

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. 18950
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CAMP ID 3537	CAMP NAME Camp Segal	ACTIVITY TYPE INSPECTION	EVALUATION CONDITIONAL
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CAMP OWNER Camp Segal	PHONE NUMBER (201) 921-1395	E-MAIL campsegal@gmail.com
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STREET ADDRESS 275 Mckinley Avenue	CITY New Milford	ZIP 07646	COUNTY Bergen
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MAILING ADDRESS	CHANGES	PREVIOUS INFORMATION
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CAMP DIRECTOR NAME Max Segal	HEALTH DIRECTOR NAME Gabriella Chutter	FOOD SERVICE VENDOR N/A
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INSPECTOR NAME Jaime Ahn	REHS LIC. B-159736	REINSPECTION ON OR AFTER	<input checked="" 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	0900	0930	2	0930	1400	1	1400	1430
	3	1430	1530						

#	N.J.A.C.		IN	OUT	Severity	COS	N/A	N/O
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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"/>	---
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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"/>	---
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Comments: N/A

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"/>
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Comments: Camp does not have any subsidized campers.

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

STAFF

6.	3.2(c)	Staff pre-season orientation and training 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"/>	Major	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Comments: Unavailable for review.

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"/>	---	---
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Comments: N/A

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"/>	---	---
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Comments:

9.	3.2(d)2	Camp has developed and implemented staff training on issues related to child abuse and neglect, such as, but not limited to, understanding the staff members' responsibilities, reporting, recognition and observation of campers.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Major	<input type="checkbox"/>	---	---
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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 type="checkbox"/>	NO <input type="checkbox"/>		
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Comments: N/A

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"/>		
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Comments: N/A

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"/>	---	---
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Comments: Criminal History Name Check has not been conducted for the following adults prior of camp operation: Max Segal (Camp Director), Julia Mati, and Edison Arabia-Meyer

13.	3.2(k)2	Written and notarized statement, provided by continuously employed or returning adult staff, indicating that there has been no change in criminal history status since the criminal history name check was conducted is maintained by the camp operator.	<input type="checkbox"/>	<input type="checkbox"/>	-----	<input type="checkbox"/>	<input checked="" type="checkbox"/>	---
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#	N.J.A.C. 8:25		IN	OUT	Severity	COS	N/A	N/O
Comments: N/A, first year as camp.								
14.	3.2(l)	Sex offender registry check conducted annually for all staff 16 and older.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Major	<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 checked="" type="checkbox"/>	<input type="checkbox"/>	-----	---	<input type="checkbox"/>	<input type="checkbox"/>
Comments:								
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: Ages 5 - 10								
Campers in the indoor gym were observed with 2 - 3 adult staff but observed campers crossing the partition without staff supervision and going to the bathroom without the proper adult staff.								
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 checked="" type="checkbox"/>	<input type="checkbox"/>	-----	<input type="checkbox"/>	<input type="checkbox"/>	---
Comments: Ages 3 - 4								
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:								
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:								
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: American Red Cross, Professional Rescuers CPR/AED and First Aid								
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 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 type="checkbox"/>	<input checked="" type="checkbox"/>	Critical	<input type="checkbox"/>	<input type="checkbox"/>	---
Comments: See #31								
31.	5.5(g)	Campers' immunization records and/or religious exemptions are maintained on file.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Critical	<input type="checkbox"/>	---	---

#	N.J.A.C. 8:25		IN	OUT	Severity	COS	N/A	N/O
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Comments: Immunization and written health histories missing for following campers:

Ilai Adika - Vaccination Records and Camper History

Ayden Adoni - Vaccination Records

Nathan Adoni - Vaccination Records

Elijah Bondarsky - Vaccination Records

Isaac Bondarsky - Vaccination Records

Kayla Bram - Vaccination Records

Ashi Dworkin - Vaccination Records and Camper History

Ben Elkins - Vaccination Records

Emmy Gdanski - Vaccination Records and Camper History

Annie Gluck - Vaccination Records

Maya Gluck - Vaccination Records

Bailee Hayes - Vaccination Records

Jacob Hayes - Vaccination Records

Annie Jacobs - Vaccination Records

Jonah Jacobs - Vaccination Records

Elle Leventhal - Vaccination Records and Camper History

Zachary Leventhal - Vaccination Records and Camper History

Dylan Levy - Vaccination Records and Camper History

Evan Levy - Vaccination Records and Camper History

Jack Maytal - Vaccination Records and Camper History

Sofia Maytal - Vaccination Records and Camper History

Daniella Miller - Vaccination Records and Camper History

Shira Miller - Vaccination Records and Camper History

#	N.J.A.C. 8:25		IN	OUT	Severity	COS	N/A	N/O
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Ethan Misir - Vaccination Records and Camper History

