NEW YOUTH CAMP APPLICATION *FOR A YOUTH CAMP THAT WAS NOT ISSUED A CERTIFCATE OR A LETTER OF COMPLIANCE IN THE PREVIOUS YEAR*

Maryland Department of Health and Mental Hygiene (DHMH)
Environmental Health Bureau
Center for Healthy Homes and Community Services (CHHCS)
6 St. Paul Street, Suite 1301, Baltimore, Maryland 21202-1608
Phone 410-767-8417 Fax 410-333-8926
Toll Free 1-877-4MD-DHMH ext. 8417
http://phpa.dhmh.maryland.gov/ OEHFP/CHS/SitePages/youth-camp-certifications.aspx

✱✱✱ FOR OFFICE USE ONLY ✱✱✱			
DATE RECEIVED	AMOUNT RECEIVED	CHECK NUMBER	IDENTIFICATION NUMBER

INSTRUCTIONS:

Maryland youth camp regulations (COMAR 10.16.06) require a youth camp operator to obtain a certificate or letter of compliance from the Department of Health and Mental Hygiene (DHMH) before the camp opens. Before a certificate or letter of compliance is issued, DHMH must determine substantial compliance with the regulations.

- ► Complete parts: A. through K. Retain a copy of the application for your records.
- ► Enclose the initial application fee. Make check or money order payable to the Maryland Department of Health and Mental Hygiene.
- ► Mail the completed original application, fee and the required compliance documentation noted throughout the application to DHMH ***at least 60 days before the camp opens.*** Do not fax the application.
- ► If you operate multiple camps at separate sites, submit a separate application, fee and compliance documentation for each camp.
- ► If you have questions or require assistance, please call DHMH, Center for Healthy Homes and Community Services at the above numbers.

A. OWNER/BUSINESS INFORMATION

1. BUSINESS NAME

2. BUSINESS TYPE: ☐ INDIVIDUAL ☐ CO-OWNERSHIP ☐ PARTNERSHIP ☐ CORPORATION ☐ OTHER:

3. FEIN

4. BUSINESS ADDRESS

5. CITY, STATE, ZIP

6. COUNTRY ☐ USA ☐ OTHER:

7. BUSINESS CONTACT NAME

8. BUSINESS PHONE

9. OTHER PHONE

10. FAX

11. BUSINESS CONTACT EMAIL

B. YOUTH CAMP INFORMATION

1. CAMP NAME

2. CAMP PHYSICAL ADDRESS

3. CITY, STATE, ZIP

4. MARYLAND COUNTY

5. CAMP DIRECTOR'S NAME

6. CAMP DIRECTOR'S PHONE

7. EMERGENCY PHONE

8. FAX

9. CAMP DIRECTOR'S EMAIL

10. CAMP MAIL ADDRESS: ☐ SAME AS CAMP PHYSICAL ADDRESS ABOVE ☐ SAME AS BUSINESS ADDRESS ABOVE

ATTN (PERSON'S FIRST AND LAST NAME)

BUSINESS NAME

ADDRESS

CITY, STATE, ZIP

COUNTRY ☐ USA ☐ OTHER:

11. CERTIFICATION TYPE *(Check one)* ☐ Certificate ☐ Letter of Compliance -For bona fide religious organizations only.

12. CAMP TYPE *(Check one)*

☐ Day Camp ☐ Residential Camp ☐ Day and Residential Camp ☐ Trip Camp ☐ Travel Camp

C. CURRENT CAMP PROGRAM INFORMATION. ***Attach current camp brochure.***

1. CAMP OPENING DATE	2. CAMP CLOSING DATE	3. DATE(S) CLOSED FOR BUSINESS

Attach fee with completed application. Make check payable to the Department of Health and Mental Hygiene

4. FEE ENCLOSED

INITIAL APPLICATION FEE FOR **DAY CAMP**	INITIAL APPLICATION FEE FOR **RESIDENTIAL CAMP, DAY AND RESIDENTIAL CAMP, TRIP CAMP, OR TRAVEL CAMP**
$200	**$500**

Payment of Fee Difference Owed.

(1) The Department shall:

(a) Calculate a fee difference, that is, the difference between the fee paid at the time of application and the fee owed, based on information reported by a camp operator in the annual report for the past calendar year as required by Regulation .06 of COMAR 10.16.06 and the fees found in COMAR 10.01.17; and

(b) Notify a camp operator of any fee owed to the Department.

(2) Within 2 weeks following receipt of the notice from the Department, the camp operator shall pay the fee owed to the Department.

