



COVID-19 Public Health Recommendations for K-12 Schools, Childcare and Youth Camps

Updated July 6, 2022

This guidance is based on what is currently known about the transmission and severity of COVID-19 and is subject to change as additional information becomes available. These recommendations pertain to youth camps, early care and education (ECE) programs, childcare, preschools, and K-12 schools. For this document these are collectively described as “schools/ECE.”

Schools/ECE should put in place a core set of infectious disease prevention strategies as part of their normal operations. The addition and layering of COVID-19-specific prevention strategies should be tied to the Centers for Disease Control and Prevention’s (CDC’s) [COVID-19 Community Levels](#). The following recommendations should be used by local health departments (LHDs) to aid schools/ECE in developing a layered prevention strategy to help prevent the spread of COVID-19. Information specific for overnight camps can be found on CDC’s [Frequently Asked Questions for Directors of Overnight Camps](#) page.

Many of the layered prevention strategies described in this document not only protect against COVID-19 spread but can also help prevent the spread of other infectious diseases, such as influenza (flu), respiratory syncytial virus (RSV), and norovirus, thus supporting a healthy learning environment for all. Based on the current phase of the pandemic, available data, and existing prevention measures, the [CDC’s School and ECE guidance](#) focuses on layering prevention strategies. Schools/ECE should implement as many layers as feasible, although the absence of one or more of the strategies outlined in this document does not preclude the opening or reopening of a school facility for full-day in-person operation with all enrolled students and staff present.

To support and prioritize uninterrupted, full-time, in-person learning and care, NJDOH has moved from an individual case-based response strategy to a transmission mitigation strategy, where the risk of the whole school community, including the risk of interruptions to learning, is considered. Vaccinations, including booster doses for those eligible, remain the best defense against COVID-19. Testing (e.g., [Test to Stay](#)) programs may be used for unvaccinated asymptomatic K-12/ECE students as an alternative to exclusion from school.

Schools/ECE may transition away from a case-investigation response model to a routine disease control model in schools/ECE. This model focuses more on response to clusters of cases, outbreaks, and evidence of ongoing transmission in schools/ECE, and less on individual case investigation and contact tracing. A routine disease control model for COVID-19 more closely aligns NJDOH’s COVID-19 mitigation efforts with public health response strategies used for other infectious diseases in schools/ECE.

Schools/ECE should continue to implement the following COVID-19 prevention and control strategies:

- Encourage students and staff to stay [up to date](#) with vaccination.
- Maintain school policies for reporting positive test results, illness, and household exposures.
- Enforce [isolation](#) and exclusion for those who are symptomatic or have tested positive for COVID-19 and [other illnesses](#). Continue to exclude students and staff who should [quarantine](#) following household exposures.

- Provide information to parents, students, and staff on prevention strategies including testing and masking following illness and exposure.
- Support mask use by students and staff who choose to mask.
- Implement control measures recommended by LHDs in response to clusters of cases (including increases in respiratory illness) and confirmed outbreaks.
- Comply with the vaccination and testing requirements for staff required by Executive Order Nos. [253](#) and [264](#) (2021).
- Continue to report outbreaks and suspect outbreaks immediately to LHDs.
- Follow NJDOH [reporting requirements](#) for reportable diseases.

Large outbreaks or important circulating variants may necessitate more stringent disease control strategies.

Vaccinations

Vaccination, including booster shots, remains the most critical strategy to protect students and staff and reduce interruptions in learning and care. Everyone who is eligible should be vaccinated and receive all recommended doses. Staying up to date on routine vaccinations is essential in preventing illness from many other infections. Schools/ECE are encouraged to speak with their LHD about vaccine access.

CDC recommends that people remain [up to date](#) with their vaccines, which includes [additional doses](#) for individuals who are immunocompromised and [booster doses](#) at regular time points.

For the purpose of this document, “up to date” with vaccination means being fully vaccinated against SARS-CoV-2 **AND** having received all recommended additional doses, including booster doses when eligible. “Fully vaccinated” means being at least two weeks past completion of a primary vaccination series.

Schools/ECE should have a mechanism in place to track vaccination status (including boosters) of students and staff. Vaccination status is needed to determine if quarantine is indicated following a COVID-19 exposure. If schools/ECE are unable to determine the vaccination status of individual students or staff, those individuals should be considered not up to date.

Testing

When schools/ECE implement testing combined with key mitigation strategies, they can detect new cases to prevent outbreaks, reduce the risk of further transmission, and protect students, teachers, and staff from COVID-19. This guidance can also assist districts as they craft policies for compliance with staff testing as required by [EO 253](#).

