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## Guidance for New Jersey Child Care Facilities

March 25, 2020

The following procedures are required of all emergency child care centers permitted to continue operating by the Department of Children and Families under authority granted in Executive Order #110, issued March 25, 2020. These requirements are imposed in conjunction with other applicable requirements imposed in law or regulation, or in the rare event that these requirements are in conflict with other law or regulation, the more stringent requirement shall be enforced.

### General Guidance

1. **Centers must exclude children, staff, parents and guardians from sites if they:**
  - Are showing symptoms consistent with COVID-19, such as fever, cough or shortness of breath. Please refer to the [New Jersey Department of Health COVID-19 Guidance for Child Care and K-12 Schools](#) for specific exclusion guidance. or
  - Have been in contact with someone with COVID-19 in 14 days.

2. **Health Screening at Entry**

Children and staff must be screened for COVID-19 symptoms prior to entering or being admitted to the center each day.

- Daily temperature and symptom checks of staff and children should be done upon entry.
- Ask if medications were used to lower the child's temperature

Children or staff who respond affirmatively when asked about the following shall not be admitted to the center:

- If they have been in close contact (within 6 feet for 10 minutes or more) with anyone diagnosed with COVID-19 in the past 14 days; or
- If anyone in their household has symptoms of respiratory illness (e.g. fever, cough, shortness of breath).

### 3. Implement Social Distancing Strategies

Though complete social distancing is difficult to achieve in a childcare environment because child care staff will be in close contact with children, centers are required to implement strategies to minimize chances of viral transmission. These shall include, at a minimum:

- **Eliminate large group activities:** No field trips, assemblies, large meetings, and performances.
- **Cancel or modify activities where children are likely to be in close contact:** For example, modify physical education activities to reduce contact between children, avoid large gatherings or mixing of classes for music lessons.
- **Reduce group size:** Reduce group sizes to no larger than 10 people total, including children and adults. Keep groups together throughout the day; do not combine groups (e.g., on the playground, at opening and closing). As feasible, maintain the same groups from day to day.
- **Maximize space between people:** To maximize space between people in a group, limit rooms to 10 people total in typical child care facilities. Large rooms can be divided into two rooms. When dividing a room, create a clear barrier (e.g., with cones, chairs, or tables) to ensure a minimum of 6 feet between the two groups. Aim to keep three to six feet between individual children and minimize the amount of time children are in close contact with each other. For example, increase the distance between children during table work and limit the amount of time children spend standing in line.
- **Limit item sharing:** if items are being shared, remind children not to touch their faces and to wash their hands after using items. Limit or eliminate use of water or sensory tables and wash hands immediately after any use of these tools. Only share items and toys that can be cleaned and sanitized.
- **Limit non-essential visitors:** Limit the presence of volunteers for classroom activities, parent readers, etc.
- **Teach staff, children, and their families to maintain distance from each other while at the facility:** Educate staff, children and families about why social distancing is important.

### 4. Drop-off and Pick-up

- Do not combine groups in the morning or afternoon.
- Stagger drop-off and pick-up times for each small group to avoid a large number of people congregating outside the facility or in front of the facility.
- Children and staff must wash hands upon arrival, and wash hands or use hand sanitizer before and after signing in and out. No pen should be shared. Parents should use their own pen when signing in. If check-in is electronic, provide alcohol wipes and frequently clean the screens or keyboards.
- Parents should drop off children at the front door, limiting adult entry into the facility. Staff should meet children as they are dropped off.

### 5. Outside Play

- Offer outdoor play in staggered shifts.
- If multiple groups are outside at the same time, they should have a minimum of six feet of open space between outdoor play areas or visit these areas in shifts so that

they are not congregating. Children and staff should always wash hands immediately after outdoor play time.

