Youth Camps Hot Topics
2017

Department of Health and Mental Hygiene
Environmental Health Bureau
Center for Healthy Homes and Community Services
6 Saint Paul St, Suite 1301
Baltimore, MD 21202-1608

Phone 410-767-8417   Fax 410-333-8926
# CHHCS Staff

**Tommy McKenzie, Chief**
410-767-8423  
Tommy.McKenzie@maryland.gov

<table>
<thead>
<tr>
<th>Linda Rudie, Section Head</th>
<th>Brian Flynn, Section Head</th>
</tr>
</thead>
<tbody>
<tr>
<td>410-767-8419</td>
<td>410-767-8424</td>
</tr>
<tr>
<td><a href="mailto:Linda.Rudie@maryland.gov">Linda.Rudie@maryland.gov</a></td>
<td><a href="mailto:Brian.Flynn@maryland.gov">Brian.Flynn@maryland.gov</a></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Nicole Alonge-Smart, Regional EHS</th>
<th>Michael McNeely, Regional EHS</th>
</tr>
</thead>
<tbody>
<tr>
<td>410-767-8422</td>
<td>410-767-8426</td>
</tr>
<tr>
<td><a href="mailto:Nicole.Alonge-Smart1@maryland.gov">Nicole.Alonge-Smart1@maryland.gov</a></td>
<td><a href="mailto:Michael.McNeely@maryland.gov">Michael.McNeely@maryland.gov</a></td>
</tr>
</tbody>
</table>

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

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

Prevention and Health Promotion Administration  
2017
Mission Statement

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.
Child Protective Services
Background Clearance Process Update
Medication Administration

Permission

COMAR 10.16.07.14

• Medication Administration Authorization Form (MAA)
  • Required for any medication (Rx or OTC) brought to camp by camper/parent.

• Standing Orders
  • Needed for any medication (Rx or OTC) provided by the camp
  • Need written permission to administer from parent
  • No camper self-administration, staff must administer and staff must have certification (BON or DHMH)
Medication Administration

COMAR 10.16.07.14

• Camper Self-Administration
  • MAA form must have parent and doctor’s signature in Self-Administration section
  • Includes insulin
  • Staff supervision, no certification or course only training by health supervisor

• Staff Administration
  • Certification
    • Nurse, RN, or CMT (cert./lic. Issued by BON), includes insulin
    • DHMH – YCMACH, Annually, does not include insulin
      • Record of training – see YCMACH
Medication Administration

Storage and Handling

COMAR 10.16.07.14

• Medication (Rx or OTC)
  • Locked storage
  • Rx
    • Prescription label
  • OTC
    • Original container with directions for use
• Give from original container
• Follow directions / MAA / Standing Order
• Side effects and toxic effects
• Secure medications
Medication Administration

Storage and Handling

COMAR 10.16.07.14

• Medication (Rx or OTC)
  • Storage according to direction (i.e. refrigeration)
  • Medication Administration Form (MA)
    • Document staff administration
    • Document self-administration
  • Medication Final Disposition Form (MFD)
    • Within 2 weeks of end of session or when done with medication
  • Either:
    • Return to parent, guardian or designated individual (can include camper)
    • Destroy medication
Medication Administration

Emergency Medication

COMAR 10.16.07.14

• MAA form – marked on form as “Emergency Medication”

• Location
  • Self carry if marked on form
  • By supervising staff member, or
  • At designated easily accessible location

• Administration
  • Self-Administer if marked on form
  • Staff administer (cert. or licensed)
  • Adult trained by health supervisor
Medication Administration

Emergency Medication

COMAR 10.16.07.14

• Staff Training
  • Must be trained by RN, MD, or CNP

• See also Emergency Epinephrine for having and using general auto-injectable epinephrine
Medication Administration

Primitive Camp

COMAR 10.16.07.14

• Keep medication inaccessible to campers

• Camper may self carry and emergency medication if marked on MAA
Medication Administration

Staff Medications at Camp

COMAR 10.16.07.14

• Place to secure
• Kept secure at all times
• Self-Administration
  • No forms required
• Staff Administration
  • Need MAA
    • Adult staff may sign in place of parent
    • Doctor must sign form
• Need MA
• Need MFD
(Optional) Emergency Epinephrine

