

## BRIDGEWATER TOWNSHIP SANITARY INSPECTION REPORT

### IDENTIFICATION

OWNER INFORMATION <small>(Complete this section only if different from establishment information)</small>		ESTABLISHMENT INFORMATION		
NAME OF OWNER(S), CORPORATION OR REGISTERED AGENT <i>PIC - Kristina Kain</i>		ESTABLISHMENT TRADING NAME <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>	<i>908-800-</i>
ZIP CODE	COMUN. CODE	ESTABLISHMENT STATE LICENSE NO. (if appl.)	COMUN. CODE	
			<i>5151</i>	

### INSPECTION

TYPE OF ESTABLISHMENT	ESTABLISHMENT CODE	<input checked="" type="checkbox"/> INITIAL INSPECTION <input checked="" type="checkbox"/> REINSPECTION <small>(other than initial inspection)</small>		
<input type="checkbox"/> RETAIL <input type="checkbox"/> POOL <input checked="" type="checkbox"/> CAMP <input type="checkbox"/> OTHER	GOODS <input type="checkbox"/> DESTROYED <input type="checkbox"/> EMBARGOED	TIME - (2400 HOURS)		
		DATE	BEGIN	END
		<i>6/23/22</i>	<i>10:30AM</i>	

### EVALUATION

SATISFACTORY     
  CONDITIONALLY SATISFACTORY     
  UNSATISFACTORY

### OFFICIAL(S)

LOCAL BOARD OF HEALTH	INSPECTING OFFICIAL
NAME, ADDRESS AND TELEPHONE NUMBER	INSPECTOR'S NAME AND TITLE
Bridgewater Township 100 Commons Way Bridgewater, N.J. 08807 908-725-5750	<i>Shahira Morell</i>
	INSPECTOR'S SIGNATURE
	<i>Shahira Morell</i>
HEALTH OFFICER	INSPECTOR'S PERM. REG. NO.
<i>Kevin Sumner</i>	<i>B-164238</i>

**PRE-OPERATIONAL YOUTH CAMP INSPECTION**

New Jersey Youth Camp Safety Standards (N.J.A.C. 8:25)

CAMP ID <b>3313</b>	CAMP NAME <b>Lifetime Kids Camp</b>	ACTIVITY TYPE -----	EVALUATION <b>Satisfactory</b>
CAMP OWNER <b>LTF Club Operations Co Inc</b>		PHONE NUMBER <b>908-800-5151</b>	E-MAIL <b>kkain2@lt.life</b>
ADDRESS <b>145 Commons Way</b>		CITY <b>Bridgewater</b>	ZIP <b>08807</b>
CAMP DIRECTOR NAME <b>Kristina Kain</b>		HEALTH DIRECTOR NAME <b>Kristina Kain</b>	FOOD SERVICE VENDOR <b>onsite cafe</b> <small>Life Cafe</small>
INSPECTOR NAME <b>Shahira Morell</b>		REHS LIC. <b>B-164238</b>	LOCAL HEALTH AUTHORITY NAME <b>Bridgewater Health Dept</b>
			FOLLOW-UP REQUIRED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

TIME/ACTIVITY REPORT (1-TRAVEL, 2-INSPECTION, 3-ADMINISTRATION, 4-PERSONAL) TOTAL HOURS:

DATE	CODE	BEGIN	END	DATE	CODE	BEGIN	END	DATE	CODE	BEGIN	END
<b>6/23/22</b>											

#	N.J.A.C. 8:25	YES	NO	N/A	N/O
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**CERTIFICATE OF APPROVAL**

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 documented liability insurance in an amount consistent with the expected risks.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:						

**GENERAL CARE OF CAMPERS**

4.	3.1(a)	Camper 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:						

**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. <b>(Note: please indicate in the note section if the activity has or has not yet occurred)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: <b>June 17, 18, 19, 2022</b>						

#	N.J.A.C. 8:25		YES	NO	N/A	N/O
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:						
<b>STAFF BACKGROUND CHECK</b>						
9.	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:						
10.	3.2(j,k)	<b>Criminal history background check completed through New Jersey State Police or equivalent has been or will be conducted for each adult staff member (18 years of age and older). (Note: please indicate in the note section if the activity has or has not yet occurred)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:						
11.		For <b>child care subsidy recipient camps</b> a full fingerprint background check has or will be conducted for adult staff (18 years of age and older) supervising subsidy children in congruence with the Child Care Dev. Block Grant (CCDBG).	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Comments:						
12.	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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:						
13.	3.2(l)	<b>National Sex Offender registry check has or will be completed for all staff members age ≥16. (Note: please indicate in the note section if the activity has or has not yet occurred)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:						
<b>SUPERVISION OF CAMPERS</b>						
14.	3.2(o)	Camp operator is aware of camper : staff ratios for <u>ages 5-17</u> : 1 adult: 1 counselor: 20 campers? <b>(Note: each additional group of 10 campers requires at least one additional staff)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: 1:10 6-13yr old 1:6 4-5yrs same for swimming 1:10 swimmer's 1:6 Non-Swim						
15.	3.2(p)	Camp operator is aware of camper : staff ratios for <u>ages 2 1/2 -4</u> : 1 adult: 1 counselor: 14 campers? <b>(Note: each additional group of 7 campers requires at least one additional staff)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:						
16.	3.2(q)	Camp operator is aware of camper : staff ratios for <u>ages birth to 2</u> : 1 adult: 1 counselor: 8 campers? <b>(Note: each additional group of 4 campers requires at least one additional staff)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Comments:						
<b>SITE and BUILDINGS</b>						
17.	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: Gym, Pool						
18.	4.2(a)	<b>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.</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#	N.J.A.C. 8:25		YES	NO	N/A	N/O
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Comments:

