

Office of Early Childhood (OEC), 410 Capitol Ave., MS#12 CBR, P.O. Box 340308, Hartford, Connecticut 06134-0308

INITIAL     UNANNOUNCED     FOLLOW-UP     LOCATION CHANGE     OTHER  
 FULL/PARTIAL  
 Date of Inspection \_\_\_\_/\_\_\_\_/\_\_\_\_ Time \_\_\_\_\_

Licensed for:  Day     Residential     Both D&R    # Children Present \_\_\_\_\_ # Staff Present \_\_\_\_\_

Camp Name \_\_\_\_\_

Location Address \_\_\_\_\_ Town of Operation \_\_\_\_\_

Camp Phone # (\_\_\_\_) \_\_\_\_\_ Cell Phone # (\_\_\_\_) \_\_\_\_\_ Camp Fax # (\_\_\_\_) \_\_\_\_\_

**Programs:**     Archery     Shooting     Horseback     Challenge Course     Other \_\_\_\_\_  
**Health Staff Type:**     MD     APRN     RN     LPN     First Aider  
**Water Source:**     Public     Well     Spring     Bottle  
**Sewage:**     Public     Septic     Cesspool     Chemical     Tile     Pit/Vault  
**Eating:**     Catered     Bag     Café     Purchase  
**Aquatic:**     Stream     Pool     Lake/Pond/Beach  
**Trips:**     Day     Over Night     Day/Out of State     Over Night/Out of State

**INSTRUCTIONS** – Compliance – √ Non-Compliance – Circle the # & Highlight the Violation Not Applicable At This Time – NA Not Observed – NO

<p><input type="checkbox"/> <b>Obtained Camp Staff List</b></p> <p><b><u>CGS 19a-422 Requirements for Licensing</u></b></p> <p>_____ 1 License displayed/camp operating only as licensed</p> <p><b><u>19-13-B27a(a) Water supply</u></b></p> <p>_____ 2 Sanitary water supply – Test acceptable</p> <p>_____ 3 Non-public water supply – safe sanitary quality</p> <p>_____ 4 Wells conform to Sections 19-13-B51a to 19a-13-B511</p> <p>_____ 5 Water supply/distribution system w/in 300 ft of site</p> <p><b><u>19-13-B27a(b) Drinking facilities</u></b></p> <p>_____ 7 Drinking fountains sanitary per 19-13-B35</p> <p>_____ 8 No common drinking utensil</p> <p><b><u>19-13-B27a(c) Toilet facilities</u></b></p> <p>_____ 9 Toilets provided - clean/sanitary</p> <p>_____ 10 Separate toilets – men/women</p> <p>_____ 11 Toilets available - Day Camp 1/20 persons</p> <p>_____ 12 Toilets available - Residential 1/15 persons</p> <p>_____ 13 Urinals-maximum of one half toilet for males</p> <p>_____ 14 Toilets distance 300 feet or less from unit</p> <p>_____ 15 Signage for toilets</p> <p>_____ 16 200 feet from kitchen/food service</p> <p><b><u>19-13-B27a(d) Disposal of sewage and refuse</u></b></p> <p>_____ 17 Sewage refuse disposal w/out nuisance</p> <p><b><u>19-13-B27a(e) Plumbing</u></b></p> <p>_____ 18 Plumbing conforms to 19-13-B45</p>	<p><b><u>19-13-B27a(f) Washing facilities</u></b></p> <p>_____ 20 Wash basins and water accessible to toilets</p> <p>_____ 21 Showers in residential camp 1/20</p> <p><b><u>19-13-B27a(g) Control of refuse litter</u></b></p> <p>_____ 22 Grounds clean</p> <p>_____ 23 Fly-tight trash receptacles w/in camp 200 ft of site</p> <p><b><u>19-13-B27a(h) Food service</u></b></p> <p>_____ 24 Food service conforms to 19-13-B42</p> <p>_____ 25 Perishables have adequate refrigeration</p> <p><b><u>19-13-B27a(i) Swimming / bathing</u></b></p> <p>_____ 26 Swimming area conforms to 19-13-B33b, 19-13-B34, and 19-13-B36</p> <p><b><u>19-13-B27a(j) Health care</u></b></p> <p>_____ 27 Physician on call/responsible for health care</p> <p>_____ 28 Physician signed and dated Standing Orders w/in 1 year</p> <p>_____ 29 Physician signed and dated Instructions w/in 1 year for First Aider</p> <p>_____ 30 Licensed Nurse present or First Aider age &gt;21 present</p> <p>_____ 31 Connecticut licenses for licensed medical staff</p> <p>_____ 32 Health care staff have CPR &amp; 1<sup>st</sup> aid certification</p> <p><input type="checkbox"/> Director    <input type="checkbox"/> Alternate Director    <input type="checkbox"/> _____</p> <p>Signed _____ / ____ / ____</p> <p><b>Youth Camp Inspector</b></p> <p>Signed _____ / ____ / ____</p>
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Camp Name: \_\_\_\_\_

