

REPORT OF INSPECTION

ASSIGNMENT # 18770

License/ID # 2966	Category Youth Camp	Sub-Category	Activity Type Investigation	Evaluation Not Applicable
Name of Owner(s), Partnership or Corporation SOAR Summer Bridge		Trade Name SOAR Summer Bridge		E-mail Address teresa.williams@springstreetcdc.org;hwebb@springstreetcdc.org;
Establishment Location (Street Address) 65 Spring Street		City Morristown	Zip Code 07960	County Morr
				Telephone No. (973) 998-9330 (201) 602-1318 C
Establishment Mailing Address (if different)		Changes	Revised Information:	
Name of Inspecting Official Eman S. Yacoub, REHI 3		REHS Lic. # B-102359	Est. Code: 3	Total Hours: 2.5
Reinspection on or After:				

TIME/ACTIVITY REPORT (Codes: 1-Travel, 2-Inspection, 3-Administration, 4-Personal)

Date	Code	Began	Ended	Date	Code	Began	Ended	Date	Code	Began	Ended
08-17-23	1	0800	0945	08-17-23	2	0945	1000				
08-18-23	3	0700	0730								

Item	Remarks
	<i>R = Repeat Violation from the previous inspection</i>

Upon arrival to SOAR Summer Bridge, located at 65 Spring Street, Morristown, NJ 07960. I met with Ms. Holly Webb, Operations coordinator who informed me that the camp is in-active this year due to low interest.

Signature of Inspecting Official	Name of Person Receiving Copy of Report Teresa Williams, Camp Director
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