



STATE OF CONNECTICUT

OFFICE OF EARLY CHILDHOOD



Youth Camp Application Checklist and General Information

DO NOT FAX COPIES OF APPLICATION –MAIL ORIGINAL APPLICATION WITH CHECK

Dear Youth Camp Applicant:

Thank you for your interest in youth camp licensing. Please follow the instructions below to apply for the license.

- Application - Complete the application form in blue or black ink and answer all questions completely. We will begin processing your application as soon as we receive the application fee and the application form. The application shall be submitted at least 30 days prior to the starting date of the camp.
- \$315.00 Application Fee for a not for profit camp or \$815.00 Application Fee for a for profit camp. Make your check payable to "Treasurer State of Connecticut." This fee is not refundable.
- An initial inspection will be required for any new camp or any camp which is moving to a new location or to a location not used in the prior year. You will be contacted to set up an appointment. At the time of the initial inspection, the following will be required:
 - CPR & First Aid certifications for the Director of First Aid (21 years of age or older) or CPR certification for the Nurse if applicable.
 - A current Fire Marshal certificate for each location requiring an initial inspection OR the date that the Fire Marshal is scheduled to inspect the location. This date must be prior to the opening date of camp.
- Submit driving directions to all camp locations listed on the application, unless previously submitted.
- At the time of the full unannounced inspection, a copy of current First Aid and CPR certifications for the director of first aid, who must be 21 years of age or older, must be available and CPR for the nurse if applicable.
- At the time of the full unannounced inspection, a copy of the current Fire Marshal's certificate for the camp location(s) listed on the application must be available.
- OEC comprehensive background checks are required for all employees who will be working directly with children or have unsupervised access to children. At the time of inspection, demonstration of compliance with comprehensive background checks will be required. Information regarding background checks may be found at ctoec.org/background-checks/
- Any changes location(s), operational dates, field trip dates, or camp physician/APRN shall be reported to the agency on a General Report of Change form.
- Any changes in camp director or alternate director shall be reported on General Report of Change for Camp Director and/or Alternate Director(s)

Note: As the operator of a licensed youth camp, you are responsible to be in compliance with all applicable statutes and regulations. These statutes and regulations can be obtained @ <http://www.ct.gov/oec/camps>. At this location, you may also find staff certification requirements, inspection forms, nurse/first aider forms, and other miscellaneous forms and information concerning the Youth Camp Licensing Program. Should you have any questions concerning the application process, please contact the Youth Camp Licensing Program at the numbers below.

Phone: (860) 500-4450 · Fax: (860) 326-0552
450 Columbus Boulevard, Suite 302
Hartford, Connecticut 06103
www.ct.gov/oec

Affirmative Action/Equal Opportunity Employer

APPLICATION FOR A LICENSE TO OPERATE A YOUTH CAMP

Camp Name _____ Page 1 of 5

If renewal, list name of camp exactly as it appears on last license issued.

Check One

- Initial License
Renewal License License # YCYC_____

Date Application Received
OEC Use Only

Check One

- For Profit Camp \$815.00
Not for Profit Camp \$315.00 When the owner of the camp is claiming non-profit status for the first time, owner shall provide proof of non-profit status. The following forms will be accepted: (1) 501(c)3 issued by the Internal Revenue Service or (2) E Permit issued by the State of Connecticut, Department of Revenue Services.

WORKERS' COMPENSATION INSURANCE

If you hire employees to work in your program, state law (CGS Section 31-286a(b)) requires that no state department, board or agency may issue or renew a license, or permit to operate a business in this state unless the applicant first presents sufficient evidence of current compliance with the workers' compensation insurance coverage requirements of Section 31-284. For more information contact your insurance agent or the Workers' Compensation Commission at 1-800-223-9675 or 1-860-493-1534.

Do you hire employees in your program that require you to obtain Worker's Compensation Insurance? [] No [] Yes

If "Yes", please complete the following: Name of Insurer _____

[] If "Yes," check here to certify that Worker's Compensation insurance coverage will be maintained for the duration of time individuals are employed to work at the youth camp which operates under this license.

