Youth Camp
Regulation Training 2020

Prevention and Health Promotion Administration
Center for Healthy Homes and Community Services
6 St Paul Street, Suite 1301
Baltimore, MD 21202

Phone 410-767-8417     Fax 410-333-8926
MISSION AND VISION

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.
# Youth Camp Certification

## CHHCS Staff

<table>
<thead>
<tr>
<th>Name</th>
<th>Role</th>
<th>Phone</th>
<th>Email</th>
</tr>
</thead>
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</tr>
</tbody>
</table>

**Locations**

- 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
Legal Authority/Regulation

- Law: Youth Camp Act:
  Health General Title 14 Subtitle 4

- Regulation: COMAR 10.16.06
  - Updated in 2016

- Regulation: COMAR 10.16.07
  - Created in 2016

- Regulation: COMAR 10.01.17
  - Update in 2016
Day Camp

3 or more recreational activities
or
1 or more specialized activities

Operate 7 days in a 3 week period.

Primarily Recreational Activities

Camper Age
3.5 to 18 years

7 or more campers unrelated to director

Is My Program a “Youth Camp”?

COMAR 10.16.06.02B(13)
Is My Program a “Youth Camp”?

Residential 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

COMAR 10.16.06.02B(30)
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
- An instructional program of 2 hrs. or less in a specialized activity
Is My Program a “Youth Camp”?

What Is NOT a Youth Camp?

- A summer school program taught by certified teacher and offering credit
- A program or activity where parents/guardians are present for duration, participate, and oversee activities of the child

COMAR 10.16.06.02B(39)(c)
What Is NOT a Youth Camp?

• A program enrolling children under the age of 3.5 years old cannot be licensed as a youth camp.
  • The operator should consult with Child Care Administration to see if a child care license is required.
New Application

• New Youth Camp Application
  • Print from Youth Camp website
  • https://phpa.health.maryland.gov/OEHFP/CHS/Documents/ApplicationforNewYouthCamp.pdf
  • Fill out completely, accurately, attach all required supporting documents, & fee

• Renewal Applications
  • Renewal email are sent to operator
  • “Good Standing”- Pay reduced fee

• Applications not signed, submitted without fee, or with incorrect fee will not be reviewed and will be returned.
# Youth Camp Application Fee Chart

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

<table>
<thead>
<tr>
<th>Residential, Day &amp; Residential, Trip, or Travel Camps</th>
<th>Camper Days</th>
<th>Regular Fee</th>
<th>Reduced Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1 to 700</td>
<td>$500</td>
<td>$125</td>
</tr>
<tr>
<td></td>
<td>701 to 5,000</td>
<td>$1,000</td>
<td>$250</td>
</tr>
<tr>
<td></td>
<td>5,001 to 16,000</td>
<td>$1,500</td>
<td>$375</td>
</tr>
<tr>
<td></td>
<td>16,001 or more</td>
<td>$2,000</td>
<td>$500</td>
</tr>
</tbody>
</table>
Youth Camp Application

Renewal Application

• Renewal Applications
  • Renewal email is sent to operator
  • “Good Standing”- Pay reduced fee
    • Application submitted on time
    • Annual Report submitted on time
    • All fees paid
    • No Critical Violations for 2 years
    • Self-Assessment submitted on time

• Applications not signed, submitted without fee, or with incorrect fee will not be reviewed and will be returned.

