

<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>  Youth Camp Safety Standards  Assignment No. 19106
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<b>CAMP ID</b> 2568	<b>CAMP NAME</b> Camp Blue Star	<b>ACTIVITY TYPE</b> AUDIT	<b>EVALUATION</b> SATISFACTORY
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<b>CAMP OWNER</b> Hamilton Twp Board Of Ed	<b>PHONE NUMBER</b> 609-476-6311 609-517-0718 Cliff Melder	<b>E-MAIL</b> melderc@ham,iltonschoools.org
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<b>STREET ADDRESS</b> 700 Babcock Rd	<b>CITY</b> Mays Landing	<b>ZIP</b> 08330	<b>COUNTY</b> Atlantic
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<b>MAILING ADDRESS</b> 1876 Dr Foreman DR Mays Landing NJ 08330	<b>CHANGES</b>	<b>PREVIOUS INFORMATION</b>
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<b>CAMP DIRECTOR NAME</b> Cliff Melder	<b>HEALTH DIRECTOR NAME</b> Renee Herman	<b>FOOD SERVICE VENDOR</b> N/A
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<b>INSPECTOR NAME</b> William Fazio	<b>REHS LIC.</b> B-2351	<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:

DATE	CODE	BEGIN	END	CODE	BEGIN	END	CODE	BEGIN	END
8-7-23	1	1200	1230	2	1230	1430	1	1430	1500
	3	1530	1600						

#	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?		YES <input type="checkbox"/> NO <input checked="" 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>								

#	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:								
<b>STAFF</b>								
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"/>
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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	-----	<input type="checkbox"/>	---	---
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"/>	---	---
Comments:								
<b>STAFF BACKGROUND CHECK</b>								
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 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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	-----	<input type="checkbox"/>	<input type="checkbox"/>	---
Comments:								
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:								
<b>CAMP ACTIVITIES</b>								
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"/>
Comments:								
<b>SUPERVISION OF CAMPERS</b>								
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"/>	---
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 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? ( <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"/>	---
Comments:								
<b>SITE AND BUILDINGS</b>								
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:								
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:								
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:								
<b>HEALTH</b>								

#	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. ( <b>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</b> )	<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 checked="" type="checkbox"/>	<input type="checkbox"/>	-----	<input type="checkbox"/>	<input type="checkbox"/>	---
Comments:								
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 type="checkbox"/>					
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"/>	---	---

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

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

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"/>	---
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Comments:

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

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

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:

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

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:

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 checked="" 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:

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"/>	---	---
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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"/>	---	---
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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 type="checkbox"/>			
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Comments:

**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 type="checkbox"/>	<input type="checkbox"/>	-----	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Comments: Only Provides snacks

**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"/>	---	---
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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"/>	---	---
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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"/>	---	---
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Comments:

**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 <a href="#">MVC School Bus Safety Team</a> .	<input type="checkbox"/>	<input type="checkbox"/>	-----	<input type="checkbox"/>	---	---
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Comments:

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

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:

#	N.J.A.C. 8:25		IN	OUT	Severity	COS	N/A	N/O
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"/>
Comments:								
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"/>
Comments:								
<b>SPORTS AND OTHER RECREATIONAL ACTIVITIES</b>								
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"/>
Comments:								
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"/>
Comments:								
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"/>
Comments:								
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 checked="" type="checkbox"/>	<input type="checkbox"/>	-----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:								
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 checked="" type="checkbox"/>	<input type="checkbox"/>	-----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:								
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"/>
Comments:								
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"/>
Comments:								

#	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 checked="" type="checkbox"/>	<input type="checkbox"/>	-----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:								
<b>MAINTENANCE AND SANITATION</b>								
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:								
67.	13.5(a)	Recreational equipment is maintained in safe operating condition.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	-----	<input type="checkbox"/>	---	---
Comments:								
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:								
<b>INSECT, RODENT, AND WEED CONTROL</b>								
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 checked="" type="checkbox"/>	<input type="checkbox"/>	-----	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	-----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:								
<b>ADDITIONAL PROVISIONS</b>								
73.	11.1(a)	Buildings housing showers are adequately constructed, in good repair, clean and have adequate lighting and ventilation.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	-----	<input type="checkbox"/>	<input 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"/>
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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:

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

Remarks	24 Adult Counselor. No one watched the video
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Name of Inspecting Official William Fazio	Name of the Person Receiving Copy of Report Cliff Melder, Camp Director
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## Youth Camps Waterfront Activities Inspection Form

**Instructions for completing the form:** N.J.A.C. 8:25 Youth Camp Safety Standards Evaluation of Recreational Bathing Provisions in congruence with On-site Waterfront Standards. Please complete the assessment form while swimming activities are actively being conducted on site a youth camp and/or childcare center. If waterfront activities are not active during the time of inspection either wait or revisit the noted facility without prearranging a return with the camp operators. This assessment form is designed to ensure provisions on N.J.A.C. 8:25-9 Waterfront are observed on-site the facility. This form should not be used to assess off-site swimming activities conducted by the youth camp. Please provide responses to each of questions 1-13. Questions 14-17 only require responses if the youth camp's on-site activities include watercraft activities.

