In light of the COVID-19 pandemic and the need to protect the health of children, families, and service provider staff, in March 2020 the Department of Children and Families (DCF) Children’s System of Care (CSOC) temporarily suspended the delivery of Agency Afterschool Respite and Agency Weekend Recreation services, herein after referred to as group respite. The guidance herein does not apply to Agency Overnight Respite services.

New Jersey’s restart and recovery timelines are guided by data, improvements in public health, and the capacity to safeguard the public. As a result of improvements across these measures, group respite programs are permitted to reopen at limited capacity once all of the required reopening criteria outlined herein have been met, and not sooner than Wednesday, November 4th, 2020. This provides parents and guardians time to review this document and gives providers time to implement and comply with all requirements.

DCF will be prepared to move back to requirements that are more restrictive if public health indicators worsen or if DCF observes compliance issues with the requirements outlined herein.

Specific actions needed by providers to re-open programs are outlined below in How to Use this Document – Providers. Please note that the referenced Agency Afterschool Respite and Agency Weekend Recreation Re-Opening Attestation must be submitted to DCF at least 48 hours before a facility reopens. A provider that operates multiple program sites may complete and submit one Attestation form for all sites.

At such time as reopening occurs, DCF and providers will be taking on the tremendous responsibility for ensuring the wellbeing of children and youth with intellectual and developmental disabilities in an environment in which risks are significantly higher and more complex than they were pre-pandemic.

The requirements included in this document are imposed in conjunction with other applicable laws and regulations. In the rare event that these requirements are in conflict with another law or regulation, the more stringent requirement shall be enforced. All group respite programs will be required to be in compliance. Failure to comply will result in negative action, up to and including suspension of services or contract termination.

This guidance is substantially derived from the Centers for Disease Control and Prevention (CDC) and New Jersey Department of Health (DOH) guidance and documents. It reflects what is known about COVID-19 at the time of publication and may be modified as more is learned about the virus. Information from the CDC guidance has been supplemented or modified to reflect the needs of New Jersey.

It is important to note that, even with prudent steps being taken to reduce the risk of COVID-19 infection, neither the group respite provider nor DCF can guarantee that COVID-19 transmission will not occur. For this reason, it is of the utmost importance that parents, guardians, and providers consider the overall risk to the child or youth’s health when electing to participate in group respite services. Other important information to consider from the CDC can be found at:
How to Use This Document – Parents and Guardians
To assist in providing as much information as possible so that informed choices can be made, parents and guardians should review this document in its entirety.

Parents, guardians, and youth 18 years and older shall review, complete, and sign the Individual Needs and Risk Assessment and Receipt of COVID-19 Information Form before a youth participates in group respite. Both documents contain helpful information from the CDC related to the spread, exposure risk, and prevention of COVID-19. The assessment also outlines situational and behavioral risk factors that must be considered when making this important decision. The Individual Needs and Risk Assessment is a decision support tool for parents, guardians, and youth; families are encouraged to complete this document in consultation with the child’s pediatrician or primary care provider.

The group respite provider will be required to maintain both forms on-site at the facility and are subject to audit by DCF at any time. The Receipt of COVID-19 Information Form must be signed by the parent or guardian (and the youth if over 18) before they return to group respite services.

Group respite providers must discuss any changes to the overall structure of the group setting, including new procedures, new requirements, and any changes to the hours of service provided, before youth participate in group respite services.

How to Use This Document - Providers
All group respite providers shall review this document in its entirety. The group respite provider must comply with the following:

• Complete one Facility Readiness Tool* for each group respite site that is re-opening.
• Complete and return the Agency Afterschool Respite and Agency Weekend Recreation Re-Opening Attestation to DCF. This form must be printed, signed, scanned, and emailed to DCF at ChildrensSystemofCare.BusinessOffice@dcf.nj.gov at least 48 hours before each facility re-opens. Electronic signatures are acceptable.
• For children and youth returning to group respite, obtain the Individual Needs and Risk Assessment* and Receipt of COVID-19 Information Form* signed by the parent or guardian before the individual returns to in-person group respite services. Electronic signatures are acceptable.

*Indicates documents that are to be maintained by the provider at the group respite facility location and are subject to audit by DCF at any time.

Screening and Admittance
All individuals, staff, contracted professionals, and visitors must be cleared for admittance to the facility through screening, including temperature checks, as outlined at https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-childcare.html#Vulnerable This includes screening staff before every work shift. A record of all screenings shall be maintained. The only exception when screening is not needed ahead of entering the program is for first responders who are entering the facility to address an emergency.

