

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. 19668
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CAMP ID 3817	CAMP NAME Union Y Camp	ACTIVITY TYPE DFD INSPECTION	EVALUATION CLOSURE
CAMP OWNER YM - YWHA of Union County		PHONE NUMBER 908-289-8112	E-MAIL jackieb@uniony.org nancyk@uniony.org
STREET ADDRESS 501 Green Lane		CITY Union	ZIP 07083
MAILING ADDRESS		CHANGES	PREVIOUS INFORMATION
CAMP DIRECTOR NAME Jackie Baranoff		HEALTH DIRECTOR NAME Shira Raymond - FT EMT	FOOD SERVICE VENDOR On site kitchen
INSPECTOR NAME Melissa Petrillo Jaime Ahn		REHS LIC. B156899 B159736	REINSPECTION ON OR AFTER <input checked="" type="checkbox"/> NOV

TIME/ACTIVITY REPORT (1-TRAVEL, 2-INSPECTION, 3-ADMINISTRATION, 4-PERSONAL)							TOTAL HOURS: 17.5		
DATE	CODE	BEGIN	END	CODE	BEGIN	END	CODE	BEGIN	END
MP	1	0945	1000	2	1000	1600	1	1600	1615
7/31/23									
8/1/23	3	1100	1230						
JA	3	0830	0915	1	0915	1000	2	1000	1600
7/31/23									
7/31/23	1	1600	1700	8/1/23	3	0900	1000		

#	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: Facility also operates a DCF Childcare with children under 2.5 years of age (OOL license up to 259 children) in the same building downstairs.								
3.	Is the camp enrolled in the Division of Family Development (DFD)/Child Care Resource & Referral Agency (CCR&R) Childcare Subsidy Program?		YES <input checked="" type="checkbox"/>		NO <input type="checkbox"/>			

#	N.J.A.C. 8:25		IN	OUT	Severity	COS	N/A	N/O
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Comments: This location receives total of 221 subsidy with <10 subsidized children for camp.

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

7.	DFD	Age-appropriate pediatric first aid and Cardiopulmonary Resuscitation (CPR) training and required health and safety child growth development coursework has been completed and documented for caregivers, teachers, and directors, and any individuals responsible for the direct care/ supervision of children for a provider that receives DFD funds.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	-----	<input type="checkbox"/>	---	---
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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"/>	---	---
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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 checked="" type="checkbox"/>	<input type="checkbox"/>	-----	<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 checked="" type="checkbox"/>		
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Comments: Camp did not conduct fingerprint checks on any staff.

11.	DFD	Child Abuse Record Information (CARI) check has been conducted including Out-of-State child abuse registry checks for any staff that have lived out-of-state within the past five years (applicable to all staff and volunteer members of a provider that receives DFD funds)			YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>		
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#	N.J.A.C. 8:25		IN	OUT	Severity	COS	N/A	N/O
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Comments:

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: Missing for the following staff:

Ezra Feit, Michael Schnur, Miri Hershowitz, Ari Citron, Abby Savitt, Rena Cohen, Gavi Ness, Ezzy Goldman

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"/>	---
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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"/>	Major	<input type="checkbox"/>	<input type="checkbox"/>	---
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Comments: 23 campers aged 7-10 were observed in a classroom across the Health Director's office with 1 adult counselor with 23. The campers from this group was also observed going to the bathroom without any supervision.

A camper aged 10-12 visited the Health Director's office alone without any supervision and walking around the building.

Campers aged 8-12 were observed in hallways, stairwells, and bathrooms without any supervision at various times throughout the inspection.

Campers aged 8-10 were also observed with 15 year old "Junior counselors" alone.

A group of campers aged 9-12 were observed outside in the front yard area with a 15 year old "Junior counselor" and a 17 year old "senior counselor".

A group of campers aged 8-10 were observed in the gym with a senior counselor and a 15 year old "junior counselor".