1. Which of the following is the facility:
  - a. Licensed Youth Camp                      CAMP ID: 2568
  - b. Licensed Child Care Facility              OOL #:
  - c.  Both
  - d.  Neither
  
2. The waterfront facility is observed in conformance with N.J.A.C. 8:26 Public Recreational Bathing rule. (**Note:** operator may verify conformance by providing a copy of the facilities' most recent PRB inspection report conducted by the local health authority)
  - a.  In Compliance
  - b.  Out of compliance
  - c.  Other please describe:
  
3. Credentialed lifeguard personnel are at minimum 16 years of age?
  - a.  In Compliance
  - b.  Out of Compliance
  - c.  Other please describe:
  
4. Lifeguards and Lifeguard Supervisors on duty are certified ([Current Recognized Certifications](#)) and have appropriate documentation on-site as verification?
  - a.  In Compliance
  - b.  Out of Compliance
  - c.  Other please describe:

5. Have the camp operators developed a system which sections the bathing area into separate areas for non-swimmers, beginner swimmers and swimmers, a practice which aids in drowning prevention?
- In Compliance
  - Out of Compliance
  - Other please describe:
6. Are lifeguard supervisor(s) (age 18+) in attendance for **non-instructional** swimming and watercraft activities?
- In Compliance
  - Out of Compliance
  - Other please describe:
7. Do supervision ratios for **non-instructional** swimming/waterfront activities include one (1) lifeguard supervisor (age 18+) and one (1) lifeguard (age 16+) for 30 or fewer campers?  
(**Note:** one additional lifeguard on duty for every additional 30 campers or portion thereof)
- In Compliance
  - Out of Compliance
  - Other please describe:
8. Are instructional swimming/waterfront activities supervised by either:  
one (1) lifeguard (age 16+) and two adults      **OR**  
one (1) lifeguard supervisor (age 18+) and two (2) counselors  
when there are 30 or fewer campers in the water?  
(**Note:** one additional lifeguard is required for every additional 30 campers or portion thereof)
- In Compliance
  - Out of Compliance
  - Other please describe:
9. Has management developed a system to assess and classify a swimmer's ability (non-swimmer, beginner swimmer, swimmer)?
- In Compliance
  - Out of Compliance
  - Other please describe:

10. Do operators utilize the following criteria to classify a camper as a swimmer:
- Camper has demonstrated the ability to jump feet first into water over their head and come back to surface
  - Camper has demonstrated the ability to swim 25 ft. and change directions using different strokes
  - Camper has demonstrated the ability swim an additional 25 ft., stop and float or tread water for one (1) minute
    - In Compliance
    - Out of Compliance
    - Other please describe:
11. Are those in the water observed swimming in an area identified by the lifeguard (s) on duty as commensurate with their swimming ability?
- In Compliance
  - Out of Compliance
  - Other please describe:
12. Has a buddy check system has been developed and is observed to be conducted at least every 10 minutes?
- In Compliance
  - Out of Compliance
  - Other please describe:
13. The facility has developed a written swimmer plan which is observed and details the roles and responsibilities of staff in the case of a waterfront emergency and the frequency of the lost swimmer drill?
- In Compliance
  - Out of Compliance
  - Other please describe:
14. Do the camp's waterfront activities include any watercraft (boating, kayaking, surfing etc.) activities?
- Yes (if yes, answer questions 15-18)
  - No (if no you do not need to answer any further questions)
  - Other please describe:

15. Are supervisors of watercraft activities appropriately trained? (**Note:** verbal confirmation from a watercraft supervisor would be sufficient as verification of skill and experience)

- a.  In Compliance
- b.  Out of Compliance
- c.  Other please describe:

N/A

16. Are personal floatation devices worn by the occupant of a watercraft?

- a.  In Compliance
- b.  Out of Compliance
- c.  Other please describe:

N/A

17. During watercraft activities, were a lifeguard in a lifeboat or rescue craft on the water AND an adult (age 18+) on the shore observed for the supervision of watercraft activities?

- a.  In Compliance
- b.  Out of Compliance
- c.  Other please describe:

N/A

18. Are lifeboat and/or rescue craft equipped with a rescue ring or similar tube attached to 25 ft of rope for the safe recovery of those in distress?

- a.  In Compliance
- b.  Out of Compliance
- c.  Other please describe:

N/A

Inspection Date: 8-7-23

Inspector's Last Name: Fazio