

**State of Maryland**  
**Department of Health and Mental Hygiene**  
**YOUTH CAMP INSPECTION REPORT**

YOUTH CAMP NAME <i>Camp Farthest out</i>		CERTIFICATE NO. <i>06011</i>	POSTED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
YOUTH CAMP ADDRESS (INCLUDE CITY, STATE, ZIP CODE) <i>5915 Farthest out Dr. - Sykesville, MD 21784</i>			
DIRECTOR <i>Brian Carter</i>		PHONE NO. <i>410 - -</i>	DATE <i>7/31/02</i>
ANNUAL REPORT COMAR 10.16.06.04 FILED BEFORE THE END OF THE CALENDAR YEAR	APPROVED	CAMP TYPE <i>Circle One</i>	
	YES NO	DAY	<input checked="" type="checkbox"/> RESIDENTIAL <input type="checkbox"/> TRAVEL <input type="checkbox"/> TRIP
CERTIFICATION COMAR 10.16.06.05 APPLICATION SUBMITTED FOR ANNUAL CERTIFICATION OR LETTER OF COMPLIANCE	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	INSPECTION TYPE <i>Circle One or Explain</i> <input checked="" type="checkbox"/> LICENSURE <input type="checkbox"/> ROUTINE <input type="checkbox"/> COMPLAINT OTHER:	
CRIMINAL BACKGROUND INVESTIGATION OF STAFF COMAR 10.16.06.07 PERFORMED IN COMPLIANCE WITH FAMILY LAW ARTICLE §§5-560 through 5-568	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	FOOD SERVICE	
	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	COMAR 10.16.06.15 COMPLIANCE WITH COMAR 10.15.03 CAMPER'S LUNCH REFRIGERATED <i>NA</i>	
MEDICAL REQUIREMENTS COMAR 10.16.06.08 MEDICAL PROGRAM MEDICAL PERSONNEL MEDICAL LOG REQUIRED REPORTS MEDICAL REPORT FORM PERSONAL HEALTH & MEDICAL RECORDS HEALTH TREATMENT AREA COMMUNICABLE DISEASES MEDICATIONS AND PRESCRIPTION DRUGS EMERGENCY PROCEDURES	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	GARBAGE AND OTHER REFUSE COMAR 10.16.06.16 GARBAGE AND TRASH COLLECTION, DISPOSAL CONTAINERS PROVIDED CONTAINERS: LEAK, FLY AND RODENT-PROOF	
	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	INSECT AND RODENT CONTROL COMAR 10.16.06.17 ENTRY MINIMIZED/HARBORAGE ELIMINATED	
CHILD ABUSE COMAR 10.16.06.09 REPORTED AS PRESCRIBED IN FAMILY LAW ARTICLE §§5-704 AND 5-705	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	RABIES CONTROL COMAR 10.16.06.18 DOG / CAT VACCINATIONS PROVIDED <i>NA</i>	
	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	FIRE / OTHER HAZARDS / EMERGENCIES COMAR 10.16.06.19 FACILITIES APPRO. BY STATE OR COUNTY FIRE AUTH. BUILDING MAINT. IN COMPLIANCE W/COMAR 12.03.01 ELECT. CONNECT. IN COMP. W/COMAR 05.02.01.03 PESTICIDES/ TOXIC CHEMICAL STORAGE	
WATER SUPPLY COMAR 10.16.06.10 REQUIREMENTS <i>NA</i> INDIVIDUAL WATER SUPPLIES BACKFLOW PREVENTION	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	HAZARDOUS MATERIALS STORAGE TELEPHONE EMERGENCY PROCEDURES / DRILLS	
	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	SPECIALIZED ACTIVITIES: AQUATICS COMAR 10.16.06.20 GENERAL REQUIREMENTS EMERGENCY / FIRST AID SWIMMING WATERCRAFT ACTIVITIES	
SEWAGE DISPOSAL COMAR 10.16.06.11 CONNECTED TO COMMUNITY SYSTEM/MAINTAINED <i>NA</i> INSTALLED, OPERATED AND MAINTAINED IN COMPLIANCE WITH COMAR 26.04.02 WASTE PLUMBING CONNECTIONS & FIXTURES TAP/FOUNTAINS WASTE WATER DISPOSAL PRIVIES <i>NA</i>	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	SPECIALIZED ACTIVITIES: MARKSMANSHIP COMAR 10.16.06.21 RIFLE RANGE AIR GUN RANGE PROCEDURES STAFF	
	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	SPECIALIZED ACTIVITIES: ARCHERY COMAR 10.16.06.22 ARCHERY RANGE PROCEDURES STAFF	
TOILET FACILITIES COMAR 10.16.06.12 CONSTRUCTION, LOCATION, MAINTENANCE RATIOS BOYS & GIRLS FACILITIES SEPARATED, LABELED TOILET TISSUE AND HOLDERS VENTILATION	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	SPECIALIZED ACTIVITIES: HORSEBACK RIDING COMAR 10.16.06.23 PROCEDURES STAFF	
	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	SPECIALIZED ACTIVITIES: HORSEBACK RIDING COMAR 10.16.06.23 PROCEDURES STAFF	
BATHING/HANDWASHING FACILITIES COMAR 10.16.06.13 LOCATION WATER HEATERS HANDWASHING UNITS/TRASH CONTAINERS SHOWER FACILITIES	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	OTHER SPECIALIZED ACTIVITIES: INDICATE COMAR 10.16.06.24 TYPE: _____ PROCEDURES STAFF	
	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	OTHER SPECIALIZED ACTIVITIES: INDICATE COMAR 10.16.06.24 TYPE: _____ PROCEDURES STAFF	
SLEEPING FACILITIES COMAR 10.16.06.14 SLEEPING FACILITIES PROVIDED SLEEPING FACILITIES CLEAN/SANITIZED DOUBLE-DECK BED SPACING REQUIREMENT FLOOR SPACE REQUIREMENT	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
INSPECTED BY <i>Keith E. Eagle BS</i>		RECEIVED BY <i>Bink Hat</i>	TITLE <i>Director</i>

