



STATE OF CONNECTICUT

OFFICE OF EARLY CHILDHOOD

Youth Camp

Application Checklist and General Information



DO NOT FAX COPIES OF APPLICATION MAIL ORIGINAL APPLICATION WITH CHECK

Dear Youth Camp Applicant:

Thank you for your interest in youth camp licensing. Please follow the instructions below to apply for the license.

- Application - Complete the application form in blue or black ink and answer all questions completely. We will begin processing your application as soon as we receive the application fee and the application form. The application shall be submitted at least 30 days prior to the starting date of the camp.
- \$315.00 Application Fee for a not for profit camp or \$815.00 Application Fee for a for profit camp. Make your check payable to "Treasurer State of Connecticut." Camp renewal fees may also be payable online through our eLicense renewal portal. The link and code to the portal will be included in the renewal letter sent via email and first class mail. This fee is not refundable.
- Background checks are required for all youth camp staff members 18 years of age and older who care for children or have unsupervised access to children. If this is your first time applying for/operating a licensed youth camp in Connecticut, the owner/operator of the youth camp will receive an email from the Legal Division to start the background check process once the application and fee has been processed by the Youth Camp Division. Prior to issuance or renewal of a license, verification of current background checks for at least two staff members, (e.g. the youth camp director and director of first aid), are required. Renewal applications that include a change in the administrator/main contact for background checks will receive an email from the Legal Division in order to create a link to the existing staff roster. For information, visit the Background Checks section of our website at <https://www.ctoec.org/background-checks/>.
- An initial inspection will be required for any new camp or any camp which is moving to a new location or to a location not used in the prior year. You will be contacted to set up an appointment. At the time of the initial inspection, the following will be required:
 - CPR & First Aid certifications for the Director of First Aid (21 years of age or older) or CPR certification for the Nurse, if applicable.
 - A current Fire Marshal certificate must be on site for each location.
 - Initial Youth Camp Application checklist
- At the time of the initial inspection, prior to renewal of an existing license, as well as during full unannounced inspections, demonstration of compliance with comprehensive background checks through the CT OEC Background Check Information System (BCIS) will be required. <https://bcis.oec.ct.gov/auth/login>
- At the time of the full unannounced inspection, a copy of current First Aid and CPR certifications for the director of first aid, who must be 21 years of age or older, must be available and CPR for the nurse if applicable.
- At the time of the full unannounced inspection, a copy of the current Fire Marshal's certificate for the camp location(s) listed on the application must be available.
- Any changes of location(s), operational dates, field trip dates, or camp physician/APRN shall be reported to the agency on a General Report of Change form. <https://www.ctoec.org/forms-documents/report-of-change-youth-camps/>
- Any changes in camp director or alternate director shall be reported on General Report of Change for Camp Director and/or Alternate Director(s). <https://www.ctoec.org/forms-documents/report-of-change-for-youth-camp-director/>

Phone: (860) 500-4450 · Fax: (860) 326-0552
450 Columbus Boulevard, Suite 302
Hartford, Connecticut 06103
www.ct.gov/oec
Affirmative Action/Equal Opportunity Employer

Note: As the operator of a licensed youth camp, you are responsible to be in compliance with all applicable statutes and regulations. These statutes and regulations can be obtained at <https://www.ctoec.org/licensing/youth-camps/>. At this location, you may also find staff certification requirements, inspection forms, nurse/first aider forms, and other miscellaneous forms and information concerning the Youth Camp Licensing Program. Should you have any questions concerning the application process, please contact the Youth Camp Licensing Program at 860-500-4450

Check List for Initial Youth Camp Application

At the time of initial inspection, the following will be required:

Camp Name _____

Town _____

- ☐ Application
- ☐ Application Fee
- ☐ Copy of ownership or lease agreement for each camp location
- ☐ Approved Director/Alt Director
- ☐ CPR & First Aid certifications for the Director of First Aid (21 years of age or older) or CPR certification for the Nurse if applicable
- ☐ First aid instructions, equipment and supplies specified in first aid instructions, and/or, standing order for registered nurse signed and dated w/in one year
- ☐ Camp's policies & procedures re: behavior management, supervision, emergency procedures, abuse/neglect prior to child care responsibilities
- ☐ Emergency plan developed
- ☐ Background Checks
- ☐ 19a-428-2 and 4/CGS 19a-422 Physical Plant & program practices
- ☐ A current Fire Marshal certificate for each location requiring an initial inspection OR the date that the Fire Marshal is scheduled to inspect the location. This date must be prior to the opening date of camp and licenses will not be issued until the OEC confirms receipt of such information
- ☐ Written policies & procedures for administration of meds by unlicensed staff
- ☐ Written policies & procedures for finger stick blood glucose testing

APPLICATION FOR A LICENSE TO OPERATE A YOUTH CAMP

Camp Name _____ Page 1 of 10
If renewal, list name of camp exactly as it appears on last license issued.

Check One

☐ Initial License

☐ Renewal License License # YCYC _____

Date Application Received
OEC Use Only

Check One

☐ For Profit Camp \$815.00 ☐ If renewal fee paid online, check this box

☐ Not for Profit Camp \$315.00 When the owner of the camp is claiming non-profit status for the first time, owner shall provide proof of non-profit status. The following forms will be accepted: (1) 501(c)3 issued by the Internal Revenue Service or (2) E Permit issued by the State of Connecticut, Department of Revenue Services.

☐ If renewal fee paid online, check this box

WORKERS' COMPENSATION INSURANCE

If you hire employees to work in your program, state law (CGS Section 31-286a(b)) requires that no state department, board or agency may issue or renew a license, or permit to operate a business in this state unless the applicant first presents sufficient evidence of current compliance with the workers' compensation insurance coverage requirements of Section 31-284. For more information contact your insurance agent or the Workers' Compensation Commission at 1-800-223-9675 or 1-860-493-1534.

Do you hire employees in your program that require you to obtain Worker's Compensation Insurance? ☐ No ☐ Yes

If "Yes", please complete the following: Name of Insurer _____

☐ If "Yes," check here to certify that Worker's Compensation insurance coverage will be maintained for the duration of time individuals are employed to work at the youth camp which operates under this license.

Insurance Policy Number _____

Effective Dates of Workers' Compensation Coverage ____/____/____ to ____/____/____

If "No", please explain why you do not need Workers' Compensation Coverage _____

OPERATOR'S (Owner's) INFORMATION: In order to operate a youth camp, your business **MUST** be registered with the State of Connecticut and be current with the filing obligations of the Secretary of the State, **or** be operating as a sole proprietor. The information below must match the business entity on the Secretary of State's website, or your personal tax information.

Ownership Type: ☐ Registered business entity with the State of Connecticut ☐ Sole Proprietor
(Include proof with application. A screenshot from the website of Connecticut's Secretary of the State is acceptable)

Federal Employee ID # (FEIN) (2 digits) ____ - (7 digits) ____ If using FEIN, enter owner's name listed on Internal Revenue Service, form IRS 501(c)3 _____ or St of CT E Permit # _____

If owner does not have Federal Employee ID #, Social Security # (3 digits) ____ - (2 digits) ____ - (4 digits) ____

List name exactly as it appears on the Social Security card _____

Address 1: P. O. Box # _____ Address 2: Street _____

City _____ State _____ Zip Code _____

Telephone # (_____) _____ Ext _____ Fax number (_____) _____

Cell number (_____) _____ Email address: _____

If renewal, license # YCYC. _____ Camp Name _____ Page 2 of 10
If renewal, list name of camp exactly as it appears on last license issued.

Has your camp received national accreditation from the American Camp Association or under the Boy Scouts of America's National Camp Accreditation Program ☐ No ☐ Yes

If yes, which organization do you hold an accreditation with? Please submit a copy of your accreditation certificate with your application _____

Does another OEC licensed program (childcare center, group childcare home, family childcare home, exempt childcare center) exist at the location of your camp? ☐ No ☐ Yes

If yes, list name(s) and license number(s): _____

Have you ever operated a youth camp in this or any other state? ☐ No ☐ Yes
(If you operated multiple camps or operated in more than one state, please provide additional information below)

If yes, list name of camp(s), camp address(es) and dates of operation: _____

Is/was a license required to operate the youth camp? ☐ No ☐ Yes

If yes, please provide:

License number: _____

Licensing Agency Name: _____

Licensing Agency contact information (address, telephone number, email address): _____

If applicable, date(s) of suspension, revocation, probation, or surrender of license: _____

Reason(s) for such suspension, revocation, probation, or surrender of license: _____

Please submit documentation that details the reason(s) for such suspension, revocation, probation, or surrender of license
(Note that failure to submit documentation will delay the processing of this application)

Was the youth camp or any person employed by the youth camp the subject of an investigation by law enforcement? ☐ No ☐ Yes

If yes, please provide the following information:

Date(s) of such investigation: _____

Name and contact information for such law enforcement agency: _____

Reason(s) for such investigation: _____

Outcome of such investigation: _____

Please submit documentation of such investigation, including but not limited to police report(s), and disposition, if any, of criminal charges (Note that failure to submit documentation will delay the processing of this application).

If none is available, please state such here: _____

If renewal, license # YCYC._____ Camp Name _____ Page 3 of 10
If renewal, list name of camp exactly as it appears on last license issued.

Was the youth camp or any person employed by the youth camp the subject of an investigation by a child protection agency? ☐ No ☐ Yes

If yes, please provide the following information:

Date(s) of such investigation: _____

Name and contact information for such child protection agency: _____

Reason(s) for such investigation: _____

Outcome of such investigation: _____

Please submit documentation of such investigation and disposition (*Note that failure to submit documentation will delay the processing of this application*).

If none is available, please state such here: _____

To the best of your knowledge, has the person listed as the Youth Camp Director, Youth Camp Assistant Director, or Director of First Aid been disciplined, terminated, or placed on probation from any position in any state that involves the care or supervision of children? ☐ No ☐ Yes

If yes, please provide the following information:

Name of person: _____

Name and address of youth camp or child care program where such discipline, termination, or probation occurred:

Reason(s) for such discipline, termination, or probation: _____

Point of contact for the camp before, during and after camp season ends:

First Name _____ Last Name _____

Permanent Phone # (_____) _____ Ext. # _____ Cell number (_____) _____

Fax number (_____) _____ Email address: _____

For locations not used in the prior year, an initial inspection is required prior to operation. Prior to Agency approval, the following will be required:

- CPR & First Aid certifications for the Director of First Aid (21 years of age or older) or CPR certification for the Nurse if applicable.
- A current Fire Marshal certificate for each location requiring an initial inspection * Note – Licenses will not be issued until the OEC confirms receipt of this information. A current Fire Marshal certificate will be collected at each OEC inspection
- Initial Youth Camp Application checklist

Primary Camp Location Address Enter site with first opening date here Operated at this site last year? <input type="checkbox"/> Yes <input type="checkbox"/> No Please include copy of ownership or lease agreement with application	Camp Operational Dates at this Location If hours of operation vary per session, indicate hours next to each date range. Include all dates that will fall within the yearlong renewal cycle including vacation dates, if applicable. Operational dates may not overlap dates listed for another location.
Where is the camp operating? <i>(Please list landmarks or include a map for difficult to find locations)</i> Name of Camp location _____ _____ Building or field location _____ Street Address _____ City _____ Zip _____ Location Phone # (_____) _____ Ext. _____ Location Fax # (_____) _____ Camp Director's Cell # (_____) _____ Camp Email Address: _____ <u>For sports camp only:</u> List all sports conducted at this location _____ _____	Ex: <u>6 / 28</u> to <u>8 / 13</u> hours <u>7 am – 3:30 pm</u> _____ / _____ to _____ / _____ hours _____ _____ / _____ to _____ / _____ hours _____ _____ / _____ to _____ / _____ hours _____ _____ / _____ to _____ / _____ hours _____ _____ / _____ to _____ / _____ hours _____ _____ / _____ to _____ / _____ hours _____