In some schools/ECE, school-based healthcare professionals (e.g., school nurses) may perform SARS-CoV-2 antigen testing if they are trained in specimen collection, conducting the test per manufacturer’s instructions, and have obtained a Clinical Laboratory Improvement Amendments (CLIA) certificate of waiver. School-based healthcare professionals may also be able to perform specimen collection to send to a lab for testing, if trained in specimen collection, without having a CLIA certificate. It is important that school-based healthcare professionals have access to, and training on the proper use of [personal protective equipment \(PPE\)](#) when collecting specimens.

All laboratories performing COVID-19 testing are required to report all COVID-19 laboratory test results, both positive and negative, electronically to NJDOH. Laboratories are required to report test results into the NJDOH Communicable Disease Reporting and Surveillance System (CDRSS). Access to CDRSS requires the completion of training available on the [CDRSS home page](#). Healthcare providers performing point of care (POC) testing, including in K-12 schools, are required to report positive COVID-19 antigen results electronically to NJDOH. Healthcare providers can report into CDRSS or through [SimpleReport](#). Refer to [Guidance for Schools on COVID-19 Reporting Requirements, Reporting Point of Care \(POC\) COVID-19 Test Results, and Screening Testing Program](#). Although reporting negative POC antigen results to NJDOH is no longer required, schools performing screening or other testing for covered entities consistent with Executive Order Nos. 252, 253, and 264 and Executive Directive No. 21-011 may require them, including those from home-based tests.

[Testing in Lieu of Exclusion:](#)

Schools/ECE are strongly encouraged to implement a [Test to Stay \(TTS\)](#) program, which minimizes transmission risk to other students and staff while minimizing exclusion from school. TTS allows asymptomatic students who meet the criteria for [quarantine](#) – i.e., have been exposed to a person with COVID-19 and are not up to date with vaccination and have not had confirmed COVID-19 within the last 90 days - to continue to attend school in-person with testing and additional precautions.

Schools/ECE following the TTS program would allow asymptomatic members of an exposed cohort (class, grade, team, etc.) who would otherwise be excluded to stay in school so long as they mask and test with rapid viral testing immediately upon notification (within 24 hours) and again on or after day 5. Similar to recommendations for anyone having a COVID-19 exposure, masking should be maintained for 10 days.

[Diagnostic Testing:](#)

At all [COVID-19 community levels](#), NJDOH recommends that schools/ECE work with their LHDs to identify rapid viral testing options in their community where they can refer ill or exposed students and staff. Access to rapid COVID-19 testing can reduce unnecessary exclusion of ill persons and their contacts and disruptions to the educational process.

[K-12 Screening testing:](#)

K-12 schools should use screening testing as a strategy to identify asymptomatic cases with no known COVID-19 exposure and quickly exclude them from school to prevent transmission to other students and staff. Further information on how schools can implement a screening testing program is available in [NJDOH screening testing guidelines](#). The US Department of Health and Human Services (HHS) and CDC have made available a [grant program](#) to assist K-12 schools with implementing screening testing. Participation in this program is voluntary but strongly encouraged. K-12 schools interested in participating in this program can obtain additional information by emailing COVID.schooltesting@doh.nj.gov.

Developing and implementing a screening testing strategy is particularly important during periods of high [COVID-19 community levels](#) when physical space limitations prevent the implementation of maximal social distancing practices. Testing strategies in K-12 schools should be developed in consultation with LHDs.

In addition to reporting individual test results to public health authorities, K-12 schools must report aggregate screening testing results, including the number of tests performed, directly to NJDOH through the Surveillance for Influenza and COVID-19 (SIC) Module in [CDRSS](#). This includes K-12 schools participating in the NJDOH grant funded screening testing program and those included as “covered settings” in [NJDOH Executive Directive 21-011](#). Registration and training for reporting screening testing data can be found at <https://cdrs.doh.state.nj.us/cdrss/common/cdrssTrainingNotes>.

[Home-based testing:](#)

Home-based COVID-19 tests are widely available. While all involve self-collection of specimens, some test kits require a prescription and others are over the counter (OTC). Some collections and/or testing are observed by a telehealth provider, some involve unobserved self-collection but are sent to a laboratory for processing, and others use self-collection and self-testing without any involvement of a healthcare provider. Some home-based tests have been authorized by FDA for screening purposes, others for diagnostic testing. At-home antigen tests have **not** been authorized by the FDA for use in children under 2 years of age. Information on home-based testing is available at https://www.state.nj.us/health/cd/documents/topics/NCOV/COVID_home_tests.pdf.

