

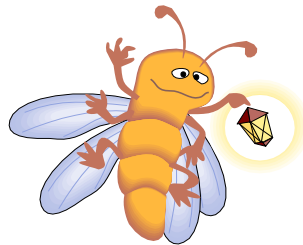
Statutes and Regulations

**for
licensing**

Youth Camps

**State of Connecticut
Department of Public Health
Community Based Regulation Section
Youth Camp Licensing Program
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**Visit the Department of Public Health, Youth Camp Licensing web site
@ <http://www.ct.gov/dph/camps>**



Licensing Lights the Way to A Safe Summer

March 2013

Connecticut General Statutes-Revised to January 1, 2013

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 Department's youth camp licensure program can be found at www.ct.gov/dph/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 day 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 Public Health; and

(6) "Department" means the Department of Public Health.

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 department. 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 a 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 water supply; (2) each dwelling unit, building and structure shall be maintained in good condition, suitable for the use to which it is put, and shall present no health or fire hazard as so certified by the department and the State Fire Marshal or local fire marshal, as indicated by a current fire marshal certificate dated within the past year and available on site when the youth camp is in operation; (3) there shall be an adequate and competent staff, which includes the camp director or assistant director, one

of whom shall be on site at all times the camp is in operation, activities specialists, counselors and maintenance personnel, of good character and reputation; (4) prior to assuming responsibility for campers, staff shall be trained, at a minimum, on the camp's policies and procedures pertaining to behavioral management and supervision, emergency health and safety procedures and recognizing, preventing and reporting child abuse and neglect; (5) all hazardous activities, including, but not limited to, archery, aquatics, horseback riding and firearms instruction, shall be supervised by a qualified activities specialist who has adequate experience and training in such specialist's area of specialty; (6) the staff of a resident and nonresident camp shall at all times include an adult trained in the administration of first aid as required by the commissioner; (7) records of personal data for each camper shall be kept in any reasonable form the camp director may choose, and shall include (A) the camper's name, age and address, (B) the name, address and telephone number of the parents or guardian, (C) the dates of admission and discharge, and (D) such other information as the commissioner shall require. Any youth camp licensed under this chapter shall operate only as the type of camp authorized by such license. Such camps shall not advertise any service they are not equipped or licensed to offer. The license shall be posted in a conspicuous place at camp headquarters and failure to so post the license shall result in the presumption that the camp is being operated in violation of this chapter.

Sec. 19a-423. (Formerly Sec. 19-542). Disciplinary actions. Due process and appeal procedures. No review of denial of initial license applications. (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 department; (6) refuses to submit to the department any reports or refuses to make available to the department 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 department or to admit authorized representatives of the department 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 department 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 of Public Health, 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 department 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 department determines that the health, safety or welfare of a child or staff person at a youth camp requires imperative emergency action by the department to halt an activity being provided at the camp, the department may issue a cease and desist order limiting the license and requiring the immediate cessation of the activity. The department 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 department.

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 of Public Health 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 Department of Public Health 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 department, 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 of Public Health 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 of Public Health 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 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 of Public Health 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 physical examination 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 of Public Health 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-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 Department of Public Health. The department shall investigate any report or complaint received pursuant to this section. In connection with any investigation of a youth camp, the Commissioner of Public Health or said 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 department 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 department 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. 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, child means a person who is at least seven years of age and is under eighteen years of age;

(2) "Youth" means any person sixteen or seventeen years of age who has not been legally emancipated;

(3) A child may be found "mentally deficient" who, by reason of a deficiency of intelligence that has existed from birth or from early age, requires, or will require, for such child's protection or for the protection of others, special care, supervision and control;

(4) (A) A child may be convicted 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 in a delinquency proceeding as ordered by the court;

(B) A child may be convicted 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 in a delinquency proceeding as ordered by the court;

(5) "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 (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 or youth's parent, parents, guardian or other custodian, (C) has engaged in indecent or immoral conduct, (D) is a truant or habitual truant or who, while in school, has been continuously and overtly defiant of school rules and regulations, or (E) 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 or youth;

(6) A child or youth 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 or youth;

(7) A child or youth 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;

(8) A child or youth may be found "uncared for" who is homeless or whose home cannot provide the specialized care that the physical, emotional or mental condition of the child or youth requires. For the purposes of this section, the treatment of any child or youth 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;

(9) "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 in a delinquency proceeding by a child, including a child who has attained the age of eighteen, as ordered by the court;

(10) "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) running away, without just cause, from any secure placement other than home while referred as a delinquent child to the Court Support Services Division or committed as a delinquent child to the Commissioner of Children and Families for a serious juvenile offense;

(11) "Serious juvenile offender" means any child convicted as delinquent for the commission of a serious juvenile offense;

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

(13) "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"; and

(14) "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.

