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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 youthcamps@doh.nj.gov | | | | | | REPORT OF INSPECTION Youth Camp Safety Standards and COVID-19 Guidelines Assignment No. 14203 | | | |
| CAMP ID 593 | | CAMP NAME Day Camp Sunshine | | | ACTIVITY TYPE DFD INSPECTION | | EVALUATION SATISFACTORY | | |
| CAMP OWNER Fellowship Deaconry Day Camp Sunshine | | | | PHONE NUMBER 908 991 3215 | | E-MAIL chris.hendrickson@deaconry.org | | | |
| STREET ADDRESS 3575 Valley Rd. | | | | CITY Liberty Corner | | ZIP 07938 | | COUNTY Somerset | |
| MAILING ADDRESS Box 204, Liberty Corner, NJ 07938 | | | | CHANGES | | | PREVIOUS INFORMATION | | |
| CAMP DIRECTOR NAME Chris Hendrickson | | | HEALTH DIRECTOR NAME Esther Betonio | | | FOOD SERVICE VENDOR Simply Gourmet, Randolph, NJ | | | |
| INSPECTOR NAME David Valvano | | | | REHS LIC. B 1098 | | 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 |
| 8-19-20 | 1 | 0830 | 0915 | 2 | 0915 | 1300 | | | |
| | | | | | | | | | |

| # | N.J.A.C. 8:25 | | IN | OUT | Severity | COS | N/A | N/O |
|--------------------------------|---|--|--|--------------------------|------------------------------------|--------------------------|-------------------------------------|-----|
| ADMINISTRATIVE | | | | | | | | |
| 1. | Covid19 | Camp has an active license issued by the NJ Dept. of Health | <input checked="" type="checkbox"/> | <input type="checkbox"/> | ----- | <input type="checkbox"/> | <input type="checkbox"/> | --- |
| Comments: | | | | | | | | |
| 2. | Covid19 | If accepting children under 2.5 years of age – the facility is licensed by the NJ Dept. of Children and Families Office of Licensing. | <input type="checkbox"/> | <input type="checkbox"/> | ----- | <input type="checkbox"/> | <input checked="" type="checkbox"/> | --- |
| Comments: | | | | | | | | |
| 3. | Is the camp enrolled in the Division of Family Development (DFD)/Child Care Resource & Referral Agency (CCR&R) Childcare Subsidy Program? | | YES <input checked="" type="checkbox"/> | | NO <input type="checkbox"/> | | | |
| Comments: | | | | | | | | |
| 4. | Covid19 | Camp submitted the attestation form to NJ Dept. of Health. | <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"/> | --- | --- |
| Comments: | | | | | | | | |

| # | N.J.A.C. 8:25 | | IN | OUT | Severity | COS | N/A | N/O |
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| STAFF | | | | | | | | |
| 6. | 3.2(c) | Staff orientation training has been conducted and documented where written policies and procedures on the following were discussed and provided: personnel policies and practices, job descriptions, specific duties, 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. | 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: | | | | | | | | |
| 8. | 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: | | | | | | | | |
| 9. | Covid19 | COVID awareness training for staff included: <ul style="list-style-type: none"> ▪ Daily health screening for signs of COVID-19 at entry ▪ Use of personal protective equipment (PPE) ▪ Infection control strategies – hand hygiene, social distancing, limiting non-essential visitors, limiting large group gatherings and field trips ▪ Suspected or confirmed COVID-19 case isolation, notification, response ▪ Facility management – cleaning and disinfection, ventilation ▪ Attendance – groups of campers, transportation ▪ Food service - social distancing and hand hygiene | <input checked="" type="checkbox"/> | <input type="checkbox"/> | ----- | <input type="checkbox"/> | --- | --- |
| Comments: | | | | | | | | |
| 10. | Covid19 | COVID-19 safety measures have been communicated to staff, parents and campers, including: <ul style="list-style-type: none"> ▪ COVID-19 signs and symptoms ▪ Staying home when ill ▪ Proper hand hygiene and respiratory etiquette ▪ Wearing face coverings when social distancing cannot be maintained ▪ Reporting illnesses to the camp Health Director or other healthcare personnel immediately. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | ----- | <input type="checkbox"/> | --- | --- |
| Comments: | | | | | | | | |
| STAFF BACKGROUND CHECK | | | | | | | | |
| 11. | Federal Bureau of Investigation (FBI) criminal history, National Sex Offender Registry (NSOR), State Child Abuse and Neglect Registry, State criminal history, and State Sex Offender Registry completed for all adult staff member. <i>(Only for DFD Camps)</i> | | YES <input checked="" type="checkbox"/> | | NO <input type="checkbox"/> | | | |
| Comments: | | | | | | | | |
