

License YCYC# \_\_\_\_\_

YOUTH CAMP INSPECTION FORM

Filing Town \_\_\_\_\_

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

INITIAL     UNANNOUNCED     FOLLOW-UP     LOCATION CHANGE     OTHER  
FULL/PARTIAL

Date of Inspection \_\_\_/\_\_\_/\_\_\_ Time \_\_\_\_\_

Licensed for:  Day     Residential     Both D&R

# Children Present \_\_\_\_\_ # Staff Present \_\_\_\_\_

Camp Name \_\_\_\_\_

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  
**Sewage:**     Public     Septic     Cesspool     Chemical     Tile     Pit/Vault  
**Eating:**     Catered     Bag     Café     Purchase  
**Aquatic:**     Stream     Pool     Lake/Pond/Beach  
**Trips:**     Day     Over Night     Day/Out of State     Over Night/Out of State

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

**Obtained Camp Staff List**

**19a-428-2/CGS 19a-422 Administration & Staffing**

- \_\_\_\_\_ 4 License posted
- \_\_\_\_\_ 6 Campers needs met, adequate/competent staff
- \_\_\_\_\_ 7 Approved director/alt. director, on site
- \_\_\_\_\_ 9 Arrangements for camp inspection, records & facilities accessible
- \_\_\_\_\_ 10 Director responsible for health, comfort & safety of campers & staff
- \_\_\_\_\_ 11 Camp's plans, policies & procedures implemented
- \_\_\_\_\_ 12 Staff trained on camp's policies & procedures re: beh management, supervision, emerg procedures, abuse/neglect prior to child care responsibilities
- \_\_\_\_\_ 13 Waterfront/swimming area director(s) certified, age >20
- \_\_\_\_\_ 14 Small craft director(s) certified, age >20/boat safety/scuba laws followed
- \_\_\_\_\_ 15 All lifeguards CPR certified
- \_\_\_\_\_ 16 Firing range director qualified, age >21, on site
- \_\_\_\_\_ 17 Archery range director qualified, age >18, on site
- \_\_\_\_\_ 18 Horseback riding director qualified, age >18, on site
- \_\_\_\_\_ 19 Challenge course director qualified, age >20 on site majority, leading staff qualified, age >18 on site
- \_\_\_\_\_ 20 Other activity director(s) qualified
- \_\_\_\_\_ 21 Counselors age >16, CIT age >14
- \_\_\_\_\_ 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

\_\_\_\_\_ 24 Emergency plan developed & on site, staff trained

\_\_\_\_\_ 24b Background checks

\_\_\_\_\_ 24c Employment history checks

**19a-428-3 Records**

\_\_\_\_\_ 25 Staff records current/complete

\_\_\_\_\_ 26 Child records current/complete

\_\_\_\_\_ 27 Individual care plan(s)

\_\_\_\_\_ 28 Notification of changes w/in 5 business days

**19a-428-2 and 4/CGS 19a-422 Phy Plant & Program Practices**

\_\_\_\_\_ 29 Non-public water supply-test acceptable

\_\_\_\_\_ 30 Wells conform to section 19-13-B51a to 19a-13-B511

\_\_\_\_\_ 31 Drinking fountains sanitary, no common drinking utensils

\_\_\_\_\_ 32 Readily available drinking water accessible

\_\_\_\_\_ 33 Toilets provided-clean/sanitary, M/F signage, Day 1/20, Res 1/15

\_\_\_\_\_ 34 Toilets w/in 300 ft of all sleep quarters, pits at least 200 ft from food service area

\_\_\_\_\_ 35 Sewage refuse disposal without nuisance

\_\_\_\_\_ 36 Plumbing conforms to section 19-13-B45

Director     Alternate Director     \_\_\_\_\_

Signed \_\_\_\_\_ / \_\_\_ / \_\_\_

Youth Camp Inspector

Signed \_\_\_\_\_ / \_\_\_ / \_\_\_

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 # \_\_\_\_\_

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 \_\_\_\_\_

SAMPLE

Director  Alternate Director  \_\_\_\_\_

Signed \_\_\_\_\_ / /

Youth Camp Inspector

Signed \_\_\_\_\_ / /

