





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. <u>At the time of inspection, demonstration of compliance with comprehensive background checks will be required</u>. 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 @ <u>http://www.ct.gov/oec/camps</u>. 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 _____

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

Check One

Initial License

Renewal License License # YCYC_____

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	
2	

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(2)3	or St of CT E	Permit #
If owner does not have Federal Employee	ID #, Social Security # (3 digi	its) (2 digits) _	(4 digits)
List name exactly as it appears on the Soc	ial Security card		
Address 1: P. O. Box #	_ Address 2: Street		
City	State	Zip Co	ode
Telephone # ()	Ext	Fax number (_)
Cell number ()	Email address:		
Point of contact for the camp before, during	ng and after camp season ends	:	
First Name	Last Name		
Permanent Phone # ()	Ext. #	Cell number (_)
Fax number ()	Email address:		

Office Use Only - Filing Town _____

Date Application Received OEC Use Only

Page 2 of 5

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

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.

Primary Camp Location Address Enter site with first opening date here Operated at this site last year? Yes No	Camp Operational Dates at this LocationIf 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.		
Where is camp operating? (name of camp, field or building)	Ex: <u>6 / 28</u> to <u>8 / 13</u> hours <u>7 am – 3:30 pm</u>		
Street	to hours		
City Zip			
Location Phone # () Ext	to hours		
Location Fax # ()	to hours		
Camp Director's Cell # ()	to hours		
Camp Email Address:	to hours		
Additional Camp Location Address	Camp Operational Dates at this Location 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.		
Operated at this site last year? Yes No	yearlong renewal cycle including vacation dates, if applicable. Operational dates may not overlap dates listed		
Where is camp operating? (name of camp, field or building	yearlong renewal cycle including vacation dates, if applicable. Operational dates may not overlap dates listed		
	yearlong renewal cycle including vacation dates, if applicable. Operational dates may not overlap dates listed for another location.		
	yearlong renewal cycle including vacation dates, if applicable. Operational dates may not overlap dates listed for another location. Ex: <u>6 / 28</u> to <u>8 / 13</u> hours <u>7 am - 3:30 pm</u>		
Where is camp operating? (name of camp, field or building	yearlong renewal cycle including vacation dates, if applicable. Operational dates may not overlap dates listed for another location. $Ex: 6 / 28 to 8 / 13 hours 7 am - 3:30 pm$ $\ to \ hours\$		
Where is camp operating? (name of camp, field or building	yearlong renewal cycle including vacation dates, if applicable. Operational dates may not overlap dates listed for another location. Ex: <u>6 / 28 to 8 / 13</u> hours <u>7 am – 3:30 pm</u> to hours to hours		
Where is camp operating? (name of camp, field or building Street City Zip	yearlong renewal cycle including vacation dates, if applicable. Operational dates may not overlap dates listed for another location. Ex: <u>6 / 28 to 8 / 13</u> hours <u>7 am – 3:30 pm</u> to hours to hours to hours		
Where is camp operating? (name of camp, field or building	yearlong renewal cycle including vacation dates, if applicable. Operational dates may not overlap dates listed for another location. Ex: <u>6 / 28</u> to <u>8 / 13</u> hours <u>7 am – 3:30 pm</u> to hours to hours to hours to hours to hours		

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.

If	renewal,	license	#	YCYC.0_	

_____ Camp Name __

___Page 3 of 5

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

MAIL ADDRESS FOR CAMP OPERATOR (Owner)

This address is where the license and all other corresponde	nce from the OEC wil	ll be sent <u>to the owner of the camp</u> .
Name or Organization		
Address 1: P. O. Box # Address 2: Street		
CitySta	te	Zip Code
Email address <u>for owner</u> :		
<u>CAMP SERVICES</u> - <u>All camps must complete the following</u>	questions:	
Camp Service Type: Please select the type of camp that best de	escribes your program.	SELECT ONLY ONE
General Adventure Religiou	s Special Needs	Sports Travel
Camp Type: Day Camp Residential Camp Bot	h Day Camp and Resid	dential Camp
Minimum Camper Age: (3 or older) Maximum C	Camper Age:	
Estimated number of campers and staff	for entire camp seas	son. 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 kitc	hen? 🗌 Yes 🗌 N	lo
Water Supply: Public Water Private Well(s)	Both Pul	blic & Private Well(s)
If camp has both day campers and residential campers, please c residential camp, please complete only the section applicable to	^	below. If camp is only a day camp or only a
Day Camps Only: Must match exact operational dates liste	d on page 2.	
Do all sessions begin and end on the same day of the week week & hours should be indicated next to the sessions liste		ete next line 🗌 No - If no, varying days of
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 date	es listed on page 2.	
Do all sessions begin and end on the same day of the week week & hours should be indicated next to the sessions liste Days of Operation: (Ex: Sunday – Saturday)	d on page 2.	
Campers arrive for first session on/	(date) at:	
Campers leave during the last session on/	(date) at	_: 🔲 am 🗌 pm
FIELD TRIP DATES – If attaching list of trips, list should Of WILL BE OFFSITE. Do not attach calendars with field trip data in No Field Trips in Field trip dates (all campers & staff off Attached in Field trip dates unknown at this time, will report processing and scheduling.	tes. List only date(s), d	departure time(s) and return time(s).

