NEW JERSEY DEPARTMENT OF HEALTH CONSUMER, ENVIRONMENTAL AND OCCUPATIONAL HEALTH SERVICE PUBLIC HEALTH FOOD PROTECTION PROGRAM P.O. BOX 369, TRENTON NJ 08625-0369

REPORT OF INSPECTION

Youth Camp Safety Standards and COVID-19 Guidelines

| | | | | 9-826-4935 | | | | | | | | | | | | |
|--------------------|-------------|-----------|--|----------------|--------------------|-----------|-----------------|-------------------|---|----------|-------|----------|-------------|-----|--|--|
| | | | - | mps@doh. | <u>nj.gov</u> | | | | | | | 14086 | | | | |
| | MP ID | | CAMP NAM | | | | ACTIVI INSPE | ITY TYPE CTION | | VALUA | | | | | | |
| 321 | | | Cranford's | Best Summ | | E 111111 | | | | | | | | | | |
| | MP OWNER | | | | | E NUMB | EK | E-MA | _ | u.: L. C | | | | | | |
| | sar-Kai Kar | | emy | | 9088738965 | | | | cranfordsbestkids@gmail.com ZIP COUNTY | | | | | | | |
| | REET ADDR | | | | CITY | | | ZIP | | | | | | | | |
| | ' Walnut Av | | | | Cranfo | | | 07019 | | nion | | | | | | |
| MAI | ILING ADDI | RESS | | | CHAN | GES | | | P | REVIO | US IN | IFORMA | TION | | | |
| CAI | MP DIRECT | OR NAME | | HEALT | TH DIRECTOR | R NAME | | FOOD | SERVI | CE VEN | NDOR | <u> </u> | | | | |
| Yessenia Torres Ye | | | | Yesse | nia Torres | | | N/A | | | | | | | | |
| INSPECTOR NAME | | | | | REHS LIC | ;_ | | REINS | SPECTIO | N ON | OR A | FTER | | | | |
| Melissa Petrillo | | | | B-156899 |) | | | | | | | □ NOV | | | | |
| | | Тіме/Аст | IVITY REPORT (| 1-Travel, 2-In | I SPECTION, 3-A | DMINISTR | ATION, 4 | -Person <i>a</i> | NAL) TOTAL HOURS: 3.75 | | | .75 | | | | |
| | DATE | CODE | BEGIN | END | CODE | BEGI | N | END | CODE | | BE | EGIN | EN | ND | | |
| 08 | 3/12/20 | 1 | 0930 | 1015 | 2 | 1015 | 5 | 1315 | , | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | N.J.A.C. | T | | | | | | | T | 1 | | | | | | |
| # | 8:25 | | | | A DAMINIO | TD A TIV | - | IN | OUT | Seve | erity | cos | N/A | N/O | | |
| | | | | | ADMINIS | | | | Т — | | | | | l | | |
| 1. | Covid19 | Camp h | as an active | license issu | ed by the NJ | J Dept. o | f Healtl | h 🛛 | | | | | | | | |
| Cor | mments: | | | | | | | | | | | | | | | |
| 2. | Covid19 | | ting children I by the NJ D ng. | | | | | | | | | | \boxtimes | | | |
| Cor | mments: | | | | | | | | - | | | | | | | |
| 3. | | | d in the Divis Referral Agen | | | | | | Y | ES 🗌 | | NO | \boxtimes | | | |
| Cor | nments: | | | • | | • | | | | | | | | | | |
| 4. | Covid19 | Camp s | ubmitted the | attestation f | orm to NJ D | ept. of H | lealth. | | | | | | | | | |
| Cor | mments: | | | | | | | | | | | | | | | |
| | | | | GEN | ERAL CARI | E OF CA | MPER | S | | | | | | | | |
| 5. | 3.1(a) | staff are | ne policies ar prohibited fr children. | • | | _ | | nt 🖂 | | | | | | | | |
| Cor | nments: | 10.74.4 | | | | | | | 1 | 1 | | 1 | 1 | I | | |

| # | N.J.A.C. 8:25 | | IN | OUT | Severity | cos | N/A | N/O | | |
|-----|---|--|-------------|-------------|-------------|-----|-----|-----|--|--|
| | 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 | 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. | | \boxtimes | Minor | | | | | |
| 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 | Minor | | - | | | |
| Con | nments: | | | | | | | | | |
| 9. | 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 | \boxtimes | | | | | | | |
| Con | nments: | | | | | | | | | |
| 10. | Covid19 | COVID-19 safety measures have been communicated to staff, parents and campers, including: 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. | | | | | | | | |
| 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, hinal history, and State Sex Offender Registry completed for all member. (Only for DFD Camps) | | YE | ES □ | NO | | | | |
| Con | nments: | | | | | Γ | | | | |
| 12. | 3.2(j) | Criminal background check completed for all adult staff member. (18 years of age and older) | \boxtimes | | | | | | | |
| Con | nments: | | | | | T | Ī | | | |
| 13. | 3.2(k)2 | Notarized statements of no change in criminal history status are provided by continuously employed adult staff. | \boxtimes | | | | | | | |
| Con | nments: | | | | | | | | | |