Masks

Masking continues to be an important part of the layered prevention strategies central to the prevention of SARS-CoV-2 transmission and is recommended by CDC for all individuals (age 2 years and older), including in schools/ECE when COVID-19 community levels are high. School and ECE administrators should be prepared for the emergence of new variants or substantial waning immunity that could result in greater morbidity, mortality, and disruption, and require returning to additional mitigation measures.

Individuals (including parents/guardians) should make decisions to mask even when school/ECE policies may not require masking based on their specific situation (e.g., if they or their family members are immunocompromised or at high risk of severe illness from COVID-19).

NJDOH recommends that schools/ECE require masks in the following circumstances:

- **During periods of elevated community transmission** – when [COVID-19 Community Levels](#) are high, NJDOH recommends universal masking for all students and staff, especially if there is difficulty incorporating other layered prevention strategies (e.g., adequate ventilation, adequate spacing of students).
- **During an active outbreak** – during an outbreak or a general increase in cases, schools/ECE should consult with their LHD as to whether short-term universal masking or masking in affected classrooms should be required to control the outbreak/increase in cases.
- **After returning from isolation** – students and staff who return to school during days 6-10 of isolation should be required to mask.
- **After a COVID-19 exposure** - exposed individuals, including those not needing to quarantine, should wear a well-fitting mask for 10 days from last exposure.
- **When illness occurs in school/ECE** – students or staff who become ill with symptoms consistent with COVID-19 while in school or care should wear a mask until they leave the premises.

- **During Test to Stay** - students participating in Test to Stay should mask.
- **On school transportation** - schools/ECE should implement a masking policy on school transportation when COVID-19 community levels are high.
 - Individuals who are required to wear masks in school (e.g., days 6-10 following isolation/quarantine or while on TTS) should also wear masks on school transportation.

Additional circumstances where mask wearing may be considered:

- **Students or staff who are immunocompromised or live with persons at high risk for severe COVID-19 illness.**
- **Individuals who are concerned about disease transmission.**
- **Activities or settings with an increased risk of transmission** – during medium (yellow) or high community levels, schools/ECE may consider implementing masking policies for activities or settings where there is increased risk of transmission. See [Sports and Other Activities](#).

Detailed information from CDC on mask use can be found at [here](#).

Communication

- School officials, childcare administrators and LHDs should maintain close communication with each other to provide information and share resources on COVID-19 transmission, prevention, and control measures and to establish procedures for LHD notification and response to COVID-19 illness in school/ECE settings.
- In accordance with [Executive Directive No. 21-011](#), **K-12 schools only** must report weekly student and staff case counts as well as information on student/staff censuses, and the total numbers of students/staff fully vaccinated to NJDOH through the Surveillance for Influenza and COVID-19 (SIC) Module in [CDRSS](#).
- In order to enroll for reporting in the SIC module, K-12 schools should follow one of the below two options:
 - 1. For existing school users who report ILI/COVID-19 surveillance data into the Communicable Disease Reporting and Surveillance System (CDRSS), nothing additional needs to be done. (same login at <https://cdrs.doh.state.nj.us/cdrss/login/loginPage>)
 - 2. For schools who aren't current CDRSS users, go to <https://cdrs.doh.state.nj.us/cdrss/login/loginPage> and under "System Announcements" go to "K-12 Module and Enrollment Training" and follow the instructions to enroll to report your school's data. Email CDS.COV.RPT@doh.nj.gov your completed user agreement.

Understanding that COVID-19 may impact certain areas of the state differently, NJDOH shares information on CDC's COVID-19 community levels at the county level, characterizing community levels as low (green), medium (yellow) and high (orange). The report is posted on Fridays and sent out via New Jersey Local Information Network and Communications System ([NJLINC](#)) to schools/ECE and other public health partners.

Physical Distancing and Cohorting

To prevent the spread of COVID-19, as well as influenza and other respiratory viruses, minimizing crowded settings can help reduce transmission. Greater physical distances are more important when there is inadequate ventilation and in crowded indoor settings, especially in communities with high levels of circulating virus. Physical distancing may also be more important in settings in which other preventative measures, such as masking, are not in place or followed consistently by everyone.

Programs should consider increasing ventilation and preventing crowding during medium and high community levels. At high [COVID-19 Community Levels](#), schools/ECE can also add cohorting to limit the number of people who come in contact with each other as a way to minimize contacts across groups. Cohorting involves keeping people together in a small group and having each group stay together throughout an entire day, while minimizing contact between cohorts.

