

NEW Background Check Requirements

Who needs to do background checks?

- All paid staff
- All volunteers 14 and older with access to campers
 - Cabin Counselors
 - Directors
 - All other resource volunteers staying on-site OR with extended involvement in program (more than 12 hours cumulatively during a camp program)
 - Anyone who does not have these background checks completed WILL NOT be permitted
 - to stay overnight on camp property
 - be in intimate spaces with campers
 - be alone with a group of campers

What do I need to do?

- There are 2 additional background checks that are legally required for our volunteers to complete - CPS and CJIS
- **These MUST be completed 2 weeks before your time of voluntary service at camp**
- These background checks must be done for a fee. You will need to pay for it on your own.
 - If you would like Camp Mardela to reimburse you for the full amount, send your receipts to campmardela@gmail.com.
 - If you do not need reimbursement, we will acknowledge the payment of your background checks as a tax-deductible donation to camp.

Why now?

- All Maryland camps were sent an email on May 12th notifying us of this change. The law had been passed in October, 2023, but it was not required until now. The state has just pushed the Center for Healthy Homes and Community Service (CHHCS) - a branch of the Maryland Department of Health (MDH) to enforce this law starting this summer season. CHHCS did their best to advocate for this not going into effect until next season, but the state insisted that this must be put into effect this season. They are aware that this is last-minute for camp planning, but we are legally required to comply, and could risk significant fines and lawsuits if we do not.
- To help combat the suddenness of this requirement, this document is intended to bring clarity to these requirements, and offer resources to help all of our volunteers to comply as painlessly as possible

CPS (Child Protective Services)

1. Complete pages 3-4 of this form -
<https://dhs.maryland.gov/documents/Child%20Protective%20Services/CPS%20Background-Adam%20Walsh%20Background%20Clearance%20Packet.pdf>
 - a. Part I
 - i. A - you do not need to check these boxes
 - ii. B -
 1. check "Youth Camp Worker/Volunteer"
 2. Agency/Individual Name - Camp Mardela
 3. Name of Agency Representative - Jennifer Summy
 4. Agency Address - 301 Deep Shore Road, Denton, MD 21629
 5. Representative's Email - campmardela@gmail.com
 - b. Part II
 - i. Fill out all of your personal information.
 1. Social security number IS REQUIRED
 - ii. Part III
 1. Enter "Camp Mardela" in this blank
 - iii. Part IV & V
 1. DO NOT SIGN (MUST be signed before a notary)
2. Take the completed form to be notarized
 - a. Notarization is REQUIRED for the form to be processed
3. Submit the completed form
 - a. Print and mail to Caroline County DSS - 207 S. Third St., Denton, MD 21629
 - b. This background check and the notarization of this document can be done for free at Shore United Bank locations - other places may require a small fee payment for notarization

Sample Form Attached below.

CJIS (Criminal Justice Information System)

