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| NEW JERSEY DEPARTMENT OF HEALTH CONSUMER, ENVIRONMENTAL AND OCCUPATIONAL HEALTH SERVICE PUBLIC HEALTH FOOD PROTECTION PROGRAM P.O. BOX 369, TRENTON NJ 08625-0369 609-826-4935 youth.camps@doh.nj.gov | | | | | | | REPORT OF INSPECTION Youth Camp Safety Standards and COVID-19 Guidelines Assignment No. 18309 | | |
| CAMP ID 934 | | CAMP NAME Tomorrows World Summer Camp | | | ACTIVITY TYPE DFD INSPECTION | | EVALUATION SATISFACTORY | | |
| CAMP OWNER Tomorrows World LLC | | | | PHONE NUMBER 609-390-1670 | | E-MAIL tomorrowsworld261@gmail.com | | | |
| STREET ADDRESS 261 Tuckahoe Rd | | | | CITY Marmora | | ZIP 08223 | | COUNTY Cape May | |
| MAILING ADDRESS | | | | CHANGES | | | PREVIOUS INFORMATION | | |
| CAMP DIRECTOR NAME Christine DeAugustine | | | HEALTH DIRECTOR NAME Kristen Schultz | | | FOOD SERVICE VENDOR N/A | | | |
| INSPECTOR NAME William Fazio | | | | REHS LIC. B-2351 | | 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 |
| 8-16-22 | 1 | 1230 | 1315 | 2 | 1315 | 1230 | 1 | 1530 | 1600 |
| | | | | | | | | | |

| # | 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 checked="" type="checkbox"/> | <input type="checkbox"/> | ----- | <input type="checkbox"/> | <input type="checkbox"/> | --- |
| Comments: | | | | | | | | |
| 3. | Is the camp enrolled in the Division of Family Development (DFD)/Child Care Resource & Referral Agency (CCR&R) Childcare Subsidy Program? | | YES <input checked="" type="checkbox"/> | | NO <input type="checkbox"/> | | | |
| Comments: | | | | | | | | |
| 4. | 2.5 | Camp has obtained liability insurance in an amount consistent with the expected risks. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | ----- | <input type="checkbox"/> | --- | --- |
| Comments: | | | | | | | | |
| GENERAL CARE OF CAMPERS | | | | | | | | |
| 5. | 3.1(a) | Discipline policies and practices are stated in writing. Camp staff are prohibited from taking means of corporal punishment toward children. | <input 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 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 CPR training and required health and safety child growth development coursework has been completed and documented for staff charged with the care of those in receipt of subsidy. | <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, 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: | | | | | | | | |
| 11. | DFD | Child Abuse Record Information (CARI) check has been conducted for staff supervising children funded by the Dept. of Human Services-Division of Family Development (DFD) | 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"/> | --- | --- |
| Comments: | | | | | | | | |
| 13. | 3.2(k)2 | Written and notarized statement, provided by continuously employed or returning adult staff, indicating that there has been no change in criminal history status since the criminal history name check was conducted is maintained by the camp operator. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | ----- | <input type="checkbox"/> | <input type="checkbox"/> | --- |
| Comments: | | | | | | | | |
| 14. | 3.2(l) | Sex offender registry check conducted annually for all staff 16 and older. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | ----- | <input type="checkbox"/> | --- | --- |
| Comments: | | | | | | | | |

| # | N.J.A.C. 8:25 | | IN | OUT | Severity | COS | N/A | N/O |
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| 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 ages 5-17: 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: | | | | | | | | |
| 17. | 3.2(p) | Camp supervision ratios are observed for ages 2 1/2 -4: 1 adult: 1 counselor: 14 campers? (Note: each additional group of 7 campers requires at least one additional staff) | <input type="checkbox"/> | <input type="checkbox"/> | ----- | <input type="checkbox"/> | <input checked="" type="checkbox"/> | --- |
| 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"/> | --- |
| Comments: | | | | | | | | |
| SITE AND BUILDINGS | | | | | | | | |
| 19. | 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: | | | | | | | | |
| 20. | 4.2(a) | All structures and facilities are in compliance with local building, zoning and health codes and ordinances; further letters of approval or a certificate of occupancy (CO) issued by the local authority has been received. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | ----- | <input type="checkbox"/> | <input type="checkbox"/> | --- |
| Comments: | | | | | | | | |
| 21. | 13.2 | Buildings are in compliance with the requirements of the New Jersey Uniform Construction Code, N.J.A.C. 5:23 and the New Jersey Uniform Fire Code, N.J.A.C. 5:70, as applicable. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | ----- | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments: | | | | | | | | |
| 22. | 14.1(c) | Shelter, which may be temporary (ex: canopy or tent) shall be provided in case of inclement weather at a single sport youth camp (SSYC) | <input type="checkbox"/> | <input type="checkbox"/> | ----- | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Comments: | | | | | | | | |
| 23. | 4.4 | Power and or other hazardous equipment stored on-site are adequately protected and out of the reach of potential curious campers. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | ----- | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments: | | | | | | | | |
| HEALTH | | | | | | | | |
| 24. | 5.2(b) | Health Director at a day camp 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: | | | | | | | | |