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

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

#	N.J.A.C. 8:25		IN	OUT	Severity	COS	N/A	N/O
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 type="checkbox"/>	<input checked="" type="checkbox"/>	Critical	<input type="checkbox"/>	---	---
Comments: Exit doors leading to the outdoor area with the playground and outdoor pool were observed to be left open and accessible to unsupervised campers. The gate entrances to the outdoor pool were observed to be open and did not close properly.								
20.	4.2(a)	All structures and facilities are in compliance with local building, zoning and health codes and ordinances; further letters of approval or a certificate of occupancy (CO) issued by the local authority has been received.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Major	<input type="checkbox"/>	<input type="checkbox"/>	---
Comments: The facility is not in compliance with local codes and ordinances. Local officials were on-site at the time of inspection.								
21.	13.2	Buildings are in compliance with the requirements of the New Jersey Uniform Construction Code, N.J.A.C. 5:23 and the New Jersey Uniform Fire Code, N.J.A.C. 5:70, as applicable.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Major	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: The building is not in compliance with fire codes. Local officials were on-site at the time of inspection.								
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 type="checkbox"/>	<input checked="" type="checkbox"/>	Minor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: In one of the classrooms used by the camp, the power cords to two of the window air conditioning units were within camper reach.								
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 approved by the Department.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	-----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: Back-up Health Director is Rachael Katz, and off-site RN, and/or a off-duty lifeguard.								
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: FT EMT & AHA BLS Exp. 03/2025								

#	N.J.A.C. 8:25		IN	OUT	Severity	COS	N/A	N/O
27.	5.1(d)	A written procedure for routine daily surveillance of campers and staff has been established. (Note: this check can be conducted as a roll call activity; should be an activity that alerts the staff member of bruises, illness, etc. Any signs of child abuse should be reported)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	-----	<input type="checkbox"/>	<input type="checkbox"/>	---
Comments:								
28.	5.1(d)2	Health Director has developed a system (forms, logs) for documenting all obvious and unusual observations made during the daily health surveillance and communicating suspected and/or confirmed illness of a camper to parents ASAP.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	-----	<input type="checkbox"/>	<input type="checkbox"/>	---
Comments:								
29.	5.3(b)	Health director has established written medical policies and procedures on the treatment of illness and injury and the administration of non-Rx drugs.	<input type="checkbox"/>	<input type="checkbox"/>	-----	<input type="checkbox"/>	<input checked="" type="checkbox"/>	---
Comments:								
30.	5.5(b)	Written health histories for each staff/camper are maintained on file.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Minor	<input type="checkbox"/>	<input type="checkbox"/>	---
Comments: Missing health histories for staff.								
31.	5.5(g)	Campers' immunization records and/or religious exemptions are maintained on file.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	-----	<input type="checkbox"/>	---	---
Comments:								
32.	DFD	Families (including foster families) of children in foster care and homeless children are permitted a 30-day grace period to take any necessary action to comply with immunization requirements consistent with the provisions of N.J.A.C. 3A:52-7.3 and N.J.A.C. 3A:54-6.8. (For DFD Funded Families)	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
Comments: 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 checked="" type="checkbox"/>	<input type="checkbox"/>	-----	<input type="checkbox"/>	---	---
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"/>	---
Comments: Epipens & Inhalers								
37.	DFD	Medication is administered consistent with standards for parental consent. (for DFD funded camps)	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
Comments:								
38.	DFD	The camp ensures staff are trained and prepared to prevent, recognize, and respond to emergencies due to food-related allergies and other allergic reactions.	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
Comments: Staff training did not include information on food-related allergies and other allergic reactions.								

#	N.J.A.C. 8:25		IN	OUT	Severity	COS	N/A	N/O
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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 checked="" type="checkbox"/>					
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Comments: The camp's written emergency procedures did not include accommodations for children with disabilities and chronic medical conditions.

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"/>	---	---
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Comments: The camp has not conducted any fire drill and emergency drills during this camp season.