In all instances, screening must occur in an accessible designated area that accommodates social distancing and infection control standards. This may be an area outdoors or in the immediate entryway of the facility. 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. In-car screening is permissible. Screening for fever and signs of COVID-19
also needs to occur before entry into an agency vehicle during pick up and when arriving at program. The driver can deny transportation to a group respite program if the individual is demonstrating symptoms or otherwise is identified as presenting a COVID risk. A record of all screenings shall be maintained.

Personnel that are not entering the building, such as those delivering supplies, do not have to be screened. The group respite program supervisor shall establish a designated area outside the facility where deliveries can take place. Staff and individuals must maintain a distance of six feet or more from delivery personnel, disinfect any packages before taking them into the facility, and wash their hands after handling deliveries.

Group respite providers shall encourage parents and guardians to be on the alert for signs of illness and to keep individuals home if they are sick or think they may be sick.

**Face Coverings and Personal Protective Equipment (PPE)**
All staff shall be required to wear a cloth or surgical mask that covers the nose and mouth and appropriate PPE while working. Staff shall be trained by the provider in the practice of safely donning and doffing PPE1 that they are required to use. Staff should also be frequently reminded not to touch the face covering.

Group respite recipients shall be encouraged to wear face masks. This guidance recognizes that some youth may not tolerate wearing face masks or it may not be medically advisable for them to wear one. However, individual participants for whom it is not medically contraindicated should be required to wear a face mask that covers the nose and mouth within the facility and/or in the agency vehicle. Individual participants wearing face mask should also be frequently reminded not to touch the face mask.

Face shields are not a substitute for masks. If a youth does wear a face shield because they cannot tolerate a mask, it should wrap around the sides of the wearer’s face and extend to below the chin. Staff must not wear a face shield in place of a mask but may wear a face shield in addition to a mask.

**Promoting Healthy Hygiene Practices**
Facilities shall teach and reinforce proper hand washing2 and covering coughs and sneezes3 among individuals and staff. Hand washing shall occur frequently with soap and water for at least 20 seconds, including upon arrival at the program site, before and after eating, after toileting and after spending time outside. Staff shall wash their hands upon arriving at the facility, when entering their assigned area, before meals or snacks, after community outings or time spent outside, after going to the bathroom, and prior to leaving for home. Children and youth are to be encouraged to do the same to the best of their ability and be monitored to ensure proper techniques.

Whenever possible, facilities should set up hand hygiene stations at the entrance to the facility so that those entering the facility can clean their hands before entering. If installation of a hygiene station is not possible, staff shall ensure handwashing upon arrival.

Facilities shall have adequate supplies to support healthy hygiene behaviors, including soap, hand-sanitizer with at least 60 percent alcohol (for staff and all individuals who can safely use hand sanitizer), paper towels and tissues. Supplies must be secured at each location to prevent accidental ingestion. When physical assistance is required from staff for a child or youth’s individual personal care needs, proper PPE (surgical mask, gloves, gown, etc.) must be worn. This PPE shall be changed after caring for an individual’s personal needs, such as toileting. PPE shall also be changed between working with different children and youth needing personal care assistance.

2 [https://www.cdc.gov/handwashing/index.html](https://www.cdc.gov/handwashing/index.html)
3 [https://www.cdc.gov/healthywater/hygiene/etiquette/coughing_sneezing.html](https://www.cdc.gov/healthywater/hygiene/etiquette/coughing_sneezing.html)
Special care should be taken when changing incontinence briefs as COVID-19 may be present in fecal matter⁴. Staff shall change the child or youth’s clothes when soiled. Any contaminated clothes should be placed in a plastic bag immediately or washed in a washing machine. Areas and equipment used during assistance with personal care needs shall be cleaned and sanitized after each use.

**Total Number of Individuals Served, Group Sizes and Social Distancing**

Excluding staff, the total number of individuals on site at one time at a DCF funded group respite program shall not exceed 25% of the established Certificate of Occupancy for a location or the number of individuals who can be served while maintaining social distancing (six feet apart) at all times, whichever is less. Group respite providers shall ensure that if participants on community outings return to the facility in the event of inclement weather this change in program operation will not negatively impact the ability to maintain the aforementioned social distancing.

When determining the composition of groups, several factors must be considered. Overall compatibility and underlying medical issues are very important. In addition, individuals who share the below characteristics shall be grouped together when realistic:

- Individuals who reside together;
- Individuals who do not reside together but spend time with each other outside of the group respite program;
- Individuals who reside in the same geographic area.

