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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. 16422 | | | |
| CAMP ID 3214 | | CAMP NAME TREASURED ANGELS | | | ACTIVITY TYPE DFD INSPECTION | | EVALUATION SATISFACTORY | | |
| CAMP OWNER TREASURED ANGELS PRESCHOOL LLC | | | | PHONE NUMBER 609-698-4422 | | E-MAIL TREASUREDANGELS1@AOL.COM DRGJAG@AOL.COM | | | |
| STREET ADDRESS TREASURED ANGELS PRESCHOOL 100 GUNNING ROAD | | | | CITY BARNEGAT | | ZIP 08005 | COUNTY Ocean | | |
| MAILING ADDRESS | | | | CHANGES | | | PREVIOUS INFORMATION | | |
| CAMP DIRECTOR NAME DEBRA GAMBINO | | | HEALTH DIRECTOR NAME ALANA DiSALVO & AMY DAWSON | | | FOOD SERVICE VENDOR N/A | | | |
| INSPECTOR NAME TIMOTHY SMITH | | | | REHS LIC. B-1160 | | 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 |
| 8/27/21 | 1 | 1145 | 1300 | 2 | 1300 | 1530 | 1 | 1530 | 1645 |
| 9/1/21 | 3 | 1300 | 1330 | | | | | | |

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

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| 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"/> |
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Comments:

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| 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"/> | --- | --- |
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Comments:

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| 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"/> | --- | --- |
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| 9. | Covid19 | <p>COVID awareness training for staff included:</p> <ul style="list-style-type: none"> ▪ 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 – routine cleaning and disinfection, ventilation ▪ Attendance – groups of campers, transportation | <input checked="" type="checkbox"/> | <input type="checkbox"/> | ----- | <input type="checkbox"/> | --- | --- |
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Comments:

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| 10. | Covid19 | <p>COVID-19 safety measures have been communicated to staff, parents and campers, including:</p> <ul style="list-style-type: none"> ▪ COVID-19 signs and symptoms ▪ Staying home when ill ▪ Proper hand hygiene and respiratory etiquette ▪ Unvaccinated staff required to wear face coverings indoors ▪ Reporting illnesses to the camp Health Director or other healthcare personnel immediately. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | ----- | <input type="checkbox"/> | --- | --- |
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| 11. | Covid19 | Method of documenting staff/camper vaccination status has been developed and implemented on site. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | ----- | <input type="checkbox"/> | --- | --- |
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Comments:

STAFF BACKGROUND CHECK

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|-----|--|--|--|--|------------------------------------|--|--|
| 12. | 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"/> | | |
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Comments: All staff had previous background checks through DCF/CCC Licensing.

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| 13. | 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"/> | --- | --- |
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| Comments: | | | | | | | | |
| 14. | 3.2(k)2 | Notarized statements of no change in criminal history status are provided by continuously employed adult staff. | <input checked="" 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 |
| Comments: | | | | | | | | |
| 15. | 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 | | | | | | | | |
| 16. | 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: | | | | | | | | |
| 17. | Covid19 | COVID-19 mitigation strategy has been established, implemented, and documented for all activities on or off site offered by the camp. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | ----- | <input type="checkbox"/> | --- | --- |
| Comments: | | | | | | | | |
| SUPERVISION OF CAMPERS | | | | | | | | |
| 18. | Covid19 | Camp grouping ratios for ages 5-17 are maintained at 1 adult: 1 counselor: 20 campers. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | ----- | <input type="checkbox"/> | <input type="checkbox"/> | --- |
| Comments: | | | | | | | | |
| 19. | Covid19 | Camp grouping ratios for ages 2.5-4 are maintained at 1 adult: 1 counselor: 14 campers. (Note: additional groupings are allowed based on NJAC 8:25 for younger campers if it exists) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | ----- | <input type="checkbox"/> | <input type="checkbox"/> | --- |
| Comments: | | | | | | | | |
| 20. | Covid19 | Policies have been developed to ensure campers remain with their assigned groups. (Note: COVID Standard allows for comingling of floater staff or campers as long as floaters remain masked indoors) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | ----- | <input type="checkbox"/> | <input type="checkbox"/> | --- |
| Comments: | | | | | | | | |
| 21. | 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 | | | | | | | | |
| 22. | 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: | | | | | | | | |
| 23. | 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: | | | | | | | | |
| 24. | Covid19 | A canopy, tenting or cover is provided at outdoor camps. | <input type="checkbox"/> | <input type="checkbox"/> | ----- | <input type="checkbox"/> | <input checked="" type="checkbox"/> | --- |
| Comments: | | | | | | | | |
| 25. | Covid19 | Indoor facilities have adequate ventilation and air flow (ex: fans, open doors, a/c etc.). | <input checked="" type="checkbox"/> | <input type="checkbox"/> | ----- | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments: | | | | | | | | |
| 26. | Covid19 | All water systems and features (e.g., drinking fountains, decorative fountains) have been evaluated for safety to minimize the risk of Legionnaires' disease and other hazards? | <input type="checkbox"/> | <input type="checkbox"/> | ----- | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Comments: Facility has been in continuous operation for over a year. | | | | | | | | |

