

Camp Name _____ License # YCYC.0 _____
List name of camp exactly as it appears on license or on initial application

Youth Camp Licensing General Report of Change

This form may be faxed, mailed or delivered to report a change(s) from what was submitted previously to the DPH. Please check all changes that apply. A change in ownership requires that a new application be submitted 30 days prior to the anticipated opening date of camp.

If multiple location camp, indicate which location this change is for _____

Change in Location: attach completed page 2 of application and directions if new site.

Additional Operational Location Remove Location – indicate location _____

Move from One Location to Another – From _____ To _____

Operation at a new location may not occur until approval by DPH has been granted. DPH will schedule an initial inspection, and if a corrective action plan (CAP) is required, DPH must review and approve the CAP prior to operation at the new location.

Operational Date Changes for: Summer Camp or Vacation Camp

Add operational dates not included on application: ____/____ to ____/____ ____/____ to ____/____

Cancel operational dates submitted on application: ____/____ to ____/____ ____/____ to ____/____

Directors or Alternates: New Directors/Alternate Directors that have not received a DPH Approval number must submit a separate application for approval. (New Director/Alternate Director Application)

Add (with prior DPH approval) - Send completed page 4 of camp application with this form.

Alternate Director becoming Director: Approval # YCDR.0 _____ Name _____

Director becoming Alternate Director: Approval # YCDR.0 _____ Name _____

Remove on ____/____ Dir or Alt Dir Approval # YCDR.0 _____ Name _____

Trip Dates : Note: Report only dates added or deleted. INCLUDE ONLY TRIPS WHEN ALL CAMPERS AND STAFF WILL BE OFFSITE. DO NOT RESEND ENTIRE UPDATED LIST/CALENDAR OF FIELD TRIP DATES.

Dates Added _____

Dates Deleted _____

Camp Physician:

Add - A completed and signed Medical Coverage Certification on page 5 of the camp application must be submitted with this form.

Remove: First Name _____ Last Name _____ Effective Date ____/____

Form Completed By: Please Print: Name _____ Phone # (____) _____ Ext _____

Signature _____ Title _____ Date sent to DPH ____/____

Fax (860) 509-8212 or mail to Department of Public Health, 410 Capitol Avenue MS #12 CBR, P. O. Box 340308, Hartford, CT 06134-0308. Phone #s 1-800-282-6063 or in the Hartford area (860) 509-8045. YC_GenRptChg.doc Rev. Dec 2013

Office Use Only: DPH Rec'd On ____/____/____ Data entered on ____/____ by _____ Filing Town _____