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: Any physician or surgeon licensed under the provisions of chapter 370, any resident physician or intern in any hospital in this state, whether or not so licensed, any registered nurse, licensed practical nurse, medical examiner, dentist, dental hygienist or psychologist, a school employee, as defined in section 53a-65, social worker, police officer, juvenile or adult probation officer, juvenile or adult parole officer, member of the clergy, pharmacist, physical therapist, optometrist, chiropractor, podiatrist, mental health professional or physician assistant, any person who is a licensed or certified emergency medical services provider, any person who is a licensed or certified alcohol and drug counselor, any person who is a licensed marital and family therapist, any person who is a sexual assault counselor or a battered women's counselor, as defined in section 52-146k, any person who is a licensed professional counselor, any person who is a licensed foster parent, any person paid to care for a child in any public or private facility, child day care center, group day care home or family day care home licensed by the state, any employee of the Department of Children and Families, any employee of the Department of Public Health who is responsible for the licensing of child day care centers, group day care homes, family day care homes or youth camps, the Child Advocate and any employee of the Office of the Child Advocate and any family relations counselor, family relations counselor trainee or family services supervisor employed by the Judicial Department.

(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 shall be provided to all new school employees, 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) Any mandated reporter, as defined 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 (1) has been abused or neglected, as defined in section 46b-120, (2) has had nonaccidental physical injury, or injury which is at variance with the history given of such injury, inflicted upon such child, or (3) is placed at imminent risk of serious harm, shall report or cause a report to be made in accordance with the provisions of sections 17a-101b to 17a-101d, inclusive.

(b) 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 fined not less than five hundred dollars or more than two thousand five hundred dollars and 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.

Sec. 17a-101b. Oral 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 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, 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 of Children and Families.

(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 defined 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.

Sec. 17a-101c. Written report by mandated reporter. Not later than forty-eight hours after making an oral report, a mandated reporter shall submit a written report to the Commissioner of Children and Families or the commissioner's designee. 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 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 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 employee of a facility or institution that provides care for a child which is licensed by the state, a copy of the written report shall also be sent by the Commissioner of Children and Families to the executive head of the state licensing agency.

Sec. 17a-101d. Contents of oral and written reports. All oral and written reports required in 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 parents or other person responsible for his 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 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.

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 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. 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, makes, or in good faith does not make, the report pursuant to sections 17a-101a to 17a-101d, inclusive, and 17a-103 shall be immune from any liability, civil or criminal, which might otherwise be incurred or imposed and shall have the same immunity with respect to any judicial proceeding which results from such report provided such person did not perpetrate or cause such abuse or neglect.

(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.

