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Commissioner

EXECUTIVE DIRECTIVE NO. 20-021

COVID-19 CHILD CARE AND YOUTH SUMMER CAMP STANDARDS PURSUANT TO EXECUTIVE ORDER NO. 149

WHEREAS, according to the Centers for Disease Control and Prevention (CDC), Coronavirus disease 2019 (COVID-19) is a respiratory illness caused by a virus called SARS-CoV-2; and

WHEREAS, on May 29, 2020, Governor Murphy issued Executive Order No. 149 (2020), which permitted child care programs to reopen broadly beginning June 15, 2020, and youth summer camps to open beginning July 6, 2020; and

WHEREAS, Executive Order No. 149 (2020) also required the Department of Health to impose Standards for COVID-19 Related Health and Safety Applicable in New Jersey Child Care and Youth Summer Camp Settings; and

WHEREAS, the health and safety standards in effect for emergency child care centers helped to prevent significant spread of COVID-19 throughout the child care community, and must remain in place, subject to certain updates and revisions, as additional centers become operational; and

WHEREAS, as with child care centers, heightened health and safety protocols can be instituted for summer camps to ensure an environment that would limit the spread of COVID-19; and

WHEREAS, on March 9, 2020, Governor Philip D. Murphy issued Executive Order 103, declaring the existence of a Public Health Emergency, pursuant to the Emergency Health Powers Act, N.J.S.A. 26:13-1 et seq., and a State of Emergency, pursuant to the Disaster Control Act, N.J.S.A. App A:9-33 et seq., in the State of New Jersey for COVID-19; and

WHEREAS, the Public Health Emergency was extended by Governor Murphy under Executive Orders 119, 138 and 151; and

WHEREAS, under the declared public health emergency, the Commissioner of the Department of Health is empowered, pursuant to N.J.S.A. 26:13-12, to take all reasonable and necessary measures to prevent the transmission of infectious disease and apply proper controls and treatment for infectious disease; and

NOW, THEREFORE, I, JUDITH PERSICHILLI, Commissioner of the DOH, pursuant to the powers afforded to me under the Emergency Health Powers Act, hereby ORDER and DIRECT the following:

1. Child care programs, as defined in Executive Order No. 149 (2020), must adhere to the protocols listed below:

    a. Screening and Admittance

        i. Persons that have a fever of 100.40 (38.00C) or above or other signs of illness shall not be admitted to the facility. Encourage parents to be on the alert for signs of illness in their children and to keep them home when they are sick.

        ii. Children and staff must be screened for fever or signs of COVID-19 illness prior to entry to the program. An area, outdoors or in the immediate entryway of the facility, must be designated for screening. Indoor screening areas must be separated from the program facility by walls or physical barriers. Outdoor screening areas must be sufficiently sheltered to allow utilization during inclement weather. Social distancing or physical barriers should be used to eliminate or minimize exposure risk during screening.

        iii. Licensed centers must include the information collected during the screening process in the daily log report to the Department of Children and Families, Office of Licensing, as required in paragraph 1(h) below.

    b. Group Sizes and Social Distancing

        i. Children shall be grouped into no more than 10. Classes shall include the same group of children each day, to the greatest extent possible, and, also to the greatest extent possible, the same staff shall be assigned to care for each group, each day. Groups shall congregate not less than 10 feet in all directions from other groups or be separated by walls or other physical partitions. Combining or mixing groups shall not be permitted.

        ii. Spacing of groups may be reduced to six feet during nap or sleep periods, if necessary. Cots or bedding shall be positioned alternatively head-to-toe to minimize potential virus transmission between children.

iii. Use of shared spaces shall be carefully controlled to ensure that children and staff maintain at least six feet of separation from children or staff from other groups. Floor markings, physical partitions or other safeguards should be used as necessary. Non-essential shared spaces, such as game rooms or dining areas, should be closed, if possible; if this is not possible, the use of these shall be staggered and the spaces shall be disinfected between uses.

iv. Outdoor play time on shared playgrounds shall be staggered to prevent mixing between groups. Simultaneous use of outdoor play spaces is permissible if at least six feet of separation can be maintained between groups, and centers are encouraged to partition available space, where possible, to allow for increased outdoor play time. Children and staff must wash their hands upon returning from outdoor play.

