



Consumer, Environmental and Occupational Health Service
 Public Health and Food Protection Program
 P.O. Box 369 | Trenton, NJ 08625
 ph: (609) 826-4935 | youthcamps@doh.nj.gov
<https://nj.gov/health/ceohs/sanitation-safety/youthcamps.shtml>

YOUTH CAMPS COVID-19 ATTESTATION FORM

The following are the minimum requirements for each Youth Camp Operator/Director **and** Health Director to document and attest that their facility has developed, prepared, and is ready to implement a COVID-19 Youth Day Camp Standards policies and procedures. Completion of this form is required by Executive Order 149 and must be completed in full and mailed or emailed to the Department at least 24 hours prior to the anticipated opening date of the camp.

Save this form and email it as an attachment to: youthcamps@doh.nj.gov

Youth Camp Certification No.	# of Single Sport locations under this certification:
Name of Youth Camp	Gateway School/RKS Associates
Name of Youth Camp Operator/Director	Christopher Hoye
Name of Youth Camp Health Director	Linda Oliva, RSN
Location Address	60 High Street
Location City/State/ZIP	Carteret, NJ 07008
Email Address	HoyeC@thegatewayschool.com
Camp Type (select all that apply)	<input checked="" type="checkbox"/> Indoor <input type="checkbox"/> Outdoor

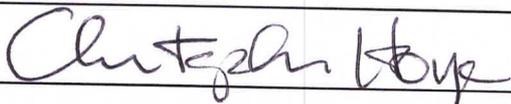
Questionnaire: The following questions must be answered Yes or No. Please check "Y" for yes and "N" for no. All "No" answers must be followed by a detailed explanation. (refer to New Jersey COVID-19 Youth Day Camp Standards Guidelines document for more details posted at <https://www.nj.gov/health/ceohs/sanitation-safety/>)

<input checked="" type="radio"/> Y <input type="radio"/> N	Has your youth camp developed COVID-19 Youth Day Camp Standards policies and procedures?
	Do your youth camp COVID-19 policies and procedures meet the following minimum standards?
<input checked="" type="radio"/> Y <input type="radio"/> N	appropriate social distancing and/or face coverings
<input checked="" type="radio"/> Y <input type="radio"/> N	hygiene practice, i.e. hand washing and face touching
<input checked="" type="radio"/> Y <input type="radio"/> N	enhanced cleaning and disinfection
<input checked="" type="radio"/> Y <input type="radio"/> N	other public health prevention strategies such as but not limited to: cohort groups of campers, staggering of arrival/dismissal, isolation of campers and staff, signs, PPE's, daily health surveillance, temperature screening at entry
<input type="radio"/> Y <input checked="" type="radio"/> N	Do you receive any grants or subsidies from the NJDHS? If Yes: <input type="checkbox"/> \$2,000 Emergency Child Care Assistance Program Grant <input type="checkbox"/> CCR&R Child Care Subsidy Program
<input type="radio"/> Y <input checked="" type="radio"/> N	Are you a Local Education Agency, including school district, charter school, renaissance school, Educational Services Commission, or joint commission?

Please explain any "No" responses in the space below. Attach additional sheets if necessary:

Gateway School is an Approved Private School for Students with Disabilities (APSSD)

ATTESTATION: I certify that the information is true and to the best of my knowledge. I have read and will comply with the COVID-19 Youth Day Camp Standards policies and procedures. My submission of this form constitutes an attestation of compliance with the COVID-19 Youth Day Camp Standards policies and procedures.

Print Name Christopher Hoye Title Principal
 Signature  Date 6/26/20