COMAR 10.16.07.15

An emergency epinephrine educational training program shall include:

1) The signs and symptoms of anaphylaxis
2) Use of an emergency auto-injectable epinephrine pen
3) Follow-up procedures with a parent or guardian after an emergency auto-injectable epinephrine is administered
4) A skills demonstration
5) A written examination
• An individual teaching an emergency epinephrine educational training program shall be licensed as a physician, a register nurse, or a certified nurse practitioner.
(Optional) Emergency Epinephrine

COMAR 10.16.07.15

• Applicant = Someone that:

1) Operates a youth camp

2) Is at least 18 years old

3) Has successfully completed an emergency epinephrine training program approved by the department.
(Optional) Emergency Epinephrine

COMAR 10.16.07.15

The applicant may apply to the Department for a Certificate for Emergency Epinephrine by submitting a written policy that includes:

1) Designation of agents
2) The name of the approved emergency epinephrine educational training program
3) Procedures to:
   a) Store the epi pen
   b) Notify parents it is available
   c) Maintain epi pen in secure manner
   d) Report use of epi pen according to .06
   e) Train certificate holder and agent annually
   f) Keep training docs. for 3 years
(Optional) Emergency Epinephrine

COMAR 10.16.07.15

• A certificate for emergency epinephrine holder may:

1) On presentment of a certificate for emergency epinephrine, receive from any physician licensed to practice medicine in the State a prescription for auto-injectable epinephrine; and

2) Possess and store prescribed auto-injectable epinephrine
In an emergency, a certificate for emergency epinephrine holder or agent may administer auto-injectable epinephrine to an individual who is experiencing or believed in good faith by the certificate holder or agent to be experiencing anaphylaxis.
Transportation

- Every child under 8 years old must ride in an appropriate child restraint unless the child is 4’ 9” or taller.

- Every child from 8 to 16 years old who is not in a child restraint must be secured in a vehicle seat belt.
Transportation

- Children under 13 years old should ride in the back seat.

- For questions please call or email:
  - Maryland KISS Program at
    - 1-800-370-SEAT or 410-767-6016
    - dhmh.kiss@maryland.org
Unlicensed Camps

- Contact DHMH-Center for Healthy Homes and Community Services

410-767-8417

Euther.Steele@Maryland.gov
Criminal Background Checks
COMAR 10.16.06.21
CJIS Requirements

• Develop and Maintain Standard Operating Procedures for Handling CHRI

• Maintain a dissemination log

• Collect Live-Scan Pre-Registration Forms

• Collect Signed Privacy Rights Document

• Have each employee complete CHRI Security Awareness Training every 2 years

• Maintain log of CHRI Security Awareness Training
CJIS Requirements
Personnel Administrator

• DHMH will be collecting a Live-Scan Pre-Registration Form for each Personnel Administrator

• DHMH will be collecting a signed Privacy Rights Document for each Personnel Administrator

• Please email these two completed documents to CHHCS at:

dhmh.chhcs@maryland.gov
# Fee Chart

Maryland Department of Health and Mental Hygiene  
Center for Healthy Homes and Community Services  
Youth Camp Application Fee Chart  
Effective January 1, 2017

### Day Camps

<table>
<thead>
<tr>
<th>Camper Days</th>
<th>Regular Fee</th>
<th>&quot;Good Standing&quot; Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 to 500</td>
<td>$190</td>
<td>$45</td>
</tr>
<tr>
<td>501 to 2,000</td>
<td>$500</td>
<td>$125</td>
</tr>
<tr>
<td>2,001 to 5,000</td>
<td>$665</td>
<td>$165</td>
</tr>
<tr>
<td>5,001 or more</td>
<td>$855</td>
<td>$215</td>
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</table>

### Residential, Day & Residential, Trip, or Travel Camps

<table>
<thead>
<tr>
<th>Camper Days</th>
<th>Regular Fee</th>
<th>&quot;Good Standing&quot; Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 to 700</td>
<td>$500</td>
<td>$125</td>
</tr>
<tr>
<td>701 to 5,000</td>
<td>$1,000</td>
<td>$250</td>
</tr>
<tr>
<td>5,001 to 16,000</td>
<td>$1,500</td>
<td>$375</td>
</tr>
<tr>
<td>16,001 or more</td>
<td>$2,000</td>
<td>$500</td>
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Achieving Good Standing