Karoline Morrow - Vaccination Records

Ezra Okrent - Vaccination Records and Camper History

Jesse Okrent - Vaccination Records and Camper History

Noa Okrent - Vaccination Records and Camper History

James Perlman - Vaccination Records and Camper History

Jackson Schorr - Vaccination Records

Lila Schorr - Vaccination Records

Gali Simansky - Vaccination Records and Camper History

Lia Simansky - Vaccination Records and Camper History

Nava Simansky - Vaccination Records and Camper History

Mackenzie Sipzner - Vaccination Records and Camper History

Alexa Strauss - Camper History

Michaela Strauss - Camper History

Victoria Strauss - Camper History

Joseph Strulowitz - Vaccination Records and Camper History

Asher Tokayer - Vaccination Records and Camper History

Jonah Tokayer - Vaccination Records and Camper History

Nathan Tokayer - Vaccination Records and Camper History

Becca Waltuch - Vaccination Records and Camper History

Gaby Waltuch - Vaccination Records and Camper History

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"/>					
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Comments: N/A

33.	5.4(b)	Minimum first aid supplies set forth in Appendix E "Health Center Supplies" are maintained.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	-----	<input type="checkbox"/>	---	---
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#	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 type="checkbox"/>	<input checked="" type="checkbox"/>	Minor	<input type="checkbox"/>	---	---
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Comments: No written documentation with Teaneck Volunteer Ambulance Corps.

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: N/A

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: N/A

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"/>	Major	<input type="checkbox"/>	---	---
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Comments: Unavailable for review. Camp must develop the written policy and procedures 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 type="checkbox"/>		
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Comments: N/A

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: N/A

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 type="checkbox"/>	<input checked="" type="checkbox"/>	Minor	<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: Practiced fire drills following the school facility, but camp does not have its own written policy procedure 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"/>	---	---
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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: N/A

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"/>
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Comments:

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 MVC School Bus Safety Team .	<input type="checkbox"/>	<input type="checkbox"/>	-----	<input type="checkbox"/>	---	---
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Comments: N/A

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"> 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 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:								
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"/>	Major	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: Written policy documents unavailable for activities: field sports and inflatables.								
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 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 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 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 type="checkbox"/>	<input type="checkbox"/>	-----	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	Minor	<input type="checkbox"/>	---	---
Comments:								
67.	13.5(a)	Recreational equipment is maintained in safe operating condition.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Minor	<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 type="checkbox"/>	<input checked="" type="checkbox"/>	Minor	<input type="checkbox"/>	---	---
Comments:								
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 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:								
ADDITIONAL PROVISIONS								
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 type="checkbox"/>	NO <input type="checkbox"/>
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Comments: N/A

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"/>
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Comments: Informed & provided via camp email.

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

Remarks	<p>Camp operation: 8/21 - 8/31 (Camp license applied for 6/26 - 8/18). Approximately 50+ campers between ages of 3 - 10.</p> <p>Max Segal, Camp director, has less than 1 year experience in Camp admin work.</p> <p>Health Director may not have other roles and duties. (Do not count into staff ratio or have other duties such as pick/dropoff, camp admin work, etc.)</p> <p>All adults will complete Criminal History Name Checks.</p> <p>All 16 and older will complete the sex offenders check. (https://www.familywatchdog.us/)</p> <p>Camp has been working with "junior counselors" in training that are 13 - 15 years old. For NJ Youth Camps, junior counselors are considered minors aged 16 & 17. Camp will notify and exclude all minors aged 13-15 by end of Friday, 8/25/2023.</p> <p>Immunization and health histories were missing for campers listed above. Camp will notify parents to submit all required health records for each camper immediately. On Monday, 8/28/2023, camp will not accept any campers without their health records submitted.</p> <p>Camp policies and written procedures were unavailable for emergencies, evacuation, fire, natural disasters, and lost camper(s).</p> <p>NJDOH issued a CONDITIONAL Satisfactory rating. A Notice of Violation (NOV) will be also issued. This camp will submit the corrective action by Monday, 8/28/2023.</p>
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Name of Inspecting Official Jaime Ahn	Name of the Person Receiving Copy of Report Max Segal
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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. 18950
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CAMP ID 3537	CAMP NAME Camp Segal	ACTIVITY TYPE INSPECTION	EVALUATION CLOSURE						
CAMP OWNER Camp Segal		PHONE NUMBER (201) 921-1395	E-MAIL campsegal@gmail.com						
STREET ADDRESS 275 Mckinley Avenue		CITY New Milford	ZIP 07646						
MAILING ADDRESS		CHANGES	COUNTY Bergen						
CAMP DIRECTOR NAME Max Segal		HEALTH DIRECTOR NAME Gabriella Chutter	FOOD SERVICE VENDOR N/A						
INSPECTOR NAME Jaime Ahn		REHS LIC. B-159736	REINSPECTION ON OR AFTER <input checked="" type="checkbox"/> NOV						
TIME/ACTIVITY REPORT (1-TRAVEL, 2-INSPECTION, 3-ADMINISTRATION, 4-PERSONAL) TOTAL HOURS:									
DATE	CODE	BEGIN	END	CODE	BEGIN	END	CODE	BEGIN	END
8/28/23	3	0900	1130	1	1130	1200	2	1200	1500
8/28/23	1	1500	1530						
8/29/23	3	0730	0830						