| # | N.J.A.C. 8:25 | | IN | OUT | Severity | cos | N/A | N/O | | | |
|-----|------------------------|--|-------------|------|----------|-----|-------------|-----|--|--|--|
| 14. | 3.2(I) | National sex offender registry check completed for all staff members annually. | \boxtimes | | | | | | | | |
| Con | nments: | | | | | | | | | | |
| | CAMP ACTIVITIES | | | | | | | | | | |
| 15. | 3.2(n) | High-risk activities are conducted by a qualified adult activity specialist (18 years of age and older). | | | | | | | | | |
| Con | nments: | openiant (10 jeans of age and order). | I | | | | | | | | |
| 16. | Covid19 | COVID-19 mitigation strategy has been established, implemented, and documented for all activities offered at the camp. | | | | | | | | | |
| Con | nments: | | | | | | | | | | |
| 17. | Covid19 | Off-site activities in line with Executive Directive. | | | | | | | | | |
| Con | nments: | | | | | | | | | | |
| | SUPERVISION OF CAMPERS | | | | | | | | | | |
| 18. | Covid19 | Camp has been designated as: | OUT | DOOR | only 🗌 | В | отн ∑ | ₃ | | | |
| 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 ensure campers remain with their assigned groups. | \boxtimes | | | | | | | | |
| Con | nments: | | | | | | | | | | |
| 22. | Covid19 | Social distancing is observed between assigned groups. | | | | | | | | | |
| Con | nments: | | | | | | | | | | |
| | | 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. | | | | | | | | | |
| Con | nments: | | | | | | | | | | |
| 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. | | | | | | | | | |
| Con | nments: | | | | | | | | | | |
| 25. | Covid19 | A canopy, tenting or cover is provided at outdoor camps. | \boxtimes | | | | | | | | |
| Con | nments: | | | | | | | | | | |
| 26. | Covid19 | Indoor facilities have adequate ventilation and air flow. | | | | | | | | | |
| Con | nments: | | | | | | | | | | |
| 27. | Covid19 | Residential and/or overnight services are prohibited. | | | | | | | | | |
| Con | nments: | | | | | | | | | | |
| 28. | Covid19 | Handwashing stations and hand sanitizers that contain at least 60% alcohol are provided in numerous areas around the camp. | \boxtimes | | | | | | | | |

| # | N.J.A.C. 8:25 | | IN | OUT | Severity | cos | N/A | N/O | |
|-----------|---|--|-------------|-------------|-------------|-----|-------------|-----|--|
| Con | nments: | | | | | | | | |
| 29. | Covid19 | Physical barriers installed where necessary to allow for social distancing and reducing the risk of COVID-19 transmission. | \boxtimes | | | | | | |
| Comments: | | | | | | | | | |
| 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. | \boxtimes | | | | | | |
| Con | nments: | - 3 - 3 | | | | I | | | |
| 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 | Minor | | | | |
| | | e camp did not provide staff face masks or coverings. Staff and ca ack up mask. The camp was observed to have only ~5 extra mask | | | | | neir ov | vn | |
| mac | nt, and a be | HEALTH | (O. 7 til | Oti IOI I | 1 E provide | Ju. | | | |
| | | Health Director is certified in professional-level infant, | | | | | | | |
| 33. | 5.2(c) | child, and adult cardiopulmonary resuscitation (CPR) from a certification agency approved by the Department. | | | | | | | |
| Comments: | | | | | | | | | |
| 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> | \boxtimes | | | | | | |
| Con | 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. | \boxtimes | | | | | | |
| Con | nments: | | | | | | | | |
| 36. | 5.1(d) | A written outline of daily procedures for health surveillance of campers and staff has been established. | \boxtimes | | | | | | |
| Con | nments: | | | | | | | | |
| 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. | \boxtimes | | | | | | |
| 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: No | campers required the administration of any medication this summ | ner se | eason. | | | | | |
| 40. | 5.5(b) | Written health histories for each staff/camper are maintained on file. | | | Minor | | | | |
| Con | Comments: The staff do not have health histories. Health histories were available fore all campers. | | | | | | | | |

