New Jersey Department of Health
COVID-19 Public Health Recommendations for Operating Child Care Centers

Updated May 26, 2021

Effective June 15, 2020, pursuant to Executive Order No. 149 and Executive Directive no. 20-032 all child care programs operating in the State of New Jersey must comply with the requirements detailed in Guidance for New Jersey Child Care Facilities On COVID-19 Related Health and Safety Requirements set forth by the New Jersey Department of Children and Families (DCF). This guidance document outlines COVID-19 public health recommendations for the childcare setting. As this situation is evolving, these recommendations are subject to change as more information is learned about this novel virus. Please check the NJDOH COVID-19 Information for Schools webpage frequently for updated guidance.

While fewer children have been sick with COVID-19 compared with adults during the pandemic, children can be infected with the SARS-CoV-2 virus that causes COVID-19, can get sick with COVID-19, and can spread the virus to others. Most children with COVID-19 have mild symptoms, and some have no symptoms at all. The symptoms of COVID-19 in children are similar to symptoms of other common illnesses, like colds, strep throat, influenza, or allergies. Like adults, children who have COVID-19 but have no symptoms can still spread the virus to others. For more information, visit COVID-19 in Children.

As centers continue to operate, they should consider how best to structure services to minimize risk to staff and children in line with the DCF guidelines. CDC's School and Child Care Programs page provides various resources for recommendations for operating childcare programs in low, moderate, and significant mitigation communities. CDC's Considerations for Schools have been developed to supplement, **not replace,** any state or local health and safety laws, rules, and regulations with which childcare centers must comply. This guidance is intended for many types of child care programs, including:

- Family child care programs, also known as home-based child care
- Pre-K (Pre-kindergarten) programs at private and public schools or faith-based institutions
- Head Start and Early Head Start programs
- Private child care centers
- Employer-based child care centers
- Emergency or temporary child care centers operated by municipalities for the children of essential service providers, such as first responders, healthcare workers, transit workers, and other industries where a parent cannot stay home
- Child care centers that partner with healthcare facilities to support healthcare workers who need child care
- Child care programs located in congregate living programs such as homeless shelters or residential programs for women and children
- School age child care programs

Communication

Childcare centers should develop a plan for infectious disease outbreaks including COVID-19. Staff and families should be informed of policies for ill staff and children including isolation, exclusion and notification of positive cases or outbreaks.

Families should understand what actions they need to take should their child become symptomatic or be exposed to COVID-19 while in childcare.

Designate a staff member to be responsible for responding to COVID-19 concerns. Communicate to staff members the process for contacting the designee.

Establish relationships with local public health officials and identify points of contact.

Create a communication system for staff and families for self-reporting of symptoms and notification of exposures and closures.

Plan and Prepare

- Review and update or develop your outbreak response/pandemic plan and share with stakeholders before an outbreak occurs.
- Establish procedures to ensure children and staff who become sick at childcare or arrive at the facility sick are sent home as soon as possible.
- Prepare for the potential of school closures or dismissals.
- Create emergency communication plan and maintain up to date contact information for everyone in your communication chain.
- Plan workshops and trainings to educate staff on prevention measures.
- Continue to monitor current information from health officials.
- Continue to ensure that children are up to date on immunizations.

Cohorting

Place children and child care providers into distinct groups that stay together throughout an entire day.

- Groups should include the same children each day, and the same child care providers should remain with the same group of children each day.
- Limit mixing between groups such that there is minimal or no interaction between groups or cohorts.
- Stagger child arrival, drop-off, and pick-up times or locations by group, or put in place other plans to limit contact between groups and to limit staff's direct contact with parents, guardians, and caregivers.

Cleaning and Disinfection

Child care centers should follow standard procedures for routine cleaning and disinfecting with an EPA-registered product for use against SARS-CoV-2. This means at least daily disinfecting surfaces and objects that are touched often, such as desks, countertops, doorknobs, computer keyboards, hands-on

learning items, faucet handles, phones and toys. Information on cleaning and disinfecting your facility can be found at https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html Increasing the frequency of cleaning when there is an increase in respiratory or other seasonal illnesses is always a recommended prevention and control measure.