#### **6. Meals and Snack Time**

- Follow existing food safety practices as required in N.J.A.C. 8:24, Retail food regulations (good food safety practices.)
- Meals and snacks shall be provided in the classroom to avoid congregating in large groups.
- If meals must be provided in a lunch room, stagger meal times, arrange tables to ensure that there is at least six feet of space between groups, and clean tables between lunch shifts.
- Eliminate family-style meals.
- Ensure 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.
- Ensure staff and children wash hands before and after meal/snack time.
- Staff should clean and sanitize table(s) before and after each use by groups.

#### **7. Managing Air Flow**

- Ensure that HVAC systems continue to be maintained as required by the Indoor Air Quality Standard.
- Incorporate additional outside time and open windows frequently.
- Adjust the HVAC system to allow for more fresh air to enter the facility.

#### **8. Hygiene Practices**

- Practice frequent hand washing with soap and water for at least 20 seconds, and require handwashing 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. Help young children to ensure they are doing it effectively.
- If soap and water are not readily available, use an alcohol-based hand sanitizer with at least 60% alcohol.
- Advise children, families, and staff to avoid touching their eyes, nose, and mouth with unwashed hands.
- Cover coughs or sneezes with a tissue, then throw the tissue in the trash and clean hands with soap and water.
- Provide adequate supplies for good hygiene including clean and functional handwashing stations, soap, paper towels, alcohol-based hand sanitizers, and lined trash cans.

#### **9. Transportation**

Those providing transportation to child care facilities should maximize space between riders (e.g. one rider per seat in every other row). Keeping windows open might help to reduce virus transmission.

### **What to do if children, staff, or parents develop COVID-19 or symptoms**

Staff or children with a fever of 100.4 F or higher, cough, or shortness of breath should be excluded from emergency child care centers and stay away from others. Children with

household members who are known to have COVID-19 should also be excluded from the centers.

#### **Children or staff members who develop symptoms of COVID-19 while at the facility**

- If a child or staff member develops symptoms of COVID-19 while at the facility (e.g. fever of 100.4 or higher, cough, shortness of breath), immediately separate the person from the well people until the ill person can leave the facility. If the child has symptoms of COVID-19 (e.g. fever, cough, shortness of breath), the caregiver waiting with the child should remain as far away as safely possible from the child (preferably, 6 feet).
- If symptoms persist or worsen, they should call their 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.

#### **Children or staff members who test positive for COVID-19**

- If facility learns of a COVID positive case in their facility they should contact their local health department for guidance. See [www.localhealth.nj.gov](http://www.localhealth.nj.gov) for contact information.
- Facilities experiencing a confirmed case of COVID-19 among their population should consider closing at least temporarily (e.g., for 14 days - or longer if advised by health officials). 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.

#### **Short-term visitors to the facility with confirmed or suspected COVID-19**

- If the infected individual with confirmed or suspected COVID-19 spent minimal time (i.e. 10 minutes or less) in close contact with those in the emergency child care center, the center must consult and work with the local health department to determine the appropriate course of action, which may include closure or exclusion.

#### **Returning to an emergency child care center after suspected COVID-19 symptoms**

If a staff member or child has symptoms of COVID-19 or is a close contact of someone with COVID-19, they can return to the child care facility if the following conditions are met:

- If the individual has a fever, cough, or shortness of breath and has not been around anyone who has been diagnosed with COVID-19, they should stay home and away from others until 72 hours after the fever is gone and symptoms get better. If the person's symptoms worsen, they should contact their healthcare provider to determine if they should be tested for COVID-19.
- If an individual is diagnosed with COVID-19, they must remain out of the facility for a minimum of 7 days after the onset of first symptoms. They may return under the following conditions:
  - If the individual had a fever: 3 days after the fever ends AND there is an improvement in initial symptoms (e.g. cough, shortness of breath);
  - If the individual did not have a fever: 3 days after there is an improvement in initial symptoms (e.g. cough, shortness of breath); OR 7 days after symptom
  - Individuals diagnosed with COVID-19 should remain home from work or school and avoid contact with others until at least 3 days (72 hours) have passed since recovery (defined as resolution of fever without the use of fever-reducing medications) and improvement in respiratory symptoms (e.g., cough, shortness of breath); **AND** at least 7 days have passed since symptoms first appeared.