1. Complete LiveScan Authorization Form -
[https://www.dpscs.state.md.us/publicservs/pdfs/ITCD-16%20-%20Livescan%20Pre-Registration%20App-%20June%202019%20-%20PDF%20Fillable%20\(1\).pdf](https://www.dpscs.state.md.us/publicservs/pdfs/ITCD-16%20-%20Livescan%20Pre-Registration%20App-%20June%202019%20-%20PDF%20Fillable%20(1).pdf)
 - a. Applicant Information
 - i. Complete all sections with personal information
 - ii. Social Security number is REQUIRED
 - b. Reason for Request
 - i. Do NOT select any options in "Individual" section
 - ii. In "Agency" section, select "Child Care" box
 - iii. Agency Authorization Number - 0300090906
 - iv. ORI Number - MD00455Y
 - v. Position Applied - Camp Program Volunteer
2. Schedule State & Federal fingerprinting at a CJIS approved location -
<https://www.dpscs.state.md.us/publicservs/fingerprint.shtml>
 - a. Non-MD residents - use the information below to request a fingerprinting card.
Take it to a local place that does ink fingerprints and send to the address below:
 - i. 6776 Reisterstown Road, Suite 101, Baltimore, MD 21215
 - ii. 410-764-4501
 - iii. cjis.customerservice@maryland.gov
 - b. MD residents: Use link above to find local fingerprinting locations, or the recommended locations below:
 - i. SCREEN ID - Talbot County
8707 Commerce Dr A, Easton, MD 21601
877-702-7107
<https://www.screenid.net/>
 - ii. Queen Anne's County Sheriff's Office - Queen Anne's County
505 Railroad Ave, Centreville, MD 21617
410-758-0770
<https://queenannessheriff.org/>
\$60 fingerprinting - cash & check recommended (card processing fee)
Appointment required at least 1 week in advance
 - iii. Annapolis Fingerprinting - Anne Arundel County
108 Old Solomon Island Rd Unit 13, Annapolis, Md 21401
204-200-5955
<https://annapolisfingerprinting.com/>
\$68 State & Federal fingerprinting, \$8 notary
Appointment recommended
POTENTIALLY will come on-site during staff & volunteer training to do fingerprinting. Will send information if that is confirmed.
 - iv. Worth-a-shot - Anne Arundel County
8424 Veterans Highway, Suite #11, Millersville, MD 21108

443.688.652

<https://worth-a-shot.com/fingerprinting-services/>

\$60 fingerprinting, \$6 notary

Walk-ins and appointments accepted

v. Thomas Security - Wicomico County

1325 Mt. Hermon Road, Salisbury, MD 21804

410.548.5029

<https://www.thomassecurityservicesllc.com/security-and-investigative-services-our-services/livescan-fingerprinting-service>

\$53 fingerprinting for Child Care - Volunteer

Appointment recommended

vi. Salisbury MVA - Wicomico County

251 Tilghman Rd, Salisbury, MD 21804

410-768-7000




<https://mva.maryland.gov/locations/Pages/salisbury.aspx>

\$48 fingerprinting for Child Care - Volunteer

Appointment required

Sample Form Below.

SUPPORTING DOCUMENTS

Background check for Volunteers - 2025 Season    

MDH CHHCS -MDH- (sent by tyivia.koromah@maryland.gov) Mon, May 12, 12:08 PM (3 days ago)    
to bcc: me 

You are receiving this email because you are listed as a camp community user for a Maryland Youth Camp. If you are no longer the community user or the email needs to go to someone else, please see the below contact information. Do not respond to this email.

Hello Camp Operators,

As the camp season is rapidly approaching the Center for Recreation and Community Environmental Health Services (CRCEHS) would like to remind all Maryland Youth Camps of a change in the background check process for the 2025 season. Beginning this year, all volunteers with direct access to campers are required to have the FBI and Maryland criminal and CPS background history checks completed.

This is a result of a change in the law (Md. Code, Health General §14-403.1), and the Department's adoption of COMAR 10.16.06.21 and 10.16.06.02.B(33) in response to the law change. This allows the Department to implement and comply with the FBI requirements for sharing criminal history record checks with our office.

Please note that this applies only to volunteers who will have access to the campers. If you have staff that assist you but do not have access to children, they may not be required to have background checks.

As always, our office is available to answer questions to assist you in navigating this new requirement.

Thanks.

MDH Contact Information by County
Section Chief Brian Flynn at Brian.Flynn@maryland.gov

Maryland Health Code -

[https://govt.westlaw.com/mdc/Document/N021B7460357A11EEA258E7575B83DBC5?viewType=FullText&originationContext=documenttoc&transitionType=CategoryPageItem&contextData=\(sc.Default\)](https://govt.westlaw.com/mdc/Document/N021B7460357A11EEA258E7575B83DBC5?viewType=FullText&originationContext=documenttoc&transitionType=CategoryPageItem&contextData=(sc.Default))

§ 14-403.1. Criminal history records checks

West's Annotated Code of Maryland

Health--General

Effective: October 1, 2023

West's Annotated Code of Maryland

Health--General

Title 14. General Day Care (Refs & Annos)

Subtitle 4. Maryland Youth Camp Act (Refs & Annos)

Effective: October 1, 2023

MD Code, Health - General, § 14-403.1

§ 14-403.1. Criminal history records checks

Currentness

(a)(1) In this section the following words have the meanings indicated.