42.	DFD	Hazardous materials are handled and stored appropriately. Bio-contaminants are properly disposed of.	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
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Comments: A closet full of cleaning chemicals was observed unlocked with a hole in the lower half of the door door, which can be easily accessible by children.

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: Fire extinguishers were available and serviced November 2022.

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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Comments: The camp's policy and procedure did not indicate the frequency of such activities.

46.	6.4(a)	Documented certification of compliance with all local and State fire codes and rules.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Minor	<input type="checkbox"/>	---	---
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Comments: The building and facilities are not in compliance with local and state codes. Local officials were on-site at the time of inspection.

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

#	N.J.A.C. 8:25		IN	OUT	Severity	COS	N/A	N/O
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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 checked="" type="checkbox"/>	<input type="checkbox"/>	-----	<input type="checkbox"/>	---	---
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Comments: Passaic Valley Coach buses used for field trips.

54.	8.2(b)	Written policy has been established for transportation.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Minor	<input type="checkbox"/>	---	---
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Comments: The camp did not have a written policy on transportation.

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:

56.	8.4	<p>The following records are maintained:</p> <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; <p>If a contractor is used to provide transportation services, the name and address of the contractor.</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Minor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Comments: The camp did not have transportation route records.

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"/>
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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 checked="" type="checkbox"/>	<input type="checkbox"/>	-----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Comments: Indoor & Outdoor swimming pools

#	N.J.A.C. 8:25		IN	OUT	Severity	COS	N/A	N/O
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 off-site swimming activities require prior notification of arrival to the operator of the public recreational bathing facility. Policies and procedures for the monitoring of campers and swimmer ability assessment during off-site swimming is documented. (Note: if no, please indicate which part of the question is not in compliance)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	-----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: No written policy or procedures for off-site swimming were available for review.								
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 checked="" type="checkbox"/>	Minor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: No written policies and procedures available for review.								
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 checked="" type="checkbox"/>	<input type="checkbox"/>	-----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:								
64.	9.2(a)	Lifeguards are certified by an agency approved by the Department .	<input checked="" 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 checked="" type="checkbox"/>	Minor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Comments: 10 minute buddy checks were not done or documented. Implementation began during the inspection.								
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: Camp and recreational equipment is nor evaluated or dcumented weekly.								
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 type="checkbox"/>	<input checked="" type="checkbox"/>	Minor	<input type="checkbox"/>	---	---
Comments: The camp does not conduct safety inspections or document inspections of recreational equipment.								
INSECT, RODENT, AND WEED CONTROL								

#	N.J.A.C. 8:25		IN	OUT	Severity	COS	N/A	N/O
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 type="checkbox"/>	<input checked="" type="checkbox"/>	-----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: Various building access/exit doors throughout the facility were observed with bottom gaps, allowing possible pest entry. All doors and openings must be tight-fitting to prevent pests. Classrooms were also observed with food debris on the floor.								
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:								
76.	13.4 (a-e)	Camp activities being conducted on site a farm or any space where campers may come into routine contact with farm animals have documented the policies and procedures to minimize the potential of illness and injury.	<input type="checkbox"/>	<input type="checkbox"/>	-----	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Comments:								

ASSESSMENT QUESTIONS					
77.	Has staff with supervisory authority responsibilities for children completed the Division of Family Development's pre-service health and safety trainings as required?			YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
Comments: None of the staff have completed the required pre-service health and safety trainings.					
78.	Is the camp director aware that on or before September 15, of each year, the camp director shall submit an 'Accident Annual Report Youth Camp Safety' (CB-15) form via Mail or email to the Department at: youth.camps@doh.nj.gov			YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
Comments:					
79.	Has your camp implemented COVID-19 mitigation measures? If yes, which COVID-19 mitigation measures were implemented? (Ex: masking, social distancing, handwashing, testing)			YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>

Comments:

Remarks

Total of 234 Campers (<10 subs. campers)

Age groups: "Chaverim" 5-13years old & "Ahava" 2.5 - 4 years old

Facility used for Camp: 1st & 2nd floor classrooms, auditorium, basement gym, indoor/outdoor pools, and outdoor areas.