If renewal, license # YCYC.0_____ Camp Name __

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 #, Ne	w Camp Director or A	Iternate Director a	application is enclosed in	mailed or 🗌 faxed on/
Legal First Name		M.I Last N	Jame	Suffix (ex: Sr.)
Birth Date/	/ Mailing Add	ress 1		
Mailing Address 2			City/ Town	
State	Zip Code	_ Country	Permanent Phone # ()
email Address				
			ner/Maiden Name irector or alternate, provide Ap	
If no approval #, Ne	w Camp Director or A	Alternate Director a	application is 🗌 enclosed 🗌 1	mailed or 🗌 faxed on/
Legal First Name		M.I Last N	Jame	Suffix (ex: Sr.)
Birth Date/	/ Mailing Add	ress 1		
Mailing Address 2			City/ Town	
State	Zip Code	_ Country	Permanent Phone # ()
email Address				
Name change for	previously approved dis	rector. Indicate Forn	ner/Maiden Name	
ALTERNATE D	IRECTOR - If previou	usly approved as a di	irector or alternate provide An	proval # YCDR
				mailed or [] faxed on /
	•		Vame	
-				
			City/ Town	
			Permanent Phone # (
	•	-		·
Name change for	previously approved di	rector. Indicate Forn	ner/Maiden Name	
Duplicate page as no	eeded to report additio	onal alternate direc	tors.	

Office Use Only - Filing Town

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

MEDICAL COVERAGE CERTIFICATION

Pursuant the Regulations of Connecticut State Agencies a physician or advanced practice registered nurse (APRN) shall be on call and responsible for all healthcare including first aid. The camp physician or APRN must hold a current Connecticut medical license. Note: Any physician or surgeon who holds a license in good standing in another state may practice as a youth camp physician in this state without a Connecticut license for a period not to exceed nine weeks.

The physician or APRN shall:

- plan for the provision of medical care for emergencies and of routine care to be carried out at the camp
- annually sign and date written standing orders for licensed camp nurse and/or first aid instructions to be carried out by unlicensed personnel (first aid instructions for unlicensed personnel cannot list any medications). The first aid instructions shall specify first aid equipment and supplies
- review, at least once a week, the abstract record of all cases treated at the camp and shall sign and date the record ٠

NOTE: A memorandum of understanding with the on call physician or APRN shall be on file at the camp.

List below the physician(s) or APRN(s) who will fulfill the above requirements for the camp:

First Name	Last Name	License #
Address	Physician/APRN's Phone # ()
	License #	//
Physician/APRN's Signature	License #	Date Signed

OPERATOR CERTIFICATION

I certify that all of the above statements contained herein are true and correct to the best of my knowledge. I promise to uphold and maintain all standards required under the Connecticut General Statutes and Regulations of Connecticut State Agencies governing the licensure and operation of a youth camp available on the Agency website @ http://www.ct.gov/oec/camps. Any false statements made herein are punishable in accordance with Sections 53a-157 and 19a - 423

First Name	Last Name	_Title

Signature of the Operator (Owner) or individual authorized to act on behalf of the Operator/Owner Date Signed

A completed application is due 30 days prior to the opening date of your camp. The licensure fee in the form of a check or money order made payable to the Treasurer, State of Connecticut must accompany the application. All fees are non-refundable. Mail completed and signed application along with payment to the Office of Early Childhood, Division of Licensing, Youth Camps, 450 Columbus Boulevard, Suite 302, Hartford, CT 06103.

Please retain a copy of the application being submitted to the Office of Early Childhood