Certification for Youth Camps
2012

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

Phone 410-767-8417        Fax 410-333-8926
Mission Statement

We work to improve the health of Marylanders by reducing the transmission of infectious diseases, helping impacted persons live longer, healthier lives, and protecting individuals and communities from environmental health hazards.

We work in partnership with local health departments, providers, and community based organizations to provide public health leadership in the prevention, control, monitoring, and treatment of infectious diseases and environmental health hazards.
Legal Authority/Regulation

- Law: Youth Camp Act
- Regulation: COMAR 10.16.06
  - Updated in 2011
- Regulation: COMAR 10.01.17
  - Update in 2011
Is My Program a “Youth Camp”? 

**Day Camp**

- Primarily Recreational Activities
  - 3 or more recreational activities
  - or
  - 1 or more specialized activities

- Camper Age
  - 3.5 to 18 years

- Camper Age
  - 7 or more campers unrelated to director

- Operate 7 days in a 3 week period.
Is My Program a “Youth Camp”?

- Primarily Recreational Activities
  - Or
  - Substantial Outdoor Recreational Activities

- Camper stays away from their home for 5 days/4 nights

- Camper Age
  - 3.5 to 18 years

- 7 or more campers unrelated to director
What Is **NOT** a Youth Camp?

- 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
- A summer school program taught by certified teacher and offering credit
Application

• New Youth Camp Application
  • Print from Youth Camp website
    http://ideha.dhmh.maryland.gov/OEHFP/CHS/SitePages/youth-camp-certifications.aspx
  • Fill Out completely, accurately, attach all required supporting documents, & fee

• Renewal Applications
  • Renewal packages are sent to operator

• Applications not signed or submitted without fee will not be reviewed
Procedures

Health Program
• Regulations 10.16.06.22, through .33

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 Reporting
• Regulation 10.16.06.35
Health Program

Health Supervisor

COMAR 10.16.06.23

• Doctor
• Nurse
• Certified Nurse Practitioner

• Duties
  • Review & Approve Health Program Annually
  • Oversee or Delegate Medication Administration
  • Oversee Health Treatment Area
  • Review Camper Health Forms
Health Program

CPR/First Aid

COMAR 10.16.06.23

• Minimum of 2 Adults

• Certification Issued by National Organization

• On Duty at All Times
  • From 1st camper arrival to last camper pick up
Health Program

Written Health Program

COMAR 10.16.06.22

Refer to list of questions provided in your packet.
Health Program

Medications

COMAR 10.16.06.33

• Covers Prescription and Nonprescription Medicine

• Delegation ability varies depending on credentials of Health Supervisor

• Self-administration vs. Staff Administration

• Prescriptive Order for All Medication

• Parental Consent Documented

• Sunscreen, see July 2, 2011 memo
Health Program

Treatment Area

COMAR 10.16.06.32

Temporary Isolation

Private and Quiet

First Aid Supplies and Hand Washing

Continual Supervision

Day Camp
Health Program

Treatment Area

COMAR 10.16.06.32

Hot/Cold Running Water

Bathroom with Flush Toilets

Hand Sink, Shower, and Isolation & Convalescent Area

External Lighting

Residential Camp

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### Health Program

**Health Records**

**COMAR 10.16.06.27-.30**

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#### Camper Health History

**Child's name**

The following information is required for a camper to be admitted to day camp:

- **Camper Immunization Information**
  - All campers must be current on all immunizations, see [www.ECDP.org](http://www.ECDP.org) (Immunization).
  - 1. Provide date (month and year) of camper's last tetanus (or DTP) shot: __________.
  - 2. Is the camper currently enrolled in a Maryland school, public or private?
    - [ ] YES, provide name of Maryland school: __________.
    - [ ] NO, provide a copy of immunizations confirming that the child has received all immunizations as required by the Maryland DHH Recommended Childhood Immunization Schedule. See [www.ECDP.org](http://www.ECDP.org) (Immunization) for information.
  - 3. Is the camper exempt from any immunization on medical or religious grounds?
    - [ ] YES, provide a signed copy of Maryland Department of Health and Mental Hygiene Immunization Certificate from either a licensed physician indicating that the immunization is medically contraindicated, or the parent or guardian indicating that they object to immunizations for religious reasons.
    - [ ] NO

**Contact Information**

- Parent or Legal Guardian: __________
  - Phone: __________
- Emergency Contact Person: __________
  - Phone: __________
- Camp's Physician: __________
  - Phone: __________

**Health Information**

- Provide information on any medical conditions, psychological conditions, behavioral conditions, medications, dietary restrictions, allergies, or special needs that we need to be aware of to ensure that your child's camp experience is positive:

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**Parent or Legal Guardian's Signature:** __________

**Date:** __________
Health Program

Health Records

COMAR 10.16.06.27-.30

STAFF OR VOLUNTEER HEALTH HISTORY

NAME: ____________________________

Physician: ________________________ Phone: ________________________
Emergency Contact: ______________ Phone: ________________________

HEALTH INFORMATION: Provide information on any medical conditions, psychological conditions, behavioral conditions, medications, dietary restrictions, allergies, or special needs:

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Staff or Volunteer’s Signature: ____________________________ Date: __________

STAFF OR VOLUNTEER UNDER 18

All staff or volunteers under 18 years old must be current on all immunizations.

1. Was staff/volunteer enrolled in a Maryland School, public or private, within the past year?
   - [ ] YES, provide name of Maryland school:
   - [ ] NO, provide a copy of immunizations conferring that the child has received all immunizations as required by the Maryland Immunizations Requirements Childhood Immunization Schedule. See www.CDPH.org (Immunization) for information.