• Application submitted on time
• Annual Report submitted on time
• All fees paid
• No Critical Violations for 2 years
• Self-Assessment submitted on time
Benefits of Good Standing

- Camp pays reduced fee
- Camp is inspected once every 4 years instead of annually
Submitting Required Reports

- Camps will be able to submit Annual Report online.

  https://envhlthlicensing.dhmh.maryland.gov/Account/Login

- DHMH is working on finalizing the Incident Report for online submission as well.
INTERPRETIVE MEMORANDUM

DATE: April 17, 2017

TO: Maryland Youth Camp Operators, Center for Healthy Homes and Community Services
    Staff and Summer Inspectors

FROM: Joseph T. McKenzie, III, LEHS, REHS/RS, MPH, Chief
       Center for Healthy Homes and Community Services

RE: COMAR 10.16.06.47F(8), Water Safety Rescuer

This memo summarizes the Department’s review of our findings regarding materials provided from both the US Sailing Association and the American Canoeing Association on training for watercraft camp personnel and water rescue around the potential equivalence of this training to meet the training requirements specified in COMAR 10.16.06.47F(8): “[One] lifeguard or water safety rescuer who has lifeguard or rescuer certification appropriate for the watercraft site”. After the review, we agree that the training content and materials do address the necessary safety issues. Therefore, the Department agrees that staff members who have successfully completed the following curriculum would meet the criteria in COMAR 10.16.06.47F(8):

1. US Sailing – Small Boat Level 1 Instructor
2. American Canoeing Association – Level 3: River Canoeing Instructor
3. American Canoeing Association – Level 3: River Kayaking Instructor

Camps who can demonstrate that their staff members have successfully completed the appropriate training for the watercraft activity will be considered to be in compliance with this provision of the youth camps regulations, so long as they meet the following requirements:

1. At the time of inspection the camp provides appropriate documentation of successful completion of the appropriate training for the watercraft activity for each staff member who falls under the provision;
2. The number of staff so trained and designated is at least as great as the number specified in COMAR;
3. The camp is using the most current version of the applicable training curriculum; and
4. If the curriculum changes, US Sailing or the American Canoeing Association (or another entity representing watercraft camps) notifies the Department to permit a review of the modified curriculum.

This finding does not address other curricula or training materials that may be in use by other camps participating in watercraft activities. The Department reserves the right to review this decision in the future, based on changes in regulation, training materials, and the course content, or other circumstances.
Inspection Highlights 2016

% of Inspections By Type

- Inspections with Critical Violations: 50%
- Inspections with Non-critical Violations: 11%
- Inspections with No Violations: 39%
Inspection Highlights 2016

# of Times Critical Violation Cited

- 6-21-3: 247
- 6-21-2: 214
- 6-21-1: 203
- 6-46-2: 175
- 6-7-1: 149
- 7-3-4: 139
- 6-35-1: 119
- 7-3-3: 113
- 7-8-13: 103

Prevention and Health Promotion Administration
2017
31
<table>
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<tr>
<th>Description</th>
<th>Violation</th>
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<tbody>
<tr>
<td>CPS Background Clearance</td>
<td>6-21-3</td>
</tr>
<tr>
<td>FBI Background Check</td>
<td>6-21-2</td>
</tr>
<tr>
<td>MD Background Check</td>
<td>6-21-1</td>
</tr>
<tr>
<td>Fire Marshal Inspection</td>
<td>6-46-2</td>
</tr>
<tr>
<td>Certificate or Letter of Compliance</td>
<td>6-7-1</td>
</tr>
<tr>
<td>No Health Approval within 12 months</td>
<td>7-3-4</td>
</tr>
<tr>
<td>Majority of Child Abuse Prevention and Reporting</td>
<td>6-35-1</td>
</tr>
<tr>
<td>Health Program Signature</td>
<td>7-3-3</td>
</tr>
<tr>
<td>Camper Health Record Information</td>
<td>7-8-13</td>
</tr>
</tbody>
</table>
Youth Camp Inspection Process

