

<b>NEW JERSEY DEPARTMENT OF HEALTH          CONSUMER, ENVIRONMENTAL AND OCCUPATIONAL HEALTH SERVICE          PUBLIC HEALTH FOOD PROTECTION PROGRAM          P.O. BOX 369, TRENTON NJ 08625-0369          609-826-4935  <a href="mailto:youth.camps@doh.nj.gov">youth.camps@doh.nj.gov</a></b>	<b>REPORT OF INSPECTION</b>  <b>Youth Camp Safety Standards</b>  <b>Assignment No. 18786</b>
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<b>CAMP ID</b> 631	<b>CAMP NAME</b> Rahway Branch YMCA	<b>ACTIVITY TYPE</b> DFD INSPECTION	<b>EVALUATION</b> SATISFACTORY
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<b>CAMP OWNER</b> The Gateway Family YMCA	<b>PHONE NUMBER</b> 732-388-0057	<b>E-MAIL</b> tdipasquale@tgfymca.org
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<b>STREET ADDRESS</b> 1564 Irving Street	<b>CITY</b> Rahway	<b>ZIP</b> 07065	<b>COUNTY</b> Essex
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<b>MAILING ADDRESS</b>	<b>CHANGES</b>	<b>PREVIOUS INFORMATION</b>
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<b>CAMP DIRECTOR NAME</b> Tracy DiPasquale	<b>HEALTH DIRECTOR NAME</b> Ryan Callanan	<b>FOOD SERVICE VENDOR</b> N/A
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<b>INSPECTOR NAME</b> Melissa Petrillo	<b>REHS LIC.</b> B-156899	<b>REINSPECTION ON OR AFTER</b>	<input type="checkbox"/> NOV
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TIME/ACTIVITY REPORT (1-TRAVEL, 2-INSPECTION, 3-ADMINISTRATION, 4-PERSONAL) TOTAL HOURS: 5.5

DATE	CODE	BEGIN	END	CODE	BEGIN	END	CODE	BEGIN	END
08/15/23	1	0930	1000	2	1000	1300	1	1300	1330
08/15/23	3	1400	1530						

#	N.J.A.C. 8:25		IN	OUT	Severity	COS	N/A	N/O
<b>ADMINISTRATIVE</b>								
1.	2.1	Camp has a current certificate of approval (camp license) from the NJDOH.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	-----	<input type="checkbox"/>	<input type="checkbox"/>	---
Comments:								
2.	DFD	If accepting children under 2.5 years of age – the facility is licensed by the NJ Dept. of Children and Families Office of Licensing.	<input type="checkbox"/>	<input type="checkbox"/>	-----	<input type="checkbox"/>	<input checked="" type="checkbox"/>	---
Comments:								
3.	Is the camp enrolled in the Division of Family Development (DFD)/Child Care Resource & Referral Agency (CCR&R) Childcare Subsidy Program?		<b>YES</b> <input checked="" type="checkbox"/>		<b>NO</b> <input type="checkbox"/>			
Comments:								
4.	2.5	Camp has obtained liability insurance in an amount consistent with the expected risks.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	-----	<input type="checkbox"/>	---	---
Comments:								
<b>GENERAL CARE OF CAMPERS</b>								
5.	3.1(a)	Discipline policies and practices are stated in writing. Camp staff are prohibited from taking means of corporal punishment toward children.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	-----	<input type="checkbox"/>	---	---

#	N.J.A.C. 8:25		IN	OUT	Severity	COS	N/A	N/O
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Comments:

**STAFF**

6.	3.2(c)	Staff pre-season orientation and training <b>has been</b> conducted and documented. At minimum, the following has been included in the orientation: personnel policies and practices, job descriptions, disciplinary policies, basic principles of emergency first aid, blood-borne pathogens, infection control, and hand washing, emergency procedures, daily health surveillance procedures, lost camper and lost swimmer policies.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	-----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Comments:

7.	DFD	Age-appropriate pediatric first aid and Cardiopulmonary Resuscitation (CPR) training and required health and safety child growth development coursework has been completed and documented for caregivers, teachers, and directors, and any individuals responsible for the direct care/ supervision of children for a provider that receives DFD funds.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	-----	<input type="checkbox"/>	---	---
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Comments:

