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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 Assignment No. 19297 |
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| CAMP ID 4225 | CAMP NAME The Clubhouse Summer Enrichment Program | ACTIVITY TYPE DFD INSPECTION | EVALUATION CONDITIONAL |
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| CAMP OWNER Newark Housing Authority | PHONE NUMBER 973-273-6550 | E-MAIL vdavis@newarkha.org |
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| STREET ADDRESS 205 Spruce Street | CITY Newark | ZIP 07108 | COUNTY Essex |
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| MAILING ADDRESS 500 Broad Street Newark, NJ 07103 | CHANGES | PREVIOUS INFORMATION |
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| CAMP DIRECTOR NAME Vanessa Davis | HEALTH DIRECTOR NAME Marques Lewis | FOOD SERVICE VENDOR Newark SuNup |
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| INSPECTOR NAME Melissa Petrillo | REHS LIC. B-156899 | REINSPECTION ON OR AFTER <input type="checkbox"/> NOV |
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TIME/ACTIVITY REPORT (1-TRAVEL, 2-INSPECTION, 3-ADMINISTRATION, 4-PERSONAL) TOTAL HOURS:

| DATE | CODE | BEGIN | END | CODE | BEGIN | END | CODE | BEGIN | END |
|----------|------|-------|------|------|-------|------|------|-------|------|
| 08/08/23 | 1 | 1100 | 1130 | 2 | 1130 | 1500 | 1 | 1500 | 1530 |
| 08/08/23 | 3 | 1530 | 1600 | | | | | | |
| 08/09/23 | 3 | 0830 | 1000 | | | | | | |
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| # | N.J.A.C. 8:25 | | IN | OUT | Severity | COS | N/A | N/O |
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| 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 type="checkbox"/> | <input type="checkbox"/> | ----- | <input type="checkbox"/> | <input checked="" 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 type="checkbox"/> | <input checked="" type="checkbox"/> | Minor | <input type="checkbox"/> | --- | --- |
| Comments: The Camp Director stated that they do not have a copy but insurance liability is provided under Newark Housing Authority and is kept with the legal department off-site. | | | | | | | | |
| GENERAL CARE OF CAMPERS | | | | | | | | |

| # | N.J.A.C. 8:25 | | IN | OUT | Severity | COS | N/A | N/O |
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| 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 type="checkbox"/> | <input checked="" type="checkbox"/> | Minor | <input type="checkbox"/> | --- | --- |
| Comments: The camp does not have written discipline policies and practices but the Camp Director stated it was verbally reviewed with all staff. | | | | | | | | |
| 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 type="checkbox"/> | <input checked="" type="checkbox"/> | Minor | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments: The camp did not document orientation and training but the Camp Director stated it was verbally reviewed. Camp Director stated that the training did not include blood-borne pathogens, lost camper, and lost swimmer policies. Verbal training reviewed first aid, emergency procedures (lockdowns, fire drills, bus drills, active shooter drills), and daily health surveillance procedures. | | | | | | | | |
| 7. | DFD | Age-appropriate pediatric first aid and Cardiopulmonary Resuscitation (CPR) training and required health and safety child growth development coursework has been completed and documented for caregivers, teachers, and directors, and any individuals responsible for the direct care/ supervision of children for a provider that receives DFD funds. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Major | <input type="checkbox"/> | --- | --- |
| Comments: The camp staff did not have the appropriate first aid and CPR training and did not complete the required health and safety child growth development coursework. | | | | | | | | |
| 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 type="checkbox"/> | <input checked="" type="checkbox"/> | Minor | <input type="checkbox"/> | --- | --- |
| Comments: The camp did not have the number for DCF provided but was verbally instructed that abuse/observations need to be reported. | | | | | | | | |
| 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 type="checkbox"/> | <input checked="" type="checkbox"/> | Minor | <input type="checkbox"/> | --- | --- |
| Comments: The camp did not have a developed staff training but verbally informed staff that child abuse and neglect issues need to be reported and what to look for. | | | | | | | | |
| STAFF BACKGROUND CHECK | | | | | | | | |
| 10. | DFD | Federal Bureau of Investigation (FBI) criminal history (fingerprint check), National Sex Offender Registry (NSOR), State criminal history (fingerprint check), and State Sex Offender Registry completed for all staff members. This check also includes Out-of-State State criminal history and Out-of-State Sex Offender Registry for any staff that have lived out of state within the past five years. (<i>Only for DFD Camps</i>) | YES <input checked="" type="checkbox"/> | | | NO <input type="checkbox"/> | | |
| Comments: The camp did not have the results for any of the adult fingerprint checks but was able to provide receipts from IdentoGo for CCDBGA Childcare Employment checks dated from 06/09/23-06/15/23. | | | | | | | | |
| 11. | DFD | Child Abuse Record Information (CARI) check has been conducted including Out-of-State child abuse registry checks for any staff that have lived out-of-state within the past five years (applicable to all staff and volunteer members of a provider that receives DFD funds) | YES <input type="checkbox"/> | | | NO <input checked="" type="checkbox"/> | | |
| Comments: The camp did not conduct CARI checks on any staff. | | | | | | | | |

