| NEW JERSEY DEPARTMENT OF CONSUMER, ENVIRONMENTAL AND OCCUPAT PUBLIC HEALTH FOOD PROTECTIO P.O. BOX 369, TRENTON NJ 08 609-826-4935 youthcamps@doh.nj.go CAMP ID CAMP NAME | | | | | L HEALI OGRAM | | | Youth Cand C | RT OF INSP amp Safety S OVID-19 Guid nt No. 14119 | tandards delines | |
|---|------------|------------------|----------------------|--------------------------|--------------------------------|-------------------------------|-------------|--------------|--|---------------------|--|
| 3120 | | | | | ACTIVITY TYPE DFD INSPECTIO | | | | | | |
| | R | | 000 11631 | | | BER | E-MAI | | | | |
| Plato Learning | | | | | 397 9393 477 417(| 9393 eric@plato-learning.com; | | | | | |
| STREET ADDRESS | | | | CITY | | | ZIP | COUN | ГҮ | | |
| Mayapple Hill Campside at South Mountain Reservation | | | | Wes | t Orange | Orange 07044 Essex | | | | | |
| MAILING ADD | DRESS | | | CHA | CHANGES PREVIOUS | | | OUS INFORM | ATION | | |
| CAMP DIRECT | TOR NAME | | HEALT | | I DIRECTOR NAME FOOD | | | | | | |
| Eric Stanley | | | Megan | Hartmanr | | | n/a | | | | |
| INSPECTOR N David Valvan | | | | REHS LI B 1098 | C. | | REINS | PECTION OI | N OR AFTER | | |
| | Тіме/Астіv | ITY REPORT (1-TR | RAVEL, 2-I NS | PECTION, 3- | Administr | ation, 4 | 1-PERSONAL) | TOTAL HO | URS: | | |
| DATE | CODE | BEGIN | END | CODE | BEG | IN | END | CODE | BEGIN | END | |
| 8-18-20 | 1 | 0815 | 0845 | 2 | 084 | 5 | 1215 | 3 | 1400 | 1500 | |
| | | | | | | | | | | | |

| # | N.J.A.C. 8:25 | | IN | Ουτ | Severity | cos | N/A | N/O | | |
|-----|------------------|--|-------------|-------|----------|-----|-------------|-----|--|--|
| | | ADMINISTRATIVE | | | | | | | | |
| 1. | Covid19 | Camp has an active license issued by the NJ Dept. of Health | \boxtimes | | | | | | | |
| Con | nments: | | | | | | | | | |
| 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. | | | | | \boxtimes | | | |
| Con | Comments: | | | | | | | | | |
| 3. | | Is the camp enrolled in the Division of Family Development (DFD)/Child Care Resource & Referral Agency (CCR&R) Childcare Subsidy Program? | | YES 🖂 | | | | | | |
| Con | nments: | | | | | | | | | |
| 4. | Covid19 | Camp submitted the attestation form to NJ Dept. of Health. | \square | | | | | | | |
| Con | nments: | | | | | | | | | |
| | | 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. | \boxtimes | | | | | | | |
| Con | nments: | | | | | | | | | |

| # N.J.A.C. 8:25 | IN | Ουτ | 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. | \boxtimes | | | | | |
| Con | nments: | | | | | | | |
| 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. | \boxtimes | | | | | |
| Con | nments: | | | | | | | |
| 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. | \boxtimes | | | | | |
| Con | nments: | | | | | | | |
| 9 . Con | Covid19 | COVID awareness training for staff included: 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 COVID-19 safety measures have been communicated to staff, parents and campers, including: COVID-19 signs and symptoms Staying home when ill | | | | | | |
| 10. | Covid19 | 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. | | | | | | |
| Con | nments: | | | | | | | |
| | | STAFF BACKGROUND CHECK | | | | | | |
| 11. | Offender I State crim adult staff | ureau of Investigation (FBI) criminal history, National Sex Registry (NSOR), State Child Abuse and Neglect Registry, ninal history, and State Sex Offender Registry completed for all member. (Only for DFD Camps) | | YE | S 🗌 | NO | \boxtimes | |
| Con | ments: Sta | aff fingerprint documentation not available for review. | 1 | | | | | |
| 12. | 3.2(j) | Criminal background check completed for all adult staff member. (18 years of age and older) | \square | | | | | |
| Con | nments: | | | | | | | |

