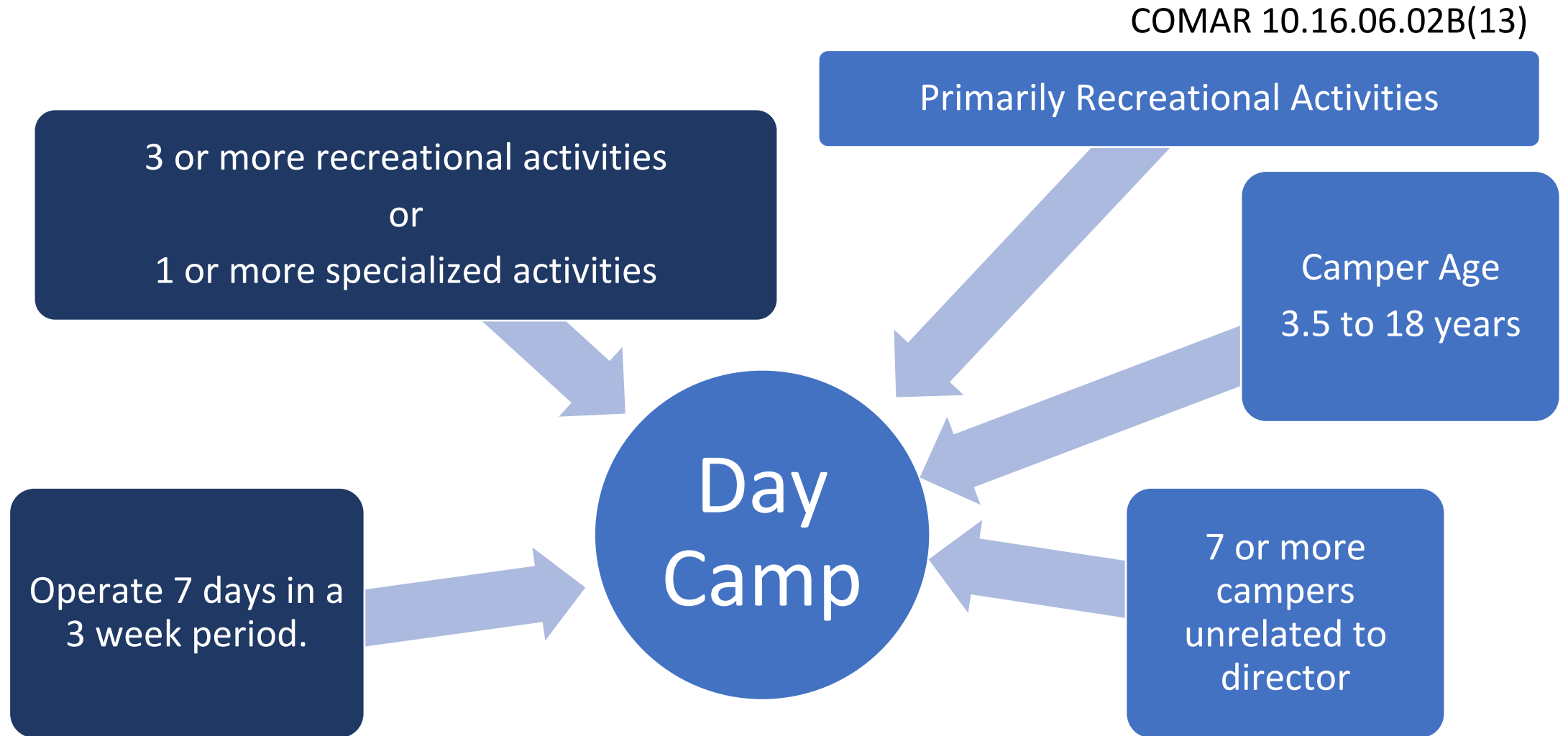
Youth Camp Act: Health General Title 14 Subtitle 4

Regulations

- Certification for Youth Camps
 - COMAR 10.16.06
- Health and Medication Requirements for Youth Camps
 - COMAR 10.16.07
- Fee Schedule
 - COMAR 10.01.17

Is My Program a “Youth Camp”?

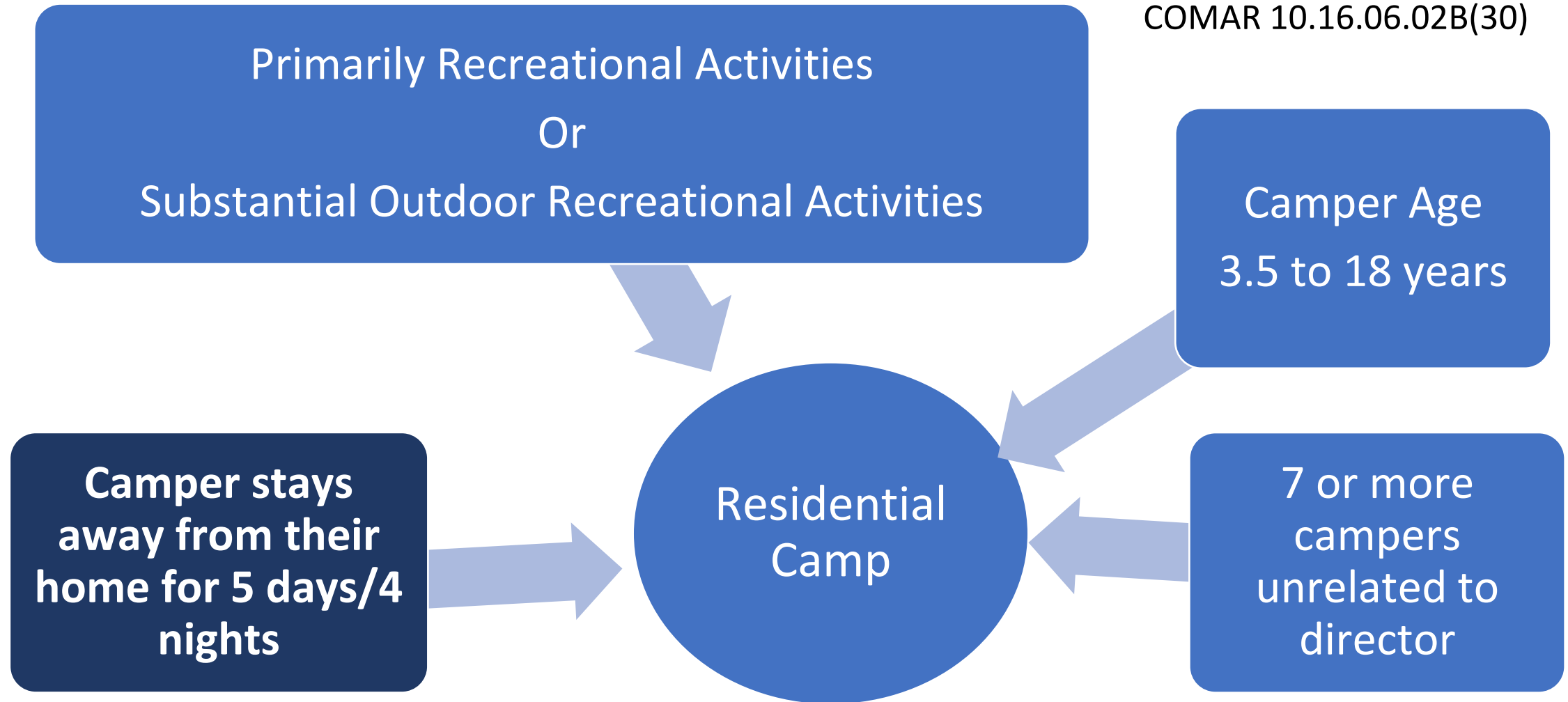
Day Camp



Is My Program a “Youth Camp”?

Residential Camp

COMAR 10.16.06.02B(30)



Is My Program a “Youth Camp”?

What Is NOT a Youth Camp?

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?

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

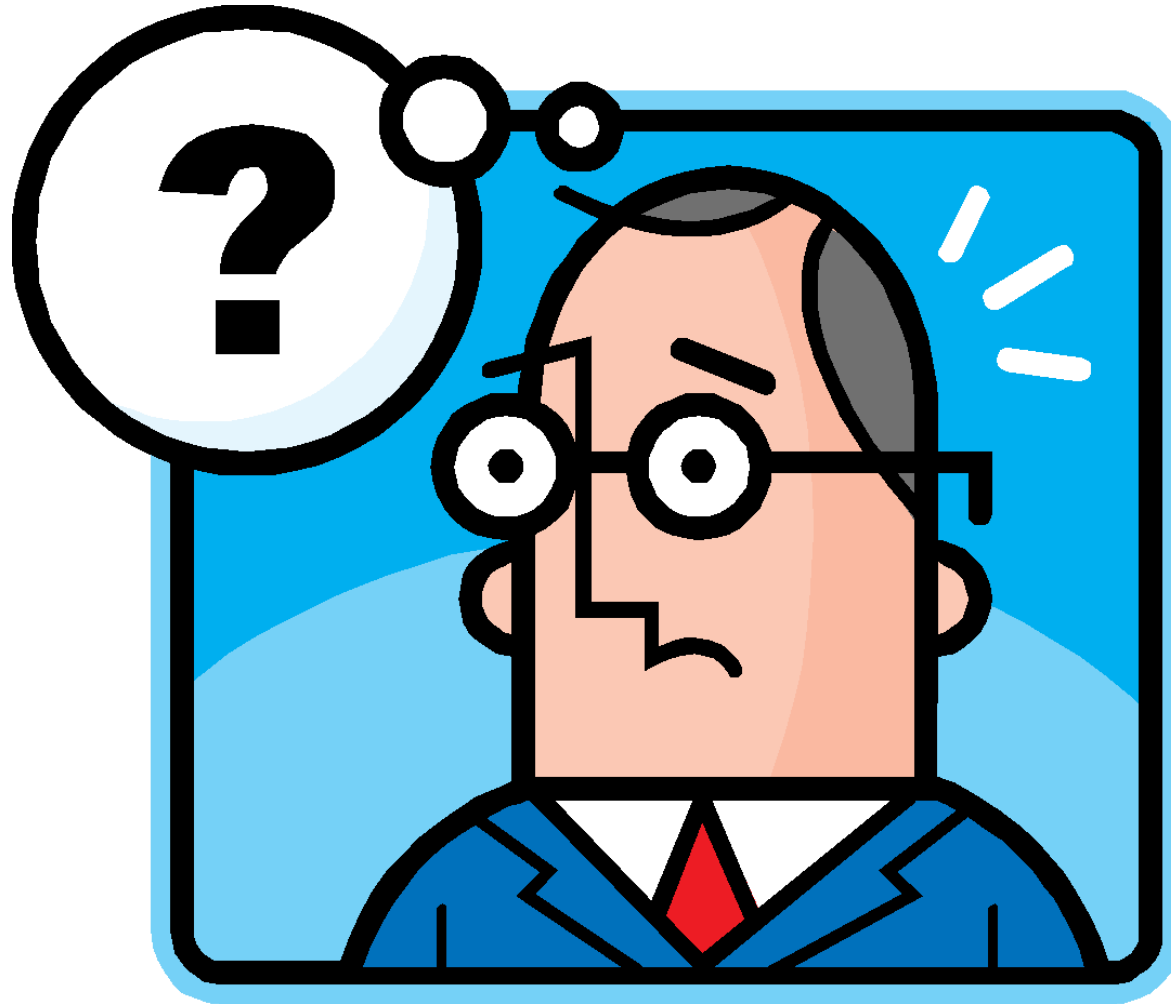
Is My Program a “Youth Camp”?

What Is NOT a Youth Camp?

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?



