

## BRIDGEWATER TOWNSHIP SANITARY INSPECTION REPORT

| IDENTIFICATION   |             |  |   |  |                 |
|--|-------------|--|---|--|-----------------|
| <b>OWNER INFORMATION</b><br><i>(Complete this section only if different from establishment information)</i>                                    |             |  | <b>ESTABLISHMENT INFORMATION</b>  |  |                 |
| NAME OF OWNER(S), CORPORATION OR REGISTERED AGENT  |             |  | ESTABLISHMENT TRADING NAME<br><i>Lifetime Kids Camp</i>                       |  |                 |
| NUMBER AND STREET  |             | COUNTY   | NUMBER AND STREET   |  | COUNTY          |
|  |             |  | <i>145 Commons Way</i>  |  | <i>Somerset</i> |
| MUNICIPALITY   |             | STATE  | MUNICIPALITY  | ZIP CODE   | TELEPHONE NO.   |
|  |             |  | <i>Bridgewater</i>  | <i>08807</i>   |                 |
| ZIP CODE   | COMUN. CODE |  | ESTABLISHMENT STATE LICENSE NO. (if appl.)                                    | COMUN. CODE  |                 |
|  |             |  |   |  |                 |
| INSPECTION   |             |  |   |  |                 |
| <b>TYPE OF ESTABLISHMENT</b>   |             | <b>ESTABLISHMENT CODE</b>  |   | <input checked="" type="checkbox"/> INITIAL INSPECTION<br><input type="checkbox"/> REINSPECTION <i>(other than initial inspection)</i> |                 |
| <input type="checkbox"/> RETAIL<br><input type="checkbox"/> POOL<br><input checked="" type="checkbox"/> CAMP<br><input type="checkbox"/> OTHER |             | <b>GOODS</b><br><input type="checkbox"/> DESTROYED<br><input type="checkbox"/> EMBARGOED |   |  |                 |
|  |             |  |   | <b>TIME - (2400 HOURS)</b>   |                 |
|  |             |  |   | DATE   | BEGIN           |
|  |             |  |   | <i>7/8/21</i>  |                 |
|  |             |  |   |  | END             |
|  |             |  |   |  |                 |
| EVALUATION   |             |  |   |  |                 |
| <input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> CONDITIONALLY SATISFACTORY <input type="checkbox"/> UNSATISFACTORY   |             |  |   |  |                 |
| OFFICIAL(S)  |             |  |   |  |                 |
| <b>LOCAL BOARD OF HEALTH</b>   |             |  | <b>INSPECTING OFFICIAL</b>  |  |                 |
| NAME, ADDRESS AND TELEPHONE NUMBER<br><br>Bridgewater Township<br>100 Commons Way<br>Bridgewater, N.J. 08807<br>908-725-5750                   |             |  | INSPECTOR'S NAME AND TITLE<br><i>Patricia Timko-Parker</i><br><i>R.E.H.S.</i> |  |                 |
|  |             |  | INSPECTOR'S SIGNATURE<br><i>Patricia Timko-Parker</i>                         |  |                 |
| HEALTH OFFICER<br><i>Kevin Summer</i>  |             |  | INSPECTOR'S PERM. REG. NO.<br><i>B1934</i>                                    |  |                 |