STATE OF MARYLAND  
DEPARTMENT OF HEALTH AND MENTAL HYGIENE  
Division of Community Services  
6 St. Paul St./ Suite 1301  
Baltimore, MD 21202  
Phone: (410) 767-8417  
FAX: (410) 333-8926  
**INSPECTION REPORT**

ESTABLISHMENT NAME <u>Camp Farthest Out</u>		DATE INSPECTED <u>7/31/02</u>	CAPACITY
STREET ADDRESS <u>5915 Farthest Out Dr.</u>		TYPE OF ESTABLISHMENT <u>Youth Camp</u>	
CITY AND STATE <u>Sykesville, MD</u>	ZIP CODE <u>21784</u>	TYPE OF INSPECTION <u>Leisure</u>	
NAME OF OWNER <u>Darbis Memorial Church</u>		PHONE NUMBER	

THIS REPORT IS OFFICIAL NOTICE OF VIOLATIONS OBSERVED DURING THIS INSPECTION

- 1 - Camp has not submitted 2002 Youth Camp Certificate Renewal application. COMAR 10.16.06.05
- 2 - Camp child abuse procedure should be updated to include local phone number for reporting incidents of abuse or suspected abuse. COMAR 10.16.06.09
- 3 - Camp does not have 2002 approval of State Fire Marshal. COMAR 10.16.06.19A
- 4 - Staff Medical records are not complete as req. by COMAR 10.16.06.08 F  
Need TB cert. for all staff & need tetanus date for all staff
- 5 - Camp does not have certifications that indicate at least 2 individuals are on site that are currently certified in CPR + First Aid. COMAR 10.16.06.08 B. Need at least 2 on site at all times. Certifications on site are for Lannie Wallace (BLS by Military Training Network)
- 6 - Swimming safety plan needs to be updated to include all info. as stated in COMAR 10.16.06.20C  
Plan should indicate min. lifeguard ratio (1:25), watchers (1:25), and overall staff ratio of (1:10), at least 2 individuals certified in CPR + First Aid are on duty during swimming.
- 7 - Information regarding medication side effects is not available to medical staff (GMA) as req. by COMAR 10.16.06.08. Must receive info. from pharmacy, physician, etc.
- 8 - Camp does not have approval of plumbing + electrical systems for camp facilities as req. by COMAR 10.16.06.19 d. 11

Note: Staff are not supervising campers. Conversations w/ medical staff + pool staff indicate that this is routine among the counselors. It was observed during inspection today.

CORRECTIVE ACTION PROPOSAL  
\* - 10 days, Others - 30 days

COPY OF THIS REPORT RECEIVED BY [Signature] TITLE Director

SANITARIAN [Signature] INSPECTION AGENCY [Signature]

DHMH 1904

STATE OF MARYLAND  
DEPARTMENT OF HEALTH AND MENTAL HYGIENE  
Division of Community Services  
6 St. Paul St./ Suite 1301  
Baltimore, MD 21202  
Phone: (410) 767-8417  
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**INSPECTION REPORT**

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STREET ADDRESS <u>5915 Farthest out Dr.</u>	TYPE OF ESTABLISHMENT <u>Youth Camp</u>	
CITY AND STATE <u>Sykesville, MD</u>	ZIP CODE <u>21784</u>	TYPE OF INSPECTION <u>Licensure</u>
NAME OF OWNER <u>Douglas Memorial Church</u>	PHONE NUMBER	

THIS REPORT IS OFFICIAL NOTICE OF VIOLATIONS OBSERVED DURING THIS INSPECTION

\* <sup>02</sup> (9) - Camp did not have adequate staff present during swimming activity as req. by COMAR 10.16.06.00c. Observed ~80 campers in pool; only 2 lifeguards & 1 counselor present. - Repeat violation from 2001 - Pool was cleaned. When swimming resumed,

only 30 kids were permitted in pool.  
\* (10) - Camper medical records are not complete as req. by COMAR 10.16.06.00f.