v. Procedures shall be implemented to prevent crowding at pick up and drop off. Centers shall, at a minimum, prohibit the entry of parents or others into any entry vestibule or pick up area in excess of the number that can be accommodated with at least six feet of distance between persons. Centers should strongly consider prohibiting any entry of parents into the facility and should instead walk children to cars or waiting parents outside the building.

vi. Staff shall be required to wear cloth masks while working unless doing so would inhibit the individual's health. If a staff member refuses to wear a cloth face covering for non-medical reasons and if such covering cannot be provided to the staff person at the point of entry, the center must decline to allow them to enter.

vii. When feasible, children shall be encouraged to wear cloth face coverings within the center. Cloth face coverings should not be put on children under age two because of the danger of suffocation and should never be placed on a child during nap or sleep periods.

viii. Meals and snacks shall be provided in the classroom or area where groups are regularly situated to avoid congregating in large groups. If meals must be provided in a lunchroom, stagger mealtimes, arrange tables to ensure that there is at least six feet of space between groups, and clean tables between lunch shifts. Family style meals are prohibited.

ix. Centers shall ensure that staff are conscious of how they deliver food and handle silverware and plates (recommend disposables). When

handling do not touch food contact surfaces and ready to eat food without gloves or utensils.

x. Centers providing or contracting for the provision of transportation to child care facilities shall maximize space between riders (e.g. one rider per seat in every other row).

c. Activities

i. Field trips and other off-site activities are prohibited, with the exception of off-site activities within walking distance of the facility, if social distancing can be maintained throughout. Permissible activities may include, for example, hikes or walks to nearby parks.

ii. Close person to person contact (hugging, wrestling, games involving touching or tagging) shall be strictly limited. Centers should not punish otherwise age appropriate behavior.

iii. Activities that are likely to bring children into close contact with one another should be cancelled or modified.

iv. Sharing of supplies, food, toys and other high touch items must be strictly limited. Centers shall ensure an adequate supply of school, art and other supplies to preclude the need for sharing of items. Children's belongings shall be kept separate in individual storage bins or cubbies and sent home each day for washing. If items must be shared, they shall be used by one group at a time and cleaned and disinfected between uses.

v. External entertainers and visitors shall not be permitted access to the center.

d. Visitors

i. Visitors shall not be permitted to enter the center during operating hours, with the exception of emergency or law enforcement personnel in their official capacity, Department of Children and Families personnel for child protection or child care licensing purposes, including investigations and inspections to ensure compliance with this Directive, local or state health officials, and persons providing emergency repair services within the center that cannot be reasonably delayed until the center is closed. All others, including persons providing non-emergency maintenance or repair services, prospective customers, prospective employees, entertainers or speakers, and

third-party therapists or service providers shall be required to visit the facility after operating hours.

ii. Unless precluded by emergency circumstances, visitors to the facility shall be subject to the same screening procedures as children and staff, and shall be denied admission on the same basis unless the center is legally precluded from denying access (e.g. a law enforcement agent with an appropriate warrant).

iii. To the greatest extent feasible, unless the purpose of the authorized outside visitor is to observe the care provided to children (e.g. a DCF licensing inspector), all reasonable efforts should be made to minimize visitor contact with children and staff.

iv. Visitors shall be required to wear cloth masks while visiting the center unless doing so would inhibit the individual's health. If a visitor refuses to a wear a cloth face covering for non-medical reasons and if such covering cannot be provided to the individual by the business at the point of entry, the center must decline to allow them to enter.

e. Promoting Healthy Hygiene Practices

i. Centers shall teach and reinforce, for both staff and children, proper hygiene techniques, including washing hands and covering coughs and sneezes.

ii. Centers shall teach and reinforce use of cloth face coverings for staff, and where appropriate, children. Face coverings are most essential at times when social distancing is not possible. Staff and children should be frequently reminded not to touch the face covering and to wash their hands frequently.

iii. Centers shall have adequate supplies to support healthy hygiene behaviors, including soap, hand sanitizer with at least 60 percent alcohol, and tissues.

iv. Children and staff shall practice frequent hand washing with soap and water for at least 20 seconds, and shall be required to wash their hands upon arriving at the center, when entering the classroom, before meals or snacks, after outside time, after going to the bathroom, and prior to leaving for home. Children should be monitored to ensure compliance and proper technique.

v. Centers shall set up hand hygiene stations at the entrance to the facility so that children can clean their hands before entering.

vi. When washing, feeding or holding infants and toddlers:

1. Child care providers can protect themselves by wearing a large button-down, long-sleeved shirt or smock and by wearing long hair up off the collar. The shirt must be changed if there are secretions on it and staff shall wash their hands after changing.

