NEW JERSEY DEPARTMENT OF CHILDREN AND FAMILIES

**Reopening Guidance for Agency Afterschool Respite, Agency Weekend Recreation, and Agency Overnight Respite Services Contracted by The New Jersey Department of Children and Families**

**October 13, 2021**

The New Jersey Department of Children and Families (DCF) continues to monitor the spread of COVID-19 and its impact on children, families, our staff and partner providers throughout the state. The federal Centers for Disease Control and Prevention (CDC) and the New Jersey Department of Health (DOH) provide ongoing guidance and direction regarding necessary precautions to prevent transmission of the virus.

DCF also has developed recommendations for its service providers, offering solutions to situations that impact shared constituencies. This guidance document applies to Agency Afterschool Respite, Agency Weekend Recreation, and Agency Overnight Respite services funded through DCF's cost reimbursement and fee-for-service contracts, herein referred to as "group respite." This document supersedes the "Agency Afterschool Respite and Agency Weekend Recreation COVID-19 Pandemic Guidance," dated October 21, 2020 and shall be in effect until rescinded or revised.

The guidance in this document applies in conjunction with other applicable laws and regulations. In the rare event that this guidance conflicts with other law or regulation, the legal requirements shall be enforced.

## I. General Recommendations Related To COVID-19

Group respite providers should follow the guidance below:

- Most group respite programs will have a mixed population of fully vaccinated, partially vaccinated, and unvaccinated individuals at any given time, thereby necessitating the layering of additional preventive measures to protect all individuals. Additional information for how fully vaccinated individuals can protect themselves and others is available at: https://www.cdc.gov/coronavirus/2019-ncov/vaccines/fully-vaccinated.html
- All persons, regardless of vaccination status, should continue to wear masks and socially distance while indoors. Exceptions include while eating or drinking, or where medically contraindicated.
- Vaccinated persons are not expected to wear masks or socially distance outside.
- Unvaccinated persons are strongly encouraged to wear masks and socially distance while outdoors where and when medically safe to do so (e.g., high temperatures would be an example of when masks rules may be relaxed, but distancing would still continue.)

Each program is expected to communicate to parents about the organization's policies and protocols related to COVID-19. Group respite providers should closely monitor:

- The New Jersey COVID-19 Information Hub at: https://www.covid19.nj.gov, Governor Murphy's Executive Orders at: https://nj.gov/infobank/eo/056murphy/, and the CDC COVID-19 resource site

at: https://www.cdc.gov/coronavirus/2019-nCoV/index.html for the most up-to-date information for employers, service recipients, and the general public.

- CDC guidance at: https://www.cdc.gov/coronavirus/2019-ncov/travelers/travel-during-covid19.html for expectations regarding out-of-state travel.
- DOH guidance at: https://covid19.nj.gov/faqs/nj-information/travel-and-transportation/are-there-travel-restrictions-to-or-from-new-jersey for expectations regarding in-state travel and travel to states connected to New Jersey.

## II. Vaccination

Although COVID-19 vaccines are safe, effective, and accessible, not all youth are currently eligible to be vaccinated. Group respite programs will have a mixed population of fully vaccinated, partially vaccinated, and unvaccinated individuals at any given time, thereby necessitating the layering of additional preventive measures to protect all individuals. Respite providers should have a system in place to determine the vaccination status of youth and staff. If a provider is unable to determine the vaccination status of individual youth or staff, those individuals should be considered not fully vaccinated. As vaccine eligibility expands, providers should consider vaccine coverage among youth and staff as an additional metric to inform the need for preventive measures beyond masking, such as physical distancing, as set forth in Sections III and IV below.

Information about an individual's vaccination status is considered confidential medical information under the Americans with Disabilities Act (ADA). Providers are thus required to limit disclosure of vaccine information to designated human resources employees or other individuals authorized to receive information under the ADA.

## III. Masks

Wearing masks is an important prevention strategy to help slow the spread of COVID-19, especially when combined with everyday preventive actions and social distancing in public settings.

The following principles apply to the use of masks in group respite programs:

- Masks and/or barriers do not preclude an individual from being identified as a close contact to a COVID-19 case.
- Providers are responsible for providing information to staff and youth 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.
- To remain safe and effective, masks should be washed after every day of use and/or before being used again, or if visibly soiled or damp/wet.
- To remain safe and effective, disposable face masks must be changed daily or when visibly soiled, damp or damaged.
- Providers are responsible for providing additional masks in case a back-up mask is needed (e.g., mask is soiled or lost during the day).
- Clear masks that cover the nose and wrap securely around the face may be considered for youth who cannot tolerate a conventional mask.

Further guidance on the use of masks to slow the spread of COVID-19 is available from the CDC at:

- https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/diy-cloth-face-coverings.html, and
- https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/how-to-wear-cloth-face-coverings.html.