| # | N.J.A.C. 8:25 | | IN | OUT | Severity | cos | N/A | N/O |
|-----|--|--|-------------|-------------|----------|---------|--------|-----|
| 41. | 5.5(g) | Immunization records and/or religious exemptions are maintained on file and on site for each camper. | \boxtimes | | | | | |
| Con | nments: | maintained on the and on site for each camper. | | | | | | |
| 42. | 5.4(b) | First aid supplies are maintained and appropriate for activities. | | | Minor | | | |
| gau | Comments: The camp did not have the required minimum (<40 campers) for the following: 2x2 gauze dressing, 2x3 gauze dressing, 1" gauze bandage, 3" roller gauze bandage, missing 1 traiangle bandage, protective face shield, protective gowns, missing 1 pocket resuscitation mask. | | | | | | | |
| 43. | 4.2(f) | Health center is established for the temporary isolation and treatment of sick or injured campers and/or staff members. | | | | | | |
| 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 | nments: | , , , , , , , , , , , , , , , , , , , | | | | | | |
| 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: | | I | | | | | |
| 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. | | | | | | |
| Con | nments: | | | | | | | |
| 50. | Covid19 | Written procedure has been established and implemented detailing the used of face coverings by the camp community. | | | | | | |
| Con | nments: | 0 | | | | | ı | |
| 51. | Covid19 | Separate isolation space is provided for COVID-19 symptomatic staff and campers. | | | Major | D T | | |
| | | e camp did not have a separate isolation space fot COVID-19 synnal room that was not being use and created it into their separate | | | | pers. I | ne cai | пþ |
| | | 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). | \boxtimes | | | | | |
| Con | nments: | | | | | | | |
| 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 | Minor | | | |

| # | N.J.A.C. 8:25 | | IN | OUT | Severity | cos | N/A | N/O | | |
|---|--|--|-------------|-------------|----------|-----|-------------|-----|--|--|
| Comments: The camp has not conducted any fire and emergency drills this camp season. Camp director stated they thought it was for bus/transportation vehicles only. | | | | | | | | | | |
| 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 | 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. | \boxtimes | | | | | | | |
| Con | nments: NC | TE: The fire extinguishers are due for service at the end of the m | onth. | | | | | | | |
| 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 | Minor | | | | | |
| Con | Comments: The camp did not include social distancing plicy in existing emergency procedures. | | | | | | | | | |
| 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 NJDOH Youth Camp Project. Notification is done in a manner that maintains confidentiality. | \boxtimes | | | | | | | |
| Con | 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. | \boxtimes | | | | | | | |
| Con | nments: | | | | | | | | | |
| | | 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. | | | | | \boxtimes | | | |
| 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 | | | | | | | | |
| 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: | | | | | | | | | |
| 63. | 8.4(b) | Drivers are appropriately licensed for the vehicle being driven to transport campers. | | | | | \boxtimes | | | |

| # | N.J.A.C. 8:25 | | IN | OUT | Severity | cos | N/A | N/O |
|-----|------------------|--|-------------|-----|----------|-----|-------------|-----|
| 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. | | | | | | |
| Cor | nments: | | | | | | | |
| 65. | Covid19 | Written procedures document vehicle cleaning frequencies and EPA approved disinfectants are used in accordance with the manufacturer's instructions. | | | | | | |
| Cor | nments: | | | | | | | |
| | Γ | SWIMMING ACTIVITIES | 1 | T | | 1 | T | ı |
| 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. | | | | | | |
| Cor | nments: | | | | | | | |
| 67. | 9.2(a) | Lifeguards are certified by an agency approved by the Department. | | | | | \boxtimes | |
| Cor | nments: | | | | | | | |
| 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. | | | | | \boxtimes | |
| 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. | | | | | | |
| Cor | nments: | | | | | | | |
| 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. | | | | | | - |
| Cor | nments: | | | | | | | |
| 71. | Covid19 | Written procedures have established to ensure that adequate supply of cleaning and disinfection materials is maintained. | | | | | | |
| Cor | nments: | | 1 | ı | | ı | ı | |
| 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). | \boxtimes | | | | | |
| Cor | nments: | | , | T | | | r | 1 |
| 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. | | | | | | |
| Cor | nments: | | | | | | | |
| | | INSECT, RODENT, AND WEED CONTR | OL | | | | | |

| # | N.J.A.C. 8:25 | | IN | OUT | Severity | cos | N/A | N/O | |
|--|---|---|----|-----|------------|----------|-----|------|--|
| 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 communication. | | | | | | | |
| 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 | | | NO 🗌 | |
| Comments: | | | | | | | | | |
| 76. | 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 🗌 NO | | | |
| 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 ⊠ NO □ | | | | |
| Con | nments: | | | | | | | | |
| | | | | | | | | | |
| Ren | Remarks | | | | | | | | |
| Name of Inspecting Official Melissa Petrillo Name of the Person Receiving Copy of Report Yessenia Torres | | | | | | | | | |