

## New Jersey Department of Health COVID-19 Guidance for Reopening Childcare

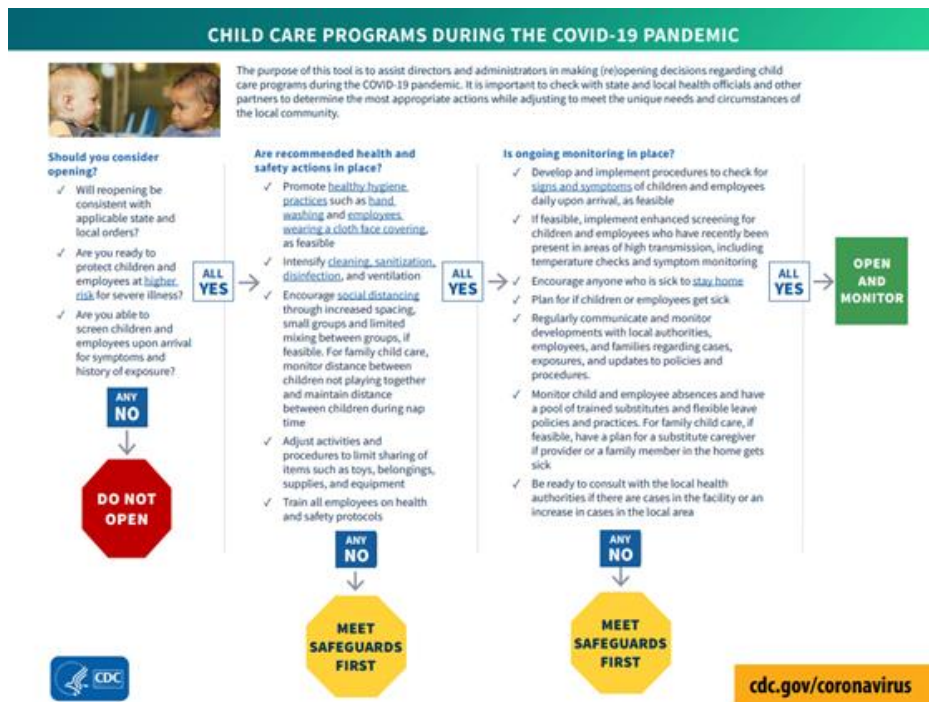
July 20, 2020

Effective June 15, 2020, pursuant to Executive [Order No. 149](#) 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](#) frequently for updated guidance.

Reopening childcare requires everyone to move forward together by practicing social distancing, wearing face coverings, and performing everyday preventive actions to reduce the spread of respiratory illness. Everyone also has a role in making sure our communities are as safe as possible to reopen and remain open.

As facilities resume operations, they should consider how best to structure services to minimize risk to staff and children in line with the DCF guidelines. CDC offers decision tools to help [Schools](#) and [Childcare](#) in making decisions regarding re-opening of schools, childcare and other programs.

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.





## 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.

## CDC's Guiding Principles to Keep in Mind

*The more people a student or staff member interacts with, and the longer that interaction, the higher the risk of COVID-19 spread. The risk of COVID-19 spread increases in school settings as follows:*

**Lowest Risk:** *Students and teachers engage in virtual-only classes, activities, and events.*

**More Risk:** *Small, in-person classes, activities, and events. Groups of students stay together and with the same teacher throughout/across school days and groups do not mix. Students remain at least 6 feet apart and do not share objects (e.g., hybrid virtual and in-person class structures, or staggered/rotated scheduling to accommodate smaller class sizes).*

**Highest Risk:** *Full sized, in-person classes, activities, and events. Students are not spaced apart, share classroom materials or supplies, and mix between classes and activities.*

## Prepare for Reopening

- 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.

## 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 mask, facial tissues, and alcohol-based hand rub.
- 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.

### *When Illness Occurs*

**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 fever, cough, or difficulty breathing should be placed away from others and asked to wear a face mask until they can be sent home.

- Whenever possible, cover children’s (age 2 and older) noses and mouths with a mask or cloth face covering.
- If a mask is not tolerated by the child, staff should use a face covering and follow social distancing guidelines (6 ft. away).
- Individuals should be sent home and advised to follow [What to Do If You Are Sick](#).
- When an individual tests positive for COVID-19, the facility should immediately notify local health officials, staff and families of a possible or confirmed case while maintaining confidentiality.
- Facilities 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;
  - How long their interactions were with other persons in the building;
  - If other persons in the childcare program have developed any symptoms; and
  - Any other information to assist with the determination of next steps.