| # | N.J.A.C. 8:25 | | | IN | OUT | Severity | cos | N/A | N/O | | | | |
|-----|------------------|---|--|-------------|-------------|----------|---------------------|-------------|-----|--|--|--|--|
| 13. | 3.2(k)2 | Notarized statements of no change i are provided by continuously employ | | | | | | \boxtimes | | | | | |
| Con | nments: | | | | | | | | | | | | |
| 14. | 3.2(I) | National sex offender registry che staff members annually. | ck completed for all | | | | | | | | | | |
| Con | nments: | · · · · · · · · · · · · · · · · · · · | | | | | 1 | 1 | | | | | |
| | | C | AMP ACTIVITIES | | | | | | | | | | |
| 15. | 3.2(n) | High-risk activities are conducted by specialist (18 years of age and older | | | | | | \square | | | | | |
| Con | nments: | | | | | | | | | | | | |
| 16. | Covid19 | COVID-19 mitigation strategy has be implemented, and documented for a camp. | | \boxtimes | | | | | | | | | |
| Con | nments: | | | | | | | | | | | | |
| 17. | Covid19 | | | | | | | | | | | | |
| Con | nments: | | | | | | | | | | | | |
| | [| SUPER | VISION OF CAMPERS | | | | | | | | | | |
| 18. | Covid19 | Camp has been designated as: | Camp has been designated as: INDOOR only | | | | OUTDOOR only BOTH [| | | | | | |
| Con | nments: | | · · · | | | | | | | | | | |
| 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. | | | | | | | | | | | |
| Con | nments: | | | | | | | | | | | | |
| 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 | | | | | \boxtimes | | | | | |
| Con | nments: | | | | | | | | | | | | |
| 21. | Covid19 | Policies have been developed to ens their assigned groups. | sure campers remain with | \square | | | | | | | | | |
| Con | nments: | I | | | | | | · | 1 | | | | |
| 22. | Covid19 | Social distancing is observed betwee | en assigned groups. | | | | | | | | | | |
| Con | nments: | | | | | | | | | | | | |
| | [| | E AND BUILDINGS | | 1 | [| 1 | 1 | | | | | |
| 23. | 4.1(a) | Location does not present fire, healt hazardous areas are guarded or fen are posted. | | | \boxtimes | Major | | | | | | | |
| | | merous dead branches noted at the c e dead tree noted at the campsite pav | | | | | op area | s of th | is | | | | |
| Can | | Camp structures and facilities are in | compliance with local | | Salety | nazaru. | | | | | | | |
| 24. | 4.2(a) | building, zoning, and health codes. ((CO) is obtained from local authority | | | | | | | | | | | |
| Con | nments: | | | | | | | | | | | | |
| 25. | Covid19 | A canopy, tenting or cover is provide | ed at outdoor camps. | \square | | | | | | | | | |
| Con | nments: | | | | | | | | r | | | | |
| 26. | Covid19 | Indoor facilities have adequate venti | lation and air flow. | | | | | \square | | | | | |
| Con | nments: | | | | | | | | r | | | | |
| 27. | Covid19 | Residential and/or overnight services | s are prohibited. | \square | | | | | | | | | |