Insurance Policy Number _____

Effective Dates of Workers' Compensation Coverage ____/____/____ to ____/____/____

OPERATOR'S (Owner's) INFORMATION

Federal Employee ID # (FEIN) (2 digits) ____ - (7 digits) ____ If using FEIN, enter owner's name listed on Internal Revenue Service, form IRS 501(c)3 _____ or St of CT E Permit # _____

If owner does not have Federal Employee ID #, Social Security # (3 digits) ____ - (2 digits) ____ - (4 digits) ____

List name exactly as it appears on the Social Security card _____

Address 1: P. O. Box # _____ Address 2: Street _____

City _____ State _____ Zip Code _____

Telephone # (____) _____ Ext _____ Fax number (____) _____

Cell number (____) _____ Email address: _____

Point of contact for the camp before, during and after camp season ends:

First Name _____ Last Name _____

Permanent Phone # (____) _____ Ext. # _____ Cell number (____) _____

Fax number (____) _____ Email address: _____

Office Use Only - Filing Town _____

For locations not used in the prior year, an initial inspection is required prior to operation. Prior to Agency approval, the following will be required:

- CPR & First Aid certifications for the Director of First Aid (21 years of age or older) or CPR certification for the Nurse if applicable.
- A current Fire Marshal certificate for each location requiring an initial inspection OR the date that the Fire Marshal is scheduled to inspect the location. This date must be prior to the opening date of camp.

<p align="center">Primary Camp Location Address</p> <p>Enter site with first opening date here</p> <p>Operated at this site last year? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p align="center">Camp Operational Dates at this Location</p> <p>If hours of operation vary per session, indicate hours next to each date range. Include all dates that will fall within the yearlong renewal cycle including vacation dates, if applicable. Operational dates may not overlap dates listed for another location.</p>
<p>Where is camp operating? (name of camp, field or building)</p> <p>_____</p> <p>Street _____</p> <p>City _____ Zip _____</p> <p>Location Phone # (_____) _____ Ext. _____</p> <p>Location Fax # (_____) _____</p> <p>Camp Director's Cell # (_____) _____</p> <p>Camp Email Address: _____</p>	<p>Ex: <u>6 / 28</u> to <u>8 / 13</u> hours <u>7 am – 3:30 pm</u></p> <p>____ / ____ to ____ / ____ hours _____</p> <p>____ / ____ to ____ / ____ hours _____</p> <p>____ / ____ to ____ / ____ hours _____</p> <p>____ / ____ to ____ / ____ hours _____</p> <p>____ / ____ to ____ / ____ hours _____</p> <p>____ / ____ to ____ / ____ hours _____</p> <p>____ / ____ to ____ / ____ hours _____</p>
<p align="center">Additional Camp Location Address</p> <p>Operated at this site last year? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p align="center">Camp Operational Dates at this Location</p> <p>If hours of operation vary per session, indicate hours next to each date range. Include all dates that will fall within the yearlong renewal cycle including vacation dates, if applicable. Operational dates may not overlap dates listed for another location.</p>
<p>Where is camp operating? (name of camp, field or building)</p> <p>_____</p> <p>Street _____</p> <p>City _____ Zip _____</p> <p>Location Phone # (_____) _____ Ext. _____</p> <p>Location Fax # (_____) _____</p> <p>Camp Director's Cell # (_____) _____</p> <p>Camp Email Address: _____</p>	<p>Ex: <u>6 / 28</u> to <u>8 / 13</u> hours <u>7 am – 3:30 pm</u></p> <p>____ / ____ to ____ / ____ hours _____</p> <p>____ / ____ to ____ / ____ hours _____</p> <p>____ / ____ to ____ / ____ hours _____</p> <p>____ / ____ to ____ / ____ hours _____</p> <p>____ / ____ to ____ / ____ hours _____</p> <p>____ / ____ to ____ / ____ hours _____</p> <p>____ / ____ to ____ / ____ hours _____</p>

If your camp needs to change locations after your application has been submitted or the camp is licensed, a General Report of Change form will be required with a new page 2 and directions to the new location. For a new location(s) on this license, attach directions on 8 1/2 x 11 paper with camp name and license #. **Duplicate page as needed for additional locations.**

MAIL ADDRESS FOR CAMP OPERATOR (Owner)

This address is where the license and all other correspondence from the OEC will be sent to the owner of the camp.

Name or Organization _____

Address 1: P. O. Box # _____ Address 2: Street _____

City _____ State _____ Zip Code _____

Email address **for owner:** _____

CAMP SERVICES - All camps must complete the following questions:

Camp Service Type: Please select the type of camp that best describes your program. SELECT ONLY ONE

General Adventure Religious Special Needs Sports Travel

Camp Type: Day Camp Residential Camp Both Day Camp and Residential Camp

Minimum Camper Age: (3 or older) _____ Maximum Camper Age: _____

Estimated number of campers _____ and staff _____ for entire camp season. Include all locations & vacation camps.

Camp Gender: Co-ed Female Male

Vacation Camp Hours of Operation: _____:_____ a.m. p.m. to _____:_____ a.m. p.m.