Background Checks and Clearances

COMAR 10.16.06.21



© Viviane Moos



Required Background History Check

Three Required Components:

- Fingerprint Supported Criminal Background Check Through CJIS MD
- Fingerprint Supported Criminal Background Check Through CJIS FBI
- Child Abuse and Neglect Database Check in the State of Maryland Through Child Protective Services

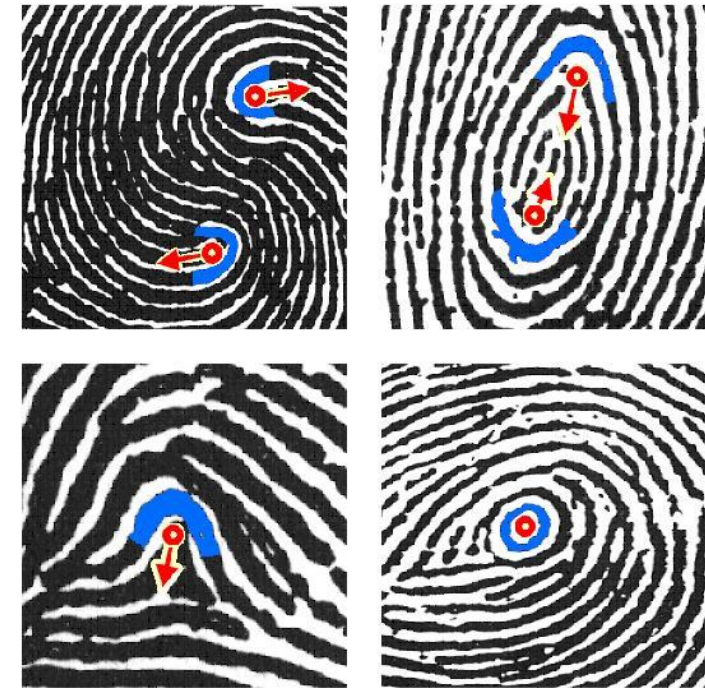


COMAR 10.16.06.21

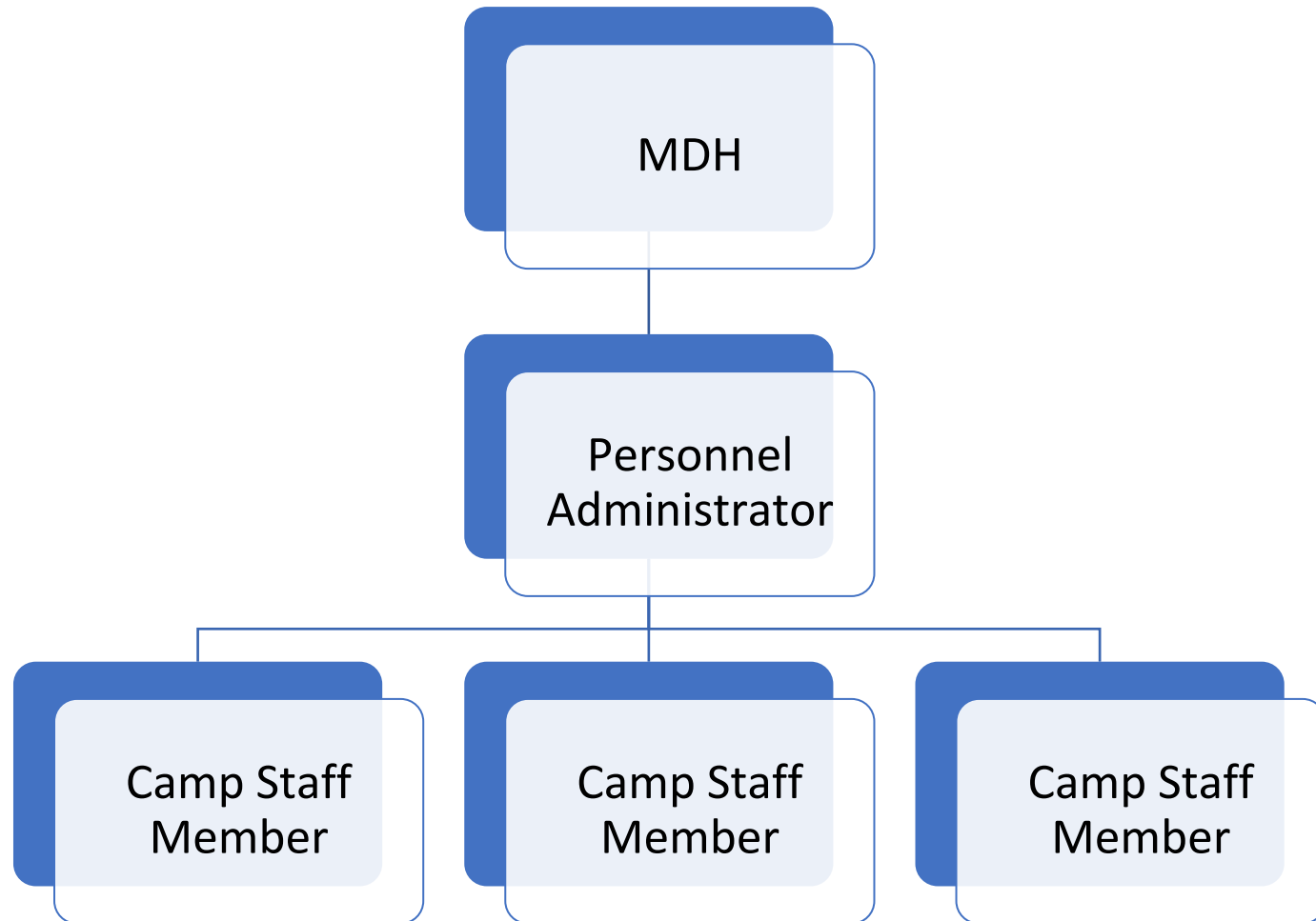
Who is required to complete a background history check at camp?

- All paid employees
- All volunteers

This includes minor employees and volunteers under the age of 18



COMAR 10.16.06.21



Personnel Administrator

CJIS

- Use MDH Authorization Number: 9400019171
- ***DO NOT USE THIS AUTHORIZATION NUMBER FOR OTHER STAFF MEMBERS***

CPS

- Send MDH a copy of the signed and notarized CPS consent form
(NOT TO DHS)

Background Checks and Clearances

CJIS Authorization Number

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

		
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? <input type="checkbox"/> Yes (please complete Part III ONLY) <input type="checkbox"/> 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 CJIS

- All required employees
- “Employee or Volunteer” that has access to the campers
- Copy of results must be addressed to employer, not the employee

Fingerprints



Background Checks and Clearances

ORI NUMBER

USE THE CORRECT ORI NUMBER



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

LIVESCAN PRE-REGISTRATION APPLICATION

APPLICANT INFORMATION

Please type or print legibly.

Name:		
Date of Birth:	Social Security Number:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Height: ft. in.	Weight: lbs.	Eye Color:
Race/Ethnicity: <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Native American <input type="checkbox"/> Other		Hair Color:
Place of Birth:		Citizenship:
Street Address:		
City:	State:	Zip Code:
Phone Number:	Driver's License Number:	Email Address:

REASON FOR REQUEST

INDIVIDUAL

Please select one of the following:

- ☐ Gold Seal/Adoption (Enter Authorization Number if applicable)
- ☐ Gold Seal/Letter/VISA
- ☐ Immigration/VISA
- ☐ Individual Challenge
- ☐ Individual Review
- ☐ Attorney/Client (Written Authorization Required)

Mailing Information:

Name:		
Street Address:		
City:	State:	Zip Code:

AGENCY

Please select from the following (*ORI Required):

- | | | |
|---|---|---|
| <input type="checkbox"/> Adult Dependent Care | <input type="checkbox"/> Government Employment* | <input type="checkbox"/> Private Party Petition** |
| <input checked="" type="checkbox"/> Child Care* | <input type="checkbox"/> Government Licensing or Certification* | <input type="checkbox"/> Public Housing |
| <input type="checkbox"/> Criminal Justice* | <input type="checkbox"/> Maryland State Police Licensing* | |

Agency Authorization Number:

*ORI Number:
MD920523Z

**Position Applied:

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

G. Lawrence Franklin
Deputy Secretary

Ronald C. Brothers
Chief Info. Officer

C. Kevin Combs
Deputy Chief Info. Officer

Carole Shelton
Director

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: 410-653-8326

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

G. Lawrence Franklin
Deputy Secretary

Ronald C. Brothers
Chief Info. Officer

C. Kevin Combs
Deputy Chief Info. Officer

Carole Shelton
Director

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 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

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

Background Checks and Clearances

CJIS Authorization Update Form

Use this form to update changes to:

- Camp or Business Name
- Contact Person
- Mailing Address
- Phone or Fax Number
- Email Address

This form is also used to request the CJIS Authorization number if you forget it!



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

AUTHORIZATION UPDATE FORM

AGENCY AUTHORIZATION NUMBER: _____

☐ Adult Dependent Core Agency ☐ Attorney/Client ☐ Child Core Agency ☐ Criminal Justice Agency
☐ Government Employment Agency ☐ Government Licensing Agency ☐ Public Housing Authority

Please advise us immediately of any change to your CJIS-CR authorization information. Please type or print all information clearly.

1) Current Agency Name: _____

2) New Agency Name: _____

3) Current Contact Person: _____

4) New Contact Person: _____

5) Old Mailing Address: _____

(Street)

(City)

(State)

(Zip Code)

New Mailing Address: _____

(Street)

(City)

(State)

(Zip Code)

6) Phone Number: _____ Fax Number: _____

7) E-Mail Address: _____

Signature _____

Title _____

Date _____

You may mail or FAX the form to:

CJIS-Central Repository
P.O. Box 32708
Pikesville, MD 21282-2708

FAX: (410) 653-6320
Alternate FAX: (410) 653-5690

CPS Background Clearance

- All required employees
- “Employee or Volunteer” that has access to the campers

CPS Background Clearance

- All employees and volunteers 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.

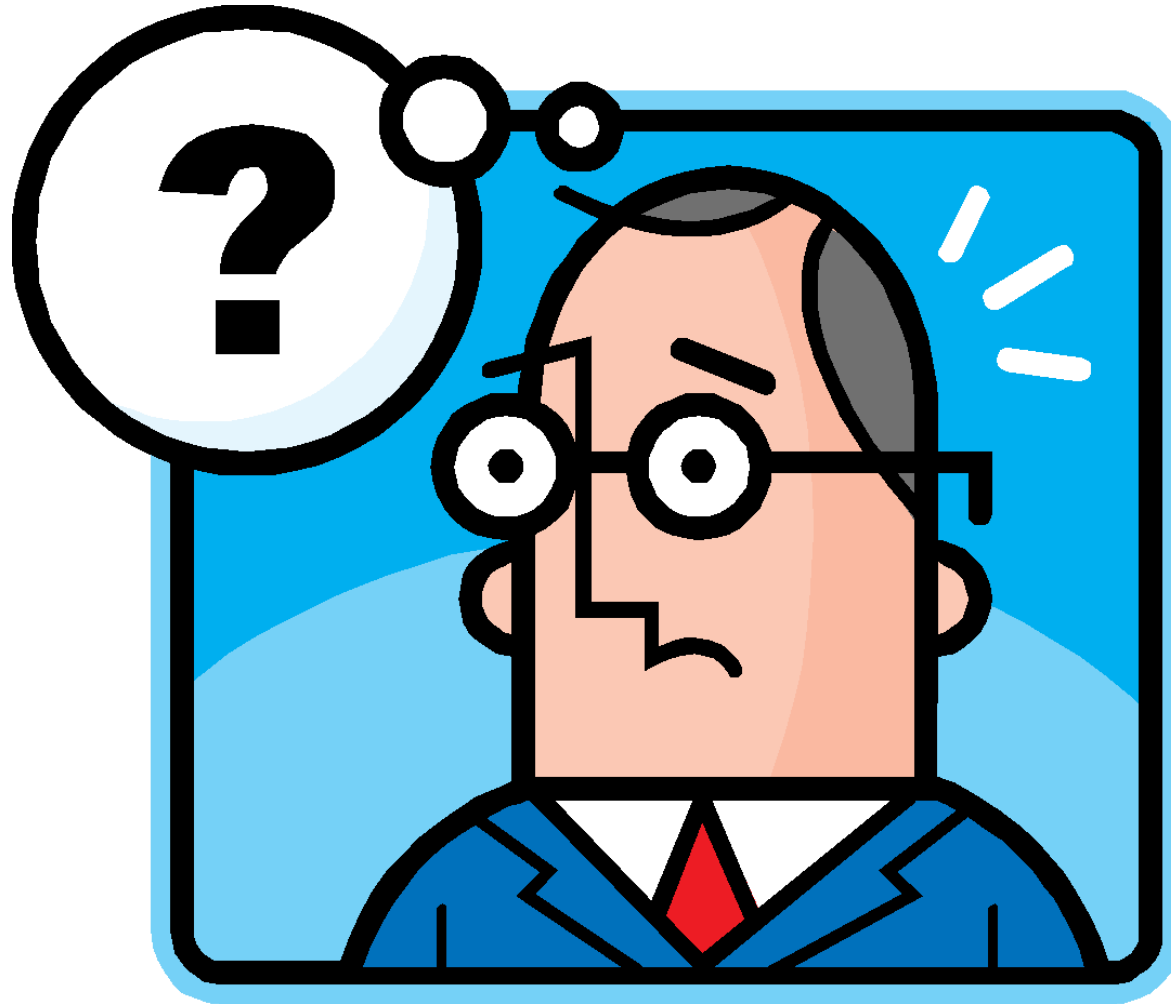
Reviewing Results

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?