<p>Additional Camp Location Address</p> <p>Operated at this site last year? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Please include copy of ownership or lease agreement with application</p>	<p>Camp Operational Dates at this Location If hours of operation vary per session, indicate hours next to each date range. Include all dates that will fall within the yearlong renewal cycle including vacation dates, if applicable. Operational dates may not overlap dates listed for another location.</p>
<p>Where is the camp operating? <i>(Please list landmarks or include a map for difficult to find locations)</i></p> <p>Name of Camp location _____</p> <p>_____</p> <p>Building or field location _____</p> <p>Street Address _____</p> <p>City _____ Zip _____</p> <p>Location Phone # (_____) _____ Ext. _____</p> <p>Location Fax # (_____) _____</p> <p>Camp Director's Cell # (_____) _____</p> <p>Camp Email Address: _____</p> <p><i>For sports camp only:</i> List all sports conducted at this location</p> <p>_____</p> <p>_____</p>	<p>Ex: <u>6 / 28</u> to <u>8 / 13</u> hours <u>7 am – 3:30 pm</u></p> <p>____ / ____ to ____ / ____ hours _____</p> <p>____ / ____ to ____ / ____ hours _____</p> <p>____ / ____ to ____ / ____ hours _____</p> <p>____ / ____ to ____ / ____ hours _____</p> <p>____ / ____ to ____ / ____ hours _____</p> <p>____ / ____ to ____ / ____ hours _____</p>

If your camp needs to change locations after your application has been submitted or the camp is licensed, a General Report of Change form will be required with a new page 4. Duplicate page as needed for additional locations.

MAIL ADDRESS FOR CAMP OPERATOR (Owner)

This address is where the license and all other correspondence from the OEC will be sent to the owner/operator of the camp.

Name or Organization _____

Address 1: P. O. Box # _____ Address 2: Street _____

City _____ State _____ Zip Code _____

Email address **for Owner/Operator:** _____

CAMP SERVICES - **All camps must complete the following questions:**

Camp Service Type: Please select the type of camp that best describes your program. SELECT ONLY ONE

☐ General ☐ Adventure ☐ Religious ☐ Special Needs ☐ Sports ☐ Primitive ☐ Arts ☐ Travel

Camp Type: ☐ Day Camp ☐ Residential Camp ☐ Both Day Camp and Residential Camp

Minimum Camper Age: (3 or older) _____ Maximum Camper Age: _____

Estimated number of campers _____ and staff _____ *for entire camp season*. Include all locations & vacation camps.

Camp Gender: ☐ Co-ed ☐ Female ☐ Male

Vacation Camp Hours of Operation: _____ : _____ ☐ a.m. ☐ p.m. to _____ : _____ ☐ a.m. ☐ p.m.

Food Service: Does the camp provide food from an on-site kitchen? ☐ Yes ☐ No

Water Supply: ☐ Public Water ☐ Private Well(s) ☐ Both Public & Private Well(s)

If camp has both day campers and residential campers, please complete both sections below. If camp is only a day camp or only a residential camp, please complete only the section applicable to your type of camp.

☐ **Day Camps Only:** Must match exact operational dates listed on page 2.

Do all sessions begin and end on the same day of the week? ☐ Yes If yes, complete next line ☐ No - If no, varying days of week & hours should be indicated next to the sessions listed on page 4.

Days of Operation: (Ex: Monday to Friday) _____ to _____

Day Camp Hours of Operation: (Ex: 8:30 am to 4:45 pm) _____ : _____ ☐ am or ☐ pm to _____ : _____ ☐ am or ☐ pm

☐ **Residential Camps Only:** Must match exact operational dates listed on page 4.

Do all sessions begin and end on the same day of the week? ☐ Yes If yes, complete next line ☐ No - If no, varying days of week & hours should be indicated next to the sessions listed on page 2.

Days of Operation: (Ex: Sunday – Saturday) _____ to _____

Campers arrive for first session on _____ / _____ (date) at _____ : _____ ☐ am ☐ pm

Campers leave during the last session on _____ / _____ (date) at _____ : _____ ☐ am ☐ pm

FIELD TRIP DATES – If attaching list of trips, list should **ONLY INCLUDE FIELD TRIPS WHEN ALL CAMPERS & STAFF WILL BE OFFSITE**. Do not attach calendars with field trip dates. List only date(s), departure time(s) and return time(s).

☐ No Field Trips ☐ Field trip dates (all campers & staff offsite) _____

☐ List Attached

☐ Field trip dates unknown at this time, will report on General Report of Change form once known for Agency processing and scheduling.