| 12. | 3.2(j) | Criminal background check completed for all adult staff member. (18 years of age and older) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | ----- | <input type="checkbox"/> | --- | --- |
| Comments: | | | | | | | | |
| 13. | 3.2(k)2 | Notarized statements of no change in criminal history status are provided by continuously employed adult staff. | <input type="checkbox"/> | <input type="checkbox"/> | ----- | <input type="checkbox"/> | <input checked="" type="checkbox"/> | --- |
| Comments: | | | | | | | | |

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| 14. | 3.2(l) | National sex offender registry check completed for all staff members annually. | <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: | | | | | | | | |
| 16. | Covid19 | COVID-19 mitigation strategy has been established, implemented, and documented for all activities offered at the camp. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | ----- | <input type="checkbox"/> | --- | --- |
| Comments: | | | | | | | | |
| 17. | Covid19 | Off-site activities in line with Executive Directive. | <input type="checkbox"/> | <input type="checkbox"/> | ----- | <input type="checkbox"/> | <input checked="" type="checkbox"/> | --- |
| Comments: | | | | | | | | |
| SUPERVISION OF CAMPERS | | | | | | | | |
| 18. | Covid19 | Camp has been designated as: | INDOOR only <input type="checkbox"/> | OUTDOOR only <input type="checkbox"/> | BOTH <input checked="" type="checkbox"/> | | | |
| Comments: | | | | | | | | |
| 19. | Covid19 | Camp grouping ratios for ages 5-17 are maintained at 1 adult: 1 counselor: 20 campers for indoor and/or outdoor designated camps. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | ----- | <input type="checkbox"/> | <input type="checkbox"/> | --- |
| Comments: | | | | | | | | |
| 20. | Covid19 | Camp grouping ratios for ages 2.5-4 are maintained at 1 adult: 1 counselor: 14 campers at indoor and/or outdoor designated camps | <input checked="" type="checkbox"/> | <input type="checkbox"/> | ----- | <input type="checkbox"/> | <input type="checkbox"/> | --- |
| Comments: | | | | | | | | |
| 21. | Covid19 | Policies have been developed to ensure campers remain with their assigned groups. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | ----- | <input type="checkbox"/> | <input type="checkbox"/> | --- |
| Comments: | | | | | | | | |
| 22. | Covid19 | Social distancing is observed between assigned groups. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | ----- | <input type="checkbox"/> | <input type="checkbox"/> | --- |
| Comments: | | | | | | | | |
| SITE AND BUILDINGS | | | | | | | | |
| 23. | 4.1(a) | Location does not present fire, health and safety hazards. All hazardous areas are guarded or fenced off and warning signs are posted. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | ----- | <input type="checkbox"/> | --- | --- |
| Comments: | | | | | | | | |
| 24. | 4.2(a) | Camp structures and facilities are in compliance with local building, zoning, and health codes. Certificate of Occupancy (CO) is obtained from local authority and available for review. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | ----- | <input type="checkbox"/> | <input type="checkbox"/> | --- |
| Comments: | | | | | | | | |
| 25. | Covid19 | A canopy, tenting or cover is provided at outdoor camps. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | ----- | <input type="checkbox"/> | --- | --- |
| Comments: | | | | | | | | |
| 26. | Covid19 | Indoor facilities have adequate ventilation and air flow. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | ----- | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments: | | | | | | | | |
| 27. | Covid19 | Residential and/or overnight services are prohibited. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | ----- | <input type="checkbox"/> | --- | --- |
| Comments: | | | | | | | | |
| 28. | Covid19 | Handwashing stations and hand sanitizers that contain at least 60% alcohol are provided in numerous areas around the camp. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | ----- | <input type="checkbox"/> | --- | --- |

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| Comments: | | | | | | | | |
| 29. | Covid19 | Physical barriers installed where necessary to allow for social distancing and reducing the risk of COVID-19 transmission. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | ----- | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments: | | | | | | | | |
