Maryland Department of Health and Mental Hygiene (DHMH)
Office of Food Protection and Consumer Health Services
Permits and Licenses
6 St. Paul Street, Suite 1301
Baltimore, MD 21202-1608

Change Owner in 2010

Camp Name:

Camp License #:

Previous Owner's Name:

New Owner's Name:

The camp listed above has changed owners for the 2010 camp season and will submit a new youth camp application.

I solemnly affirm under the penalties of perjury and upon personal knowledge that the contents of the foregoing paper are true.

_____ _____

Owner's Signature Date

NEW YOUTH CAMP APPLICATION *FOR A YOUTH CAMP THAT IS NOT CURRENTLY CERTIFIED OR ISSUED A LETTER OF COMPLIANCE*

Maryland Department of Health and Mental Hygiene (DHMH)
Office of Food Protection and Consumer Health Services
Division of Community Services
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
www.cha.state.md.us/ofpchs/comm_srv/ycamp.html

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. A copy of the regulations is enclosed.

- ► Complete parts: A. General Information; B. Youth Camp Information; C. Youth Camp Program Information; D. Health Program Information; E. Emergency Procedures Information; F. Worker's Compensation Act Compliance Statement; and G. Youth Camp Regulations Compliance Statement. Retain a copy of the application for your records.
- ► Enclose the fee. The fee is $75.00 for a day camp; $100.00 for a residential camp. Make check or money order payable to the Maryland Department of Health and Mental Hygiene, Division of Community services.
- ► 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, Division of Community Services at the above numbers.

A. GENERAL INFORMATION

1. CONTACT PERSON NAME	2. CONTACT PHONE
3. CONTACT PERSON EMAIL ADDRESS	4. FAX NUMBER
5. CAMP OWNER	6. CAMP OWNER PHONE
7. CAMP OWNER MAILING ADDRESS	
CITY STATE	ZIP

B. YOUTH CAMP INFORMATION

1. CAMP NAME	2. CAMP PHONE
3. SITE ADDRESS	
CITY STATE	ZIP
4. CAMP DIRECTOR'S NAME	5. CAMP DIRECTOR PHONE
6. SPECIFY COUNTY WHERE YOUTH CAMP IS LOCATED	7. FEDERAL EMPLOYER IDENTIFICATION NUMBER

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

9. CAMP TYPE ☐ Day Camp $75.00 Fee ☐ Residential Camp $100.00 Fee ☐ Day and Residential Camp $100.00 Fee

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

10. IS YOUR CAMP CURRENTLY ACCREDITED BY *(Check One, If Applicable)* ☐ American Camp Association, CHESAPEAKE SECTION

☐ Boy Scouts of America ***Attach a copy of current certification from the accrediting organization***, *no fee is required*.

✱✱✱ FOR OFFICE USE ONLY ✱✱✱

1. DATE RECEIVED	2. AMOUNT RECEIVED	3. CHECK NUMBER	4. IDENTIFICATION NUMBER

5. ASSIGNED TO DATE	6. PROVISIONAL CERTIFICATION SANITARIAN SIGNATURE DATE EXPIRES:

7. ☐ ANNUAL CERTIFICATION ☐ ANNUAL LETTER OF COMPLIANCE SANITARIAN SIGNATURE DATE

☐ ISSUE, EXPIRES: ☐ TERMINATE ☐ DENY

11. 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.***

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

☐ Meals Prepared On-Site: ***Attach copy of food permit.*** ☐ Lunches Brought From Home: *Refrigeration required.*

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

13. 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.*

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

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

☐ Bathroom Facilities

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.***

15. WATER SUPPLY

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

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

16. SEWAGE DISPOSAL

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

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

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

CAMP OPENING DATE	CAMP CLOSING DATE	DATE(S) CLOSED FOR BUSINESS
NUMBER OF CAMP SESSIONS	NUMBER OF DAYS/SESSION	MAXIMUM NUMBER OF CAMPERS/SESSION

4. 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:*_____

5. 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.***

6. ARE SPECIALIZED ACTIVITIES PROVIDED?

☐ NO

☐ YES ***Attach a written safety plan for <u>each activity offered</u>. The safety plan must meet Regulation .52.***

- *Check 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.*

☐ ADVENTURE CAMP (AC) ACTIVITY *INCLUDES CLIMBING WALL; LOW ROPES IF BELAY OR SPOTTING REQUIRED; PAINTBALL; SKATING; SKATEBOARDING; SNOWBOARDING; OR SIMILAR ACTIVITY.*

Adventure Camp Activity _____

_____

Activity Location _____

Dates/Time _____

☐ AIR GUNS At _____

Dates/Time _____

☐ ARCHERY At _____

Dates/Time _____

☐ CYCLING At _____

Dates/Time _____

☐ GYMNASTICS At _____

Dates/Time _____

☐ GO KARTS At _____

Dates/Time _____

☐ HANG GLIDING At _____

Dates/Time _____

☐ HIGH ROPES At _____

Dates/Time _____

☐ HORSEBACK RIDING At _____

Dates/Time _____

☐ MOTOR VEHICLES At _____

Dates/Time _____

☐ RAPPELLING At _____

Dates/Time _____

☐ RIFLERY At _____

Dates/Time _____

☐ ROCK CLIMBING At _____

Dates/Time _____

☐ SNOW SKIING At _____

Dates/Time _____

☐ SPELUNKING At _____

Dates/Time _____

☐ SWIMMING At:

☐ Public Pool Location _____

Dates/Time _____

Public Pool Permit Number _____

Obtain permit number from pool management or Local Health Department.

☐ Natural Bathing Beach or Site;

Location _____

Dates/Time _____

Is the swimming water sampled by Local Health Department?

☐ No ☐ Yes

Who provides the lifeguards?

☐ Beach ☐ Camp

Does the lifeguard training include open waterfront certification appropriate to the site?

☐ No ☐ Yes

Is 1 lifeguard provided for each group of 50 campers or fraction thereof?

☐ No ☐ Yes

☐ WATERCRAFT ACTIVITY (*Check all that apply.)*

☐ CANOEING At _____

Dates/Time _____

☐ KAYAKING At _____

Dates/Time _____

☐ OTHER BOATING ACTIVITY

Type _____

Location _____

Dates/Time _____

☐ SAILING At _____

Dates/Time _____

☐ WATER SKIING At _____

Dates/Time _____

☐ WINDSURFING At _____

Dates/Time _____

☐ WHITE WATER RAFTING At _____

Dates/Time _____

7. 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

D. 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.***

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. 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: _____

9. 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:_____

E. EMERGENCY PROCEDURES INFORMATION.

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

F. 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 _____

☐ A waiver has been received from the Workers' Compensation Commission *Attach a copy of the waiver.*

☐ As provided, I am exempt from having workers' compensation insurance *Attach a copy of the certificate of compliance.*

☐ I am self-insured. Approval of self-insurance has been received from the Workers' Compensation Commission *Attach a copy of the certificate of compliance.*

☐ I am self-employed. I have no employees.

G. 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, Division of 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.*