- If a sick child has been isolated in your facility, clean and disinfect surfaces in your isolation room or area after the sick child has gone home. More information on cleaning and disinfection can be found in Guidance for Operating Child Care Programs during COVID-19. If a sick child has been isolated in your facility, clean and disinfect surfaces in your isolation room or area after the sick child has gone home.
- If COVID-19 is confirmed in a child or staff member:
    - Close off areas used by the person who is sick.
    - Open outside doors and windows to increase air circulation in the areas.
    - Wait up to 24 hours or as long as possible and increase ventilation in the area.
    - Clean and disinfect all areas used by the person who is sick, such as offices, bathrooms, and common areas with an EPA-registered product for use against SARS-CoV-2.
- If more than 3 days have passed since the person who is sick visited or used the facility, additional cleaning and disinfection is not necessary. Continue routine cleaning and disinfection.

Outdoor surfaces, including outdoor playground equipment, should undergo normal routine cleaning, but do not need to be disinfected between uses. For updated information for communal spaces, food service, playgrounds and play space see Guidance for Operating Child Care Programs during COVID-19.

Hand Hygiene and Respiratory Etiquette

- Teach and reinforce handwashing with soap and water for at least 20 seconds and increase monitoring of students and staff.
    - If soap and water are not readily available, hand sanitizer that contains at least 60% alcohol can be used (for staff and older children who can safely use hand sanitizer).
- Encourage students and staff to cover coughs and sneezes with a tissue if not wearing a mask.
    - Used tissues should be thrown in the trash and hand hygiene as outlined above should be performed immediately.
- Have adequate supplies including soap, hand sanitizer with at least 60 percent alcohol (for staff and older children who can safely use hand sanitizer), paper towels, tissues, and no-touch trash cans.
- Assist children with handwashing, including infants who cannot wash hands alone. After assisting children with handwashing or helping them put on or adjust their mask, staff should also wash their hands.
- Hand hygiene should take place:
    - Upon arrival at school.
    - Before and after eating or handling food or feeding children.
    - After using the bathroom or helping a child use the bathroom
    - Before leaving for the day.
    - After blowing nose, sneezing, or coughing into tissue.

- When hands are visibly soiled.
- Before and after diapering a child.
- After using the bathroom or after helping a child use the bathroom.
- After having contact with body fluids.
- After handling trash.

- Staff should assist/observe young children to ensure proper handwashing.

Masks

Wearing masks is an important step to help slow the spread of COVID-19 when combined with everyday preventive actions and social distancing in public settings. Information on the use of masks in childcare can be found at https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-childcare.html.

- Everyone 2 years and older should wear a mask covering their mouth and nose when around people who do not live in their household, except when eating or sleeping.
- Teach and reinforce the consistent and correct use of masks for all staff and children aged 2 years and older.
- A mask is NOT a substitute for physical distancing. **Masks should still be worn in addition to physical distancing.** Wearing a mask is especially important indoors and when physical distancing is difficult to implement or maintain while providing care to young children.
- Information should be provided to staff on proper use, removal, and washing of masks.
  - The most effective fabrics for cloth masks are tightly woven such as cotton and cotton blends, breathable, and in two or three fabric layers. Masks with exhalation valves or vents, those that use loosely woven fabrics, and ones that do not fit properly are **not recommended.**
  - Masks should be washed after every day of use and/or before being used again, or if visibly soiled or damp/wet.
  - Disposable face masks should be changed daily or when visibly soiled, damp or damaged.
  - Centers should have additional disposable or cloth masks available for children, teachers, and staff in case a back-up mask is needed (e.g. mask is soiled or lost during the day).
  - After touching or removing their mask, staff and children should wash their hands with soap and water for at least 20 seconds or use hand sanitizer with at least 60% alcohol.
  - When reusing masks after a break, keep the same side facing out.
- Appropriate and consistent use of masks may be challenging for some people, including:
  - Individuals with severe asthma or other breathing difficulties.
  - Individuals with special educational or healthcare needs, including intellectual and developmental disabilities, mental health conditions, and sensory concerns or tactile sensitivity.
  - For staff who are unable to wear a mask for health reasons such as those outlined above, centers may consider assigning other duties or locations to limit interaction.