COMAR 10.16.06.08
Criminal Background Checks and Clearances

COMAR 10.16.06.21
Criminal Background Checks and Clearances

COMAR 10.16.06.21
Authorization Number

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

Criminal Background Checks and Clearances

**Authorization Number**

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

Maryland and FBI

• Must have completed MD & FBI check for all required employees
• “Employee” paid/compensated and has access to the campers
• Copy of results must be addressed to employer, not the employee
Results

Criminal Background Checks and Clearances

Information Technology and Communications Division
Criminal Justice Information System - Central Repository

MARYLAND DEPARTMENT OF HEALTH & MENTAL HYGIENE OFFICES
LINDA RIDE 8519 PAUL STREET, SUITE 1301, DIVISION OF COMMUNITY SERVICES
BALTIMORE, MD 21202-9368

Received: 02/02/2011
Reference: 110020076

MARYLAND DEPARTMENT OF HEALTH & MENTAL HYGIENE OFFICES
LINDA RIDE 8519 PAUL STREET, SUITE 1301, DIVISION OF COMMUNITY SERVICES
BALTIMORE, MD 21202-9368

February 02, 2011

Your request for a criminal history record check of Maryland’s Criminal Justice Information System has been completed. This record check was based upon the identification information provided as follows:

Name: John Doe
Date of Birth: 01/01/1970
Sex: Male

No criminal history was found under the Maryland statutes or regulations authorizing you to receive the information.

A fingerprint supported criminal history record check has been indicated.

The results of that investigation will be sent to the requesting agency only.

The Maryland Criminal Justice Information System is operated under the authority of the Secretary of the Department of Public Safety and Correctional Services and may not contain data prior to 1978.

Carol Shelton
Carol Shelton, Director
Criminal Justice Information Systems
Central Repository

The FBI criminal history investigation has been completed.

The covered individual is not the subject of any criminal charges.

The Maryland Criminal Justice Information System is operated under the authority of the Secretary of the Department of Public Safety and Correctional Services and does not contain data prior to 1978.

Carol Shelton
Carol Shelton, Director
Criminal Justice Information Systems
Central Repository
Criminal Background Checks and Clearances

Fingerprints

Maryland CJIS no longer accepts inked fingerprints as of April 15, 2012, except for out of state. Use LIVESCAN PRE-REGISTRATION APPLICATION
Criminal Background Checks and Clearances

Personnel Administrator

• MDH must have the personnel administrator’s criminal background results from CJIS
• Use MDH Authorization Number: 9400019171
• DO NOT USE THIS AUTHORIZATION NUMBER FOR OTHER STAFF MEMBERS
Criminal Background Checks and Clearances

365 Day Request

- Use for individuals who were fingerprinted for child care within last year
- Does not require fingerprints
- No charge
CPS Background Clearance

- All employees must complete CPS Release of Information Form (DHR/SSA 1279) online.
- Handwritten forms are not accepted.
- Personnel Administrator keeps original signed and notarized form on file at camp.
- Personnel Administrator must “Submit” and Complete online via myDHR site.
- CPS Background Clearance result is received via email from myDHR site or can be viewed on the site.
- Personnel Administrator’s original signed and notarized form is sent to MDH (not DHS).
Reviewing Results

• Personnel Administrator must review MD and FBI background checks and CPS background clearance information.

• Cannot employ an individual with a conviction, probation before judgment, not criminally responsible disposition or pending charge listed in Regulation .21E.

• Per Regulation .21F, if results indicate that the individual is responsible for child abuse/neglect or includes a crime not included in .21E, then Personnel Administrator must assess hiring based on job position, nature/seriousness of the crime, how long ago, individual’s age, probation/parole and other pertinent information.
Procedures

- 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 Prevention and Reporting
  - Regulation 10.16.06.35
Emergency Procedures

Regulation 10.16.06.34

– Natural disasters and severe weather
– Being prepared
Emergency Procedures

Evacuation Plan

Where are you going?
Practice drills and document them at the beginning of each new session or whenever new children are added.
Emergency Procedures

Missing Campers?