| # | N.J.A.C. 8:25 | | IN | OUT | Severity | cos | N/A | N/O |
|-----|------------------|--|-------------|-----|----------|-----|-------------|-----|
| Con | nments: | | | | | | | |
| 28. | Covid19 | Handwashing stations and hand sanitizers that contain at least 60% alcohol are provided in numerous areas around the camp. | | | | | | |
| Con | nments: | | | | | | | |
| 29. | Covid19 | Physical barriers installed where necessary to allow for social distancing and reducing the risk of COVID-19 transmission. | \square | | | | | |
| Con | nments: | | | | | | | |
| 30. | Covid19 | Pick-up and drop-off areas have been designated in a manner that: Provides for efficient health screening upon arrival Allows for social distancing Note: Consider staggering drop-off and pick-up times to avoid large groups from congregating in one location. | | | | | | |
| Con | nments: | | | | | | | |
| 31. | Covid19 | COVID-19 precautions signs are posted as necessary, including 6 feet social distancing, frequent handwashing, use of face coverings as feasible. | \boxtimes | | | | | |
| Con | nments: | | | | | | | |
| 32. | Covid19 | Sufficient supply of gloves, face coverings, face masks and other PPE is provided for staff. | \boxtimes | | | | | |
| Con | nments: | | | | | | | |
| | | HEALTH | T | | | | | |
| 33. | 5.2(c) | Health Director is certified in <i>professional-level</i> infant, child, and adult cardiopulmonary resuscitation (CPR) from a certification agency <u>approved by the Department</u> . | | | | | | |
| Con | nments: | | • | | | | | |
| 34. | 5.2(b) | Health Director is certified in <u>standard-level</u> First Aid from a certification agency <u>approved by the Department.</u> | \square | | | | | |
| Con | nments: | | | | | | | |
| 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. | \boxtimes | | | | | |
| Con | nments: | | T | | | | | |
| 36. | 5.1(d) | A written outline of daily procedures for health surveillance of campers and staff has been established. | \square | | | | | |
| Con | nments: | | ł | | | r | r | |
| 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. | \square | | | | | |
| Con | nments: | | • | | | | | |
| 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. | | | | | | |
| Con | nments: | | | | | | | |
| 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. | | | | | \boxtimes | |
| Con | nments: | | | | | | | |

| # | N.J.A.C. 8:25 | | IN | OUT | Severity | COS | N/A | N/O | | | |
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| 40. | 5.5(b) | Written health histories for each staff/camper are maintained on file. | \boxtimes | | | | | | | | |
| Con | nments: | | | | | | | | | | |
| 41. | 5.5(g) | Immunization records and/or religious exemptions are maintained on file and on site for each camper. | \square | | | | | | | | |
| Con | nments: | | | | | | | | | | |
| 42. | 5.4(b) | First aid supplies are maintained and appropriate for activities. | \square | | | | | | | | |
| Con | nments: | | | | | | | | | | |
| 43. | 4.2(f) | Health center is established for the temporary isolation and treatment of sick or injured campers and/or staff members. | \boxtimes | | | | | | | | |
| Con | nments: | | | | | | | | | | |
| 44. | Covid19 | Health director must have knowledge of: 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 | \boxtimes | | | | | | | | |
| Con | nments: | | | | | | | | | | |
| 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. | \boxtimes | | | | | | | | |
| Con | Comments: | | | | | | | | | | |
| 46. | Covid19 | Daily health surveillance program includes temperature screening at entry for staff and campers. Temperature screening devices are provided. | \boxtimes | | | | | | | | |
| Con | nments: | | | | | | | | | | |
| 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. | \boxtimes | | | | | | | | |
| Con | nments: | | | | | | | | | | |
| 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. | \boxtimes | | | | | | | | |
| Con | nments: | | | | | | | | | | |
| 49. | Covid19 | Written procedure has been established for social distancing methods and are implemented during camp operation. | \square | | | | | | | | |
| Con | nments: | | | | | | | | | | |
| 50. | Covid19 | Written procedure has been established and implemented detailing the used of face coverings by the camp community. | \square | | | | | | | | |
| Con | nments: | Separate isolation space is provided for COVID-19 | | | | | | | | | |
| 51 . | Covid19 nments: | symptomatic staff and campers. | | | | | | | | | |
| | | | | | | | | | | | |
| | | SAFETY Written emergency procedures that address, at a | | | | | | | | | |
| 52. | 6.1(a) | minimum, evacuation of camp, fires, natural disasters, serious accidents, illness or injury, and lost camper(s). | \boxtimes | | | | | | | | |
| Con | nments: | | | | | | | | | | |