5 Minute Break



05:00

Section 3

Procedures

Emergency

Trip & Transportation

Specialized Activities

Child Abuse Prevention and Reporting

Supervision

Procedures

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

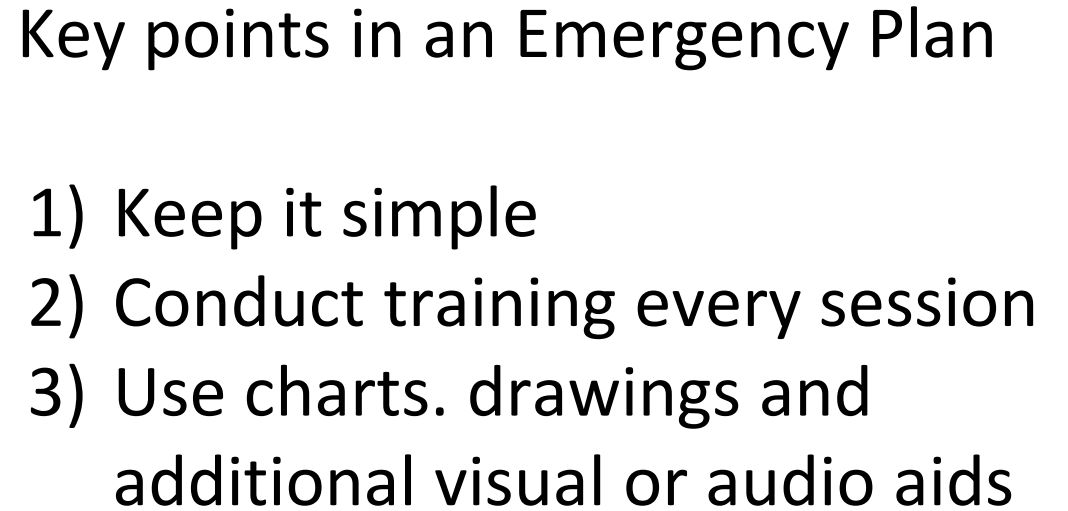
Emergency Procedures

Regulation 10.16.06.34

- (1) Ensure camper safety during natural disasters, severe weather, and other emergencies;
- (2) Evacuate campers from the camp;
- (3) Account for campers and locate a missing camper;
- (4) Use fire, rescue, police, and 911 services;
- (5) Ensure emergency transportation;
- (6) Notify the camper's parent or guardian;
- (7) Ensure camper safety until the camper's parent, guardian, or parent's or guardian's designee picks up the camper;
- (8) Monitor for adverse weather conditions/air quality



Plan



Emergency Procedures

Missing Campers?



6 ?

- Head count
- Missing campers
- Finding missing campers

Ensure Camper Safety

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



Notify Parents

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



911

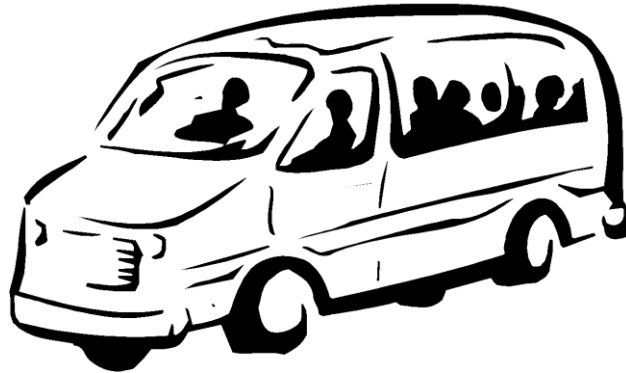
Does camp use cell phones or another communication plan?

Who is responsible for calling 9-1-1?



Transportation for Evacuation

Emergency transportation plan for evacuating the entire facility.



Specialized Activities

Regulation 10.16.06.47 - .52

- 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 (16 or over every 25)
- Marksmanship
- Horseback Riding (ASTM) F1163;

Watchers What are they?

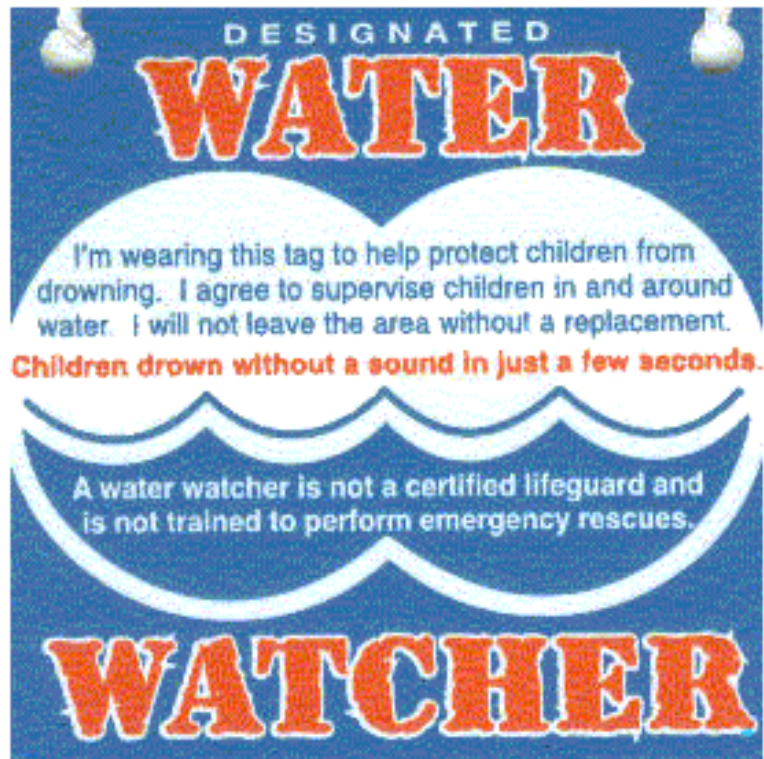
- A “Watcher” is a designated individual who provides **constant vigilance and , undistracted** supervision of Campers in water. ensuring their safety and preventing potential drowning incident

who Should be a Watcher?

- They should have the skills,knowledge, and ability to recognize someone in distress and alert the lifeguard for rescue.
- Should have access to a working phone to call emergency help (911)
- Should know CPR or be able to immediately alert someone nearby who can.

Watchers Tag examples

: IPSSA waterwatcher.org and Safe Kids World



Specialized Activities

Swimming

X - Location of watchers

G - Gather location



Natural swimming Beaches Safety

- Check with your local health department or MDE before swimming in natural waters.
- Avoid swimming within 48 hours of a heavy rain event.
- Do not swim near storm drains located along the beach area.
- Do not swim near if the water looks cloudier than usual, is discolored, or smells bad.
- Do not swim if you see any pipes draining into or around the water
- Try not to swallow beach water.
- Avoid swimming if you feel ill or have open cuts or sores. If water contact can't be avoided, cover your open cut or sore with waterproof bandages.
- Always take a shower or bathe after swimming.
- If they are available use diaper-changing stations in restroom facilities, or change diapers away from the waters' edge.
- Remember to properly dispose of used diapers.
- Wash your hands with soap and warm water after using the bathroom or changing diapers.
- Pick up waste from your pets and dispose of it in the trash.
- Get involved and volunteer in local beach clean up efforts.
- Do your part and encourage others to keep picnic areas near the beach free of debris and garbage.
- Do not attract duck, geese, or seagulls by feeding them.
- When boating, use an approved marina pump-out station for boat waste disposal.
- If you have a septic tank system, keep it maintained and in good working order.
- If you see any unsafe or unhealthy conditions, report them to a lifeguard or beach manager.

Specialized Activities

Archery

A. Archery Range. For a camp that offers archery activities, an operator shall ensure that:

- (1) An archery range is located where a camper will not wander into the danger area while engaged in other camp activities;
- (2) An archery range is clearly marked to warn individuals away from the danger area;
- (3) When possible, the shooting direction is to the north to minimize an archer being blinded by the sun;
- (4) The shooting area has at least 50 yards of clearance or an archery net behind each target; and
- (5) When different archer-to-target distances are required for a group that is shooting at the same time on the same field:
 - (a) One common shooting line is used; and
 - (b) The targets are set at a distance from the shooting line that is appropriate with the skill level of the camper.



Specialized Activities

Archery



B. An operator shall ensure that:

- (1) Archers fire from a common firing line with a ready line marked behind it;
- (2) Only an archer ready to shoot is on the firing line and anyone waiting to shoot remains behind the ready line;
- (3) An individual stays behind the firing line at all times except when ordered by the instructor to retrieve a target or an arrow; and
- (4) Bows and arrows are stored in a locked enclosure.

C. Staff Members. For a camp that offers archery activities, an operator shall ensure that:

- (1) During the archery activity, a director is present at the camp or, when the activity occurs off the camp premises, the activity site;
- (2) An instructor and at least one counselor or assistant counselor to assist are on the range at all times during a firing session; and
- (3) One adult staff member, adult volunteer, counselor, or assistant counselor is on duty and supervising the campers for each group of ten campers or fraction of ten campers on the firing line.

D. Procedures. An operator shall ensure that a safety plan is developed and implemented:

Child Abuse Prevention and Reporting

Regulation 10.16.06.35

- A. Child abuse allegations or incidents are reported as prescribed in Family Law Article, §§5-704 and 5-705, Annotated Code of Maryland;
- B. A written child abuse prevention and reporting program is prepared and implemented at the camp that includes procedures for:
 - (1) Educating staff members and volunteers;
 - (2) Reporting child abuse both internally and externally;
 - (3) Screening staff members and volunteers prior to working at camp;
 - (4) Reinforcing the camp's policies and procedures during camp operation;
 - (5) Evaluating the facilities and grounds;
 - (6) Supervising campers;
 - (7) Educating on appropriate touching;
 - (8) Responding to inappropriate behaviors by staff, volunteers, parents, and campers;
 - (9) Communicating with staff members, volunteers, parents, the Department, and the media;
 - (10) Supporting an alleged victim; and
 - (11) Interacting with an alleged perpetrator



Staff Training

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:

Regulation 10.16.06.52 and .53

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

Trip and Transportation

Regulation 10.16.06.52 and .53

A. When a camper, staff member, or volunteer is transported, an operator shall ensure that:

(1) Transportation is provided according to applicable State law;

(2) A transportation safety plan is developed and implemented that includes:

(a) Transportation safety rules, standards, and practices;

(b) Supervision requirements including camper to staff ratios;

(c) Emergency transportation services; and

(d) Severe weather procedures;



