

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

INSTRUCTIONS – Compliance – √ Non-Compliance – Circle the # & Highlight the Violation Not Applicable At This Time – NA Not Observed – NO

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 certified in ARC CPR/AED Prof. Rescuer or AHA BLS Healthcare Provider
- _____ 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

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 _____ / /

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LOCATION CHANGE

OTHER

Camp Name: _____ Location Address _____

- _____ 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, training outline
- _____ 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 ____/____/____

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LOCATION CHANGE

OTHER

Camp Name: _____ Location Address _____

- _____ 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
- _____ 85 Written consent for KI on file, persons advised voluntary & of contraindications & side effects
- _____ 86 KI staff trained, >age 18
- _____ 87 KI stored locked

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 _____
- _____
- _____
- _____

Director Alternate Director _____

Signed _____ / ____/____

Youth Camp Inspector

Signed _____ / ____/____