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| 27. | Covid19 | Handwashing stations and hand sanitizers that contain at least 60% alcohol are provided in areas around the camp. | <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 |
| 28. | 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: | | | | | | | | |
| 29. | 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: | | | | | | | | |
| 30. | 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: | | | | | | | | |
| 31. | Covid19 | Camp whose entire staff/camper population is fully vaccinated has policies and procedures in line with Section G of the YC COVID Standards. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | ----- | <input type="checkbox"/> | --- | --- |
| Comments: N/A | | | | | | | | |
| HEALTH | | | | | | | | |
| 32. | 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: ARC | | | | | | | | |
| 33. | 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: | | | | | | | | |
| 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"/> | <input type="checkbox"/> | --- |
| Comments: | | | | | | | | |
| 35. | 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: | | | | | | | | |
| 36. | 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: | | | | | | | | |
| 37. | 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: | | | | | | | | |
| 38. | 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: | | | | | | | | |

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| 39. | 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: | | | | | | | | |
| # | N.J.A.C. 8:25 | | IN | OUT | Severity | COS | N/A | N/O |
| 40. | 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: | | | | | | | | |
| 41. | 5.4(b) | First aid supplies are maintained and appropriate for activities. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | ----- | <input type="checkbox"/> | --- | --- |
| Comments: | | | | | | | | |
| 42. | 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: | | | | | | | | |
| 43. | Covid19 | Health director must have knowledge of: <ul style="list-style-type: none"> ▪ Designated as the camps COVID-19 point of contact ▪ Knowledgable of COVID-19 signs and symptoms and have the current guidance documents from the Department ▪ Have familiarity with the training : <ul style="list-style-type: none"> ○ New Jersey Department of Health Communicable Disease Service (CDS) COVID-19 Youth Camp Guidance; Contact Tracing Awareness Training; Infection Control Resources Document; Centers for Disease Control(CDC) Suggestions for Youth and Summer Camps ▪ Monitor the COVID-19 Activity Report at least weekly | <input checked="" type="checkbox"/> | <input type="checkbox"/> | ----- | <input type="checkbox"/> | --- | --- |
| Comments: | | | | | | | | |
| 44. | Covid19 | Daily health surveillance program has been developed and policies and procedures on the activity have been implemented on site. (Note: 2021 standards encourages monitoring of signs and symptoms to be conducted by parents/guardians prior to arrival at camp; the camp can conduct the activity how they choose but needs to document the procedure) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | ----- | <input type="checkbox"/> | --- | --- |
| Comments: | | | | | | | | |
| 45. | Covid19 | A communication system for staff and camper families to self-report symptoms, exposures and closures has been developed and implemented. In the <u>resident camp setting</u> , a communication system for camper self-reporting of symptoms and notification of exposures and closures should be implemented. Is the camp able to clearly demonstrate compliance? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | ----- | <input type="checkbox"/> | --- | --- |
| Comments: | | | | | | | | |
| 46. | 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: | | | | | | | | |
| 47. | 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: | | | | | | | | |
| 48. | Covid19 | Separate isolation space/area is provided for COVID-19 symptomatic staff and campers. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | ----- | <input type="checkbox"/> | --- | --- |

