



**Congregate Day Program**  
**COVID-19 Operating Requirements**  
**EFFECTIVE IMMEDIATELY**

January 27, 2022

## Introduction

Congregate day programs - including programs for persons with Traumatic Brain Injury - continue to be directed to reopen at full capacity if all criteria contained in this document are met.

It is important to note that, even with prudent steps being taken to reduce the risk of COVID-19 infection, neither the day program provider nor the Division can guarantee that transmission of COVID-19, or one of its variants, will not occur. Individuals, families/guardians, and providers must monitor for signs and symptoms of COVID-19.

Providers are permitted to inquire about vaccination status of participants, visitors and staff so long as they follow all privacy requirements and are in compliance with HIPAA protections, (e.g., do not ask the status in front of other others) and any other applicable federal or state laws. Visitors are not required to provide this information. If vaccination status is unknown then it is to be assumed that the person is not vaccinated.

Congregate Day Program Providers are required to comply with [Executive Order 283](#) that requires staff to be up-to-date<sup>1</sup> with their COVID-19 vaccinations (including booster) or, if granted an exemption by their employer for a qualifying medical disability as defined by the Americans with Disabilities Act of 1990 or sincerely held religious belief pursuant to Title VII of the Civil Rights Act of 1964, submit to testing for COVID-19 once or twice a week.

## Background Rationale and Evidence for Public Health Recommendations for Fully Vaccinated People<sup>2</sup>

All COVID-19 vaccines currently approved or authorized in the United States are effective against COVID-19, including against severe disease, hospitalization, and death. Available evidence suggests the currently approved or authorized COVID-19 vaccines are highly effective against hospitalization and death for a variety of strains.

The risk of COVID-19 infection in fully vaccinated people cannot be completely eliminated as long as there is continued community transmission of the virus. Early data suggest infections in fully vaccinated persons are more commonly observed with the Delta variant than with other COVID-19 variants. However, data show fully vaccinated persons are less likely than unvaccinated persons to acquire COVID-19, and infections with the Delta variant in fully vaccinated persons are associated with less severe clinical outcomes. Infections with the Delta variant in vaccinated persons potentially have reduced transmissibility than infections in unvaccinated persons, although additional studies are needed.

CDC scientists are working with partners to gather data and virus samples that can be studied to answer important questions about the Omicron variant<sup>3</sup>. Scientific experiments have already started. CDC will provide updates as soon as possible.

## Ventilation

The facility shall ensure proper ventilation as follows:

- Make sure indoor spaces are well-ventilated (for example, open windows or doors when doing so does not pose a safety or health risk to building occupants) and large enough to accommodate physical distancing.
- Ensure ventilation systems operate properly and increase circulation of outdoor air as much as possible both in the facility as well as any vehicles used by the facility.
- Consider improving the engineering controls using the building ventilation system.
- 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.

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<sup>1</sup> Up-to-date with recommended vaccines means having received all primary doses and booster shots recommended for the individual. See <https://www.cdc.gov/coronavirus/2019-ncov/your-health/quarantine-isolation.html> for more information.

<sup>2</sup> [https://www.cdc.gov/coronavirus/2019-ncov/science/science-briefs/fully-vaccinated-people.html?CDC\\_AA\\_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fmore%2Ffully-vaccinated-people.html](https://www.cdc.gov/coronavirus/2019-ncov/science/science-briefs/fully-vaccinated-people.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fmore%2Ffully-vaccinated-people.html)

<sup>3</sup> <https://www.cdc.gov/coronavirus/2019-ncov/variants/omicron-variant.html>

## Screening and Admittance

All individuals, staff, contracted professionals, and visitors, regardless of vaccination status, must be cleared for admittance to the facility through screening, including temperature checks, as outlined in the [Residential and Day Program Screening Policy](#). The only exception to required screening is for first responders entering the program. Providers should make employee/participant screenings as private as possible to protect health information, prevent stigma and discrimination.

In all instances, screening must occur in an accessible designated area that accommodates physical 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 sheltered to allow utilization during inclement weather. In-vehicle screening is permissible. Screening for fever and signs of COVID-19 also must occur before entry onto an agency vehicle during pick up. The driver or other program staff can deny transportation to a day program if an individual is demonstrating symptoms. A record of all screenings shall be maintained.

