Statutes and Regulations

Youth Camps

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Licensing Lights the Way to A Safe Summer

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Connecticut General Statutes-Revised to January 1, 2021

Statutes are revised to January 1 of odd numbered years and therefore should be read in conjunction with Public Acts that have been enacted since the last revision date. A list of recently enacted Public Acts that directly impact the youth camp licensure program can be found at www.ct.gov/oec/camps under Statutes and Regulations.

Sec. 19a-420. (Formerly Sec. 19-539). Definitions. As used in this chapter:

(1) “Youth camp” means any regularly scheduled program or organized group activity advertised as a camp or operated only during school vacations or on weekends by a person, partnership, corporation, association, the state or a municipal agency for recreational or educational purposes and accommodating for profit or under philanthropic or charitable auspices five or more children, who are at least three years of age and under sixteen years of age, who are (A) not bona fide personal guests in the private home of an individual, and (B) living apart from their relatives, parents or legal guardian, for a period of three days or more per week or portions of three or more days per week, provided any such relative, parent or guardian who is an employee of such camp shall not be considered to be in the position of loco parentis to such employee’s child for the purposes of this chapter, but does not include (i) classroom-based summer instructional programs operated by any person, provided no activities that may pose a health risk or hazard to participating children are conducted at such programs, (ii) public schools, or private schools in compliance with section 10-188 and approved by the State Board of Education or accredited by an accrediting agency recognized by the State Board of Education, which operate a summer educational program, (iii) licensed child care centers, or (iv) drop-in programs for children who are at least six years of age administered by a nationally chartered boys’ and girls’ club;

(2) “Resident camp” means any youth camp which is established, conducted or maintained on any parcel or parcels of land on which there are located dwelling units or buildings intended to accommodate five or more children who are at least three years of age and under sixteen years of age for at least seventy-two consecutive hours and in which the campers attending such camps eat and sleep;

(3) “Day camp” means any youth camp which is established, conducted or maintained on any parcel or parcels of land on which there are located dwelling units or buildings intended to accommodate five or more children who are at least three years of age and under sixteen years of age during daylight hours for at least three days a week with the campers eating and sleeping at home, except for one meal per day, but does not include programs operated by a municipal agency;

(4) “Person” means the state or any municipal agency, individual, partnership, association, organization, limited liability company or corporation;

(5) “Commissioner” means the Commissioner of Early Childhood; and

(6) “Office” means the Office of Early Childhood.

Sec. 19a-421. (Formerly Sec. 19-540). License required. Qualifications. Duration of validity. Fees. No person shall establish, conduct or maintain a youth camp without a license issued by the office. Applications for such license shall be made in writing at least thirty days prior to the opening of the youth camp on forms provided and in accordance with procedures established by the commissioner and shall be accompanied by a fee of eight hundred fifteen dollars or, if the applicant is a nonprofit, nonstock corporation or association, a fee of three hundred fifteen dollars or, if the applicant is a day camp affiliated with a nonprofit organization, for no more than five days duration and for which labor and materials are donated, no fee. All such licenses shall be valid for a period of one year from the date of issuance unless surrendered for cancellation or suspended or revoked by the commissioner for violation of this chapter or any regulations adopted under section 19a-428 and shall be renewable upon payment of an eight-hundred-fifteen-dollar license fee or, if the licensee is a nonprofit, nonstock corporation or association, a three-hundred-fifteen-dollar license fee or, if the applicant is a day camp affiliated with a nonprofit organization, for no more than five days duration and for which labor and materials are donated, no fee.

Sec. 19a-422. (Formerly Sec. 19-541). Requirements for licensing of camps. License to be displayed. To be eligible for the issuance or renewal of a youth camp license pursuant to this chapter, the camp shall satisfy the following requirements: (1) The location of the camp shall be such as to provide adequate surface drainage and afford facilities for obtaining a good...
(a) The commissioner may take any of the actions authorized under subsection (b) of this section if the youth camp licensee: (1) Is convicted of any offense involving moral turpitude, the record of conviction being conclusive evidence thereof; (2) is legally adjudicated insane or mentally incompetent, the record of such adjudication being conclusive evidence thereof; (3) uses any narcotic or any controlled drug, as defined in section 21a-240, to an extent or in a manner that such use impairs the licensee's ability to properly care for children; (4) fails to comply with the statutes and regulations for licensing youth camps; (5) furnishes or makes any misleading or any false statement or report to the office; (6) refuses to submit to the office any reports or refuses to make available to the office any records required by it in investigating the facility for licensing purposes; (7) fails or refuses to submit to an investigation or inspection by the office or to admit authorized representatives of the office at any reasonable time for the purpose of investigation, inspection or licensing; (8) fails to provide, maintain, equip and keep in safe and sanitary condition premises established for or used by the campers pursuant to minimum standards prescribed by the office or by ordinances or regulations applicable to the location of such facility; or (9) wilfully or deliberately violates any of the provisions of this chapter.

(b) The commissioner, after a contested case hearing held in accordance with the provisions of chapter 54, may take any of the following actions, singly or in combination, in any case in which the commissioner finds that there has been a substantial failure to comply with the requirements established under sections 19a-420 to 19a-428, inclusive, the Public Health Code or regulations adopted pursuant to section 19a-428: (1) Revoke a license; (2) suspend a license; (3) impose a civil penalty of not more than one hundred dollars per violation for each day of occurrence; (4) place a licensee on probationary status and require such licensee to report regularly to the office on the matters that are the basis of the probation; (5) restrict the acquisition of other facilities for a period of time set by the commissioner; or (6) impose limitations on a license.

(c) The commissioner shall notify the licensee, in writing, of the commissioner's intention to suspend or revoke the license or to impose a licensure action. The licensee may, if aggrieved by such intended action, make application for a hearing, in writing, over the licensee's signature to the commissioner. The licensee shall state in the application in plain language the reasons why the licensee claims to be aggrieved. The application shall be delivered to the commissioner not later than thirty days after the licensee's receipt of notification of the intended action.

(d) The commissioner shall hold a hearing not later than sixty days after receipt of such application and shall, at least ten days prior to the date of such hearing, mail a notice, giving the time and place of the hearing, to the licensee. The hearing may be conducted by the commissioner or by a hearing officer appointed by the commissioner, in writing. The licensee and the commissioner or hearing officer may issue subpoenas requiring the attendance of witnesses. The licensee shall be entitled to be represented by counsel and a transcript of the hearing shall be made. If the hearing is conducted by a hearing officer, the hearing officer shall state the hearing officer's findings and make a recommendation to the commissioner on the issue of revocation or suspension or the intended licensure action.
(e) The commissioner, based upon the findings and recommendation of the hearing officer, or after a hearing conducted by the commissioner, shall render the commissioner's decision, in writing, suspending, revoking or continuing the license or regarding the intended licensure action. A copy of the decision shall be sent by certified mail to the licensee. The decision revoking or suspending the license or a decision imposing a licensure action shall become effective thirty days after it is mailed by registered or certified mail to the licensee. A licensee aggrieved by the decision of the commissioner may appeal in the same manner as provided in section 19a-85.

(f) The provisions of subsections (c) to (e), inclusive, of this section shall not apply to the denial of an initial application for a license under section 19a-421, provided the commissioner notifies the applicant of any such denial and the reasons for such denial by mailing written notice to the applicant at the applicant's address shown on the license application.

(g) If the office determines that the health, safety or welfare of a child or staff person at a youth camp requires imperative emergency action by the office to halt an activity being provided at the camp, the office may issue a cease and desist order limiting the license and requiring the immediate cessation of the activity. The office shall provide the licensee with an opportunity for a hearing regarding the issuance of a cease and desist order. Such hearing shall be held not later than ten business days after the date of issuance of the order. Upon receipt of such order, the licensee shall cease providing the activity and provide immediate notification to staff and the parents of all children attending the camp that such activity has ceased at the camp until such time as the cease and desist order is dissolved by the office.

(h) In addition to the authority provided to the commissioner in subsection (a) of this section, the commissioner may resolve any disciplinary action with respect to the voluntary surrender of a youth camp license.

Sec. 19a-424. (Formerly Sec. 19-543). Appeal. Any licensee aggrieved by the action of the commissioner in suspending or revoking any license under the provisions of this chapter may appeal therefrom in accordance with the provisions of section 4-183.

Sec. 19a-425. (Formerly Sec. 19-544). Penalty. Equitable relief. Any person who establishes, conducts or maintains a youth camp without a license as required by this chapter for a first offense shall be subject to a civil penalty of not more than one thousand dollars, and for a second or subsequent offense shall be subject to a civil penalty of not more than one thousand five hundred dollars, and each day during which a youth camp is conducted or maintained without a license, after notification to such person by the commissioner, shall constitute a separate offense. The commissioner may apply to the superior court for the judicial district of Hartford, or for the judicial district where the defendant named in such application resides, for an injunction to restrain the operation or maintenance of a youth camp by any person other than a licensed operator. The application for such injunction or the issuance of the same shall be in addition to and shall not relieve any such person from the imposition of a civil penalty under this section. In connection with any such application for an injunction, it shall not be necessary to prove that an adequate remedy at law does not exist.

Sec. 19a-426. (Formerly Sec. 19-545). Inspection of facilities. The office shall inspect or cause to be inspected the facilities to be operated by an applicant for an original license before the license shall be granted, and shall annually thereafter inspect or cause to be inspected the facilities of all licensees. No annual inspection shall be required under this section in the case of facilities of a licensee located in any dormitory, classroom or other building or any athletic facility owned and maintained by any college or university, provided a timely safety inspection of such building or facility, satisfactory to the office, is conducted by or on behalf of such college or university.

Sec. 19a-427. (Formerly Sec. 19-546). Authorization to accept financial assistance. The commissioner is authorized to accept, on behalf of the state, any grants of federal or private funds made available for any purposes consistent with the provisions of this chapter. The commissioner, with the approval of the Secretary of the Office of Policy and Management, may direct the disposition of any such grants so accepted in conformity with the terms and conditions under which given.

Sec. 19a-428. (Formerly Sec. 19-547). Regulations re safe operation, physical examinations and glucose monitoring for diabetes. (a) The commissioner shall adopt regulations, in accordance with the provisions of chapter 54, relating to the safe operation of youth camps, including, but not limited to, personnel qualifications for director and staff; ratio of staff to campers; sanitation and public health; personal health, first aid and medical services; food handling, mass feeding and cleanliness; water supply and waste disposal; water safety, including use of lakes and rivers, swimming and boating equipment and practices, vehicle condition and operation; building and site design; equipment; and condition and density of

iii Connecticut Office of Early Childhood
Youth Camps-Licensing Statutes and Regulations
use, as the commissioner may deem necessary or desirable. Such regulations shall be construed to be minimum standards subject to the imposition and enforcement of higher standards by any town, city or borough.