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**19-13-B27a(j) Health care – continued**

- \_\_\_\_\_ 33 RN on premises for residential camp equal or >250 campers/staff
- \_\_\_\_\_ 34 Items specified in Standing Orders/Instructions available
- \_\_\_\_\_ 35 OTC stock meds (for Lic. Nurse staffed camp only)
- \_\_\_\_\_ 36 RX medications only on individual RX unless locked and in custody of MD

**19-13-B27a(k) Communicable disease control**

- \_\_\_\_\_ 38 Communicable disease control

**19-13-B27a(l) Records**

- \_\_\_\_\_ 39 Campers/staff records on file including contact info
- \_\_\_\_\_ 40 Camper/staff records current within 36 months
- \_\_\_\_\_ 41 Immunization history

**19-13-B27a(m) Emergency medical care**

- \_\_\_\_\_ 43 Hospital agreement (Residential camp)
- \_\_\_\_\_ 45 Standing orders/first aid instructions on file
- \_\_\_\_\_ 46 Telephone available to 1<sup>st</sup> Aid area/posted numbers
- \_\_\_\_\_ 47 Bound log available
- \_\_\_\_\_ 48 Weekly review of cases by MD/signed and dated
- \_\_\_\_\_ 49 Isolation area and separate toilet for 1<sup>st</sup> Aid area

**19-13-B27a(n) Qualifications of staff/CGS 19a-422**

- \_\_\_\_\_ 50 Adequate/competent staff
- \_\_\_\_\_ 51 Approved camp director/alternate dir. on site
- \_\_\_\_\_ 54 Waterfront/swimming area director(s) certified, age >20
- \_\_\_\_\_ 55 Small craft director(s) certified, age >20 who complies with CT boat safety/scuba laws
- \_\_\_\_\_ 56 All lifeguards certified in ARC CPR/AED Prof. Rescuer or AHA BLS Healthcare Provider, face shield in close proximity
- \_\_\_\_\_ 57 Shooting sports director qualified, age>21
- \_\_\_\_\_ 58 Archery director qualified, age>18
- \_\_\_\_\_ 59 Horseback director qualified, age>18
- \_\_\_\_\_ 60 Challenge course staff qualified
- \_\_\_\_\_ 62 All other hazardous activities director(s) qualified
- \_\_\_\_\_ 63 Counselors age 16 +
- \_\_\_\_\_ 64 Counselors-in-training age 14 +
- \_\_\_\_\_ 65 Ratios- Day – 1/12 for >age 6 and 1/9 for <age 6  
Residential 1/8 for >age 8 and 1/6 for <age 8

**19-13-B27a (o) Safety of grounds**

- \_\_\_\_\_ 66 Fields free of hazards
- \_\_\_\_\_ 67 Waterfront/aquatic activities safe
- \_\_\_\_\_ 68 Shooting range safe
- \_\_\_\_\_ 69 Camper transport vehicles safety inspected
- \_\_\_\_\_ 70 Boats/camper craft licensed/registered
- \_\_\_\_\_ 71 Water safety equipment USCG approved
- \_\_\_\_\_ 72 Field trip itinerary and permission slips
- \_\_\_\_\_ 73 Trip director qualified and is an adult

**19-13-B27a(p) Arrangements for inspection**

- \_\_\_\_\_ 74 Arrangements for camp inspection

**19-13-B27a(q) General sanitation**

- \_\_\_\_\_ 75 Written lease for youth camp site or owned by operator
- \_\_\_\_\_ 76 Adequate drainage of all areas of camp
- \_\_\_\_\_ 77 Buildings safe and sanitary
- \_\_\_\_\_ 78a Local FM certificate for bldg(s) within a year
- \_\_\_\_\_ 78b State FM certificate for amusement rides
- \_\_\_\_\_ 79 Hot water/space heaters properly located/vented