CDC **does not recommend** using face shields or goggles as a substitute for masks. Plastic face shields (or a mask) must NOT be placed on newborns or infants.

CDC recognizes there are specific instances when wearing a mask is not be feasible. In these instances, consider adaptions and alternatives.

Air Flow

Improve airflow to the extent possible to increase circulation of outdoor air, increase the delivery of clean air, and dilute potential contaminants. This can be achieved through several actions.

- Bring in as much outdoor air as possible.
- If safe to do so, open windows and doors. Even just cracking open a window or door helps increase outdoor airflow, which helps reduce the potential concentration of virus particles in the air. If it gets too cold or hot, adjust the thermostat.
- Do not open windows or doors if doing so poses a safety or health risk (such as falling, exposure to extreme temperatures, or triggering asthma symptoms), or if doing so would otherwise pose a security risk.
- Use child-safe fans to increase the effectiveness of open windows.
    - Safely secure fans in a window to blow potentially contaminated air out and pull new air in through other open windows and doors.
    - Use fans to increase the effectiveness of open windows. Position fans securely and carefully in/near windows so as not to induce potentially contaminated airflow directly from one person over another (strategic window fan placement in exhaust mode can help draw fresh air into the room via other open windows and doors without generating strong room air currents).
- Use exhaust fans in restrooms and kitchens.
- Consider having activities, classes, or lunches outdoors when circumstances allow.
- Open windows in buses and other transportation, if doing so does not pose a safety risk. Even just cracking windows open a few inches improves air circulation.

Further information on strategies to improve air flow and ventilation for public school buildings is available on nj.gov.

Travel and Transit

- Encourage staff who use public transportation or ride sharing to use forms of transportation that minimize close contact with others to the extent feasible (for example, biking, walking, driving or riding by car either alone or with household members).
- Encourage staff who use public transportation or ride sharing to follow CDC guidance on how to protect yourself when using transportation.
- If transport vehicles (for example, buses or vans) are used by your child care program, drivers should practice all safety actions and protocols as indicated for other staff (for example, hand hygiene, masks).
    - To clean and disinfect buses or other transport vehicles, see guidance for bus transit operators.
    - Create distance between children on transport buses (for example, seat children one child per row, skip rows) when possible.

- Children from the same home can be seated together.

Symptom Screening

Child care centers are required to follow screening and admittance requirements for children and staff as outlined in the COVID-19 Child Care Standards Pursuant to Executive Order No. 149**.**

Parents/caregivers should be strongly encouraged to monitor their children for signs of illness every day as they are the front line for assessing illness in their children. Children and staff who are sick should **not** attend child care. Centers are encouraged to strictly enforce exclusion criteria for both children and staff.

Centers should provide clear and accessible directions to parents/caregivers and staff for reporting symptoms and reasons for absences.

Preparing for Illness

- Daily reports of staff and student attendance should be closely monitored.
- Designate an area or room away from others to isolate individuals who become ill while at the facility.
    - Ensure there is enough space for multiple people placed at least 6 feet apart.
    - Ensure hygiene supplies are available, including a cloth or disposable mask, facial tissues, and alcohol-based hand rub.
    - Staff assigned to supervise children waiting to be picked up do not need to be healthcare personnel but should follow physical distancing guidelines.
- Establish procedures for safely transporting anyone who is sick to their home or to a healthcare facility. If you are calling an ambulance or bringing someone to the hospital, try to call first to alert them that the person may have COVID-19.

Be ready to follow CDC guidance on how to disinfect your building or facility if someone is sick.

COVID-19 Symptoms

While some children and infants have been sick with COVID-19, adults make up most of the known cases to date. Early research suggests that fewer children than adults with COVID-19 get a fever, cough, or shortness of breath. Few children with COVID-19 have had to be hospitalized. However, severe illness has been reported in children, most often in infants less than a year.

Some children have developed multisystem inflammatory syndrome (**MIS-C**). Currently, information about this syndrome is limited.