FEE CHART FOR **DAY CAMP**	FEE CHART FOR **RESIDENTIAL CAMP, DAY AND RESIDENTIAL CAMP, TRIP CAMP, OR TRAVEL CAMP**
1 to 500 CAMPER DAYS : **$200**	1 to 700 CAMPER DAYS : **$500**
501 to 2,000 CAMPER DAYS: **$525**	701 to 5,000 CAMPER DAYS: **$1,000**
2,001 to 5,000 CAMPER DAYS: **$700**	5,001 to 16,000 CAMPER DAYS: **$1,500**
5,001 or more CAMPER DAYS: **$900**	16,001 or more CAMPER DAYS: **$2,000**

5. IS YOUR CAMP CURRENTLY ACCREDITED BY *(Check One, If Applicable)*

☐ American Camp Association (ACA)

☐ Boy Scouts of America (BSA)

Attach a copy of current certification from the accrediting organization, no fee is required.

D. YOUTH CAMP FACILTIY INFORMATION

1. ARE YOU OPERATING A CHILDCARE CENTER AT THIS SITE? ☐ NO ☐ YES ***Attach a copy of license.***

2. DID YOU NOTIFY THE CHILD CARE LICENSING OFFICE ABOUT YOUR INTENT TO OPERATE A YOUTH CAMP AT THIS SITE?

☐ NO ☐ YES ***Attach documentation of the notification.***

3. BUILDING(S) TYPE *(Check all that apply.)*

☐ School (Public or Private) or Government Owned Building: ***Attach completed Building Safety form.***

☐ Privately Owned Building or Property ***Attach a copy of a current Fire Safety Inspection from the State or Local Fire Marshal's Office. Attach the Use & Occupancy permit. If no Use & Occupancy permit, attach certification from a master electrician and a master plumber stating the building meets code and attach documentation of zoning approval.***

☐ Outdoor Pavilion or No Buildings.

☐ Other, Specify Type: _____ *Contact this Office for required compliance documentation.*

4. WATER SUPPLY

☐ Public: *Specify the water company from your water bill:* _____

☐ On-Site Well: ***Attach completed Local Health Approval form.***

5. SEWAGE DISPOSAL

☐ Public: *Specify the sewer service company:* _____

☐ On-Site Sewage Disposal System: ***Attach completed Local Health Approval form.***

6. BATHROOM FACILITIES *(Check all that apply.)*

Male ☐ Toilets, #_____ ☐ Handsinks, #_____ ☐ Showers, #_____ ☐ Urinals, #_____

Female ☐ Toilets, #_____ ☐ Handsinks, #_____ ☐ Showers, #_____

☐ Portable Toilets ☐ Male, #_____ ☐ Female #_____ ***Attach completed Local Health Approval form.***

☐ Privies ☐ Male, #_____ ☐ Female #_____ ***Attach completed Local Health Approval form.***

7. CAMP FACILITIES *(Check all that apply.)*

☐ Sleeping Facilities ☐ Tents ☐ Cabins ☐ Other, specify:_____

8. FOOD SERVICE (*Check all that apply.)*

☐ Meals Prepared On-Site: ***Attach copy of food permit.***

☐ Lunches Brought From Home: ☐Refrigeration provided ☐Notice to send non- perishable food given to parents

☐ Summer Lunch Program: ***Attach verification of acceptance from certifying organization.***

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

☐ No Permanent Facility for Water Supply System: ***Attach the camp's written procedure for water filtration and disinfection.***

☐ No Permanent Facility for Sewage Disposal System: ***Attach the camp's written procedure for sewage disposal.***

☐ No Permanent Facility for Food Service: ***Attach the camp's written food preparation and handling plan; must meet Regulation .42.***

☐ No Permanent Facility for Sleeping Areas: ***Attach description of the camp's sleeping provisions.***

☐ No Permanent Facilities for Bathing or Hand Washing: ***Attach the camp's written bathing or hand washing procedures.***

E. HEALTH PROGRAM INFORMATION

1. HEALTH SUPERVISOR'S NAME PHONE

2. HEALTH SUPERVISOR'S TITLE (*Check one)* MD LICENSE #

☐ Physician ☐ Registered Nurse ☐ Certified Nurse Practitioner

3. DO 50% OR MORE OF THE CAMPERS HAVE IDENTIFIED MEDICAL PROBLEMS? ☐ NO ☐ YES

4. THE HEALTH SUPERVISOR IS: *(Check one)*

☐ Available for consultation at all times when campers are present.

