

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. 19570
---	--

CAMP ID 4254	CAMP NAME Kiddie Quarters Summer Program	ACTIVITY TYPE DFD INSPECTION	EVALUATION CLOSURE
------------------------	--	--	------------------------------

CAMP OWNER Valarie Ellington	PHONE NUMBER 908-810-8484	E-MAIL kiddiequartersinc@gmail.com
--	-------------------------------------	--

STREET ADDRESS 1730 Stuyvesant Ave	CITY Union	ZIP 07083	COUNTY Union
--	----------------------	---------------------	------------------------

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

CAMP DIRECTOR NAME Valarie Ellington	HEALTH DIRECTOR NAME LaMaris Jones	FOOD SERVICE VENDOR Kitchen onsite
--	--	--

INSPECTOR NAME Melissa Petrillo	REHS LIC. B-156899	REINSPECTION ON OR AFTER September 5, 2023	<input checked="" type="checkbox"/> NOV
---	------------------------------	--	--

TIME/ACTIVITY REPORT (1-TRAVEL, 2-INSPECTION, 3-ADMINISTRATION, 4-PERSONAL) TOTAL HOURS: 6.5									
DATE	CODE	BEGIN	END	CODE	BEGIN	END	CODE	BEGIN	END
08/30/23	1	1215	1230	2	1230	1530	1	1530	1545
08/31/23	1	0930	0945	2	0945	1015	1	1015	1030
08/31/23	3	1115	1315						

#	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 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?		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								
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 type="checkbox"/>	<input checked="" type="checkbox"/>	Major	<input type="checkbox"/>	---	---

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

Comments: The camp did not provide written discipline policies and practices stating that staff are prohibited from taking means of corporal punishment toward children.

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

Comments: Documentation of staff pre-season orientation was not provided. Pre-season orientation topics/schedule was not documented or provided.

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

Comments: Required health and safety child growth development coursework was not documented; I was informed the coursework was completed but no documents or certificates were provided.

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"/>	Major	<input type="checkbox"/>	---	---
----	--------	---	--------------------------	-------------------------------------	-------	--------------------------	-----	-----

Comments: There was no documentation advising staff where to report abuse.

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

Comments: The camp did not provide staff training policies and procedures related to child abuse and neglect and staff responsibilities, reporting, recognition, and observations of campers.

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

Comments: Fingerprint checks were not conducted or scheduled for 2 adult staff members.

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

Comments: A CARI check was not conducted or scheduled for 1 adult staff member.

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

Comments: Criminal history name checks were not conducted for two adult staff members.

#	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:								
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"/>	---	---
Comments: Sex offender registry checks were not conducted annually for staff members 16 and older. Checks were conducted during 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 type="checkbox"/>	<input type="checkbox"/>	-----	---	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Comments: The camp has swimming, skating, and bowling offsite.								
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 type="checkbox"/>	<input checked="" type="checkbox"/>	Major	<input type="checkbox"/>	<input type="checkbox"/>	---
Comments: 24 campers aged 5-13 years old were observed to be alone with only 1 adult counselor while the other counselor was on break. This adult counselor also did not have a fingerprint check/background check conducted or scheduled nor was a CARI check or sex offender record check conducted. A staff member (with all required checks) remained with campers and the other counselor, but a the group would need an additional counselor for proper ratio.								
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 checked="" type="checkbox"/>	<input type="checkbox"/>	-----	<input type="checkbox"/>	<input type="checkbox"/>	---
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"/>
Comments: Certificate exp. 06/26/2024.								
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"/>
Comments:								

#	N.J.A.C. 8:25		IN	OUT	Severity	COS	N/A	N/O
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								
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 <u>approved by the Department.</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Major	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: Health Director, LaMaris Jones, was not onsite at the day camp during the inspection.								
LaMaris Jones has the Heartsaver Pediatric First Aid CPR/AED certification from the American Heart Association.								
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 <i>professional-level</i> infant, child, and adult cardiopulmonary resuscitation (CPR) from a certification agency <u>approved by the Department.</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Major	<input type="checkbox"/>	---	---
Comments: The Health Director did not have professional-level CPR certification.								
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 type="checkbox"/>	<input checked="" type="checkbox"/>	Minor	<input type="checkbox"/>	<input type="checkbox"/>	---
Comments: The camp did not have a written procedure for routine daily surveillance of campers and staff.								
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 type="checkbox"/>	<input checked="" type="checkbox"/>	Minor	<input type="checkbox"/>	<input type="checkbox"/>	---
Comments: A system for documenting all obvious and unusual observations made during the daily health surveillance and communicating suspected and/or confirmed illness of campers to parents was not established or maintained.								
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 checked="" type="checkbox"/>	Major	<input type="checkbox"/>	<input type="checkbox"/>	---
Comments: Written medical policies and procedures on the treatment of illness and injury and the administration of non-Rx drugs was not established or provided for review.								
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"/>	---
Comments: Written health histories for staff were not provided.								