CAMP DIRECTORS/ALTERNATE DIRECTORS/DIRECTOR OF FIRST AID

Section 19a-422 of the Connecticut General Statutes requires that an Agency approved director or assistant director be on site at all times camp is in operation. All new directors must complete the Application for New Camp Director or Alternate Director Approval. A certificate of approval will be issued and mailed by the Office of Early Childhood to each new director being approved for the first time. List all directors and alternate directors below. Include date of birth, home mailing addresses, permanent phone numbers and personal e-mail addresses. Approval numbers for all directors can be found on the Agency's website at <https://www.elicense.ct.gov/Lookup/GenerateRoster.aspx>. From the list of available rosters, click on Youth Camp Licensing and check the box "Approved Youth Camp Directors," click on Continue, click on Download, and click on Open. Highlight column A by clicking on the "A" header. Click on Sort & Filter and select either A-Z or Z-A. The approval number is listed in column E and starts with YCDR. with a five digit number. **Background checks are required for all youth camp staff members 18 years of age and older who care for children or have unsupervised access to children. Verification of current background checks through BCIS for at least two staff members listed below, (e.g. the youth camp director and director of first aid), is required before a new or renewal license be issued.**

If director or alternate has prior Agency approval, their approval number must be included on this application. The approval number is available on the website. See directions above. *Note: the approval # is not the camp license #.*

☐ **CAMP DIRECTOR** - If previously approved as a director or alternate, provide Approval # YCDR. _____

If no approval #, New Camp Director or Alternate Director application is ☐ enclosed ☐ mailed or ☐ faxed on ____/____/____

Legal First Name _____ M.I. _____ Last Name _____ Suffix (ex: Sr.) _____

Birth Date ____/____/____ Mailing Address 1 _____

Mailing Address 2 _____ City/ Town _____

State _____ Zip Code _____ Country _____ Permanent Phone # (____) _____

email Address _____

☐ Name change for previously approved director. Indicate Former/Maiden Name _____

☐ **DIRECTOR OF FIRST AID**- Must be 21 years of age or older and hold CPR/First Aid certifications from an approved organization.

A list of OEC approved courses and allowable substitutions can be found here: <https://www.ctoec.org/wp-content/uploads/2019/02/2Revised-YC-STAFF-REQUIREMENTS-DIRECTOR-OF-FIRST-AID.pdf>

Course **MUST** include both a knowledge and hands-on skill evaluation

Legal First Name _____ M.I. _____ Last Name _____ Suffix (ex: Sr.) _____

Birth Date ____/____/____ Mailing Address 1 _____

Mailing Address 2 _____ City/ Town _____

State _____ Zip Code _____ Country _____ Permanent Phone # (____) _____

email Address _____

☐ Name change for previously approved Director of First Aid. Indicate Former/Maiden Name _____

Disclaimer: A Camp Director cannot act as both a Director and Director of First Aid concurrently, however, alternate directors are able to act as the director if need be. If the Director of your camp will also be the Director of First Aid, you will need an alternate director on site at all times. Please list your alternate directors on the next page.

☐ **ALTERNATE DIRECTOR** - If previously approved as a director or alternate, provide **Approval # YCDR.** _____

If no approval #, New Camp Director or Alternate Director application is ☐ enclosed ☐ mailed or ☐ emailed/faxed on ____/____/____

Legal First Name _____ M.I. _____ Last Name _____ Suffix (ex: Sr.) _____

Birth Date ____/____/____ Mailing Address 1 _____

Mailing Address 2 _____ City/ Town _____

State _____ Zip Code _____ Country _____ Permanent Phone # (____) _____

email Address _____

☐ Name change for previously approved director. Indicate Former/Maiden Name _____

☐ **ALTERNATE DIRECTOR** - If previously approved as a director or alternate, provide **Approval # YCDR.** _____

If no approval #, New Camp Director or Alternate Director application is ☐ enclosed ☐ mailed or ☐ faxed on ____/____/____