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|--|------------------|--|-------------------------------------|-------------------------------------|----------|-------------------------------------|-------------------------------------|--------------------------|
| 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 type="checkbox"/> | <input type="checkbox"/> | ----- | <input type="checkbox"/> | <input checked="" type="checkbox"/> | --- |
| Comments: All background/fingerprint checks were conducted this year. | | | | | | | | |
| 14. | 3.2(l) | Sex offender registry check conducted annually for all staff 16 and older. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Minor | <input checked="" type="checkbox"/> | --- | --- |
| Comments: Sex Offender Checks were not conducted on staff 16-17 years old. | | | | | | | | |
| 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: The camp provides swimming, tennis, and karate activities conducted by adults. | | | | | | | | |
| SUPERVISION OF CAMPERS | | | | | | | | |
| 16. | 3.2(o) | Camp supervision ratios are observed for <u>ages 5-17</u> : 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 <u>ages 2 1/2 -4</u> : 1 adult: 1 counselor: 14 campers? (Note: each additional group of 7 campers requires at least one additional staff) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | ----- | <input type="checkbox"/> | <input type="checkbox"/> | --- |
| Comments: | | | | | | | | |
| 18. | 3.2(q) | Camp supervision ratios are observed for <u>ages birth to 2</u> : 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, bodies of water, and vehicular traffic 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: | | | | | | | | |

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| 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 <u>day camp</u> is on duty at all times and certified in standard-level First Aid from a certification agency approved by the Department.. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Major | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments: The Health Director did not remain on duty at all times. Other staff certified in standard First Aid and CPR were available on site during camp. | | | | | | | | |
| 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 type="checkbox"/> | <input type="checkbox"/> | ----- | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Comments: | | | | | | | | |
| 26. | 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 type="checkbox"/> | <input checked="" type="checkbox"/> | Minor | <input type="checkbox"/> | --- | --- |
| Comments: The Health Director did not have a professional-level CPR certification. Marques Lewis - ASHI CPR, AED, Basic First Aid - exp. 10/2023. | | | | | | | | |
| 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 type="checkbox"/> | <input checked="" type="checkbox"/> | Minor | <input type="checkbox"/> | <input type="checkbox"/> | --- |
| Comments: The camp did not have a written procedure for routine daily surveillance of campers but the Camp Director verbally informed me of the procedure conducted by staff of campers upon arriving to camp. | | | | | | | | |
| 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: The camp has incident report forms available. | | | | | | | | |
| 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 type="checkbox"/> | <input type="checkbox"/> | ----- | <input type="checkbox"/> | <input checked="" type="checkbox"/> | --- |
| Comments: The camp does not administer non-Rx drugs. | | | | | | | | |
| 30. | 5.5(b) | Written health histories for each staff/camper are maintained on file. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Minor | <input type="checkbox"/> | <input type="checkbox"/> | --- |
| Comments: The camp did not have written health histories on file for staff. | | | | | | | | |
| 31. | 5.5(g) | Campers' immunization records and/or religious exemptions are maintained on file. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Minor | <input type="checkbox"/> | --- | --- |
| Comments: The camp did not maintain campers' immunization records/religious exemptions on file. | | | | | | | | |

