	License YC	YC# YOUTH CAMP INS	PECTION FORM Filing Town Port land
			us Blvd., Suite 302, Hartford, Connecticut 06103
		ITIAL UNANNOUNCED FOLL FULL/PARTIAL	
	Licensed fo	or: 🗌 Day 🗌 Residential 🗌 Both D&R	# Children Present # Staff Present
	Camp Nam	e Nature's Explorens Somm	er frostan
	Location A	ddress 245 Mildle Helday	Rosal Town of Operation Partland
		(-	<u>ゆ) 338-1992</u> Camp Fax#()
	Programs: Health Staff Water Source Sewage:	☐ Archery ☐ Shooting ☐ H <u>Type:</u> ☐ MD ☐ APRN ☐ H <u>ce:</u> ☐ Public ☐ Well ☐ S ☐ Public ☐ Septic ☐ Q	Iorseback Challenge Course Couver Detwee Couver have RN LPN First Aider Farming Schills pring Bottle Cesspool Chemical Tile Pit/Vault Café Purchase
	<u>Eating</u> : Aquatic:	Alla Stream Dool DI	ake/Pond/Beach
	<u>Trips</u> :	MA Day Over Night I	Day/Out of State 🔲 Over Night/Out of State
6			hlight the Violation Not Applicable At This Time – NA Not Observed – NO
Ą	Dbtai	ned Camp Staff List	24 Emergency plan developed & on site, staff trained
		CGS 19a-422 Administration & Staffing	<u>19a-428-3 Records</u>
		License posted	W/D 25 Staff records current/complete w/ 36 montes
	6	Campers needs met, adequate/competent staff	<u> 26</u> Child records current/complete
	<u> </u>	Approved director/alt. director, on site	<u></u> 27 Individual care plan(s)
	9	Arrangements for camp inspection, records & facilities accessible	28 Notification of changes w/in 5 business days
	<u>NO</u> 10	Director responsible for health, comfort & safety of campers & staff	<u>19a-428-2 and 4/CGS 19a-422 Phy Plant & Program Practices</u>
	NO 11	Camp's plans, policies & procedures implemented	N/D 29 Non-public water supply-test acceptable
	N/U 12	Staff trained on camp's policies & procedures re:	1 /2 30 Wells conform to section 19-13-B51a to 19a-13-B511
		beh management, supervision, emerg procedures, abuse/neglect prior to child care responsibilities	$\frac{WO}{2}$ 31 Drinking fountains sanitary, no common drinking utensils
	NA 13	Waterfront/swimming area director(s) certified, age >20	Wheter Bourles, Islas Jogs N/D 32 Readily available drinking water accessible
	NA 14	Small craft director(s) certified, age >20/boat safety/scuba laws followed	33 Toilets provided-clean/sanitary, M/F signage, Day 1/20, Res 1/15
	NA 15	All lifeguards CPR certified by ARC, AHA or ASHI	<u>WA</u> 34 Toilets w/in 300 ft of all sleep quarters, pits at least 200 ft from food service area
	NA 16	Firing range director qualified, age >21, on site	35 Sewage refuse disposal without nuisance
	<u>NA-17</u>	Archery range director qualified, age >18, on site	\mathcal{N} 36 Plumbing conforms to section 19-13-B45
	<u>N</u> [4 18	Horseback riding director qualified, age >18, on site	
	<u>WA</u> 19	Challenge course director qualified, age >20 on site majority, leading staff qualified, age >18 on site	Director
	<u> NO</u> 20	Other activity director(s) qualified	Signed 5/26/202
	10/0 21	Counselors age >16, CIT age >14	
	<u>N/0</u> 22	Ratios Day 1/12 for >age 6 and 1/9 for < age 6 Res 1/8 for >age 8 and 1/6 for < age 8	Youth Camp Inspector Signed Signed 5 26121