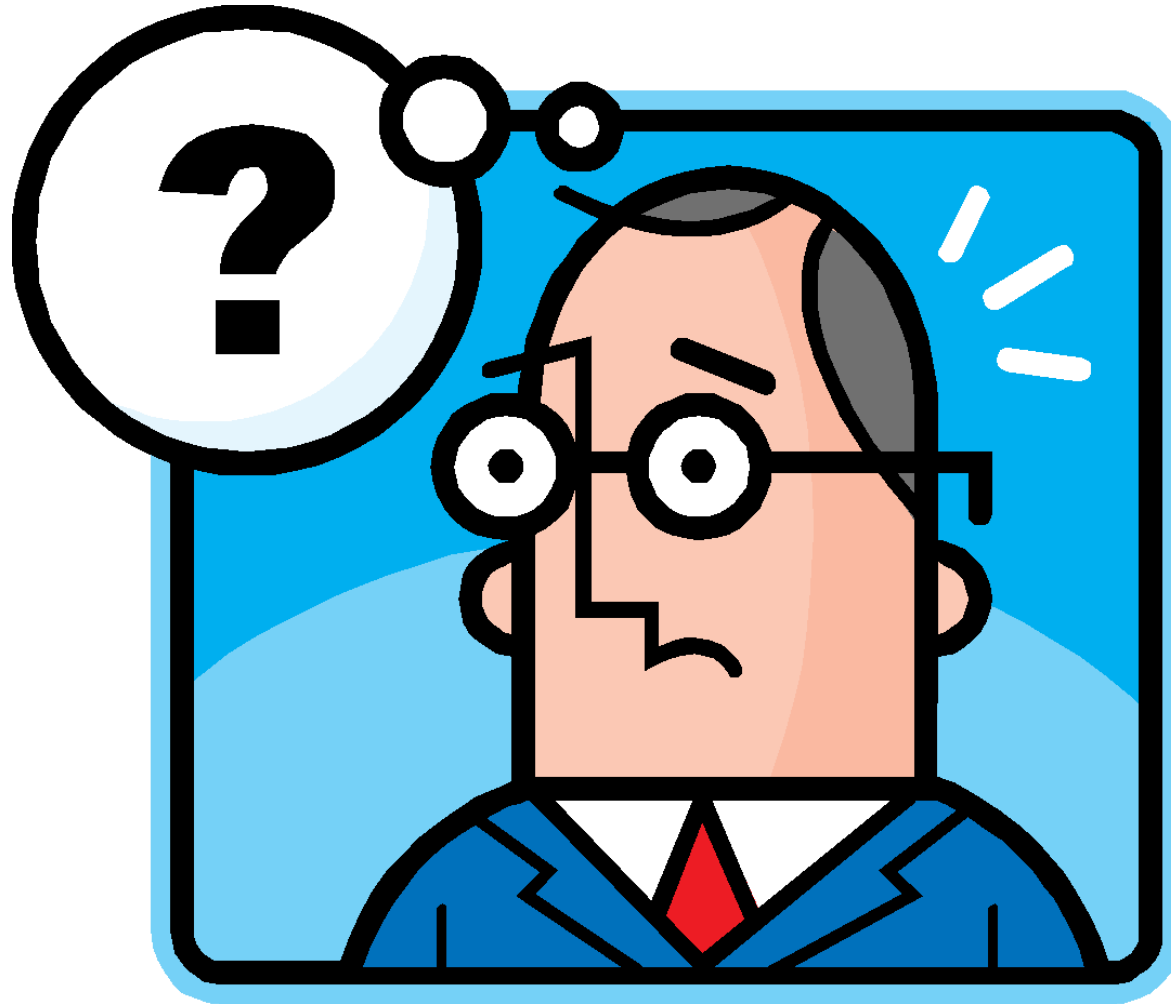
Supervision

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

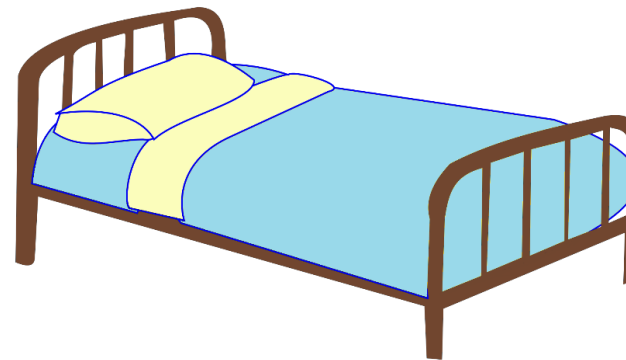
Procedures

Questions?



Facilities

Construction & Building Documentation



Documentation for Private Building

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

Facilities

Regulations 10.16.06.40

Sleeping facilities, COMAR 10.16.06.40



- 1 bed, cot, or bunk per camper
- Sturdy frame with 12 inches from floor
- 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
- Clean, vermin-free, hole-free mattress plastic mattress cover
- Disinfect mattresses annually

Regulations 10.16.06.38 & .39

10.16.06.38 Toilet Facilities

- Toilet facilities: If separate toilet facilities are provided they must be properly marked

10.16.06.39 Bathing and hand washing

- 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

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



Fire and Other Hazards, COMAR 10.16.06.46

- Fire Marshal Inspection (annual)
- All pesticides, chemicals, & toxic materials are:
 - properly labeled,
 - stored safely,
 - are not accessible to campers, &
 - only used by camp staff
 - SDS for each chemical are available for camp staff
- Camp is maintained to eliminate safety hazards



Documentation for Private Building



The Local Health Approval Form:

- **LHD must complete each season for:**
 - **Water supply if have an onsite well**
 - **Sewage disposal if have an onsite sewage disposal system, portable toilet, or privies**

Facilities

Food Service COMAR 10.16.06.42



All potentially hazardous camper food from home must be kept at 41F or below in a refrigerator

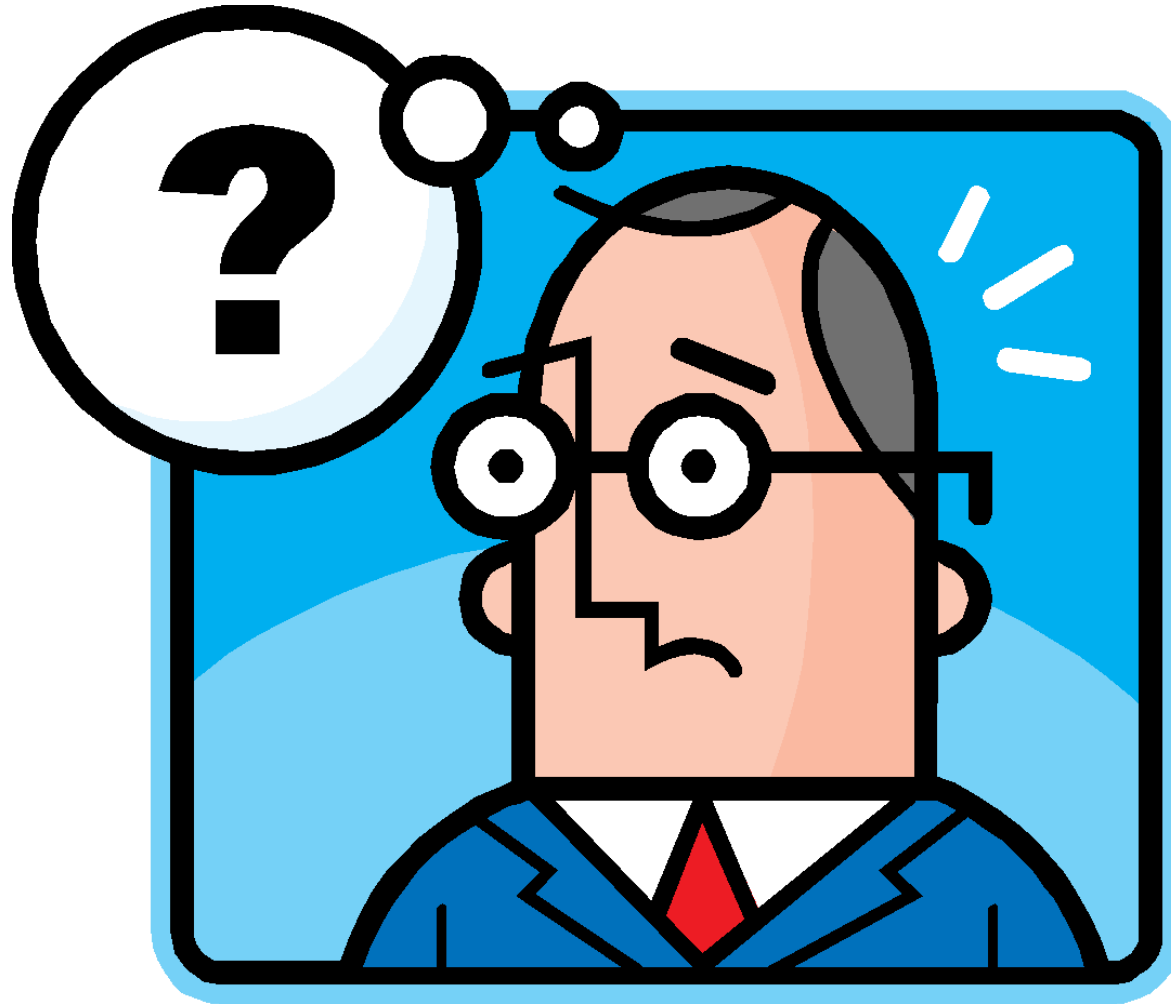
If a refrigerator is not provided, parents must receive a notice to send only non-perishable food to camp

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

Facilities

Questions?



30 Minute Lunch Break



Section 5

Health Program

Health Supervisor

Required Staff

Written Health Program

Illness and communicable disease

Medication

Medication Formss

Treatment Area

Health Records

Health Log

What is an Incident



Health Supervisor

COMAR 10.16.07.04

- Doctor (MD)
- Nurse (RN)
- Nurse Practitioner (NP/ARNP)

Duties

- Review & Approve Health Program Annually
- Oversee or Delegate Medication Administration
- Oversee Health Treatment Area
- Review Camper Health Forms
- Writes emergency action plans with parent/guardian consent

CPR/First Aid

COMAR 10.16.07.04

Minimum of 2 Adults

- Certification Issued by National Organization

On Duty at All Times

- From 1st camper arrival to last camper pick up

Field Trips

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

Written Health Program

COMAR 10.16.07.03



1. Notify the camp health supervisor when a camper has an identified medical problem to ensure that there is a plan of action at the camp in case of a medical emergency;(action plan)
2. Disseminate information to staff members that work with a camper having a health problem;
3. Care for a camper with an identified medical problem;
4. Maintain confidentiality regarding all health information on campers and staff members;
5. Observe campers each day for easily discernible signs of injury or illness;

Written Health Program

6. Handle health emergencies and accidents; to include

- Notify a parent, guardian, or the parent's or guardian's designee when a camper is observed to be injured or ill;
- Report health situations in accordance with Regulations .06 and .07 of this chapter; and
- Prevent the spread of an infectious disease using:
 - Hand washing procedures;
 - Personal protective equipment;
 - Personal hygiene; and
 - An exposure control plan;

7. Includes procedures for handling medication at camp



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.



Measles /Symptoms

- Fever.
- Dry cough.
- Runny nose.
- Sore throat.
- Inflamed eyes (conjunctivitis)
- Tiny white spots with bluish-white centers on a red background found inside the mouth on the inner lining of the cheek — also called Koplik's spots.
- A skin rash made up of large, flat blotches that often flow into one another

Acute Illness and Communicable Disease Prevention



- [Application Fee Chart With Good Standing Reduced Fee \(01/2020\)](#)
- [How to Achieve Good Standing \(10/2017\)](#)
- [Self-Assessment for Youth Camp in Good Standing \(10/2022\)](#)


Child Abuse Prevention

- [Child Abuse Prevention and Reporting Program \(10/2017\)](#)
- [Child Abuse Prevention and Reporting Self-Assessment Tool](#)
- [Child Protective Services](#)
- [What is Child Abuse Neglect](#)


Health Care Information

- [Camper Health History Form - MDH-4768 \(06/2020\)](#)
- [Communicable Disease Summary \(10/2023\)](#)
- [Health Program Guidance \(04/2021\)](#)
- [Health Supervision and Medications FAQ. \(10/2017\)](#)
- [Immunization Certificate MDH-896 \(05/2021\)](#)
- [Required Reporting Chart](#)
- [Staff/Volunteer Health History Form MDH-4767 \(10/2022\)](#)
- [Sunscreen Memo \(01/2017\)](#)
- [Tick Bite Notification Form](#)


Communicable_Diseases_Fact_Sheet.docx 1 / 39 99%




1



2



3



Maryland
DEPARTMENT OF HEALTH

Maryland Communicable Diseases Summary

A Guide for School Health Services Personnel,
Child Care Providers and Youth Camps

Medications

COMAR 10.16.07.14

Covers Prescription and Nonprescription Medications

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

Self-administration vs. Staff Administration

Delegation ability varies depending on credentials of Health

Supervisor

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

Medication Administration Authorization Forms

MDH-4578-A 3 Medications

MDH-4578-B 13 Medications

MEDICATION ADMINISTRATION AUTHORIZATION FORM for Youth Camps in Maryland

This form must be completed fully in order for youth camp operators and staff members to administer the required medication or for the camper to self-administer medication. A new medication administration form must be completed at the beginning of each camp season, and each time there is a change in dosage or time of administration of a medication.

- Prescription medication must be in a container labeled by the pharmacist or prescriber.
- Nonprescription medication must be in the original container with the instructions for use. Non prescription medication includes vitamins, homeopathic, and herbal medicines.
- An adult must bring the medication to the camp and give the medication to an adult staff member.

