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| 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 youth.camps@doh.nj.gov | REPORT OF INSPECTION Youth Camp Safety Standards Assignment No. 18719 |
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|------------------------|--|------------------------------------|----------------------------------|
| CAMP ID 4157 | CAMP NAME Metuchen Friends Summer Camp | ACTIVITY TYPE INSPECTION | EVALUATION CONDITIONAL |
|------------------------|--|------------------------------------|----------------------------------|

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|-------------------------------------|-------------------------------------|---|
| CAMP OWNER Diana Callinan | PHONE NUMBER 732-248-4142 | E-MAIL fotfmetuchen@gmail.com keatingkyleigh@gmail.com |
|-------------------------------------|-------------------------------------|---|

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|--|-------------------------|---------------------|----------------------------|
| STREET ADDRESS 52 Pearl Street | CITY Metuchen | ZIP 08840 | COUNTY Middlesex |
|--|-------------------------|---------------------|----------------------------|

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| MAILING ADDRESS | CHANGES | PREVIOUS INFORMATION |
|------------------------|----------------|-----------------------------|

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| CAMP DIRECTOR NAME Alexa Alejandro | HEALTH DIRECTOR NAME Kyleigh Keating | FOOD SERVICE VENDOR Kai's Cafe |
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|--|----------------------------|---|
| INSPECTOR NAME Sandra Muller | REHS LIC. B-2260 | REINSPECTION ON OR AFTER <input type="checkbox"/> NOV |
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TIME/ACTIVITY REPORT (1-TRAVEL, 2-INSPECTION, 3-ADMINISTRATION, 4-PERSONAL) TOTAL HOURS:

| DATE | CODE | BEGIN | END | CODE | BEGIN | END | CODE | BEGIN | END |
|---------|------|-------|------|------|-------|------|------|-------|------|
| 8-25-23 | 1 | 1230 | 1300 | 2 | 1300 | 1500 | 3 | 1500 | 1600 |
| 8-31-23 | 3 | 0800 | 0830 | | | | | | |
| | | | | | | | | | |
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| # | N.J.A.C. 8:25 | | IN | OUT | Severity | COS | N/A | N/O |
|---------------------------------|---|---|---|-------------------------------------|-----------------------------|--------------------------|-------------------------------------|-----|
| ADMINISTRATIVE | | | | | | | | |
| 1. | 2.1 | Camp has a current certificate of approval (camp license) from the NJDOH. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Minor | <input type="checkbox"/> | <input type="checkbox"/> | --- |
| Comments: Could not find a copy | | | | | | | | |
| 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? | | YES <input checked="" type="checkbox"/> | | NO <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: | | | | | | | | |
| GENERAL CARE OF CAMPERS | | | | | | | | |

| # | N.J.A.C. 8:25 | | IN | OUT | Severity | COS | N/A | N/O | |
|---|------------------|--|-------------------------------------|-------------------------------------|----------|---|-----------------------------|--------------------------|--|
| 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"/> | --- | --- | |
| Comments: | | | | | | | | | |
| STAFF | | | | | | | | | |
| 6. | 3.2(c) | Staff pre-season orientation and training has been 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"/> | |
| 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"/> | --- | --- | |
| 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 type="checkbox"/> | <input checked="" type="checkbox"/> | Minor | <input type="checkbox"/> | --- | --- | |
| Comments: States they are to report neglect/abuse to the manager or DCF, does not give hotline #. | | | | | | | | | |
| 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"/> | --- | --- | |
| Comments: | | | | | | | | | |
| STAFF BACKGROUND CHECK | | | | | | | | | |
| 10. | DFD | Federal Bureau of Investigation (FBI) 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"/> | | |
| 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"/> | | |
| 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"/> | --- | --- | |
| Comments: | | | | | | | | | |

| # | N.J.A.C. 8:25 | | IN | OUT | Severity | COS | N/A | N/O |
|--|------------------|--|-------------------------------------|-------------------------------------|----------|--------------------------|-------------------------------------|--------------------------|
| 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"/> | --- |
| Comments: Does complete background check every year | | | | | | | | |
| 14. | 3.2(l) | Sex offender registry check conducted annually for all staff 16 and older. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | ----- | <input type="checkbox"/> | --- | --- |
| Comments: | | | | | | | | |
| CAMP ACTIVITIES | | | | | | | | |
| 15. | 3.2(n) | High-risk activities are conducted by a qualified adult activity specialist (18 years of age and older). | <input type="checkbox"/> | <input type="checkbox"/> | ----- | --- | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Comments: No high risk activity on site | | | | | | | | |
| SUPERVISION OF CAMPERS | | | | | | | | |
| 16. | 3.2(o) | Camp supervision ratios are observed for <u>ages 5-17</u> : 1 adult: 1 counselor: 20 campers? (Note: each additional group of 10 campers requires at least one additional staff) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | ----- | <input type="checkbox"/> | <input type="checkbox"/> | --- |
| Comments: | | | | | | | | |
| 17. | 3.2(p) | Camp supervision ratios are observed for <u>ages 2 1/2 -4</u> : 1 adult: 1 counselor: 14 campers? (Note: each additional group of 7 campers requires at least one additional staff) | <input type="checkbox"/> | <input type="checkbox"/> | ----- | <input type="checkbox"/> | <input checked="" type="checkbox"/> | --- |
| Comments: | | | | | | | | |
| 18. | 3.2(q) | Camp supervision ratios are observed for <u>ages birth to 2</u> : 1 adult: 1 counselor: 8 campers? (Note: each additional group of 4 campers requires at least one additional staff) | <input type="checkbox"/> | <input type="checkbox"/> | ----- | <input type="checkbox"/> | <input checked="" type="checkbox"/> | --- |
| 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"/> | --- | --- |
| 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 type="checkbox"/> | <input checked="" type="checkbox"/> | Major | <input type="checkbox"/> | <input type="checkbox"/> | --- |
| Comments: Can't find it-Unknown if they are approved for the occupancy numbers they currently have | | | | | | | | |
| 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 type="checkbox"/> | <input checked="" type="checkbox"/> | Minor | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments: Don't know | | | | | | | | |
| 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 checked="" type="checkbox"/> | <input type="checkbox"/> | ----- | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 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 checked="" type="checkbox"/> | <input type="checkbox"/> | ----- | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments: | | | | | | | | |
| HEALTH | | | | | | | | |