Operation Dates: 6/27 - 8/17

Name of Inspecting Official

Melissa Petrillo, Jaime Ahn

Name of the Person Receiving Copy of Report

Jackie Baranoff, Camp Director

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. 19668			
CAMP ID 3817		CAMP NAME Union Y Camp			ACTIVITY TYPE REINSPECTION		EVALUATION SATISFACTORY		
CAMP OWNER YM - YWHA of Union County				PHONE NUMBER 908-289-8112		E-MAIL jackieb@uniony.org nancyk@uniony.org			
STREET ADDRESS 501 Green Lane				CITY Union		ZIP 07083		COUNTY Union	
MAILING ADDRESS				CHANGES			PREVIOUS INFORMATION		
CAMP DIRECTOR NAME Jackie Baranoff			HEALTH DIRECTOR NAME Shira Raymond - FT EMT			FOOD SERVICE VENDOR On site kitchen			
INSPECTOR NAME Melissa Petrillo				REHS LIC. B156899		REINSPECTION ON OR AFTER			<input 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
08/04/23	3	1545	1645						

#	N.J.A.C. 8:25		IN	OUT	Severity	COS	N/A	N/O
ADMINISTRATIVE								
1.	2.1	Camp has a current certificate of approval (camp license) from the NJDOH.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	-----	<input type="checkbox"/>	<input type="checkbox"/>	---
Comments:								
2.	DFD	If accepting children under 2.5 years of age – the facility is licensed by the NJ Dept. of Children and Families Office of Licensing.	<input type="checkbox"/>	<input type="checkbox"/>	-----	<input type="checkbox"/>	<input checked="" type="checkbox"/>	---
Comments: Facility also operates a DCF Childcare with children under 2.5 years of age (OOL license up to 259 children) in the same building downstairs.								
3.	Is the camp enrolled in the Division of Family Development (DFD)/Child Care Resource & Referral Agency (CCR&R) Childcare Subsidy Program?		YES <input checked="" type="checkbox"/>		NO <input type="checkbox"/>			
Comments: This location receives total of 221 subsidy with <10 subsidized children for camp.								
4.	2.5	Camp has obtained liability insurance in an amount consistent with the expected risks.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	-----	<input type="checkbox"/>	---	---
Comments:								
GENERAL CARE OF CAMPERS								

#	N.J.A.C. 8:25		IN	OUT	Severity	COS	N/A	N/O
5.	3.1(a)	Discipline policies and practices are stated in writing. Camp staff are prohibited from taking means of corporal punishment toward children.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	-----	<input type="checkbox"/>	---	---
Comments:								
STAFF								
6.	3.2(c)	Staff pre-season orientation and training has been conducted and documented. At minimum, the following has been included in the orientation: personnel policies and practices, job descriptions, disciplinary policies, basic principles of emergency first aid, blood-borne pathogens, infection control, and hand washing, emergency procedures, daily health surveillance procedures, lost camper and lost swimmer policies.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	-----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:								
7.	DFD	Age-appropriate pediatric first aid and Cardiopulmonary Resuscitation (CPR) training and required health and safety child growth development coursework has been completed and documented for caregivers, teachers, and directors, and any individuals responsible for the direct care/ supervision of children for a provider that receives DFD funds.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	-----	<input type="checkbox"/>	---	---
Comments:								
8.	3.1(c)	Camp staff, with reason to believe a camper is being abused, have been advised to immediately report observations to Department of Children and Families hotline at (877)-652-2873.	<input 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:								
STAFF BACKGROUND CHECK								
10.	DFD	Federal Bureau of Investigation (FBI) criminal history (fingerprint check), National Sex Offender Registry (NSOR), State criminal history (fingerprint check), and State Sex Offender Registry completed for all staff members. This check also includes Out-of-State State criminal history and Out-of-State Sex Offender Registry for any staff that have lived out of state within the past five years. <i>(Only for DFD Camps)</i>	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
Comments: The camp was able to provide valid fingerprint checks on adult staff.								
11.	DFD	Child Abuse Record Information (CARI) check has been conducted including Out-of-State child abuse registry checks for any staff that have lived out-of-state within the past five years (applicable to all staff and volunteer members of a provider that receives DFD funds)	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
Comments:								
12.	3.2(j)	Criminal History Name Check has been conducted/completed for all adult (ages 18+) staff member.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	-----	<input type="checkbox"/>	---	---