2. Staff shall wash their neck, hands, and anywhere touched by a child's secretions.

3. Staff shall change the child's clothes if secretions are on the child's clothes.

4. All contaminated clothes should be placed in a plastic bag or washed in a washing machine. Infants, toddlers and providers should have multiple changes of clothes on hand.

f. Enhanced Cleaning and Sanitation Procedures

i. Centers shall increase the frequency of cleaning toys, equipment, and surfaces. Centers shall clean, sanitize, and disinfect frequently touched surfaces (e.g, playground equipment, door handles, sink handles) multiple times per day and shared objects between use. Cleaning shall be in accordance with the CDC's Guidance for Cleaning & Disinfecting Public Spaces, Workplaces, Businesses, Schools and Homes. Disinfecting methods shall utilize Environmental Protection Agency approved disinfectants for use against COVID-19.

ii. If groups of children are moving from one area to another in shifts, cleaning measures must be completed prior to the new group entering the area.

iii. Toys and items that are not easily cleaned or disinfected (e.g., soft or plush toys) shall not be utilized in the center, though such items brought from home may be utilized if they are not shared and must be returned home with the child each day for washing. Machine washable cloth toys should be used by one child at a time or not used at all. They should be laundered before they are used by another child.

iv. Toys that children have placed in their mouths or are contaminated by body secretion or excretion shall be set aside until they are cleaned by hand by a person wearing gloves. Clean with water and detergent,

rinse, sanitize with an EPA-registered disinfectant and air-dry or clean in a mechanical dishwasher.

v. Centers shall ensure that HVAC systems continue to be maintained and operational. To the extent practicable, windows should be opened frequently to allow fresh air flow, and HVAC systems should be adjusted to allow for more fresh air to enter the facility.

vi. Centers shall only use bedding that can be washed, and shall keep each child's bedding stored separately and appropriately labeled. Bedding that touches a child's skin shall be cleaned weekly or before use by another child.

g. Response Procedures for COVID-19 Symptoms or Exposure

i. Any confirmed or suspected exposure to COVID-19 occurring in a child care center must immediately be reported to both the local department of health and the Department of Children and Families, Office of Licensing.

ii. For children or staff members who develop symptoms of COVID-19 while at the facility:

1. If a child or staff member develops symptoms of COVID-19 while at the facility, immediately separate the person from the rest of the population until the ill person can leave the facility. If the child has symptoms of COVID-19, the caregiver waiting with the child should remain as far away as safely possible from the child.

2. If symptoms persist or worsen, the Center should call a health care provider for further guidance. Advise the employee or child's parent or caregiver to inform the facility immediately if the person is diagnosed with COVID-19.

iii. For children or staff members who test positive for COVID-19:

1. Centers that become aware of a COVID-19 positive case in their facility shall contact their Local Health Department (LHD) for guidance.

2. Health officials will provide direction on whether a center should cease operations following the identification of a positive case in the facility. If temporary closure is ordered, the duration may be dependent on staffing levels, outbreak levels in the community

and severity of illness in the infected individual. Symptom-free children and staff should not attend or work at another facility during the closure.

3. All rooms and equipment used by the infected person and persons potentially exposed to that person should be cleaned and disinfected in accordance with CDC guidance referenced above. Centers uncertain about the extent of potential exposure shall clean and sanitize all rooms.

iv. Returning to Child Care After COVID-19 Diagnosis or Exposure:

1. If a staff member or child contracts or is exposed to COVID-19, they cannot be admitted to a center again until the criteria for lifting transmission-based precautions and home isolation have been met.

h. Daily Reports

i. No later than 11:00AM on each operating day, licensed centers shall submit daily logs on attendance and screening results to the Department of Children and Families, Office of Licensing.

i. Posters and Informational Bulletins

i. To ensure broad awareness and dissemination of critical information related to the COVID-19 pandemic and the procedures and methods being employed to limit its impact, centers shall ensure the distribution or posting of the CDC materials regarding cloth face coverings, cleaning and disinfecting businesses and schools, and safe and healthy diapering.

j. Violations and Enforcement

i. Compliance with the conditions set forth in this Executive Directive by licensed centers shall be investigated and enforced by the Department of Children and Families.
ii. A licensed center's noncompliance with the conditions set forth in this Executive Directive that are reasonably believed to endanger public health will be subject to a closure order by the Department of Health, in consultation with the Department of Children and Families.