YOUTH CAMP LICENSING REGULATIONS

19-13-B27a. Youth camps

- (a) Water supply. A water supply of sanitary quality shall be provided for each youth camp in ample quantity to meet a requirements of the maximum number of persons using such a camp at any time. Whenever water is obtained from other than an approved public water supply, it shall be of safe sanitary quality approved by the state department of health. Any well shall conform with the requirements of sections 19-13-B51a to 19-13-B51l, inclusive. Such water supply shall be easily obtainable from its source or from a distributing system within a distance of not more than three hundred feet of any camping spot within such tract. In cases where it can be shown that the approved water supply is not adequate to satisfy all demands of the camp, chlorinated lake water may be used for toilets and showers but shall not be supplied to the kitchen or to any sinks.
- (b) Drinking facilities. Drinking fountains shall be sanitary as prescribed in section 19-13-B35 and no common drinking utensils shall be provided or used.
- (c) Toilet facilities. 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 men and women shall be provided. In a residential 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 for male campers. No unit site within a 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. Privies shall be located at least two hundred feet from a kitchen or food service area.
- (d) Disposal of sewage and refuse. The method of final sewage or refuse disposal utilized in connection with the operation of a camp shall be such as to create no nuisance and shall conform with the requirements of sections 19-13-B20a to 19-13-B20r, inclusive, and plans for such disposal shall be approved by the state department of health.
- (e) Plumbing. The plumbing facilities within each camp shall conform with requirements of section 19-13-B45.
- (f) Washing facilities. 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 camp at least one shower house shall be provided with one shower head for each twenty persons or fraction thereof.
- (g) Control of refuse litter. 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 unit site within a camp shall be within a distance of not over 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) Facilities for dispensing foods or beverages. Facilities for dispensing foods or beverages shall meet requirements of section 19-13-B42. Day camps shall collect and store potentially hazardous food in appropriate refrigeration facilities.
- (i) Swimming and bathing facilities. Swimming and bathing facilities when provided shall comply with the provisions of sections 19-13-B33a, 19-13-B34 and 19-13-B36.
- (j) Health care. A physician shall be on call and responsible for all health care including first aid. Annually the physician shall sign and date standing orders to be carried out in his absence by the camp nurse or by a person over age twenty-one having American Red Cross Standard First Aid and Personal Safety Training certification, or the equivalent. Physicians and nurses employed in camps shall hold current Connecticut licenses and registrations. Additional aides under age twenty-one may be employed if they possess American Red Cross Standard First Aid and Personal Safety Training certification or its equivalent but shall not be in charge of health care. All camp health care personnel shall present current proficiency certification in cardiopulmonary resuscitation as evidenced by examination by the American Red Cross or American Heart Association. For residential camps having two hundred fifty or more campers or staff in residence a registered nurse shall be required to be in charge of first aid and emergency medical care activities. First aid equipment and supplies shall be specified by the camp physician in his standing orders. Only nonprescription drugs shall be available in stock containers in camps. Prescription drugs shall be available only on individual prescription unless locked and in the sole custody of a physician. Proof of use records as required under section 19-461 of the general statutes shall be kept by the physician.
- (k) Communicable disease control requirements. Communicable disease control shall meet the requirements of sections 19-13-A2 to 19-13-A24, inclusive.

- (l) Records. Records of both staff and campers shall be kept on file at camp and shall include the personal data concerning each member of the staff and camper kept in any reasonable form the camp director may choose, including therein the name, age and address of the individual, the name, address and telephone number including the business telephone number of the parent, guardian, or in the case of an adult next of kin, who shall be notified in an emergency, the date of first attendance at camp and the date of leaving camp permanently in the case of residence camps, or the last date of attendance at camp in the case of day camps, and a physical examination or health status certification 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 dated within thirty-six months prior to the date of arrival at camp. A physical examination, including a complete immunization history, that is required for school purposes may also be used to satisfy this requirement provided it is dated within thirty-six months prior to the date the camper arrives at camp. The physical examination requirement may be waived where such procedure is contrary to the religious beliefs of the camper. A statement requesting such exemption shall be submitted annually and shall be kept on file at the camp. This statement shall be signed by a parent or guardian, shall include affirmation of church membership by an appropriate church authority, and shall grant permission to camp authorities to authorize physical examination or other appropriate measures when medical emergencies occur. The parent or guardian shall certify that he/she accepts complete responsibility for the health of the camper and that to the best of his/her knowledge the camper is in good health. All staff and campers shall be adequately immunized as specified in Sections 10-204a-1-4 of the Regulations of Connecticut State agencies against diphtheria, tetanus, pertussis, polio, measles, rubella, and any other diseases specified in Section 10-204a. The physical examination or health status certification shall include a complete immunization history. Where the individual because of medical or religious reasons does not have such immunizations these reasons shall be so specified in writing in accordance with Section 10-204a(a) of the General Statutes.
- (m) Emergency medical care. (1) For resident camps there shall be on file a memorandum of understanding between the camp director and the nearest hospital with regard to arrangements for emergency medical care. (2) There shall be on file a memorandum of understanding with the on-call or resident physician concerning the provision of medical care for emergencies and of routine care to be carried out at camp, including standing orders for the nurse, if there is one, and instructions for the director of first aid in lieu of a resident physician or nurse, for both day and residential camps. (3) There shall be a telephone line available to the first aid area for the use of the first aid staff, with posting of the telephone numbers of the camp physician, camp director, camp nurse, nearest hospital, local director of health in whose jurisdiction the camp falls, local fire department in whose jurisdiction the camp falls, local police department in whose jurisdiction the camp falls, the poison control center, the nearest state police barracks which is the source of snake anti-venom or other emergency assistance, and of ambulance services. (4) An abstract record of all cases treated at camp shall be kept in a bound volume noting the date, the condition, the disposal and the persons responsible for the care. At least once a week these cases shall be reviewed by the camp physician who shall sign and date the bound volume indicating his review of cases. (5) There shall be available a defined area where ill or injured individuals may rest and receive care until they are either removed to their homes 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 camp.
- (n) Qualifications of management and staff. (1) No person shall establish, conduct or maintain a youth camp without adequate and competent staff. (2) The camp director shall be over the age of twenty- one and of good character, shall not have been convicted of any offense involving moral turpitude, shall be certified as mentally competent by a physician, shall not use improperly any narcotic or controlled drug, and shall uphold and maintain the standards required under the Youth Camping Act. Except for those persons who have already served at least one summer as a camp director, a camp director shall have had at least sixteen weeks administrative or supervisory experience, in an organized camp or in lieu thereof equivalent training or experience in camping satisfactory to the commissioner. (3)(a) The director of each individual waterfront or swimming area, including areas devoted to the practice of aquatics, shall be over age twenty and shall possess an American Red Cross Lifeguard Training current rating or its equivalent. (b) The director of each small craft waterfront area shall possess current certification in American Red Cross Lifeguard Training or its equivalent and current certification in the small craft safety program of the American Red Cross or its equivalent for the type of small craft used in the camp. Each such director shall comply with the provisions of the Connecticut boating safety laws and laws relating to scuba diving. (4) the director of the Rifle Range shall be at least twenty-one years of age and shall possess a current National Rifle Association Instructor's card or equivalent. (5) The director of the archery range shall be over age