| # | N.J.A.C. 8:25 | | IN | OUT | Severity | COS | N/A | N/O |
|---|------------------|---|---|--------------------------|----------|--------------------------|-------------------------------------|--------------------------|
| 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"/> |
| Comments: | | | | | | | | |
| 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"/> |
| 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"/> | --- | --- |
| Comments: | | | | | | | | |
| 27. | 5.1(d) | A written procedure for routine daily surveillance of campers and staff has been established. (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) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | ----- | <input type="checkbox"/> | <input type="checkbox"/> | --- |
| Comments: | | | | | | | | |
| 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"/> | --- |
| 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 type="checkbox"/> | <input type="checkbox"/> | ----- | <input type="checkbox"/> | <input checked="" type="checkbox"/> | --- |
| Comments: Does not administer non-Rx drugs. Ill children are sent home. | | | | | | | | |
| 30. | 5.5(b) | Written health histories for each staff/camper are maintained on file. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | ----- | <input type="checkbox"/> | <input type="checkbox"/> | --- |
| Comments: | | | | | | | | |
| 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"/> | --- | --- |
| 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 type="checkbox"/> NO <input checked="" type="checkbox"/> | | | | | |
| Comments: Don't have any children in this group | | | | | | | | |
| 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"/> | --- | --- |

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

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| 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:

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| 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: Does not have written documentation from EMS

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| 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 type="checkbox"/> | <input type="checkbox"/> | ----- | <input type="checkbox"/> | <input checked="" type="checkbox"/> | --- |
|-----|--------|---|--------------------------|--------------------------|-------|--------------------------|-------------------------------------|-----|

Comments: Do not administer medications

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| 37. | DFD | Medication is administered consistent with standards for parental consent. (for DFD funded camps) | | | YES <input type="checkbox"/> | NO <input checked="" type="checkbox"/> | | |
|-----|-----|---|--|--|------------------------------|--|--|--|

Comments: Do not administer medications

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|-----|-----|---|--|--|---|-----------------------------|--|--|
| 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 checked="" type="checkbox"/> | NO <input type="checkbox"/> | | |
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Comments:

SAFETY

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| 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"/> | --- | --- |
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Comments:

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| 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 checked="" type="checkbox"/> | NO <input type="checkbox"/> | | |
|-----|-----|--|--|--|---|-----------------------------|--|--|

Comments:

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| 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"/> | --- | --- |
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Comments:

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| 42. | DFD | Hazardous materials are handled and stored appropriately. Bio-contaminants are properly disposed of. | | | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> | | |
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Comments:

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| 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 checked="" type="checkbox"/> | <input type="checkbox"/> | ----- | <input type="checkbox"/> | --- | --- |
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Comments:

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| 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"/> | --- | --- |
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Comments:

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| 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"/> | --- | --- |
|-----|--------|--|--------------------------|-------------------------------------|-------|--------------------------|-----|-----|

| # | N.J.A.C. 8:25 | | IN | OUT | Severity | COS | N/A | N/O |
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Comments: Never heard of a bus evacuation drill

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| 46. | 6.4(a) | Documented certification of compliance with all local and State fire codes and rules. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Minor | <input type="checkbox"/> | --- | --- |
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Comments: Could not find local fire inspection. Has outside company inspected.