1. Head count,
2. Missing campers,
3. Finding missing campers.
Emergency Procedures

911

• Does camp use cell phones or another communication plan?
• Who is responsible for calling 9-1-1?
Emergency Procedures

Transportation for Evacuation

• Emergency transportation plan for evacuating the entire facility.
Emergency Procedures

Notify Parents

• Mechanisms for notifying parents of changes to pick-up or drop-off locations due to an emergency situation.
Emergency Procedures

Ensure Camper Safety

• Maintain the safety of the other campers while searching for a missing camper.
Trip and Transportation

Regulation 10.16.06.52 and .53

- Written Safety Plans for:
  - Field trips (On line)
  - Transportation (On Line)
    - Safety Seats for Younger Children
- Written parental authorization
- Rules
- Supervision
Specialized Activities

Regulation 10.16.06.47 - .52

- All Specialized Activities
  - Director Present
  - Safety Plan Developed and Implemented
  - Staff Training
  - Staff Ratio (1 staff to 10 campers)
- Swimming
  - Swim ability test
  - Safety system to quickly account for campers
  - WATCHERS, WATCHERS, WATCHERS
- Marksmanship
- Horseback Riding
Specialized Activities

Change to Regulation .51

• A helmet is required for rock climbing or high ropes activities, except when an auto-belay system is utilized.
# Supervision

## Regulation 10.16.06.54

### Required Number of Adults and Assistant Counselors

<table>
<thead>
<tr>
<th>Campers</th>
<th>3 ½ to 5 years old</th>
<th>6 to 10 years old</th>
<th>11 years old or older</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults</td>
<td>Assistant Counselors or Adults</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 to 8</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>9 to 16</td>
<td>1</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>17 to 24</td>
<td>1</td>
<td>2</td>
<td>2</td>
</tr>
</tbody>
</table>

### Instructions

Determine the age of the youngest camper within the group, find that age on the chart. Then determine the number children in the group and use those supervision ratios for the group.

Adult means an individual 18 years old or older or an individual 17 years old who has graduated from high school. Assistant Counselor means an individual who is 16 years old or older or an individual who has successfully complete the tenth grade.

**Example:** If my group has campers that are 4 years old to 7 years old, I would use the blue section for 3 ½ to 5 years old. Since I have 10 campers in my group I determine that I need 1 adult plus another adult or assistant counselor to meet the routine supervision ratios required by this regulation.
Child Abuse Prevention and Reporting

Mandated Reporters
Child Abuse Prevention and Reporting

Regulation 10.16.06.35

• Develop and implement child abuse prevention and reporting plan
  **see handout**
• Recognizing signs of abuse and neglect
• Provide training to staff members/volunteers on the prevention and reporting plan annually
• Keep sign-in sheet for training on file
• Keep a copy of the local DSS numbers on file
• Child abuse reporting legal requirements, have copy of form
• Reporting responsibility rests upon the person who suspects the abuse.
• Report to Director/Owner?
• Developing a Child Abuse Prevention and Reporting Plan handout.
Facilities

Regulations 10.16.06.38 - .41
Facilities

Regulations 10.16.06.38 - .40

- Toilet facilities: If separate toilet facilities are provided they must be properly marked
- Showerheads spaced min. of 30 inches apart
- Min. of 6 square feet of floor area
- Constructed of nonabsorbent, skid resistant, easily cleanable material
- Min. temp 90°F max. temp 120°F

<table>
<thead>
<tr>
<th>Type of Facility</th>
<th>Day</th>
<th>Residential</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Toilet per</td>
<td>35</td>
<td>15 campers</td>
</tr>
<tr>
<td>1 Hand Washing Unit per</td>
<td>35</td>
<td>25 campers</td>
</tr>
<tr>
<td>1 Showerhead per</td>
<td>N/A</td>
<td>15 campers</td>
</tr>
<tr>
<td>1 Bed, Cot or Bunk per</td>
<td>N/A</td>
<td>1 camper</td>
</tr>
</tbody>
</table>

- Sleeping facilities, COMAR 10.16.06.40
- 1 bed, cot, or bunk per camper
- Sturdy frame with 12 inches from floor
- Clean, vermin-free, hole-free mattress plastic mattress cover
- Disinfect mattresses annually
- Provide min. of 30 square feet of floor space per occupant in sleeping areas
- Double Bunks: 27 inches bottom bunk to top bunk and 36 inches top bunk to ceiling
Facilities