8.	3.1(c)	Camp staff, with reason to believe a camper is being abused, have been advised to immediately report observations to Department of Children and Families hotline at (877)-652-2873.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	-----	<input type="checkbox"/>	---	---
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Comments:

9.	3.2(d)2	Camp has developed and implemented staff training on issues related to child abuse and neglect, such as, but not limited to, understanding the staff members' responsibilities, reporting, recognition and observation of campers.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	-----	<input type="checkbox"/>	---	---
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Comments:

**STAFF BACKGROUND CHECK**

10.	DFD	<a href="#">Federal Bureau of Investigation (FBI)</a> criminal history (fingerprint check), National Sex Offender Registry (NSOR), State criminal history (fingerprint check), and State Sex Offender Registry completed for all staff members. This check also includes Out-of-State State criminal history and Out-of-State Sex Offender Registry for any staff that have lived out of state within the past five years. <i>(Only for DFD Camps)</i>			YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>		
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Comments:

11.	DFD	Child Abuse Record Information (CARI) check has been conducted including Out-of-State child abuse registry checks for any staff that have lived out-of-state within the past five years (applicable to all staff and volunteer members of a provider that receives DFD funds)			YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>		
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Comments:

12.	3.2(j)	Criminal History Name Check has been conducted/completed for all adult (ages 18+) staff member.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	-----	<input type="checkbox"/>	---	---
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Comments:

13.	3.2(k)2	Written and notarized statement, provided by continuously employed or returning adult staff, indicating that there has been no change in criminal history status since the criminal history name check was conducted is maintained by the camp operator.	<input type="checkbox"/>	<input type="checkbox"/>	-----	<input type="checkbox"/>	<input checked="" type="checkbox"/>	---
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#	N.J.A.C. 8:25		IN	OUT	Severity	COS	N/A	N/O
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Comments: All adult staff have valid fingerprint checks within the last 5 years.

14.	3.2(l)	Sex offender registry check conducted annually for all staff 16 and older.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Minor	<input checked="" type="checkbox"/>	---	---
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Comments: The camp did not conduct annual sex offender registry checks. Checks were conducted prior to the end of the inspection.

#### CAMP ACTIVITIES

15.	3.2(n)	High-risk activities are conducted by a qualified adult activity specialist (18 years of age and older).	<input checked="" type="checkbox"/>	<input type="checkbox"/>	-----	---	<input type="checkbox"/>	<input type="checkbox"/>
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Comments: High risk activities include swimming.

#### SUPERVISION OF CAMPERS

16.	3.2(o)	Camp supervision ratios are observed for <u>ages 5-17</u> : 1 adult: 1 counselor: 20 campers? <b>(Note: each additional group of 10 campers requires at least one additional staff)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	-----	<input type="checkbox"/>	<input type="checkbox"/>	---
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Comments:

17.	3.2(p)	Camp supervision ratios are observed for <u>ages 2 1/2 -4</u> : 1 adult: 1 counselor: 14 campers? <b>(Note: each additional group of 7 campers requires at least one additional staff)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	-----	<input type="checkbox"/>	<input type="checkbox"/>	---
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Comments:

18.	3.2(q)	Camp supervision ratios are observed for <u>ages birth to 2</u> : 1 adult: 1 counselor: 8 campers? <b>(Note: each additional group of 4 campers requires at least one additional staff)</b>	<input type="checkbox"/>	<input type="checkbox"/>	-----	<input type="checkbox"/>	<input checked="" type="checkbox"/>	---
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Comments:

#### SITE AND BUILDINGS

19.	4.1(a)	Location does not present fire, health and safety hazards. All hazardous areas, bodies of water, and vehicular traffic areas are guarded or fenced off and warning signs are posted.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	-----	<input type="checkbox"/>	---	---
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Comments:

20.	4.2(a)	All structures and facilities are in compliance with local building, zoning and health codes and ordinances; further letters of approval or a certificate of occupancy (CO) issued by the local authority has been received.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	-----	<input type="checkbox"/>	<input type="checkbox"/>	---
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Comments:

21.	13.2	Buildings are in compliance with the requirements of the New Jersey Uniform Construction Code, N.J.A.C. 5:23 and the New Jersey Uniform Fire Code, N.J.A.C. 5:70, as applicable.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	-----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Comments: The building was inspected on 12/15/2022 (valid 1 year).