Maryland Department of Health (MDH)
Office of Healthy Homes and Communities
(410) 767-8417 or 1-877-463-3464 ext. 78417
Draft Revision Date: 4/4/2018

Section I. PRESCRIBER'S AUTHORIZATION						
1. CHILD'S NAME (First Middle Last)				2. DATE OF BIRTH (mm/dd/yyyy)		
3. MEDICATION SHALL BE ADMINISTERED during the year in which this form is dated in 7b below unless more restrictive dates are specified in 3a and 3b. This authorization is NOT TO EXCEED 1 YEAR.				3a. FROM (mm/dd/yyyy)	3b. TO (mm/dd/yyyy)	
Medication Name	Condition Being Treated/PRN Parameters	Dose	Route	Frequency	OK to Self-Administer	OK to Self-Carry (Emerg Meds Only)
1					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not emergency med
Emergency Medication: <input type="checkbox"/> Yes <input type="checkbox"/> No Known side effects:						
2					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not emergency med
Emergency Medication: <input type="checkbox"/> Yes <input type="checkbox"/> No Known side effects:						
3					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not emergency med
Emergency Medication: <input type="checkbox"/> Yes <input type="checkbox"/> No Known side effects:						
4. PRESCRIBER'S NAME/TITLE				This space may be used for the Prescriber's Address Stamp		
TELEPHONE		FAX				
ADDRESS						
CITY		STATE	ZIP CODE			
5a. PRESCRIBER'S SIGNATURE (Parent/guardian cannot sign here) (original signature or signature stamp only)					5b. DATE (mm/dd/yyyy)	

Section II. PARENT/GUARDIAN AUTHORIZATION		
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.		
6a. PARENT/GUARDIAN SIGNATURE	6b. DATE (mm/dd/yyyy)	6c. INDIVIDUALS AUTHORIZED TO PICK UP MEDICATION
6d. HOME PHONE #	6e. CELL PHONE #	6f. WORK PHONE #

Section III. AUTHORIZATION FOR SELF-ADMINISTRATION / SELF-CARRY (OPTIONAL)			
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 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, the child named above may self-carry emergency medications checked as "OK to self-administer and self-carry."			
7a. PRESCRIBER'S SIGNATURE FOR SELF-ADMINISTRATION/SELF-CARRY	7b. DATE	8a. PARENT/GUARDIAN'S SIGNATURE FOR SELF-ADMINISTRATION/SELF-CARRY	8b. DATE

MDH-4758-A (12/2019)

MEDICATION ADMINISTRATION AUTHORIZATION FORM for Youth Camps in Maryland

This form must be completed fully in order for youth camp operators and staff members to administer the required medication or for the camper to self-administer medication. A new medication administration form must be completed at the beginning of each camp season, and each time there is a change in dosage or time of administration of a medication.

- Prescription medication must be in a container labeled by the pharmacist or prescriber.
- Nonprescription medication must be in the original container with the instructions for use. Non prescription medication includes vitamins, homeopathic, and herbal medicines.
- An adult must bring the medication to the camp and give the medication to an adult staff member.

Maryland Department of Health (MDH)
Office of Healthy Homes and Communities
(410) 767-8417 or 1-877-463-3464 ext. 8417
Draft Revision Date: 4/4/2018

Section I. PRESCRIBER'S AUTHORIZATION						
1. CHILD'S NAME (First Middle Last)				2. DATE OF BIRTH (mm/dd/yyyy)		
3. MEDICATION SHALL BE ADMINISTERED during the year in which this form is dated in 7b below unless more restrictive dates are specified in 3a and 3b. This authorization is NOT TO EXCEED 1 YEAR.				3a. FROM (mm/dd/yyyy)	3b. TO (mm/dd/yyyy)	
Medication Name	Condition Being Treated/PRN Parameters	Dose	Route	Frequency	OK to Self-Administer	OK to Self-Carry (Emerg Meds Only)
1					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not emergency med
Emergency Medication: <input type="checkbox"/> Yes <input type="checkbox"/> No Known side effects:						
2					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not emergency med
Emergency Medication: <input type="checkbox"/> Yes <input type="checkbox"/> No Known side effects:						
3					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not emergency med
Emergency Medication: <input type="checkbox"/> Yes <input type="checkbox"/> No Known side effects:						
4					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not emergency med
Emergency Medication: <input type="checkbox"/> Yes <input type="checkbox"/> No Known side effects:						
5					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not emergency med
Emergency Medication: <input type="checkbox"/> Yes <input type="checkbox"/> No Known side effects:						
6					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not emergency med
Emergency Medication: <input type="checkbox"/> Yes <input type="checkbox"/> No Known side effects:						
7					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not emergency med
Emergency Medication: <input type="checkbox"/> Yes <input type="checkbox"/> No Known side effects:						
8					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not emergency med
Emergency Medication: <input type="checkbox"/> Yes <input type="checkbox"/> No Known side effects:						
9					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not emergency med
Emergency Medication: <input type="checkbox"/> Yes <input type="checkbox"/> No Known side effects:						
10					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not emergency med
Emergency Medication: <input type="checkbox"/> Yes <input type="checkbox"/> No Known side effects:						
11					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not emergency med
Emergency Medication: <input type="checkbox"/> Yes <input type="checkbox"/> No Known side effects:						
12					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not emergency med
Emergency Medication: <input type="checkbox"/> Yes <input type="checkbox"/> No Known side effects:						
13					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not emergency med
Emergency Medication: <input type="checkbox"/> Yes <input type="checkbox"/> No Known side effects:						
4. PRESCRIBER'S NAME/TITLE				This space may be used for the Prescriber's Address Stamp		
TELEPHONE		FAX				
ADDRESS						
CITY		STATE	ZIP CODE			
5a. PRESCRIBER'S SIGNATURE (Parent/guardian cannot sign here) (original signature or signature stamp only)					5b. DATE (mm/dd/yyyy)	

Section II. PARENT/GUARDIAN AUTHORIZATION		
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.		
6a. PARENT/GUARDIAN SIGNATURE	6b. DATE (mm/dd/yyyy)	6c. INDIVIDUALS AUTHORIZED TO PICK UP MEDICATION
6d. HOME PHONE #	6e. CELL PHONE #	6f. WORK PHONE #

Medication Administration and Disposition Forms

[illegible]

KEEP FOR 3 YEARS



Health Program

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						
Section I. ASTHMA ACTION PLAN						
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)				
GREEN ZONE - DOING WELL						
You have ALL 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	
Known side effects:						
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
Known side effects:						
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
Known side effects:						
Exercise Zone						
<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:						
YELLOW ZONE - GETTING WORSE						
You have ANY 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
Known side effects:						
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Known side effects:						
RED ZONE - MEDICAL ALERT/DANGER						
You have ANY 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
Known side effects:						

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)	
Section II. PRESCRIBER'S AUTHORIZATION		
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)
Section III. PARENT/GUARDIAN AUTHORIZATION		
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 #
Section IV. AUTHORIZATION FOR SELF-ADMINISTRATION / SELF-CARRY (OPTIONAL)		
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)
Section V. CAMP MEDICAL STAFF USE ONLY		
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

Health Program

(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[®]
Epinephrine Auto-Injector 0.1/0.5mg

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 from the thigh, the protective cover will extend.

3 Call 911. Seek immediate emergency medical attention and be sure to take the EpiPen Auto-Injector with you to the emergency room.

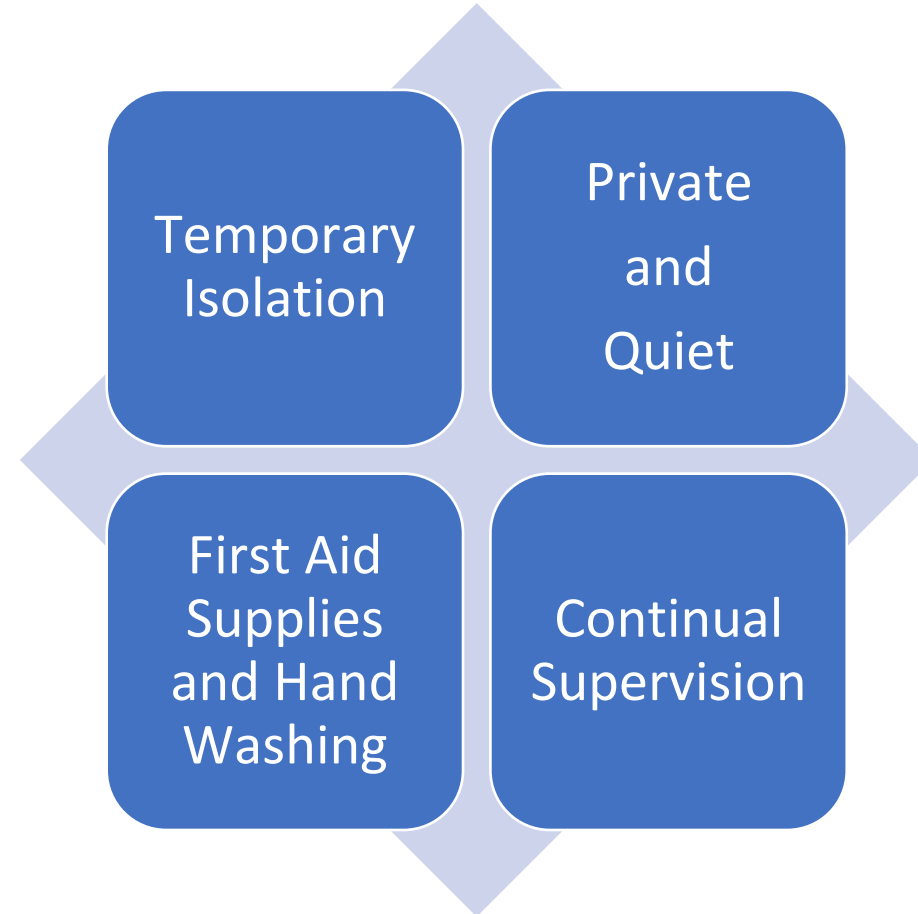
To view an instructional video demonstrating how to use an EpiPen Auto-Injector, please visit eipen.com.

Page 2

Treatment Area

COMAR 10.16.07.13

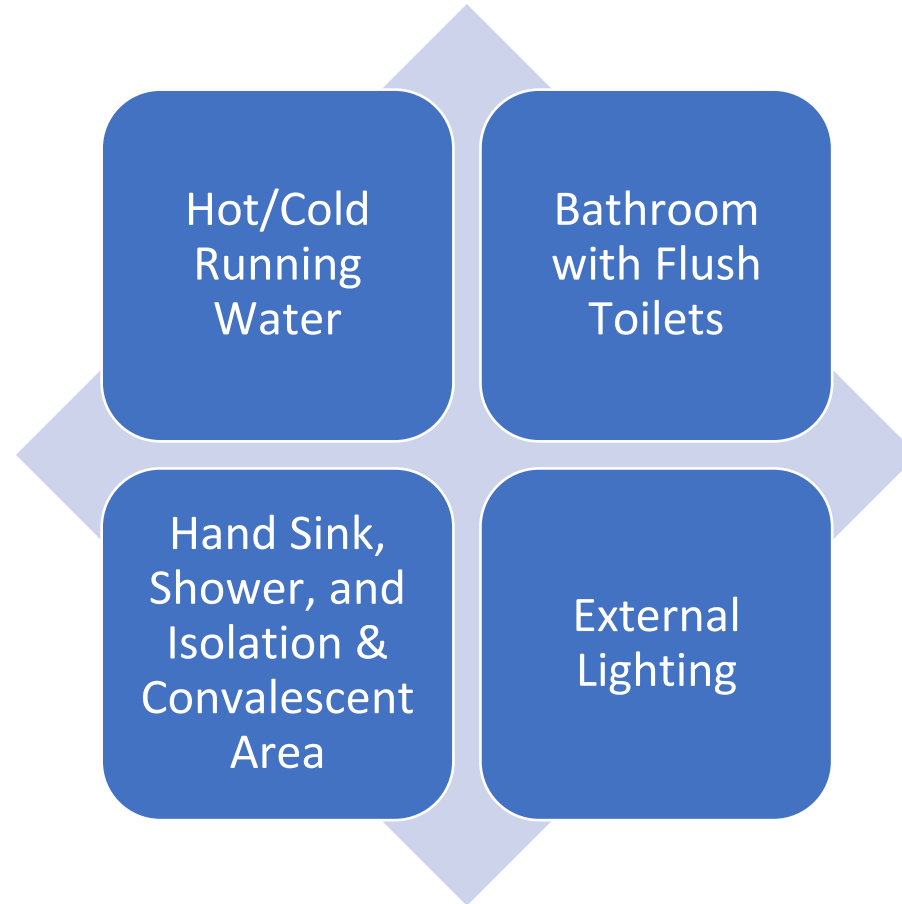
**Day
Camp**



Treatment Area

COMAR 10.16.07.13

Residential Camp



Health Records

YOUTH CAMP HEALTH HISTORY
CAMPER

Child's Name: _____

Current residence: _____

EMERGENCY CONTACT INFORMATION:

Emergency Contact
(Parent or Legal Guardian): _____ Phone: _____

2nd Emergency Contact
(Other than Parent Above): _____ Phone: _____

Primary Care Physician or
other provider of medical care: _____ Phone: _____

HEALTH INFORMATION:

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

☐ YES, Explain: _____

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? ☐ NO

☐ YES, Explain: _____

IMMUNIZATION INFORMATION:
Must list current residence above.