☐ On-site at all times when campers are present. *Required when 50%or more of the campers have identified medical problems.*

5. WRITTEN HEALTH PROGRAM ***Attach a copy of the camp's health program that includes the health supervisor's annual approval. The health program procedures must meet Regulation .22 and Regulation .33.***

6. CAMPER HEALTH RECORD ***Attach example of the camp's camper health record form; must meet Regulation .27.***

7. STAFF HEALTH RECORD ***Attach example of the camp's staff member/volunteer health record form; must meet Regulation .29.***

8. HEALTH LOG IS: *(Check one)* ☐ Bound composition book ☐ Spiral notebook ☐ Individual record ☐ Electronic medical record

9. CPR CERTIFIED STAFF *Two adults with* ***current*** *cardiopulmonary resuscitation (CPR) certification are required on duty at camp* ***at all times****.*

Number of adult staff certified in CPR by a national certifying organization: _____

10. FIRST AID CERTIFIED STAFF *Two adults with* ***current*** *first aid are required on duty at camp* ***at all times.***

Number of adult staff certified in first aid by a national certifying organization:_____

F. EMERGENCY PROCEDURES INFORMATION.

Attach a copy of the camp's emergency procedures. The emergency procedures must meet Regulation .34.

G. CHILD ABUSE PREVENTION AND REPORTING

Attach a copy of the camp's child abuse prevention and reporting procedures. The child abuse prevention and reporting procedures must meet Regulation .35.

H. CRIMINAL BACKGROUND CHECK INFORMATION.

1. PERSONNEL ADMINISTRATOR NAME (FIRST AND LAST):

2. PERSONNEL ADMINISTRATOR PHONE NUMBER:

3. DOES THE PERSONNEL ADMINISTRATOR HAVE A CRIMINAL BACKGROUND INVESTIGATION ON FILE WITH DHMH? ☐ Yes ☐ No

4. HAS THE PERSONNEL ADMINISTRATOR COMPLETED THE CONSENT FOR RELEASE OF INFORMATION/BACKGROUND CLEARDANCE REQUEST FORM FROM MARYLAND CHILD PROTECTIVE SERVICES? ☐ Yes ☐ No

Attach Release Form to completed application, must have original signature and notary.

I. YOUTH CAMP PROGRAM INFORMATION

1. ARE CAMP TRIPS PROVIDED? ☐ NO

☐ YES ***Attach the camp's safety plan for camp trips. The safety plan must meet Regulation.52.***

*Indicate trip dates:*_____

2. TRANSPORTATION

Does the camp provide or arrange for camper or staff transportation? ☐ NO

☐ YES ***Attach a copy of the parent authorization form and the camp's safety plan. The safety plan must meet Regulation .53.***

Method of transportation: _____

Does the camp transport campers to camp, from camp, or to and from camp? ☐ NO

☐ YES ***Attach a copy of the parent's authorization form, the camp's safety plan and the camp's policy concerning the camp's responsibility for supervising a camper when the camper is picked up, dropped off, and transported. The safety plan must meet Regulation .53.***

3. ARE SPECIALIZED ACTIVITIES PROVIDED? ☐ NO

☐ YES ***Attach a written safety plan for <u>each activity offered</u>.***

The safety plan must meet Regulation .52 and other applicable regulations as indicated.

Specialized Activities Include:

- Adventure Camp (Climbing Wall, Low Ropes if belay or spotting required, Paintball, Inline Skating, Skateboarding, Snowboarding, or similar activity) (Safety plan must also meet Regulation .51)
- Air Guns (Safety plan must also meet Regulation .48)
- Archery (Safety plan must also meet Regulation .49)
- Cycling (Safety plan must also meet Regulation .51)
- Gymnastics (Safety plan must also meet Regulation .51)
- Go Karts (Safety plan must also meet Regulation .51)
- Hang Gliding (Safety plan must also meet Regulation .51)
- High Ropes (Safety plan must also meet Regulation .51)
- Horseback Riding (Safety plan must also meet Regulation .50)
- Motor Vehicles (Safety plan must also meet Regulation .51)
- Natural Bathing Beach (Safety plan must also meet Regulation .47)
- Rappelling (Safety plan must also meet Regulation .51)
- Riflery (Safety plan must also meet Regulation .48)
- Rock Climbing (Safety plan must also meet Regulation .51)
- Snow Skiing (Safety plan must also meet Regulation .51)
- Spelunking (Safety plan must also meet Regulation .51)
- Swimming (Safety plan must also meet Regulation .47) (Obtain operating permit from pool management or local health department)
- Watercraft Activities (Canoeing, Kayaking, Boating, Sailing, Water Skiing, Windsurfing, White Water Rafting) (Safety plan must also meet Regulation .47)

List all specialized activities offered during camp. Indicate day(s) and time activity is offered. Provide activity location(s). Attach additional sheet if necessary.

If you add a new specialized activity, you must obtain prior approval from this Office. Contact DHMH immediately.

ACTIVITY	LOCATION	DAYS	TIMES

4. SUPERVISION PROVIDED DURING ROUTINE ACTIVITIES *See Regulation .54. If necessary, attach additional sheet.*

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

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

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

☐ I have workers' compensation insurance.

Insurance Company _____

Policy or Binder number _____

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

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

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

✕ _____ **DATE** _____

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