Sports and Other Activities

Due to increased exhalation that occurs during physical activity, some sports can put players, coaches, trainers, and others who are not up to date with vaccinations at [increased risk](#) for getting and spreading COVID-19. Close contact sports and indoor sports are particularly risky. Similar risks might exist for other extracurricular activities, such as band, choir, theater, and school clubs that meet indoors.

Students should refrain from these activities when they have symptoms consistent with COVID-19 and are awaiting testing. Schools are strongly encouraged to use screening testing for student athletes and adults (e.g., coaches, teachers, advisors) who are not up to date with vaccinations and participate in and support these activities to facilitate safe participation and reduce risk of transmission. If resources are limited, prioritize screening testing for those not fully vaccinated.

In general, the risk of COVID-19 transmission is lower when playing outdoors than in indoor settings. Coaches and school sports administrators should also consider [specific sport-related risks](#) when developing prevention strategies.

When the COVID-19 community levels are medium (yellow) schools/ECE may consider implementing masking policies for activities or settings where there is increased risk of transmission such as activities in which increased exhalation occurs.

When the COVID-19 community levels are high (orange) schools/ECE should carefully consider which activities they determine can continue, based on the individual activity's risks, strategies to reduce those risks, and the ability to ensure compliance with COVID-19 prevention recommendations.

When directed by the appropriate health agency or officer to institute remote learning or a public health-related closure remote learning due to a current outbreak, NJDOH recommends postponing extracurricular activities involving mixing of cohorts (e.g., school sport practices and competitions, clubs, assemblies). If a school/ECE has an active outbreak of COVID-19 but remains open for in-person instruction and/or care, in consultation with the LHD and based on the public health investigation, some or all school extracurricular activities may need to be postponed until the outbreak is concluded.

Hand Hygiene and Respiratory Etiquette

Schools/ECE should;

- 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% alcohol (for staff and older children who can safely use hand sanitizer), paper towels, tissues, and no-touch trash cans.
- Assist/observe young children to ensure proper handwashing.

Cleaning, Disinfection and Airflow

Schools/ECE 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.

If there has been a person with COVID-19 compatible symptoms or someone who tested positive for COVID-19 in the facility within the last 24 hours, spaces they occupied should be cleaned and disinfected. Detailed information can be found at CDC's [Cleaning and Disinfecting Your Facility](#).

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. 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](#).

Airflow:

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.

Schools districts are encouraged to review NJDOH’s [Guidance on Air Cleaning Devices for New Jersey Schools](#). See the [NJDOH Environmental Health](#) webpage for [Tips to Improve Indoor Ventilation](#) and [Maintaining Healthy Indoor Air Quality in Public School Buildings](#).

Stay Home When Sick or if Exposed to COVID-19

Educate staff, students, and their families about when they should stay home and when they should return to school/ECE. Students and staff should stay home if they:

- Have tested positive (viral test) for COVID-19.
- Are sick.
- Are a close contact of a COVID-19 case and have not been confirmed to have had COVID-19 within the last 90 days and are not up to date with COVID-19 vaccination (unless enrolled in TTS).
- Have travelled [internationally](#) and are not up to date with COVID-19 vaccination.

Parental Symptom Screening

Parents/caregivers should be strongly encouraged to monitor their children for signs of illness every day. Students who are sick (see Exclusion below) should **not** attend school/ECE in-person. **Schools/ECE should strictly enforce exclusion criteria for both students and staff.**

Schools/ECE should consider providing parent education about the importance of monitoring symptoms and staying home while ill through school/ECE or district messaging. Using existing outreach systems to provide reminders to staff and families to check for symptoms before leaving for school or care. Schools/ECE should provide clear and accessible directions to parents/caregivers and students for reporting symptoms and reasons for absences.

Response to Symptomatic Students and Staff

Schools/ECE should ensure that procedures are in place to identify and respond to a student or staff member who becomes ill with COVID-19 symptoms.

- Closely monitor daily reports of staff and student attendance/absence and identify when persons are out with COVID-19 symptoms.
- Designate an area or room away from others to isolate individuals who become ill with COVID-19 symptoms while at school/ECE.
 - Consider an area separate from the nurse's office so the nurse's office can be used for routine visits such as medication administration, injuries, and non-COVID-19 related visits.
 - 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 hand sanitizer that contains at least 60% alcohol.
 - School nurses should use [Standard and Transmission-Based Precautions](#) based on the [care and tasks](#) required.
 - Staff assigned to supervise students waiting to be picked up do not need to be healthcare personnel but should follow physical distancing guidelines.
 - Follow CDC guidance for [Cleaning and Disinfecting Your Facility](#).