**PRE-OPERATIONAL YOUTH CAMP INSPECTION**

**New Jersey Youth Camp Safety and COVID-19 Standards**

|  |                         |  |   |  |   |  |                          |                                     |                          |  |
|--|-------------------------|--|---|--|---|--|--------------------------|-------------------------------------|--------------------------|--|
| <b>CAMP ID</b><br>3313   |                         | <b>CAMP NAME</b><br>Lifetime Kids Camp   |   | <b>ACTIVITY TYPE</b><br>-----                                |   | <b>EVALUATION</b><br>-----Satisfactory   |                          |                                     |                          |  |
| <b>CAMP OWNER</b><br>LTF Club Operations Co Inc  |                         |  | <b>PHONE NUMBER</b><br>908-800-5100         |  | <b>E-MAIL</b><br>kkainz@lt-life           |  |                          |                                     |                          |  |
| <b>ADDRESS</b><br>145 Commons Way  |                         |  | <b>CITY</b><br>Bridgewater                  |  | <b>ZIP</b><br>08807                       | <b>COUNTY</b><br>-----Somerset   |                          |                                     |                          |  |
| <b>CAMP DIRECTOR NAME</b><br>Kristina Kain   |                         |  | <b>HEALTH DIRECTOR NAME</b><br>Daniel Meudt |  | <b>FOOD SERVICE VENDOR</b><br>onsite cafe |  |                          |                                     |                          |  |
| <b>INSPECTOR NAME</b><br>Patricia Timko Parker   |                         |  | <b>REHS LIC.</b><br>B1934                   | <b>LOCAL HEALTH AUTHORITY NAME</b><br>Bridgewater Twp Health |   | <b>FOLLOW-UP REQUIRED</b><br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |                          |                                     |                          |  |
| TIME/ACTIVITY REPORT (1-TRAVEL, 2-INSPECTION, 3-ADMINISTRATION, 4-PERSONAL) TOTAL HOURS: |                         |  |   |  |   |  |                          |                                     |                          |  |
| <b>DATE</b>  | <b>CODE</b>             | <b>BEGIN</b>   | <b>END</b>                                  | <b>DATE</b>  | <b>CODE</b>                               | <b>BEGIN</b>   | <b>END</b>               |                                     |                          |  |
| 7/6/21   |                         |  |   |  |   |  |                          |                                     |                          |  |
| <b>#</b>   | <b>N.J.A.C.</b><br>8:25 |  |   |  |   | <b>YES</b>   | <b>NO</b>                | <b>N/A</b>                          | <b>N/O</b>               |  |
| <b>CERTIFICATE OF APPROVAL</b>   |                         |  |   |  |   |  |                          |                                     |                          |  |
| 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.   | DCF                     | If accepting children under 2.5 years of age – the facility is licensed by the NJ Department of Children and Families Office of Licensing. |   |  |   | <input type="checkbox"/>   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |  |
| Comments:  |                         |  |   |  |   |  |                          |                                     |                          |  |
| 3.   | 2.5                     | Camp has obtained liability insurance in an amount consistent with the expected risks.   |   |  |   | <input checked="" type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |  |
| Comments:  |                         |  |   |  |   |  |                          |                                     |                          |  |
| <b>GENERAL CARE OF CAMPERS</b>   |                         |  |   |  |   |  |                          |                                     |                          |  |
| 4.   | 3.1(a)                  | Discipline policies and practices are stated in writing.   |   |  |   | <input checked="" type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |  |
| Comments:  |                         |  |   |  |   |  |                          |                                     |                          |  |
| 5.   | 3.2(b)                  | A written statement of personnel policies and practices is maintained.   |   |  |   | <input checked="" type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |  |
| Comments:  |                         |  |   |  |   |  |                          |                                     |                          |  |
| 6.   | 3.2(b)                  | Written job descriptions of each staff classification have been established.   |   |  |   | <input checked="" type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |  |
| Comments:  |                         |  |   |  |   |  |                          |                                     |                          |  |

| # | N.J.A.C.<br>8:25 |  | YES | NO | N/A | N/O |
|---|------------------|--|-----|----|-----|-----|
|---|------------------|--|-----|----|-----|-----|