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| 32. | DFD | Families (including foster families) of children in foster care and homeless children are permitted a 30-day grace period to take any necessary action to comply with immunization requirements consistent with the provisions of N.J.A.C. 3A:52-7.3 and N.J.A.C. 3A:54-6.8. (For DFD Funded Families) | | | YES <input type="checkbox"/> | | NO <input checked="" type="checkbox"/> | |
| Comments: | | | | | | | | |
| 33. | 5.4(b) | Minimum first aid supplies set forth in Appendix E "Health Center Supplies" are maintained. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Minor | <input type="checkbox"/> | --- | --- |
| Comments: The camp did not have the required minimum first aid supplies. The following items were missing: 2"x2" sterile gauze dressings, 4"x4" sterila gauze dressings, 1" sterile gauze roller bandage, 3" sterile gauze roller bandage, triangle bandages, blanket, instant cold packs, disposable protective gowns, pocket resuscitation masks. | | | | | | | | |
| The Camp Director informed me that CINTAS provides and maintains their first aid supplies and is scheduled to restock on Wednesday 08/09/23. The Camp Director was informed that first aid supplies must be restocked within 48 hours of use. | | | | | | | | |
| 34. | 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: | | | | | | | | |
| 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. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Minor | <input type="checkbox"/> | --- | --- |
| Comments: The Camp Director did not have written documentation with EMS/ambulance squad but informed me she verbally informed the local hospital of the camp location in case of serious injury and/or illness. | | | | | | | | |
| 36. | 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: The camp currently only have 1 camper with prescription inhaler. | | | | | | | | |
| 37. | DFD | Medication is administered consistent with standards for parental consent. (for DFD funded camps) | | | YES <input checked="" type="checkbox"/> | | NO <input type="checkbox"/> | |
| Comments: | | | | | | | | |
| 38. | DFD | The camp ensures staff are trained and prepared to prevent, recognize, and respond to emergencies due to food-related allergies and other allergic reactions. | | | YES <input type="checkbox"/> | | NO <input checked="" type="checkbox"/> | |
| Comments: The camp did not provide training on preventing, recognizing, and responding to emergencies due to food-related allergies and other allergic reactions. | | | | | | | | |
| SAFETY | | | | | | | | |
| 39. | 6.1(a) | Written emergency procedures 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 type="checkbox"/> | <input checked="" type="checkbox"/> | Minor | <input type="checkbox"/> | --- | --- |
| Comments: The camp did not have written emergency procedures but the Camp Director was able to verbally inform me of the camp's procedures. The Camp Director informed me that the procedures were also verbally reviewed with staff prior to camp. | | | | | | | | |
| 40. | DFD | Written emergency procedures address relocation, communication and reunification with parents, continuity of operations, accommodations for children with disabilities and children with chronic medical conditions during an emergency. | | | YES <input type="checkbox"/> | | NO <input checked="" type="checkbox"/> | |
| Comments: The camp did not have written emergency procedures. | | | | | | | | |