When illness occurs in the school/ECE setting

Children and staff with COVID-19 symptoms regardless of vaccination or previous infection status should be separated away from others until they can be sent home.

- If a mask cannot be worn by the ill individual, other staff should be sure to wear a mask and follow maximum physical distancing guidelines (6 feet away).
- Ask ill student (or parent) and staff whether they have had potential exposure to COVID-19 meeting the definition of a [close contact](#).
- Individuals should be sent home and referred to a healthcare provider. Persons with [COVID-19-compatible symptoms](#) should undergo COVID-19 testing regardless of vaccination status.
 - If COVID-19 [community level is low](#) ill individuals **without potential exposure to COVID-19** should use the [NJDOH School Exclusion List](#) to determine when they may return to school/ECE. No public health notification is needed UNLESS there is an unusual increase in the number of persons who are ill (over normal levels), which might indicate an outbreak.
 - If ill students have potential COVID-19 exposure OR if [community is medium or high](#), they should continue to be excluded according to the [COVID-19 Exclusion Criteria](#).
- Schools/ECE should notify LHDs when there is an increase in the number of students or staff with COVID-19 compatible symptoms and when there is a suspected or confirmed outbreak. Schools/ECE should be prepared to provide the following information when consulting with the LHD:
 - Contact information for the ill persons.

- The date the ill person(s) developed symptoms, tested positive for COVID-19 (if known), and was last in the building.
- Types of interactions (close contacts, length of contact) the person(s) may have had with other persons in the building or in other locations.
- Vaccination status of the ill persons and the close contacts.
- Names, addresses, and telephone numbers for ill person's close contacts in the school/ECE;
- Any other information to assist with the determination of next steps.

Regardless of vaccination or previous infection status, if a student or staff experiences [COVID-compatible symptoms](#), they should [isolate themselves from others](#), be clinically evaluated for COVID-19, and tested for SARS-CoV-2.

Exclusion

Parents should not send students to school/ECE when sick. For school/ECE settings, NJDOH recommends that students with the following symptoms be promptly isolated from others and excluded from school/ECE:

- 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: new or worsening cough, shortness of breath, difficulty breathing, new olfactory disorder, new taste disorder.

For students with chronic illness, only new symptoms, or symptoms worse than baseline should be used to fulfill symptom-based exclusion criteria.

COVID-19 exclusion (isolation) criteria for persons who have COVID-19 compatible symptoms or who test positive for COVID-19:

Individuals regardless of vaccination status who test positive, individuals with confirmed COVID-19 within the past 90 days who have COVID-19 symptoms and who test positive, and individuals with COVID-19 symptoms who have not been tested and do not have an alternative diagnosis from their healthcare provider should:

- Stay home for at least 5 full days after the onset of symptoms or if asymptomatic after the positive test (day of symptoms is day 0; if asymptomatic, day the test was performed is day 0).
- If they have no symptoms or symptoms are resolving after 5 days and are fever-free (without the use of fever-reducing medication) for 24 hours, they can leave their home and should;
 - Wear a mask when around others at home and in public (indoors and outdoors) for an additional 5 days. For these additional 5 days, schools/ECE should have a plan to ensure adequate distance during those activities (i.e., eating) when mask wearing is not possible. Time without mask being worn should be kept to minimum possible.
 - On days 6-10, limit participation in extracurricular activities to only those activities where masks can be worn consistently and correctly.

Masks should be worn in school/ECE on days 6-10. Those students who are unable or unwilling to mask should stay home for the full 10 days and not return to school/ECE until day 11.

Exception: During periods of low community transmission (green), students and staff with COVID-19 compatible symptoms who are not tested **and do not have a known COVID-19 exposure** may follow [NJDOH School Exclusion List](#) to determine when they may return to school/ECE.

CDC recommends an isolation period of at least 10 and up to 20 days for people who were severely ill with COVID-19 and for [people with weakened immune systems](#). See [Overview of COVID-19 Isolation for K-12 Schools](#) for additional details.

Individuals with an alternative diagnosis:

Evaluation by a health care provider may be necessary to differentiate between COVID-19 and alternative diagnoses. Clinical evaluation and/or testing for COVID-19 may be considered for ANY of the symptoms listed above, depending on suspicion of illness from a health care provider. Testing is strongly recommended, especially when there are multiple unlinked cases in the school/ECE and during periods of moderate and high levels of community transmission.