Although appropriate and consistent use of masks may be challenging for some individuals, mask use is still critical for individuals who are not fully vaccinated, unless a mask cannot be safely worn, such as:

- Individuals who would not be able to remove a mask without assistance.
- Individuals with medical conditions or disabilities as reflected in federal or state disability laws that preclude the use of a mask.

## IV. Maintain Physical Distancing and Cohorting

Group respite providers should continue to implement physical distancing measures as an effective COVID-19 prevention strategy, including:

- Maintaining at least six feet of distance between youth and staff to the extent possible.
- Avoiding grouped seating arrangements.
- Physical distancing should take place:
    - In common areas and spaces where youth and staff may gather such as entrances and hallways.
    - When masks cannot be worn.
    - When masks may be removed, such as during outdoor activities.
    - During indoor activities when increased exhalation occurs, such as singing, shouting, sports, or exercise (even if masks are worn).

Consider maintaining cohorts or groups of youth with dedicated staff who remain together throughout the service period, including during meals and travel.

## V. Hand Hygiene and Respiratory Etiquette

Providers should:

- Teach, reinforce and assist youth with hand washing that includes soap and water for at least 20 seconds. 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 youth and staff to cover coughs and sneezes with a tissue if not wearing a mask.
- Ensure that used tissues are thrown in the trash and hand hygiene as outlined above is performed immediately after use of a tissue.
- Maintain adequate supplies, including soap, hand sanitizer with at least 60% alcohol (for staff and older children who can safely use hand sanitizer), paper towels, tissues, and no- touch trash cans.

Hand hygiene should take place:

- Upon arrival at the program.

- Before and after meals and snacks.
- After going to the bathroom.
- After spending time outside.
- When entering assigned area.
- After community outings.
- Before leaving for the day.
- After blowing nose, sneezing, or coughing into tissue.
- When hands are visibly soiled.

## VI. Meals

For meals offered in cafeterias or other group dining areas, where masks may not be worn, programs should consider implementing other layered prevention strategies to help mitigate the spread of COVID-19. These strategies include:

- Maintaining physical distancing between youth and staff, if possible.
- Considering alternatives to use of group dining areas, such as eating in separate rooms or outdoors.
- Staggering eating times to allow for greater physical distancing.
- Maintaining cohorts and limiting mixing between groups, if possible.
- Avoiding self-serve food options.
- Discouraging youth from sharing meals.
- Encouraging routine cleaning between groups.

## VII. Transportation

Masks should be worn by all passengers and drivers in buses and other vehicles, regardless of vaccination status.

- Maximize physical distance between passengers.
- Open windows to increase airflow; if possible.
- Regularly clean high touch surfaces in vehicles at least daily.

For more information about cleaning and disinfecting vehicles, read CDC's guidance for bus transit operators at: https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/bus-transit-operator.html

## VIII. Limit Use of Shared Supplies and Equipment

Providers are responsible for ensuring adequate supplies (i.e., classroom supplies, equipment, etc.) to minimize sharing of high-touch materials. Alternaively, they should limit use of supplies and equipment to one group of youth at a time and clean and disinfect routinely and between use. Providers should continue to encourage hand hygiene practices between use of shared items and discourage use of shared items that cannot be cleaned and disinfected.

## IX. Cleaning and Disinfection

Programs should follow standard procedures for routine cleaning and disinfecting with an EPA-registered product for use against SARS-CoV-2. This includes at least daily cleaning and disinfecting of surfaces and objects that are touched often, such as desks, countertops, doorknobs, computer keyboards, hands-on learning items, faucet handles, phones, and toys. Staff should always wear a mask and gloves while cleaning and disinfecting. Information about cleaning and disinfecting the program facility is available from the CDC at: https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html. Information about disinfectants registered with the EPA that kill COVID-19 is available at: https://www.epa.gov/coronavirus/about-list-n-disinfectants-coronavirus-covid-19-0.

If a person exhibits COVID-19 compatible symptoms or tests positive for COVID-19 within 24 hours of being in the program building, the program should close off areas used by the person who is sick or COVID-19 postive and open doors and windows and use fans or HVAC settings to increase air circulatin in the area. After waiting as long as possible (at least several hours) after the person has exited a space, the area should be cleaned and disinfected with products from the EPA list (see link above) according to the instructions on the product lable. Once the area has been appropriately disinfected, it can be re-opened for use.

The effectiveness of alternative surface disinfection methods, such as ultrasonic waves, high intensity UV radiation, and LED blue light, against the virus that causes COVID-19 has not been fully established. The use of such methods to clean and disinfect is discouraged at this time.

CDC does not recommend the use of sanitizing tunnels (tunnel that sprays disinfectant when a person walks through it). Currently, there is no evidence that sanitizing tunnels are effective in reducing the spread of COVID-19. Chemicals used in sanitizing tunnels could cause skin, eye, or respiratory irritation or injury.

