## New Jersey Department of Health Consumer, Environmental and Occupational Health Service Public Health Sanitation and Safety Program P.O. Box 369, Trenton, NJ 08625-0369 609-826-4935

## **REPORT OF INSPECTION**

ASSIGNMENT # 14340

| 609-826-4935  |                                |   |  |                                |                                   |                          | ASSIGNMENT # 14340         |                  |                           |                      |                  |                        |                   |  |  |
|---|--------------------------------|---|--|--------------------------------|-----------------------------------|--------------------------|----------------------------|------------------|---------------------------|----------------------|------------------|------------------------|-------------------|--|--|
| License/ID # Category S                             |                                |   | Sub-Ca   | Sub-Category                   |                                   |                          | Activity Type              |                  |                           |                      | Evaluation       |                        |                   |  |  |
| 2280 Youth Camp                                     |                                |   |  | No                             |                                   |                          | lot Ope                    | Open             |                           |                      | Not Applicable   |                        |                   |  |  |
| Name of Ov  | ner(s)                         | , Partnership   | n Trad   | Trade Name                     |                                   |                          |                            |                  | E-mail Address            |                      |                  |                        |                   |  |  |
| Jersey Shore Girls LLC                              |                                |   |  |                                | Camp Jersey Girls                 |                          |                            |                  |                           | joeydayon@gmail.com  |                  |                        |                   |  |  |
| Establishment Location (Street Address)             |                                |   |  |                                | City                              |                          |                            |                  | Zip Code                  | County Telephone No. |                  | ne No.                 |                   |  |  |
| 200 Wall Street                                     |                                |   |  |                                | West Long Branch                  |                          |                            | h                | 07764                     | Monm                 |                  | 732-7                  | 732-728-1400      |  |  |
| Establishment Mailing Address (if different)        |                                |   |  |                                | Changes Revised In                |                          |                            |                  |                           | d Info               | nformation:      |                        |                   |  |  |
| Name of Inspecting Official                         |                                |   |  |                                | REHS Lic. #                       |                          |                            | Est. Code: Total |                           | lours: Reir          |                  | nspection on or After: |                   |  |  |
| Maria Malgieri                                      |                                |   |  |                                | B-2422                            |                          |                            | 1.5              |                           |                      |                  |                        |                   |  |  |
|   |                                | TIME/AC   | CTIVITY REPO   | DRT (Cod                       | (Codes: 1-Travel, 2-li            |                          |                            | tion, 3-A        | dministration             | nistration, 4-Pers   |                  | ional)                 |                   |  |  |
| Date  | Code                           | Began   | Ended  | Date                           | Code                              | Beg                      | an                         | Ende             | d Date                    | •                    | Code             | Began                  | Ended             |  |  |
| 7-29-20   | 1                              | 0830  | 0900   |                                | 2                                 | 090                      | 00                         | 0930             | 0                         |                      |                  |                        |                   |  |  |
| 7-31-20   | 3                              | 1200  | 1230   |                                |                                   |                          |                            |                  | -                         |                      |                  |                        |                   |  |  |
| ltow  |                                |   |  |                                |                                   |                          | _                          |                  |                           |                      |                  |                        |                   |  |  |
| ltem  |                                | Remarks $R = Repeat$ Violation from the previous inspection |  |                                |                                   |                          |                            |                  |                           |                      |                  |                        |                   |  |  |
| not operat<br>phone cal<br>file. Mr. Jo<br>COVID-19 | ing. 1<br>I was<br>oseph<br>). | he school<br>placed, bu<br>Dayon, Ca                        | ey Girls loca<br>building app<br>t was only d<br>amp Directo<br>sted as a DF | beared<br>lirected<br>r, respo | to be en<br>to a voi<br>onded via | npty a<br>cemai<br>a ema | nd no<br>il for<br>ail sta | o cars the sch   | were obsei<br>nool. An en | ved                  | in the<br>was se | parking l<br>nt to the | ot. A<br>email on |  |  |

| Signature of Inspecting Official | Name of Person Receiving Copy of Report |
|----------------------------------|---|
|                                  |   |