| # | N.J.A.C. 8:25 | | IN | OUT | Severity | COS | N/A | N/O |
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| 53. | 6.1(b) | Fire and emergency drills are conducted at least once a camp period or every two weeks, whichever is more frequent. | \boxtimes | | | | | |
| Con | nments: | | | | | | | |
| 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. | \boxtimes | | | | | |
| Con | nments: | | | | | | | |
| 55. | 6.3(a) | Fire extinguishers meet the requirements of the Fire Underwriters Association and are strategically placed so that they are easily accessible. | | | | | | |
| Comments: | | | | | | | | |
| 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). | \boxtimes | | | | | |
| Con | nments: | | | | | | | |
| 57. | Covid19 | Camps have documented plan for inclement weather conditions. Plan should detail the method used to contain campers while following social distancing protocols. | \boxtimes | | | | | |
| Con | nments: | | | | | | | |
| 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 <u>NJDOH Youth Camp Project</u> . Notification is done in a manner that maintains confidentiality. | \boxtimes | | | | | |
| Con | nments: | | | | | | | |
| 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. | \square | | | | | |
| Con | nments: | | | | | | | |
| | | NUTRITION AND MEAL SERVICE | | | | | 1 | |
| 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. | \square | | | | | |
| Con | nments: | | | | | | | |
| 61. | Covid19 | Written procedure established for food service practices. 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. | | | | | \boxtimes | |
| Con | nments: | | | | | | | |
| | | TRANSPORTATION | 1 | | | [| | |
| 62. | 8.3 | Youth camp, person(s), or agency which provides transportation for campers maintains vehicle liability insurance and current vehicle inspection. | | | | | \boxtimes | |
| Con | nments: | | | | | | | |

| # | N.J.A.C. 8:25 | | IN | OUT | Severity | cos | N/A | N/O | | |
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| 63. | 8.4(b) | Drivers are appropriately licensed for the vehicle being driven to transport campers. | | | | | \square | | | |
| Cor | nments: | · · · | | | | | | | | |
| 64. | Covid19 | Written transportation policy covers measures to prevent the spread of COVID-19 including: 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. | | | | | | | | |
| Con | nments: | | | | | | | | | |
| 65. | Covid19 | Written procedures document vehicle cleaning frequencies and EPA approved disinfectants are used in accordance with the manufacturer's instructions. | | | | | \square | | | |
| Cor | nments: | | | | | | | | | |
| | | SWIMMING ACTIVITIES | | | | (| r | r | | |
| 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. | | | | | \square | | | |
| Cor | nments: | | | | | | | | | |
| 67. | 9.2(a) | Lifeguards are certified by an agency <u>approved by the</u> <u>Department.</u> | | | | | | | | |
| Cor | 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. | | | | | \square | | | |
| Cor | nments: | | | | | | | | | |
| | | 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. | \square | | | | | | | |
| Cor | nments: *S | ee Item # 23 | | | | | | | | |
| 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. | \boxtimes | | | | | | | |
| Con | nments: | | | | | | | | | |
| 71. | Covid19 | Written procedures have established to ensure that adequate supply of cleaning and disinfection materials is maintained. | \square | | | | | | | |
| Cor | nments: | | | | | | 1 | r | | |
| 72. | Covid19 | Written procedures for deep cleaning, in line with <u>CDS</u> <u>Reopening a Youth Camp</u> , have been established for deep cleaning due to the identification of positive case(s). | \square | | | | | | | |
| Cor | nments: | | | | | | | | | |
| 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. | \boxtimes | | | | | | | |
| Cor | nments: | | | | | | | | | |

| # | N.J.A.C. 8:25 | | | IN | OUT | Severity | cos | N/A | N/O | | |
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| | | INSECT, RODENT | , AND WEED CONTR | OL | | | | | | | |
| 74. | 13.3(a) | Throughout the camp setting, mosquito an habitat and/or harborage areas are minim observed to pose a significant threat to th | ized and not | \boxtimes | | | | | | | |
| Comments: | | | | | | | | | | | |
| ASSESSMENT QUESTIONS | | | | | | | | | | | |
| 75. | Has staff of Family | vision | n YES 🛛 NO | | | | | | | | |
| Comments: | | | | | | | | | | | |
| 76. | | applied for and/or received New Jersey D cy Child Care Assistance Program youth ca | | | | YES 🗌 |] | NO 🖂 | | | |
| 77. | Annual Re | pre September 15, of each year, the camp eport Youth Camp Safety' (<u>CB-15</u>) form via amps@doh.nj.gov | | | | YES 🖂 |] | NO | | | |
| Con | nments: | | | | | | | | | | |
| | | | | | | | | | | | |
| Ren | narks | | | | | | | | | | |
| | Name of Inspecting OfficialName of the Person ReceivinDavid ValvanoEric Stanley | | | | | | ort | | | | |