According to the CDC, children do not seem to be at higher risk for getting COVID-19. However, some people, including children with special health care needs, may be at higher risk. Those at increased risk include:

- Older adults
- People who have serious chronic medical conditions like:

- Cancer
- Chronic kidney disease
- COPD
- Immunocompromised state from solid organ transplant
- Obesity (body mass index of 30 or higher)
- Serious heart conditions, such as heart failure, coronary artery disease, or cardiomyopathies
- Sickle cell disease
- Type 2 diabetes

Signs and symptoms of COVID-19 in children may be similar to those of common viral respiratory infections or other childhood illnesses. The overlap between COVID-19 symptoms and other common illnesses means that many people with symptoms of COVID-19 may actually be ill with something else. This is even more likely in young children, who typically have multiple viral illnesses each year. It is important for pediatric providers to have an appropriate suspicion of COVID-19, but also to continue to consider and test for other diagnoses.

Individuals with COVID-19 have had a wide range of symptoms reported – ranging from mild to severe illness. **There is not a single symptom that is uniquely predictive of a COVID-19 diagnosis. A COVID-19 viral test is needed to confirm if someone has a current infection.** Symptoms may appear 2-14 days after exposure to the virus and include the following:

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

Exclusion Criteria

Parents should not send children to childcare when sick. Childcare staff should have plans to isolate children with overt symptoms of any infectious disease that develop during the day while at the childcare facility. Any child that develops a single symptom not including cough, shortness of breath, difficulty breathing, or new taste or olfactory disorder should follow the NJDOH School Exclusion List to determine the exclusion timeframe.

Children who meet the following criteria should be promptly isolated and excluded from the facility for at least 10 days from symptom onset, are fever free for 24 hours without fever reducing medication and symptoms have improved **OR** they have a negative COVID-19 test result.

- At least **two** of the following symptoms: fever (measure or subjective), chills, rigors (shivers), myalgia (muscle aches), headache, sore throat, nausea or vomiting, diarrhea, fatigue, congestion or runny nose; **OR**
- At least **one** of the following symptoms: cough, shortness of breath, difficulty breathing, new olfactory disorder, new taste disorder.

COVID-19 Illness, Exposure and Exclusion:

This guidance is based on what is currently known about the transmission and severity of coronavirus disease 2019 (COVID-19). This is an evolving situation and guidance is subject to change. Please check the NJDOH and CDC websites frequently for updates.

Children and staff with COVID-19 compatible symptoms should be isolated away from others until they can be sent home.

- Whenever possible, cover children's (age 2 and older) noses and mouths with a mask.
- If a mask is not tolerated by the child, staff should follow social distancing guidelines (6 ft. away).
- Individuals should be sent home and referred to a healthcare provider. Testing for COVID-19 is recommended for persons with COVID-19 symptoms.
- When an individual tests positive for COVID-19, the facility should immediately notify local health officials, staff and families of the COVID-19 case while maintaining confidentiality.
- Centers should be prepared to provide the following information when consulting public health:
    - The identity of the person with COVID-19 or probable COVID-19 (i.e. staff, child in care, household contact);
    - The date the person with COVID-19 or probable COVID-19 was last in the building;
    - The date the person developed symptoms and/or tested positive;
    - Types of interactions the person may have had with other persons in the building or in other locations;
    - Names, addresses, and telephone numbers for ill person's close contacts in the school;
    - Any other information to assist with the determination of next steps;
    - If other persons in the childcare program have developed any symptoms; and
    - Any other information to assist with the determination of next steps.

Children and staff who are COVID-19 positive must not return until they have met the criteria for discontinuing home isolation (see table below).

- Individuals with COVID-19 compatible symptoms should be excluded until they have a negative COVID-19 test or have completed the criteria for discontinuing home isolation. **Alternate diagnosis (including a positive strep or influenza test) should not be accepted for return to childcare/work.**

- The other individuals of the small group/cohort of the symptomatic person should also be sent home. These contacts should be excluded and may return:
    - **If the ill person tests positive** – after the exclusion criteria for a close contact has been met and no symptoms have developed.
    - After the ill person tests negative.