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| 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"/> | --- | --- |
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Comments: Confires fire protection service checked smoke detectors

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| 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 checked="" type="checkbox"/> NO <input type="checkbox"/> | | | | | |
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Comments:

NUTRITION AND MEAL SERVICE

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| 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"/> |
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Comments:

POTABLE WATER

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| 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 type="checkbox"/> | <input type="checkbox"/> | ----- | <input type="checkbox"/> | --- | --- |
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Comments: City water

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| 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 type="checkbox"/> | <input type="checkbox"/> | ----- | <input type="checkbox"/> | --- | --- |
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Comments:

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| 52. | 7.3 | Water sampling results are maintained on site and available for review. | <input type="checkbox"/> | <input type="checkbox"/> | ----- | <input type="checkbox"/> | --- | --- |
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Comments:

TRANSPORTATION

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| 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 MVC School Bus Safety Team . | <input checked="" type="checkbox"/> | <input type="checkbox"/> | ----- | <input type="checkbox"/> | --- | --- |
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Comments: Villani Bus Company, 811 E. Linden Ave, Linden

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|-----|--------|---|--------------------------|-------------------------------------|-------|--------------------------|-----|-----|
| 54. | 8.2(b) | Written policy has been established for transportation. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Minor | <input type="checkbox"/> | --- | --- |
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Comments:

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| 55. | 8.3 | Youth camp, person(s), or agency which provides transportation for campers maintains vehicle liability insurance. | <input type="checkbox"/> | <input type="checkbox"/> | ----- | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
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Comments: Villani Bus Company, 811 E. Linden Ave, Linden

| # | N.J.A.C. 8:25 | | IN | OUT | Severity | COS | N/A | N/O |
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| 56. | 8.4 | The following records are maintained: <ul style="list-style-type: none"> Transportation routes; Names of the campers being transported; The name and address of the driver; A photo static copy of his or her valid school bus driver license; If a contractor is used to provide transportation services, the name and address of the contractor. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | ----- | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments: Villani Bus Company, 811 E. Linden Ave, Linden | | | | | | | | |
| 57. | 8.4(b) | Drivers are appropriately licensed for the vehicle being driven to transport campers. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | ----- | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments: | | | | | | | | |
| 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; if the activity is specialized 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 type="checkbox"/> | <input type="checkbox"/> | ----- | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Comments: No on-site high risk activities | | | | | | | | |
| 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 type="checkbox"/> | <input type="checkbox"/> | ----- | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Comments: | | | | | | | | |
| 60. | 9.2(f) | Policy documenting off-site 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 off-site swimming is documented. (Note: if no, please indicate which part of the question is not in compliance) | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Minor | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments: they do not document swimmers ability assessments. They have procedure for staff to monitor campers in pool. | | | | | | | | |
| 61. | 9.2(g) | Written policies and procedures are maintained for lifeguarding, monitoring and supervision, swimming ability assessment and waterfront activities for on-site swimming activities. | <input type="checkbox"/> | <input type="checkbox"/> | ----- | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Comments: | | | | | | | | |
| 62. | 9.4(b) | On-site 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. (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) | <input type="checkbox"/> | <input type="checkbox"/> | ----- | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Comments: | | | | | | | | |
| 63. | 9.4(c) | A lifeboat or rescue craft is observed for use during on-site 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"/> |
| Comments: | | | | | | | | |
| 64. | 9.2(a) | Lifeguards are certified by an agency approved by the Department. | <input type="checkbox"/> | <input type="checkbox"/> | ----- | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Comments: only swims off site, Metuchen Municipal Pool | | | | | | | | |

| # | N.J.A.C. 8:25 | | IN | OUT | Severity | COS | N/A | N/O |
|---|------------------|--|-------------------------------------|-------------------------------------|----------|--------------------------|-------------------------------------|--------------------------|
| 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 type="checkbox"/> | <input checked="" type="checkbox"/> | Major | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 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 type="checkbox"/> | <input type="checkbox"/> | ----- | <input type="checkbox"/> | --- | --- |
| Comments: They don't have camp equipment | | | | | | | | |
| 67. | 13.5(a) | Recreational equipment is maintained in safe operating condition. | <input type="checkbox"/> | <input type="checkbox"/> | ----- | <input type="checkbox"/> | --- | --- |
| Comments: They don't have recreational equipment, goes to Campbell Elementary School park some days | | | | | | | | |
| 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 type="checkbox"/> | <input type="checkbox"/> | ----- | <input type="checkbox"/> | --- | --- |
| Comments: They don't have recreational equipment, goes to Campbell Elementary School park some days | | | | | | | | |
| 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 type="checkbox"/> | ----- | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Comments: | | | | | | | | |
| 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"/> |
| 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"/> |
| Comments: | | | | | | | | |
| 72. | 13.3(d) | Weed growth is controlled along pathways and within each campsite to reduce tick and chigger populations. | <input type="checkbox"/> | <input type="checkbox"/> | ----- | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 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"/> |
| 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"/> |
| 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"/> |
| 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"/> |
|-----|---------------|--|--------------------------|--------------------------|-------|--------------------------|-------------------------------------|--------------------------|

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"/> |
|-----|--|---|-----------------------------|

Comments: NJCCISS

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|-----|---|---|-----------------------------|
| 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: youth.camps@doh.nj.gov | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> |
|-----|---|---|-----------------------------|

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"/> |
|-----|---|------------------------------|--|

Comments:

| | |
|---------|--|
| Remarks | |
|---------|--|

| | |
|--|---|
| Name of Inspecting Official Sandra Muller | Name of the Person Receiving Copy of Report Diana Callinan |
|--|---|