(b) The commissioner shall adopt regulations, in accordance with the provisions of chapter 54, allowing physical examinations or health status certifications required by youth camps prior to the date of arrival at youth camps to be made by a physician, an advanced practice registered nurse or registered nurse licensed pursuant to chapter 378 or a physician assistant licensed pursuant to chapter 370. Such regulations shall permit a child's physical examination and health assessment form, as described in section 10-206, that is required for school purposes to also be used to satisfy any such required youth camp examination or certification, subject to such conditions regarding the timeliness of such examination as the commissioner deems appropriate.

(c) The commissioner shall adopt regulations, in accordance with the provisions of chapter 54, that specify conditions under which youth camp directors and staff may administer tests to monitor glucose levels in a child with diagnosed diabetes mellitus, and administer medicinal preparations, including controlled drugs specified in the regulations adopted by the commissioner, to a child enrolled in a youth camp at such camp. The regulations shall require authorization pursuant to: (1) The written order of a physician licensed to practice medicine or a dentist licensed to practice dental medicine in this or another state, an advanced practice registered nurse licensed under chapter 378, a physician assistant licensed under chapter 370, a podiatrist licensed under chapter 375 or an optometrist licensed under chapter 380; and (2) the written authorization of a parent or guardian of such child.

Sec. 19a-428a. Administration, maintenance, storage and labeling of epinephrine at Department of Children and Families Wilderness School. Immunity from liability. (a) As used in this section:

(1) “ Appropriately trained” means the successful completion of (A) the training requirements for the administration of injectable medications by premeasured, commercially prepared autoinjectors prescribed by the regulations adopted pursuant to section 19a-428, and (B) training in the preceding twelve-month period conducted by a pharmacist, physician, physician assistant, advanced practice registered nurse or registered nurse to (i) identify the common causes of allergic reactions, signs and symptoms of mild and severe allergic reactions and the ways in which anaphylaxis differs from other medical conditions, and (ii) execute appropriate follow-up and reporting procedures after a child has experienced a presumed allergic reaction;

(2) “Qualified employee” means an employee who is eighteen years of age or older and is appropriately trained; and

(3) “Qualified medical professional” has the same meaning as provided in section 10-212a.

(b) Any qualified employee of the Department of Children and Families Wilderness School may administer epinephrine by a premeasured, commercially prepared autoinjector for the purpose of emergency first aid to a child enrolled in the Department of Children and Families Wilderness School who experiences a presumed allergic reaction in the absence of a written order from a qualified medical professional, provided such child's parent or guardian has previously authorized such administration in writing.

(c) The director of the Department of Children and Families Wilderness School shall maintain epinephrine in premeasured, commercially prepared autoinjectors for the purpose of emergency first aid to children who experience presumed allergic reactions and do not have a prior written order from a qualified medical professional authorizing the administration of epinephrine.

(d) The director of the Department of Children and Families Wilderness School shall ensure that (1) all epinephrine in premeasured, commercially prepared autoinjectors are stored and labeled in a manner consistent with the regulations adopted pursuant to section 19a-428; and (2) records concerning the administration of epinephrine in commercially prepared autoinjectors are maintained in a manner consistent with the regulations adopted pursuant to section 19a-428.

(e) No qualified employee administering epinephrine to a child pursuant to this section shall be liable to such child or a parent or guardian of such child for civil damages for any personal injuries that result from acts or omissions of such employee that may constitute ordinary negligence. This immunity does not apply to acts or omissions constituting gross, willful or wanton negligence.
Sec. 19a-429. Complaints against youth camps. Investigation of complaints. Disclosure of information re complaints and investigations. Any person having reasonable cause to believe that a youth camp, as defined in section 19a-420, is operating without a current and valid license or in violation of regulations adopted under section 19a-428 or in a manner which may pose a potential danger to the health, welfare and safety of a child receiving youth camp services, may report such information to the office. The office shall investigate any report or complaint received pursuant to this section. In connection with any investigation of a youth camp, the commissioner or the commissioner's authorized agent may administer oaths, issue subpoenas, compel testimony and order the production of books, records and documents. If any person refuses to appear, to testify or to produce any book, record or document when so ordered, a judge of the Superior Court may make such order as may be appropriate to aid in the enforcement of this section. The name of the person making the report or complaint shall not be disclosed unless (1) such person consents to such disclosure, (2) a judicial or administrative proceeding results therefrom, or (3) a license action pursuant to section 19a-423 results from such report or complaint. All records obtained by the office in connection with any such investigation shall not be subject to the provisions of section 1-210 for a period of thirty days from the date of the petition or other event initiating such investigation, or until such time as the investigation is terminated pursuant to a withdrawal or other informal disposition or until a hearing is convened pursuant to chapter 54, whichever is earlier. A formal statement of charges issued by the office shall be subject to the provisions of section 1-210 from the time that it is served or mailed to the respondent. Records which are otherwise public records shall not be deemed confidential merely because they have been obtained in connection with an investigation under this section.

Sec. 19a-86b. Validity of license during investigation or disciplinary action. Any person or entity who is the subject of an investigation or disciplinary action pursuant to section 19a-80f, 19a-84, 19a-87a, 19a-87e, 19a-423 or 19a-429 while holding a license issued by the Office of Early Childhood or having held such a license within eighteen months of the commencement of such investigation or disciplinary action, shall be considered to hold a valid license for purposes of such investigation or disciplinary action.

Sec. 19a-87f. Youth camp, child care center, group child care home or family child care home: Physical examination or health status certification. On and after July 1, 2014, any (1) youth camp, licensed in accordance with section 19a-422, (2) child care center or group child care home, licensed in accordance with section 19a-80, or (3) family child care home, licensed in accordance with section 19a-87b, may permit a child's physical examination that is required for school purposes, and the child's health assessment form described in section 10-206 or the state Department of Education's early childhood health assessment record form, to be used to satisfy any physical examination or health status certification required by such youth camp, child care center, group child care home or family child care home, provided any requirement established by the Commissioner of Early Childhood concerning the time for completion of such physical examination is satisfied.

Sec. 46b-120. (Formerly Sec. 51-301). Definitions. The terms used in this chapter shall, in its interpretation and in the interpretation of other statutes, be defined as follows:

(1) "Child" means any person under eighteen years of age who has not been legally emancipated, except that (A) for purposes of delinquency matters and proceedings, "child" means any person who (i) is at least seven years of age at the time of the alleged commission of a delinquent act and who is (I) under eighteen years of age and has not been legally emancipated, or (II) eighteen years of age or older and committed a delinquent act prior to attaining eighteen years of age, or (ii) is subsequent to attaining eighteen years of age, (I) violates any order of the Superior Court or any condition of probation ordered by the Superior Court with respect to a delinquency proceeding, or (II) wilfully fails to appear in response to a summons under section 46b-133 or at any other court hearing in a delinquency proceeding of which the child had notice, and (B) for purposes of family with service needs matters and proceedings, a child means a person who is at least seven years of age and is under eighteen years of age;

(2) (A) A child may be adjudicated as "delinquent" who has, while under sixteen years of age, (i) violated any federal or state law, except section 53a-172, 53a-173, 53a-222, 53a-222a, 53a-223 or 53a-223a, or violated a municipal or local ordinance, except an ordinance regulating behavior of a child in a family with service needs, (ii) wilfully failed to appear in response to a summons under section 46b-133 or at any other court hearing in a delinquency proceeding of which the child had notice, (iii) violated any order of the Superior Court in a delinquency proceeding, except as provided in section 46b-148, or (iv) violated conditions of probation supervision or probation supervision with residential placement in a delinquency proceeding as ordered by the court;

(B) A child may be adjudicated as "delinquent" who has (i) while sixteen or seventeen years of age, violated any federal or state law, other than (I) an infraction, except an infraction under subsection (d) of section 21a-267, (II) a violation,
except a violation under subsection (a) of section 21a-279a, (III) a motor vehicle offense or violation under title 14, (IV) a violation of a municipal or local ordinance, or (V) a violation of section 51-164r, 53a-172, 53a-173, 53a-222, 53a-222a, 53a-223 or 53a-223a, (ii) while sixteen years of age or older, wilfully failed to appear in response to a summons under section 46b-133 or at any other court hearing in a delinquency proceeding of which the child had notice, (iii) while sixteen years of age or older, violated any order of the Superior Court in a delinquency proceeding, except as provided in section 46b-148, or (iv) while sixteen years of age or older, violated conditions of probation supervision or probation supervision with residential placement in a delinquency proceeding as ordered by the court;

(3) "Family with service needs" means a family that includes a child who is at least seven years of age and is under eighteen years of age who, according to a petition lawfully filed on or before June 30, 2020, (A) has without just cause run away from the parental home or other properly authorized and lawful place of abode, (B) is beyond the control of the child's parent, parents, guardian or other custodian, (C) has engaged in indecent or immoral conduct, or (D) is thirteen years of age or older and has engaged in sexual intercourse with another person and such other person is thirteen years of age or older and not more than two years older or younger than such child;

(4) A child may be found "neglected" who, for reasons other than being impoverished, (A) has been abandoned, (B) is being denied proper care and attention, physically, educationally, emotionally or morally, or (C) is being permitted to live under conditions, circumstances or associations injurious to the well-being of the child;

(5) A child may be found "abused" who (A) has been inflicted with physical injury or injuries other than by accidental means, (B) has injuries that are at variance with the history given of them, or (C) is in a condition that is the result of maltreatment, including, but not limited to, malnutrition, sexual molestation or exploitation, deprivation of necessities, emotional maltreatment or cruel punishment;

(6) A child may be found "uncared for" (A) who is homeless, (B) whose home cannot provide the specialized care that the physical, emotional or mental condition of the child requires, or (C) who has been identified as a victim of trafficking, as defined in section 46a-170. For the purposes of this section, the treatment of any child by an accredited Christian Science practitioner, in lieu of treatment by a licensed practitioner of the healing arts, shall not of itself constitute neglect or maltreatment;

(7) "Delinquent act" means (A) the violation by a child under the age of sixteen of any federal or state law, except the violation of section 53a-172, 53a-173, 53a-222, 53a-222a, 53a-223 or 53a-223a, or the violation of a municipal or local ordinance, except an ordinance regulating behavior of a child in a family with service needs, (B) the violation by a child sixteen or seventeen years of age of any federal or state law, other than (i) an infraction, except an infraction under subsection (d) of section 21a-267, (ii) a violation, except a violation under subsection (a) of section 21a-279a, (iii) a motor vehicle offense or violation under title 14, (iv) the violation of a municipal or local ordinance, or (v) the violation of section 51-164r, 53a-172, 53a-173, 53a-222, 53a-222a, 53a-223 or 53a-223a, (C) the wilful failure of a child, including a child who has attained the age of eighteen, to appear in response to a summons under section 46b-133 or at any other court hearing in a delinquency proceeding of which the child has notice, (D) the violation of any order of the Superior Court in a delinquency proceeding by a child, including a child who has attained the age of eighteen, except as provided in section 46b-148, or (E) the violation of conditions of probation supervision or probation supervision with residential placement in a delinquency proceeding by a child, including a child who has attained the age of eighteen, as ordered by the court;