2. Youth day camps that are subject to the requirements of N.J.S.A. 26:12-1 et seq., must complete a Youth Camp Certificate application form by June 15, 2020, if the facility plans to operate on July 6, 2020.

3. Youth summer camps, as defined in Executive Order No. 149 (2020), must develop and implement a COVID Operational Plan that, at minimum, includes written policies and procedures for the following provisions:

    a. Staff and Camper Training

        i. Camps should conduct staff training online, when possible, and should update staff on the basic principles of emergency first aid, blood borne pathogens, infection control, hand washing practices, personal protective equipment (PPE) and COVID-19 signs and symptoms.

        ii. The health director must have knowledge of COVID-19 symptoms and current guidance documents from the New Jersey Department of Health Communicable Disease Service (CDS).

            1. Access these training resources:
                a. Infection Prevention Audit Tool
                b. Contact Tracing Awareness Training
                c. Infection Control Resources Document

        iii. Staff must be informed of and trained regarding the proper use of PPE.

        iv. Camps must instruct campers on safe practices while attending camp, including all policies and procedures set forth herein.

    b. Screening and Admittance

        i. Persons that have a fever of 100.4° or above or other signs of COVID-19 illness should not be admitted to the camp. Facilities should encourage parents and staff to be on the alert for signs of illness in their children and to keep them home when they are sick. In order to effectuate this policy, camps must institute the following protocols:

            1. At designated entry points, campers and staff must be screened for signs of COVID-19 illness, including fever, prior being permitted to enter the facility or participate in camp programming.

            2. Daily COVID-19 health surveillance screening for campers/staff must be conducted and results documented when signs and symptoms of illness are observed.

3. Campers or staff who arrive exhibiting symptoms consistent with those related to COVID-19 should be immediately refused entry beyond the designated entry point.

c. Face masks, Infection Control and Social Distancing Strategies

i. Staff and campers shall, at minimum, wear cloth face coverings when social distancing of 6 feet between individuals and/or assigned groups cannot be maintained, except where doing so would inhibit that individual's health. Additionally, staff and campers are encouraged to wear cloth face coverings unless (1) doing so would inhibit the individual's health, (2) the individual is in extreme heat outdoors, or (3) the individual is in the water. Cloth face coverings should not be put on children under age two because of the danger of suffocation. Staff must wash hands prior to handling and serving food. Staff are encouraged to wear gloves when handling or serving food to campers. Direct hand contact with ready to eat food is prohibited. Camps must supply their staff with such cloth face coverings and gloves.

ii. All youth camp programs shall implement the following prevention and mitigation strategies to slow and limit COVID-19 exposure and spread:

1. Consider staggering drop off and pick up times to avoid large groups from congregating in one location.

2. Communicate and educate staff, parents, and campers in COVID-19 safety measures including:

a. Staying home when ill;

b. Proper hand hygiene and respiratory etiquette;

c. Wearing face coverings;

d. Avoiding touching your face as much as possible; and

e. Reporting illnesses and symptoms to the camp Health Director or other healthcare personnel at the camp immediately.

3. Handwash and hand sanitizers stations should be provided in numerous areas around the camp, and hand sanitizer should be provided to staff.

4. Implement enhanced cleaning and disinfection procedures using EPA approved disinfectants and following CDC guidance.

5. Discourage sharing of items that are difficult to clean, sanitize, or disinfect.

6. Institute infection control procedures for areas around the camp that are prone to congregation, including entrances, dining areas, and restrooms.

7. Limit any non-essential visitors, volunteers, and activities involving external groups or organizations as much as possible.

    a. Visitors shall be required to wear cloth face coverings while visiting the youth camp unless doing so would inhibit the individual's health. If a visitor refuses to a wear a cloth face covering for non-medical reasons and if such covering cannot be provided to the individual by the business at the point of entry, the youth camp must decline to allow them to enter.

    b. Avoid group events, gatherings, or meetings where social distancing of at least 6 feet between people cannot be maintained. Limit group size to the extent possible.

    c. Avoid external activities and events such as field trips and special performances.