| STAFF ORIENTATION |         |  |                                     |                          |                          |                          |
|-------------------|---------|--|-------------------------------------|--------------------------|--------------------------|--------------------------|
| 7.                | 3.2(c)  | Staff pre-season orientation and training <b>has or will be</b> 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments:         |         |  |                                     |                          |                          |                          |
| 8.                | 3.2(d)2 | Staff training program implemented and documented on issues related to child abuse and neglect, such as, but not limited to, understanding the staff members' responsibilities, reporting, recognition and observation of campers.   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments:         |         |  |                                     |                          |                          |                          |
| 9.                | COV Std | Staff training includes the following protocols: <ul style="list-style-type: none"> <li>▪ Policies and procedures daily screening for COVID-19</li> <li>▪ Infection control strategies –masking, social distancing, hand hygiene, limiting non-essential visitors, staying home when ill</li> <li>▪ Suspected or confirmed COVID-19 case isolation, notification, response</li> <li>▪ Facility management –ventilation, routine cleaning</li> <li>▪ Attendance – camper cohorts, transportation</li> <li>▪ Food service - social distancing and hand hygiene</li> </ul>  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments:         |         |  |                                     |                          |                          |                          |
| 10.               | COV Std | Policies and procedures about the role of the health director at a day and/or resident camp which ensures the following requirements have/will be implemented:<br>(1) be designated as the camp's COVID-19 point of contact<br>(2) be knowledgeable about COVID-19 signs and symptoms<br>(3) be familiar with the following training resources:<br>a. New Jersey Department of Health Communicable Disease Service (CDS) COVID-19 Youth Camp Guidance<br>b. Contact Tracing Awareness Training<br>c. Infection Control Resources Document<br>d. Centers for Disease Control (CDC) Suggestions for Youth and Summer Camps | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments:         |         |  |                                     |                          |                          |                          |
| 11.               | COV Std | The health director at a day and/or resident camp must:<br>Monitor the COVID-19 Activity Report at least weekly  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments:         |         |  |                                     |                          |                          |                          |

| #                             | N.J.A.C.<br>8:25 |  | YES                                 | NO                       | N/A                                 | N/O                      |
|-------------------------------|------------------|--|-------------------------------------|--------------------------|-------------------------------------|--------------------------|
| 12.                           | COV Std          | Documentation of age appropriate instruction is provided to campers, staff and families of COVID-19 safety measures including: <ul style="list-style-type: none"> <li>Vaccination</li> <li>COVID-19 signs and symptoms</li> <li>Staying home when ill</li> <li>Proper hand hygiene and respiratory etiquette</li> <li>Face coverings handling and disposal</li> <li>Reporting illnesses to the camp Health Director or other healthcare personnel immediately</li> </ul> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| Comments:                     |                  |  |                                     |                          |                                     |                          |
| <b>STAFF BACKGROUND CHECK</b> |                  |  |                                     |                          |                                     |                          |
| 13.                           | 3.2(f)           | Written procedures are documented for the review of the background of each staff member.   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| Comments:                     |                  |  |                                     |                          |                                     |                          |
| 14.                           | 3.2(j,k)         | Criminal history background check completed through NJSP or equivalent for adult staff (18 years of age and older).  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| Comments:                     |                  |  |                                     |                          |                                     |                          |
| 15.                           |                  | For <b>child care subsidy recipient camps</b> a full fingerprint background check has or will be conducted for staff for adult staff (18 years of age and older) supervising subsidy children in congruence with the CCDBG.  | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Comments:                     |                  |  |                                     |                          |                                     |                          |
| 16.                           | 3.2(k)2          | Notarized statement, provided by continuously employed or returning adult staff, indicating no change in criminal history status are.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| Comments:                     |                  |  |                                     |                          |                                     |                          |
| 17.                           | 3.2(l)           | National Sex Offender registry check completed for all staff members age ≥16.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| Comments:                     |                  |  |                                     |                          |                                     |                          |
| <b>SUPERVISION OF CAMPERS</b> |                  |  |                                     |                          |                                     |                          |
| 18.                           | COV Std          | Camp follows group capacity limitations for <u>ages 5-17</u> : Maximum group size 1 adult: 1 counselor: 20 campers.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| Comments:                     |                  |  |                                     |                          |                                     |                          |
| 19.                           | COV Std          | Camp follows group capacity limitations for <u>ages 2.5-4</u> : 1 adult: 1 counselor: 14 campers.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| Comments:                     |                  |  |                                     |                          |                                     |                          |
| 20.                           | COV Std          | A written plan has been developed to ensure that groups include the same group of children each day; the same staff remain with the same group each day. A contingency plan should be developed that details the camps plan to address fluctuations in enrollment and staffing and how camps will mitigate these changes throughout the camp session/season; which include floating staff/campers MUST mask  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| Comments:                     |                  |  |                                     |                          |                                     |                          |
| <b>SITE and BUILDINGS</b>     |                  |  |                                     |                          |                                     |                          |
| 21.                           | 4.1(a)           | Location does not present fire, health and safety hazards. All hazardous areas are guarded or fenced off and warning signs are posted.   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| Comments:                     |                  |  |                                     |                          |                                     |                          |