#	N.J.A.C.		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: N/A								
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: Camp does not have any subsidized campers.								
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 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: Add 3.1(a)1, "...shall be prohibited from deprivation of food, isolation, subjecting to corporal punishment or abusive physical exercises, as a means of punishment."

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"/>	Critical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Comments: Incomplete for current and new staff.

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"/>	---	---
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Comments: N/A

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

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

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 type="checkbox"/>		
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Comments: N/A

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"/>		
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Comments: N/A

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

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

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

SUPERVISION OF CAMPERS

16.	3.2(o)	Camp supervision ratios are observed for ages 5-17: 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"/>	Critical	<input type="checkbox"/>	<input type="checkbox"/>	---
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Comments: Ages 5 - 10

On 8/25/23, campers in the indoor gym were observed with 2 - 3 adult staff but observed campers crossing the partition without staff supervision and going to the bathroom without the proper adult staff.

On 8/28/23, a camper was observed in the hallway alone. This camper was going to the bathroom without any supervision.

On 8/28/23, a staff with a group of campers was observed on the cellphone instead of supervising/monitoring the campers.

On 8/28/23, a camper was injured in the head playing on the monkey bars. No staff observed how this camper was injured.

17.	3.2(p)	Camp supervision ratios are observed for ages 2 1/2 -4: 1 adult: 1 counselor: 14 campers? (Note: each additional group of 7 campers requires at least one additional staff)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Critical	<input type="checkbox"/>	<input type="checkbox"/>	---
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Comments: Ages 3 - 4

On 8/28/23, a camper was observed on the field without staff supervision. An adult staff was called to get this camper back to the group.

18.	3.2(q)	Camp supervision ratios are observed for ages birth to 2: 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"/>	---
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Comments:

SITE AND BUILDINGS

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

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

21.	13.2	Buildings are in compliance with the requirements of the New Jersey Uniform Construction Code, N.J.A.C. 5:23 and the New Jersey Uniform Fire Code, N.J.A.C. 5:70, as applicable.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	-----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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#	N.J.A.C. 8:25		IN	OUT	Severity	COS	N/A	N/O
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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"/>
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Comments:

23.	4.4	Power and or other hazardous equipment stored on-site are adequately protected and out of the reach of potential curious campers.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	-----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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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"/>
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Comments: Gabby Chutter, health director, was observed to have roles/duties in camper supervision and activities.

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

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

27.	5.1(d)	A written procedure for routine daily surveillance of campers and staff has been established. <i>(Note: this check can be conducted as a roll call activity; should be an activity that alerts the staff member of bruises, illness, etc. Any signs of child abuse should be reported)</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	-----	<input type="checkbox"/>	<input type="checkbox"/>	---
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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"/>	---
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Comments:

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

30.	5.5(b)	Written health histories for each staff/camper are maintained on file.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Critical	<input type="checkbox"/>	<input type="checkbox"/>	---
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Comments: Missing for Rose Muth