For campers who currently reside **within** the United States, a United States territory, or the District of Columbia: Does the camper have any immunization exemptions because of a parental or guardian objection or medical contraindication? ☐ NO

☐ YES, List: _____

For campers who reside **outside** the United States, a United States territory, or the District of Columbia: Attach record of vaccination or immunity on Department form MDH-896.

Parent or Legal Guardian's Signature _____ Date _____

MDH-4768 (12/2017)

YOUTH CAMP HEALTH HISTORY
STAFF MEMBER/VOLUNTEER

Ensure all information is completed

Name: _____

Current Residence: _____

EMERGENCY CONTACT INFORMATION:

Emergency Contact Person: _____ Phone: _____

Primary Care Physician or
other provider of medical care: _____ Phone: _____

HEALTH INFORMATION:

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

☐ YES, Explain: _____

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

☐ YES, Explain: _____

IMMUNIZATION INFORMATION:
Must list current residence above.

For staff members/volunteers who currently reside **within** the United States, a United States territory, or the District of Columbia: Do you have any immunization exemptions because of a parental or guardian objection or medical contraindication?
☐ NO

☐ YES, List: _____

For staff members/volunteers who reside **outside** the United States, a United States territory, or the District of Columbia: Attach record of vaccination or immunity on Department form MDH-896.

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

MDH-4767 (10/2022)

COMAR 10.16.07.08 & .09

Camper Health Record

Staff/Volunteer Health Record

Immunization

Immunization Record - Form MDH 896

Document record of vaccination or immunity for campers who currently reside outside the United States, D.C., or U.S. territory.

Maryland
Department of Health

MARYLAND DEPARTMENT OF HEALTH IMMUNIZATION CERTIFICATE

STUDENT/SELF NAME: _____
LAST FIRST MI

STUDENT/SELF ADDRESS: _____ CITY: _____ ZIP: _____

SEX: MALE ☐ FEMALE ☐ OTHER ☐ BIRTH DATE: ____/____/____

COUNTY: _____ SCHOOL: _____ GRADE: _____

FOR MINORS UNDER 18:
PARENT/GUARDIAN NAME: _____ PHONE #: _____

#	DTP-OTaP-OT Mo/Day/Yr	Polio Mo/Day/Yr	Hib Mo/Day/Yr	Hep B Mo/Day/Yr	PCV Mo/Day/Yr	Rotavirus Mo/Day/Yr	MCV Mo/Day/Yr	HPV Mo/Day/Yr	Hep A Mo/Day/Yr	MMR Mo/Day/Yr	Varicella Mo/Day/Yr	Varicella Disease Mo/Yr	COVID-19 Mo/Day/Yr
1	DOSE #1	DOSE #1	DOSE #1	DOSE #1	DOSE #1	DOSE #1	DOSE #1	DOSE #1	DOSE #1	DOSE #1	DOSE #1		DOSE #1
2	DOSE #2	DOSE #2	DOSE #2	DOSE #2	DOSE #2	DOSE #2	DOSE #2	DOSE #2	DOSE #2	DOSE #2	DOSE #2		DOSE #2
3	DOSE #3	DOSE #3	DOSE #3	DOSE #3	DOSE #3	DOSE #3	DOSE #3	DOSE #3	Td Mo/Day/Yr	Tdap Mo/Day/Yr	MenB Mo/Day/Yr	Other Mo/Day/Yr	DOSE #3
4	DOSE #4	DOSE #4	DOSE #4	DOSE #4	DOSE #4								DOSE #4
5	DOSE #5			DOSE #5									DOSE #5

To the best of my knowledge, the vaccines listed above were administered as indicated.

1. _____
Signature Title Date
(Medical provider, local health department official, school official, or child care provider only)

2. _____
Signature Title Date

3. _____
Signature Title Date

Lines 2 and 3 are for certification of vaccines given after the initial signature.

Clinic / Office Name
Office Address/ Phone Number

COMPLETE THE APPROPRIATE SECTION BELOW IF THE CHILD IS EXEMPT FROM VACCINATION ON MEDICAL OR RELIGIOUS GROUNDS. ANY VACCINATION(S) THAT HAVE BEEN RECEIVED SHOULD BE ENTERED ABOVE.

MEDICAL CONTRAINDICATION:
Please check the appropriate box to describe the medical contraindication.
This is a: ☐ Permanent condition OR ☐ Temporary condition until ____/____/____
Date
The above child has a valid medical contraindication to being vaccinated at this time. Please indicate which vaccine(s) and the reason for the contraindication, _____

Signed: _____ Date: _____
Medical Provider / LHD Official

RELIGIOUS OBJECTION:
I am the parent/guardian of the child identified above. Because of my bona fide religious beliefs and practices, I object to any vaccine(s) being given to my child. This exemption does not apply during an emergency or epidemic of disease.
Signed: _____ Date: _____

MDH Form 896 (Formerly DHMH 896)
Rev. 07/24

Center for Immunization
www.health.maryland.gov/imm

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



Health Log

- (1) Capturing the same required information as the paper record being replaced;
- (2) Password protected;
- (3) Accessed only by authorized staff members;
- (4) Permanent and will not be deleted;
- (5) Capable of tracking staff member use of the system and producing an auditable record;
- (6) Maintained in a confidential manner;
- (7) Available at all times for review by the Department upon request; and
- (8) Retained for a period of 3 years.

C. If the electronic record under §A of this regulation is unavailable for any reason - ?



**Electronic
Forms**

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 on MDH
Youth Camp Website

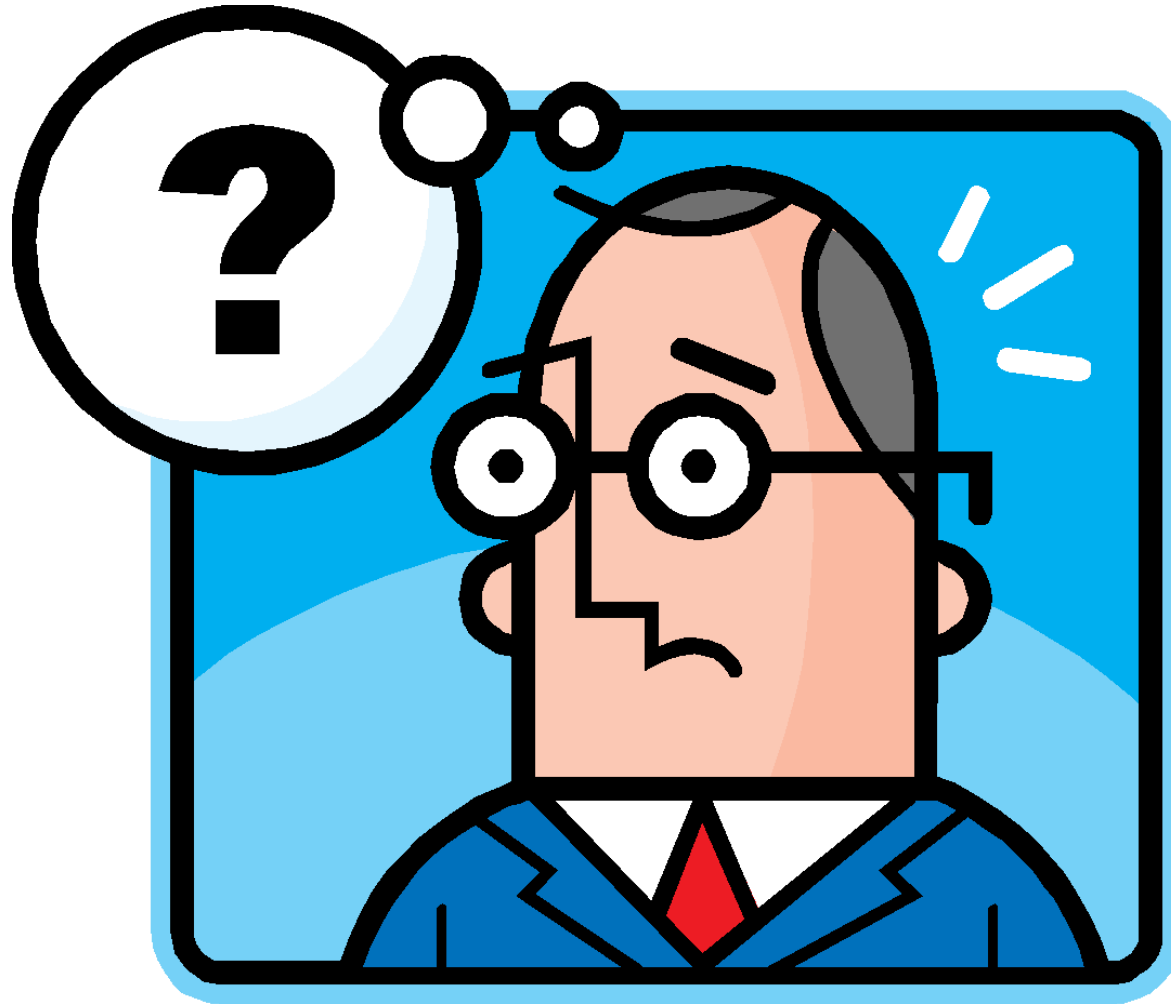
Health Program

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 Report Form* within 1 week	Record same day
Injury that is treated at an off-site medical facility and requires medical attention	Immediately	Immediately	Submit the Report Form* 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 Report Form* to DHMH within 1 week.	Record same day
Medication Error	Immediately	Immediately	Submit the Report Form* 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

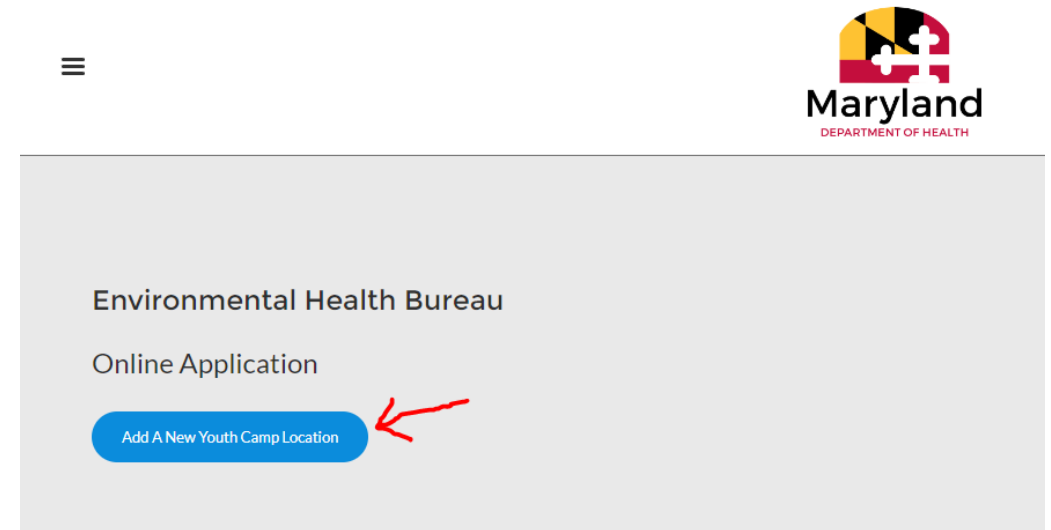
New Camp:

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

New Camp Location:

Uses the 'Add a New Youth Camp Location' button when you log in to the Youth Camp Portal

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 consists of a blue cloud shape with the word "salesforce" in white lowercase letters. Below the logo is a white rectangular login form. Inside the form, there are two input fields: the first is labeled "Username" and the second is labeled "Password". Below these fields is a blue rectangular button with the text "Log In" in white. 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 entire form, centered, is the text "Maryland Department of Health employee? Log In".