| Comments: | | | | | | | | |
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| # | N.J.A.C. 8:25 | | IN | OUT | Severity | COS | N/A | N/O |
| SAFETY | | | | | | | | |
| 49. | 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: | | | | | | | | |
| 50. | 6.1(b) | Fire and emergency drills are conducted at least once a camp period or every two weeks, whichever is more frequent. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Minor | <input type="checkbox"/> | --- | --- |
| Comments: Conflict with Child Care Center Licensing monthly drill requirement. | | | | | | | | |
| 51. | 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: | | | | | | | | |
| 52. | 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: | | | | | | | | |
| 53. | Covid19 | Camps have documented plan for inclement weather conditions. Plan should detail the method used to contain campers while following social distancing protocols for separate cohorts within the same/shared space. | <input type="checkbox"/> | <input type="checkbox"/> | ----- | <input type="checkbox"/> | <input checked="" type="checkbox"/> | --- |
| Comments: | | | | | | | | |
| 54. | 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: | | | | | | | | |
| 55. | 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 type="checkbox"/> | <input type="checkbox"/> | ----- | <input type="checkbox"/> | --- | --- |
| Comments: | | | | | | | | |
| NUTRITION AND MEAL SERVICE | | | | | | | | |
| 56. | 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: Campers bring own lunches and eat in cohort classrooms, per Camp Director.. | | | | | | | | |
| 57. | Covid19 | Written procedure established for food service practices. <ul style="list-style-type: none"> ▪ No buffet style dining is offered. ▪ Directions are given for proper hand washing before and after meals. ▪ Surfaces are cleaned and sanitized between each meal service. ▪ 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

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| 58. | 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"/> |
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| # | N.J.A.C. 8:25 | | IN | OUT | Severity | COS | N/A | N/O |
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| 59. | 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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| 60. | 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 maximizing space between riders who are not in the same cohort or family Face coverings are required to be worn by staff and <u>encouraged to be worn by campers</u> Windows are kept open to encourage ventilation Vehicle cleaned between use | <input type="checkbox"/> | <input type="checkbox"/> | ----- | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
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| 61. | 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"/> |
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Comments:

SWIMMING ACTIVITIES

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| 62. | 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:

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| 63. | 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: ARC

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| 64. | 9.3(d) | A system of supervising and monitoring bathers consistent with a buddy check to ensure bather safety has been documented and implemented. | <input type="checkbox"/> | <input type="checkbox"/> | ----- | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
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Comments: Note: Buddy checks are required every ten minutes.

MAINTENANCE AND SANITATION

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| 65. | 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"/> | --- | --- |
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| 66. | Covid19 | Written procedure has been established and implemented for routine cleaning and disinfection and documentation of the activity for high traffic areas like dining areas and those prone to high congregation using EPA approved disinfectants and following manufacturer's instructions. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | ----- | <input type="checkbox"/> | --- | --- |
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Comments:

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| 67. | 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:

| | | | | | | | | |
|-----|---------|--|-------------------------------------|--------------------------|-------|--------------------------|-----|-----|
| 68. | 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"/> | --- | --- |
|-----|---------|--|-------------------------------------|--------------------------|-------|--------------------------|-----|-----|