White - OEC / Pink - Camp Director / Yellow - OEC Insp. Folder

License # Page 2 - YOUTH CAMP INSPECTION FORM Inspection Date <u>5 126 121</u> INITIAL UNANNOUNCED FOLLOW-UP LOCATION CHANGE OTHER FULL/PARTIAL /						
Camp Name: Nature's Explorers Samula Program						
<u>N/0</u> 37	Adequate hand washing factities-1/20, Res showers 1/20	N/ 62	Rx meds only on individual Rx unless locked & in sole custody of auth. prescriber			
NO 38	Grounds clean, garbage maintained, fly tight trash receptacles w/in 200 ft of dwelling units	<u>W/0</u> 63	Communicable disease control requirements			
N/0 39	Food service complies with 19-13-B42, perishables	NO 64	MOU with physician/APRN on file . Pp.5			
12/0	adequately refrigerated Bashuch	W/D65	Working telephone in first aid area, posted #s			
<u>10/17</u> 40	Swimming pools & bathing facilities conform to 19-13- B33b, 19-13-B34, 19-13-B36 Fiveri~そ Fermhhc	<u>IN/0</u> 66	Abstract record of treated cases, signed/dated by MD/APRN one time per week			
<u>P[0</u> 41	Fivering Fernhhc Camp site owned or written lease, adequate drainage	NO 67	Isolation area with toileting facilities			
<u><u><u></u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u></u>	Buildings safe & sanitary, local FM cert w/in one year.	N/068	Reporting of fatalities/injuries w/in one business day			
N/0 43	Hot water/space heaters safe					
W/A 44	Trailers comply with 19-14-B44	<u>19a-428-6</u>	Administration of Medications			
N/0 45	Fields free of hazards	W 10 69	Written policies & procedures for adm. of meds by unlic'd staff.			
NO 46	Waterfront/aquatic activities laid out & conducted safely	10/070	Staff who administer meds age>18			
N/A47	State FM cert for amusement rides	NO 71	Written parent permission for nonprescription topical			
WA 48	Firing range safe	A1/6	meds on file			
<u>DA</u> 49	Challenge course inspected and documentation on site	N/672	Nonprescription topical meds stored in original container, labeled, away from food, inaccessible			
<u>م لم</u> 50	Challenge course/firing/archery/horseback written policies & procedures developed, complete, on site	NO 73	Unused/expired nonprescription topical meds returned to parents or expired meds destroyed			
<u>N/</u> 0 51	Camper transport vehicles safety inspected/registered, MV laws followed	<u>N/0</u> 74	Documented general med trained staff on site			
<u>W/A</u> 52	Boats/small crafts licensed/registered, operated safe, water safety equip USCG approved	<u>N/0</u> 75	Documented oral, topical, inhalant, rectal, non premeasured injectable med trained staff, w/in three years, on site, training outline			
NO 53	Signed parent permission for outings complete & on site one year	N/0 76	Documented premeasured injectable med trained staff, w/in one year, on site, training outline			
W/0 54	Trip staff adequate	NO 77	Written authorized prescriber permission for all meds			
<u>19a-428-5</u>	<u>Health Care</u>		except non-prescription topicals			
NØ 55	Physician/APRN on call/responsible for health care	N/0 78	Written parent permission for all meds except non- prescription topicals			
<u>N/0</u> 56	Standing orders/first aid instructions signed & dated w/in one year	<u>N/0</u> 79	Medication errors documented in MAR and reported to parents/OEC, reviewed by MD/APRN w/in one week			
57	CT licensed nurse or person certified in first aid age >21 present	N/080	MAR maintained, complete, and on file two years			
58	All health care staff hold current CPR cert					
<u>N/59</u>	RN on premises for Res camps with 250 campers & staff	Directo	or 🗌 Alternate Director 🗌			
<u>N/D</u> 60	First aid equipment & supplies specified in first aid instructions	Signed_	<u> 5 126 121</u>			
ND 61	OTC stock meds not at camp (unless lic'd nurse on staff)	Youth Car	mp Inspector			
		Signed	John upolician 5,26,21			
L		· //				

White -- OEC / Pink -- Camp Director / Yellow -- OEC Insp. Folder

License # Page 3 - YOUTH CAMP INSPECTION FORM Inspection Date 5/26/2						
	NITIAL UNANNOUNCED FOLL					
Camp Name: Nature's Explanens Sommer Program						
<u>N/0</u> 81	Prescription meds stored in original container, labeled, away from food, locked or if emergency med inaccessible	Licensed Nurse First Aider # Enin Liven spanger				
<u>10/082</u>	Unused. expired prescription meds returned to parent or destroyed w/in one week, controlled drugs appropriately destroyed	Archery Director Challenge Course Director				
N/U 83	Approved petition for special med authorization	Horseback Riding Director				
N/084	Authorized prescriber & parent permission for self administration	Shooting Sports Director				
W/A 85	Written consent for KI on file, persons advised voluntary & of contraindications & side effects	Aquatics Director Small Craft Director				
PA 86	KI staff trained, >age 18	Lifeguards				
MA 87	KI stored locked					
<u>19a-428-7</u>	Monitoring of Diabetes					
<u> 100</u> 88	Written policies & procedures for finger stick blood glucose testing					
89	Staff first aid trained, add'l training, w/in three years, trained staff on site					
90	Staff age >18 who administer testing					
91	Authorized permission & parent permission for self administration of test					
92	Adequate testing equipment & supplies, labeled & locked					
93	Signed parent agreement to maintain equipment					
94	Medical waste held locked for parent or contract with disposal contractor					
95	Signed current written order from practitioner					
96	Signed parent authorization form					
N/D 97	Written notification & documentation of all test results to parent & action taken					
		Director Alternate Director				
	_	Signed//				
		Youth Camp Inspector				
		Signed clee Coperficience 5126121				

÷.

White - OEC / Pink - Camp Director / Yellow - OEC Insp. Folder

License #	[[]]	Inspection Date <u>5/26/21</u> Page 4 - YC INSPECTOR'S NOTES PAGE Filing Town Port Grad					
_	INITIAL						
Camp Na	ame:	Dature's Explorent Smither Location Address 243 Middle Hellow Rel					
Joint Inspection with (name) / Image: Supervisor in the sector							
Viol. #	Copy Req'd	Description of What Inspector Noted at Time of Inspection					
	\Box .						
42		No Curvar Fix Marshal Insparion					
	\Box .	for Fireking Form.					
	□.	see Licensing Corrective Action Plan 6/14/21. O. Kper J.M					
		J.C.					
<u>57</u>	\Box	No Current First Aid for First Aiden					
<u></u>							
<u>58</u>	\Box	No CPR (aut for First Aider.					
	\Box .						
	\Box .						
	\Box .						
		· · · · · · · · · · · · · · · · · · ·					
		· · · · · · · · · · · · · · · · · · ·					
If additio	nal violat	ions are noted, please continue violation numbers & descriptions of violations on an additional notes page.					
Director's Alt Dir.'s Title if not Director or Alternate							
Camp Dir/Alt's Printed Name Lisa Liesener Signature Jell 5, 26, 2021							
Inspector's Printed Name John Copficers Signature Signature Copficers Inspection Form D/E by on							