Application Process

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

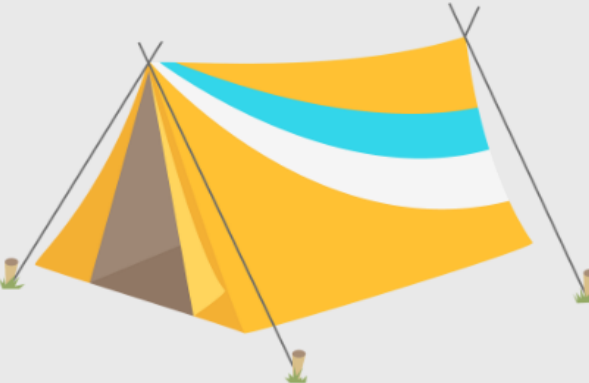
Add a 'New Youth Camp Location' button found on this page



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
Test 11.3.23 Test

+ Follow

Application

Create Annual Report

Submit Background Check Application

License Number

30-TC-13708

Physical Address

6 St. Paul Street, Suite 1301
Baltimore, Maryland 21202

Camp Balance

\$380.00

▼ Youth Camp Information

Facility Name

Test 11.3.23 Test



License Number

30-TC-13708

Camp Balance

\$380.00

Fee Status

Regular

Enforcement Level

Compliant

Personnel Administrator ⓘ

Tom Jones

Verified Personnel Administrator

Supervisor

Lindsey Wuest

Inspector

Lindsey Wuest

Camp Status

Renewing

Camp Type

Residential Camp

Camp Class

Certified

Regional

Angelese Davis

Permit Type



Camp Applications (2)

Camp Year	Application St...	Date Received	Camp Opening...
2023	Terminated	12/4/2023	12/7/2023
2024	Referred	2/13/2025	2/24/2025

View All



Annual Reports (1)

Report #	Report Year	Total Camper ...	Completed An...
RPT2023-13...	2023	1,575	<input checked="" type="checkbox"/>

View All

Application Process

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

Application Process

Youth Camp Portal

Camp Applications

Annual Reports

Invoices

Incidents

Specialized Activities

Additional Camp Information

Files

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... <input type="checkbox"/>
View All			
Incidents (6) New			
Youth Camp In...	Created By	B2/B3. Date/Ti...	B1. Report Type
INC00368	LindaTest Rudie9	7/10/2018 1:03 ...	Injury <input type="checkbox"/>
INC00435	Linda Leichliter	9/17/2018 8:40 ...	Injury <input type="checkbox"/>
INC00436	Linda Leichliter	9/17/2018 8:45 ...	Injury <input type="checkbox"/>

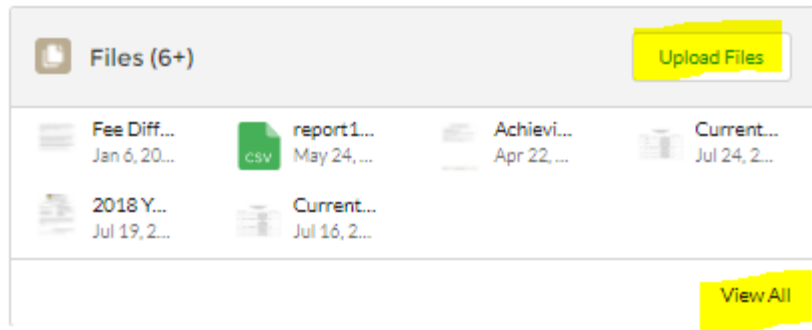
Specialized Activities (4) New			
Specialized Ac...	Activity	Specialized Acti...	Location
SA04389	Archery	Approved	here <input type="checkbox"/>
SA04392	Wind Surfing	Approved	bay <input type="checkbox"/>
SA04411	Canoeing	Discontinued	<input type="checkbox"/>
SA04746	Snow Skiing	Pending	on site <input type="checkbox"/>
View All			
Additional Camp Information (2) New			
Additional Informatio...	Created Date	Created By	
ACI-00618	1/3/2023 11:21 AM	LindaTest Rudie9	<input type="checkbox"/>
ACI-00000	3/23/2020 2:28 PM	Salesforce Admin	<input type="checkbox"/>
View All			
Files (1) Upload Files			
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

Incidents (3) New			
Youth Camp In...	Created By	B2/B3. Date/Ti...	B1. Report Type
INC00365	Peter Parker	8/18/2018 11:1...	Illness
INC00951	Salesforce Admin	5/24/2019 12:0...	Illness
INC00952	Peter Parker	5/17/2019 12:0...	Illness
View All			

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	✓
RPT2018-8177	2018	494	✓
RPT2018-8176	2018	184	✓
RPT2018-8175	2018	510	✓
RPT2018-8174	2018	860	✓
RPT2018-8173	2018	345	✓
View All			

Application Process

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

Youth Camps



The Maryland Department of Health Youth Camps Program regulates and licenses all youth camps in Maryland to protect the health and safety of kids attending Maryland youth camps. Have a question or concern? Please [contact us!](#)

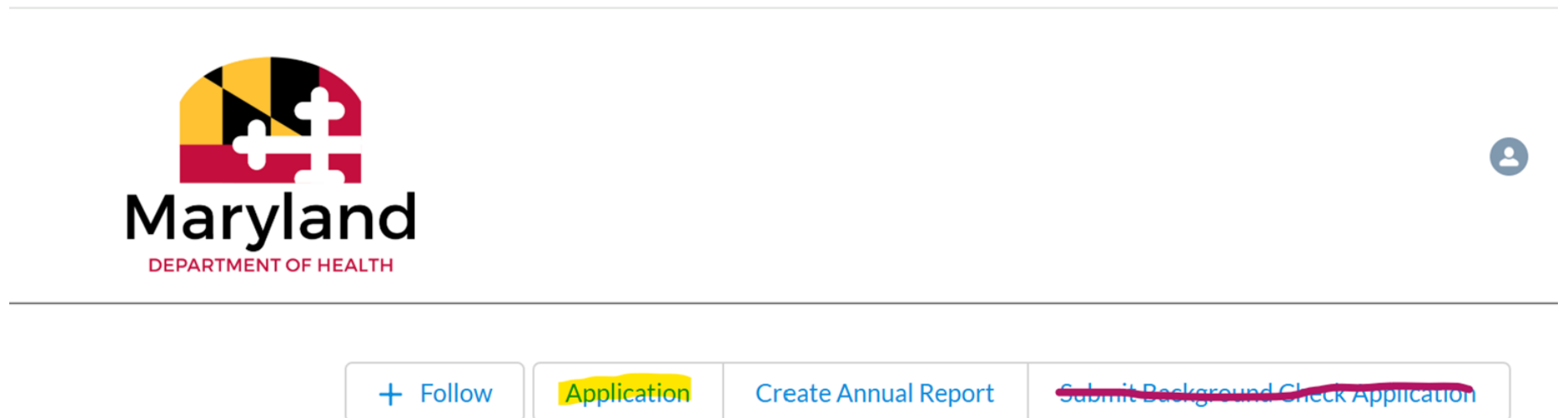
Find a Youth Camp

Please click [Youth Camps Searchable Database](#) for information on Maryland licensed youth camps.

Parents should ask questions of any prospective youth camp to be comfortable that their child will be safe and have a positive, fun experience. In addition to verifying that a prospective youth camp is certified by MDH, the Youth Camp Safety Advisory Council created a [list of question for parents to use](#). If you would like information regarding a particular camp or need to make a complaint, please contact the Center for Recreation and Community Environmental Health Services at 410-767-8417.

Application Walkthrough

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



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



Upload Files

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)

▼ Youth Camp Information

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
☒

Personnel Administrator Phone
9099489919

Personnel Administrator Mobile
vuth@enovational.com

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
vuth@enovational.com

Community User Email
vuth@enovational.com

2020 Checklist (0)

Camp Applications (0)

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

Invoices (1)

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

View All

Incidents (3)

New

Youth Camp Invoice
205121

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

Invoice Number
205121

Amount due
\$5.00

Camp Year
2021

Total Paid
\$0.00

Youth Camp
Youth Camp Test12

Balance Remaining
\$5.00

Invoice Type
Renewal Application Fee

Pay Invoice

Payments (0)

Application Process

Youth Camp Portal



Home

Search...



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

Key Resources!! Forms, Trainings, and Guidance Documents

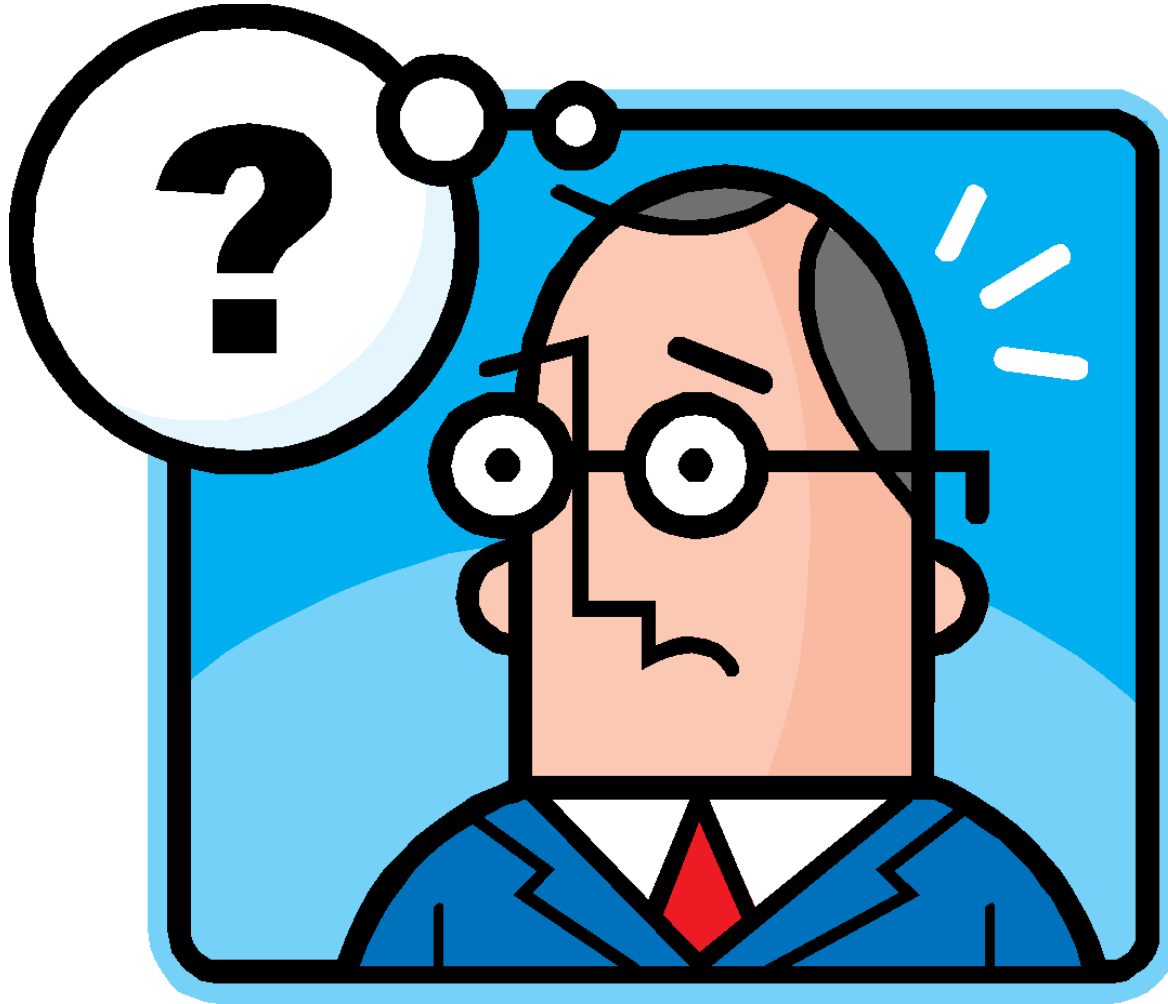
Previously Most Requested Forms and Documents

- Guidance Documents
- Template Forms
- Helpful Information

Key Links, Forms, Regulations, and Other Resources

- MDH Youth Camps Web Portal - Access your application materials, check on the status of your application, and access other key resources.
- Department of Human Resources -
 - • **Key resources!!** Forms, trainings, and guidance documents
 - Regulations trainings
 - Criminal Justice Information System (CJIS) Background Check
 - Child Protective Services (CPS) Background Check
 - Operator/Application Documents
 - Safety Plan Guidance
 - Youth Camp Good Standing Information
 - Health Care Information
 - Medication Administration Authorization Forms
 - Medication Administration Training Courses
- Code of Maryland Regulations (COMAR):
 - 10.16.06 - Certification for Youth Camps
 - 10.16.07 - Health and Medication Requirements for Youth Camps
 - 10.01.17 - Fees for Food Protection, Public Pools, Public Spas, Public Spray Grounds, and Youth Camp Programs
- Maryland Statute - Md. Health-General Code Ann. §14-401 - §14-411

Questions?