| 30. | Covid19 | Pick-up and drop-off areas have been designated in a manner that: <ul style="list-style-type: none"> Provides for efficient health screening upon arrival Allows for social distancing <i>Note: Consider staggering drop-off and pick-up times to avoid large groups from congregating in one location.</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | ----- | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments: | | | | | | | | |
| 31. | Covid19 | COVID-19 precautions signs are posted as necessary, including 6 feet social distancing, frequent handwashing, use of face coverings as feasible. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | ----- | <input type="checkbox"/> | --- | --- |
| Comments: | | | | | | | | |
| 32. | Covid19 | Sufficient supply of gloves, face coverings, face masks and other PPE is provided for staff. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | ----- | <input type="checkbox"/> | --- | --- |
| Comments: | | | | | | | | |
| HEALTH | | | | | | | | |
| 33. | 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: | | | | | | | | |
| 34. | 5.2(b) | Health Director is certified in <u>standard-level</u> First Aid from a certification agency approved by the Department . | <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"/> | <input type="checkbox"/> | --- |
| Comments: | | | | | | | | |
| 36. | 5.1(d) | A written outline of daily procedures for health surveillance of campers and staff has been established. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | ----- | <input type="checkbox"/> | <input type="checkbox"/> | --- |
| Comments: | | | | | | | | |
| 37. | 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. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | ----- | <input type="checkbox"/> | <input type="checkbox"/> | --- |
| Comments: | | | | | | | | |
| 38. | 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 and Rx drugs. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | ----- | <input type="checkbox"/> | <input type="checkbox"/> | --- |
| Comments: | | | | | | | | |
| 39. | 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: | | | | | | | | |
| 40. | 5.5(b) | Written health histories for each staff/camper are maintained on file. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | ----- | <input type="checkbox"/> | <input type="checkbox"/> | --- |
| Comments: | | | | | | | | |

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| 41. | 5.5(g) | Immunization records and/or religious exemptions are maintained on file and on site for each camper. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | ----- | <input type="checkbox"/> | --- | --- |
| Comments: | | | | | | | | |
| 42. | 5.4(b) | First aid supplies are maintained and appropriate for activities. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | ----- | <input type="checkbox"/> | --- | --- |
| Comments: | | | | | | | | |
| 43. | 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: | | | | | | | | |
| 44. | Covid19 | Health director must have knowledge of: <ul style="list-style-type: none"> COVID-19 signs and symptoms and have the current guidance documents from the Department Personal protective equipment (PPE) use Safe practices for campers while attending camp | <input checked="" type="checkbox"/> | <input type="checkbox"/> | ----- | <input type="checkbox"/> | --- | --- |
| Comments: | | | | | | | | |
| 45. | Covid19 | Daily health surveillance program includes monitoring for signs and symptoms of COVID-19 among campers and staff. Health Director has developed a system (forms, logs) for documenting all obvious and unusual observations related to COVID-19 made during the daily health surveillance. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | ----- | <input type="checkbox"/> | --- | --- |
| Comments: | | | | | | | | |
| 46. | Covid19 | Daily health surveillance program includes temperature screening at entry for staff and campers. Temperature screening devices are provided. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | ----- | <input type="checkbox"/> | --- | --- |
| Comments: | | | | | | | | |
| 47. | Covid19 | Daily health surveillance program specifies that the camp will exclude and/or isolate any campers/staff who exhibit symptoms related to COVID-19. Temperatures 100.4°F or above and any COVID-19 signs and symptoms must be documented. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | ----- | <input type="checkbox"/> | --- | --- |
| Comments: | | | | | | | | |
| 48. | Covid19 | Infection control procedures have been established for areas around the camp, including camp entrances, dining areas, restrooms, and other areas prone to congregation. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | ----- | <input type="checkbox"/> | --- | --- |
| Comments: | | | | | | | | |