| #             | N.J.A.C.<br>8:25 |   | YES                                 | NO                       | N/A                                 | N/O                      |
|---------------|------------------|---|-------------------------------------|--------------------------|-------------------------------------|--------------------------|
| 16.           | 3.2(k)2          | Notarized statement, provided by continuously employed or returning adult staff, indicating no change in criminal history status are.   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 22.           | 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"/> |
| Comments:     |                  |   |                                     |                          |                                     |                          |
| 23.           | COV Std          | A canopy, tenting or cover is provided as reprieve from the sun in outdoor camps.   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| Comments:     |                  |   |                                     |                          |                                     |                          |
| 24.           | COV Std          | Facilities have adequate ventilation that has been serviced and operating in congruence with manufacturers specifications. Air is not recirculated. HVAC set to bring in as much outdoor air as the system will allow.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| Comments:     |                  |   |                                     |                          |                                     |                          |
| 25.           | COV Std          | Handwashing /hand sanitizers stations provided throughout the camp. Sanitizer should contain at least 60% alcohol are provided.   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| Comments:     |                  |   |                                     |                          |                                     |                          |
| 26.           | COV Std          | Written policy requiring visitors to wear face coverings. <i>change in guidance</i>   | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Comments:     |                  |   |                                     |                          |                                     |                          |
| 27.           | COV Std          | Written policies and procedures detailing pick-up and drop-off methods, communication of camp illnesses and closures. Note: Staggered pick-up and drop-off times are recommended.   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| Comments:     |                  |   |                                     |                          |                                     |                          |
| 28.           | COV Std          | COVID-19 precautions signs are posted as necessary, including 6 feet social distancing, frequent handwashing, use of face covers and others.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| Comments:     |                  |   |                                     |                          |                                     |                          |
| 29.           | COV Std          | Supply of face coverings and other PPE is maintained for staff and campers.   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| Comments:     |                  |   |                                     |                          |                                     |                          |
| <b>HEALTH</b> |                  |   |                                     |                          |                                     |                          |
| 30.           | 5.2(c)           | Health Director at a <u>day camp</u> is certified in professional-level infant, child, and adult cardiopulmonary resuscitation.   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| Comments:     |                  |   |                                     |                          |                                     |                          |
| 31.           | 5.2(b)           | Health Director at a <u>day camp</u> is certified in standard-level First Aid.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| Comments:     |                  |   |                                     |                          |                                     |                          |
| 32.           | 5.1(b)           | Arrangements have been made with the local Emergency Medical Service or ambulance squad, documented in writing, for medical transport to the nearest hospital in order to treat campers with serious injuries and/or illnesses.   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| Comments:     |                  |   |                                     |                          |                                     |                          |
| 33.           | 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| Comments:     |                  |   |                                     |                          |                                     |                          |
| 34.           | 5.1(d)2          | Health Director has developed a system (forms, logs) for documenting all obvious and unusual observations made during the daily health surveillance.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| Comments:     |                  |   |                                     |                          |                                     |                          |