Group sizes shall be 15 or less and include the same individuals each day. The same staff shall be assigned to care for the same group each day. Group size, composition and assigned staff shall be consistent no matter the activity occurring or the location where the activity is taking place (i.e., within the facility or in the community). A daily record of group participants shall be maintained in the event it is needed for contact tracing. The record shall document all program participants in a group and the staff who worked with them each day.

Groups shall have designated areas that are separated within the facility by walls or other physical partitions. Total number of groups/individuals allowed in the facility on a given day and time shall be determined based on state guidance regarding capacity for indoor venues and the results of the Facility Readiness Tool.

This guidance recognizes that some youth may not understand the importance of social distancing (being at least six feet apart) from those who they do not live with. However, youth should be encouraged to socially distance to the greatest extent practicable to lessen COVID-19 exposure risk. Groups shall socially distance from other groups. Within each established group, individuals who do not live together shall be encouraged to socially distance and wear face coverings.

Use of shared spaces (entry ways, restrooms) shall be carefully controlled to ensure social distancing occurs at all times. Floor markings, physical partitions or other safeguards shall be used. Non-essential shared spaces such as game rooms or dining areas should be closed.

Simultaneous use of outdoor activity space is permissible if social distancing can be maintained between groups. Facilities are encouraged to partition available space to allow for increased outdoor activities. Individuals and staff must wash their hands upon returning to the facility.

**Food, Supplies and Personal Belongings**

Communal sharing of food such as hot buffet/cafeteria lines and family style meals are not permitted. As such, the provider should encourage parents and guardians to provide youth with their own lunch or snacks to bring to the program. Children and youth shall remain in their cohorted groups for meals and snacks. Meals and snacks shall be taken in the area where groups are regularly situated to avoid congregating in large groups whenever possible. The use of personal or

disposable plates, cups and utensils is required.

When staff are handling food, gloves must be worn and there should not be contact with food surfaces. If meals or snacks must be consumed in a dedicated lunchroom: mealtimes must be staggered; tables must be arranged to ensure that there is at least six feet of space between groups and people within groups who do not live together can socially distance; and tables are to be cleaned between groups. The provider must ensure proper supervision during meals is provided.

Sharing of supplies and other items must be strictly limited. Facilities shall ensure adequate activity supplies to preclude the need for sharing of items. If items must be shared, they shall be used by one group at a time and cleaned and disinfected between uses. Individual belongings shall be kept separate in individual storage bins/cubbies and sent home each day for washing.

**Transportation**

It is recommended that transportation to and from group respite services setting be provided by families, guardians, or caretakers for individuals living in their own/family home until/unless the school transportation provider or group respite services provider is able to meet social distancing standards within program vehicles.

When transportation by the group respite services provider is provided, individuals shall be screened for fever and symptoms of COVID-19 prior to entry onto the vehicle. The driver can deny transportation to a day program if the individual is demonstrating symptoms or otherwise is identified as presenting a COVID risk.

The provider will make every effort to provide transportation based on the small groups of youth that have been organized. The number of individuals within the vehicle shall be limited in order to maintain social distancing (e.g. one rider per seat in every other row). When feasible, partitions may be installed between riders in order to minimize risk – particularly for youth who cannot tolerate face coverings that cover the nose and mouth.

Procedures shall be implemented to prevent crowding at pick up and drop off, including staggering these times. Modifications for inclement weather shall be implemented when necessary. Group respite programs shall prohibit entry into the facility of those picking up youth. The program staff shall escort youth out of the building to their transportation.

Commonly touched surfaces in program vehicles shall be cleaned and disinfected at the end of each run and the entire vehicle thoroughly cleaned after each round of pick up and drop off, especially after the last use of the day. Drivers will wear face coverings that cover the nose and mouth at all times and follow CDC hygiene guidelines – social distancing, hand washing, etc.

**Visitation**

Visitation in the group respite facility shall be strictly limited during operating hours with the exception of emergency medical services, law enforcement personnel acting in their official capacity, or personnel from the Department of Children and Families. With the exception of an emergency medical services or law enforcement as described above, all visitors shall be required to undergo screening prior to entry and will be required to wear a cloth face covering that covers the nose and mouth and maintain proper social distancing at all times.

Routine or annual meetings shall take place virtually until advised otherwise. Persons providing maintenance or repair services, prospective admissions, prospective employees, speakers, and third-party therapists or service providers shall be required to visit or service the facility outside of program operating hours.

**Activities**

Activities that are likely to bring individuals into close contact shall not occur. For example, games and sports involving direct physical contact or shared equipment should be replaced with no contact activities or sports. Group composition,
size and staffing will comply with the **Total Number of Individuals Served, Group Sizes and Social Distancing** section of this document.