- eighteen and possess evidence satisfactory to the State Department of Public Health of appropriate training and experience in archery. (6) The director of horseback riding activities shall be over age eighteen and possess evidence satisfactory to the State Department of Public Health of appropriate training and experience. (7) The camp director provided he meets the requirement Section 1, subsection (n)(5) and (n)(6) may serve as director of archery or horseback riding activities in addition to his duties as camp director. Counselors shall be over age sixteen. Counselors in training shall be over age fourteen. (8) In resident camps the ratio of staff, exclusive of cooks, clerical and maintenance personnel, to campers shall be at least one person over age sixteen to six campers under age eight and to eight campers eight years and older. In day camps the ratio shall be at least one person age sixteen or older to each nine children under age six, and to each twelve children over six years.
- (o) Safety of grounds and program practices. (1) Fields intended for athletic activities or use shall be maintained free of hazards. (2) The waterfront and aquatic activities shall be laid out and conducted in accordance with the American Red Cross Water Safety Aquatics and Small Craft Activities Standards or equivalent. (3) The rifle range shall be laid out and operated in accordance with standards of the National Rifle Association or its equivalent. (4) Vehicles used for the transport of campers both on and off the camping premises shall have a motor vehicles safety sticker for the current year and shall be licensed including, if necessary, licensure for their specific use. (5) 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 agents of the state department of health. Water safety equipment shall meet United States Coast Guard standards where applicable. (6) When any out of camp outings or trips are planned, advance information shall be kept on file which will include permission of the campers to participate, signed by the parent or guardian, the purpose of the trip and the itinerary, the names of the campers, trip director and staff. The trip director shall be an adult who shall have had experience or hold certification in the activity in which the trip is being conducted, if this is applicable, e.g. Maine Guide's license, Red Cross Water Safety Instructor, etc.
 - (p) Arrangements for camp inspection. The camp director shall make arrangements either personally or through one of the members of the senior camp staff to conduct the state inspector around the camp premises and to supply him with any information, documents or materials necessary in order to comply with the inspection process.
 - (q) General sanitation requirements. The camp site shall be owned by the operator or the operator shall have a written lease giving permission to use the site for a youth camp. The location of the camp shall be such as to provide for adequate drainage of all areas occupied by campers, the food preparation and service area and other activity areas. Buildings shall be maintained in a safe and sanitary condition. When the state department of health or the local director of health so directs, a certificate of approval shall be obtained from the local or state fire marshal. All hot water and space heaters shall be properly located and vented.
 - (r) Trailer coaches. In every camp where space for trailer coaches 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 provided for the disposal of wastes from trailer sinks and toilets. Trailer facilities and parking shall comply with the provisions of section 19-14-B44.
 - (s) Responsibility of management. The camp director shall be responsible at all times for the health, comfort and safety of campers and staff and shall have responsibility for maintaining in good repair all sanitary appliances on the camp ground. He shall promptly prosecute or cause to be ejected from such ground any person who willfully or maliciously damages such appliances.
 - (t) Exceptions. Exceptions to the requirements of subsection (a), (c) and (f) may be made by the commissioner of health at his discretion in the case of primitive or pioneer camps. Exceptions to the requirements of subsection (l) may be made by the commissioner of health at his discretion in the case of day camps where the requirements of a physical examination or health memorandum for campers would impose a hardship on the administration of such a camp. Application for such exemptions shall be made in writing by the camp director thirty days before the opening of camp.
 - (u) Accident or illness. Any fatality which occurs at camp or which results from camping activities or any injury or illness which occurs at camp or which results from camping activities and which is attended by a physician, nurse, or person in charge of health care at the camp, and as a result of which the person (1) is sent home, or (2) is admitted to a hospital, or (3) has a clinical report, laboratory analysis, or x-rays performed which result in a positive diagnosis, shall be reported to the state department of health services within twenty-four hours by telephone by the camp director. This verbal report shall be confirmed in writing within seventy-two hours of the verbal report on a form provided by the state department of health services. The original report form shall be maintained at the camp or sponsoring organization for a