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| 41. | 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: The camp did not conduct any drills. | | | | | | | | |
| 42. | DFD | Hazardous materials are handled and stored appropriately. Bio-contaminants are properly disposed of. | YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | | | | | |
| Comments: | | | | | | | | |
| 43. | 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 type="checkbox"/> | <input checked="" type="checkbox"/> | Minor | <input type="checkbox"/> | --- | --- |
| Comments: The camp did not have any emergency phone numbers provided. | | | | | | | | |
| 44. | 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: | | | | | | | | |
| 45. | 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 type="checkbox"/> | <input checked="" type="checkbox"/> | Minor | <input type="checkbox"/> | --- | --- |
| Comments: The camp did not have a policy and procedure for drills. | | | | | | | | |
| 46. | 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: | | | | | | | | |
| 47. | 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: | | | | | | | | |
| 48. | DFD | The camp operator has developed and documented an emergency preparedness procedure that covers continuity of operations, staff and volunteer training in the event of an emergency. | YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | | | |
| Comments: The camp did not have written ort developed emergently preparedness procedures. | | | | | | | | |
| NUTRITION AND MEAL SERVICE | | | | | | | | |
| 49. | 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 checked="" type="checkbox"/> | <input type="checkbox"/> | ----- | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments: Newark SuNup provides meals to campers. | | | | | | | | |
| POTABLE WATER | | | | | | | | |
| 50. | 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: | | | | | | | | |
| 51. | 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, N.J.S.A. 58:12A-1 et seq. prior to opening for the season. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | ----- | <input type="checkbox"/> | --- | --- |
| Comments: | | | | | | | | |
| 52. | 7.3 | Water sampling results are maintained on site and available for review. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | ----- | <input type="checkbox"/> | --- | --- |

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Comments:

TRANSPORTATION

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| 53. | 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 type="checkbox"/> | <input checked="" type="checkbox"/> | Minor | <input type="checkbox"/> | --- | --- |
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Comments: The camp did not have inspection sticker for transport vehicles. The Camp Director stated that Newark Housing Authority provides the transportation for the camp and possess all the necessary documents.

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| 54. | 8.2(b) | Written policy has been established for transportation. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Minor | <input type="checkbox"/> | --- | --- |
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Comments: The camp did not have a written policy for transportation.

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| 55. | 8.3 | Youth camp, person(s), or agency which provides transportation for campers maintains vehicle liability insurance. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Minor | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
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Comments: The camp did not have vehicle liability insurance available. The Camp Director stated that Newark Housing Authority provides the transportation for the camp and possess all the necessary documents.

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| 56. | 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 type="checkbox"/> | <input checked="" type="checkbox"/> | Minor | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
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Comments: The camp did not have transportation routes available.

The Camp Director stated that Newark Housing Authority provides the transportation for the camp and possess all the necessary documents, including the contract and driver's licenses.

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| 57. | 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 type="checkbox"/> | <input checked="" type="checkbox"/> |
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Comments:

SPORTS AND OTHER RECREATIONAL ACTIVITIES

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| 58. | 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 type="checkbox"/> | <input checked="" type="checkbox"/> | Minor | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
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Comments: The camp informed parents of activities via the parents handbook but does not have a policy documenting that high risk activities are conducted by knowledgeable staff (only the instructor names were available), and the camp did not have recent guidelines.

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| 59. | 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 type="checkbox"/> | <input type="checkbox"/> | ----- | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
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Comments: The camp conducts swimming activities at Hayes Park West Recreation Center located off-site. The camp was unable to provide a certificate or report for the pool.

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| 60. | 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 type="checkbox"/> | <input checked="" type="checkbox"/> | Minor | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|-----|--------|---|--------------------------|-------------------------------------|-------|--------------------------|--------------------------|--------------------------|

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

Comments: The camp did not have a policy documenting off-site swimming activities and the monitoring of campers and swimmer ability assessment. The Camp Director stated that staff at the pool do conduct swimmer ability assessments and explained the process but there is no documentation.