Community outings and other off-site activities may occur with parent and guardian approval, as long as the designated venue has been **cleared to open by the New Jersey Department of Health** and that venue’s COVID-19 requirements are met. CDC guidelines related to social distancing shall be maintained. Face coverings may be required depending on the community venue as per Executive Order 163\(^5\) (or more current Executive Order). This will impact an individual’s participation if they do not tolerate or are otherwise unable to wear a face covering. Documentation of outings must be maintained by the provider and available for review which shall include: date of outing; name(s) of individual(s) attending; name(s) of staff attending; name and address of venue; and the arrival and departure time.

**Enhanced Cleaning and Sanitation Procedures**

Facilities shall increase the frequency of cleaning and disinfecting equipment and surfaces, especially doorknobs, light switches, countertops, and restrooms during operating hours. Alcohol wipes should be used to clean keyboards and electronics. Frequent hand washing should be encouraged. Facilities shall clean, sanitize, and disinfect frequently touched surfaces as well as and shared objects multiple times per day and between use. If groups of youth are moving from one area to another in shifts, cleaning measures must be completed prior to the new group entering the area.

Complete cleaning shall occur at end of each day. Cleaning shall be in accordance with the CDC’s Guidance for Cleaning & Disinfecting Public Spaces, Workplaces, Businesses, Schools and Homes using Environmental Protection Agency (EPA) approved disinfectants for use against COVID-19.

Items that individuals 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 approved disinfectant and air-dry or clean in a mechanical dishwasher. Some individuals may mouth objects; these objects typically belong to him/her and stay with them if that is the case.

Facilities 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.

For additional guidance on the cleaning and disinfection of rooms or areas that those with suspected or confirmed COVID-19 have visited, please review the CDC Guidelines for Cleaning and Disinfection for Community Facilities.

**Response Procedures for COVID-19 Symptoms or Exposure**

If a youth or staff member develops symptoms of COVID-19 at the facility (e.g. fever of 100.4, 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, sneezing, nausea or vomiting, diarrhea), immediately separate them from the others until they can leave the facility. If symptoms are felt to be immediately life threatening, the program staff shall call 911.

The program shall contact the symptomatic youth’s parent or guardian and arrange for their transport home. The staff waiting with the youth shall wear their face masks. Social distancing shall be maintained as practical. The parent or guardian picking the youth up should be advised to contact a healthcare professional and have them evaluated for COVID-19. If the youth presented with a fever of over 100.4 and other symptoms of COVID-19 the facility will require a negative test for COVID-19 and doctor’s note attesting that there is an alternative diagnosis for COVID-19 before their return. Alternatively, the youth may return after at least 10 days have passed and at least 1 day since fever has resolved. Advise them to inform the facility immediately if the person tests positive for COVID-19.

Facilities shall immediately notify their local health department of any confirmed or suspected cases of COVID-19 occurring

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in a group respite program. Facilities shall also cooperate with their local health department related to any contact tracing that may be needed. After that notification, confirmed cases of COVID-19 must also be reported to DCF as required by Administrative Order 2:05 through established DCF Unusual Incident Reporting Procedures.

All rooms and equipment used by potentially infected person(s) shall be cleaned and disinfected in accordance with CDC guidance. Facilities uncertain about the extent of potential exposure shall clean and sanitize all rooms.

**Individual or Staff Members Who Test Positive for COVID-19**
Facilities that become aware of a COVID-19 positive case at their facility shall contact their local health department for guidance. Facilities shall also cooperate with their local health department related to any contact tracing that may be needed.

Local health officials will provide direction on whether a center should cease operations following the identification of a positive case in the facility. The duration may be dependent on staffing levels, outbreak levels in the community and severity of illness in the infected individual. Symptom-free youth and staff should not attend or work at another facility during the closure unless cleared to do so by the local health department.

The group respite program shall immediately inform parents, guardians, and staff if they have been in close contact (within six feet for 10 minutes or more) with a person who has tested positive for COVID-19 while attending the group respite program.

All rooms and equipment used by infected person(s) shall be cleaned and disinfected in accordance with CDC guidance. Facilities uncertain about the extent of potential exposure shall clean and sanitize all rooms.

**Returning to Program After COVID-19 Diagnosis or Exposure**
If a staff member or youth tests positive for or exposure to COVID-19 has been confirmed by a healthcare professional, they cannot return until the criteria for lifting transmission based precautions and home isolation have been met and they have been cleared to end isolation by a healthcare professional. The facility shall require a doctor’s note before re-admission.

**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

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