(8) "Serious juvenile offense" means (A) the violation of, including attempt or conspiracy to violate, section 21a-277, 21a-278, 29-33, 29-34, 29-35, subdivision (2) or (3) of subsection (a) of section 53-21, 53-80a, 53-202b, 53-202c, 53-390 to 53-392, inclusive, 53a-54a to 53a-57, inclusive, 53a-59 to 53a-60c, inclusive, 53a-64aa, 53a-64bb, 53a-70 to 53a-71, inclusive, 53a-72b, 53a-86, 53a-92 to 53a-94a, inclusive, 53a-95, 53a-100aa, 53a-101, 53a-102a, 53a-103a or 53a-111 to 53a-113, inclusive, subdivision (1) of subsection (a) of section 53a-122, subdivision (3) of subsection (a) of section 53a-123, section 53a-134, 53a-135, 53a-136a or 53a-167c, subsection (a) of section 53a-174, or section 53a-196a, 53a-211, 53a-212, 53a-216 or 53a-217b, or (B) absconding, escaping or running away, without just cause, from any secure residential facility in which the child has been placed by the court as a delinquent child;

(9) "Serious juvenile offender" means any child adjudicated as delinquent for the commission of a serious juvenile offense;
(10) "Serious juvenile repeat offender" means any child charged with the commission of any felony if such child has previously been adjudicated as delinquent or otherwise adjudicated at any age for two violations of any provision of title 21a, 29, 53 or 53a that is designated as a felony;

(11) "Alcohol-dependent" means a psychoactive substance dependence on alcohol as that condition is defined in the most recent edition of the American Psychiatric Association's "Diagnostic and Statistical Manual of Mental Disorders";

(12) "Drug-dependent" means a psychoactive substance dependence on drugs as that condition is defined in the most recent edition of the American Psychiatric Association's "Diagnostic and Statistical Manual of Mental Disorders". No child shall be classified as drug-dependent who is dependent (A) upon a morphine-type substance as an incident to current medical treatment of a demonstrable physical disorder other than drug dependence, or (B) upon amphetamine-type, ataractic, barbiturate-type, hallucinogenic or other stimulant and depressant substances as an incident to current medical treatment of a demonstrable physical or psychological disorder, or both, other than drug dependence;

(13) "Pre-dispositional study" means a comprehensive written report prepared by a juvenile probation officer pursuant to section 46b-134 regarding the child's social, medical, mental health, educational, risks and needs, and family history, as well as the events surrounding the offense to present a supported recommendation to the court;

(14) "Probation supervision" means a legal status whereby a juvenile who has been adjudicated delinquent is placed by the court under the supervision of juvenile probation for a specified period of time and upon such terms as the court determines;

(15) "Probation supervision with residential placement" means a legal status whereby a juvenile who has been adjudicated delinquent is placed by the court under the supervision of juvenile probation for a specified period of time, upon such terms as the court determines, that include a period of placement in a secure or staff-secure residential treatment facility, as ordered by the court, and a period of supervision in the community;

(16) "Risk and needs assessment" means a standardized tool that (A) assists juvenile probation officers in collecting and synthesizing information about a child to estimate the child's risk of recidivating and identify other factors that, if treated and changed, can reduce the child's likelihood of reoffending, and (B) provides a guide for intervention planning;

(17) "Secure-residential facility" means a hardware-secure residential facility that includes direct staff supervision, surveillance enhancements and physical barriers that allow for close supervision and controlled movement in a treatment setting; and

(18) "Staff-secure residential facility" means a residential facility that provides residential treatment for children in a structured setting where the children are monitored by staff.

Sec. 17a-101. (Formerly Sec. 17-38a). Protection of children from abuse. Mandated reporters. Educational and training programs. Model mandated reporting policy. (a) The public policy of this state is: To protect children whose health and welfare may be adversely affected through injury and neglect; to strengthen the family and to make the home safe for children by enhancing the parental capacity for good child care; to provide a temporary or permanent nurturing and safe environment for children when necessary; and for these purposes to require the reporting of suspected child abuse or neglect, investigation of such reports by a social agency, and provision of services, where needed, to such child and family.

(b) The following persons shall be mandated reporters: (1) Any physician or surgeon licensed under the provisions of chapter 370, (2) any resident physician or intern in any hospital in this state, whether or not so licensed, (3) any registered nurse, (4) any licensed practical nurse, (5) any medical examiner, (6) any dentist, (7) any dental hygienist, (8) any psychologist, (9) any school employee, as defined in section 53a-65, (10) any social worker, (11) any person who holds or is issued a coaching permit by the State Board of Education, is a coach of intramural or interscholastic athletics and is eighteen years of age or older, (12) any individual who is employed as a coach or director of youth athletics and is eighteen years of age or older, (13) any individual who is employed as a coach or director of a private youth sports organization, league or team and is eighteen years of age or older, (14) any paid administrator, faculty, staff, athletic director, athletic coach or athletic trainer employed by a public or private institution of higher education who is eighteen years of age or older, excluding student employees, (15) any police officer, (16) any juvenile or adult probation officer, (17) any juvenile or adult parole officer, (18) any member of the clergy, (19) any pharmacist, (20) any physical therapist, (21) any optometrist, (22) any
chiropractor, (23) any podiatrist, (24) any mental health professional, (25) any physician assistant, (26) any person who is a licensed or certified emergency medical services provider, (27) any person who is a licensed or certified alcohol and drug counselor, (28) any person who is a licensed marital and family therapist, (29) any person who is a sexual assault counselor or a domestic violence counselor, as defined in section 52-146k, (30) any person who is a licensed professional counselor, (31) any person who is a licensed foster parent, (32) any person paid to care for a child in any public or private facility, child care center, group child care home or family child care home licensed by the state, (33) any employee of the Department of Children and Families, (34) any employee of the Department of Public Health, (35) any employee of the Office of Early Childhood who is responsible for the licensing of child care centers, group child care homes, family child care homes or youth camps, (36) any paid youth camp director or assistant director, (37) the Child Advocate and any employee of the Office of the Child Advocate, (38) any person who is a licensed behavior analyst, (39) any family relations counselor, family relations counselor trainee or family services supervisor employed by the Judicial Department, and (40) any person employed, including any person employed under contract and any independent ombudperson, to work at a juvenile detention facility or any other facility where children under eighteen years of age are detained and who has direct contact with children as part of such employment.

(c) The Commissioner of Children and Families shall develop an educational training program and refresher training program for the accurate and prompt identification and reporting of child abuse and neglect. Such training program and refresher training program shall be made available to all persons mandated to report child abuse and neglect at various times and locations throughout the state as determined by the Commissioner of Children and Families. Such training program and refresher training program shall be provided in accordance with the provisions of subsection (g) of section 17a-101i to each school employee, as defined in section 53a-65, within available appropriations.

(d) On or before October 1, 2011, the Department of Children and Families, in consultation with the Department of Education, shall develop a model mandated reporting policy for use by local and regional boards of education. Such policy shall state applicable state law regarding mandated reporting and any relevant information that may assist school districts in the performance of mandated reporting. Such policy shall include, but not be limited to, the following information: (1) Those persons employed by the local or regional board of education who are required pursuant to this section to be mandated reporters, (2) the type of information that is to be reported, (3) the time frame for both written and verbal mandated reports, (4) a statement that the school district may conduct its own investigation into an allegation of abuse or neglect by a school employee, provided such investigation does not impede an investigation by the Department of Children and Families, and (5) a statement that retaliation against mandated reporters is prohibited. Such policy shall be updated and revised as necessary.

Sec. 17a-101a. Report of abuse, neglect or injury of child or imminent risk of serious harm to child. Penalty for failure to report. Notification of Chief State's Attorney. (a)(1) Any mandated reporter, as described in section 17a-101, who in the ordinary course of such person's employment or profession has reasonable cause to suspect or believe that any child under the age of eighteen years (A) has been abused or neglected, as described in section 46b-120, (B) has had nonaccidental physical injury, or injury which is at variance with the history given of such injury, inflicted upon such child, or (C) is placed at imminent risk of serious harm, or (2) any school employee, as defined in section 53a-65, who in the ordinary course of such person's employment or profession has reasonable cause to suspect or believe that any person who is being educated by the Technical Education and Career System or a local or regional board of education, other than as part of an adult education program, is a victim under the provisions of section 53a-70, 53a-70a, 53a-71, 53a-72a, 53a-72b or 53a-73a, and the perpetrator is a school employee shall report or cause a report to be made in accordance with the provisions of sections 17a-101b to 17a-101d, inclusive.

(b) (1) Any person required to report under the provisions of this section who fails to make such report or fails to make such report within the time period prescribed in sections 17a-101b to 17a-101d, inclusive, and section 17a-103 shall be guilty of a class A misdemeanor, except that such person shall be guilty of a class E felony if (A) such violation is a subsequent violation, (B) such violation was wilful or intentional or due to gross negligence, or (C) such person had actual knowledge that (i) a child was abused or neglected, as described in section 46b-120, or (ii) a person was a victim described in subdivision (2) of subsection (a) of this section.

(2) Any person who intentionally and unreasonably interferes with or prevents the making of a report pursuant to this section, or attempts or conspires to do so, shall be guilty of a class D felony. The provisions of this subdivision shall not apply to any child under the age of eighteen years or any person who is being educated by the Technical Education and Career System or a local or regional board of education, other than as part of an adult education program.
(3) Any person found guilty under the provisions of this subsection shall be required to participate in an educational and training program. The program may be provided by one or more private organizations approved by the commissioner, provided the entire cost of the program shall be paid from fees charged to the participants, the amount of which shall be subject to the approval of the commissioner.

(c) The Commissioner of Children and Families, or the commissioner's designee, shall promptly notify the Chief State's Attorney when there is reason to believe that any such person has failed to make a report in accordance with this section.

(d) For purposes of this section and section 17a-101b, a mandated reporter's suspicion or belief may be based on factors including, but not limited to, observations, allegations, facts or statements by a child, victim, as described in subdivision (2) of subsection (a) of this section, or third party. Such suspicion or belief does not require certainty or probable cause.

Sec. 17a-101b. Report by mandated reporter. Notification of law enforcement agency when allegation of sexual abuse or serious physical abuse. Notification of person in charge of institution, facility or school when staff member suspected of abuse or neglect. (a) An oral or electronic report shall be made by a mandated reporter as soon as practicable but not later than twelve hours after the mandated reporter has reasonable cause to suspect or believe that a child has been abused or neglected or placed in imminent risk of serious harm. An oral report made pursuant to this subsection shall be made by telephone or in person to the Commissioner of Children and Families or a law enforcement agency. If a law enforcement agency receives an oral report, it shall immediately notify the commissioner. An electronic report made pursuant to this subsection shall be made in a manner prescribed by the commissioner. A mandated reporter who makes an electronic report pursuant to this section shall respond to further inquiries from the commissioner or the commissioner's designee made within twenty-four hours of such report.

