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**Guidance for New Jersey Child Care Facilities  
On COVID-19 Related Health and Safety  
Requirements**

**May 29, 2020**

Effective June 15, 2020, pursuant to Executive Order 149 all child care programs operating in the State of New Jersey must comply with the requirements detailed in this guidance. Failure to do so may result in the prohibition of continued operation during the COVID-19 public health emergency. Noncompliance by licensed child care centers may also result in the suspension or revocation of an offending operator's certificate of approval to operate. 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.

This guidance is heavily derived from guidance documents produced by the federal Centers for Disease Control and Prevention (CDC), however, in many instances it has been supplemented or modified to reflect the needs of New Jersey. In several areas, CDC recommendations have been replaced with mandates for New Jersey centers. In those instances, this guidance document is controlling.

**Summary of Requirements**

As New Jersey centers reopen pursuant to Executive Order 149, they are taking on a tremendous responsibility for ensuring the well being of children in an environment in which the risks are significantly higher and more complex than they were only a few short months ago. The rules outlined below and discussed in greater detail in the pages that follow, are intended to facilitate the safety and well-being of child care operators, their staff and the children they serve. Effective June 15, 2020, and until further notice:

- All centers shall screen staff and children for fever and other COVID-19 symptoms prior to entry to the program facility each day. Children and staff with a fever in excess of 100.4 degrees Fahrenheit, or exhibiting other symptoms of COVID-19, shall not be allowed to enter the facility, nor will persons that have exposure to persons known to have COVID-19 during the preceding 14 days. For further details, see page 3.
- Centers shall minimize group sizes and movement between groups. Groupings shall not exceed 10 children, and interactions between groups must be limited.

Staff shall be assigned to and remain with one group. For further details, see page 5.

- Programs shall ensure that the spacing of groups within the facility allows for ten feet of separation between groups at all times, including sleeping and play periods. Outdoor play shall be scheduled in staggered shifts. See page 5 for details.
- Centers shall take steps to preclude crowding at pick up and drop off times. Centers are strongly encouraged to schedule and stagger these times. See page 5 for details.
- Sharing of supplies, food, toys and other items must be strictly limited. Centers shall ensure an adequate supply of school, art and other supplies to preclude the need for sharing of items. Children's belongings shall be kept separate in individual storage bins or cubbies and sent home each day for washing. For details, see page 6.
- Field trips and other off-site activities are prohibited, with the exception of activities within walking distance of the facility, as long as social distancing can be maintained throughout. For more details, see page 6.
- Close person to person contact (hugging, wrestling, games involving touching or tagging) shall be strictly limited and discouraged. For details, see page 6.
- Staff shall be required to wear cloth masks while working unless doing so would inhibit the individual's health. If a staff member refuses to wear a cloth face covering for non-medical reasons and if such covering cannot be provided to the staff person at the point of entry, the center must decline to allow them to enter. When feasible, children shall wear face coverings within the facility. Cloth face coverings should NOT be put on children under age two because of the danger of suffocation. For details, see page 6.
- Centers shall continue to teach and reinforce healthy hygiene practices to prevent the spread of COVID-19. See page 7 for details.
- Visitors shall not be permitted to enter the center during operating hours, with the exception of emergency or law enforcement personnel in their official capacity, and Department of Children and Families personnel for child protection or child care licensing purposes. All others, including persons providing maintenance or repair services, prospective customers, prospective employees, entertainers or speakers, and third-party therapists or service providers shall be required to visit the facility after operating hours. For details, see page 7.
- Centers shall implement enhanced cleaning and sanitation practices. For more details, see page 8.

- Centers shall plan for and abide by procedures detailed herein for response to COVID-19 exposure in the center. Centers shall immediately notify their county department of health and the DCF Office of Licensing of any known or suspected COVID-19 exposure in the program facility. See page 9 for details.
- Licensed centers shall complete the DCF Office of Licensing daily log (See attached example of the online form) each day by 11:00 AM. See page 10 for details.
- Required notices and wall signs are attached to this guidance. Centers shall ensure that these are posted as indicated on entry and exit doors, in diapering areas, and in restrooms. See page 10 for details.

### **Screening and Admittance**

Persons that have a fever of 100.4<sup>0</sup> (38.0<sup>0</sup>C) or above or other signs of illness shall not be admitted to the facility. Encourage parents to be on the alert for signs of illness in their children and to keep them home when they are sick.

Children and staff must be screened for fever or signs of COVID-19 illness prior to entry to the program. An area, outdoors or in the immediate entryway of the facility, must be designated for screening. Indoor screening areas must be separated from the program facility by walls or physical barriers. Outdoor screening areas must be sufficiently sheltered to allow utilization during inclement weather. In-car screening is permissible. Social distancing or physical barriers should be used to eliminate or minimize exposure risk during screening.

Licensed centers must include the information collected during the screening process in the daily log report to the Office of Licensing. See page 10 for more details.

DCF has approved two permissible screening methods, based on examples outlined by the CDC. Centers shall utilize whichever method they prefer.

#### **Method 1: Reliance on Social Distancing**

- Ask parents/guardians to take their child's temperature upon arrival at the facility. Upon their arrival, stand at least 6 feet away from the parent/guardian and child.
- Ask the parent/guardian to confirm that the child does not have fever, shortness of breath or cough.
- Make a visual inspection of the child for signs of illness, which could include flushed cheeks, rapid breathing or difficulty breathing (without recent physical activity), fatigue, or extreme fussiness.

Staff does not need to wear any personal protective equipment (PPE) beyond cloth masks during this process if they can maintain a distance of 6

feet.