## Face Coverings, Personal Protective Equipment (PPE), and Physical Distancing

All staff, regardless of vaccination status, must continue to wear a well-fitted face mask when working, unless doing so would create a risk to workplace health, safety or job duty as assessed by the employer, and physically distance (as appropriate for the care of residents) when working with participants and other staff. Staff who are up-to-date with their COVID-19 vaccinations (including booster) can elect not to wear a mask when outdoors if the participants in the group they are working with are fully vaccinated.

If all participants and staff in a group are up-to-date with their COVID-19 vaccinations (including booster), participants may choose to remove their mask and may have close contact with others in the group without a facemask while indoors. Program participants who are up-to-date with their COVID-19 vaccinations (including booster) can elect not to wear a mask when outdoors regardless of vaccination status of others in a group.

If a group contains one or more staff or participant who are not up-to-date with their COVID-19 vaccinations (including booster), or vaccination status cannot be determined for all in the group, all participants *who are able* MUST wear a well-fitted facemask and maintain six feet of physical distance from one another continues to be recommended<sup>4</sup>.

All individual program participants who are not up-to-date with their COVID-19 vaccinations (including booster) shall be encouraged by the staff to wear a well-fitted facemask. This guidance recognizes that some individual program participants may not tolerate wearing face coverings or it may not be medically advisable for them to wear one. However, individual participants who are not up-to-date with their COVID-19 vaccinations (including booster) for whom it is not medically contraindicated should be encouraged to wear a well-fitted facemask that covers the nose and mouth within the facility and/or in the agency vehicle. Individual participants wearing face coverings should also be reminded frequently not to touch the face covering.

This guidance recognizes that some individuals who are not up-to-date with their COVID-19 vaccinations (including booster) may not understand the importance of physical distancing (being at least six feet apart while at day program) from those with whom they do not live. However, individuals who are not up-to-date with their COVID-19 vaccinations (including booster) should be encouraged to physically distance to lessen COVID-19 exposure risk. Groups shall physically distance from other groups.

## Promoting Healthy Hygiene Practices

Facilities shall teach and reinforce the practice of frequent and proper hand hygiene and respiratory etiquette (e.g. covering coughs and sneezes<sup>5</sup>) among individuals and staff. Staff shall perform hand hygiene upon arriving at the facility, before entering their assigned area, before meals or snacks, after community outings or time spent outside, after going to the bathroom,

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<sup>4</sup> Adapted from <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/k-12-guidance.html#:~:text=A%20distance%20of%20at%20least,distance%20cannot%20be%20maintained>

<sup>5</sup> [www.cdc.gov/healthywater/hygiene/etiquette/coughing\\_sneezing.html](https://www.cdc.gov/healthywater/hygiene/etiquette/coughing_sneezing.html)

and prior to leaving for home. Individuals are to be encouraged to do the same to the best of their ability and be monitored to ensure proper technique.

Regardless of vaccination status, staff must wear proper PPE when providing physical assistance for an individual's personal care needs. This PPE shall be changed after caring for an individual's personal needs like toileting. PPE shall also be changed between working with different individuals needing personal care assistance. Special care should be taken when changing adult briefs as COVID-19 may be present in fecal matter<sup>6</sup>. Staff shall change the individual's clothes when soiled. All contaminated clothes should be safely contained and stored in a plastic bag or safely contained and transported to the laundry area (if available) and washed per policy and procedure. Areas and equipment used during assistance with personal care needs shall be cleaned and sanitized after each use.

### **Total Number of Individuals Served and Group Sizes**

Group sizes shall no longer be limited but is recommended to be 15 or fewer individuals and that, to the extent practicable, that the same group composition be maintained. Each day, a record shall be maintained in the event it is needed for contact tracing that documents which individuals were in a group and the staff who worked with them. Groups shall have designated areas that are separated within the facility by walls or other physical partitions.

Day service providers shall ensure that in the event of inclement weather that if individuals on community outings return to the facility that it does not negatively impact the ability to maintain the aforementioned physical distancing.

Simultaneous use of outdoor activity space is permissible. Facilities are encouraged to partition available space to allow for increased outdoor activities. Prioritize outdoor activities over indoor activities when possible. Staff should ensure sun safety for all participants. Individuals and staff must wash their hands upon returning to the facility.

### **Transportation**

Individuals (regardless of vaccination status) transported by the day services provider shall be screened for symptoms of COVID-19 prior to entering the vehicle and conduct temperature screen prior to entering the vehicle. The driver or other program staff can deny transportation to a day program if the individual is demonstrating symptoms. A record of all screenings shall be maintained.

