

# STATE OF CONNECTICUT

## DEPARTMENT OF PUBLIC HEALTH

Jewel Mullen, M.D., M.P.H., M.P.A.  
Commissioner



Dannel P. Malloy  
Governor  
Nancy Wyman  
Lt. Governor

### 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.
- Any changes in camp director, alternate director(s), camp physician(s), location(s) or operational information shall be reported to the department on a General Report of Change form.

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/dph/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 1-860-509-8045 or 1-800-282-6063



Phone: (860) 509-8000 • Fax: (860) 509-7184 • VP: (860) 899-1611  
410 Capitol Avenue, P.O. Box 340308  
Hartford, Connecticut 06134-0308  
[www.ct.gov/dph](http://www.ct.gov/dph)

*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  
DPH 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 \_\_\_\_\_

Insurance Policy Number \_\_\_\_\_

Effective Dates of Workers' Compensation Coverage \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

If you answered 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.

OPERATOR'S (Owner's) INFORMATION

Federal Employee ID # (FEIN) (2 digits) \_\_\_\_\_ - (7 digits) \_\_\_\_\_ If using FEIN, enter operator's name (Owner) as listed on Internal Revenue Service IRS 501(c)3 \_\_\_\_\_

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: \_\_\_\_\_

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**For locations not used in the prior year, an initial inspection is required prior to operation. Prior to Department 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"><b>Primary Camp Location Address</b></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"><b>Camp Operational Dates at this Location</b></p> <p>If hours of operation vary per session, indicate hours next to each date range. Include vacation dates, if applicable. (e.g. 6/28 to 8/15 8:00 am – 4:30 pm)</p>
<p>Place (building or field) _____</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>____/____ to ____/____ hours _____</p>
<p align="center"><b>Additional Camp Location Address</b></p> <p>Operated at this site last year? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p align="center"><b>Camp Operational Dates at this Location</b></p> <p>If hours of operation vary per session, indicate hours next to each date range. Include vacation dates, if applicable. (e.g. 6/28 to 8/15 8:00 am – 4:30 pm)</p> <p><b>Operational dates may not overlap dates listed for another location.</b></p>
<p>Place (building or field) _____</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>____/____ 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 correspondence from the Department of Public Health 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**

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

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: Exact operational dates to be 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: Exact operational dates to be 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

Minimum Camper Age: (3 or older) \_\_\_\_\_ Maximum Camper Age: \_\_\_\_\_

Projected # of campers \_\_\_\_\_ & 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)

**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 date(s), departure time(s) and return time(s) only.  No Field Trips  Field trip dates \_\_\_\_\_ If field trip dates are unknown at the time of application, report field trips on a General Report of Change form once known for Department 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 a Department of Public Health approved director or assistant director be on site at all times camp is in operation. All new directors must complete the Application for Youth Camp Director or Alternate Director Approval. A certificate of approval will be issued by the Department of Public Health to each new director being approved for the first time. List all directors and alternate directors below including date of birth, home mailing addresses, permanent phone numbers and personal e-mail addresses. Approval numbers for all directors can be found on the Department's website @ <https://www.elicense.ct.gov/Lookup/GenerateRoster.aspx>. From the list of available rosters, click on Youth Camp Licensing, 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 Department approval, their approval number must be included on this application.** The approval number is available on the website. Directions above. Note: the approval # is not the camp license #.

**CAMP DIRECTOR** Approval # YCDR. \_\_\_\_\_ OR  New director application mailed 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 # (\_\_\_\_) \_\_\_\_\_

Name change for previously approved director. Indicate Former/Maiden Name \_\_\_\_\_

**ALTERNATE DIRECTOR** Approval # YCDR. \_\_\_\_\_ OR  New director application mailed 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 # (\_\_\_\_) \_\_\_\_\_

Name change for previously approved director. Indicate Former/Maiden Name \_\_\_\_\_

**ALTERNATE DIRECTOR** Approval # YCDR. \_\_\_\_\_ OR  New director application mailed 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 # (\_\_\_\_) \_\_\_\_\_

Name change for previously approved director. Indicate Former/Maiden Name \_\_\_\_\_

**Duplicate page as needed to report additional alternate directors. If alternate directors are being added after the license has been issued, please include a General Report of Change form with this page.**

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

**MEDICAL COVERAGE CERTIFICATION**

Pursuant to Section 19-13-B27a(j) of the Regulations of Connecticut State Agencies a physician shall be on call and responsible for all healthcare including first aid. The camp physician 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. **This page may be duplicated if more than one physician is responsible for the camp.**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_ Physician's Phone Number (\_\_\_\_\_) \_\_\_\_\_

**I understand that I am responsible for the planning of emergency care, including supervision of camp health staff; a review of health care procedures; preparing written standing orders for licensed medical personnel, specifying first aid instructions for unlicensed personnel (first aid instructions for an unlicensed medical personnel cannot list any medications) and first aid equipment; reviewing, signing and dating the bound log on a weekly basis; and procedure implementation to maintain records on prescription drugs used at the above named camp. This is to certify that I have accepted the position of camp physician on call for the above named camp and will assume responsibility for all camp sessions for the duration of the license.**

\_\_\_\_\_  
License # \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_

*Physician's Signature*

*Physician's License #*

*Date Signed*

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**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. 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*

*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 State of CT, Department of Public Health, Community Based Regulation Section, 410 Capitol Avenue, MS #12CBR, P.O. Box 340308, Hartford, CT 06134.**

*Please retain a copy of the application being submitted to the Department of Public Health*