- If an individual believes they have had close contact to someone with COVID-19 but are not currently sick, they should monitor their health for fever, cough, and shortness of breath during the 14 days after the last day they were in close contact with the sick person with COVID-19. They should not go to work or child care and should avoid public places for 14 days.

### **Cleaning and disinfecting procedures**

- *Cleaning* refers to the removal of dirt and impurities, including germs, from surfaces. Cleaning alone does not kill germs. But by removing the germs, it decreases their number and therefore any risk of spreading infection.
- *Disinfecting* works by using chemicals to kill germs on surfaces after an object has been cleaned. Killing germs that remain on surfaces after cleaning further reduces any risk of spreading infection. Attempting to disinfect without first cleaning an object will reduce the disinfectant's effectiveness and potentially leave more germs on the object.

### **Cleaning**

Increase the frequency with which you clean toys, equipment, and surfaces, especially doorknobs, light switches, countertops, and restrooms. Use alcohol wipes to clean keyboards and electronics and wash hands after use. Minimize the potential for the spread of germs in the facility by temporarily removing toys that are not easily cleanable (such as stuffed animals, play dough, and pillows) and rotate the toys that are out at any one time so that they can be adequately cleaned and sanitized. 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.

Follow regular cleaning protocols and use an [EPA-registered disinfectant](https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2) that is active against SARS-CoV-2. <https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>

### **Disinfecting**

On a daily basis, clean and then disinfect surfaces and objects that are touched often. This includes restrooms, water coolers, desks, countertops, doorknobs, computer keyboards, hands-on learning items, faucet handles, phones and toys. If available in your facility, custodians should disinfect as they are trained to use disinfectants in a safe and effective manner and to clean up potentially infectious materials and body fluid spills – blood, vomit, feces, and urine. Surfaces must be thoroughly cleaned to remove all organic matter before a disinfectant is applied for the required time. No disinfectant works with organic matter.

### **Buses**

Open the windows after runs and let the buses thoroughly air out. Buses should be cleaned with a third party certified fragrance-free green cleaner and microfiber cloths. Handrails can then be disinfected with an EPA approved disinfectant. Windows need to be kept open to prevent buildup of chemicals that will cause eye and respiratory problems.

### **Playgrounds**

Playground equipment would be considered a high touch area and as such should be cleaned on a routine basis and cleaned more frequently during an outbreak situation.

### **“Deep” Cleaning**

This usually refers to extra cleaning, dusting and HEPA vacuuming to remove particulates and address asthma issues. In the context of infection control it may mean cleaning surfaces with soap and water and then appropriately using disinfectants on high-touch surfaces. When done, it is especially important to use proper PPE, good ventilation, and thoroughly air out the facility before children and other staff return.

### **Cleaning and Disinfecting after a Suspected or Confirmed COVID-19 Case**

For additional guidance on the cleaning and disinfection of rooms or areas that those with suspected or confirmed COVID-19 have visited, please see the Centers for Disease Control and Prevention’s Coronavirus Disease 2019 [Environmental Cleaning and Disinfection Recommendations](#).

### **Additional Resources**

The Centers for Disease Control and Prevention’s Interim Guidance for Administrators of U.S. K-12 Schools and Childcare Program: Plan, Prepare and Respond to Coronavirus Disease 2019: <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-schools.html>

The Centers for Disease Control and Prevention’s Coronavirus Disease 2019: Environmental Cleaning and Disinfection Recommendations: <https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/cleaning-disinfection.html>

New Jersey Department of Health: <https://www.nj.gov/health/cd/topics/ncov.shtml>  
<https://www.nj.gov/health/cd/topics/schoolhealth.shtml>