minimum of two years. A copy shall be forwarded to the state department of health services upon completion of the form. For day camps, such reports are not required for any injury or illness where the individual as a result of such injury or illness is sent home and for which there is no hospital admission or positive diagnosis by clinical report, laboratory analysis, or x-ray.

(v) Administration of Medications and the Monitoring of Diabetes in Youth Camps

(1) Definitions as used in this subsection:

- (A) "Administration of medication" means the direct application of a medication by inhalation, ingestion or any other means to the body of a person;
- (B) "Advanced practice registered nurse" means an individual licensed pursuant to section 20-94a of the Connecticut General Statutes;
- (C) "Authorized prescriber" means a physician, dentist, advanced practice registered nurse, physician assistant, optometrist, or podiatrist;
- (D) "Commissioner" means the Commissioner of Public Health or the commissioner's designated representative;
- (E) "Department" means the Connecticut Department of Public Health or any duly authorized representative thereof;
- (F) "Medication" means any medicinal preparation including controlled substances, as defined in section 21a-240 of the Connecticut General Statutes;
- (G) "Medication error" means failure to administer medication to a child, or failure to administer medication within one (1) hour of the time designated by the authorized prescriber, or failure to administer the specific medication prescribed for a child, or failure to administer the medication by the correct route, or failure to administer the medication according to generally accepted standards of practice, or failure to administer the correct dosage of medication;
- (H) "Optometrist" means an individual licensed pursuant to section 20-127 of the Connecticut General Statutes;
- (I) "Parent(s)" means the person(s) responsible for the child and may include the legally designated guardian(s) of such child;
- (J) "Pharmacist" means a person with a license to practice as a pharmacist in Connecticut in accordance with section 20-590 of the Connecticut General Statutes;
- (K) "Physician" means a doctor of medicine or osteopathy licensed to practice medicine in this or another state;
- (L) "Physician assistant" means an individual who has two (2) years of pediatric experience and functions under the direction of the consulting physician for the youth camp and meets the requirements of sections 20-12b of the Connecticut General Statutes;
- (M) "Podiatrist" means an individual licensed pursuant to chapter 375 of the Connecticut General Statutes;
- (N) "Program staff" means those persons responsible for the direct care of children;
- (O) "Registered nurse" means a person with a license to practice as a registered nurse in Connecticut in accordance with chapter 378 of the Connecticut General Statutes;
- (P) "Self administration of medication" means that the child is able to identify and select the appropriate medication by size, color, amount, or other label identification; knows the frequency and time of day for which the medication is ordered; and consumes the medication appropriately;
- (Q) "Significant medication error" means a medication error, which is potentially serious or has serious consequences for a child, such as, but not limited to, the administration of medication by the wrong route; for which the resident has a known allergy; which was given in a lethal or toxic dosage; or which causes serious medical problems resulting from the error. Refusal of a medication is not considered a significant medication error if appropriate follow up action is taken; and
- (R) "Staff" means personnel, including volunteers, who provide a service to a youth camp.

(2) Administration of Medications

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 unlicensed program staff, the youth camp shall comply with all requirements of this subsection and shall have a written policy and procedures at the youth camp governing the administration of medications which 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. Said policies and procedures shall be available for review by the department during inspections or upon demand and shall reflect current best practice. No program staff member under eighteen (18) years of age shall administer any medication at a youth camp.

Children enrolled at youth camps may self administer medications with documented parental and authorized prescriber's permission. Children may request and receive assistance from staff in opening containers or packages or replacing lids.