#	N.J.A.C. 8:25		IN	OUT	Severity	COS	N/A	N/O
Comments: The camp provided background checks for the following missing staff: Gavi Ness. Ezra Feit, Michael Schnur, Ari Citron, and Ezzy Goldman are under 18 years of age. Rena Cohen has not begun employment with the camp as of the inspection and re-inspection dates.								
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: Notorized statements were provided for Miri Hershowitz, Abby Savitt.								
14.	3.2(l)	Sex offender registry check conducted annually for all staff 16 and older.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	-----	<input type="checkbox"/>	---	---
Comments:								
CAMP ACTIVITIES								
15.	3.2(n)	High-risk activities are conducted by a qualified adult activity specialist (18 years of age and older).	<input 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: The groups of campers were observed to have proper counselor ratios and no staff/counselors under 16 years of age were included in the counselor ratios. Children were observed to be supervised and accompanied as needed (to bathrooms, nurse, etc.). The camp was able to provide a roster listing the names and ages of the counselors supervising each of the groups.								
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:								
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: At the time of inspection, the door was observed to have a sign informing that the door be closed at all times but the Camp Director stated it was usually left open due to the inconvenience of having it be opened each time as the door is not able to be easily opened. The camp's corrective action plan states the counselors were informed of having to keep the door closed at all times and that the pool gates were repaired August 1, 2023. When present August 1, 2023, the pool gates and the door were observed to be closed.								
20.	4.2(a)	All structures and facilities are in compliance with local building, zoning and health codes and ordinances; further letters of approval or a certificate of occupancy (CO) issued by the local authority has been received.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Major	<input type="checkbox"/>	<input type="checkbox"/>	---

#	N.J.A.C. 8:25		IN	OUT	Severity	COS	N/A	N/O
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Comments: The facility is not in compliance with local codes and ordinances. Local officials were on-site at the time of inspection.

This is an ongoing investigation/inspection with local officials.

21.	13.2	Buildings are in compliance with the requirements of the New Jersey Uniform Construction Code, N.J.A.C. 5:23 and the New Jersey Uniform Fire Code, N.J.A.C. 5:70, as applicable.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Major	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Comments: The building is not in compliance with fire codes. Local officials were on-site at the time of inspection.

This is an ongoing investigation/inspection with local officials.

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: When present August 1, 2023, no electrical cords were observed within camper reach in any of the areas used by the camps.

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 approved by the Department.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	-----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Comments: Back-up Health Director is Rachael Katz, and off-site RN, and/or a off-duty lifeguard.

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 approved by the Department.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	-----	<input type="checkbox"/>	---	---
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Comments: FT EMT & AHA BLS Exp. 03/2025

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"/>	---
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Comments:

#	N.J.A.C. 8:25		IN	OUT	Severity	COS	N/A	N/O
28.	5.1(d)2	Health Director has developed a system (forms, logs) for documenting all obvious and unusual observations made during the daily health surveillance and communicating suspected and/or confirmed illness of a camper to parents ASAP.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	-----	<input type="checkbox"/>	<input type="checkbox"/>	---
Comments:								
29.	5.3(b)	Health director has established written medical policies and procedures on the treatment of illness and injury and the administration of non-Rx drugs.	<input type="checkbox"/>	<input type="checkbox"/>	-----	<input type="checkbox"/>	<input checked="" type="checkbox"/>	---
Comments:								
30.	5.5(b)	Written health histories for each staff/camper are maintained on file.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Minor	<input type="checkbox"/>	<input type="checkbox"/>	---
Comments: Missing health histories for staff. The corrective action plan states that all health histories for staff are due by Monday August 7, 2023 and were not available yet for review.								
31.	5.5(g)	Campers' immunization records and/or religious exemptions are maintained on file.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	-----	<input type="checkbox"/>	---	---
Comments:								
32.	DFD	Families (including foster families) of children in foster care and homeless children are permitted a 30-day grace period to take any necessary action to comply with immunization requirements consistent with the provisions of N.J.A.C. 3A:52-7.3 and N.J.A.C. 3A:54-6.8. (For DFD Funded Families)	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
Comments: 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 checked="" type="checkbox"/>	<input type="checkbox"/>	-----	<input type="checkbox"/>	---	---
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"/>	---
Comments: Epipens & Inhalers								
37.	DFD	Medication is administered consistent with standards for parental consent. (for DFD funded camps)	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
Comments:								
38.	DFD	The camp ensures staff are trained and prepared to prevent, recognize, and respond to emergencies due to food-related allergies and other allergic reactions.	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
Comments: Staff training did not include information on food-related allergies and other allergic reactions. The camp's corrective action plan states that pre-camp agenda will be updated to include this information for future camp seasons. It will be reviewed with staff during the mandatory staff meeting on Monday August 7, 2023. A flyer with food-related allergies and other allergic reaction information was provided as part of the corrective action plan.								

#	N.J.A.C. 8:25		IN	OUT	Severity	COS	N/A	N/O
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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.	<p align="center">YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>					
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Comments: The camp's written emergency procedures did not include accommodations for children with disabilities and chronic medical conditions.

The camp's corrective action plan states that the procedure will be updated, but a updated version of the procedure was not provided.

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"/>	---	---
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Comments: The camp has not conducted any fire drill and emergency drills during this camp season.

The camp's corrective action plan states that drills will be conducted prior to the end of camp.

42.	DFD	Hazardous materials are handled and stored appropriately. Bio-contaminants are properly disposed of.	<p align="center">YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></p>					
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Comments: A closet full of cleaning chemicals was observed unlocked with a hole in the lower half of the door door, which can be easily accessible by children.

The door to the cleaning chemical closet was repaired.

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: Fire extinguishers were available and serviced November 2022.

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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Comments: The camp's policy and procedure did not indicate the frequency of such activities.

The camp's corrective action plan states that the policy will be updates but it was not provided.

46.	6.4(a)	Documented certification of compliance with all local and State fire codes and rules.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Minor	<input type="checkbox"/>	---	---
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Comments: The building and facilities are not in compliance with local and state codes. Local officials were on-site at the time of inspection.

These inspections/investigations are ongoing with local officials.

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:

#	N.J.A.C. 8:25		IN	OUT	Severity	COS	N/A	N/O
48.	DFD	The camp operator has developed and documented an emergency preparedness procedure that covers continuity of operations, staff and volunteer training in the event of an emergency.			YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>		
Comments: The camp's corrective action plan states the camp is working on securing a new evacuation location and will update the policy once it has been secured.								
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								
53.	8.1	Transport vehicles conform to the requirements of Motor Vehicles and Traffic Regulation, N.J.S.A. 39:1-1 et seq., and the Motor Vehicle Commission rules promulgated thereunder at N.J.A.C. 13:21 and have been inspected and maintains a sticker of inspection by the MVC School Bus Safety Team .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	-----	<input type="checkbox"/>	---	---
Comments: Passaic Valley Coach buses used for field trips.								
54.	8.2(b)	Written policy has been established for transportation.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Minor	<input type="checkbox"/>	---	---
Comments: The camp did not have a written policy on transportation. The camp;s corrective action plan states it will provide a policy for next camp season, but did not provide a policy for review.								
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 checked="" type="checkbox"/>	<input type="checkbox"/>	-----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#	N.J.A.C. 8:25		IN	OUT	Severity	COS	N/A	N/O
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Comments: The camp provided transportation routes.

