

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

<p><input type="checkbox"/> <b>Obtained Camp Staff List</b></p> <p><u>19a-428-2/CGS 19a-422 Administration &amp; 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 &amp; facilities accessible</p> <p>_____ 10 Director responsible for health, comfort &amp; safety of campers &amp; staff</p> <p>_____ 11 Camp's plans, policies &amp; procedures implemented</p> <p>_____ 12 Staff trained on camp's policies &amp; procedures re: beh management, supervision, emerg procedures, abuse/neglect prior to child care responsibilities</p> <p>_____ 13 Waterfront/swimming area director(s) certified, age &gt;20</p> <p>_____ 14 Small craft director(s) certified, age &gt;20/boat safety/scuba laws followed</p> <p>_____ 15 All lifeguards CPR certified</p> <p>_____ 16 Firing range director qualified, age &gt;21, on site</p> <p>_____ 17 Archery range director qualified, age &gt;18, on site</p> <p>_____ 18 Horseback riding director qualified, age &gt;18, on site</p> <p>_____ 19 Challenge course director qualified, age &gt;20 on site majority, leading staff qualified, age &gt;18 on site</p> <p>_____ 20 Other activity director(s) qualified</p> <p>_____ 21 Counselors age &gt;16, CIT age &gt;14</p> <p>_____ 22 Ratios Day 1/12 for &gt;age 6 and 1/9 for &lt; age 6 Res 1/8 for &gt;age 8 and 1/6 for &lt; age 8</p>	<p>_____ 24 Emergency plan developed &amp; on site, staff trained</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 &amp; 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><b>Youth Camp Inspector</b></p> <p>Signed _____ / /</p>
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INITIAL

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LOCATION CHANGE

OTHER

FULL/PARTIAL

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 \_\_\_\_\_ /\_\_\_\_/\_\_\_\_

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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 \_\_\_\_\_ / /