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|-----|--------|--|--------------------------|--------------------------|-------|--------------------------|-------------------------------------|--------------------------|
| 61. | 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 type="checkbox"/> | <input type="checkbox"/> | ----- | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|-----|--------|--|--------------------------|--------------------------|-------|--------------------------|-------------------------------------|--------------------------|

Comments: There is no swimming on-site.

| | | | | | | | | |
|-----|--------|---|--------------------------|--------------------------|-------|--------------------------|-------------------------------------|--------------------------|
| 62. | 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: There is no swimming on-site.

| | | | | | | | | |
|-----|--------|---|--------------------------|--------------------------|-------|--------------------------|-------------------------------------|--------------------------|
| 63. | 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: There is no swimming on-site.

| | | | | | | | | |
|-----|--------|---|--------------------------|--------------------------|-------|--------------------------|-------------------------------------|--------------------------|
| 64. | 9.2(a) | Lifeguards are certified by an agency approved by the Department. | <input type="checkbox"/> | <input type="checkbox"/> | ----- | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|-----|--------|---|--------------------------|--------------------------|-------|--------------------------|-------------------------------------|--------------------------|

Comments: There is no swimming on-site.

| | | | | | | | | |
|-----|--------|---|--------------------------|-------------------------------------|-------|--------------------------|--------------------------|--------------------------|
| 65. | 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 checked="" type="checkbox"/> | Minor | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|-----|--------|---|--------------------------|-------------------------------------|-------|--------------------------|--------------------------|--------------------------|

Comments: The camp did not document buddy checks but the Camp Director informed me that the off-site pools conducts them about every 10 minutes.

MAINTENANCE AND SANITATION

| | | | | | | | | |
|-----|---------|--|-------------------------------------|--------------------------|-------|--------------------------|-----|-----|
| 66. | 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: The camp does not have recreational equipment used for campers. The camp is limited to a closed off parking lot and te front grassy area.

| | | | | | | | | |
|-----|---------|---|-------------------------------------|--------------------------|-------|--------------------------|-----|-----|
| 67. | 13.5(a) | Recreational equipment is maintained in safe operating condition. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | ----- | <input type="checkbox"/> | --- | --- |
|-----|---------|---|-------------------------------------|--------------------------|-------|--------------------------|-----|-----|

Comments: The camp does not have recreational equipment used for campers. The camp is limited to a closed off parking lot and te front grassy area.

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|-----|---------|--|-------------------------------------|--------------------------|-------|--------------------------|-----|-----|
| 68. | 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: The camp does not have recreational equipment used for campers. The camp is limited to a closed off parking lot and te front grassy area.

INSECT, RODENT, AND WEED CONTROL

| | | | | | | | | |
|-----|---------|--|-------------------------------------|--------------------------|-------|--------------------------|--------------------------|--------------------------|
| 69. | 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:

| # | N.J.A.C. 8:25 | | IN | OUT | Severity | COS | N/A | N/O |
|------------------------------|---------------|--|-------------------------------------|--------------------------|----------|--------------------------|-------------------------------------|--------------------------|
| 70. | 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: | | | | | | | | |
| 71. | 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: | | | | | | | | |
| 72. | 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 | | | | | | | | |
| 73. | 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: | | | | | | | | |
| 74. | 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: | | | | | | | | |
| 75. | 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: | | | | | | | | |
| 76. | 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 | | | |
|--|---|---|--|
| 77. | 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: The camp staff did not complete the pre-service health and safety trainings as required. | | | |
| 78. | 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: | | | |
| 79. | 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 type="checkbox"/> | NO <input checked="" type="checkbox"/> |
| Comments: | | | |

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|---|---|
| Remarks | <p>This is the camp's initial camp inspection.</p> <p>The camp had 60 campers from the ages of 3-13 years old present at the time of inspection but had up to 150 campers at one time during the camp season. Approximately 10 campers were subsidy campers. The camp had a staff of 21 adults and 18 junior councilors (16-17 years old).</p> <p>The Camp Director, Vanessa Davis, informed me that she was unaware of the necessary DFD requirements and youth camp requirements. She was able to provide information from this report verbally but unable to provide the required written policies and procedures or documentation of staff reviewing the policies and procedures. She stated that other documentation (transportation, insurance, etc.) was maintained by Newark Housing Authority and did not provide copies for the camp.</p> |
| Name of Inspecting Official Melissa Petrillo | Name of the Person Receiving Copy of Report Vanessa Davis, Camp Director |