| #             | N.J.A.C.<br>8:25 |  | YES                                 | NO                       | N/A                      | N/O                      |
|---------------|------------------|--|-------------------------------------|--------------------------|--------------------------|--------------------------|
| 16.           | 3.2(k)2          | Notarized statement, provided by continuously employed or returning adult staff; indicating no change in criminal history status are.  | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 35.           | 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments:     |                  |  |                                     |                          |                          |                          |
| 36.           | 5.5(b)           | Written health histories for staff and campers are maintained on file.   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments:     |                  |  |                                     |                          |                          |                          |
| 37.           | 5.5(g)           | Campers' immunization records and/or religious exemptions are maintained on file.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments:     |                  |  |                                     |                          |                          |                          |
| 38.           | 5.4(b)           | Minimum first aid supplies set forth in Appendix E "Health Center Supplies" are maintained.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments:     |                  |  |                                     |                          |                          |                          |
| 39.           | 4.2(f)           | Health center is established for the temporary isolation and treatment of sick or injured campers and/or staff members. (Note: This routine treatment area should be separate and distinct from an area designated for COVID-19 related response)  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments:     |                  |  |                                     |                          |                          |                          |
| 40.           | COV Std          | Camp has developed a <b>screening system</b> and documented procedures for the daily activity. The screening procedure should include the method used by the camp to assess campers/staff. Camps are encouraged to have parents/guardians of campers to monitor the health of the camper and report daily. A surveillance tool could, but is not required to, include the following questions (Ex: Has the camper/staff exhibited at least 2 COVID-19 like symptoms in the last 48 hours; is the staff/camper isolating or quarantining because they may have been exposed to a person with COVID-19, has the camper/staff traveled internationally or to any of the locations on the NJ State travel advisory within the last 14 days program specifies that camp will exclude campers/staff who exhibit symptoms related to COVID-19). | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments:     |                  |  |                                     |                          |                          |                          |
| 41.           | COV Std          | Health director has knowledge of signs and symptoms of COVID-19 disease and current COVID-19 guidance documents from the NJDOH Communicable Disease Service (CDS).   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments:     |                  |  |                                     |                          |                          |                          |
| 42.           | COV Std          | Isolation area/space for the treatment of those who present with symptoms of COVID-19 is designated.   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments:     |                  |  |                                     |                          |                          |                          |
| <b>SAFETY</b> |                  |  |                                     |                          |                          |                          |
| 43.           | 6.1(a)           | Written emergency procedures that address, at a minimum, evacuation of the camp, fires, natural disasters, serious accidents, illness or injury, and lost camper(s).   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments:     |                  |  |                                     |                          |                          |                          |
| 44.           | 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments:     |                  |  |                                     |                          |                          |                          |
| 45.           | 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"/> | <input type="checkbox"/> |
| Comments:     |                  |  |                                     |                          |                          |                          |

| #   | N.J.A.C.<br>8:25 |  | YES                                 | NO                       | N/A                                 | N/O                      |
|---|------------------|--|-------------------------------------|--------------------------|-------------------------------------|--------------------------|
| 16.                                       | 3.2(k)2          | Notarized statement, provided by continuously employed or returning adult staff, indicating no change in criminal history status are.  | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 46.                                       | COV Std          | Camps have established a plan for inclement weather conditions which may include the moving of camp indoors while addressing social distancing among groups.   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| Comments:                                 |                  |  |                                     |                          |                                     |                          |
| 47.                                       | COV Std          | Illness and injury policy addresses COVID-19 response strategy. Plan is implemented for isolation of suspected case(s), quarantining of identified close contacts of a confirmed case, contact tracing, and the notification of parents/guardians, staff, local health officials and NJDOH Youth Camp Project. Notification is done in a manner that maintains confidentiality.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| Comments:                                 |                  |  |                                     |                          |                                     |                          |
| 48.                                       | COV Std          | Written policy and procedure on returning a staff or camper to camp after COVID-19 diagnosis or exposure to a confirmed case in accordance with CDS guidance.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| Comments:                                 |                  |  |                                     |                          |                                     |                          |
| <b>NUTRITION AND MEAL SERVICE</b>         |                  |  |                                     |                          |                                     |                          |
| 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"/> |
| Comments:                                 |                  |  |                                     |                          |                                     |                          |
| 50.                                       | COV Std          | Written procedure established for food service practices. <ul style="list-style-type: none"> <li>▪ No self-service or buffet style dining is offered.</li> <li>▪ Efforts are made to stagger mealtimes and maintain intact cohorts during mealtimes.</li> <li>▪ Directions are given for proper hand washing before and after meals.</li> <li>▪ Surfaces are cleaned and sanitized between each meal service.</li> <li>▪ Mealtimes are staggered to ensure social distancing among group members.</li> </ul> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| Comments:                                 |                  |  |                                     |                          |                                     |                          |
| <b>POTABLE WATER</b>                      |                  |  |                                     |                          |                                     |                          |
| 51.                                       | 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   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| Comments:                                 |                  |  |                                     |                          |                                     |                          |
| 52.                                       | 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"/>            | <input type="checkbox"/> |
| Comments:                                 |                  |  |                                     |                          |                                     |                          |
| 53.                                       | COV Std          | Camp has ensured water systems have been checked throughout the building after prolonged shut down of water service if applicable (Note: especially important for buildings that have not been in use since the start of the pandemic March 2020 to address the potential of Legionella growth )   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| Comments:                                 |                  |  |                                     |                          |                                     |                          |
| <b>TRANSPORTATION</b>                     |                  |  |                                     |                          |                                     |                          |
| 54.                                       | 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.   | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Comments: <i>NO Field Trips this year</i> |                  |  |                                     |                          |                                     |                          |