Garbage removal, COMAR 10.16.06.43

- Durable containers in good repair
- Collected as necessary to prevent overflow
- Disposed of legally
- Outside containers have:
  - Tight-fitting Lids
  - Are leak-proof, fly-proof, and rodent-proof
Insect and rodent control

- Minimize entry
- Eliminate harborage
Facilities

Documentation for Private Building

• Building
  • Use and Occupancy Permit
    Or
  • Master Plumber and Master Electrician Letters
• Water and Sewage
  • Public Water and Sewer
    Or
  • Local Health Approval Form
• Fire Marshal Inspection
• Food Service Facility Permit from LHD
• Swimming Pool Permit from LHD

COMAR 10.16.06.46
COMAR 10.16.06.36
COMAR 10.16.06.37
COMAR 10.16.06.46
COMAR 10.16.06.42
COMAR 10.16.06.47
Facilities

Documentation for School/Government

• Building Safety Form
  • Covers:
    • Water
    • Sewage Disposal
    • Plumbing
    • Electrical
    • Fire
    • Building/Zoning

• Food Service Facility Permit from LHD

• Swimming Pool Permit from LHD
Health Program

Health Supervisor

• 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

• Minimum of 2 Adults
  • Certification Issued by National Organization

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

• Field Trips
  • One with trip and one at camp if campers stay behind
Written Health Program

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

Medications

- Covers Prescription and Nonprescription Medications
- Delegation ability varies depending on credentials of Health Supervisor
- Self-administration vs. Staff Administration
- Youth Camp Medication Administration Certificate Holder
Medications

• Prescriptive Order for All Medication – MDH form
  • (may be used at multiple camps for one season)
• Parental Consent Documented
• Standing Orders and Parental Consent
• Staff Medications
• Sunscreen, see January 25, 2017 memo
Health Program

(Optional) Emergency Epinephrine

• 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.
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
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
Health Program

(Optional) Emergency Epinephrine

• 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.
Health Program

Treatment Area

Day Camp

Temporary Isolation
Private and Quiet
First Aid Supplies and Hand Washing
Continual Supervision

COMAR 10.16.07.13
Treatment Area

Residential Camp

- Hot/Cold Running Water
- Bathroom with Flush Toilets
- Hand Sink, Shower, and Isolation & Convalescent Area
- External Lighting

COMAR 10.16.07.13
Health Program

Health Records

Camper Health Record

Staff/Volunteer Health Record

COMAR 10.16.07.08 & .09
Health Program

Health Log

Must Be:
1. On Lined Paper
2. Kept Confidential
3. In Locked Compartment
4. Available to Department
5. Retained for 3 years
6. Recorded in Ink
7. No Skipped Lines
8. Spiral Book Must Have Sequentially Numbered Pages

Must Include:
1. Date
2. Name of Camper
3. Ailment
4. Treatment Prescribed
5. Name or Initials of Person Administering Care
Health Program

Acute Illness & Communicable Disease

Refer to list provided in your packet.
Youth Camp Certification

Staff Training & Certification

- Training
  - Document staff training for the following:
    - Health Program
      - Including Medication Administration
    - Emergency Plan
    - Trip Safety Plan
    - Transportation Safety Plan
    - Specialized Activities Safety Plans
    - Child Abuse Prevention and Reporting

- CPR and First Aid certification
  - Document current CPR/first aid
  - Ensure that at least 2 adults with CPR/FA are on duty during camp
Youth Camp Certification

Submitting Required Reports

• COMAR 10.16.06.06 and COMAR 10.16.07.06

• Annual Report must be submitted to Center for Healthy Homes and Community Services within 4 weeks of camp ending along with any required injury/illness reports.
Submitting Required Reports

• MDH Youth Camp Portal
  • Submit Annual Report and Incident Report online.
    https://mdhyouthcamps.force.com/login

