

Office of Early Childhood (OEC), 450 Columbus Blvd., Suite 302, Hartford, Connecticut 06103

☐ INITIAL ☐ UNANNOUNCED ☐ FOLLOW-UP ☐ LOCATION CHANGE ☐ OTHER
 Date of Inspection ____/____/____ Time _____

Licensed for: ☐ Day ☐ Residential ☐ Both D&R # Children Present _____ # Staff Present _____

Camp Name _____ Email: _____

Location Address _____ Town of Operation _____

Camp Phone # (____) _____ Cell Phone # (____) _____ Camp Fax # (____) _____

Programs: ☐ Archery ☐ Shooting ☐ Horseback ☐ Challenge Course ☐ Other _____
 Health Staff Type: ☐ MD ☐ APRN ☐ RN ☐ LPN ☐ First Aider
 Water Source: ☐ Public ☐ Well ☐ Spring ☐ Bottle ☐ Chemical ☐ Tile ☐ Pit/Vault
 Sewage: ☐ Public ☐ Septic ☐ Cesspool ☐ Café ☐ Purchase
 Eating: ☐ Catered ☐ Bag ☐ Lake/Pond/Beach
 Aquatic: ☐ Stream ☐ Pool ☐ Day/Out of State ☐ Over Night/Out of State
 Trips: ☐ Day ☐ Over Night

INSTRUCTIONS – √ = Compliance/No violation found O=Non-compliance/Violation found N/A=Not applicable at this time

<p><input type="checkbox"/> Obtained Camp Staff List</p> <p><u>19a-428-2/CGS 19a-422 Administration & Staffing</u></p> <p>_____ 4 License posted</p> <p>_____ 6 Campers needs met, adequate/competent staff</p> <p>_____ 7 Approved director/alt. director, on site</p> <p>_____ 9 Arrangements for camp inspection, records & facilities accessible</p> <p>_____ 10 Director responsible for health, comfort & safety of campers & staff</p> <p>_____ 11 Camp's plans, policies & procedures implemented</p> <p>_____ 12 Staff trained on camp's policies & procedures re: beh management, supervision, emerg procedures, abuse/neglect prior to child care responsibilities</p> <p>_____ 13 Waterfront/swimming area director(s) certified, age >20</p> <p>_____ 14 Small craft director(s) certified, age >20/boat safety/scuba laws followed</p> <p>_____ 15 All lifeguards CPR certified</p> <p>_____ 16 Firing range director qualified, age >21, on site</p> <p>_____ 17 Archery range director qualified, age >18, on site</p> <p>_____ 18 Horseback riding director qualified, age >18, on site</p> <p>_____ 19 Challenge course director qualified, age >20 on site majority, leading staff qualified, age >18 on site</p> <p>_____ 20 Other activity director(s) qualified</p> <p>_____ 21 Counselors age >16, CIT age >14</p> <p>_____ 21a Counselors age 15 supervised by staff >18</p> <p>_____ 22 Ratios Day 1/12 for >age 6 and 1/9 for < age 6 Res 1/8 for >age 8 and 1/6 for < age 8</p>	<p>_____ 24 Emergency plan developed & on site, staff trained</p> <p>_____ 24b Background checks</p> <p>_____ 24c Employment history checks</p> <p><u>19a-428-3 Records</u></p> <p>_____ 25 Staff records current/complete</p> <p>_____ 26 Child records current/complete</p> <p>_____ 27 Individual care plan(s)</p> <p>_____ 28 Notification of changes w/in 5 business days</p> <p><u>19a-428-2 and 4/CGS 19a-422 Phy Plant & Program Practices</u></p> <p>_____ 29 Non-public water supply-test acceptable</p> <p>_____ 30 Wells conform to section 19-13-B51a to 19a-13-B511</p> <p>_____ 31 Drinking fountains sanitary, no common drinking utensils</p> <p>_____ 32 Readily available drinking water accessible</p> <p>_____ 33 Toilets provided-clean/sanitary, M/F signage, Day 1/20, Res 1/15</p> <p>_____ 34 Toilets w/in 300 ft of all sleep quarters, pits at least 200 ft from food service area</p> <p>_____ 35 Sewage refuse disposal without nuisance</p> <p>_____ 36 Plumbing conforms to section 19-13-B45</p> <p><input type="checkbox"/> Director <input type="checkbox"/> Alternate Director <input type="checkbox"/> _____</p> <p>Signed _____ /____/____</p> <p>Youth Camp Inspector</p> <p>Signed _____ /____/____</p>
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Camp Name: _____