### *Individuals with Suspected or Confirmed COVID-19:*

- Signs and symptoms of COVID-19 in children may be similar to those for common viral respiratory infections or other childhood illnesses.
- 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 symptoms to severe illness.
  - Symptoms may appear 2-14 days after exposure to the virus. Individuals with these symptoms may have COVID-19:
    - 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, or diarrhea.
    - This list does not include all possible symptoms. CDC will continue to update this list as more is learned about COVID-19.
- Individuals (e.g., children, care providers, or staff) who have any symptom(s) consistent with COVID-19, should be sent home or denied entry and referred to a healthcare provider for evaluation on whether testing is needed.
- Children and staff who are COVID-19 **positive** or who have symptoms consistent with COVID-19 and have **not had a medical evaluation or COVID-19 test** must not return until they have met the criteria for discontinuing home isolation (see table below).
  - Individuals with an alternate diagnosis that would explain the reason for their symptom(s) should:
    - Stay home and follow the [NJDOH School Exclusion List](#) for the diagnosed illness.
    - If symptoms related to an alternate diagnosis change or worsen, the individual should consult a healthcare provider to determine next steps.
  - The other individuals of the small group/cohort of the symptomatic person should also be sent home. These contacts should be instructed to quarantine and may return:
    - If **the ill person tests positive** - after 14 days from the last exposure and no symptoms develop.
    - After the ill person has an alternate diagnosis that would explain the symptoms.
    - After the ill person tests negative.

<p>Individuals who have <b>symptoms of COVID-19</b> <b>AND</b></p> <ul style="list-style-type: none"> <li>• <b>have tested positive</b> (by PCR, rapid molecular or antigen testing) <b>OR</b></li> <li>• <b>have not been tested</b> (i.e. monitoring for symptoms at home) should stay home and away from others until:</li> </ul>	<ul style="list-style-type: none"> <li>• At least 10 days have passed since their symptoms first appeared <b>AND</b></li> <li>• They have had no fever for at least 24 hours (one full day without the use of medicine that reduces fever) <b>AND</b></li> <li>• Symptoms have improved (e.g. cough, shortness of breath)</li> </ul>
<p>Individuals who have <b>NO symptoms and have tested positive</b> should stay home and away from others until:</p>	<ul style="list-style-type: none"> <li>• 10 days have passed from the collection date of their positive COVID-19 diagnostic test <b>AND</b> they have not developed symptoms.</li> </ul>

<p>Individuals who <b>have symptoms and have tested negative</b> should stay home and away from others until:</p>	<ul style="list-style-type: none"> <li>• 24 hours after their fever has ended without the use of fever reducing medications and other symptoms improve.</li> </ul>
<p>Individuals who are identified as a <b>close contact*</b> of a confirmed case should:</p>	<ul style="list-style-type: none"> <li>• Self-quarantine and monitor for symptoms for 14 days from the last date of exposure with the confirmed case, even if contact tested negative.</li> </ul>

**\*Close contact is defined as being within 6 feet for at least a period of 10 minutes.**

- 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 must be quarantined in their homes for 14 days.
  - Public health, parents/guardians, and staff facility-wide should be informed of the situation.
  - The CDC guidance for cleaning and disinfection should be followed.
- 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, then all childcare operations within the facility need to be suspended (see Closure section).
- **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.

### **Outbreaks**

Two or more laboratory confirmed<sup>1</sup> COVID-19 cases among students/attendees or staff with onsets<sup>2</sup> within a 14-day period, who are epidemiologically linked<sup>3</sup>, do not share a household, and were not identified during standard case investigation to be close contacts of each other in another setting.

<sup>1</sup> Detection of SARS-CoV-2 in a clinical specimen using diagnostic test (e.g., detection of RNA by a molecular amplification test, or detection of viral proteins by antigen tests).

<sup>2</sup> If onset date is unknown or case-patient is asymptomatic, specimen collection date should be used.

<sup>3</sup> Health departments should verify that cases were present in the same setting during the same time period (e.g., same classroom, school event, school-based extracurricular activity, or school transportation); that the timing fits with likely timing of exposure; and that there is no other more likely source of exposure for identified cases (e.g., household or close contact to a confirmed case outside of educational setting) within the 14 days prior to onset date (if symptomatic) or specimen collection date (if asymptomatic or onset date is unknown).

## Contact Tracing

School staff should help administration 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.

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 facility 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.
  - Facilities should follow CDC guidance on how to disinfect your building or facility if someone is sick.
    - 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 before you clean or disinfect to allow respiratory droplets to settle before cleaning and disinfecting.
      - 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 7 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.
- Facilities 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**

- 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 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](#)