Legal First Name _____ M.I. _____ Last Name _____ Suffix (ex: Sr.) _____

Birth Date ____/____/____ Mailing Address 1 _____

Mailing Address 2 _____ City/ Town _____

State _____ Zip Code _____ Country _____ Permanent Phone # (____) _____

email Address _____

☐ Name change for previously approved director. Indicate Former/Maiden Name _____

☐ **ALTERNATE DIRECTOR** - If previously approved as a director or alternate, provide **Approval # YCDR.** _____

If no approval #, New Camp Director or Alternate Director application is ☐ enclosed ☐ mailed or ☐ faxed on ____/____/____

Legal First Name _____ M.I. _____ Last Name _____ Suffix (ex: Sr.) _____

Birth Date ____/____/____ Mailing Address 1 _____

Mailing Address 2 _____ City/ Town _____

State _____ Zip Code _____ Country _____ Permanent Phone # (____) _____

email Address _____

☐ Name change for previously approved director. Indicate Former/Maiden Name _____

☐ **ALTERNATE DIRECTOR** - If previously approved as a director or alternate, provide **Approval # YCDR.** _____

If no approval #, New Camp Director or Alternate Director application is ☐ enclosed ☐ mailed or ☐ emailed/faxed on ____/____/____

Legal First Name _____ M.I. _____ Last Name _____ Suffix (ex: Sr.) _____

Birth Date ____/____/____ Mailing Address 1 _____

Mailing Address 2 _____ City/ Town _____

State _____ Zip Code _____ Country _____ Permanent Phone # (____) _____

email Address _____

☐ Name change for previously approved director. Indicate Former/Maiden Name _____

Duplicate page as needed to report additional alternate directors.

MEDICAL COVERAGE CERTIFICATION

Pursuant the Regulations of Connecticut State Agencies a physician or advanced practice registered nurse (APRN) shall be on call and responsible for all healthcare including first aid. The camp physician or APRN must hold a current Connecticut medical license. Note: Any physician or surgeon who holds a license in good standing in another state may practice as a youth camp physician in this state without a Connecticut license for a period not to exceed nine weeks.

The physician or APRN shall:

- plan for the provision of medical care for emergencies and of routine care to be carried out at the camp
- annually sign and date written standing orders for licensed camp nurse and/or first aid instructions to be carried out by unlicensed personnel (first aid instructions for unlicensed personnel cannot list any medications). The first aid instructions shall specify first aid equipment and supplies
- review, at least once a week, the abstract record of all cases treated at the camp and shall sign and date the record

NOTE: A memorandum of understanding with the on-call physician or APRN shall be on file at the camp.

List below the **physician(s) or APRN(s)** who will fulfill the above requirements for the camp:

First Name _____ Last Name _____ License # _____

Address _____

Physician/APRN's Phone # (_____) _____

_____	_____	_____/_____/_____
<i>Physician/APRN's Signature</i>	<i>License #</i>	<i>Date Signed</i>

OPERATOR CERTIFICATION

I certify that all of the above statements contained herein are true and correct to the best of my knowledge. I promise to uphold and maintain all standards required under the Connecticut General Statutes and Regulations of Connecticut State Agencies governing the licensure and operation of a youth camp available on the Agency website <https://www.ctoec.org/licensing/youth-camps/>. Any false statements made herein are punishable in accordance with Sections 53a-157 and 19a-423.

In addition, by checking yes and signing below, I attest that the ownership information I have provided is accurate, and if requested, I can submit to the Office of Early Childhood a certificate of legal existence (*certificate of good standing*) along with the application to verify the operator is registered with the State of Connecticut and is current with the filing obligations of the Secretary of the State.

☐ Yes (I attest)

First Name _____ Last Name _____ Title _____

_____/_____/_____
Signature of the Operator (Owner) or individual authorized to act on behalf of the Operator/Owner Date Signed

A completed application is due 30 days prior to the opening date of your camp. The licensure fee in the form of a check or money order made payable to the Treasurer, State of Connecticut must accompany the application.

All fees are non-refundable. Mail completed and signed application along with payment to the Office of Early Childhood, Division of Licensing, Youth Camps, 450 Columbus Boulevard, Suite 302, Hartford, CT 06103.

****Checks sent separately from the application must include camp license number or identifying information so it can be added to the correct application****

Please retain a copy of the application being submitted to the Office of Early Childhood