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|---|---------------|---|-------------------------------------|--------------------------|----------|--------------------------|-------------------------------------|--------------------------|--|
| Comments: | | | | | | | | | |
| 69. | Covid19 | If multiple camp entities operate programs out of a shared facility, arrangements are made to stagger activities to minimize intermingling between groups. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | ----- | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Comments: Building is shared with a licensed child care center. | | | | | | | | | |
| # | N.J.A.C. 8:25 | | IN | OUT | Severity | COS | N/A | N/O | |
| INSECT, RODENT, AND WEED CONTROL | | | | | | | | | |
| 70. | 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: | | | | | | | | | |
| RESIDENT/OVERNIGHT CAMP | | | | | | | | | |
| 71. | Covid19 | Before arrival: All unvaccinated staff/campers will be required to have a documented negative test within 72 hours of arriving on-site. Camps must have a procedure for documenting any exceptions. After arrival: All staff/campers will be required to receive a documented test within 3-6 days of arrival at any youth camp. | <input type="checkbox"/> | <input type="checkbox"/> | ----- | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| Comments: | | | | | | | | | |
| 72. | Covid19 | Document policies and procedures that minimize the risk of transmission for staff concerning their permissible off-duty activities. The rules should detail expectations, training, testing, quarantine and isolation policies and procedures. 1. At minimum, screen staff upon return | <input type="checkbox"/> | <input type="checkbox"/> | ----- | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| Comments: | | | | | | | | | |
| 73. | Covid19 | Documentation is available to verify for camps that have established a bubble environment whereby all staff and campers remain on-site at all times, and routine on-site testing, quarantine and monitoring is conducted to establish "stable cohorts", may help facilitate safer larger group activities after the 15th day. | <input type="checkbox"/> | <input type="checkbox"/> | ----- | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| Comments: | | | | | | | | | |
| 74. | Covid19 | Health directors and other on-site health personnel have identified an isolation room or area to separate anyone who exhibits COVID-19 like symptoms. | <input type="checkbox"/> | <input type="checkbox"/> | ----- | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| Comments: | | | | | | | | | |
| 75. | Covid19 | Documented policies and procedures for the isolation and quarantine of impacted staff/campers. | <input type="checkbox"/> | <input type="checkbox"/> | ----- | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| Comments: | | | | | | | | | |
| 76. | Covid19 | Mats or beds so that campers and staff sleep head-to-toe and at least 6 ft. apart. | <input type="checkbox"/> | <input type="checkbox"/> | ----- | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| Comments: | | | | | | | | | |
| 77. | Covid19 | Document the frequency of cleaning and disinfecting of bathrooms (e.g., in the morning and evening, after times of heavy use) and use EPA-registered disinfectants | <input type="checkbox"/> | <input type="checkbox"/> | ----- | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| Comments: | | | | | | | | | |
| 78. | Covid19 | Adequate ventilation is provided within sleeping quarters. (Note: fans, HVAC, windows, air purifiers may all be used to maximize ventilation within sleeping quarters) | <input type="checkbox"/> | <input type="checkbox"/> | ----- | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| Comments: | | | | | | | | | |

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|-----|---------|--|--------------------------|--------------------------|-------|--------------------------|-------------------------------------|--------------------------|
| 79. | Covid19 | Procedures have been established and developed for if a person becomes sick and needs to be transported including notification to EMS or receiving health care facility that the person may have COVID-19. | <input type="checkbox"/> | <input type="checkbox"/> | ----- | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|-----|---------|--|--------------------------|--------------------------|-------|--------------------------|-------------------------------------|--------------------------|

Comments:

ASSESSMENT QUESTIONS

| | | | |
|-----|--|---|-----------------------------|
| 80. | 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:

| | | | |
|-----|---|---|-----------------------------|
| 81. | 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: youthcamps@doh.nj.gov | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> |
|-----|---|---|-----------------------------|

Comments:

| | |
|---------|--|
| Remarks | |
|---------|--|

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|--|---|
| Name of Inspecting Official Timothy Smith, REHS | Name of the Person Receiving Copy of Report Debra Gambino, Camp Director |
|--|---|