• Obtain a user name from MDH
  • Create a password
MHD Youth Camp Portal

Community User

- Who is the Community User?
  - More than one camp?
- Log In
  - Enter Annual Report
  - Enter Incident Report
  - Renewal Application On-line
  - Upload Documentation
  - Review Info
MHD Youth Camp Portal

https://mdhyouthcamps.force.com/login
MDH Youth Camp Portal

Select All Youth Camp
Youth Camp

MDH Youth Camp Portal
What is an Incident Report?  
When to Report?  
When to Report Acute Illnesses and Communicable Diseases?  
How to Fill out the Incident Report?
### Incident Report

**Health Program**

#### COMAR 10.16.07.06 & .07

![Incident Report Form](image)

- **Incident Report Form**
  - Department of Health and Mental Hygiene
  - Division of Health Services
  - Contact: 410-767-1320

- **Incident Information**
  - Name of Reportee
  - Date of Incident

- **Details of Incident**
  - Description of Event
  - Date of Incident
  - Time of Incident

- **Emergency Notification**
  - Contact Information
  - Date of Notification

- **Follow-Up**
  - Action Taken
  - Date of Follow-Up

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**MARYLAND Department of Health**

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When to Report?

REQUIRED HEALTH REPORTS, COMAR 10.16.07.06

<table>
<thead>
<tr>
<th>Make Report To:</th>
<th>Minor’s Parent/Guardian</th>
<th>Health Supervisor</th>
<th>MDH</th>
<th>Health Log or Personal Health Record</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Type:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Injury or illness that results in death, requires CPR, or admission to a hospital. (See COMAR 10.16.07.06A)</td>
<td>Immediately</td>
<td>Immediately</td>
<td>Verbally within 24 hours and submit the Report Form* within 1 week</td>
<td>Record same day</td>
</tr>
<tr>
<td>Injury that is treated at an off-site medical facility and has a positive diagnosis (See COMAR 10.16.07.06B)</td>
<td>Immediately</td>
<td>Immediately</td>
<td>Submit the Report Form* within 4 weeks of the end of camp</td>
<td>Record same day</td>
</tr>
<tr>
<td>Accident with no apparent injury: a fall from a horse/equipment impact from sports equipment. (See COMAR 10.16.07.06C+D)</td>
<td>Immediately if Health Supervisor is on duty at camp (verbal or written)</td>
<td>Immediately</td>
<td>No report</td>
<td>Record same day</td>
</tr>
<tr>
<td>All other injuries &amp; illnesses</td>
<td>If Health Supervisor is not on duty at camp, ASAP and before end of camp day (verbal or written)</td>
<td>No report</td>
<td>No report</td>
<td>Record same day</td>
</tr>
<tr>
<td>Reportable conditions or outbreaks per COMAR 10.06.01, see list</td>
<td>Immediately</td>
<td>Immediately</td>
<td>Verbally to MDH and Local Health Department within 24 hours and submit the Report Form* to DHMH within 1 week.</td>
<td>Record same day</td>
</tr>
<tr>
<td>Medication Error or Auto-injectable Epinephrine</td>
<td>Immediately</td>
<td>Immediately</td>
<td>Submit the Report Form* within 4 weeks of the end of camp</td>
<td>Record same day</td>
</tr>
</tbody>
</table>

Maintain documentation of reports at camp.

*Before forwarding reports to MDH, remove confidential information such as person’s name.

DO NOT REMOVE AGE, GENDER OR DATE/TIME OF INCIDENT.

MDH, Center for Healthy Homes and Community Services
6 St Paul St, Suite 1301
Baltimore, MD 21202-1608
Phone: 410-767-8417 Fax: 410-333-8926
Incident Report

What is an Incident Report?
New Annual Report

- Submit online
- Due within 4 weeks from end of camp
- Can be saved every week
How to Upload Documents

MDH Youth Camp Portal
Youth Camp Renewal Online?

Renewal

• 2020 Renewal Online
Youth Camp Certification

Questions?