| #   | N.J.A.C.<br>8:25 |   | YES                                 | NO                       | N/A                                 | N/O                      |
|---|------------------|---|-------------------------------------|--------------------------|-------------------------------------|--------------------------|
| 55.   | 8.2(b)           | Written policy has been established for transportation.   | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Comments:                                       |                  |   |                                     |                          |                                     |                          |
| 56.   | 8.3              | Youth camp, person(s), or agency which provides transportation for campers maintains vehicle liability insurance.   | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Comments:                                       |                  |   |                                     |                          |                                     |                          |
| 57.   | 8.4              | The following records are maintained: <ul style="list-style-type: none"> <li>Transportation routes;</li> <li>Names of the campers being transported;</li> <li>The name and address of the driver;</li> <li>A photo static copy of his or her valid school bus driver license;</li> <li>If a contractor is used to provide transportation services, the name and address of the contractor.</li> </ul>                   | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Comments:                                       |                  |   |                                     |                          |                                     |                          |
| 58.   | 8.4(b)           | All drivers possess a valid Commercial Driver's License with a "P" and "S" endorsement and a copy of the license is maintained on file.   | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Comments:                                       |                  |   |                                     |                          |                                     |                          |
| 59.   | COV Std          | Written transportation policy covers measures to prevent the spread of COVID-19 including: <ul style="list-style-type: none"> <li>Bussing/transportation to and from camp maximizes space between riders.</li> <li>All passengers onboard buses required to wear face coverings.</li> <li>Windows are kept open, when feasible, open to encourage ventilation.</li> </ul>   | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Comments:                                       |                  |   |                                     |                          |                                     |                          |
| 60.   | COV Std          | Camp transportation vehicles are routinely cleaned and disinfected.   | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Comments:                                       |                  |   |                                     |                          |                                     |                          |
| <b>SPORTS AND OTHER RECREATIONAL ACTIVITIES</b> |                  |   |                                     |                          |                                     |                          |
| 61.   | COV Std          | Written policies and procedures for off-site activities and field trips which include procedures for masking and social distancing, maintaining cohorts and a listing of tentatively planned off-site activities.   | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Comments:                                       |                  |   |                                     |                          |                                     |                          |
| 62.   | COV Std          | Written procedures outlining precautions to be taken for sports and other recreational activities which have the potential to produce increased respiratory droplets like singing, chanting and sports offered at the camp. Activities should be conducted in congruence with the <u>Organized Sports Guidance</u> . Documents may include where (indoor/outdoor) activities will be held as well as precautions taken. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| Comments:                                       |                  |   |                                     |                          |                                     |                          |
| 63.   | 3.2(n)           | Policy documenting that high risk activities are conducted by staff knowledgeable of measures used to ensure the safety of participants; <b>if the activity is specialized</b> 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| Comments:                                       |                  |   |                                     |                          |                                     |                          |
| 64.   | 9.1(a)           | Swimming pools and bathing beaches used by youth camps conform to all applicable municipal ordinances, State statutes and the Public Recreational Bathing rules, N.J.A.C. 8:26.   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| Comments: indoor pool, outdoor pool, splash     |                  |   |                                     |                          |                                     |                          |