(b) If the commissioner or the commissioner's designee suspects or knows that such person has knowingly made a false report, the identity of such person shall be disclosed to the appropriate law enforcement agency and to the perpetrator of the alleged abuse.

(c) If the Commissioner of Children and Families, or the commissioner's designee, receives a report alleging sexual abuse or serious physical abuse, including, but not limited to, a report that: (1) A child has died; (2) a child has been sexually assaulted; (3) a child has suffered brain damage or loss or serious impairment of a bodily function or organ; (4) a child has been sexually exploited; or (5) a child has suffered serious nonaccidental physical injury, the commissioner shall, within twelve hours of receipt of such report, notify the appropriate law enforcement agency.

(d) Whenever a mandated reporter, as described in section 17a-101, has reasonable cause to suspect or believe that any child has been abused or neglected by a member of the staff of a public or private institution or facility that provides care for such child or a public or private school, the mandated reporter shall report as required in subsection (a) of this section. The Commissioner of Children and Families or the commissioner's designee shall notify the principal, headmaster, executive director or other person in charge of such institution, facility or school, or the person's designee, unless such person is the alleged perpetrator of the abuse or neglect of such child. In the case of a public school, the commissioner shall also notify the person's employing superintendent. Such person in charge, or such person's designee, shall then immediately notify the child's parent or other person responsible for the child's care that a report has been made.

(e) For purposes of this section, "child" includes any victim described in subdivision (2) of subsection (a) of section 17a-101a.

Sec. 17a-101c. Written or electronic report by mandated reporter. Not later than forty-eight hours after making an oral report, a mandated reporter shall submit a written or electronic report to the Commissioner of Children and Families or the commissioner's designee. Such reports shall be made in a manner prescribed by the commissioner. When a mandated reporter is a member of the staff of a public or private institution or facility that provides care for such child or public or private school the reporter shall also submit a copy of the written or electronic report to the person in charge of such institution, school or facility or the person's designee. In the case of a report concerning a school employee holding a certificate, authorization or permit issued by the State Board of Education under the provisions of sections 10-144o to 10-146b, inclusive, and 10-149, a copy of the written or electronic report shall also be sent by the Commissioner of Children and Families or the commissioner's designee to the Commissioner of Education or the commissioner's designee. In the case of an
Sec. 17a-101d. Contents of reports. All reports required pursuant to sections 17a-101a to 17a-101c, inclusive, and section 17a-103, shall contain, if known: (1) The names and addresses of the child and his or her parents or other person responsible for his or her care; (2) the age of the child; (3) the gender of the child; (4) the nature and extent of the child's injury or injuries, maltreatment or neglect; (5) the approximate date and time the injury or injuries, maltreatment or neglect occurred; (6) information concerning any previous injury or injuries to, or maltreatment or neglect of, the child or his or her siblings; (7) the circumstances in which the injury or injuries, maltreatment or neglect came to be known to the reporter; (8) the name of the person or persons suspected to be responsible for causing such injury or injuries, maltreatment or neglect; (9) the reasons such person or persons are suspected of causing such injury or injuries, maltreatment or neglect; (10) any information concerning any prior cases in which such person or persons have been suspected of causing an injury, maltreatment or neglect of a child; and (11) whatever action, if any, was taken to treat, provide shelter or otherwise assist the child. For purposes of this section, "child" includes any victim described in subdivision (2) of subsection (a) of section 17a-101a.

Sec. 17a-101e. Employer prohibited from discriminating or retaliating against employee who makes good faith report or testifies re child abuse or neglect. Immunity from civil or criminal liability. False report of child abuse. Referral to office of the Chief State's Attorney. Penalty. (a) No employer shall (1) discharge, or in any manner discriminate or retaliate against, any employee who in good faith makes a report pursuant to sections 17a-101a to 17a-101d, inclusive, and 17a-103, testifies or is about to testify in any proceeding involving child abuse or neglect, or (2) hinder or prevent, or attempt to hinder or prevent, any employee from making a report pursuant to sections 17a-101a to 17a-101d, inclusive, and 17a-103, or testifying in any proceeding involving child abuse or neglect. The Attorney General may bring an action in Superior Court against an employer who violates this subsection. The court may assess a civil penalty of not more than two thousand five hundred dollars and may order such other equitable relief as the court deems appropriate.

(b) Any person, institution or agency which, in good faith, (1) makes a report pursuant to sections 17a-101a to 17a-101d, inclusive, and 17a-103, provides professional medical intervention or assistance in any proceeding involving child abuse and neglect, including, but not limited to, (A) causing a photograph, x-ray or a physical custody examination to be made, (B) causing a child to be taken into emergency protective custody, (C) disclosing a medical record or other information pertinent to the proceeding, or (D) performing a medically relevant test, shall be immune from any liability, civil or criminal, which might otherwise arise from or be related to the actions taken pursuant to this subsection and shall have the same immunity with respect to any judicial proceeding which results from such report or actions, provided such person did not perpetrate or cause such abuse or neglect. The immunity from civil or criminal liability extends only to actions done pursuant to this subsection and does not extend to the malpractice of a medical professional that results in personal injury or death.

(c) Any person who is alleged to have knowingly made a false report of child abuse or neglect pursuant to sections 17a-101a to 17a-101d, inclusive, and 17a-103 shall be referred to the office of the Chief State's Attorney for purposes of a criminal investigation.

(d) Any person who knowingly makes a false report of child abuse or neglect pursuant to sections 17a-101a to 17a-101d, inclusive, and 17a-103 shall be fined not more than two thousand dollars or imprisoned not more than one year or both.
Regulations of Connecticut State Agencies

TITLE 19a. Public Health and Well-Being

Office of Early Childhood

Agency
Office of Early Childhood

Subject
Youth Camp Licensing Regulations

Inclusive Sections
§§ 19a-428-1—19a-428-7

CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sec. 19a-428-1.</td>
<td>Definitions as used in Section 19a-428-1 to 19a-428-7, inclusive, of the Regulations of Connecticut State Agencies</td>
</tr>
<tr>
<td>Sec. 19a-428-2.</td>
<td>Administration and Staffing</td>
</tr>
<tr>
<td>Sec. 19a-428-3.</td>
<td>Records</td>
</tr>
<tr>
<td>Sec. 19a-428-4.</td>
<td>Physical Plant and Program Practices</td>
</tr>
<tr>
<td>Sec. 19a-428-5.</td>
<td>Health Care</td>
</tr>
<tr>
<td>Sec. 19a-428-6.</td>
<td>Administration of Medications</td>
</tr>
<tr>
<td>Sec. 19a-428-7.</td>
<td>Monitoring of Diabetes</td>
</tr>
</tbody>
</table>
Youth Camp Licensing Regulations

Sec. 19a-428-1. Definitions as used in Section 19a-428-1 to 19a-428-7, inclusive, of the Regulations of Connecticut State Agencies

(1) "Administration of medication" means the direct application of a medication by inhalation, ingestion or any other means to the body of a person;

(2) "Advanced practice registered nurse" means an individual licensed under chapter 378 of the Connecticut General Statutes;

(3) "Authorized prescriber" means a physician, a dentist, an advanced practice registered nurse, a physician assistant, a podiatrist, or an optometrist;

(4) "Challenge course" means a designated area that is used for educational, team and confidence-building or recreational purposes, which area may include, but need not be limited to, logs, tires, platforms, beams, bridges, poles, ropes, ladders, nets, climbing walls, climbing towers, traverses, cables, swings, natural sites, or zip lines;

(5) "Commissioner" means the Commissioner of Early Childhood or the commissioner’s designee;

(6) "Dentist" means an individual licensed to practice dental medicine in this or another state;

(7) "Licensee" means a person, as defined in section 19a-420 of the Connecticut General Statutes, who is licensed pursuant to section 19a-421 of the Connecticut General Statutes;

(8) "Medication" means any legend drug or nonlegend drug, as those terms are defined in section 20-571 of the Connecticut General Statutes, including any controlled substance, as defined in section 21a-240 of the Connecticut General Statutes;

(9) "Medication error" means the failure to administer (A) medication to a child, (B) medication within one hour of the time designated by the authorized prescriber, (C) the specific medication prescribed for a child, (D) medication by the correct route, (E) medication according to generally accepted medical practices, or (F) the correct dosage of medication;

(10) "Office" means the Office of Early Childhood;

(11) "Optometrist" means an individual licensed to practice optometry under chapter 380 of the Connecticut General Statutes;

(12) "Parent(s)" means the person(s) responsible for the child and may include the legally designated guardian(s) of such child;

(13) "Pharmacist" means an individual licensed to practice pharmacy under the provisions of section 20-590, 20-591, 20-592 or 20-593 of the Connecticut General Statutes;

(14) "Physician" means an individual licensed to practice medicine in this or another state;

(15) "Physician assistant" means an individual licensed under section 20-12b of the Connecticut General Statutes;

(16) "Podiatrist" means an individual licensed under chapter 375 of the Connecticut General Statutes;

(17) "Registered nurse" means an individual licensed under chapter 378 of the Connecticut General Statutes;
Connecticut General Statutes;
(18) “Self-administer medications” means that the child (A) is able to identify and select the appropriate medication by size, color, amount, or other label identification, (B) knows the frequency and time of day for which the medication is ordered, and (C) is able to administer the medication appropriately;
(19) “Significant medication error” means a medication error that is potentially serious or has serious consequences for a child, including, but not limited to, the administration of medication (A) by the wrong route, (B) to a child with a known allergy to the medication, (C) given in a lethal or toxic dosage, or (D) causing serious medical problems resulting from such medication error; and
(20) “Staff” or “staff member” means those persons, including volunteers, responsible for the direct care of campers, but does not include persons contracted exclusively to provide a general service(s) to the youth camp such as facility maintenance, transportation, food service or cleaning services.

(Effective September 25, 2017)

Sec. 19a-428-2. Administration and Staffing
(a) The licensee shall be responsible for compliance with the requirements of this section and sections 19a-428-3 to 19a-428-7, inclusive, of the Regulations of Connecticut State Agencies and chapter 368r of the Connecticut General Statutes. Unless otherwise specified in this section and sections 19a-428-3 to 19a-428-7, inclusive, of the Regulations of Connecticut State Agencies, the licensee or the licensee’s designee shall respond to the Office’s requests for information or documentation related to compliance with this section and sections 19a-428-3 to 19a-428-7, inclusive, of the Regulations of Connecticut State Agencies and chapter 368r of the Connecticut General Statutes within the time period and in the manner specified by the Office. The licensee or the licensee’s designee shall not furnish or make any false or misleading statements to the Office in order to obtain or retain the license.
(b) The licensee shall provide staff, programs and services to meet the needs of all campers. All staff shall have the personal qualities necessary to care for and work with children and relate to adults.
(c) Each youth camp shall have a youth camp director who shall be at least twenty-one years of age. Except for those persons who have already served at least one summer as a youth camp director, any person serving as a youth camp director shall have had at least sixteen weeks administrative or supervisory experience in an organized youth camp or, in lieu thereof, equivalent administrative or supervisory training or experience in an organized youth program as determined by the Office.
(1) The youth camp director shall be responsible for the supervision of the campers at all times while the campers are at the youth camp, indoors or outdoors or on excursions. An assistant director, acting in the youth camp director’s absence, shall meet the qualifications of this subsection and shall comply with all requirements applicable to the
Regulations of Connecticut State Agencies

Office of Early Childhood §19a-428-2

youth camp director.