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| 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 checked="" type="checkbox"/> | <input type="checkbox"/> | ----- | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments: | | | | | | | | |
| 26. | 5.2(c) | Health Director is certified in <i>professional-level</i> infant, child, and adult cardiopulmonary resuscitation (CPR) from a certification agency approved by the Department. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | ----- | <input type="checkbox"/> | --- | --- |
| Comments: | | | | | | | | |
| 27. | 5.1(d) | A written procedure for routine daily surveillance of campers and staff has been established. (Note: this check can be conducted as a roll call activity; should be an activity that alerts the staff member of bruises, illness, etc. Any signs of child abuse should be reported) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | ----- | <input type="checkbox"/> | <input type="checkbox"/> | --- |
| Comments: | | | | | | | | |
| 28. | 5.1(d)2 | Health Director has developed a system (forms, logs) for documenting all obvious and unusual observations made during the daily health surveillance and communicating suspected and/or confirmed illness of a camper to parents ASAP. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | ----- | <input type="checkbox"/> | <input type="checkbox"/> | --- |
| Comments: | | | | | | | | |
| 29. | 5.3(b) | Health director has established written medical policies and procedures on the treatment of illness and injury and the administration of non-Rx drugs. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | ----- | <input type="checkbox"/> | <input type="checkbox"/> | --- |
| Comments: | | | | | | | | |
| 30. | 5.5(b) | Written health histories for each staff/camper are maintained on file. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | ----- | <input type="checkbox"/> | <input type="checkbox"/> | --- |
| Comments: | | | | | | | | |
| 31. | 5.5(g) | Campers' immunization records and/or religious exemptions are maintained on file. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | ----- | <input type="checkbox"/> | --- | --- |
| Comments: | | | | | | | | |
| 32. | 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: | | | | | | | | |
| 33. | 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: | | | | | | | | |
| 34. | 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: | | | | | | | | |

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| 35. | 5.3(e) | Medications are labeled, stored appropriately and inaccessible to campers. Medication administration is documented to include the child's name, time and initials of the person administering the medication. | <input type="checkbox"/> | <input type="checkbox"/> | ----- | <input type="checkbox"/> | <input checked="" type="checkbox"/> | --- |
| Comments: | | | | | | | | |
| SAFETY | | | | | | | | |
| 36. | 6.1(a) | Written emergency procedures that 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"/> | --- | --- |
| Comments: | | | | | | | | |
| 37. | DFD | Written emergency procedures should also address communication and reunification with parents following an emergency. | <input type="checkbox"/> | <input type="checkbox"/> | ----- | <input type="checkbox"/> | --- | --- |
| Comments: | | | | | | | | |
| 38. | 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: | | | | | | | | |
| 39. | 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: | | | | | | | | |
| 40. | 6.3(a) | Fire extinguishers meet the requirements of the Fire Underwriters Association and are strategically placed so that they are easily accessible. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | ----- | <input type="checkbox"/> | --- | --- |
| Comments: | | | | | | | | |
| 41. | 7.2(b) | Policy and procedure for safety evacuation drills (bus/fire) performed by campers and staff which indicate the frequency of such activity. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | ----- | <input type="checkbox"/> | --- | --- |
| Comments: | | | | | | | | |
| 42. | 6.4(a) | Documented certification of compliance with all local and State fire codes and rules. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | ----- | <input type="checkbox"/> | --- | --- |
| Comments: | | | | | | | | |
| 43. | 6.4 | Smoke detectors are operable, checked and in good working order where applicable. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | ----- | <input type="checkbox"/> | --- | --- |
| Comments: | | | | | | | | |
| NUTRITION AND MEAL SERVICE | | | | | | | | |
| 44. | 7.1(a) | Foods and food service conform to the Sanitation in Retail Food Establishments and Food and Beverage Vending Machines, N.J.A.C. 8:24. | <input type="checkbox"/> | <input type="checkbox"/> | ----- | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Comments: | | | | | | | | |
| POTABLE WATER | | | | | | | | |
| 45. | 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: | | | | | | | | |

