

Maryland Department Of Health And Mental Hygiene
YOUTH CAMP INSPECTION REPORT

YOUTH CAMP NAME <i>Sunshine Kids Club Camp</i>	ID # <i>06057</i>	PAGE 1 OF 4
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YOUTH CAMP ADDRESS (INCLUDE CITY, STATE, ZIP CODE) <i>175 Klec Mill Rd Sykesville MD 21784</i>

DIRECTOR <i>Mike Golden</i>	PHONE <i>410-549-0844</i>	DATE <i>7/10/08</i>
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CAMP TYPE <i>Check all that apply.</i> <input checked="" type="checkbox"/> DAY <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> PRIMITIVE	INSPECTION TYPE <input type="checkbox"/> LICENSURE <input type="checkbox"/> ROUTINE <input type="checkbox"/> COMPLAINT <input type="checkbox"/> OTHER:
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*** CRITICAL REQUIREMENT-LEADS TO DENIAL, SUSPENSION, OR REVOCATION OF A CERTIFICATE OR LETTER OF COMPLIANCE WHEN THE OPERATOR FAILS TO CORRECT A VIOLATION WITHIN THE TIME PERIOD SPECIFIED BY THE DEPARTMENT.**

COMAR 10.16.06	APPROVED			COMAR 10.16.06	APPROVED		
	YES	NO	N/A		YES	NO	N/A
.06 ANNUAL REPORT *	<input checked="" type="checkbox"/>			.36 WATER SUPPLY *			
.07 CERTIFICATE /LETTER OF COMPLIANCE (LOC) OBTAINED/CAMP OPERATED ACCORDING TO SPECIFIED TERMS	<input checked="" type="checkbox"/>			ADEQUATE, ACCESSIBLE, SAFE PUBLIC WATER SUPPLY	<input checked="" type="checkbox"/>		
.08 APPLICATION AND FEE NEW SPECIALIZED ACTIVITY/LOCATION	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	INDIVIDUAL WATER SUPPLY/HEALTH APPVL	<input checked="" type="checkbox"/>		
.10 VIOLATION CORRECTED IN TIME PERIOD SPECIFIED	<input checked="" type="checkbox"/>			PLUMBING APPROVAL/PROTECTED BUILDING OWNER DOCUMENTATION	<input checked="" type="checkbox"/>		
.13 CERTIFICATE/LOC POSTED	<input checked="" type="checkbox"/>			PRIMITIVE CAMP WATER SUPPLY			<input checked="" type="checkbox"/>
.20 CONSTRUCTING, REMODELING, OR CONVERTING FACILITIES *	<input checked="" type="checkbox"/>			.37 SEWAGE DISPOSAL *			
.21 CRIMINAL BACKGROUND INVESTIGATIONS	<input checked="" type="checkbox"/>			PUBLIC SYSTEM/MAINTAINED	<input checked="" type="checkbox"/>		
.22 HEALTH PROGRAM * APPROVED/ PROCEDURES	<input checked="" type="checkbox"/>			ON-SITE SYSTEM/HEALTH APPROVAL	<input checked="" type="checkbox"/>		
.23 HEALTH SUPERVISOR * CPR CERTIFIED STAFF (* If none) FIRST AID CERTIFIED STAFF (* If none)	<input checked="" type="checkbox"/>			PLUMBING APPROVAL	<input checked="" type="checkbox"/>		
.24 HEALTH LOG	<input checked="" type="checkbox"/>			TAPS/FOUNTAINS WASTEWATER	<input checked="" type="checkbox"/>		
.25 REQUIRED REPORTS *	<input checked="" type="checkbox"/>			BUILDING OWNER DOCUMENTATION	<input checked="" type="checkbox"/>		
.26 REPORT FORM	<input checked="" type="checkbox"/>			<input type="checkbox"/> PRIVIES <input type="checkbox"/> PRIMITIVE CAMP			<input checked="" type="checkbox"/>
.27 CAMPER'S HEALTH RECORD MOST RECENT TETANUS DATE IMMUNIZATIONS DOCUMENTED *	<input checked="" type="checkbox"/>			.38 TOILET FACILITIES	<input checked="" type="checkbox"/>		
.28 CAMPER IMMUNIZATION REQUIREMENTS *	<input checked="" type="checkbox"/>			.39 BATHING/HAND WASHING FACILITIES	<input checked="" type="checkbox"/>		