| #  | N.J.A.C.<br>8:25 |   | YES                                 | NO                       | N/A                                 | N/O                      |
|--|------------------|---|-------------------------------------|--------------------------|-------------------------------------|--------------------------|
| 65.  | 9.2(f)           | Policy documenting that <b>off-site</b> 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 <b>off-site</b> swimming is documented.      | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Comments:                                    |                  |   |                                     |                          |                                     |                          |
| 66.  | 9.2(g)           | Written policies and procedures are maintained for lifeguarding, monitoring and supervision, swimming ability assessment and waterfront activities for <b>on-site</b> swimming activities.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| Comments:                                    |                  |   |                                     |                          |                                     |                          |
| <b>MAINTENANCE AND SANITATION PROCEDURES</b> |                  |   |                                     |                          |                                     |                          |
| 67.  | 13.5(a)          | Camp is maintained in a clean, safe, and sanitary condition.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| Comments:                                    |                  |   |                                     |                          |                                     |                          |
| 68.  | 13.5(a)          | Recreational equipment is maintained in safe operating condition.   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| Comments:                                    |                  |   |                                     |                          |                                     |                          |
| 69.  | 13.5(a)          | Safety inspection of recreational equipment, including playground, is conducted weekly and documented.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| Comments:                                    |                  |   |                                     |                          |                                     |                          |
| 70.  | COV Std          | Written procedure has been established for routine cleaning (at least daily) and disinfection of common spaces such as rooms and playgrounds with shared equipment, surfaces and shared objects that come in contact with the face should be cleaned (after each use) using EPA approved disinfectants. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| Comments:                                    |                  |   |                                     |                          |                                     |                          |
| 71.  | COV Std          | Arrangements have been made to ensure that adequate supply of cleaning and disinfection materials and hand sanitizer is maintained.   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| Comments:                                    |                  |   |                                     |                          |                                     |                          |
| 72.  | COV Std          | Written procedure has been established for deep cleaning of areas closed as a result of outbreak that follows CDC guidelines and recommendations by NJDOH Communicable Disease Service (CDS).   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| Comments:                                    |                  |   |                                     |                          |                                     |                          |
| 73.  | COV Std          | If multiple entities operate programs out of a shared facility, arrangements have been made to stagger the activities to minimize intermingling between groups.   | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Comments:                                    |                  |   |                                     |                          |                                     |                          |
| <b>INSECT, RODENT, AND WEED CONTROL</b>      |                  |   |                                     |                          |                                     |                          |
| 74.  | 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"/> |
| Comments:                                    |                  |   |                                     |                          |                                     |                          |
| 75.  | 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"/> |
| Comments:                                    |                  |   |                                     |                          |                                     |                          |
| 76.  | 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"/> |
| Comments:                                    |                  |   |                                     |                          |                                     |                          |
| 77.  | 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"/> |
| Comments:                                    |                  |   |                                     |                          |                                     |                          |

| # | N.J.A.C.<br>8:25 | YES | NO | N/A | N/O |
|---|------------------|-----|----|-----|-----|
|---|------------------|-----|----|-----|-----|

**RESIDENT AND SLEEPAWAY CAMP**

|    |          |   |                          |                          |                                     |                          |
|----|----------|---|--------------------------|--------------------------|-------------------------------------|--------------------------|
| 78 | COV Std. | Written policies and procedures for the testing of unvaccinated staff/campers details the pre arrival and post arrival testing within 3-6 days, exceptions to documented testing results, requirements for lab analyzed results, and additional testing frequencies if routine monitoring is implemented. | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|----|----------|---|--------------------------|--------------------------|-------------------------------------|--------------------------|

Comments:

|     |        |   |                          |                          |                                     |                          |
|-----|--------|---|--------------------------|--------------------------|-------------------------------------|--------------------------|
| 79. | 5.2(a) | <p><b>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:</b></p> <ul style="list-style-type: none"> <li>a. Physician licensed in New Jersey</li> <li>b. Registered nurse licensed in New Jersey</li> <li>c. Certified athletic trainer by the <u>Board of Certification</u></li> <li>d. Individual certified in either <u>one</u> of these certifications <ul style="list-style-type: none"> <li>1. Advanced Level F/A</li> <li>2. Paramedic</li> <li>3. EMT</li> <li>4. First Responder/CIM</li> </ul> </li> </ul> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|-----|--------|---|--------------------------|--------------------------|-------------------------------------|--------------------------|

Comments:

|     |        |  |                          |                          |                                     |                          |
|-----|--------|--|--------------------------|--------------------------|-------------------------------------|--------------------------|
| 80. | 5.2(c) | Health Director at a <u>resident camp</u> is certified in professional-level infant, child, and adult cardiopulmonary resuscitation. | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|-----|--------|--|--------------------------|--------------------------|-------------------------------------|--------------------------|