\* (11) - Need immunization records for [redacted].  
\* (11) - Camp not following swimming safety plan. COMAR 10.16.06.00A. Plan specifies that wrist bands are used, however, this is not being done.

Notes: - B. Carter (Director) is CPR + First Aid certified, however, certifications are not on site. Cert. on site expired 1/18/02 for lifeguarding/First Aid. Exp by 8/1/02  
- L. Wallace has Amer. Heart Assoc. BLS cert through 3/04. Military credentials indicating she is the equivalent of an LPN will be faxed to DHMH by 8/1/02  
- Max. swimming capacity is 75 w/ 3 cert. guards + 5 other staff (minimum)

80 w/ 2	3
95 w/ 1	2

- See item #6 for swimming ratios -

- Approx. 10 staff (including Dir. + Asst. Dir.) present for 98 campers. (Most staff 18-19 yrs. old)  
- At a minimum, an administrative conference will be scheduled between DHMH + Camp Farthest Out to discuss camp issues. (Staff, swimming, etc.)

CORRECTIVE ACTION PROPOSAL

\* - 10 days, others - 30 days

COPY OF THIS REPORT RECEIVED BY

SANITARIAN

*[Handwritten signature]*  
*[Handwritten signature]*

TITLE

*Director*

INSPECTION AGENCY

*DHMH*



STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene  
6 Saint Paul Street, Suite 1301 • Baltimore, Maryland 21202

Parris N. Glendening, Governor – Kathleen Kennedy Townsend, Lt. Governor – Georges C. Benjamin, M.D., Secretary

Office of Food Protection and Consumer Health Services  
Alan L. Taylor, R.S., Director

November 19, 2002

Mr. Louis H. Richardson, Jr.  
1325 Madison Avenue  
Baltimore, Maryland 21217

Re: Camp Farthest Out  
5915 Farthest Out Drive  
Sykesville, MD 21784

Dear Mr. Richardson:

As you recall, this office conducted an inspection of the Camp Farthest Out youth camp program on July 31, 2002. A copy of the inspection report is enclosed. This inspection was done to verify compliance with Maryland's Certification for Youth Camps Regulation, COMAR 10.16.06. In order for a camp to be certified to operate as a youth camp in Maryland, the operator must demonstrate compliance with COMAR 10.16.06.

Numerous violations of COMAR 10.16.06 were observed during the inspection. The inspection included repeat violations, which are violations that were noted on last year's inspection of the camp and again noted as a violation when this year's inspection was done. As of this date, this office has not received compliance documentation indicating correction of the violations.

As a result of the numerous and repeat violations observed, this office is requiring you to attend an informal conference to discuss correction of these issues. This conference will be held on Thursday, December 12, 2002 at 10:00 a.m. The Division of Community Services office is located at 6 St. Paul Street, Suite 1202, Baltimore, Maryland 21202.

Prior to attending this conference, please develop a detailed plan explaining how you will correct each violation. Please be prepared to discuss this plan at the meeting. Certification of the Camp Farthest Out youth camp for 2003 will be withheld until after the conference and all items noted on the July 31, 2002 inspection report are adequately addressed.

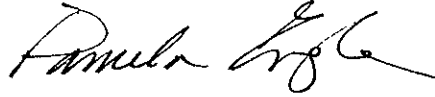
410-767-8440 • Fax 410-333-8931

Toll Free 1-877-4MD-DHMH • TTY for Disabled - Maryland Relay Service 1-800-735-2258

Web Site: [www.dhmh.state.md.us](http://www.dhmh.state.md.us)

If you have any questions or need directions, please feel free to contact Mr. Kirk Engle at (410)-767-8424 or myself at (410)-767-8418.

Sincerely,

A handwritten signature in cursive script, appearing to read "Pamela Engle".

Pamela Engle, R.S., Acting Chief  
Division of Community Services

cc: Mr. Brian Carter, Director  
Kirk Engle, R.S.  
John Nugent, Esq.  
Alan Taylor  
Reverend Mark Andre Wainwright  
Reverend Raphael Gamalial Warnock