.29 STAFF MEMBER'S OR VOLUNTEER'S HEALTH RECORD IMMUNIZATIONS DOCUMENTED FOR STAFF UNDER 18 *	<input checked="" type="checkbox"/>			HAND WASHING SUPPLIES/RATIOS *	<input checked="" type="checkbox"/>		
.30 STAFF OR VOLUNTEER IMMUNIZATION REQUIREMENTS FOR STAFF UNDER 18 *	<input checked="" type="checkbox"/>			SHOWERS			<input checked="" type="checkbox"/>
.31 EXCLUSION FOR ACUTE ILLNESS AND COMMUNICABLE DISEASE *	<input checked="" type="checkbox"/>			ANTI-SCALD PROTECTION *			<input checked="" type="checkbox"/>
.32 HEALTH TREATMENT	<input checked="" type="checkbox"/>			PRIMITIVE CAMP *			<input checked="" type="checkbox"/>
.33 PRESCRIPTION AND OTHER MEDICATIONS STAFF ADMINISTRATION CAMPER SELF-ADMINISTRATION MEDICATION PROCEDURES	<input checked="" type="checkbox"/>			.40 SLEEPING FACILITIES			<input checked="" type="checkbox"/>
.34 EMERGENCY PROCEDURES * EMERGENCY PLAN STAFF TRAINING MEANS OF COMMUNICATION PROVIDED EMERGENCY DRILL PRACTICED MINIMUM STAFF PRESENT ADEQUATE SHELTER	<input checked="" type="checkbox"/>			.41 TENT/FABRIC SHELTERS			<input checked="" type="checkbox"/>
.35 CHILD ABUSE OR NEGLECT REPORTING *	<input checked="" type="checkbox"/>			.42 FOOD SERVICE MEETS COMAR 10.15.03 * CAMPERS LUNCHES REFRIGERATED * PRIMITIVE CAMP *	<input checked="" type="checkbox"/>		
INSPECTED BY <i>Michael J. [Signature]</i>				.43 GARBAGE AND OTHER REFUSE	<input checked="" type="checkbox"/>		
				.44 INSECT, RODENT, VERMIN CONTROL	<input checked="" type="checkbox"/>		
				.45 RABIES CONTROL	<input checked="" type="checkbox"/>		
				.46 FIRE AND OTHER HAZARDS *	<input checked="" type="checkbox"/>		
				.52 TRIP SAFETY PLAN *			<input checked="" type="checkbox"/>
				.53 TRANSPORTATION *			<input checked="" type="checkbox"/>
				.54 ROUTINE ACTIVITIES SUPERVISION *	<input checked="" type="checkbox"/>		
				<input type="checkbox"/> NO SPECIALIZED ACTIVITIES			
				.47 SWIMMING *	<input type="checkbox"/>		NONE
				POOL LOCATION:			
				DIRECTOR PRESENT	<input checked="" type="checkbox"/>		
				SAFETY PLAN MEETS COMAR 10.16.06.52	<input checked="" type="checkbox"/>		
				SKILLS EVALUATED/ASSIGNED AREAS	<input checked="" type="checkbox"/>		
				CAMPER ACCOUNTABILITY SYSTEM	<input checked="" type="checkbox"/>		
				EMERGENCY/FIRST AID	<input checked="" type="checkbox"/>		
				STAFF REQUIREMENTS	<input checked="" type="checkbox"/>		
				POOL AND EQUIPMENT	<input checked="" type="checkbox"/>		
				NATURAL SWIMMING LOCATION: <i>N/A</i>			
				NATURAL DIVING/SWIMMING AREAS			<input checked="" type="checkbox"/>

INSPECTED BY <i>Michael J. [Signature]</i>	RECEIVED BY <i>[Signature]</i>
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Maryland Department of Health And Mental Hygiene
YOUTH CAMP INSPECTION REPORT-SPECIALIZED ACTIVITIES

YOUTH CAMP NAME <i>Sunshine Kids Club Camp</i>	ID # <i>06057</i>	PAGE <i>3</i> OF <i>4</i>
YOUTH CAMP ADDRESS (INCLUDE CITY, STATE, ZIP CODE) <i>175 Lee Mill Rd. Sykesville 21784</i>		DATE <i>7/10/08</i>
INSPECTION TYPE <input type="checkbox"/> LICENSURE <input type="checkbox"/> ROUTINE <input type="checkbox"/> COMPLAINT <input type="checkbox"/> OTHER:		

* CRITICAL REQUIREMENT-LEADS TO DENIAL, SUSPENSION, OR REVOCATION OF A CERTIFICATE OR LETTER OF COMPLIANCE WHEN THE OPERATOR FAILS TO CORRECT A VIOLATION WITHIN THE TIME PERIOD SPECIFIED BY THE DEPARTMENT.