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| 46. | 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, <i>N.J.S.A. 58:12A-1</i> et seq. prior to opening for the season. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | ----- | <input type="checkbox"/> | --- | --- |
| Comments: | | | | | | | | |
| 47. | 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 | | | | | | | | |
| 48. | 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: | | | | | | | | |
| 49. | 8.2(b) | Written policy has been established for transportation. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | ----- | <input type="checkbox"/> | --- | --- |
| Comments: | | | | | | | | |
| 50. | 8.3 | Youth camp, person(s), or agency which provides transportation for campers maintains vehicle liability insurance. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | ----- | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments: | | | | | | | | |
| 51. | 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"/> |
| Comments: | | | | | | | | |
| 52. | 8.4(b) | Drivers are appropriately licensed for the vehicle being driven to transport campers. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | ----- | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments: | | | | | | | | |
| SPORTS AND OTHER RECREATIONAL ACTIVITIES | | | | | | | | |
| 53. | 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"/> |
| Comments: | | | | | | | | |
| 54. | 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: | | | | | | | | |
| 55. | 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 checked="" type="checkbox"/> | <input type="checkbox"/> | ----- | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Comments: | | | | | | | | |

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| 56. | 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 checked="" type="checkbox"/> | <input type="checkbox"/> | ----- | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments: | | | | | | | | |
| 57. | 9.4(b) | On-site waterfront activities are equip with inherently buoyant Type I,II,III or V personal flotation devices that are in good repair, varied sizes and in quantities sufficient for each staff and camper. <i>(Note: Inquire about how many will be allowed to participate in a waterfront activity at a time. Use the count as a gauge of sufficient quantity)</i> | <input type="checkbox"/> | <input type="checkbox"/> | ----- | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Comments: | | | | | | | | |
| 58. | 9.4(c) | A lifeboat or rescue craft is observed for use during on-site waterfront activities. Accompanying safety equipment (rescue ring with 25 ft. of rope) | <input type="checkbox"/> | <input type="checkbox"/> | ----- | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Comments: | | | | | | | | |
| 59. | 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: | | | | | | | | |
| 60. | 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 checked="" type="checkbox"/> | <input type="checkbox"/> |
| Comments: | | | | | | | | |
| MAINTENANCE AND SANITATION | | | | | | | | |
| 61. | 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: | | | | | | | | |
| 62. | 13.5(a) | Recreational equipment is maintained in safe operating condition. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | ----- | <input type="checkbox"/> | --- | --- |
| Comments: | | | | | | | | |
| 63. | 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: | | | | | | | | |
| INSECT, RODENT, AND WEED CONTROL | | | | | | | | |
| 64. | 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: | | | | | | | | |
| 65. | 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: | | | | | | | | |
| 66. | 13.3(c) | All enclosed buildings are maintained so as to eliminate rodent harborage, including buildings where food is stored or served. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | ----- | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments: | | | | | | | | |

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| 67. | 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 | | | | | | | | |
| 68. | 11.1(a) | Buildings housing showers are adequately constructed, in good repair, clean and have adequate lighting and ventilation. | <input type="checkbox"/> | <input type="checkbox"/> | ----- | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Comments: | | | | | | | | |
| 69. | 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: | | | | | | | | |
| 70. | 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: | | | | | | | | |
| 71. | 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 | | | | | | | | |
| 72. | 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: | | | | | | | | |
| 73. | 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: | | | | | | | | |
| 74. | Has your camp implemented COVID-19 mitigation measures? If yes, which COVID-19 mitigation measures were implemented? (Ex: masking, social distancing, handwashing, testing) | | | | YES <input checked="" type="checkbox"/> | | NO <input type="checkbox"/> | |
| Comments: | | | | | | | | |
| 75. | Did your camp take advantage of the free COVID-19 home tests that were offered free to school aged children attending camp? | | | | YES <input type="checkbox"/> | | NO <input checked="" type="checkbox"/> | |
| Comments: | | | | | | | | |
| 76. | Did your camp operator/staff attend or watch the camp operators training which was recorded on April 27, 2022? | | | | YES <input type="checkbox"/> | | NO <input checked="" type="checkbox"/> | |
| Comments: | | | | | | | | |
| Remarks | | | | | | | | |
| Name of Inspecting Official William Fazio | | | | | Name of the Person Receiving Copy of Report Kristen Schultz, Director | | | |