#	N.J.A.C. 8:25		IN	OUT	Severity	COS	N/A	N/O
31.	5.5(g)	Campers' immunization records and/or religious exemptions are maintained on file.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Minor	<input type="checkbox"/>	---	---
Comments: The camp does not require campers to provide immunization records and/or religious exemptions.								
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: The camp does not require campers to provide immunization records and/or religious exemptions.								
33.	5.4(b)	Minimum first aid supplies set forth in Appendix E "Health Center Supplies" are maintained.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Major	<input type="checkbox"/>	---	---
Comments: The camp did not have the minimum first aid supplies. The following was observed to be missing: 2"x2" gauze dressings, 2"x3" gauze dressings, 4"x4" gauze dressings, adequate number of 1" gauze roller bandage, 3" rgauze, roller bandage, eye dressing pads, triangle bandages, waterproof tape, instant cold packs, disposable protective gowns, pocket resuscitation masks, first aid treatment policies and procedures.								
34.	4.2(f)	Health center is established for the temporary isolation and treatment of sick or injured campers and/or staff members.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Major	<input type="checkbox"/>	---	---
Comments: A health center was not observed.								
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: Written documentation for treatment and transport for campers/staff organzied with EMS or ambulance squad was not provided.								
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: No campers required medications this season.								
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:								
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: Camp staff training was not provided for review to verify.								
SAFETY								
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 type="checkbox"/>	<input checked="" type="checkbox"/>	Minor	<input type="checkbox"/>	---	---
Comments: Written emergency procedures addressing evacuation of camp, lockdown plans, shelter in place, fire, natural disasters, serious accidents, illness or injury, and lost campers were not provided for review.								
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: Written emergency procedures were not provided for review to verify.								
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 type="checkbox"/>	<input checked="" type="checkbox"/>	Minor	<input type="checkbox"/>	---	---

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

Comments: The camp was unable to provide documented fire and emergency drills.

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

Comments: The janitorial room door was observed to be opened and accessible to campers.

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: No emergency phone numbers were observed to be posted.

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:

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: Policy and procedure for safety evacuation drills (bus/fire) was not provided for review.

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: Documented emergency preparedness procedures were not provided for review to verify.

NUTRITION AND MEAL SERVICE

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

Comments: Retail license provided by Township of Union exp. 12/31/2023.

POTABLE WATER

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 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: Garden State Laboratories, Inc. 03/29/2022.

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

TRANSPORTATION

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

Comments: A sticker of inspection was not provided and the bus was not available onsite.

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

Comments: A written policy for transportation was not provided for review.

55.	8.3	Youth camp, person(s), or agency which provides transportation for campers maintains vehicle liability insurance.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Minor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-----	-----	---	--------------------------	-------------------------------------	-------	--------------------------	--------------------------	--------------------------

Comments: Vehicle liability insurance was not maintained.

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

Comments: Transportation routes and names of campers being transported were not provided for review.

A copy of the driver's license was provided.

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

Comments: A policy documenting was not provided for review. The camp has swimming as a high risk activity.

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

Comments: The camp utilizes Orange Park Pool in Orange NJ for offsite swimming. I was unable to verify the pool conforms to the Public Recreational Bathing rules.

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: Policy documenting off-site swimming activities and policies and procedures for the monitoring of campers and swimmer ability assessment during off-site swimming were not provided for review and not documented.

#	N.J.A.C. 8:25		IN	OUT	Severity	COS	N/A	N/O
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: The camp does not have on-site swimming.								
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: The camp does not have on-site waterfront activities.								
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: The camp does not have on-site waterfront activities.								
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: The camp does not have on-site waterfront activities or swimming.								
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"/>	Minor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: A system of supervising and monitoring bathers consistent with a buddy check was not documented or provided.								
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"/>	---	---
Comments: The camp only provides an empty lot.								
67.	13.5(a)	Recreational equipment is maintained in safe operating condition.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	-----	<input type="checkbox"/>	---	---
Comments: The camp only provides an empty lot.								
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"/>	---	---
Comments: The camp only provides an empty lot.								
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"/>
Comments: A large red basin located in the play yard next to the shed was observed to hold water.								
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"/>

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

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

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: the building does not have showers.

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: The firm utilizes Direct Waste for waste disposal.

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:

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

Comments: Pre-service health and safety training documentation or certificates were not provided for review.

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

<p>Remarks</p>	<p>At the time of inspection, the camp had 24 campers ages 5-13 (12 subsidy campers). The max capacity for camp during the season was 55 campers, 30 of which were subsidy).</p> <p>At the time of inspection, the camp had 2 adult staff. During the camp season, the camp had 8 adult staff and 1 minor (16 years old).</p> <p>There is a separate daycare center on site.</p> <p>At the time of inspection, Valarie Ellington, Camp Owner and Director was unavailable and unable to provide guidance via telephone. Ms. Ellington stated she was unaware her camp license had been approved and she had not received any documentation following the submission of her application, therefore she did not have her camp documents available for review.</p> <p>Kelvin Reyes, Administrator accompanied me during the inspection but was unable to provide all necessary documentation.</p> <p>Due to inadequate documentation of policies and procedures, improper counselor to camper ratios, and swimming as a high risk activity (which is conducted on Tuesdays and Thursdays), the camp was ordered to close at the end of the camp day on Wednesday August 30, 2023 until further notice. The camp's final day was scheduled for Friday September 1, 2023.</p> <p>A brief visit was conducted on Thursday August 31, 2023 to confirm camp closure. Signs were observed posted on the center's exterior and interior doors stating the camp was closed for the remainder of the season.</p>
<p>Name of Inspecting Official Melissa Petrillo</p>	<p>Name of the Person Receiving Copy of Report Valarie Ellington</p>