22.	14.1(c)	Shelter, which may be temporary (ex: canopy or tent) shall be provided in case of inclement weather at a single sport youth camp (SSYC)	<input type="checkbox"/>	<input type="checkbox"/>	-----	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Comments:

23.	4.4	Power and or other hazardous equipment stored on-site are adequately protected and out of the reach of potential curious campers.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Minor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Comments: The second floor room used by the camp was observed to have an easily accessible cord from a cam in the back left corner and an easily accessible loose cable cord coming from the TV on the back wall.

#### HEALTH

24.	5.2(b)	Health Director at a <u>day camp</u> is on duty at all times and certified in standard-level First Aid from a certification agency approved by the Department..	<input checked="" type="checkbox"/>	<input type="checkbox"/>	-----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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#	N.J.A.C. 8:25		IN	OUT	Severity	COS	N/A	N/O
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Comments: Ryan Callanan - American Red Cross First Aid

25.	5.2(a)	Health Director, <u>at a resident camp</u> , is on duty at all times and holds <u>at least one</u> of the following certifications: a. Physician licensed in New Jersey b. Registered nurse licensed in New Jersey c. Certified athletic trainer by the <u>Board of Certification</u> d. Individual certified in either <u>one</u> of these certifications 1. Advanced Level F/A 2. Paramedic 3. EMT 4. First Responder/CIM	<input type="checkbox"/>	<input type="checkbox"/>	-----	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Comments:

26.	5.2(c)	Health Director is certified in <u>professional-level</u> infant, child, and adult cardiopulmonary resuscitation (CPR) from a certification agency approved by the Department.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	-----	<input type="checkbox"/>	---	---
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Comments: Ryan Callanan - American Red Cross Lifeguard with CPR/AED Professional Rescuers with First Aid.

27.	5.1(d)	A written procedure for routine daily surveillance of campers and staff has been established. <b><i>(Note: this check can be conducted as a roll call activity; should be an activity that alerts the staff member of bruises, illness, etc. Any signs of child abuse should be reported)</i></b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Minor	<input type="checkbox"/>	<input type="checkbox"/>	---
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Comments: The camp did not have a written procedure for routine daily surveillance of campers but the Camp Director stated the staff observe campers as they arrive in the mornings and note any observations.

28.	5.1(d)2	Health Director has developed a system (forms, logs) for documenting all obvious and unusual observations made during the daily health surveillance and communicating suspected and/or confirmed illness of a camper to parents ASAP.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	-----	<input type="checkbox"/>	<input type="checkbox"/>	---
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Comments:

29.	5.3(b)	Health director has established written medical policies and procedures on the treatment of illness and injury and the administration of non-Rx drugs.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	-----	<input type="checkbox"/>	<input type="checkbox"/>	---
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Comments:

30.	5.5(b)	Written health histories for each staff/camper are maintained on file.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Minor	<input type="checkbox"/>	<input type="checkbox"/>	---
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Comments: The camp did not have written health histories for staff.

31.	5.5(g)	Campers' immunization records and/or religious exemptions are maintained on file.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	-----	<input type="checkbox"/>	---	---
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Comments:

32.	DFD	Families (including foster families) of children in foster care and homeless children are permitted a 30-day grace period to take any necessary action to comply with immunization requirements consistent with the provisions of N.J.A.C. 3A:52-7.3 and N.J.A.C. 3A:54-6.8. (For DFD Funded Families)	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
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Comments:

33.	5.4(b)	Minimum first aid supplies set forth in Appendix E "Health Center Supplies" are maintained.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	-----	<input type="checkbox"/>	---	---
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Comments:

#	N.J.A.C. 8:25		IN	OUT	Severity	COS	N/A	N/O
34.	4.2(f)	Health center is established for the temporary isolation and treatment of sick or injured campers and/or staff members.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	-----	<input type="checkbox"/>	---	---
Comments:								
35.	5.1(b)	Written documentation for treatment and transport for campers/staff with serious injuries and/or illnesses have been organized with Emergency Medical Service (EMS) or ambulance squad.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Minor	<input type="checkbox"/>	---	---
Comments: The camp did not have written documentation for treatment and transport for campers/staff organized with local EMS, ambulance squad, or hospital.								
36.	5.3(e)	Medications are labeled, stored appropriately and inaccessible to campers. Medication administration is documented to include the child's name, time and initials of the person administering the medication.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	-----	<input type="checkbox"/>	<input type="checkbox"/>	---
Comments:								
37.	DFD	Medication is administered consistent with standards for parental consent. (for DFD funded camps)	YES <input checked="" type="checkbox"/>			NO <input type="checkbox"/>		
Comments:								
38.	DFD	The camp ensures staff are trained and prepared to prevent, recognize, and respond to emergencies due to food-related allergies and other allergic reactions.	YES <input type="checkbox"/>			NO <input checked="" type="checkbox"/>		
Comments: The camp did not ensure staff are trained and prepared to prevent, recognize, and respond to emergencies due to food-related allergies and allergic reactions.								
<b>SAFETY</b>								
39.	6.1(a)	Written emergency procedures address, at a minimum, evacuation of camp, plan for lockdown, shelter in place, fires, natural disasters, serious accidents, illness or injury, and lost camper(s).	<input checked="" type="checkbox"/>	<input type="checkbox"/>	-----	<input type="checkbox"/>	---	---
Comments:								
40.	DFD	Written emergency procedures address relocation, communication and reunification with parents, continuity of operations, accommodations for children with disabilities and children with chronic medical conditions during an emergency.	YES <input type="checkbox"/>			NO <input checked="" type="checkbox"/>		
Comments: The camp's written emergency procedures address continuity of operations and accommodations for children with disabilities and chronic medical conditions during emergencies.								
41.	6.1(b)	Fire and emergency drills are conducted at least once a camp period or every two weeks, whichever is more frequent.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	-----	<input type="checkbox"/>	---	---
Comments:								
42.	DFD	Hazardous materials are handled and stored appropriately. Bio-contaminants are properly disposed of.	YES <input type="checkbox"/>			NO <input type="checkbox"/>		
Comments:								
43.	6.1(c)	Emergency phone numbers be provided and posted at a minimum in the main office, the health center, and waterfront area, if applicable.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Minor	<input type="checkbox"/>	---	---
Comments: Emergency phone number were only observed within the indoor pool area.								
44.	6.3(a)	Fire extinguishers meet the requirements of the Fire Underwriters Association and are strategically placed so that they are easily accessible.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	-----	<input type="checkbox"/>	---	---
Comments:								

#	N.J.A.C. 8:25		IN	OUT	Severity	COS	N/A	N/O
45.	7.2(b)	Policy and procedure for safety evacuation drills (bus/fire) performed by campers and staff which indicate the frequency of such activity.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Minor	<input type="checkbox"/>	---	---
Comments: The camp's policy and procedure for safety evacuation drills did not indicate the frequency of such activities.								
46.	6.4(a)	Documented certification of compliance with all local and State fire codes and rules.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	-----	<input type="checkbox"/>	---	---
Comments:								
47.	6.4	Smoke detectors are operable, checked and in good working order where applicable.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	-----	<input type="checkbox"/>	---	---
Comments:								
48.	DFD	The camp operator has developed and documented an emergency preparedness procedure that covers continuity of operations, staff and volunteer training in the event of an emergency.	YES <input type="checkbox"/>			NO <input checked="" type="checkbox"/>		
Comments: The camp does not have documentation of continuity of operations.								
<b>NUTRITION AND MEAL SERVICE</b>								
49.	7.1(a)	Foods and food service conform to the Sanitation in Retail Food Establishments and Food and Beverage Vending Machines, N.J.A.C. 8:24.	<input type="checkbox"/>	<input type="checkbox"/>	-----	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Comments: The camp does not provide food or food service.								
<b>POTABLE WATER</b>								
50.	7.2(a)	Potable water supply meets the New Jersey Safe Drinking Water Act, N.J.S.A. 58:12A-1 et seq. regarding construction, operation, and water quality ( <i>Note: Ex. of appropriate documentation could be a water bill or water testing documentation</i> )	<input checked="" type="checkbox"/>	<input type="checkbox"/>	-----	<input type="checkbox"/>	---	---
Comments:								
51.	7.2(b)	Camp that is open for less than a calendar quarter every year has provided evidence of a water bacteriological and nitrate analysis deemed satisfactory by the standards of New Jersey Safe Drinking Water Act, N.J.S.A. 58:12A-1 et seq. prior to opening for the season.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	-----	<input type="checkbox"/>	---	---
Comments:								
52.	7.3	Water sampling results are maintained on site and available for review.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	-----	<input type="checkbox"/>	---	---
Comments: The most recent water sampling results are from Garden State Labs. Inc. on 05/06/22.								
<b>TRANSPORTATION</b>								
53.	8.1	Transport vehicles conform to the requirements of Motor Vehicles and Traffic Regulation, N.J.S.A. 39:1-1 et seq., and the Motor Vehicle Commission rules promulgated thereunder at N.J.A.C. 13:21 and have been inspected and maintains a sticker of inspection by the <a href="#">MVC School Bus Safety Team</a> .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	-----	<input type="checkbox"/>	---	---
Comments: The camp does not need or provide transportation services.								
54.	8.2(b)	Written policy has been established for transportation.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	-----	<input type="checkbox"/>	---	---
Comments: The camp does not need or provide transportation services.								
55.	8.3	Youth camp, person(s), or agency which provides transportation for campers maintains vehicle liability insurance.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	-----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#	N.J.A.C. 8:25		IN	OUT	Severity	COS	N/A	N/O
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Comments: The camp does not need or provide transportation services.