(2) "Applicant" means an individual who is seeking to become a youth camp owner, operator, employee, or volunteer who will have access to a camper.

(3) "Central Repository" means the Criminal Justice Information System Central Repository of the Department of Public Safety and Correctional Services.

(b) The Department shall apply to the Central Repository for an applicant's:

(1) State criminal history records check; and

(2) National criminal history records check.

(c) As part of the application for a criminal history records check, the Department shall submit to the Central Repository:

(1) A complete set of the applicant's legible fingerprints taken in a format approved by the Director of the Central Repository and the Director of the Federal Bureau of Investigation;

(2) The fee authorized under § 10-221(b)(7) of the Criminal Procedure Article for access to Maryland criminal history records; and

(3) The mandatory processing fee required by the Federal Bureau of Investigation for a national criminal history records check.

(d) In accordance with §§ 10-201 through 10-229 of the Criminal Procedure Article, the Central Repository shall forward to the applicant and the Department the applicant's criminal history record information.

(e) Information obtained from the Central Repository under this section:

(1) Is confidential;

(2) May not be redisseminated; and

(3) May be used only for the personnel screening procedures authorized by this subtitle.

(f) The subject of a criminal history records check under this section may contest the contents of the printed statement issued by the Central Repository as provided in § 10-223 of the Criminal Procedure Article.

(g) If criminal history record information is reported to the Central Repository after the date of the initial criminal history records check, the Central Repository shall provide to the Department revised criminal history record information for the applicant.



CPS BACKGROUND/ADAM WALSH BACKGROUND CLEARANCE PACKET

CONSENT FOR RELEASE OF INFORMATION

*****PLEASE COMPLETE THIS FORM ONLINE AND THEN PRINT *****

Part I: PURPOSE OF SEARCH

A. RELEASE TO SELF:

- ☐ 1. To determine if I have been found responsible for an "indicated" or "unsubstantiated" disposition for a child abuse or neglect investigation.
- ☐ 2. To determine if I have any remaining appeal rights.

B. RELEASE TO AN AGENCY/INDIVIDUAL RELATED TO:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Adoption | <input type="checkbox"/> School Personnel | <input type="checkbox"/> Day Care Center | <input checked="" type="checkbox"/> Youth Camp Personnel Administrator |
| <input type="checkbox"/> Foster Care | <input type="checkbox"/> Institutional Employee | <input type="checkbox"/> Family Day Care | <input type="checkbox"/> Youth Camp Worker/Volunteer |
| <input type="checkbox"/> Kinship Care | <input type="checkbox"/> CASA | <input type="checkbox"/> Community Mgmt. Entity | <input type="checkbox"/> Other (Please Specify) |
| <input type="checkbox"/> International Adoption | <input type="checkbox"/> Custody Evaluation | <input type="checkbox"/> Group Home/Residential Treatment Facility | |

Agency/Individual Name

Name of Agency Representative

Camp Mardela

Jennifer Summy

Agency Address (To include street # and name, unit type and #, city, state, and zip code)

Representative's Phone Number

301 Deep Shore Road, Denton, MD 21629

410 -479 -2861x

Representative's Email

campmardela@gmail.com

Part II: SEARCH INFORMATION (To be completed **in full** by individual whose name is being searched)

APPLICANT'S LAST NAME	FIRST NAME	MIDDLE NAME (Full)	MAIDEN/BIRTH NAME

SOCIAL SECURITY NUMBER	A - Number	DATE OF BIRTH	GENDER	RACE
- -			-Select-	

OTHER NAMES USED

NUMBER	STREET NAME	UNIT TYPE/#	CITY	STATE	ZIP CODE	COUNTRY

DAYTIME TELEPHONE NUMBER

EMAIL ADDRESS

CURRENT SPOUSE

LAST NAME	FIRST NAME	MIDDLE NAME (Full)	DATE OF BIRTH

FULL NAMES OF ALL CHILDREN (To include adult children and children not residing with you)

LAST NAME	FIRST NAME	MIDDLE NAME (Full)	DATE OF BIRTH



CPS BACKGROUND/ADAM WALSH BACKGROUND CLEARANCE PACKET

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If more than 3 children, attach additional paper if necessary.