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"/>
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Comments: The company may not provide this information due to security.

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 checked="" type="checkbox"/>	<input type="checkbox"/>	-----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Comments: Indoor & Outdoor swimming pools

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"/>
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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. <i>(Note: if no, please indicate which part of the question is not in compliance)</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	-----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Comments: The camp provided a written policy documenting swimmer ability assessments using color-coded bracelets for the campers.

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 checked="" type="checkbox"/>	Minor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Comments: No written policies and procedures available for review.

The camp now has a swimmer ability assessment procedure but no other policies were provided.

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

64.	9.2(a)	Lifeguards are certified by an agency approved by the Department.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	-----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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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 checked="" type="checkbox"/>	Minor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Comments: 10 minute buddy checks were not done or documented. Implementation began during the inspection.

MAINTENANCE AND SANITATION

#	N.J.A.C. 8:25		IN	OUT	Severity	COS	N/A	N/O
66.	13.5(a)	Camp and recreational equipment evaluated and documented to be maintained in a clean, safe, and sanitary condition weekly.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	-----	<input type="checkbox"/>	---	---
Comments: The camp has included a safety inspection checklist to document weekly inspection of recreational equipment. The camp implemented and used the checklist on 08/02/23.								
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: The camp has included a safety inspection checklist to document weekly inspection of recreational equipment. The camp implemented and used the checklist on 08/02/23.								
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 type="checkbox"/>	<input checked="" type="checkbox"/>	Minor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: Various building access/exit doors throughout the facility were observed with bottom gaps, allowing possible pest entry. All doors and openings must be tight-fitting to prevent pests. Classrooms were also observed with food debris on the floor.								
The camp's corrective action plan stated maintenance has been notified of the issues and are pending repairs/remediation.								
All classroom floors were observed to be clean and tidy with no food debris.								
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"/>

#	N.J.A.C. 8:25		IN	OUT	Severity	COS	N/A	N/O
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Comments:								
76.	13.4 (a-e)	Camp activities being conducted on site a farm or any space where campers may come into routine contact with farm animals have documented the policies and procedures to minimize the potential of illness and injury.	<input type="checkbox"/>	<input type="checkbox"/>	-----	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Comments:								

ASSESSMENT QUESTIONS

77.	Has staff with supervisory authority responsibilities for children completed the Division of Family Development's pre-service health and safety trainings as required?				YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
Comments: None of the staff have completed the required pre-service health and safety trainings.						
The camp's corrective action plan states that the camp staff will create NJCCIS profiles and complete the required trainings prior to the end of camp season. No certificates were available for review.						
78.	Is the camp director aware that on or before September 15, of each year, the camp director shall submit an 'Accident Annual Report Youth Camp Safety' (CB-15) form via Mail or email to the Department at: youth.camps@doh.nj.gov				YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
Comments:						
79.	Has your camp implemented COVID-19 mitigation measures? If yes, which COVID-19 mitigation measures were implemented? (Ex: masking, social distancing, handwashing, testing)				YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
Comments:						

Remarks	<p>Total of 234 Campers (<10 subs. campers)</p> <p>Age groups: "Chaverim" 5-13years old & "Ahava" 2.5 - 4 years old</p> <p>Facility used for Camp: 1st & 2nd floor classrooms, auditorium, basement gym, indoor/outdoor pools, and outdoor areas.</p> <p>Operation Dates: 6/27 - 8/17</p> <p>NOTE: As of August 1, 2023, I visited the camp to conduct a camp closure but the camp was able to staff the groups of campers appropriately and had an immediate discussion about camper supervisory and the importance of keeping all doors and gates closed during camp operation. I was satisfied with the ratios of adult counselors and/or junior counselors and campers ratios. Campers were observed to be accompanied and supervised at all times. The camp was allowed to remain open and received a Conditionally Satisfactory rating.</p>
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Name of Inspecting Official Melissa Petrillo	Name of the Person Receiving Copy of Report Jackie Baranoff, Camp Director
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