COMAR 10.16.06	APPROVED	COMAR 10.16.06	APPROVED
	YES NO		YES NO
.47 WATERCRAFT ACTIVITY ● TYPE: LOCATION: DIRECTOR PRESENT SAFETY PLAN MEETS COMAR 10.16.06.52 SKILLS EVALUATED/ASSIGNED AREAS CAMPER ACCOUNTABILITY SYSTEM EMERGENCY/FIRST AID WATERCRAFT REQUIREMENTS STAFF REQUIREMENTS COMMENT:	<input checked="" type="checkbox"/> NONE	.47 ADDITIONAL WATERCRAFT ACTIVITY ● TYPE: LOCATION: DIRECTOR PRESENT SAFETY PLAN MEETS COMAR 10.16.06.52 SKILLS EVALUATED/ASSIGNED AREAS CAMPER ACCOUNTABILITY SYSTEM EMERGENCY/FIRST AID WATERCRAFT REQUIREMENTS STAFF REQUIREMENTS COMMENT:	<input checked="" type="checkbox"/> NONE

.48 RIFLERY ● LOCATION: RIFLE RANGE PROCEDURES SAFETY PLAN MEETS COMAR 10.16.06.52 DIRECTOR/STAFF REQUIREMENTS EQUIPMENT COMMENT:	<input checked="" type="checkbox"/> NONE	.48 AIR GUNS ● LOCATION: AIR GUN RANGE PROCEDURES SAFETY PLAN MEETS COMAR 10.16.06.52 DIRECTOR/STAFF REQUIREMENTS EQUIPMENT COMMENT:	<input checked="" type="checkbox"/> NONE
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.49 ARCHERY ● LOCATION: <i>on site</i> ARCHERY RANGE PROCEDURES SAFETY PLAN MEETS COMAR 10.16.06.52 DIRECTOR/STAFF REQUIREMENTS COMMENT:	<input type="checkbox"/> NONE	.50 HORSEBACK RIDING ● LOCATION: <i>on site</i> PROCEDURES SAFETY PLAN MEETS COMAR 10.16.06.52 STAFF REQUIREMENTS COMMENT:	<input type="checkbox"/> NONE
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.51 OTHER SPECIALIZED ACTIVITIES ● TYPE: <i>Skate Park</i> LOCATION: <i>on site</i> SAFETY PLAN MEETS COMAR 10.16.06.52 DIRECTOR/STAFF REQUIREMENTS COMMENT:	<input type="checkbox"/> NONE	.51 OTHER SPECIALIZED ACTIVITIES ● TYPE: <i>BMX</i> LOCATION: <i>on site</i> SAFETY PLAN MEETS COMAR 10.16.06.52 DIRECTOR/STAFF REQUIREMENTS COMMENT:	<input type="checkbox"/> NONE
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INSPECTED BY <i>Michael J. Gava</i>	RECEIVED BY <i>Michael J. Gava</i>
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YOUTH CAMP INSPECTION REPORT-SPECIALIZED ACTIVITIES

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YOUTH CAMP NAME <i>Sunshine Kids Club Camp</i>	ID # <i>06057</i>	PAGE <i>4</i> OF <i>4</i>
YOUTH CAMP ADDRESS (INCLUDE CITY, STATE, ZIP CODE)		DATE <i>7/10/08</i>

INSPECTION TYPE LICENSURE ROUTINE COMPLAINT OTHER:


*** CRITICAL REQUIREMENT-LEADS TO DENIAL, SUSPENSION, OR REVOCATION OF A CERTIFICATE OR LETTER OF COMPLIANCE WHEN THE OPERATOR FAILS TO CORRECT A VIOLATION WITHIN THE TIME PERIOD SPECIFIED BY THE DEPARTMENT.**