(A) Administration of Nonprescription Topical Medications Only

(i) Description

For the purposes of this subparagraph, 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;

(ii) 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 a medication administration record shall be written in ink and kept on file at the youth camp for each child administered a nonprescription topical medication. The medication administration record and parent permission shall become part of the child's health record when the course of medication has ended. Any medication error shall be documented in the record. This information shall include:

- (I) the name, address, and date of birth of the child;
- (II) the name of the medication;
- (III) the schedule and site of administration of the medication, as applicable, according to the manufacturer's directions;
- (IV) the name, address, telephone number, signature and relationship to the child of the parent(s) authorizing the administration of the medication;
- (V) the date and time the medication is started and ended;
- (VI) the name of the person who administered the nonprescription topical medication; and
- (VII) the signature of the camp director or the camp director's designee receiving the parent permission form.

(iii) 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:
 - (a) the individual child's name;
 - (b) the name of the medication; and
 - (c) 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 program staff member in a safe manner or returned to the parent.

(B) Administration of Medications Other Than Nonprescription Topical Medications

(i) Training Requirements

- (I) Prior to the administration of any medication by program staff members, the program staff members who are 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 herein. program staff member trained and approved to administer medication shall be

present whenever a child who has orders to receive medication is enrolled and present at the youth camp, and the youth camp permits the administration of medication by unlicensed program staff.

- (II) The training in the administration of medications shall be documented and shall include, but not be limited to, the following:
 - (a) statement of objectives;
 - (b) a description of methods of administration including principles and techniques, application and installation of oral, topical, and inhalant medication, including the use of nebulization machines, with respect to specific age groups;
 - (c) 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;
 - (d) 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;
 - (e) recognition of side effects and appropriate follow up action;
 - (f) 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;
 - (g) abbreviations commonly used;
 - (h) required documentation including parent permission, written orders from the authorized prescriber, and the record of administration;
 - (i) safe handling, including receiving medication from a parent, safe disposal, and universal precautions; and
 - (j) proper storage including controlled substances, in accordance with Section 21a-262-10 of the Regulations of Connecticut State Agencies.
- (III) **Injectable Medications**

In addition to the above training, before program staff members may administer injectable medications, they shall have successfully completed a training program on the administration of injectable medications by a premeasured, commercially prepared syringe. The certifying trainer who shall be a pharmacist, physician, physician assistant, advanced practice registered nurse or registered nurse, shall assure that the program staff member understands the indications, side effects, handling and methods of administration for injectable medication. Thereafter, on a yearly basis, the program staff members shall have their skills and competency in the administration of injectable medication validated by a pharmacist, physician, physician assistant, advanced practice registered nurse or registered nurse. Injectable medications shall only be given in emergency situations, by a premeasured commercially prepared syringe, unless a petition for special medication authorization is granted by the department as specified in section 19-13- B27a(v)(2)(B)(vi).
- (IV) A program staff member currently certified by the State of Connecticut Department of Mental Retardation to administer medications shall be considered qualified to administer medications at youth camps.
- (ii) **Training Approval Documents and Training Outline**
 - (I) Upon completion of the required training program, the pharmacist, physician, physician assistant, advanced practice registered nurse or registered nurse who conducted the training shall issue a written approval to each program staff member who has demonstrated successful completion of the required training. Approval for the administration of oral, topical, inhalant medications shall remain valid for three (3) years.

Approval for the administration of injectable medications shall be valid for one (1) year. A copy of the approval shall be on file at the youth camp where the program staff member is employed and shall be available to the department upon request.

- (II) The written approval shall include:
 - (a) 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;
 - (b) the location and date(s) the training was given;
 - (c) a statement that the required curriculum areas listed in Sec. 19-13- B27a(v)(2)(B)(i)(II) and Sec. 19-13-B27a(v)(2)(B)(i)(III) when applicable were successfully mastered, and indicating the route(s) of administration the trainee has been approved to administer;
 - (d) the name, date of birth, address and telephone number of the program staff member who completed the training successfully; and
 - (e) 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 where the trainee is employed for department review. The department may require at any time that the youth camp licensee obtain the full curriculum from the trainer for review by the department.
- (iii) Order From An Authorized Prescriber and Parent's Permission
- (I) Except for nonprescription topical medications described in Section 19-13- B27a(v)(2)(A)(i), 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:
 - (a) oral medications;
 - (b) topical medications, including eye and ear preparations;
 - (c) inhalant medications; and
 - (d) injectable medications, by a premeasured, commercially prepared syringe, to a child with a medically diagnosed condition who may require emergency treatment.
 - (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:
 - (a) the name, address and date of birth of the child;
 - (b) the date the medication order was written;
 - (c) the medication or drug name, dose and method of administration;
 - (d) the time of the day the medication is to be administered;
 - (e) the date(s) the medication is to be started and ended as applicable;
 - (f) relevant side effects and the authorized prescriber's plan for management should they occur;
 - (g) notation if the medication is a controlled drug;
 - (h) a listing of any allergies, reactions to, or negative interactions with foods or drugs;
 - (i) specific instructions from the authorized prescriber who orders the medication regarding how the medication is to be given;
 - (j) the name, address and telephone number of the parent;
 - (k) the name, address and telephone number of the authorized prescriber ordering the drug; and
 - (l) the authorized prescriber's signature.