Individuals with COVID-19 compatible symptoms **and no known exposure** to a COVID-19 case in the last 5 days, regardless of vaccination status, may follow the [NJDOH School Exclusion List](#) to determine when they may return to school/ECE **only if they have an alternative diagnosis (e.g., strep throat, influenza, worsening of chronic illness) supported by clinical evaluation.**

Exception: During periods of low community levels (green), ill individuals with COVID-19 compatible symptoms who are not tested **and do not have a known COVID-19 exposure** may follow [NJDOH School Exclusion List](#) to determine when they may return to school/ECE.

The information below can be used to determine the need for and duration of exclusion. In order to facilitate rapid diagnosis and limit unnecessary school exclusion, schools/ECE may consider implementing school-based [diagnostic testing](#) for students and staff.

COVID-19 exclusion criteria for close contacts (quarantine) guidance:

Exposed close contacts who have no COVID-19 compatible symptoms and who are not up to date with vaccinations and who have not had confirmed COVID-19 within the last 90 days should be excluded from school/ECE and;

- Stay home and away from other people for at least 5 days (day 0 through day 5) after the last close contact with a person who has COVID-19. The date of the exposure is considered day 0.
- If COVID-19 symptoms develop, get tested and follow isolation recommendations.
- If asymptomatic, get tested at least 5 days after the last close contact
 - If the test is positive, follow isolation recommendations.
 - If the test is negative, you can end quarantine after day 5.
 - If testing is not available, you can end quarantine after day 5 (as long as there were no COVID-19 symptoms throughout the 5-day period).

See [Contact Tracing and Notification](#) below for close contact definition and guidance.

Exception – schools/ECE who are using a “[Test to Stay](#)” protocol may allow asymptomatic close contacts to return to in-person academic activities immediately so long as the contacts follow the protocol.

Exposed individuals (except those with a household exposure), regardless of vaccination or previous infection status, may remain in school/ECE by appropriately wearing a well-fitting mask for 10 days from last exposure and undergoing recommended testing (TTS). For children not yet eligible for COVID-19 vaccination who cannot wear a mask, or may have difficulty consistently wearing a well-fitting mask, it is safest to quarantine for a full 10 days.

Traditional [quarantine](#) guidance should be used if the program does not have resources to participate in TTS, if the contact is under 2 or for individuals who are unable or unwilling to comply with masking and testing recommendations. However, if quarantining children who are unable to mask (e.g., under 2 years) would pose a significant economic or other hardship for parents, programs may choose to implement alternative measures including daily symptom monitoring by parents and by the program and enforcing mask use for individuals who care for or come in contact with the exposed child.

During quarantine, students and staff should follow recommendations and additional precautions outlined in DOH [Recommended Isolation and Quarantine Timeframes for Non-Healthcare Settings](#) regarding staying home, travel, and testing.

Exposed close contacts who have no COVID-19 symptoms in the following groups **do not** need to be excluded from school/ECE:

- Up to date with vaccination.
- COVID-19 positive within the last 90 days ([viral test](#)).

Regardless of whether they meet criteria for exclusion, all exposed close contacts should:

- Wear a [well-fitting mask](#) around others for 10 days from the date of their last close contact with someone with COVID-19 (the date of last close contact is considered day 0).
- Get tested at least 5 days after having close contact with someone with COVID-19 unless they had COVID-19 (positive viral test) in the last 90 days and subsequently recovered.
- Monitor for fever (100.4°F or greater), cough, shortness of breath, or other COVID-19 symptoms for 10 days after their last exposure.
- Through day 10, limit participation in extracurricular activities to only those activities where they can wear a mask consistently and correctly.

Note: If an exposed close contact is unable to wear a mask during days 6-10 following exposure, they:

- Should quarantine at home for the full 10 days OR
- May return to school/ECE on day 8 with a negative test result collected at day 5-7 if they remain asymptomatic.

Note: The inability to consistently and correctly wear a mask due to intellectual, developmental, or physical disability or medical contraindications alone should not be a basis for disallowing a return to school activities. Schools should assess, on an individualized basis, the appropriate accommodations for students with disabilities who are unable to wear a mask, taking into consideration the following:

- The level of risk of the exposure (e.g., ongoing household exposure imposes a higher risk than exposure within six feet of distance or classroom exposure).
- The feasibility of conducting testing during the 5 days after exposure (at least immediately and day 5).
- Whether there are individuals in the classroom who are known to be at high risk for severe disease.
- The individual’s vaccination status.
- Other mitigation measures in place (e.g., ventilation, distancing) and whether they can be strengthened or are already optimized.
- Circumstances of the child’s learning and school attendance needs (e.g., cannot participate in remote instruction).

If any close contact experiences symptoms (regardless of vaccination status), they should isolate themselves from others, be clinically evaluated if indicated, and get tested for COVID-19.