In most cases, fogging, fumigation, and wide-area or electrostatic spraying is not recommended as a primary method of surface disinfection and has several safety risks to consider. Information about the risks with these sanitizing methods is available from the CDC at: https://www.cdc.gov/coronavirus/2019-ncov/php/eh-practitioners/sprayers.html

## X. Improving Airflow

Providers should work to 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 strategies:

- 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 to reduce the potential concentration of virus particles in the air.
- 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 vehicles, if doing so does not pose a safety risk. Even just cracking windows open a few inches improves air circulation.

Information from the CDC regarding ventilation in school buildings and childcare settings is available at: https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/ventilation.html

## XI. Parental Screening

Providers are responsible for:

- Encouraging parents/caregivers to monitor their children for signs of illness every day.
- Following the guidance in section XII below regarding Response to Symptomatic Youth and Staff.
- Educating parents about the importance of monitoring symptoms and keeping children home while ill.
- Providing reminders to staff and families to check for symptoms before leaving for the program.
- Providing clear and accessible directions to parents/caregivers for reporting symptoms and reasons for absences.

Programs should advise caregivers that they should not send youth to programs when sick for any reason. Caregivers of youth with the following symptoms should be consulting a healthcare provider regarding testing, and if needed treatment, for COVID-19 when they are experiencing:

- 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, or new taste disorder.

## XII. Response to Symptomatic Youth and Staff

Programs should ensure that the following procedures are in place to identify and respond to a youth or staff member who becomes ill with COVID-19 symptoms:

- Designate an area or room away from others to isolate individuals who become ill with COVID-19 symptoms while at the program.
- Ensure there is enough space for multiple people placed at least 6 feet apart.
- Ensure that hygiene supplies are available, including additional masks, facial tissues, and alcohol-based hand sanitizer.
- Staff assigned to supervise youth waiting to be picked up do not need to be healthcare personnel but should follow physical distancing guidelines.
- Follow guidance in sections IX and X regarding Cleaning, Disinfection and Airflow.

**When illness occurs in the program setting:**

Providers are responsible for separating youth and staff with COVID-19 symptoms away from others until they can be sent home. Providers must provide individuals who are sick and not already wearing a mask with a mask to wear unless there is a contraindication to doing so. Providers must ensure that other staff are masked and follow maximum physical distancing guidelines (at least 6 feet away). Any time a youth or staff is symptomatic on-site:

- Program staff should ask the parent/caregiver and staff whether they have had potential exposure to COVID-19 in the past 14 days (meeting the definition of a close contact.)
- Individuals should be sent home as soon as possible and referred to a healthcare provider regarding testing, diagnosis, and treatment.
- Regardless of vaccination status, if a youth or staff experiences COVID-compatible symptoms, they should isolate themselves from others, be clinically evaluated for COVID-19, and tested for SARS-CoV-2. Information from the CDC regarding isolation practices can be found at: https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/isolation.html

**Quarantine and returning to the program setting:**

Individuals with COVID-19 compatible symptoms who have not been tested or individuals who tested positive for COVID-19 should stay home until at least 10 days have passed since symptom onset and at least 24 hours have passed after resolution of fever without fever reducing medications, and improvement in symptoms.

Persons who test positive for COVID-19 but who are asymptomatic should stay home for 10 days from the positive test result.

An alternate diagnosis (including a positive strep test or influenza swab) without a negative COVID-19 test is not acceptable for individuals to return to the program earlier than the timeframes above.

The CDC has released guidance with options to shorten the quarantine time period following exposure to a confirmed positive case. The CDC and NJDOH continue to endorse 14 days as the preferred quarantine period. Additional information is described in the NJDOH quarantine guidance available at: https://www.state.nj.us/health/cd/documents/topics/NCOV/COVID_updated_quarantine_timeframes.pdf

Exposed close contacts who are fully vaccinated or have recovered from COVID-19 in the past 3 months and have NO COVID-like symptoms:

- Do not need to quarantine, or be excluded from the program following an exposure to someone with suspected or confirmed COVID-19. They should get tested for COVID-19 between 3-5 days following the exposure and wear a mask in public indoor settings for 14 days after exposure or until a negative test result as recommended in https://www.cdc.gov/coronavirus/2019-ncov/vaccines/fully-vaccinated-guidance.html.
- Should still monitor for symptoms of COVID-19 for 14 days following an exposure.

Exposed close contacts who are fully vaccinated and HAVE COVID-like symptoms:

- Should isolate themselves from others, be clinically evaluated for COVID-19, including SARS-CoV-2 testing and inform their health care provider of their vaccination status at the time of presentation to care.

**Questions or Concerns**

Questions or concerns on the content, interpretation or application of this guidance can be directed to the Children's System of Care at csoc.director@dcf.nj.gov.