56.	8.4	The following records are maintained: <ul style="list-style-type: none"> <li>Transportation routes;</li> <li>Names of the campers being transported;</li> <li>The name and address of the driver;</li> <li>A photo static copy of his or her valid school bus driver license;</li> </ul> If a contractor is used to provide transportation services, the name and address of the contractor.	<input type="checkbox"/>	<input type="checkbox"/>	-----	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Comments: The camp does not need or provide transportation services.

57.	8.4(b)	Drivers are appropriately licensed for the vehicle being driven to transport campers.	<input type="checkbox"/>	<input type="checkbox"/>	-----	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Comments: The camp does not need or provide transportation services.

### SPORTS AND OTHER RECREATIONAL ACTIVITIES

58.	3.2(n)	Policy documenting that high risk activities are conducted by staff knowledgeable of measures used to ensure the safety of participants; <b>if the activity is specialized</b> documentation should be available of the most recent guidelines of the safe execution of such specialized activity; specialized high risk activities should be overseen by an activity specialist.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	-----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Comments: The camp's only high risk activity is swimming.

59.	9.1(a)	Swimming pools and bathing beaches, used by camp, conform to the Public Recreational Bathing rules, N.J.A.C. 8:26.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	-----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Comments: The camp received a pool inspection on 05/25/2023.

60.	9.2(f)	Policy documenting <b>off-site</b> swimming activities require prior notification of arrival to the operator of the public recreational bathing facility. Policies and procedures for the monitoring of campers and swimmer ability assessment during <b>off-site</b> swimming is documented. <b>(Note: if no, please indicate which part of the question is not in compliance)</b>	<input type="checkbox"/>	<input type="checkbox"/>	-----	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Comments: The camp does not have off-site swimming.

61.	9.2(g)	Written policies and procedures are maintained for lifeguarding, monitoring and supervision, swimming ability assessment and waterfront activities for <b>on-site</b> swimming activities.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Minor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Comments: The camp does not have written policies and procedures for swimming ability assessment. The camp did have documentation on weekly swim assessments and campers were observed wearing colored bands.

62.	9.4(b)	<b>On-site</b> waterfront activities are equip with inherently buoyant Type I,II,III or V personal flotation devices that are in good repair, varied sizes and in quantities sufficient for each staff and camper. <b>(Note: Inquire about how many will be allowed to participate in a waterfront activity at a time. Use the count as a gauge of sufficient quantity)</b>	<input type="checkbox"/>	<input type="checkbox"/>	-----	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Comments: The camp does not have on-site waterfront activities.