- _____ 37 Adequate hand washing facilities-1/20, Res showers 1/20
- _____ 38 Grounds clean, garbage maintained, fly tight trash receptacles w/in 200 ft of dwelling units
- _____ 39 Food service complies with 19-13-B42, perishables adequately refrigerated
- _____ 40 Swimming pools & bathing facilities conform to 19-13-B33b, 19-13-B34, 19-13-B36
- _____ 41 Camp site owned or written lease, adequate drainage
- _____ 42 Buildings safe & sanitary, local FM cert w/in one year
- _____ 43 Hot water/space heaters safe
- _____ 44 Trailers comply with 19-14-B44
- _____ 45 Fields free of hazards
- _____ 46 Waterfront/aquatic activities laid out & conducted safely
- _____ 47 State FM cert for amusement rides
- _____ 48 Firing range safe
- _____ 49 Challenge course inspected and documentation on site
- _____ 50 Challenge course/firing/archery/horseback written policies & procedures developed, complete, on site
- _____ 51 Camper transport vehicles safety inspected/registered, MV laws followed
- _____ 52 Boats/small crafts licensed/registered, operated safe, water safety equip USCG approved
- _____ 53 Signed parent permission for outings complete & on site one year
- _____ 54 Trip staff adequate

19a-428-5 Health Care

- _____ 55 Physician/APRN on call/responsible for health care
- _____ 56 Standing orders/first aid instructions signed & dated w/in one year
- _____ 57 CT licensed nurse or person certified in first aid age >21 present
- _____ 58 All health care staff hold current CPR cert
- _____ 59 RN on premises for Res camps with 250 campers & staff
- _____ 60 First aid equipment & supplies specified in first aid instructions
- _____ 61 OTC stock meds not at camp (unless lic'd nurse on staff)

- _____ 62 Rx meds only on individual Rx unless locked & in sole custody of auth. prescriber
- _____ 63 Communicable disease control requirements
- _____ 64 MOU with physician/APRN on file
- _____ 65 Working telephone in first aid area, posted #s
- _____ 66 Abstract record of treated cases, signed/dated by MD/APRN one time per week
- _____ 67 Isolation area with toileting facilities
- _____ 68 Reporting of fatalities/injuries w/in one business day

19a-428-6 Administration of Medications

- _____ 69 Written policies & procedures for adm. of meds by unlic'd staff
- _____ 70 Staff who administer meds age>18
- _____ 71 Written parent permission for nonprescription topical meds on file
- _____ 72 Nonprescription topical meds stored in original container, labeled, away from food, inaccessible
- _____ 73 Unused/expired nonprescription topical meds returned to parents or expired meds destroyed
- _____ 74 Documented general med trained staff on site
- _____ 75 Documented oral, topical, inhalant, rectal, non premeasured injectable med trained staff, w/in three years, on site, training outline
- _____ 76 Documented premeasured injectable med trained staff, w/in one year, on site, training outline
- _____ 77 Written authorized prescriber permission for all meds except non-prescription topicals
- _____ 78 Written parent permission for all meds except non-prescription topicals
- _____ 79 Medication errors documented in MAR and reported to parents/OEC, reviewed by MD/APRN w/in one week
- _____ 80 MAR maintained, complete, and on file two years

☐ Director ☐ Alternate Director ☐ _____

Signed _____ ____/____/____

Youth Camp Inspector

Signed _____ ____/____/____

License # _____

Page 3 - YOUTH CAMP INSPECTION FORM

Inspection Date ____/____/____

☐ INITIAL☐ UNANNOUNCED
FULL/PARTIAL☐ FOLLOW-UP☐ LOCATION CHANGE☐ OTHER

Camp Name: _____

_____ 81 Prescription meds stored in original container, labeled,
away from food, locked or if emergency med
inaccessible

_____ 82 Unused, expired prescription meds returned to parent
or destroyed w/in one week, controlled drugs
appropriately destroyed

_____ 83 Approved petition for special med authorization

_____ 84 Authorized prescriber & parent permission for self
administration

19a-428-7 Monitoring of Diabetes

_____ 88 Written policies & procedures for finger stick blood
glucose testing

_____ 89 Staff first aid trained, add'l training, w/in three years,
trained staff on site

_____ 90 Staff age >18 who administer testing

_____ 91 Authorized permission & parent permission for self
administration of test

_____ 92 Adequate testing equipment & supplies, labeled &
locked

_____ 93 Signed parent agreement to maintain equipment

_____ 94 Medical waste held locked for parent or contract with
disposal contractor

_____ 95 Signed current written order from practitioner

_____ 96 Signed parent authorization form

_____ 97 Written notification & documentation of all test results
to parent & action taken

_____ Licensed Nurse _____

_____ First Aider _____

_____ Archery Director _____

_____ Challenge Course Director _____

_____ Horseback Riding Director _____

_____ Shooting Sports Director _____

_____ Aquatics Director _____

_____ Small Craft Director _____

_____ Lifeguards _____

_____ American Camping Association National Accreditation

_____ Boy Scouts of America National Camp Accreditation Program

☐ Director ☐ Alternate Director ☐ _____

Signed _____ ____/____/____

Youth Camp Inspector

Signed _____ ____/____/____

☐ OTHER☐ **2nd Inspector**

If additional violations are noted, please continue violation numbers & descriptions of violations on an additional notes page.

Inspector's Printed Name _____ Signature _____ / /

Updated 5/8/24