COMAR 10.16.06	APPROVED	COMAR 10.16.06	APPROVE
	YES NO		YES NO
-47-WATERCRAFT ACTIVITY * <i>-51</i> TYPE: <i>Paint Ball</i> LOCATION: <i>on site</i>	<input type="checkbox"/> NONE	-47-ADDITIONAL WATERCRAFT ACTIVITY * <i>-51</i> TYPE: <i>Moon bounce</i> LOCATION: <i>on site</i>	<input type="checkbox"/> NONE
DIRECTOR PRESENT	<input checked="" type="checkbox"/>	DIRECTOR PRESENT	<input checked="" type="checkbox"/>
SAFETY PLAN MEETS COMAR 10.16.06.52	<input checked="" type="checkbox"/>	SAFETY PLAN MEETS COMAR 10.16.06.52	<input checked="" type="checkbox"/>
SKILLS EVALUATED/ASSIGNED AREAS	<input checked="" type="checkbox"/>	SKILLS EVALUATED/ASSIGNED AREAS	<input checked="" type="checkbox"/>
CAMPER ACCOUNTABILITY SYSTEM	<input checked="" type="checkbox"/>	CAMPER ACCOUNTABILITY SYSTEM	<input checked="" type="checkbox"/>
EMERGENCY/FIRST AID	<input checked="" type="checkbox"/>	EMERGENCY/FIRST AID	<input checked="" type="checkbox"/>
WATERCRAFT REQUIREMENTS	<input checked="" type="checkbox"/>	WATERCRAFT REQUIREMENTS	<input checked="" type="checkbox"/>
STAFF REQUIREMENTS	<input checked="" type="checkbox"/>	STAFF REQUIREMENTS	<input checked="" type="checkbox"/>
COMMENT:		COMMENT:	

-48-RIFLERY * <i>.51 Joust</i> LOCATION: <i>ON site</i>	<input type="checkbox"/> NONE	-48-AIR-GUNS * <i>.51 Rockwall</i> LOCATION:	<input type="checkbox"/> NONE
RIFLE RANGE	<input checked="" type="checkbox"/>	AIR GUN RANGE	<input checked="" type="checkbox"/>
PROCEDURES	<input checked="" type="checkbox"/>	PROCEDURES	<input checked="" type="checkbox"/>
SAFETY PLAN MEETS COMAR 10.16.06.52	<input checked="" type="checkbox"/>	SAFETY PLAN MEETS COMAR 10.16.06.52	<input checked="" type="checkbox"/>
DIRECTOR/STAFF REQUIREMENTS	<input checked="" type="checkbox"/>	DIRECTOR/STAFF REQUIREMENTS	<input checked="" type="checkbox"/>
EQUIPMENT	<input checked="" type="checkbox"/>	EQUIPMENT	<input checked="" type="checkbox"/>
COMMENT:		COMMENT:	

-49-ARCHERY * <i>.51 Vertical Playpin</i> LOCATION:	<input type="checkbox"/> NONE	-50-HORSEBACK RIDING * <i>.51 Zipline</i> LOCATION: <i>onsite</i>	<input type="checkbox"/> NONE
ARCHERY RANGE	<input checked="" type="checkbox"/>	PROCEDURES	<input checked="" type="checkbox"/>
PROCEDURES	<input checked="" type="checkbox"/>	SAFETY PLAN MEETS COMAR 10.16.06.52	<input checked="" type="checkbox"/>
SAFETY PLAN MEETS COMAR 10.16.06.52	<input checked="" type="checkbox"/>	STAFF REQUIREMENTS	<input checked="" type="checkbox"/>
DIRECTOR/STAFF REQUIREMENTS	<input checked="" type="checkbox"/>	COMMENT:	
COMMENT:			

-51 OTHER SPECIALIZED ACTIVITIES * TYPE: <i>Fencing</i> LOCATION: <i>on site</i>	<input type="checkbox"/> NONE	-51 OTHER SPECIALIZED ACTIVITIES * TYPE: LOCATION:	<input type="checkbox"/> NONE
SAFETY PLAN MEETS COMAR 10.16.06.52	<input checked="" type="checkbox"/>	SAFETY PLAN MEETS COMAR 10.16.06.52	
DIRECTOR/STAFF REQUIREMENTS	<input checked="" type="checkbox"/>	DIRECTOR/STAFF REQUIREMENTS	
COMMENT:		COMMENT:	

INSPECTED BY

 DHMH-4357B (3/2005)

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