#	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"/>	Critical	<input type="checkbox"/>	---	---
Comments: Missing for Rose Muth								
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: N/A								
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"/>	---	---
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"/>	---	---
Comments:								
35.	5.1(b)	Written documentation for treatment and transport for campers/staff with serious injuries and/or illnesses have been organized with Emergency Medical Service (EMS) or ambulance squad.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Minor	<input type="checkbox"/>	---	---
Comments: No written documentation.								
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 checked="" type="checkbox"/>	Major	<input type="checkbox"/>	<input type="checkbox"/>	---
Comments: Unlabeled pills were stored in ziplock bags without prescription and/or instructions.								
37.	DFD	Medication is administered consistent with standards for parental consent. (for DFD funded camps)			YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Comments: N/A								
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"/>		
Comments: N/A								
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"/>	Major	<input type="checkbox"/>	---	---
Comments: Missing serious accidents, illness/injury procedures.								
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"/>		
Comments: N/A								
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"/>	---	---
Comments: Practiced a fire drill following the school facility but no writtem documentation/log.								
42.	DFD	Hazardous materials are handled and stored appropriately. Bio-contaminants are properly disposed of.			YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Comments: N/A								

#	N.J.A.C. 8:25		IN	OUT	Severity	COS	N/A	N/O
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"/>	---	---
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"/>	---	---
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"/>	---	---
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"/>	---	---
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 type="checkbox"/>					
Comments: N/A								
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:								
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 checked="" type="checkbox"/>	<input type="checkbox"/>	-----	<input type="checkbox"/>	---	---
Comments:								
52.	7.3	Water sampling results are maintained on site and available for review.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	-----	<input type="checkbox"/>	---	---
Comments:								
TRANSPORTATION								

#	N.J.A.C. 8:25		IN	OUT	Severity	COS	N/A	N/O
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 type="checkbox"/>	-----	<input type="checkbox"/>	---	---
Comments: N/A								
54.	8.2(b)	Written policy has been established for transportation.	<input type="checkbox"/>	<input type="checkbox"/>	-----	<input type="checkbox"/>	---	---
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"/>
Comments:								
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 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:								
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"/>	Major	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: Written policy documents unavailable for activities: field sports and inflatables. Basketball, gaga, spikeball, pickleball, soccer, football, dodgeball, playgrounds, etc.								
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 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 on-site swimming activities.	<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
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. <i>(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)</i>	<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 type="checkbox"/>	<input type="checkbox"/>
Comments:								
65.	9.3(d)	A system of supervising and monitoring bathers consistent with a buddy check to ensure bather safety has been documented and implemented.	<input type="checkbox"/>	<input type="checkbox"/>	-----	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	Minor	<input type="checkbox"/>	---	---
Comments:								
67.	13.5(a)	Recreational equipment is maintained in safe operating condition.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Minor	<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 type="checkbox"/>	<input checked="" type="checkbox"/>	Minor	<input type="checkbox"/>	---	---
Comments:								
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 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:								

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

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:								
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 type="checkbox"/>
Comments: N/A			
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: Informed & provided via camp email.			
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	<p>Camp operation: 8/21 - 8/31 (Camp license applied for 6/26 - 8/18). Approximately 50+ campers between ages of 3 - 10.</p> <p>Max Segal, Camp director, operated this camp in 2020.</p> <p>Health Director may not have other roles and duties. (Do not count into staff ratio or have other duties such as pick/dropoff, camp admin work, etc.)</p> <p>Immunization and health histories were missing for a camper Rose Muth.</p> <p>Staff pre-season orientation and training has not 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 (evacuation of camp, plan for lockdown, shelter in place, fires, natural disasters, and serious accidents, illness, or injury), daily health surveillance procedures, and lost camper(s) policies.</p> <p>Incomplete 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.</p> <p>Written policy documents unavailable for activities: field sports and inflatables. (Basketball, gaga, spikeball, pickleball, soccer, football, dodgeball, playgrounds, etc.)</p> <p>Campers Supervision issues:</p> <p>On 8/25/23, campers in the indoor gym were observed with 2 - 3 adult staff but observed campers crossing the partition without staff supervision and going to the bathroom without the proper adult staff.</p> <p>On 8/28/23, a camper was observed in the hallway alone. This camper was going to the bathroom without any supervision.</p> <p>On 8/28/23, a staff with a group of campers was observed on the cellphone instead of supervising/monitoring the campers.</p> <p>On 8/28/23, a camper was observed on the field without staff supervision. An adult staff was called to get this camper back to the group.</p> <p>On 8/28/23, a camper was injured in the head playing on the monkey bars. No staff observed how this camper was injured.</p>
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NJDOH issued a CLOSURE of this youth camp at conclusion of this re-inspection conducted on 8/28/23. A 2nd Notice of Violation (NOV) will be issued. As discussed, this camp will inform all campers parents of the camp closure via email with youth.camps@doh.nj.gov CC'd by COB (Close of Business).

Name of Inspecting Official

Jaime Ahn

Name of the Person Receiving Copy of Report

Max Segal