8. Camp administrators should implement a policy to prepare for when someone tests positive for COVID-19 that include, at minimum:

    a. Protocols detailing the camps COVID-19 related response for symptomatic staff and campers including:

        i. Establishment of a COVID isolation space;

        ii. Adequate amount of PPE available, accessible, and provided for use;

        iii. Methods to assist in contact tracing including records of groups/cohorts, assigned staff and daily attendance;

iv. Surveillance; and

v. Immediate notification to the Department of Health-Youth Camp Project and the LHD of those who test positive.

b. Protocols to address a positive case

i. If the camp becomes aware that an individual tests positive for COVID-19, the camp should immediately notify the Department of Health-Youth Camp Project, local health officials, staff and families of a confirmed case while maintaining confidentiality.

ii. Readmittance policies should follow CDS guidance, found at https://www.nj.gov/health/cd/documents/topics/NCOV/COVID_Reopening_Camps.pdf and https://www.nj.gov/health/cd/documents/topics/NCOV/COVID19-ImSick-03182020.pdf

iii. Local health officials in consultation with CDS recommendations, will provide direction if a camp closure is warranted, following the identification of positive case(s) at the youth camp. The duration of a temporary closure may be dependent on staffing levels, outbreak levels in the community and the number of close contacts the camper had. Staff and children are discouraged from attending another facility if the camp is closed.

iv. Staff should help camp administration in identifying close contacts of positive COVID-19 cases. This should be done in conjunction with the LHD.

v. Close off areas used by a sick person and do not use these areas until after cleaning and disinfecting them (for outdoor areas, this includes surfaces or shared objects in the area, if applicable).

vi. To reduce the risk of exposure, wait at least 24 hours before cleaning and disinfecting. If 24 hours is not feasible, wait as long as possible. Ensure safe and correct use and storage of cleaning and disinfection products, including storing them securely away from children. Review CDS guidance on reopening after a closure.

c. Actions to take in response to individuals exhibiting signs and symptoms of COVID19 (e.g. fever, cough, shortness of breath) while on-site:

i. Immediately separate the ill person from the rest of the population until the ill person can leave the camp. The caregiver attending to the ill camper and the camper should wear a face covering; try to maintain social distancing within the care area.

ii. Staff members should be sent home and advised to follow CDC guidelines, available here: https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/steps-when-sick.html

d. Actions to take on returning a staff or camper after COVID-19 Diagnosis or Exposure

i. Close contacts and/or sick staff members or campers should not return to camp until they have met CDC's criteria to discontinue home isolation.

d. Protocols for Facility and Buildings Management

i. Camps must ensure that their indoor facilities have adequate ventilation, including operational heating, ventilation and air conditioning (HVAC) systems where appropriate. Recirculated air must have a fresh air component. The camp should open widows if air conditioning (A/C) is not provided. Filter(s) for A/C units must be maintained and changed according to manufacturer recommendations.

ii. If multiple entities operate programs out of a shared facility, those entities must coordinate to arrange staggering of activities to minimize intermingling between groups of campers. The entities should consider installing physical barriers between groups where necessary.

iii. To ensure proper cleaning and sanitation practices, camps should:

1. Close shared spaces such as dining halls, if possible; otherwise stagger use and clean and disinfect between use;
2. Perform enhanced cleaning of common surfaces such as playgrounds with shared playground equipment and rooms.

3. Maintain appropriate cleaning of any shared objects;

4. Ensure that an adequate supply of cleaning supplies is maintained; and

5. Follow procedures for deep cleaning set forth in CDC guidelines for reopening a camp closed due to the identification of positive case(s) as recommended by CDS.

iv. Post signage throughout the facility that demonstrate proper social distancing, handwashing, face coverings, and other prevention methods are recommended.

v. If campers need to be evacuated, social distancing should be maintained as much as possible.

e. Attendance

i. Camps are required to predetermine operations as either a primarily indoor or outdoor camp.

ii. Requirements that apply equally to indoor and outdoor camps:

1. Ensure, to the maximum extent possible, that groups include the same group of children each day and that the same staff remain with the same group of children each day.