**19-13-B27a(r) Trailer coaches**

- \_\_\_\_\_ 80 Trailers shall comply with 19-14-B44

**19-13-B27a(s) Responsibility of management/CGS 19a-422**

- \_\_\_\_\_ 81 Director responsible for health, comfort & safety of campers and staff
- \_\_\_\_\_ 82 Staff trained re: recognizing, preventing, & reporting child abuse & neglect
- \_\_\_\_\_ 84 Staff trained re: appropriate behavioral management and supervision
- \_\_\_\_\_ 85 Staff trained re: emergency health & safety procedures

Director  Alternate Director  \_\_\_\_\_

Signed \_\_\_\_\_ / /

Youth Camp Inspector

Signed \_\_\_\_\_ / /

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**19-13-B27a(s) Responsibility of management – continued**

\_\_\_\_\_ 86 Sanitary appliances in good repair

**19-13-B27a(u) Accident or illness**

\_\_\_\_\_ 89a All accidents/illnesses reported to DPH as required

\_\_\_\_\_ 89b Accident/illness reports on file

**19-13-B27a(v) Administration of medications**

\_\_\_\_\_ 90 Written policy and procedure for admin of meds by unlicensed staff on file

\_\_\_\_\_ 91 Program staff who administer meds age 18+

\_\_\_\_\_ 92 Campers who self-administer have documented parent and MD permission

\_\_\_\_\_ 93 Parent permission and MAR for admin of nonprescription topical meds on file

\_\_\_\_\_ 94 Original containers with adequate labeling

\_\_\_\_\_ 95 Locked storage for prescription meds

\_\_\_\_\_ 96 Controlled drugs stored in accordance with Section 21a-262-10

\_\_\_\_\_ 98 Injectable meds commercially prepared, prepackaged

\_\_\_\_\_ 99 Documented injectable training current within 1 year by licensed practitioner

\_\_\_\_\_ 100 Documented oral, topical and inhalant training by licensed practitioner current within 3 years

\_\_\_\_\_ 101 Documented outline of curriculum content of training

\_\_\_\_\_ 102 Order from authorized prescriber and parent's permission for all meds

\_\_\_\_\_ 103 Meds administered in accordance with written order

\_\_\_\_\_ 104 MAR maintained, current

\_\_\_\_\_ 105 All medication errors reported to parents immediately by phone and in writing within 72 hours

\_\_\_\_\_ 106 Significant med errors reported to DPH within 72 hours

\_\_\_\_\_ 107 All unused or expired meds returned to parents or destroyed within one week

\_\_\_\_\_ 108 Controlled meds destroyed according to CT Consumer Protection/documentation of destroyed meds maintained

**19-13-B27a(v) Monitoring of diabetes**

\_\_\_\_\_ 109 Written policy and procedure for admin of finger stick blood glucose tests

\_\_\_\_\_ 110 Program staff, age 18+ has documented first aid training & additional training for glucose testing by licensed practitioner or parent

**19-13-B27a(v) Monitoring of diabetes - continued**

\_\_\_\_\_ 111 Written authorization from MD, PA or APRN, & parent for self-administration

\_\_\_\_\_ 112 Supervision of self-admin by trained program staff

\_\_\_\_\_ 113 Adequate testing equipment & supplies, labeled & locked

\_\_\_\_\_ 114 Signed agreement with parent to maintain equipment

\_\_\_\_\_ 115 Medical waste secured, held for parent for disposal or disposed of in accordance with local, state and federal laws

\_\_\_\_\_ 116 Written notification & documentation of all blood glucose test results to parents & actions taken

**19-13-B27a(w) Emergency distribution of potassium iodide**

\_\_\_\_\_ 117 Prior written consent obtained

\_\_\_\_\_ 118 Persons advised participation is voluntary

\_\_\_\_\_ 119 Persons advised of contraindications/side effects

\_\_\_\_\_ 120 Staff 18 + years old trained

\_\_\_\_\_ 121 Potassium iodide locked

\_\_\_\_\_ Licensed Nurse \_\_\_\_\_

\_\_\_\_\_ First Aider \_\_\_\_\_

\_\_\_\_\_ Archery Director \_\_\_\_\_

\_\_\_\_\_ Challenge Course Director \_\_\_\_\_

\_\_\_\_\_ Horseback Riding Director \_\_\_\_\_

\_\_\_\_\_ Shooting Sports Director \_\_\_\_\_

\_\_\_\_\_ Aquatics Director \_\_\_\_\_

\_\_\_\_\_ Small Craft Director \_\_\_\_\_

\_\_\_\_\_ Lifeguards \_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

Director  Alternate Director  \_\_\_\_\_

Signed \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Youth Camp Inspector

Signed \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_