63.	9.4(c)	A lifeboat or rescue craft is observed for use during <b>on-site</b> waterfront activities. Accompanying safety equipment (rescue ring with 25 ft. of rope)	<input type="checkbox"/>	<input type="checkbox"/>	-----	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Comments: The camp does not have on-site waterfront activities.

64.	9.2(a)	Lifeguards are certified by an agency <a href="#">approved by the Department.</a>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	-----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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#	N.J.A.C. 8:25		IN	OUT	Severity	COS	N/A	N/O
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Comments:

65.	9.3(d)	A system of supervising and monitoring bathers consistent with a buddy check to ensure bather safety has been documented and implemented.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	-----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Comments:

**MAINTENANCE AND SANITATION**

66.	13.5(a)	Camp and recreational equipment evaluated and documented to be maintained in a clean, safe, and sanitary condition weekly.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	-----	<input type="checkbox"/>	---	---
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Comments: The camp only utilizes a grassy field area.

67.	13.5(a)	Recreational equipment is maintained in safe operating condition.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	-----	<input type="checkbox"/>	---	---
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Comments: The camp only utilizes a grassy field area.

68.	13.5(a)	Safety inspection of recreational equipment, including playground, is established and a way of documenting the weekly inspection has been developed.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	-----	<input type="checkbox"/>	---	---
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Comments: The camp only utilizes a grassy field area.

**INSECT, RODENT, AND WEED CONTROL**

69.	13.3(a)	Mosquito breeding is controlled by keeping the grounds free of cans, jars, buckets, old tires, and other articles, which may hold water.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Minor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Comments: A large plant pot was observed to be filled with rainwater, which may become a mosquito/insect breeding site.

70.	13.3(b)	Fly breeding is controlled by eliminating unsanitary practices. Every door, window, or other opening to the outside, which is used for ventilation, is outfitted with a screen of at least 16 mesh.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	-----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Comments:

71.	13.3(c)	All enclosed buildings are maintained so as to eliminate rodent harborage, including buildings where food is stored or served.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	-----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Comments:

72.	13.3(d)	Weed growth is controlled along pathways and within each campsite to reduce tick and chigger populations.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	-----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Comments:

**ADDITIONAL PROVISIONS**

73.	11.1(a)	Buildings housing showers are adequately constructed, in good repair, clean and have adequate lighting and ventilation.	<input type="checkbox"/>	<input type="checkbox"/>	-----	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Comments:

74.	12.1(a)	Operators have made adequate arrangements for the storage, collection and disposal of solid waste. Receptacles are observed onsite, centrally located for anticipated activities and in sufficient supply and frequency to address anticipated number of campers and staff over the period of operation.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	-----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Comments:

75.	13.4	Living quarters, mess halls and/or kitchens are not located within 100 feet of housing for farm animals.	<input type="checkbox"/>	<input type="checkbox"/>	-----	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Comments:



#	N.J.A.C. 8:25		IN	OUT	Severity	COS	N/A	N/O
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76.	13.4 (a-e)	Camp activities being conducted on site a farm or any space where campers may come into routine contact with farm animals have documented the policies and procedures to minimize the potential of illness and injury.	<input type="checkbox"/>	<input type="checkbox"/>	-----	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Comments:

#### ASSESSMENT QUESTIONS

77.	Has staff with supervisory authority responsibilities for children completed the Division of Family Development's pre-service health and safety trainings as required?	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
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Comments: Staff with supervisory authority responsibilities for children completed the DFD pre-service health and safety trainings as required.

78.	Is the camp director aware that on or before September 15, of each year, the camp director shall submit an 'Accident Annual Report Youth Camp Safety' (CB-15) form via Mail or email to the Department at: <a href="mailto:youth.camps@doh.nj.gov">youth.camps@doh.nj.gov</a>	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
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Comments:

79.	Has your camp implemented COVID-19 mitigation measures? If yes, which COVID-19 mitigation measures were implemented? (Ex: masking, social distancing, handwashing, testing)	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
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Comments:

Remarks	The camp had a total of 115 campers during the inspection (max 115) and a total of 60 subsidy campers.  The camp has 17 adult staff members.		
Name of Inspecting Official Melissa Petrillo	Name of the Person Receiving Copy of Report Tracy DiPasquale, Camp Director		