2. Restrict mixing between groups. Camp operators should minimize camper movement between groups.

3. Social distancing must be maintained between groups.

4. Camp populations are restricted to states that have opened youth camp programs.

f. Indoor camp requirements

i. Staff to camper ratios of 1 adult:1 counselor:20 campers (ages 5-17), dependent on the capacity of the indoor space. Camps should consider the size of any room or indoor facility when establishing groups.

ii. Do not allow intermingling between groups. Designated groups of campers must remain unchanged day to day in a session and not be allowed to intermingle between assigned groups, whether the campers are inside or outside.

iii. Staff ratios for campers under five years of age must be maintained according to the New Jersey Youth Camp Safety Standard.

iv. Campers 2.5 through 4 years old must be supervised by one adult and one counselor for every 14 children.

g. Outdoor camp requirements

i. Staff to camper ratios 1 adult:1 counselor:20 campers (ages 5-17).

ii. Staff ratios for campers under five years of age must be maintained according to the New Jersey Youth Camp Safety Standard.

iii. Campers 2.5 through 4 years old must be supervised by one adult and one counselor for every 14 children.

iv. Outside canopy/tenting/cover accessibility is required.

v. Must ensure camper access to a restroom facility which may be a portable potty structure

vi. Summer camps need to ensure that precautions are taken in the event of inclement weather and emergencies:

1. Outdoor designated camps that elect to move indoors due to inclement weather or similar event, as opposed to cancelling session, should ensure proper indoor space to contain campers while following social distancing protocols.

2. Groups of campers should remain unchanged day to day n a session and not allowed to intermingle between assigned groups.

h. Protocols for Transportation Services

i. During bussing/transportation to and from camp, encourage social distancing by maximizing space between riders and maintaining space between the driver and the passengers.

ii. A staff person should accompany the driver on all transportation routes to ensure safety and social distancing.

iii. Face covering must be worn by all staff onboard buses.

iv. Face coverings are encouraged to be worn by campers as feasible and required in times when social distancing is difficult to maintain.

v. Open windows, except during inclement weather, to encourage ventilation.

vi. Vehicles must be cleaned and disinfected between each use.

i. Procedure for Food Service

i. Camps should avoid communal dining where possible and consider serving meals in separate rooms if possible. If feasible, have campers bring their own meals. Camps must make appropriate accommodations for food storage. Additionally, mealtimes should be staggered to ensure separation of groups and avoid congregation.

ii. Clean and sanitize surfaces between each meal service, pursuant to the protocols outlined herein.

iii. No self-service or buffet style dining is permitted.

iv. Encourage proper hand washing before and after meals.

v. Use disposable food service items wherever feasible. If disposable items are not feasible, ensure that all non-disposable food service items are handled with gloves and washed with dish soap and hot water or in a dishwasher.

j. Activities

i. Camps must maintain procedures regarding permitted and prohibited activities, which should, at minimum:

1. Prohibit any off-site activities and field trips, with the exception of off-site activities within walking distance of the facility, if

social distancing can be maintained throughout. Permissible activities may include, for example, hikes or walks to nearby parks. Offsite activities must minimize the opportunity for contact with people or other campers not in the group.

2. Stagger outside play events for individual camp and coordinate outside play between camps sharing the same building.

3. Follow applicable guidance from the NJDOH for sports activities, available here: https://nj.gov/health/cd/documents/topics/NCOV/COVID_GuidanceForSportsActivities.pdf.

4. Increase breaks and hydration activities.

5. Follow NJDOH protocols regarding pool operations, located here: https://www.nj.gov/health/ceohs/sanitation-safety/prb.shtml

    a. Water sprinkler activities are acceptable as long as social distancing is maintained and not regulated by the Public Recreational Bathing rules.

    b. No inflatable pool structures and pools shall be in congruence with Public Recreational Bathing rule N.J.A.C. 8:26.

6. Educate campers and staff on sports etiquette regarding social distancing and hygiene (i.e., no spitting, handshakes, etc.).

7. Clean and disinfect equipment after use. Avoid use of items that are not easily cleaned, sanitized, or disinfected.

4. Violations and Enforcement

i. Compliance with the conditions set forth in this Executive Directive by youth camps shall be investigated and enforced by the Department of Health.
ii. A youth camp's noncompliance with the conditions set forth in this Executive Directive that are reasonably believed to endanger public health will be subject to a closure order by the Department of Health.

This Directive shall take effect immediately. The provisions of this Directive shall remain in force and effect for the duration of the public health emergency originally declared in Executive Order No. 103 (2020), and as extended by Executive Order, unless otherwise modified, supplemented and/or rescinded.

June 30, 2020

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Judith Persichilli, R.N., B.S.N., M.A.
Commissioner