- (III) If the authorized prescriber determines that the training of the program 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 program staff member shall administer medication only in accordance with the written order of the authorized prescriber. The parent shall be notified of any medication errors immediately by telephone and in writing within seventy-two (72) hours, and the error shall be documented in the medication administration record.
- (iv) Required Records
- (I) Except for nonprescription topical medications described in Section 19-13- B27a(v)(2)(A)(i), individual written medication administration records for each child shall be written in ink, reviewed prior to administering each dose of medication and kept on file at 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:
 - (a) the name, address, and date of birth of the child;
 - (b) the name, address, telephone number, signature and relationship to the child of the parent(s) giving permission for the administration of the drug by the program staff member;
 - (c) the name of the medication or drug;
 - (d) the dosage ordered and method of administration;
 - (e) the date, time, and dosage at each administration;
 - (f) the signature in ink of the program staff member giving the medication at the time of each administration; and
 - (g) 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. Significant medication errors, identified by the camp director or the camp director's designee, shall be reported in writing within seventy-two hours to the department, by the camp director or the camp director's designee. The camp physician shall review all logs of medication errors on a weekly basis, and a record of the review shall be kept on file at the youth camp.
- (v) 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:
 - (a) the child's name;
 - (b) the name of the medication;
 - (c) directions for the medication's administration; and
 - (d) the date of the prescription.
 - (II) Except for nonprescription topical medications described in Section 19-13-B27a(v)(2)(A)(i), 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 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) All unused or expired medication, except for controlled drugs, shall be returned to the parent or destroyed by the camp director or the camp

director's designee if it is not picked up within one (1) week following the camper's departure at the end of camp. Medications that need to be destroyed shall be flushed into sewerage or a septic system in the presence of at least one witness. The youth camp shall contact the CT 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 youth camp shall keep a written record of the medications destroyed which shall be signed by the person destroying the medication and the witness to the destruction.

- (vi) Petition For Special Medication Authorization
- (I) The youth camp licensee may petition the department to administer medications to a child cared for at the youth camp by a modality that is not specifically permitted under this subsection by submitting a written application to the department including the following information:
- (a) a written order from an authorized prescriber containing the information for the specific child set forth in Section 19-13-B27a(v)(2)(B)(iii) 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;
 - (b) 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 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;
 - (c) the name, date of birth, address and telephone number of the person(s) who shall participate in the training;
 - (d) written permission from the child's parent; and
 - (e) such other information that the department deems necessary to evaluate the petition request.
- (II) After reviewing the submitted information, if the department 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 petition. The department may grant the petition with any conditions or corrective measures the department deems necessary to assure the health, safety and welfare of the child. The department will specify the curriculum that the training program shall cover and the expiration date of the authorization provided in granting the petition. If the department grants the petition, 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 department. The approval shall include:
- (a) 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 provided the training;
 - (b) the location and date(s) the training was given;
 - (c) a statement that the curriculum approved by the department 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
 - (d) the name, date of birth, address and telephone number of the person(s) who successfully completed the training.