Household contacts who can’t isolate away from a household member with COVID-19 should start their quarantine period on the day after the household member would have completed their 10-day isolation period, UNLESS the household member is able to consistently wear a well-fitted mask in the household through day 10, in which case the quarantine period would start on the day after the household member completes their 5-day isolation period.

Schools/ECE serving medically complex or other high-risk individuals should use a 10-day exclusion period for the exclusion of these individuals or those who work closely with them when identified as close contacts. Individuals who are at increased risk for severe illness should contact their HCP about additional precautions that may be necessary.

Outbreaks

Schools/ECE must report outbreaks or suspected outbreaks of all communicable diseases, including COVID-19 to their LHD. The LHD will work with schools/ECE to determine if there is an outbreak and provide guidance as to a response. An outbreak of COVID-19 in a school/ECE setting is defined as three or more individuals (positive by RT-PCR or antigen) among students or staff with illness onsets within a 14-day period, who are epidemiologically linked¹, 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.

If an outbreak has been identified, schools/ECE and LHDs should promptly intervene to control spread while working to determine whether the outbreak originated in the school setting.

¹ 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).

In instances of a cluster of cases, an outbreak or evidence of ongoing transmission in schools/ECE, schools/ECE are encouraged to use [Test to Stay](#) as a response strategy when increases in cases or absenteeism are identified and to avoid interruptions to in-person learning. Schools/ECE should work with their local health department to determine if Test to Stay should be used at the classroom, grade, or school level.

During an outbreak;

- Schools/ECE without a universal masking policy should consider a temporary transition to universal masking or masking in affected classrooms.
- Schools should consider implementing a testing program for students and staff at the classroom, grade, or school level depending on the extent of transmission and structure of the school.
 - Testing should be implemented as soon as possible, ideally within one week of detection of the suspected outbreak.
 - In consultation with the LHD, additional testing may be recommended for outbreak control.
 - Based on resources and local circumstances schools/ECE may choose to implement testing for all staff and students regardless of vaccination status.
- K-12 Schools, when directed by the appropriate health agency or officer to institute a public health-related closure, may temporarily transition affected cohorts to remote learning if a high number of cases is preventing timely contact tracing and exclusion and a short-term transition to remote learning is needed to allow for such actions to occur.

Decisions to implement testing programs and/or transition cohorts to remote learning should be made by schools/ECE based on their individual circumstances in conjunction with LHDs.

Contact Tracing and Notification

Universal case investigation and contact tracing are no longer recommended for COVID-19. Instead of contact tracing, schools and ECE programs can use broad-based notification to provide timely information via phone, email, or letter to families, students, teachers, caregivers, or staff about potential exposure and the actions they should take to remain safe and reduce transmission.

Students/staff should be sent a [general notification letter](#) concerning the date of potential exposure. Those who are up to date on COVID-19 vaccines and those who have had COVID-19 within the last 90 days should be advised that they may remain in school/ECE, should self-monitor for symptoms, wear a mask through day 10 after exposure, and get tested after day 5.

Students/staff who are not up to date on COVID-19 vaccines and who have not had COVID-19 within the last 90 days should be advised that they should follow traditional quarantine guidance and may not return to school/ECE for 5 days (unless they participate in a Test to Stay Program). LHDs should assist schools/ECE with implementation of TTS programs as feasible.

When a school/ECE is notified of a case, they should provide instructions to the parent/staff on how to define a close contact and the need to notify these individuals along with recommendations on exclusion or TTS recommendations.

In the context of an outbreak, individual-level contact tracing, exclusion, and/or testing may be needed to prevent further transmission.

Close contact timeframes:

- Individuals would be considered exposed to someone with COVID-19 from 2 days prior to symptom onset (or positive test date if asymptomatic) and 5 days after onset.
- Individuals would NOT be considered exposed during the case's additional precaution period at day 6-10.

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 certain 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.

Exception: In the **K–12 indoor classroom** setting or a structured outdoor setting where mask use can be observed (i.e., holding class outdoors with educator supervision), the close contact definition **excludes students** who were within **3 to 6 feet of an infected student** (laboratory-confirmed or a [clinically compatible illness](#)) if both the infected student and the exposed student(s) correctly and consistently wore well-fitting masks the entire time. However, without universal masking, the school must be able to readily identify whether both students were masked prior to applying the close contact exception. **This exception does not apply to teachers, staff, or other adults in the indoor classroom setting.**

Customizable contact tracing notification letters can be found at

<https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/k-12-contact-tracing/letters.html>

The NJDOH isolation and quarantine calculator can be found at

<https://covid19.nj.gov/pages/quarantine-calculator>.