Food Service: Does the camp provide food from an on-site kitchen? Yes No

Water Supply: Public Water Private Well(s) Both Public & Private Well(s)

If camp has both day campers and residential campers, please complete both sections below. If camp is only a day camp or only a residential camp, please complete only the section applicable to your type of camp.

Day Camps Only: Must match exact operational dates listed on page 2.

Do all sessions begin and end on the same day of the week? Yes If yes, complete next line No - If no, varying days of week & hours should be indicated next to the sessions listed on page 2.

Days of Operation: (Ex: Monday to Friday) _____ to _____

Day Camp Hours of Operation: (Ex: 8:30 am to 4:45 pm) _____:_____ am or pm to _____:_____ am or pm

Residential Camps Only: Must match exact operational dates listed on page 2.

Do all sessions begin and end on the same day of the week? Yes If yes, complete next line No - If no, varying days of week & hours should be indicated next to the sessions listed on page 2.

Days of Operation: (Ex: Sunday – Saturday) _____ to _____

Campers arrive for first session on _____/_____ (date) at _____:_____ am pm

Campers leave during the last session on _____/_____ (date) at _____:_____ am pm

FIELD TRIP DATES – If attaching list of trips, list should ONLY INCLUDE FIELD TRIPS WHEN ALL CAMPERS & STAFF WILL BE OFFSITE. Do not attach calendars with field trip dates. List only date(s), departure time(s) and return time(s).

No Field Trips Field trip dates (all campers & staff offsite) _____ List Attached Field trip dates unknown at this time, will report on General Report of Change form once known for Agency processing and scheduling.

If renewal, list name of camp exactly as it appears on last license issued.

CAMP DIRECTORS/ALTERNATE DIRECTORS

Section 19a-422 of the Connecticut General Statutes requires that an Agency approved director or assistant director be on site at all times camp is in operation. All new directors must complete the Application for New Camp Director or Alternate Director Approval. A certificate of approval will be issued and mailed by the Office of Early Childhood to each new director being approved for the first time. List all directors and alternate directors below. Include date of birth, home mailing addresses, permanent phone numbers and personal e-mail addresses. Approval numbers for all directors can be found on the Agency's website @ <https://www.elicense.ct.gov/Lookup/GenerateRoster.aspx>. From the list of available rosters, click on Youth Camp Licensing and check the box "Approved Youth Camp Directors," click on Continue, click on Download, and click on Open. Highlight column A by clicking on the "A" header. Click on Sort & Filter and select either A-Z or Z-A. The approval number is listed in column E and starts with YCDR. with a five digit number.

If director or alternate has prior Agency approval, their approval number must be included on this application. The approval number is available on the website. See directions above. *Note: the approval # is not the camp license #.*

CAMP DIRECTOR - If previously approved as a director or alternate, provide Approval # YCDR. _____

If no approval #, New Camp Director or Alternate Director application is enclosed mailed or faxed on ___/___/___

Legal First Name _____ M.I. _____ Last Name _____ Suffix (ex: Sr.) _____

Birth Date ___/___/___ Mailing Address 1 _____

Mailing Address 2 _____ City/ Town _____

State _____ Zip Code _____ Country _____ Permanent Phone # (____) _____

email Address _____

Name change for previously approved director. Indicate Former/Maiden Name _____

ALTERNATE DIRECTOR - If previously approved as a director or alternate, provide Approval # YCDR. _____

If no approval #, New Camp Director or Alternate Director application is enclosed mailed or faxed on ___/___/___

Legal First Name _____ M.I. _____ Last Name _____ Suffix (ex: Sr.) _____

Birth Date ___/___/___ Mailing Address 1 _____

Mailing Address 2 _____ City/ Town _____

State _____ Zip Code _____ Country _____ Permanent Phone # (____) _____

email Address _____

Name change for previously approved director. Indicate Former/Maiden Name _____

ALTERNATE DIRECTOR - If previously approved as a director or alternate, provide Approval # YCDR. _____

If no approval #, New Camp Director or Alternate Director application is enclosed mailed or faxed on ___/___/___

Legal First Name _____ M.I. _____ Last Name _____ Suffix (ex: Sr.) _____

Birth Date ___/___/___ Mailing Address 1 _____

Mailing Address 2 _____ City/ Town _____

State _____ Zip Code _____ Country _____ Permanent Phone # (____) _____

email Address _____

Name change for previously approved director. Indicate Former/Maiden Name _____

Duplicate page as needed to report additional alternate directors.

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