- (III) Copies of all documentation required under this subsection shall be maintained at the facility. The requirements of Sections 19-13-B27a(v)(2)(B)(iv) and 19-13-B27a(v)(2)(B)(v) shall apply to the administration of medication authorized by petition.
- (3) The Monitoring of Diabetes in Youth Camps.
- (A) Policy and Procedures
 - (i) All youth camps at which designated program 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 address at least the following areas:
 - (I) parental responsibilities;
 - (II) staff training and responsibilities;
 - (III) proper storage, maintenance, and disposal of test materials and supplies;
 - (IV) record keeping;
 - (V) reporting test results, incidents, and emergencies to the child's parent and the child's physician, physician assistant, or advanced practice registered nurse; and
 - (VI) a location where the tests occur that is respectful of the child's privacy and safety needs.
 - (ii) Said policies and procedures shall be available for review by the department during inspections or upon demand.
 - (B) Training
 - (i) Prior to the administration of finger stick blood glucose tests, the program staff member(s) shall have completed the following training requirements:
 - (I) a course approved by the department in first aid, as verified by a valid first aid certificate on file at the youth camp; and
 - (II) additional training given by a 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:
 - (a) the proper use, storage and maintenance of the child's individual monitoring equipment;
 - (b) reading and correctly interpreting test results; and
 - (c) 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.
 - (ii) 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.
 - (iii) Documentation that program staff member(s) have been trained to administer finger stick blood glucose tests shall be in writing and kept at the facility for review by the department. 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
 - (i) Except as provided in subclause (iii) of this subparagraph, only program staff members trained in accordance with subparagraph (B) of this subdivision may administer the finger stick blood glucose test in youth camps. No program staff member under eighteen (18) years of age shall administer finger stick blood glucose tests to another person at a youth camp.
 - (ii) Whenever a child diagnosed with diabetes mellitus who has orders to receive finger stick blood glucose monitoring is enrolled and present at the facility, a

- program staff member designated and trained to administer finger stick blood glucose tests shall be present at the youth camp.
- (iii) 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 the designated staff member who has met the training requirements in subparagraph (B) of this subdivision.
 - (iv) Only those staff trained to administer injectable medications as described in section 19-13-B27a(v)(2)(B)(i)(III) of the Regulations of Connecticut State Agencies and authorized to do so in writing by the child's parent and physician, physician assistant, or advanced practice registered nurse may administer glucagon in a prefilled syringe in emergency situations only.
- (D) **Equipment**
- (i) The child's parent shall supply the youth camp licensee with the necessary equipment and supplies to meet the child's individual needs. Such equipment and supplies shall include at least the following items:
 - (I) the child's blood glucose meter and strips;
 - (II) an appropriate retracting lancing device used in accordance with infection control procedures;
 - (III) tissues or cotton balls; and
 - (IV) 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.
 - (ii) Such equipment and supplies shall be labeled with the child's name and shall remain in a locked storage area when not in use.
 - (iii) The youth camp 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**
- The youth camp licensee shall keep the following records at the facility as part of the child's medical record, and shall update them annually or when there is any change in the information:
- (i) 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.
 - (ii) 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 telephone numbers at home and at work;
 - (V) two adult, emergency contact people including names, addresses and

- (VI) telephone numbers;
 - (VI) the names of the program staff member(s) designated to administer finger stick blood glucose 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.
 - (iii) 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.
- (w) Emergency Distribution of Potassium Iodide. Notwithstanding any other provisions of the Regulations of Connecticut State Agencies, during a public health emergency declared by the Governor pursuant to section 2 of public act 03-236 and if authorized by the Commissioner of Public Health via the emergency alert system or other communication system, a youth camp licensed in accordance with section 19a-421 of the Connecticut General Statutes and 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 tablets 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) or guardian(s) of each child currently enrolled or employees currently employed at the youth camp promptly upon the effective date of this subdivision. Thereafter, written consent forms shall be provided by the youth camp to the parent(s) or guardian(s) of each minor child upon enrollment and to each new employee upon hire. Such documentation shall be kept at the facility;
 - (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 (18) 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 not be limited to the following:
 - (A) the proper use and storage of potassium iodide;
 - (B) the recommended dosages of potassium iodide to be administered to children and adults as prescribed by the Food and Drug Administration.
 - (5) Potassium iodide tablets shall be stored in a locked storage area or container, inaccessible to children.

(Effective April 2, 1984; Amended effective August 6, 1996; Amended effective January 30, 2001; Amended effective December 4, 2002; Amended effective January 4, 2005.)

The following Regulations of Connecticut State Agencies may also be applicable to the operation of your camp and can be accessed by visiting the Youth Camp Licensing Program's website at www.ct.gov/dph/camps under Statutes and Regulations.

19-13-B33b, 19-13-B34 and 19-13-B36

19-13-B35

19-13-B42

19-14-B44

19a-13-B45

19-13-B103 and 19-13-B104

19-13-B51a through 19-13-B51m

19-13-B101

Swimming Pools and Bathing Places

Drinking Cups and Drinking Fountains

Sanitation of Places Dispensing Foods or Beverages

Sanitation of Trailer Coaches

Minimum Requirements for Drainage and Toilet Systems

Disposal of Sewage and Refuse

Water Supply