Have you lived in Maryland in the past? ☐ Yes ☐ No

Have you worked or volunteered in Maryland in the past? ☐ Yes ☐ No

If yes to either question, from what years? (ex. 2015 - 2023): _____

PRIOR ADDRESSES (List all within the past 7 years in Maryland.)

NUMBER	STREET NAME	CITY	STATE	ZIP CODE	DATE

Part III: AUTHORIZATION

Pursuant to Code of Maryland Regulations § 07.02.07, pertaining to the confidentiality of Child Protective Services investigations and reports, I hereby authorize the Maryland Department of Human Services (DHS) to notify Camp Mardela (agency or individual as listed in Part I) as to whether a local department of social services has identified me as responsible for "indicated" child abuse or neglect in any record maintained by the Maryland Department of Human Services, any local department of social services, and Child Protective Services.

*******STOP*******

REVIEW THAT ALL SECTIONS ARE COMPLETE. PLEASE DO NOT ALTER THIS FORM IN ANY WAY. ALTERED FORMS WILL NOT BE ACCEPTED. PRINT THIS FORM BEFORE PROCEEDING TO PART IV.

PART IV: SIGNATURE (If Applicant is under age 16, must be signed by Applicant's parent/guardian and Applicant)

DATE

(Print name of signature above, must be legible)	

PART V: CERTIFICATE OF ACKNOWLEDGEMENT OF INDIVIDUAL BEFORE A NOTARY PUBLIC (Signature Must be blue ink)

City/County of: _____ State of: _____

Acknowledged before me this _____ day of _____, 20____

NOTARY PUBLIC SIGNATURE

My commission expires:



STATE OF MARYLAND
DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONAL SERVICES
INFORMATION TECHNOLOGY AND COMMUNICATIONS DIVISION
CRIMINAL JUSTICE INFORMATION SYSTEM - CENTRAL REPOSITORY (CJIS-CR)

LIVESCAN PRE-REGISTRATION APPLICATION

APPLICANT INFORMATION

Please type or print legibly.

Name:							
Date of Birth:		Social Security Number:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female			
Height: ft. in.		Weight: lbs.		Eye Color:		Hair Color:	
Race/Ethnicity: <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Native American <input type="checkbox"/> Other							
Place of Birth:				Citizenship:			
Street Address:							
City:				State:		Zip Code:	
Phone Number:		Driver's License Number:			Email Address:		

REASON FOR REQUEST

INDIVIDUAL

Please select one of the following:

- ☐ Gold Seal/Adoption (Enter Authorization Number if applicable) _____
☐ Gold Seal/Letter/VISA
☐ Immigration/VISA
☐ Individual Challenge
☐ Individual Review
☐ Attorney/Client (Written Authorization Required)

Mailing Information:

Name:			
Street Address:			
City:		State:	Zip Code:

AGENCY

Please select from the following (*ORI Required):

- | | | |
|---|---|---|
| <input type="checkbox"/> Adult Dependent Care | <input type="checkbox"/> Government Employment* | <input type="checkbox"/> Private Party Petition** |
| <input checked="" type="checkbox"/> Child Care* | <input type="checkbox"/> Government Licensing or Certification* | <input type="checkbox"/> Public Housing |
| <input type="checkbox"/> Criminal Justice* | <input type="checkbox"/> Maryland State Police Licensing* | |

Agency Authorization Number:

0300090906

*ORI Number:

MD004455Y

**Position Applied:

Summer Camp Volunteer