(2) The youth camp director, or the youth camp director’s designee, shall make arrangements to escort the Office’s inspector around the youth camp premises and to supply the Office's inspector during an inspection or investigation with any information, documents or materials necessary to comply with the inspection or investigation. The youth camp director or, in the absence of the youth camp director, the assistant director shall be familiar with all of the activities offered at the youth camp during the period of the youth camp’s license, and have immediate access to all records and facilities utilized for all activities offered during the period of the youth camp’s license.

(3) The youth camp director shall be responsible at all times for the health, comfort and safety of campers and staff.

(4) The youth camp director shall be responsible for the implementation of the youth camp’s plans, policies and procedures developed by the licensee. The licensee shall be responsible for developing all plans, policies and procedures required pursuant to sections 19a-428-3 to 19a-428-7, inclusive, of the Regulations of Connecticut State Agencies.

(d) The youth camp shall have a director of each individual waterfront or swimming area, including areas devoted to the practice of aquatics, if such areas are used by the youth camp for swimming activities, who shall be at least twenty years of age and shall possess an American Red Cross Lifeguard Training current rating or its equivalent, as determined by the Office.

(e) The youth camp shall have a director of each small craft waterfront area, if such area is used for small craft activities by the youth camp, who shall be at least twenty years of age, shall possess current certification in American Red Cross Lifeguard Training or its equivalent, as determined by the Office, shall have successfully completed a boating safety course applicable to the type of small craft used at the youth camp and shall have experience and boating safety skills appropriate for the type of small craft used and body of water at the youth camp, verified and documented by the youth camp director. Each such director shall comply with the provisions of the applicable state statutes and regulations governing boating laws and scuba diving.

(f) Staff acting in a lifeguard capacity shall meet the requirements of section 19a-113a-1 of the Regulations of Connecticut State Agencies.

(g) Waterfront areas, swimming areas, and small craft waterfront areas utilized by campers or staff while on excursions shall have a director who meets the applicable requirements of subsection (d) or (e) of this section.

(h) The youth camp shall have a director of the firing range, if such range is provided by the youth camp, who shall be at least twenty-one years of age and shall possess a current National Rifle Association Instructor’s card or equivalent, as determined by the Office.

(i) The youth camp shall have a director of the archery range, if such range is provided by the youth camp, who shall be at least eighteen years of age and possess evidence satisfactory to the Office of appropriate training and experience in archery, as determined by the Office.
Office of Early Childhood

§19a-428-2

(j) The youth camp shall have a director of horseback riding activities, if such activities are provided by the youth camp, who shall be at least eighteen years of age and possess evidence satisfactory to the Office of appropriate training and experience, as determined by the Office.

(k) The youth camp shall have a director of the challenge course, if such course is provided by the youth camp, who shall be at least twenty years of age and possess evidence satisfactory to the Office of appropriate training from an authoritative source in all of the challenge activities offered at the youth camp. The authoritative source shall have published standards, guidelines, or other instructional materials that are in accordance with current published standards and generally accepted operational practices. The challenge course director shall be an employee or contracted vendor of the youth camp and on-site at the youth camp during the majority of time when campers or staff are participating in a challenge course. Any staff member leading a challenge course shall be at least eighteen years of age and shall have completed training on the course elements they are leading that is in accordance with current published standards and generally accepted operational practices and had their skills verified and evaluated by the challenge course director.

(l) The youth camp director may serve as the director of archery or horseback riding activities, in addition to his or her duties as youth camp director, provided the youth camp director meets the requirements of subsection (i) and (j) of this section.

(m) Staff acting as counselors shall be at least sixteen years of age. Campers acting as counselors-in-training shall be at least fourteen years of age.

(n) In resident youth camps, the ratio of staff to campers shall be at least one staff sixteen years of age or older to six campers under eight years old, and to eight campers eight years of age or older. In day camps, the ratio shall be at least one staff sixteen years of age or older to nine children under six years of age, and to twelve children six years of age or older. The ratio of staff to campers, as specified in this subsection, shall be maintained at all times, including during all youth camp outings and trips.

(o) Whenever campers or staff are participating in the activities described in subsections (d), (e), (h), (i) and (j) of this section, the director of the activity, or, in the absence of the director of the activity, any other staff member who satisfies the age, training, and experience requirements of the director of the activity, as prescribed in said subsections (d), (e), (h), (i) and (j), shall be on-site where the activity is occurring.

(p) Whenever campers or staff participate in the activities specified in subsection (k) of this section, the director of the activity or any other staff member, who is at least eighteen years of age and who meets the training requirements in subsection (k) of this section, shall be on-site where the activity is occurring.

(q) Any staff member that has reasonable cause to suspect or believe that any camper has been abused or neglected, or is in imminent risk of serious harm, shall immediately report such suspicion or belief to the youth camp director or youth camp assistant director.

(r) The licensee shall develop, in consultation with the local emergency management director, a written emergency management plan for matters that include, but are not limited
to, fire, a medical incident, a weather related incident, a man-made disaster, natural disasters or acts of terrorism. The plan shall address the assignment of staff responsibilities, identification of means of egress, identification of evacuation sites that will provide safe temporary care for children, transportation, plans for shelter in place if evacuation is not feasible, lock-down procedures, and accommodations for children with disabilities and chronic medical conditions that have been developed in consultation with the child’s parent(s). All staff shall be trained on the details of the plan and a copy shall be maintained on-site and available to all staff.

(s) Each staff member shall meet the age requirements prescribed in this section on or before the date such staff member commences employment at the youth camp.

(t) The licensee shall:

1. Submit the documentation required by section 19a-421(g) of the Connecticut General Statutes and a notification required by section 19a-421(f) of the Connecticut General Statutes in the format and manner specified by the Office.

2. Obtain from each prospective employee, who is eighteen years of age or older, for a position that requires the provision of care to a child or involves unsupervised access to a child, a listing of all employment held in the United States for an organization that provides care or services to children in the preceding five years. The operator shall take reasonable steps to contact each such previous employer and any employers made accessible to the Operator by the Office, to verify, at a minimum, the prospective employee’s job title and description of his or her regular duties, confirm the employment dates, and ask whether such previous employer would recommend the prospective employee for employment. The Operator shall maintain on file at the youth camp documentation that verifies efforts to comply with the requirements of this subdivision and provide to the Office any information obtained pursuant to this subdivision upon request of the Office.

(Effective September 25, 2017; Amended June 13, 2022)

Sec. 19a-428-3. Records

(a) Records of both staff and campers shall be kept on file at the youth camp and shall include the personal data concerning each member of the staff and camper kept in any reasonable form the youth camp director may choose. Such records shall include, but not be limited to, the name, age and address of the staff member or camper, the name, address and telephone numbers including the business telephone number of the parent or an adult next of kin who shall be notified in an emergency, the date of first attendance at the youth camp and the date of leaving the youth camp permanently in the case of residence youth camps, or the last date of attendance at the youth camp in the case of day camps, and a physical examination or health status certification by a physician, an advanced practice registered nurse or a physician assistant dated not more than thirty-six months prior to the date of arrival at the youth camp or a health status certification by a registered nurse dated not more than thirty-six months prior to the date of arrival at the youth camp. The physical examination or the health status certification shall include a statement about the child’s
general health and the presence of any known medical or emotional illness or disorder that
poses a risk to other children or which affects the child's functional ability to participate
safely in a youth camp. The physical examination and health assessment form, as described
in section 10-206 of the Connecticut General Statutes, that is required for school purposes
may be used to satisfy the physical examination or health status certification required in
this subsection. The record for each camper shall include information regarding disabilities
or special health care needs such as, allergies, special dietary needs, dental problems, hearing
or visual impairments, chronic illness, developmental variations or history of contagious
disease, and an individual plan of care for a camper with special health care needs or
disabilities, developed with the child's parent(s) and health care provider and updated, as
necessary. Such plan of care shall include appropriate care of the camper in the event of a
medical or other emergency and shall be signed by the parent(s) and staff responsible for
the care of the camper. The physical examination or the health status certification may be
waived where such procedure is contrary to the religious beliefs of the camper or parent(s).
A statement requesting such exemption shall be submitted annually and shall be kept on
file at the youth camp. This statement shall be signed by a parent, and shall grant permission
to youth camp authorities to authorize physical examination or other appropriate measures
when medical emergencies occur. The parent shall certify and accept complete responsibility
for the health of the camper and that to the best of the parent’s knowledge the camper is in
good health. The physical examination for staff and campers who are school age or younger
shall include documentation that they have been adequately immunized according to the
schedule adopted by the Commissioner of Public Health pursuant to section 19a-7f of the
Connecticut General Statutes. A physical examination and health assessment form, as
described in section 10-206 of the Connecticut General Statutes, that is required for school
purposes, may be used to satisfy the immunization requirement of this subsection provided
it is dated not more than thirty-six months prior to the date the camper arrives at the youth
camp. Where the individual, because of medical reasons, does not have such immunizations,
these reasons shall be so specified in writing by a physician, physician assistant, or an
advanced practice registered nurse indicating that the child has a medical contraindication
to immunization. Where the individual or the parent(s) of such child, because of religious
reasons, does not have such immunizations, these reasons shall be so specified in a written
statement that shall be updated annually, signed by the child’s parent(s), and acknowledged
by a judge of a court of record or a family support magistrate, a clerk or deputy clerk of a
court having a seal, a town clerk, a notary public, a justice of the peace, or an attorney
admitted to the bar of this state. If a child is determined to be a homeless child or youth, as
defined in 42 USC 11434a, as amended from time to time, the youth camp shall allow the
child to attend the youth camp for up to 90 days without the required physical examination
or health status certification and immunization records. Records documenting temporary
waiver eligibility determinations shall be maintained on file at the youth camp for a period
of two years.

(b) The licensee shall notify the commissioner in writing as soon as possible, but not
later than five business days after the date of any change in circumstances, which alters or affects the youth camp services as stated in the license application. The licensee shall report changes in circumstances that include, but are not limited to, change in location of the youth camp, change in operational dates of the youth camp, change in trip dates, and change in youth camp director.

(Effective September 25, 2017)

Sec. 19a-428-4. Physical Plant and Program Practices

(a) The water supply shall be provided from (1) a public water system that is regulated by the Department of Public Health and complies with all applicable sections of the Regulations of Connecticut State Agencies, or (2) a source that is of sufficient quality and quantity to satisfy the requirements of the maximum number of persons served by the youth camp at any time and that conforms with the requirements of sections 19-13-B51a to 19-13-B51m, inclusive, and section 19-13-B101 of the Regulations of Connecticut State Agencies.