2. Is staff/volunteer exempt from any immunization on medical or religious grounds?
   - [ ] YES, provide a signed copy of Maryland Department of Health and Mental Hygiene Immunization Certificate from either a licensed physician indicating that the immunization is medically contraindicated, or the parent or guardian indicating that they object to immunizations for religious reasons
   - [ ] NO

Parent or Legal Guardian’s Signature: ____________________________ Date: __________

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# Health Program

## Immunizations

COMAR 10.16.06.28 & .30

### Vaccine Requirements For Children

Enrolled in Preschool Programs and in Schools — Per DHMH COMAR 10.06.04.03
Maryland School Year 2011 - 2012 (Valid 9/1/11 - 8/31/12)

#### Required cumulative number of doses for each vaccine for PRESCHOOL aged children enrolled in educational programs

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>DTaP/DTP/DT</th>
<th>Polio</th>
<th>HBV</th>
<th>Measles</th>
<th>Mumps</th>
<th>Rubella</th>
<th>Varicella (Chickpeas)</th>
<th>Hepatitis B</th>
<th>PCV7 (Prevent)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current Age of Child</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Less than 2 months</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>2 - 3 months</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>1</td>
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<tr>
<td>4 - 6 months</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>0</td>
<td>0</td>
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<td>6 - 11 months</td>
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<td>0</td>
<td>0</td>
<td>0</td>
<td>3</td>
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<td>12 - 14 months</td>
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<td>1</td>
<td>1</td>
<td>1</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>15 - 23 months</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>24 - 35 months</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>60 - 71 months</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>3</td>
<td>0</td>
</tr>
</tbody>
</table>

#### Required cumulative number of doses for each vaccine for children enrolled in KINDERGARTEN - 12th grade

<table>
<thead>
<tr>
<th>Grade</th>
<th>DTaP/DTP/Td</th>
<th>Polio</th>
<th>Measles</th>
<th>Mumps</th>
<th>Rubella</th>
<th>Varicella</th>
<th>Hepatitis B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kindergarten (5 yrs)</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Grades 1 - 12 (6 - 18 yrs)</td>
<td>4 or 5</td>
<td>3</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>1 or 2</td>
</tr>
</tbody>
</table>

*See footnotes on back.*

Maryland Department of Health & Mental Hygiene
Center for Immunization

Mary O'Malley, Governor — Anthony G. Brown, Lt. Governor — Joshua M. Sharfstein, Secretary

www.ECHO.org (Immunization)
410-767-4570

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Health Program

Health Log

COMAR 10.16.06.24
Health Program
Injury/Illness Report
COMAR 10.16.06.25 & .26

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Acute Illness & Communicable Disease

COMAR 10.16.06.31

Refer to list provided in your packet.
Emergency Procedures

• Regulation 10.16.06.34
  – Natural disasters and severe weather
  – Evacuation plan
  – Missing campers
  – 911
  – Transportation
  – Notify parents
  – Ensure camper safety
Trip and Transportation

- Regulations 10.16.06.52, and .53
- Written Safety Plans for
  - Field trips
  - Specialized activities
- Written parental authorization
- Rules
- Supervision
Specialized Activities

• Regulations 10.16.06.47, through .52
• Swimming
  – Written Swim Safety Plan
    • Director present
    • Swim ability test
    • Safety system to quickly account for campers
    • WATCHERS, WATCHERS, WATCHERS
• Marksmanship
• Horseback Riding
• Other Specialized Activities
Supervision and Reporting

• Supervision during routine activities
  – Regulation 10.16.06.54

• Child Abuse Reporting
  – Regulation 10.16.06.35
Staff

• Training
  – Document staff training for the following:
    • Health Program
    • Emergency Plan
    • Trip and Transportation Plans
    • Specialized Activities Safety Plans

• CPR and First Aid certification
  – Document current CPR/first aid
  – Ensure that at least 2 adults with CPR/FA
    are on duty during camp
Criminal Background Checks
COMAR 10.16.06.21

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Authorization Number

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

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Criminal Background Checks

- Must have completed MD & FBI check for all required employees
- Copy of results must be addressed to employer, not the employee
Criminal Background Checks
Maryland CJIS will no longer accept inked fingerprints as of April 15, 2012. Use LIVESCAN PRE-REGISTRATION APPLICATION.
Camp Owner/Director

- DHMH must have the camp owner’s or camp director’s criminal background results from CJIS
- Use DHMH Authorization Number: 9400019171
- **DO NOT USE THIS AUTHORIZATION NUMBER FOR OTHER STAFF**
180 Day Request

- Use for individuals who were fingerprinted for child care within last 6 months
- Does not require fingerprints
- No charge

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Facilities

• Required toilet ratio, COMAR 10.16.06.38
• Hand washing, COMAR 10.16.06.39
• Garbage removal, COMAR 10.16.06.43
• Insect and rodent control, COMAR 10.16.06.44
• Sleeping facilities, COMAR 10.16.06.40
Documentation

• Building
• Water and sewage
• Plumbing
• Electrical
• Fire safety inspection
• Food Service
Submitting Required Reports

- Annual Report must be sent to CHS within 2 weeks of camp ending.
- Submit injury/illness reports within 2 weeks of camp ending.
Annual Report

- COMAR 10.16.06.06
- Must be filed with DHMH within 2 weeks of camp ending
- Report includes number of campers as well as other important information
- Ensure Injury/Illness Reports are also on file
Provisional Certification

- After all documents are approved, a provisional certificate is issued.
- Valid for the first operational period ONLY.
Questions
Post Test & Evaluation
Post Test Review