Individuals who:	Should stay home and away from others until:
Have **symptoms of COVID-19 AND** • **have tested positive** (by PCR, rapid molecular or antigen testing) **OR** • **have not been tested** (i.e. monitoring for symptoms at home) *	• At least 10 days have passed since their symptoms first appeared **AND** • They have had no fever for at least 24 hours (one full day without the use of medicine that reduces fever) **AND** • Symptoms have improved (e.g. cough, shortness of breath)
Have **NO symptoms and have tested positive**	• 10 days have passed from the collection date of their positive COVID-19 diagnostic test **AND** they have not developed symptoms.
Have symptoms and have tested negative	24 hours after their fever has ended without the use of fever reducing medications and other symptoms improve.
Are identified as a **close contact** of a case[1]	• Close contacts of a COVID-19 case should be excluded until the exclusion criteria for a close contact has been met even if the close contact tested negative.

- If a case of COVID-19 infection occurs in **one defined group** (see note) within the center, the ill person should be sent home.
    - Other staff and children in the group would be considered close contacts of that case and should be excluded and instructed to quarantine in their homes until the exclusion criteria for a close contact has been met.
    - Public health, parents/guardians, and staff facility-wide should be informed of the situation.
    - The CDC guidance for cleaning and disinfection should be followed.

[1] Fully vaccinated persons who have close contact with someone with COVID-19 do NOT need to quarantine if they meet all the criteria outlined on page 11.

- Other groups within the childcare facility can continue to function, with daily and vigilant screening for illness occurring, and social distancing, personal and environmental hygiene measures strictly adhered to.
- If cases occur in **multiple groups** within the facility,
    - Recommendations for whether the entire classroom or cohort would be considered exposed will be based on public health investigation.
- If the public health investigation recommends a short-term closure of a facility due to exposure to COVID-19, any additional or extended closures may be warranted based on the LHD's recommendations.

The ability to keep groups small and static can be helpful in identifying close contacts and may aid in determining if a facility wide closure is necessary.

Note: Per DCF requirements, 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.

Exclusion criteria for close contacts:

CDC released guidance with options to shorten the quarantine time period following exposure to a confirmed positive case. While CDC and NJDOH continue to endorse 14 days as the preferred quarantine period – and thus the preferred school exclusion period – it is recognized that any quarantine shorter than 14 days balances reduced burden against a small possibility of spreading the virus. Additional information is described in NJDOH quarantine guidance.

The NJDOH COVID-19 Activity Level Index Report (CALI) provides information on COVID-19 transmission risk by region and statewide and characterizes risk as Very High (red), High (orange), moderate (yellow), or low (green).

Childcare administrators should have a policy that defines the quarantine timeframe for their population (staff, attendees). NJDOH recommends that when COVID-19 transmission risk is High or Very High (orange or red CALI score), exposed close contacts quarantine for 14 days. When the COVID-19 transmission risk is Moderate or Low (yellow or green CALI score), the CDC recommended shortened timeframes are acceptable alternatives.

In the childcare setting, excluded individuals who are close contacts of staff or attendees with COVID-19 compatible symptoms or who tested positive for COVID-19 may be considered for a reduced exclusion period based on Regional Risk Levels:

- High/Very High (orange/Red), exposed close contacts should be excluded from school for 14 days.
- Moderate or Low (yellow or green), exposed close contacts should be excluded from school for 10 days or after Day 7 if the individual tests negative with a viral test (molecular-PCR or antigen) between day 5-7 and if no symptoms were reported during daily monitoring.

Centers serving medically complex or other high-risk individuals should use a 14-day exclusion period for the exclusion of these individuals or those who work closely with them when identified as close contacts throughout all risk levels.

Vaccinated Individuals:

Even after child care providers and staff are vaccinated, there will be a need to continue prevention measures for the foreseeable future including wearing masks, physical distancing, and other important prevention strategies outlined in this guidance document.