| 49. | Covid19 | Written procedure has been established for social distancing methods and are implemented during camp operation. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | ----- | <input type="checkbox"/> | --- | --- |
| Comments: | | | | | | | | |
| 50. | Covid19 | Written procedure has been established and implemented detailing the used of face coverings by the camp community. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | ----- | <input type="checkbox"/> | --- | --- |
| Comments: | | | | | | | | |
| 51. | Covid19 | Separate isolation space is provided for COVID-19 symptomatic staff and campers. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | ----- | <input type="checkbox"/> | --- | --- |
| Comments: | | | | | | | | |
| SAFETY | | | | | | | | |
| 52. | 6.1(a) | Written emergency procedures that address, at a minimum, evacuation of camp, fires, natural disasters, serious accidents, illness or injury, and lost camper(s). | <input checked="" type="checkbox"/> | <input type="checkbox"/> | ----- | <input type="checkbox"/> | --- | --- |
| Comments: | | | | | | | | |
| 53. | 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"/> | --- | --- |
| Comments: | | | | | | | | |

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| 54. | 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: | | | | | | | | |
| 55. | 6.3(a) | Fire extinguishers meet the requirements of the Fire Underwriters Association and are strategically placed so that they are easily accessible. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | ----- | <input type="checkbox"/> | --- | --- |
| Comments: The fire extinguisher at the lunch shed is missing the mallet to break the plastic extinguisher box exterior cover in the event of an emergency. | | | | | | | | |
| 56. | Covid19 | Social distancing policy must be included in written emergency procedures that address evacuation of camp, fires, natural disasters, serious accidents, illness or injury, and lost camper(s). | <input checked="" type="checkbox"/> | <input type="checkbox"/> | ----- | <input type="checkbox"/> | --- | --- |
| Comments: | | | | | | | | |
| 57. | Covid19 | Camps have documented plan for inclement weather conditions. Plan should detail the method used to contain campers while following social distancing protocols. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | ----- | <input type="checkbox"/> | <input type="checkbox"/> | --- |
| Comments: | | | | | | | | |
| 58. | Covid19 | Illness and injury policy addresses COVID-19 response strategy. Plan is implemented for isolation of suspected case(s), and notification of parents/guardians, staff, local health officials and NJDOH Youth Camp Project . Notification is done in a manner that maintains confidentiality. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | ----- | <input type="checkbox"/> | --- | --- |
| Comments: | | | | | | | | |
| 59. | Covid19 | Policy on returning a staff or camper to camp after COVID-19 diagnosis or exposure established according to NJDOH CDS and CDC guidance. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | ----- | <input type="checkbox"/> | --- | --- |
| Comments: | | | | | | | | |
| NUTRITION AND MEAL SERVICE | | | | | | | | |
| 60. | 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: | | | | | | | | |
| 61. | Covid19 | Written procedure established for food service practices. <ul style="list-style-type: none"> ▪ No communal dining, self-service or buffet style dining is offered. ▪ Gloves are used when handling and serving food ▪ Directions are given for proper hand washing before and after meals. ▪ Surfaces are cleaned and sanitized between each meal service. ▪ Non-disposable utensils are handled with gloves ▪ Mealtimes are staggered to ensure social distancing among group members. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | ----- | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments: | | | | | | | | |
| TRANSPORTATION | | | | | | | | |
| 62. | 8.3 | Youth camp, person(s), or agency which provides transportation for campers maintains vehicle liability insurance and current vehicle inspection. | <input type="checkbox"/> | <input type="checkbox"/> | ----- | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Comments: | | | | | | | | |
| 63. | 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: | | | | | | | | |