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.

Staff Training & Certification

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

Inspection Frequency

COMAR 10.16.06.09

Camps will receive an annual inspection from a MDH summer inspector

Except:

- Camps in 'Good Standing' with reduced fee 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 consecutive 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 maintaining '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	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

COMAR 10.01.17.02B

Example 1: 400 camper days

Example 2: 5,000 camper days

Youth Camp Fee

Reduced Fee / No Fee

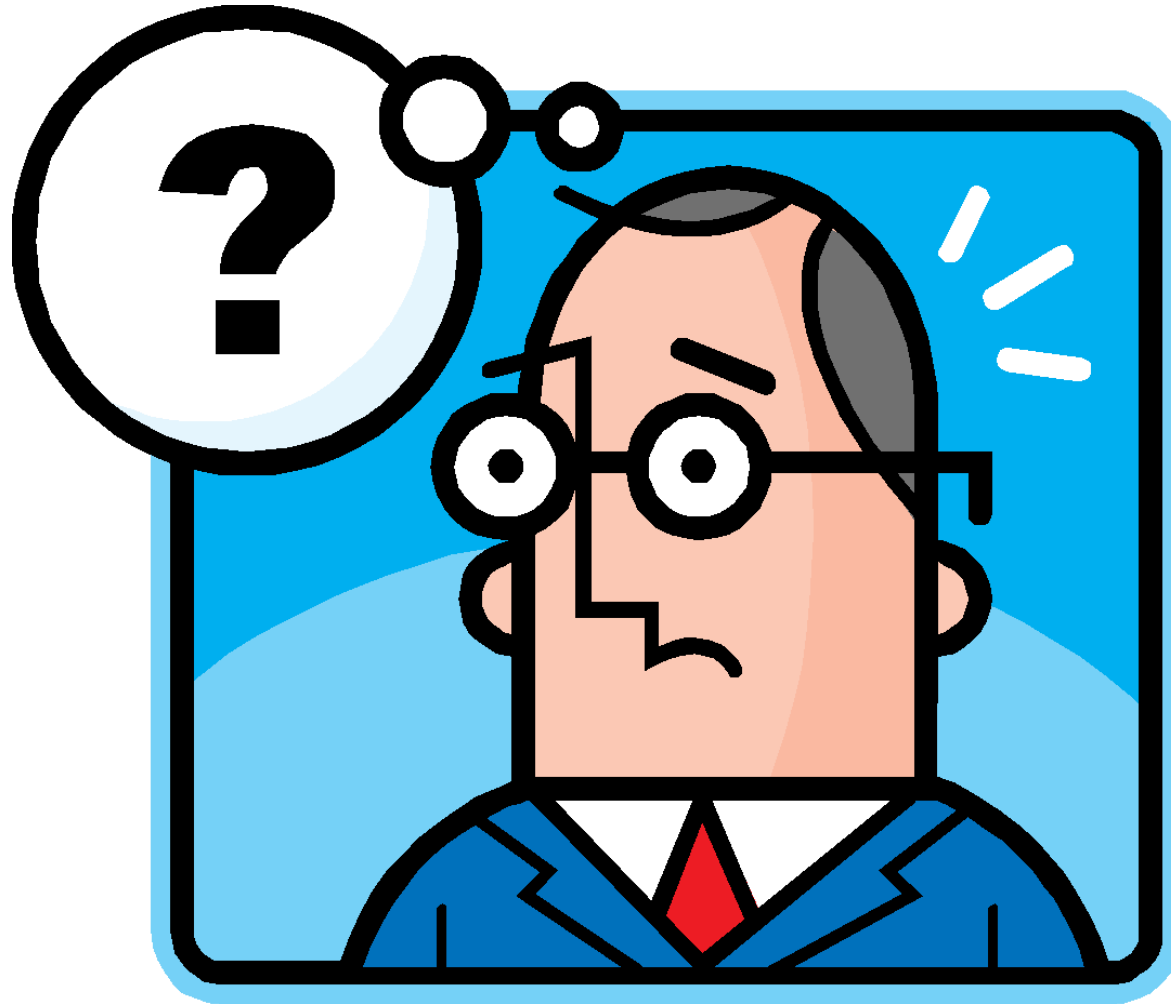
COMAR 10.16.06.08

Camps that meet the requirements to be in 'good standing' for at least two consecutive years 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?



Section 8

Required Reports

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.

Incident Reports



COMAR 10.16.07.06

Injury, Illness, Medication Error, Epinephrine


Required Report






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](#) [Application](#) [Create Annual Report](#) [Submit Background Check Application](#)

 Annual Reports (3)

Report #	Report Year	Total Camper ...	Completed An...
RPT2022-12...	2021	0	<input type="checkbox"/>  
RPT2018-81...	2017	610	<input checked="" type="checkbox"/>  
RPT2018-81...	2016	1,585	<input checked="" type="checkbox"/> 

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

Incident Report - Where

▼ Youth Camp Information

Facility Name

Test 11.3.23 Test

License Number

30-TC-13708

Camp Balance

\$380.00

Fee Status

Regular

Enforcement Level

Compliant

Personnel Administrator

Tom Jones

Verified Personnel Administrator

☐

Personnel Administrator Phone

4103756541

Personnel Administrator Mobile

Personnel Administrator Email

akasha0920@gmail.com

Supervisor

Lindsey Wuest

Inspector

Lindsey Wuest

Camp Status

Renewing

Camp Type

Residential Camp

Camp Class

Certified

Regional

Angelese Davis

Permit Type

Certificate

Community user

Peter Parker

Community User Phone

9099489919

Community User Mobile

Community User Email

vuth@enovational.com

Camp Applications (2)

Camp Year	Application St...	Date Received	Camp Opening...
2023	Terminated	12/4/2023	12/7/2023
2024	Referred	2/13/2025	2/24/2025

View All

Annual Reports (1)

Report #	Report Year	Total Camper ...	Completed An...
RPT2023-13...	2023	1,575	<input checked="" type="checkbox"/>

View All

Invoices (3)

Invoice Num...	Camp Year	Amount due	Invoice Type
212784	2024	\$190.00	Renewal Appli...
212699	2023	\$0.00	New Applicatio...
212785	2023	\$190.00	Invoice Fee Dif...

View All

Incidents (0)

New

124

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

View all dependencies

Cancel Save & New Save

Ensure that B4 the short description is completed.

Ensure that all relevant questions are answered.

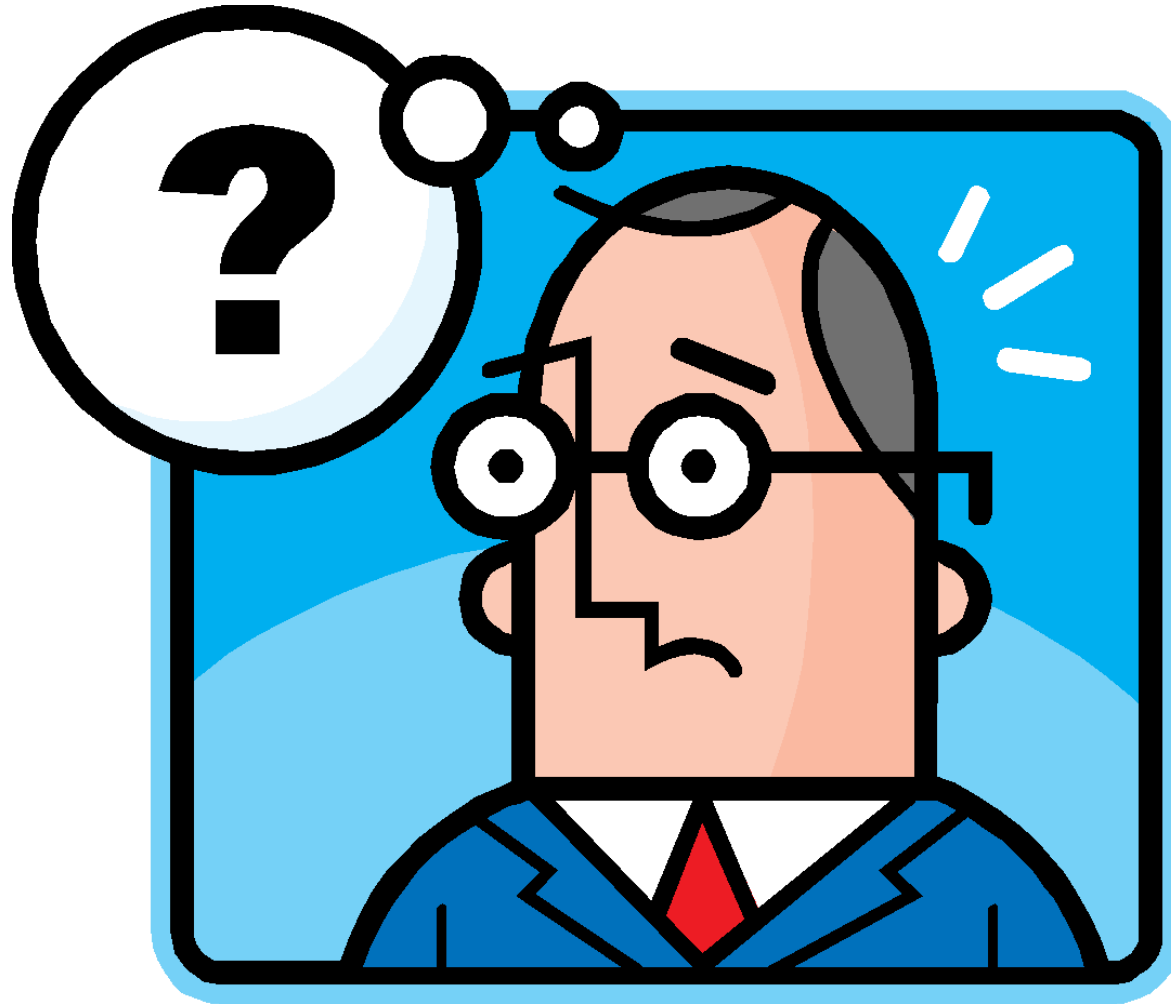
Required Report Incident Reports - When

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 Report Form* within 1 week	Record same day
Injury that is treated at an off-site medical facility and requires medical attention	Immediately	Immediately	Submit the Report Form* 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 Report Form* to DHMH within 1 week.	Record same day
Medication Error	Immediately	Immediately	Submit the Report Form* within 2 weeks of the end of camp	Record same day

Maintain documentation of reports at camp.

Required Report

Questions?



Youth Camp Website

Health.Maryland.gov/youth-camps

Youth Camps



The Maryland Department of Health Youth Camps Program regulates and licenses all youth camps in Maryland to protect the health and safety of kids attending Maryland youth camps. Have a question or concern? Please [contact us](#)!

Find a Youth Camp

Please click [Youth Camps Searchable Database](#) for information on Maryland licensed youth camps.

Parents should ask questions of any prospective youth camp to be comfortable that their child will be safe and have a positive, fun experience. In addition to verifying that a prospective youth camp is certified by MDH, the Youth Camp Safety Advisory Council created a [list of question for parents to use](#). If you would like information regarding a particular camp or need to make a complaint, please contact the Center for Recreation and Community Environmental Health Services at 410-767-8417.

Air Quality Alerts

Camps planning outdoor activities should be sure to check the [ambient air quality forecast](#).

Contact Us

Center for Recreation and Community
Environmental Health Services

Please contact us at (410)767-8417 or 1-877-463-3464, ext 78417 for assistance.

[Submit a Question](#)

Brian Flynn, Chief
Brian.Flynn@maryland.gov

Regional's Work Areas

Michael McNeely
Michael.McNeely@maryland.gov

Cecil, Montgomery, Somerset, Wicomico,
& Worcester

Submit a Question

Regulation Training

Laws & Regulations

Certification Requirements

Search Link

Council Meetings

Most Requested Forms and
Documents

Web Portals