Comments:

|    |          |  |                          |                          |                                     |                          |
|----|----------|--|--------------------------|--------------------------|-------------------------------------|--------------------------|
| 81 | COV Std. | Camp operators documented activities for the notification to staff, camper families, and campers of the availability of COVID-19 testing, and quarantine guidance. | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|----|----------|--|--------------------------|--------------------------|-------------------------------------|--------------------------|

Comments:

|    |          |  |                          |                          |                                     |                          |
|----|----------|--|--------------------------|--------------------------|-------------------------------------|--------------------------|
| 82 | COV Std. | Written policies and procedures outlining staff permissible off-site activities, camp expectations of staff while away, testing, and quarantine protocols. | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|----|----------|--|--------------------------|--------------------------|-------------------------------------|--------------------------|

Comments:

|    |          |   |                          |                          |                                     |                          |
|----|----------|---|--------------------------|--------------------------|-------------------------------------|--------------------------|
| 83 | COV Std. | For camps lasting $\geq 14$ who've implemented a bubble environment, policies and procedures outlining permissible all camp activities. | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|----|----------|---|--------------------------|--------------------------|-------------------------------------|--------------------------|

Comments:

|    |          |  |                          |                          |                                     |                          |
|----|----------|--|--------------------------|--------------------------|-------------------------------------|--------------------------|
| 84 | COV Std. | Camp has established an isolation room/area for the care of any staff/camper exhibiting COVID-19 like symptoms. Camp should have written procedures for isolation area in the case of multiple illnesses occurring simultaneously. | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|----|----------|--|--------------------------|--------------------------|-------------------------------------|--------------------------|

Comments:

|    |          |   |                          |                          |                                     |                          |
|----|----------|---|--------------------------|--------------------------|-------------------------------------|--------------------------|
| 85 | COV Std. | Written policy and procedures for the identification, immediate isolation, quarantine, and care of staff/campers exhibiting symptoms of COVID-19 and those identified as close contacts of a confirmed case. Policies and procedures should detail what actions camps will take upon occurrence and notification procedures including who conducts which activities and when. | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|----|----------|---|--------------------------|--------------------------|-------------------------------------|--------------------------|

Comments:

|    |          |  |                          |                          |                                     |                          |
|----|----------|--|--------------------------|--------------------------|-------------------------------------|--------------------------|
| 86 | COV Std. | Written policies and procedures for the safe transport of an ill staff/camper displaying signs and symptoms of COVID-19, which include notification to dispatch of ambulatory transport of notification that the person may have COVID-19. | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|----|----------|--|--------------------------|--------------------------|-------------------------------------|--------------------------|

Comments:

|    |          |  |                          |                          |                                     |                          |
|----|----------|--|--------------------------|--------------------------|-------------------------------------|--------------------------|
| 87 | COV Std. | Bunking /Sleeping- beds or mats aligned 6 ft. apart; ventilation within sleeping quarters is adequate (windows/fan/air filter/HVAC). | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|----|----------|--|--------------------------|--------------------------|-------------------------------------|--------------------------|

Comments:

| #                                | N.J.A.C.<br>8:25 |   | YES                      | NO                       | N/A                                 | N/O                      |
|----------------------------------|------------------|---|--------------------------|--------------------------|-------------------------------------|--------------------------|
| 88                               | COV Std.         | Written policies and procedures detailing the frequency of cleaning and disinfecting of sleeping quarters and restroom areas. (Note: restrooms should be cleaned at minimum in the morning and evening) | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Comments:                        |                  |   |                          |                          |                                     |                          |
| <b>SPECIAL NEEDS POPULATIONS</b> |                  |   |                          |                          |                                     |                          |
| 89                               | COV Std.         | Written policies and procedures detailing precautions being taken by the camp to minimize transmission within the camp setting.   | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Comments:                        |                  |   |                          |                          |                                     |                          |

# CONTINUATION SHEET

(for Inspections, Surveys, Audits, etc.)

Name (Individual, Facility, Establishment, etc.)

Lifetime Kids Camp

Date

7/6/2021

BRIDGEWATER TOWNSHIP

Item  
No.

Remarks

Preoperational Youth Camp Inspection —  
Satisfactory Inspection Rating

Signature of Individual Completing Form

*Patricia M. ...*

Signature of Owner of Facility, Establishment, etc. if required

*Rayna ...*