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| 64. | Covid19 | Written transportation policy covers measures to prevent the spread of COVID-19 including: <ul style="list-style-type: none"> Communal transport provided by camp allows for social distancing Face coverings are required to be worn by staff Face coverings are encouraged to be worn by campers Windows are kept open to encourage ventilation Space between passengers is maximized. | <input type="checkbox"/> | <input type="checkbox"/> | ----- | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Comments: | | | | | | | | |
| 65. | Covid19 | Written procedures document vehicle cleaning frequencies and EPA approved disinfectants are used in accordance with the manufacturer's instructions. | <input type="checkbox"/> | <input type="checkbox"/> | ----- | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Comments: | | | | | | | | |
| SWIMMING ACTIVITIES | | | | | | | | |
| 66. | 9.1(a) | Swimming pools and bathing beaches, used by camp, conform to the Public Recreational Bathing rules, N.J.A.C. 8:26. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Minor | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments: 6.13(l) The swimming pool is not inspected daily to ensure that the suction outlet and drain covers are firmly attached and in sound condition. Corrected onsite | | | | | | | | |
| 67. | 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: | | | | | | | | |
| 68. | 9.3(d) | A system of supervising and monitoring bathers consistent with a buddy check to ensure bather safety has been documented and implemented. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | ----- | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments: Swimming activity was not in session at the time of this inspection. | | | | | | | | |
| MAINTENANCE AND SANITATION | | | | | | | | |
| 69. | 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: Inflatables activity was not in session at the time of this inspection. | | | | | | | | |
| 70. | Covid19 | Written procedure has been established and implemented for routine enhanced cleaning and disinfection of common spaces such as rooms and playgrounds with shared equipment, surfaces and shared objects using EPA approved disinfectants and following manufacturer's instructions. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | ----- | <input type="checkbox"/> | --- | --- |
| Comments: | | | | | | | | |
| 71. | Covid19 | Written procedures have established to ensure that adequate supply of cleaning and disinfection materials is maintained. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | ----- | <input type="checkbox"/> | --- | --- |
| Comments: | | | | | | | | |
| 72. | Covid19 | Written procedures for deep cleaning, in line with CDS Reopening a Youth Camp , have been established for deep cleaning due to the identification of positive case(s). | <input checked="" type="checkbox"/> | <input type="checkbox"/> | ----- | <input type="checkbox"/> | --- | --- |
| Comments: | | | | | | | | |
| 73. | Covid19 | If multiple camp entities operate programs out of a shared facility, arrangements have been made to stagger activities to minimize intermingling between groups. | <input type="checkbox"/> | <input type="checkbox"/> | ----- | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Comments: | | | | | | | | |
| INSECT, RODENT, AND WEED CONTROL | | | | | | | | |

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|--|---|---|-------------------------------------|--|---|-----------------------------|--------------------------|--------------------------|
| 74. | 13.3(a) | Throughout the camp setting, mosquito and rodent breeding habitat and/or harborage areas are minimized and not observed to pose a significant threat to the camp community. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | ----- | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments: | | | | | | | | |
| ASSESSMENT QUESTIONS | | | | | | | | |
| 75. | Has staff with supervisory authority responsibilities for children completed the Division of Family Development's pre-service health and safety trainings as required? | | | | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> | | |
| Comments: | | | | | | | | |
| 76. | Camp has applied for and/or received New Jersey Dept. of Human Services Emergency Child Care Assistance Program youth camp grant of up to \$2000. | | | | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> | | |
| 77. | 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: youthcamps@doh.nj.gov | | | | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> | | |
| Comments: | | | | | | | | |
| Remarks | | The Climbing Tower was not in use for the 2020 camp season as per discussion with Chris Hendrickson, Camp Director. | | | | | | |
| Name of Inspecting Official David Valvano | | | | Name of the Person Receiving Copy of Report Chris Hendrickson, Director | | | | |