Division of Licensing  
Youth Camp Application - General Report of Change

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

□ Camp is not yet licensed but application has been submitted.

Please check all changes that apply. A change in ownership requires that a new application be submitted 30 days prior to the anticipated opening date of camp.

If multiple location camp, indicate which location this change is for______________________________________________

Camp Location Change(s):

□ Add New or Additional Operational Location – attach a completed page 2 of the camp application and new directions if site is new.

□ Remove Location (location address) ________________________________________________________________

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

Operation Date Additions / Deletions:

□ Add operational dates not included on application: _____/____ to ____/____  Hours ________ to ________  ____/____  to ____/____  Hours ________ to ________  ____/____  to ____/____  Hours ________ to ________

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

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

□ Dates Added ________________________________

□ Dates Deleted ________________________________

Camp Physician/APRN Change(s):

□ Add New or Additional Camp Physician/APRN - A completed and signed Medical Coverage Certification section on page 5 of the camp application must be submitted with this form.

□ Remove Camp Physician/APRN - First Name _____________ Last Name _____________ Effective Date ____/____

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

Signature ________________________________ Title _______________________Date sent to OEC ___/____

Fax (860) 326-0556 or mail to the Office of Early Childhood, Youth Camp Licensing, 450 Columbus Boulevard, Suite 302 Hartford, CT 06103. Phone numbers 1-800-282-6063 or in the Hartford area (860) 500-4450.

Office Use Only: OEC rec’d on_____/_____/____Data entered on ____/____ by _______ Filing Town _____________________