• Inspectors will not be routinely reviewing plans and procedures on-site

• Plans and procedures will be submitted to the Regional EHS on a rolling 4-year cycle

• Letters will be mailed to camps requesting submission of plans and procedures

• Priority will be given to camps with:
  • 1) Critical violations
  • 2) Violations
  • 3) Camps not in good standing
  • 4) Camps in good standing
Self-Regulated Inspection Process

• Inspection process same as Youth Camp Inspection Process with the following added:
  
  • DHMH only inspects 5% of the physical locations for each Business/Owner
  
  • Business/Owner should be verifying that the remaining 95% are complying with COMAR
SELF-REGULATED CAMP
NOTICE OF RENEWAL

April 19, 2017

LINDA COLLEA
ATTN: FAMILY SERVICES
10200 HARPERS FERRY ROAD
NOVI, MI 48377-2999

RE: SELF-REGULATED RENEWAL
CITY: COLLEGE PARK
COUNTY: MONTGOMERY
STATE: MD 20901

Dear Self-Regulated Camp Operator:

Enclosed is your Self-Regulated Camp Renewal Application along with a physical location sheet for each location operated by your organization. Please review the attached application and sheet, update any necessary information, and complete the sheets for each additional location and return the entire packet to our office no later than May 1st. If you have any questions, please contact the Office of Healthy Communities at (301) 715-3834.

Thank you for the timely submission of your Self-Regulated Camp Renewal Application. If you have any questions, please do not hesitate to contact the Office of Healthy Communities at (301) 715-3834.

Sincerely,

Joseph T. McKeehan, III, LEBS, JUD/BS, MPH, Chief
Center for Healthy Communities and Community Services
# Business Contact Information

## Business Information

<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
</tr>
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<tbody>
<tr>
<td>FEIN</td>
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</tr>
<tr>
<td>Type</td>
<td>MISC NON-LICENSED</td>
</tr>
<tr>
<td>Name</td>
<td>CAMPY MARCHELLI</td>
</tr>
<tr>
<td>Address</td>
<td>10100 DICKSON ROAD</td>
</tr>
<tr>
<td>City</td>
<td>BETHESDA</td>
</tr>
<tr>
<td>State</td>
<td>MD</td>
</tr>
<tr>
<td>Zipcode</td>
<td>20817</td>
</tr>
<tr>
<td>Phone</td>
<td>301-540-1386</td>
</tr>
<tr>
<td>Email</td>
<td><a href="mailto:CAMPY.MARCHELLI@UMD.EDU">CAMPY.MARCHELLI@UMD.EDU</a></td>
</tr>
</tbody>
</table>

## Mailing Information

<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
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<tbody>
<tr>
<td>Contact</td>
<td>CAMPY MARCHELLI</td>
</tr>
<tr>
<td>Address</td>
<td>10100 DICKSON ROAD</td>
</tr>
<tr>
<td>City</td>
<td>BETHESDA</td>
</tr>
<tr>
<td>State</td>
<td>MD</td>
</tr>
<tr>
<td>Zipcode</td>
<td>20817</td>
</tr>
</tbody>
</table>

I have carefully examined and read this application and, when operating, 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 (Conformed Title 11), or any regulations adopted by the Department under the subtitle may result in an adverse order or decision, or denial, suspension, or revocation of the youth camp operator's license. If you have questions, please call 1-800-424-4241, Center for Health, Human and Community Services at (301) 977-8844 or 1-877-340-4684 or 24/7.

Signature: __________________________ Date: ____________
## Physical Location List

<table>
<thead>
<tr>
<th>Location</th>
<th>Address</th>
<th>Phone</th>
<th>Contact Person</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maryland Colle</td>
<td>123 Main St, Annapolis</td>
<td>555-1234</td>
<td>John Doe</td>
</tr>
<tr>
<td>College of Education</td>
<td>456 Elm St, Baltimore</td>
<td>666-5432</td>
<td>Jane Smith</td>
</tr>
<tr>
<td>North Baltimore HS</td>
<td>789 Oak Ave, Baltimore</td>
<td>777-1111</td>
<td>Bob Johnson</td>
</tr>
</tbody>
</table>

*Note: This list is subject to change and may not be complete.*

*Source: Prevention and Health Promotion Administration*