The provider will provide transportation in the safest manner possible to reduce transmission of COVID-19. This includes having staff wear a well-fitted facemask and providing ventilation through the opening of windows and use of vehicle HVAC systems to circulate fresh air. **Staff must wear a mask while on the vehicle. All participants who are able must wear a well-fitted facemask during the trip – especially those who are not up-to-date with their COVID-19 vaccinations (including booster) or whose vaccination status is unknown.** If vehicle occupancy allows, maximize physical distance between participants. To maximize space when distancing, providers may consider seating participants from the same household together<sup>7</sup>. The day program provider must make participants and their caretaker(s) aware of the risks associated with congregate transportation for persons who are not up-to-date with their COVID-19 vaccinations (including booster) or vaccination status is unknown in relation to contracting COVID-19.

Transportation staff and drivers should practice all safety actions and protocols as indicated for other day program staff (e.g., hand hygiene, masks). Ensure each vehicle is equipped with cleaning and disinfecting supplies that are stored in a safe manner, readily accessible to only the driver and transportation staff. Commonly touched surfaces in the vehicle shall be cleaned and disinfected at the end of each run and the entire vehicle thoroughly cleaned after each round of pick up/drop off, especially after the last use of the day.

### **Visitation**

Visitation in the facility shall be limited during operating hours to those that are essential to operations (maintenance or repair services, prospective admissions, prospective employees, planning team meetings, etc.). Routine or annual meetings shall take place virtually when possible and appropriate. Exceptions remain for emergency medical services, law

<sup>6</sup> <https://www.cdc.gov/coronavirus/2019-ncov/php/water.html>

<sup>7</sup> <https://www.nj.gov/education/roadforward/docs/HealthAndSafetyGuidanceSY2122.pdf>

enforcement, essential municipal personnel (e.g. Fire Marshall, etc.) acting in their official capacity, personnel from the Department of Human Services and/or Division of Developmental Disabilities visiting the facility. 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 well-fitted face mask that covers the nose and mouth and maintain proper physical distancing at all times.

Those entering a facility are advised to monitor for signs and symptoms of COVID-19 for at least 14 days after their visit. If symptoms occur, they are advised to self-isolate at home, contact their healthcare provider, and immediately notify the facility of the date they visited, the individuals with whom they were in contact, and the locations within the facility they visited. The facility will immediately screen the individuals of a reported contact, and implement necessary actions based on findings.

### **Activities**

Activities that are likely to bring individuals who are not up-to-date with their COVID-19 vaccinations (including booster) into close contact shall be limited. Community outings and other off-site activities may occur with guardian approval. 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.

### **Response Procedures for COVID-19 Symptoms**

Regardless of vaccination status, if an individual or staff member develops symptoms of COVID-19 at the facility immediately separate them from the others in an isolation area until they are evaluated and depart from the program, as necessary. The program shall contact the individual's emergency contact and arrange for their transport home.

Facilities shall immediately notify their local health department of any confirmed or suspected cases of COVID-19 occurring in a day service center. 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 the Division through established [Unusual Incident Reporting Procedures](#).

All rooms and equipment used by the sick person(s) shall be cleaned and disinfected in accordance with [CDC guidance](#).

### **Individuals or Staff Members Who Test Positive or Report Exposure to COVID-19**

Facilities that become aware of a COVID-19 positive case or exposure at their facility shall contact their [local health department](#) to inquire if they should continue to operate or close. Additionally, the agency will be required to provide notification to their PPMU liaison via phone or email [DDD.PPMU@dhs.nj.gov](mailto:DDD.PPMU@dhs.nj.gov) of positive staff/individuals as they become aware.

Health officials will provide direction on whether a center should cease operations following the identification of a positive case or exposure in the facility. The facility shall immediately inform individuals, guardians and staff if they have been in close contact ( $\geq 15$  cumulative minutes within 24-hours) with a person who has tested positive for COVID-19 while attending the day program. All rooms and equipment used by the sick person(s) shall be cleaned and disinfected in accordance with [CDC guidance](#).

### **Returning to Program After COVID-19 Diagnosis or Exposure**

Please see [Screening in Residential and Congregate Day Program Settings](#) for detail on Return to Work/Program for staff and/or participants.

### **Questions or Concerns**

Questions or concerns on the content, interpretation or application of this guidance can be directed to the Division of Developmental Disabilities at 1-800-832-9173 or [DDD.COVID-19@dhs.nj.gov](mailto:DDD.COVID-19@dhs.nj.gov).