* 19.	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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Comments: *Waiting For Certificate; Already inspected - will email*

20.	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"/>
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Comments:

**HEALTH**

21.	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"/>
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Comments:

22.	5.2(a)	<p><b>Health Director, at a resident camp, is on duty at all times and holds at least one 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 Board of Certification</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"/>
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Comments:

23.	5.2(c)	Health Director at a <u>day and/or resident camp</u> is an adult and certified in professional-level infant, child, and adult cardiopulmonary resuscitation (CPR).	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Comments:

24.	5.1(d)	A written procedure for routine daily surveillance of campers and staff has been established. <i>(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)</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Comments:

* 25.	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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Comments: *will create & email*

26.	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"/>
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Comments:

27.	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"/>
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Comments:

28.	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"/>
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Comments:

29.	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"/>
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Comments:

30.	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"/>	<input type="checkbox"/>
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Comments: *Office at indoor pool deck*

#	N.J.A.C. 8:25	YES	NO	N/A	N/O
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**SAFETY**

31.	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"/>
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Comments:

32.	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"/>
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Comments:

33.	6.4(a)	Documented certification of compliance with all local and State fire codes and rules.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Comments:

34.	6.1(c)	Camp shall have a list of emergency phone numbers posted at minimum in the main office, health center and waterfront area (if applicable).	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Comments:

35.	6.3	Fire extinguishers serviced, strategically placed and easily accessible.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Comments: serviced by Cintas

36.	6.4	Smoke detectors are operable, checked and in good working order where applicable.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Comments: serviced by Cintas

**NUTRITION AND MEAL SERVICE**

37.	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"/>
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Comments:

**POTABLE WATER**

38.	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 (Note: Ex. of appropriate documentation could be a water bill or water testing documentation)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Comments:

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

40.	7.3	Water sampling results are maintained on site and available for review.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Comments:

**TRANSPORTATION**

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

42.	8.2(b)	Written policy has been established for transportation.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Comments:

#	N.J.A.C. 8:25		YES	NO	N/A	N/O
43.	8.3	Youth camp, person(s), or agency which provides transportation for campers maintains vehicle liability insurance.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: <i>Global Charter Services, Inc</i>						
44.	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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: <i>Running List - will print wk of / ON day camper names for counselors</i>						
45.	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 type="checkbox"/>	<input type="checkbox"/>
Comments: <i>will receive wk of trips - 7/8, 7/22, 8/12</i>						
<b>SPORTS AND OTHER RECREATIONAL ACTIVITIES</b>						
46.	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:						
47.	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:						
48.	9.2(f)	Policy documenting <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. <i>(Note: if no, please indicate which part of the question is not in compliance)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Comments:						
49.	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:						
50.	9.4(b)	<b>On-site</b> 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 checked="" type="checkbox"/>	<input type="checkbox"/>
Comments:						
51.	9.4(c)	A lifeboat or rescue craft is observed for use during <b>on-site</b> waterfront activities. Accompanying safety equipment (rescue ring with 25 ft. of rope)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Comments:						
<b>MAINTENANCE AND SANITATION PROCEDURES</b>						
52.	13.5(a)	Camp structures and grounds are maintained in a clean, safe, and sanitary condition.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:						
53.	13.5(a)	Recreational equipment is maintained in safe operating condition.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#	N.J.A.C. 8:25		YES	NO	N/A	N/O
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Comments:

54.	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"/>	<input type="checkbox"/>
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Comments:

**INSECT, RODENT, AND WEED CONTROL**

55.	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"/>
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Comments:

56.	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"/>
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Comments:

57.	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"/>
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Comments: *Orkin Monthly*

58.	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"/>
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Comments: *B & T Landscapers*

**ADDITIONAL PROVISIONS**

59	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 checked="" type="checkbox"/>	<input type="checkbox"/>
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Comments:

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

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

62	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 checked="" type="checkbox"/>	<input type="checkbox"/>
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Comments:

**REMARKS**

Remarks: *Will email follow up documents # 19, 25, 33  
Trips to Liberty Science Center, Turtle Back Zoo Branchburg Sports*

Name of Inspecting Official <i>Shahira Morell</i>	Name and Title of the Person Receiving Copy of Report <i>Kristina Kain</i>
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Email of Inspecting Official <i>smorell@bridgewater.nj.gov</i>	Email of the Person Receiving Copy of Report <i>kkain2@lt.life</i>
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