(b) Drinking fountains shall be sanitary and in compliance with section 19-13-B35 of the Regulations of Connecticut State Agencies. No common drinking utensils shall be provided or used. Readily available drinking water shall be accessible to children at all times.

(c) Chemical toilets, fly tight privy pits or water flushed toilets shall be provided and shall be maintained in a clean and sanitary condition. Separate toilets for males and females shall be provided. In a residential youth camp, at least one toilet seat for each fifteen persons or fraction thereof shall be provided. At least one toilet seat for each twenty persons or fraction thereof shall be provided in each day camp. Urinals may be substituted for not more than one-half of the total requirement of toilet seats for male persons. No sleeping quarters within a youth camp shall be at a greater distance than three hundred feet from the toilets. The location of all toilets shall be plainly indicated by signs. Privy pits shall be located at least two hundred feet from a kitchen or food service area.

(d) The method of final sewage or refuse disposal utilized in connection with the operation of a youth camp shall not create a nuisance and shall conform with the requirements of sections 19-13-B103a to 19-13-B104d, inclusive, of the Regulations of Connecticut State Agencies, and plans for such disposal shall be approved by the Department of Public Health.

(e) The plumbing systems in each youth camp shall conform with the requirements of section 19-13-B45 of the Regulations of Connecticut State Agencies.

(f) Adequate hand washing facilities shall be provided with at least one facility for each twenty persons or fraction thereof. Wash basins and water shall be readily accessible to the toilet rooms. In a residential youth camp at least one shower house shall be provided with one shower head for each twenty persons or fraction thereof.

(g) Supervision and equipment sufficient to prevent littering of the grounds with rubbish, garbage or other refuse shall be provided and maintained. Fly tight depositories for such
material shall be provided and conspicuously located. Each dwelling unit site within a youth camp shall be not more than a distance of two hundred feet of such depository. Such depositories shall not be permitted to become foul smelling or unsightly or a breeding place for flies.

(h) Youth camps that dispense foods or beverages shall meet the requirements of section 19-13-B42 of the Regulations of Connecticut State Agencies. Day camps shall collect and store potentially hazardous food in accordance with section 19-13-B42 of the Regulations of Connecticut State Agencies.

(i) Swimming pools and bathing facilities, when provided, shall comply with the applicable provisions of section 19-13-B33b of the Regulations of Connecticut State Agencies.

(j) The youth camp site shall be owned by the licensee or the licensee shall have a written lease to use the site as a youth camp and shall comply with the following general sanitation requirements:

(1) The location of the youth camp shall be such as to supply adequate drainage of all areas occupied by campers, the food preparation and service area and other activity areas.

(2) Buildings shall be maintained in a safe and sanitary condition. When the Office or the local director of health so directs, a certificate of approval shall be obtained from the local or state fire marshal.

(3) All hot water and space heaters shall be located and vented to prevent risk of fire or health hazard.

(k) In every youth camp where space for trailer coaches, as defined by section 19-13-B44 of the Regulations of Connecticut State Agencies, is rented or offered for rent or on which free occupancy or camping of trailers is permitted to trailer owners or users, sanitary facilities shall be furnished for the disposal of wastes from trailer sinks and toilets. Trailer coaches shall meet the sanitation requirements in section 19-13-B44 of the Regulations of Connecticut State Agencies.

(l) Fields intended for athletic activities or use shall be maintained free of hazards.

(m) The waterfront and aquatic activities shall be laid out and conducted in accordance with training relating to water safety and small craft safety offered by the American Red Cross or its equivalent, as determined by the Office.

(n) Any amusement ride or devise shall meet the requirements of sections 29-132 to 29-136, inclusive, of the Connecticut General Statutes.

(o) The firing range shall be laid out and operated in accordance with standards of the National Rifle Association or its equivalent, as determined by the Office.

(p) Each challenge course shall be inspected prior to its initial use and annually thereafter, or more frequently if the course has been subject to any significant environmental impact, by a professional vendor or other qualified personnel not directly affiliated with the youth camp who follow the recommendations of authoritative sources, adhere to peer-accepted practices in construction and inspection of challenge courses and have experience in the construction and evaluation of the types of challenge courses being offered at the youth
camp. Documentation of any inspection shall be maintained on-site for a period of two (2) years.

(q) The licensee shall develop written policies and procedures governing each of the following activities, if provided at the youth camp, the challenge course, firing range, archery range and horseback riding activities. The written policies and procedures shall be maintained on-site. The policies and procedures governing the challenge course, firing range, archery range and horseback riding activities shall include, but not be limited to, emergency operating plans, equipment maintenance and inspection, a procedure for communicating concerns to supervisory and managerial staff, supervision of activities, staff to child ratios, protective equipment, eligibility requirements for participation, and restriction of access to activities and equipment by unauthorized and unsupervised persons.

(r) The licensee shall be responsible for ensuring compliance with all applicable motor vehicle laws when transporting staff and campers. The licensee shall maintain official verification of a motor vehicle safety inspection for the current year for each youth camp vehicle used to transport staff and campers, and shall register, if necessary, each such youth camp vehicle for its specific use. For purposes of this subsection, “youth camp vehicle” does not include a school bus, school transportation vehicle, charter bus or motor coach.

(s) Boats and small crafts shall be operated in compliance with all applicable boating laws. Boats and small crafts shall be licensed or registered under the boating laws, if so required, and this information shall be available upon request to the Office. Water safety equipment shall meet applicable United States Coast Guard standards.

(t) Prior to each out-of-camp outing, the parent(s) of each camper shall sign a permission form allowing such camper to participate in such outing. Such permission form, as well as documentation indicating which staff and campers will be participating in such outing and the purpose, exact destination and itinerary of such outing, shall be maintained on-site at the youth camp for one (1) year. Staff with adequate training and experience relative to the trip activities shall be present during all youth camp outings to ensure the health and safety of campers and staff.

(u) Exceptions to the requirements of subsections (a), (c), and (f) of this section may be made by the Office at the Office’s discretion in the case of primitive or pioneer youth camps. Exceptions to the requirements of subsection (a) of section 19a-428-3 may be made by the Office at the Office’s discretion in the case of day camps where the requirements of a physical examination or health status certification for campers would impose a hardship on the administration of such a youth camp. Requests for such exemptions shall be made in writing by the youth camp director or licensee at least thirty days before the opening of youth camp.

(Effective September 25, 2017)

Sec. 19a-428-5. Health Care
(a) A physician or advanced practice registered nurse shall be on call and shall be responsible for all health care including first aid. Annually the physician or advanced
practice registered nurse shall sign and date standing orders to be carried out in the physician’s or advanced practice registered nurse’s absence by the youth camp nurse, or first aid instructions to be carried out by a person at least twenty-one years of age who holds current certification in first aid by the American Red Cross, the American Heart Association, the National Safety Council, American Safety and Health Institute or Medic First Aid International, Inc. Additional aides under age twenty-one may be employed to provide first aid if they hold current certification in first aid by the American Red Cross, the American Heart Association, the National Safety Council, American Safety and Health Institute or Medic First Aid International, Inc., but shall not be in charge of or provide health care. Any first aid course approved by the Office prior to January 6, 2016, shall continue to be acceptable for purposes of this subsection. All youth camp health care personnel shall hold current certification in cardiopulmonary resuscitation appropriate to the population served by the youth camp and issued by an organization identified in section 19a-79 of the Connecticut General Statutes. Acceptable first aid and cardiopulmonary resuscitation certifications shall be based on a hands-on demonstration of the individual’s ability to provide first aid and cardiopulmonary resuscitation. For residential youth camps having two hundred fifty or more campers or staff in residence, a registered nurse shall be in charge of first aid and emergency medical care activities. First aid equipment and supplies shall be specified by the youth camp physician or advanced practice registered nurse in the first aid instructions. Only nonprescription drugs shall be available in stock containers in youth camps. Prescription drugs shall be available only on individual prescription unless locked and in the sole custody of an authorized prescriber. The physician or registered nurse shall maintain proof of use records as required under section 21a-254 of the Connecticut General Statutes.

(b) Communicable disease control shall meet the requirements of sections 19a-36-A3 and 19a-36-A4 of the Regulations of Connecticut State Agencies.

(c) There shall be on file a memorandum of understanding with the on-call or resident physician or advanced practice registered nurse concerning the provision of medical care for emergencies and of routine care to be carried out at the youth camp, including standing orders for the nurse, if there is one, and instructions for the provision of first aid in lieu of a resident physician or nurse, for both day and residential youth camps.

(d) There shall be a working telephone available to the first aid area for the use of the first aid staff, with posting of the telephone numbers of the youth camp physician or advanced practice registered nurse, youth camp director, youth camp nurse, nearest hospital, local director of health in whose jurisdiction the youth camp falls, local fire department in whose jurisdiction the youth camp falls, local police department in whose jurisdiction the youth camp falls, the poison control center, and ambulance services.

(e) An abstract record of all cases treated at the youth camp shall be kept in a manner that prevents alteration of the information contained in the record such as a bound volume. The abstract record shall include the date, time, circumstances that resulted in the case, the condition, treatment provided and persons responsible for the care. At least once a week
Regulations of Connecticut State Agencies

Office of Early Childhood §19a-428-6

these cases shall be reviewed by the youth camp physician or advanced practice registered nurse who shall sign and date the abstract record indicating the physician or advanced practice registered nurse’s review of cases.

(f) There shall be available a defined area where ill or injured individuals may rest and receive care until they are either removed from the youth camp or recovered. This area shall be adequate to provide for the temporary isolation of any suspected communicable diseases and shall have its own toilet facilities not used for other purposes within the youth camp.

(g) Any (1) fatality that occurs at the youth camp or results from camping activities, or (2) injury that occurs at the youth camp or results from camping activities that result in a camper being admitted to a hospital or diagnosed with a fracture, concussion or second or third degree burn, shall be reported in writing to the Office not later than the next business day.

(Effective September 25, 2017; Amended June 13, 2022)

Sec. 19a-428-6. Administration of Medications

(a) Youth camps are not required by this subsection to administer medications to children. If a youth camp permits the administration of medications of any kind by staff not licensed to administer medication, the youth camp shall comply with all requirements of this section and shall have written policies and procedures at the youth camp governing the administration of medications that shall include, but not be limited to, the types of medication that will be administered, parental responsibilities, staff responsibilities, proper storage of medication and record keeping. Such policies and procedures shall be available for review by the Office during inspections or upon demand and shall reflect current best practice. No staff member under eighteen years of age shall administer any medication at a youth camp.

(1) Administration of Nonprescription Topical Medications Only

(A) For the purposes of this subdivision, nonprescription topical medications shall include:

(i) Diaper changing or other ointments free of antibiotic, antifungal, or steroidal components;

(ii) Medicated powders; and

(iii) Gum or lip medications available without a prescription.