Teachers and staff who have been fully vaccinated should follow the NJDOH Guidance for Fully Vaccinated Persons. Vaccinated persons should continue to follow current guidance to protect themselves and others, including wearing a mask, staying at least 6 feet away from others while in the community, avoiding crowds, avoiding poorly ventilated spaces, covering coughs and sneezes, washing hands often, following CDC travel guidance, and following any applicable workplace or school guidance, including guidance related to personal protective equipment use and SARS-CoV-2 testing. However, fully vaccinated persons who have close contact with someone with COVID-19 do NOT need to quarantine **if they meet all of the following criteria:**

- Are fully vaccinated (i.e., ≥2 weeks following receipt of the second dose in a 2-dose series, or ≥2 weeks following receipt of one dose of a single-dose vaccine), AND
- Have remained asymptomatic since the current COVID-19 exposure.

Outbreaks

An outbreak in school settings is defined as two or more laboratory-confirmed COVID-19 cases among students or staff with onsets within a 14-day period, who are epidemiologically linked[2], do not share a household, and were not identified as close contacts of each other in another setting during standard case investigation or contact tracing.

Contact Tracing

Childcare staff should help in identifying close contacts of positive COVID-19 cases. This should be done in conjunction with the LHD.

Contact tracing is a strategy used to determine the source of an infection and how it is spreading. Finding people who are close contacts to a person who has tested positive for COVID-19, and therefore at higher risk of becoming infected themselves, can help prevent further spread of the virus.

[2] Health departments should verify to the best extent possible that cases were present in the same setting during the same time period (e.g., same classroom, school event, school-based extracurricular activity, school transportation) within 14 days prior to onset date (if symptomatic) or specimen collection date for the first specimen that tested positive (if asymptomatic or onset date is unknown) and that there is no other more likely source of exposure (e.g., household or close contact to a confirmed case outside of educational setting).

Close contact is defined as being within 6 feet of someone with suspected or known COVID-19 for 15 or more minutes during a 24-hour period. In some school situations, it may be difficult to determine whether individuals have met this criterion and an entire cohort, classroom, or other group may need to be considered exposed, particularly if people have spent time together indoors.

A contact tracing team from the local health department or the NJDOH calls anyone who has tested positive for COVID-19. They ask the patient questions about their activities within a certain timeframe, to help identify anyone they have had close contact. Those contacts might include family members, caregivers, co-workers or health care providers.

Individuals who have recently had a close contact with a person with COVID-19 should stay home and monitor their health.

Closure

- A center may need to temporarily dismiss children and staff for 2-5 days, if a child or staff member attended childcare before being confirmed as having COVID-19.
    - This initial short-term dismissal allows time for the local health officials to gain a better understanding of the COVID-19 situation impacting the facility, perform contact tracing and cleaning and disinfecting the facility.
    - Centers should follow CDC guidance on how to clean and disinfect your building if someone is sick.
- Centers should work with the local health officials to determine appropriate next steps, including whether an extended dismissal duration is needed to stop or slow further spread of COVID-19.

Testing

NJDOH recommends that facilities work with their local health departments to identify rapid viral testing options in their community for the testing of symptomatic individuals. CDC has information on types of COVID-19 tests currently available to diagnose current infection. Having access to rapid COVID-19 testing for ill children and staff can reduce unnecessary exclusion of ill persons and their contacts and minimize unnecessary disruptions of childcare and the educational process.

Until more evidence about protective immunity is available, serologic test results should not be used to make decisions:

- Regarding the need for personal protective equipment.
- To discontinue social distancing measures.
- About grouping persons residing in or being admitted to congregate settings, such as childcare, schools, dormitories, or correctional facilities.
- About returning persons to the workplace.

COVID-19 Resources

NJDCF COVID-19 Resources for Licensed Childcare Centers

CDC Toolkit for Child Care Programs

CDC Childcare Schools and Youth Programs

CDC Schools and Day Camps

CDC Considerations for Youth Sports

NJDOH COVID Information for Schools

CDC Cleaning and Disinfecting Your Facility

CDC Information on Cleaning School Buses

AAP Guidance Related to Childcare During COVID-19

NJDOH General Guidelines for the Prevention and Control of Outbreaks in School Settings

People of Any Age with Underlying Medical Conditions