Resources

[CDC](#)

[Operational Guidance for K-12 Schools and Early Care and Education Programs to Support Safe In-Person Learning](#) Updated May 27, 2022

[Frequently Asked Questions for K-12 and Early Care and Education \(ECE\) Settings: Information for School and ECE Administrators, Teachers, Staff, and Parents](#) May 27, 2022

[Frequently Asked Questions for Directors of Overnight Camps](#) May 27, 2022

[Interactive School Ventilation Tool](#) May 27, 2022

[Stay Up to Date with Your Vaccines](#) May 24, 2022

[Testing for COVID-19 in Schools Toolkit](#) March 24, 2022

[What You Should Know About COVID-19 Testing in Schools](#) January 24, 2022

[Responding to COVID-19 Cases in K-12 Schools: Resources for School Administrators](#) January 14, 2022

[Overview of COVID-19 Quarantine for K-12 Schools](#) January 13, 2022

[Overview of COVID-19 Isolation for K-12 Schools](#) January 6, 2022

[School and Childcare Programs](#)

[Science Brief: Transmission of SARS-CoV-2 in K-12 Schools and Early Care and Education Programs](#) CDC
[Cleaning and Disinfecting Your Facility](#) Multisystem Inflammatory Syndrome (MIS-C)

NJDOH

[NJDOH COVID Information for Schools](#)

[Maintaining Healthy Indoor Air Quality in Public School Buildings](#)

[NJDOH Disinfectant Use in Schools Fact Sheet](#)

[NJDOH Isolation and Quarantine Calculator](#)

[NJDOH General Guidelines for the Prevention and Control of Outbreaks in School Settings](#)

[New Jersey COVID-19 Information Hub](#)

OTHER RESOURCES

[COVID-19 Planning Considerations: Guidance for School Re-entry](#) AAP

[Healthy Children.Org COVID-19](#)

[ArtsEd NJ Scholastic Indoor Performance Guidance](#) (October 14, 2021)

[National Association for Music Education](#)

[Return to Music: Phase II Guidance and Resources](#)

Sample COVID-19 School Exposure Notification Template

[DATE]

Dear Parent/Guardian,

This letter is to inform you that an individual in [NAME OF SCHOOL/CHILDCARE/CLASS/CAMP] has tested positive for COVID-19.

While CDC no longer recommends individual case investigation and contact tracing, your child may have been exposed to COVID-19. We encourage you to watch for any symptoms of COVID-19 in your child for the next 10 days, through [10 DAYS SINCE EXPOSURE]. If your child develops any symptoms of COVID-19, please notify [NAME AND CONTACT INFORMATION FOR POINT OF CONTACT FOR SCHOOL/CHILDCARE/CAMP], contact your child's doctor for evaluation and/or testing, and keep your child home from school, childcare, and activities.

Symptoms could include any of the following:

- Fever of 100.4°F / 38°C or higher
- New or worsening cough
- Shortness of breath/difficulty breathing
- Chills
- Fatigue
- Muscle pain or body aches
- Headache
- New taste or smell disorder
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

If your child is up to date on COVID-19 vaccination (received primary series and recommended boosters) or has tested positive in the past 90 days and without symptoms, they may remain in [SCHOOL/CHILDCARE/CAMP].

If your child is not up to date on COVID-19 vaccination, they may:

1. Follow traditional quarantine and remain at home for 5 days and may return to school on day 6 [DATE]. They should wear a well-fitting mask for 10 days after the exposure, through [10 DAYS SINCE EXPOSURE] **OR**
2. Continue attending school under the Test to Stay program [ATTACH TEST TO STAY FLYER].

If your child has a positive COVID-19 test result, please keep your child home from school, camp or childcare and notify [NAME AND CONTACT INFORMATION FOR POINT OF CONTACT FOR SCHOOL/CHILDCARE/CAMP].

If you have any questions, please contact [NAME AND CONTACT INFORMATION FOR POINT OF CONTACT FOR SCHOOL/CHILDCARE/CAMP].

Thank you,

[NAME OF PERSON SIGNING LETTER]

*Close contact: A close contact is someone who was exposed to a person with COVID-19 infection. A close contact is generally defined as someone who was within 6 feet of a COVID-19 case for 15 cumulative minutes or more over a 24-hour period of time during the case's infectious period. In a K-12 indoor classroom, the close contact definition excludes students who were at least three feet away from an infected student when both students were consistently and correctly wearing face coverings/masks.