(B) Nonprescription Topical Medications Administration/Parent Permission Records

The written permission of the parent shall be required prior to the administration of the nonprescription topical medication and shall be kept on file at the youth camp for each child administered a nonprescription topical medication. The parent shall be immediately notified of any medication error, written notice of such medication error shall be sent to the parent not more than seventy-two hours after the medication error occurred, and such medication error shall be documented in the child’s health record.

(C) Nonprescription Topical Medications, Labeling and Storage

(i) The medication shall be stored in the original container and shall contain the following
information on the container or packaging indicating:
(I) The individual child's name;
(II) The name of the medication; and
(III) Directions for the medication's administration.
(ii) The medication shall be stored away from food and inaccessible to children and unauthorized persons. External and internal medications shall be stored separately from each other.
(iii) Any unused portion of the medication shall be returned to the parent. Any expired medication shall be destroyed by the staff member in a safe manner or returned to the parent.

(2) Administration of Medications Other Than Nonprescription Topical Medications

(A) Training Requirements

(i) Prior to the administration of any medication by staff members, the staff members responsible for administering the medications shall first be trained by a pharmacist, physician, physician assistant, advanced practice registered nurse or registered nurse in the methods of administration of medications and shall receive written approval from the trainer indicating that the trainee has successfully completed a training program as required under this subparagraph. A staff member trained and approved to administer medication shall be present whenever a child who has written orders to receive medication by an authorized prescriber is enrolled and present at the youth camp, and the youth camp permits the administration of medication by staff not licensed to administer medication.

(ii) The training in the administration of medications shall be documented and shall include, but not be limited to, the following:

(I) Statement of objectives;
(II) A description of methods of administration including principles and techniques;
(III) Techniques to encourage children who are reluctant or noncompliant to take their medication and the importance of communicating the noncompliance to the child's parent and to the authorized prescriber;
(IV) Demonstration of techniques by the trainer and return demonstration by participants, assuring that the trainee can accurately understand and interpret orders and carry them out correctly;
(V) Recognition of side effects and appropriate follow up action;
(VI) Avoidance of medication errors and the action to take if a medication error or a significant medication error occurs, or if a dosage is missed or refused;
(VII) Abbreviations commonly used;
(VIII) Required documentation including parent permission, written orders from authorized prescribers, and the record of administration;
(IX) Safe handling, including receiving medication from a parent, safe disposal, and universal precautions; and
(X) Proper storage including controlled substances, in accordance with section 21a-262-10 of the Regulations of Connecticut State Agencies.

(iii) In addition to the training requirements described in clauses (i) and (ii) of this
subparagraph, before a staff member may administer oral, topical or inhalant medications, the staff member shall have successfully completed a training program on the administration of oral, topical and inhalant medications. The trainer, who shall be a pharmacist, physician, physician assistant, advanced practice registered nurse or registered nurse, shall assure that the staff member understands the indications, side effects, handling, and methods of administration for oral, topical and inhalant medication. After completing such training, the staff member shall have his or her skills and competency in the administration of oral, topical and inhalant medication reviewed and validated by a pharmacist, physician, physician assistant, advanced practice registered nurse or registered nurse every three years. The youth camp shall have staff trained in the administration of oral, topical and inhalant medication on-site during all hours when a child with a prescription for an oral, topical or inhalant medication, is on-site.

(iv) In addition to the training requirements described in clauses (i) and (ii) of this subparagraph, before a staff member may administer injectable medications by a premeasured commercially prepared auto-injector, the staff member shall have successfully completed a training program on the administration of injectable medications by a premeasured, commercially prepared auto-injector. The trainer who shall be a pharmacist, physician, physician assistant, advanced practice registered nurse or registered nurse, shall assure that the staff member understands the indications, side effects, handling and methods of administration for injectable medication. After completing such training, the staff members shall annually have his or her skills and competency in the administration of injectable medication reviewed and validated by a pharmacist, physician, physician assistant, advanced practice registered nurse or registered nurse. Injectable medications by a premeasured commercially prepared auto-injector shall only be given in emergency situations. The youth camp shall have staff trained in the use of a premeasured commercially prepared auto-injector used to treat an allergic reaction on-site during all hours when a child with a prescription for a premeasured commercially prepared auto-injector used to treat an allergic reaction is on-site.

(v) In addition to the training requirements described in clauses (i) and (ii) of this subparagraph, before a staff member may administer rectal medications, the staff member shall have successfully completed a training program on the administration of rectal medications. The trainer, who shall be a pharmacist, physician, physician assistant, advanced practice registered nurse or registered nurse, shall assure that the staff member understands the indications, side effects, handling, and the methods of administration for rectal medication. After completing such training, the staff member shall have his or her skills and competency in the administration of rectal medications reviewed and validated by a pharmacist, physician, physician assistant, advanced practice registered nurse or registered nurse every three years. The youth camp shall have staff trained in the administration of rectal medication on-site during all hours when a child with a prescription for rectal medication is on-site.

(vi) In addition to the training requirements described in clauses (i) and (ii) of this
(vii) A staff member currently certified by the State of Connecticut Department of Developmental Services or the State of Connecticut Department of Children and Families to administer medications shall be considered qualified to administer medications for the modalities in which they have been trained at youth camps.

(B) Training Approval Documents and Training Outline

(i) Upon completion of the required training program or the review and validation of the required training, the pharmacist, physician, physician assistant, advanced practice registered nurse or registered nurse who conducted the training shall issue a written approval to each staff member who has demonstrated successful completion of the required training or the review and validation of the required training. Approval for the administration of oral, topical, inhalant, rectal medications and injectable medications other than by a premeasured commercially prepared auto-injector shall remain valid for three (3) years. Approval for the administration of injectable medications by a premeasured commercially prepared auto-injector shall be valid for one (1) year. A copy of the approval shall be on file at the youth camp for a period of three (3) years and shall be available to the Office upon request.

(ii) The written approval shall include:

(I) The full name, signature, title, license number, address and telephone number of the pharmacist, physician, physician assistant, advanced practice registered nurse or registered nurse who gave the training;

(II) The location and date(s) the training was given;

(III) A statement that the required curriculum areas listed in subparagraph (A) of this subdivision when applicable were successfully mastered, and indicating the route(s) of administration the trainee has been approved to administer;

(IV) The name, date of birth, address and telephone number of the staff member who completed the training successfully; and
(V) The expiration date of the approval.

(iii) The trainer shall provide the trainee with an outline of the curriculum content, which verifies that all mandated requirements have been included in the training program. A copy of said outline shall be on file at the youth camp for a period of three (3) years for Office review. The Office may require at any time that the licensee obtain the full curriculum from the trainer for review by the Office.

(C) Order From An Authorized Prescriber and Parent's Permission

(i) Except for nonprescription topical medications described in subparagraph (A) of subdivision (1) of this subsection, no medication, prescription or nonprescription, shall be administered to a child without the written order of an authorized prescriber and the written permission of the child's parent which shall be on file at the youth camp. Such medications may include:

(I) Oral medications;

(II) Topical medications, including eye and ear preparations;

(III) Inhalant medications;

(IV) Injectable medications by a premeasured commercially prepared auto-injector, to a child with a medically diagnosed condition who may require emergency treatment;

(V) Rectal medications; or

(VI) Injectable medication other than by a premeasured commercially prepared auto-injector.

(ii) The written order from an authorized prescriber shall contain the following information which may be on the prescription label or on supplemental information provided by the authorized prescriber or pharmacist:

(I) The name, address and date of birth of the child;

(II) The date the medication order was written;

(III) The medication or drug name, dose and method of administration;

(IV) The time of the day the medication is to be administered;

(V) The date(s) the medication is to be started and ended as applicable;

(VI) Relevant side effects and the authorized prescriber's plan for management should they occur;

(VII) Notation if the medication is a controlled drug;

(VIII) A listing of any allergies, reactions to, or negative interactions with foods or drugs;

(IX) Specific instructions from the authorized prescriber who orders the medication regarding how the medication is to be given;

(X) The name, address and telephone number of the parent;

(XI) The name, address and telephone number of the authorized prescriber ordering the drug; and

(XII) The authorized prescriber's signature.

(iii) If the authorized prescriber determines that the training of the staff member is inadequate to safely administer medication to a particular child, or that the means of administration of medication is not permitted under this subsection, that authorized
prescriber may order that such administration be performed by licensed medical staff with the statutory authority to administer medications.

(iv) The staff member shall administer medication only in accordance with the written order of the authorized prescriber. The parent shall be notified immediately of a significant medication error or a medication error, and notified in writing not later than seventy-two hours after the medication error occurred, and the error shall be documented in the medication administration record. Significant medication errors shall also be reported immediately to the Office by telephone and in writing not later than the next business day.

(D) Required Medication Administration Records

(i) Except for nonprescription topical medications described in subparagraph (A) of subdivision (1) of this subsection, individual written medication administration records for each child shall be maintained, reviewed prior to administering each dose of medication and kept on file at the youth camp for at least two (2) years after the child is no longer enrolled in the youth camp. The medication administration record shall become part of the child's health record when the course of medication has ended.

(ii) The individual written medication administration record for each child shall include:

(I) The name, address, and date of birth of the child;

(II) The name, address, telephone number, signature and relationship to the child of the parent(s) giving permission for the administration of the medication by the staff member;

(III) The name of the medication;

(IV) The dosage ordered and method of administration;

(V) The date, time, and dosage at each administration;

(VI) The signature in ink of the staff member giving the medication at the time of each administration; and

(VII) Any refusal by the child in accepting the medication, and any follow-up action taken as a result of the refusal.

(iii) Medication errors shall be logged and recorded in the individual written medication administration record of the child. The youth camp physician or advanced practice registered nurse shall review all logs of medication errors on a weekly basis. A written record of the review and any recommendations made shall be kept on file at the youth camp, in accordance with the provisions of this subparagraph.

(E) Storage and Labeling

(i) Medication shall be stored in the original child-resistant safety container. The container or packaging shall have a label which includes the following information:

(I) The child's name;

(II) The name of the medication;

(III) Directions for the medication's administration; and

(IV) The date of the prescription.

(ii) Except for nonprescription topical medications described in subparagraph (A) of subdivision (1) of this subsection, premeasured commercially prepared auto-injectors used to treat an allergic reaction, injectable equipment used to administer glucagon, a rectal
Office of Early Childhood  §19a-428-6

Regulations of Connecticut State Agencies
TITLE 19a. Public Health and Well-Being

medication used to control seizures, an inhalant medication used to treat asthma or over the counter medications prescribed as an emergent first line of defense medication against an allergic reaction or a diabetic reaction, medication shall be stored in a locked area or a locked container, in a refrigerator in keeping with the label or manufacturer's directions, away from food and inaccessible to children and unauthorized personnel. External and internal medications shall be stored separately from each other. Keys or the locking mechanism to the locked area or container shall be accessible only to personnel authorized to administer medication. Controlled drugs shall be stored in accordance with section 21a-262-10 of the Regulations of Connecticut State Agencies.

