

**Division of Licensing**  
**Youth Camp Application - General Report of Change**

Camp Name \_\_\_\_\_ License # YCYC.0 \_\_\_\_\_  
List name of camp exactly as it appears on license or on initial application

Camp is not yet licensed but application has been submitted.

**Please check all changes that apply.** A change in ownership requires that a new application be submitted 30 days prior to the anticipated opening date of camp.

If multiple location camp, indicate which location this change is for \_\_\_\_\_

**Camp Location Change(s):**

Add New or Additional Operational Location – attach a completed page 2 of the camp application and **new** directions if site is new.

Remove Location (location address) \_\_\_\_\_

**Operation at a new location may not occur until approval by the Office of Early Childhood has been granted. The Office of Early Childhood will schedule an initial inspection, and if a corrective action plan (CAP) is required, the Office of Early Childhood must review and approve the CAP prior to operation at the new location.**

**Operation Date Additions / Deletions:**

Add operational dates not included on application: \_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_ Hours \_\_\_\_\_ to \_\_\_\_\_  
\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_ Hours \_\_\_\_\_ to \_\_\_\_\_  
\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_ Hours \_\_\_\_\_ to \_\_\_\_\_

Cancel operational dates submitted on application: \_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_ \_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_

**Trip Dates Changes:** Report only dates added or deleted. **ONLY INCLUDE TRIPS WHEN ALL CAMPERS AND STAFF WILL BE OFFSITE.** DO NOT RESEND ENTIRE UPDATED LIST OR CALENDAR OF FIELD TRIP DATES.

Dates Added \_\_\_\_\_

Dates Deleted \_\_\_\_\_

**Camp Physician/APRN Change(s):**

**Add New or Additional Camp Physician/APRN** - A completed and signed Medical Coverage Certification section on page 5 of the camp application must be submitted with this form.

**Remove Camp Physician/APRN** - First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Effective Date \_\_\_\_/\_\_\_\_

**Form Completed By: Please Print:** Name \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_ Ext \_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date sent to OEC \_\_\_\_/\_\_\_\_

Fax (860) 326-0556 or mail to the Office of Early Childhood, Youth Camp Licensing, 450 Columbus Boulevard, Suite 302 Hartford, CT 06103. Phone numbers 1-800-282-6063 or in the Hartford area (860) 500-4450.

***Office Use Only:*** OEC rec'd on \_\_\_\_/\_\_\_\_/\_\_\_\_ Data entered on \_\_\_\_/\_\_\_\_ by \_\_\_\_\_ Filing Town \_\_\_\_\_