(iii) Equipment and medications prescribed to treat asthma, administer glucagon, control seizures, or as an emergent first line of defense medication against an allergic response or a diabetic reaction shall be stored in a safe manner, inaccessible to other children, to allow for quick access in an emergency.

(iv) All unused or expired medication, except for controlled drugs, shall be returned to the parent or disposed of by the youth camp director, or the youth camp director's designee, and in the presence of at least one witness, if it is not picked up after seven days after the camper's departure at the end of camp. The licensee shall contact the Department of Consumer Protection for direction on the proper method of disposing of a controlled drug, and shall carry out the direction as required. The licensee shall keep a written record of the contact made and direction received from the Department of Consumer Protection and the medications destroyed for three (3) years which shall be signed by the person disposing of the medication and the witness.

(F) Request For Special Medication Authorization

(i) The licensee may request to administer medication to a child attending the youth camp by a modality that is not specifically permitted under this subsection by submitting a written request to the Office including the following information:

(I) A written order from an authorized prescriber containing the information for the specific child set forth in clause (ii) of subparagraph (C) of this subdivision and a statement that the administration by the requested modality is the only reasonable means of providing medication and that the administration must occur during hours of the child's attendance at the youth camp;

(II) A written training plan including the full name, signature, title, license number, address and telephone number of the physician, advanced practice registered nurse, physician assistant, registered nurse, or pharmacist who will provide the training, a detailed outline of the curriculum areas to be covered in the training, and a written statement by the authorized prescriber that the proposed training is adequate to assure that the medication will be administered safely and appropriately to the particular child;

(III) The name, date of birth, address and telephone number of the person(s) who shall participate in the training;

(IV) Written permission from the child's parent; and

(V) Any other information that the Office deems necessary to evaluate the request.
(ii) After reviewing the submitted information, if the Office determines that the proposed administration of medication for the particular child can be provided in a manner to assure the health, welfare and safety of the child, it may grant the request. The Office may grant the request with any conditions or corrective measures the Office deems necessary to assure the health, safety and welfare of the child. The Office shall specify the curriculum that the training program shall cover and the expiration date of the authorization provided in granting the request. If the Office grants the request, no medication may be administered until after the proposed training program has been successfully completed and a written approval from the physician, advanced practice registered nurse, physician assistant, registered nurse or pharmacist who provided the training is submitted to the Office. Such written approval shall include:

(I) The full name, signature, title, license number, address and telephone number of the pharmacist, physician, advanced practice registered nurse, physician assistant, registered nurse or pharmacist who provided the training;

(II) The location and date(s) the training was given;

(III) A statement that the curriculum approved by the Office was successfully mastered by the participant. The statement shall also include the modality of administration of medication that the participant has been approved to administer; and

(IV) The name, date of birth, address and telephone number of the person(s) who successfully completed the training.

(iii) Unless otherwise specified in this subdivision, copies of all documentation required under this subsection shall be maintained for a period of two (2) years at the youth camp. The requirements of subparagraphs (D) and (E) of this subdivision shall apply to the administration of medication authorized by request.

(b) Children enrolled at youth camps may self-administer medications with documented permission from the parent(s) and authorized prescriber. Children may request and receive assistance from staff in opening containers or packages or replacing lids. Medication to be self-administered shall be stored in accordance with subparagraph (E) of subdivision (2) of subsection (a) of this section.

(c) Notwithstanding any other provisions of the Regulations of Connecticut State Agencies, during a public health emergency declared by the Governor pursuant to section 19a-131a of the Connecticut General Statutes and if authorized by the Commissioner of Public Health via the emergency alert system or other communication system, a youth camp located within a 10-mile radius of the Millstone Power Station in Waterford, Connecticut shall permit designated staff members to distribute and administer potassium iodide to adults present or to a child in attendance at the youth camp during such emergency, provided that:

1. Prior written consent has been obtained by the youth camp for such provision. Written consent forms shall be provided by the youth camp to the parent(s) of each minor child upon enrollment and to each new employee upon hire. Documentation demonstrating compliance with this subsection shall be kept at the youth camp;

2. Each person providing consent has been advised in writing by the youth camp that
the ingestion of potassium iodide is voluntary;

(3) Each person providing consent has been advised in writing by the youth camp about the contraindications and the potential side effects of taking potassium iodide, which include:

(A) Persons who are allergic to iodine should not take potassium iodide;
(B) Persons with chronic hives, lupus, or other conditions with hypocomplementemic vasculitis should not take potassium iodide;
(C) Persons with Graves disease or people taking certain heart medications should talk to their physician before there is an emergency to decide whether or not to take potassium iodide; and,
(D) Side effects may include minor upset stomach or rash;

(4) Youth camps shall have designated staff members to distribute and administer potassium iodide to those individuals and minor children for whom prior written consent has been obtained. Such designated staff members shall be eighteen years of age or older and shall have been instructed by the youth camp in the administration of potassium iodide. Such instruction shall include, but is not limited to, the following:

(A) The proper use and storage of potassium iodide; and
(B) The recommended dosages of potassium iodide to be administered to children and adults as prescribed by the Food and Drug Administration; and

(5) Potassium iodide shall be stored in a locked storage area or container, inaccessible to children.

(Effective September 25, 2017; Amended June 13, 2022)

Sec. 19a-428-7. Monitoring of Diabetes

(a) Policy and Procedures

(1) All youth camps at which designated staff members will be administering finger stick blood glucose tests shall have written policies and procedures governing the administration of finger stick blood glucose tests to children diagnosed with diabetes mellitus. The policies and procedures shall include, but not be limited to, the following areas:

(A) Parental responsibilities;
(B) Staff training and responsibilities;
(C) Proper storage, maintenance, and disposal of test materials and supplies;
(D) Record keeping;
(E) Reporting test results, incidents, and emergencies to the child's parent and the child's physician, physician assistant, or advanced practice registered nurse; and

(F) A location where the tests occur that is respectful of the child's privacy and safety needs.

(2) Said policies and procedures shall be available for review by the Office during inspections or upon demand.

(b) Training

(1) Prior to the administration of finger stick blood glucose tests, such designated staff
members shall have completed the following training requirements:

(A) A first aid course described in subsection (a) of section 19a-428-5 of the Regulations of Connecticut State Agencies, as verified by a valid first aid certificate on file at the youth camp; and

(B) Additional training given by a pharmacist, physician, physician assistant, advanced practice registered nurse, registered nurse, certified emergency medical technician, or the child's parent according to written guidelines provided by the child's physician, physician assistant, or advanced practice registered nurse. The additional training shall include, but not be limited to:

(i) The proper use, storage and maintenance of the child's individual monitoring equipment;

(ii) Reading and correctly interpreting test results; and

(iii) Appropriate actions to take when test results fail to fall within specified ranges indicated in the written order from the child's physician, physician assistant, or advanced practice registered nurse.

(2) The training shall be updated at least every three years when a child with diabetes mellitus who requires finger stick blood glucose testing is present at the youth camp.

(A) Documentation that such designated staff members have been trained to administer finger stick blood glucose tests shall be in writing and kept at the youth camp for a period of three (3) years for review by the Office. Such documentation shall indicate:

(i) The subjects covered in training;

(ii) The signature and title of the instructor;

(iii) The signature and title of the trainee; and

(iv) The date the training was given.

(c) Administration of Finger Stick Blood Glucose Test

(1) Except as provided in subdivision (3) of this subsection, only designated staff members trained in accordance with subsection (b) of this section may administer the finger stick blood glucose test in youth camps. No staff member under eighteen years of age shall administer finger stick blood glucose tests to another person at a youth camp.

(2) Whenever a child diagnosed with diabetes mellitus has orders to receive finger stick blood glucose monitoring is enrolled and present at the youth camp, a designated staff member who has been trained to administer finger stick blood glucose tests shall be present at the youth camp.

(3) Upon the written authorization of the child's physician, physician assistant or advanced practice registered nurse, and the child's parent, a child may self-administer the finger stick blood glucose test under the direct supervision of a designated staff member who has met the training requirements in subsection (b) of this section.

(d) Equipment

(1) The child's parent shall supply the licensee with the necessary equipment and supplies to meet the child's individual needs. Such equipment and supplies shall include, but not be limited to, the following items:
Regulations of Connecticut State Agencies

Office of Early Childhood

TITLE 19a. Public Health and Well-Being

§19a-428-7

(A) The child's blood glucose meter and strips;
(B) An appropriate retracting lancing device used in accordance with infection control procedures;
(C) Tissues or cotton balls; and
(D) Fast acting carbohydrates to be given to the child as indicated in the written order from the child's physician, physician assistant, or advanced practice registered nurse for hypoglycemia.

(2) Such equipment and supplies shall be labeled with the child's name and shall remain in a locked storage area when not in use.

(3) The licensee shall obtain a signed agreement from the child's parent that the parent agrees to check and maintain the child's equipment in accordance with manufacturer's instructions, restock supplies, and remove material to be discarded from the facility. All materials to be discarded shall be kept locked until it is given to the child's parent for disposal. The youth camp may dispose of medical waste if it has a contract with a medical waste disposal contractor, in accordance with local, state, and federal laws.

(e) Record Keeping

(1) The licensee shall keep the following records at the youth camp as part of the child's medical record, and shall update them annually or when there is any change in the information:

(A) A current, written order signed and dated by the child's physician, physician assistant, or advanced practice registered nurse indicating:
   (i) The child's name;
   (ii) The diagnosis of diabetes mellitus;
   (iii) The type of blood glucose monitoring test required;
   (iv) The test schedule;
   (v) The target ranges for test results;
   (vi) Specific actions to be taken and carbohydrates to be given when test results fall outside specified ranges;
   (vii) Diet requirements and restrictions;
   (viii) Any requirements for monitoring the child's recreational activities; and
   (ix) Conditions requiring immediate notification of the child's parent, emergency contact, the child's physician, physician assistant, or advanced practice registered nurse.

(B) An authorization form signed by the child's parent which includes the following information:
   (i) The child's name;
   (ii) The parent's name;
   (iii) The parent's address;
   (iv) The parent's cell phone numbers and telephone numbers at home and at work;
   (v) Two adult, emergency contact people including names, addresses and telephone numbers;
   (vi) The names of the staff member(s) designated to administer finger stick blood glucose
§19a-428-7

tests and provide care to the child during testing;
(vii) Additional comments relative to the care of the child, as needed;
(viii) The signature of the parent;
(ix) The date the authorization is signed; and
(x) The name, address and telephone number of the child's physician, physician assistant or advanced practice registered nurse.

(C) The youth camp director or the youth camp director's designee shall notify the child's parent in writing of the results of all blood glucose tests and any action taken based on the test results, and shall document the test results and any action taken in the child's medical record.

(Effective September 25, 2017)