### Method 2: Reliance on Barrier/Partition Controls

- Stand behind a physical barrier, such as a glass or plastic window or partition that can serve to protect the staff member's face and mucous membranes from respiratory droplets that may be produced if the child being screened sneezes, coughs, or talks.
- Make a visual inspection of the child for signs of illness, which could include flushed cheeks, rapid breathing or difficulty breathing (without recent physical activity), fatigue, or extreme fussiness.
- Conduct temperature screening (follow steps below)
  - Perform hand hygiene before and after putting on gloves.
  - Wash your hands with soap and water for 20 seconds. If soap and water are not available, use a hand sanitizer with at least 60% alcohol.
- Put on disposable gloves.
- Check the child's temperature, reaching around the partition or through the window.
- Make sure your face stays behind the barrier at all times during the screening.
- If performing a temperature check on multiple individuals, ensure that you use a clean pair of gloves for each child and that the thermometer has been thoroughly cleaned in between each check.
- If you use disposable or non-contact (temporal) thermometers and you did not have physical contact with the child, you do not need to change gloves before the next check.
- If you use non-contact thermometers, clean them with an alcohol wipe (or isopropyl alcohol on a cotton swab) between each client. You can reuse the same wipe as long as it remains wet.

### **Group Sizes and Social Distancing**

Children shall be grouped into groups of no more than 10. 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. Groups shall congregate not less than 10 feet in all directions from other groups or be separated by walls or other physical partitions. Combining or mixing groups shall not be permitted.

Spacing of groups may be reduced to six feet during nap or sleep periods, if necessary. Cots or bedding shall be positioned alternatively head-to-toe to minimize potential virus transmission between children.

Use of shared spaces (entry ways, restrooms) shall be carefully controlled to ensure that children and staff maintain at least six feet of separation from children

or staff from other groups. Floor markings, physical partitions or other safeguards should be used as necessary. Non-essential shared spaces, such as game rooms or dining areas, should be closed, if possible; if this is not possible, the use of these shall be staggered and the spaces shall be disinfected between uses.

Outdoor play time on shared playgrounds shall be staggered to prevent mixing between groups. Simultaneous use of outdoor play spaces is permissible if at least six feet of separation can be maintained between groups, and centers are encouraged to partition available space, where possible, to allow for increased outdoor play time. Children and staff must wash their hands upon returning from outdoor play.

Procedures shall be implemented to prevent crowding at pick up and drop off. Though the methods of achieving this will vary depending on the physical lay out of each center, centers shall, at a minimum, prohibit the entry of parents or others into any entry vestibule or pick up area in excess of the number that can be accommodated with at least six feet of distance between persons. It is highly recommended that centers prohibit any entry of parents into the facility and, instead, walk children to cars or waiting parents outside the building.

Staff shall be required to wear cloth masks while working unless doing so would inhibit the individual's health. If a staff member refuses to wear a cloth face covering for non-medical reasons and if such covering cannot be provided to the staff person at the point of entry, the center must decline to allow them to enter.

When feasible, children shall be encouraged to wear cloth face coverings within the center. Cloth face coverings should NOT be put on children under age two because of the danger of suffocation and should never be placed on a child during nap or sleep periods..

Meals and snacks shall be provided in the classroom or area where groups are regularly situated to avoid congregating in large groups. If meals must be provided in a lunchroom, stagger mealtimes, arrange tables to ensure that there is at least six feet of space between groups, and clean tables between lunch shifts. Family style meals are prohibited.

Centers shall ensure that 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.

Centers providing or contracting for the provision of transportation to child care facilities shall maximize space between riders (e.g. one rider per seat in every other row).

## **Activities**

Field trips and other off-site activities are prohibited, with the exception of off-site activities within walking distance of the facility, if social distancing can be maintained throughout. Permissible activities may include, for example, hikes, or walks to nearby parks.

Close person to person contact (hugging, wrestling, games involving touching or tagging) shall be strictly limited. Centers should not punish otherwise age-appropriate behavior, but should make clear that extra caution is necessary at this time.

Activities that are likely to bring children into close contact should be cancelled or modified. For example, games and sports involving direct physical contact or shared equipment (football, baseball) should be replaced with no contact activities or sports (running races, aerobics).

Sharing of supplies, food, toys and other high touch items (art supplies, school supplies, equipment etc.) must be strictly limited. Centers shall ensure an adequate supply of school, art and other supplies to preclude the need for sharing of items. Children's belongings shall be kept separate in individual storage bins or cubbies and sent home each day for washing. If items must be shared, they shall be used by one group at a time and cleaned and disinfected between uses.

External entertainers and visitors shall not be permitted access to the center.

## **Visitors**

Visitors shall not be permitted to enter the center during operating hours, with the exception of emergency or law enforcement personnel in their official capacity, Department of Children and Families personnel for child protection or child care licensing purposes, and persons providing emergency repair services within the center that cannot be reasonably delayed until the center is closed. All others, including persons providing non-emergency maintenance or repair services, prospective customers, prospective employees, entertainers or speakers, and third-party therapists or service providers shall be required to visit the facility after operating hours.

Unless precluded by emergency circumstances, visitors to the facility shall be subject to the same screening procedures as children and staff, and shall be denied admission on the same basis unless the center is legally precluded from denying access (e.g. a law enforcement agent with an appropriate warrant).

To the greatest extent feasible, unless the purpose of the authorized outside visitor is to observe the care provided to children (e.g. a DCF licensing inspector), all

reasonable efforts should be made to minimize visitor contact with children and staff.

Visitors shall be required to wear cloth masks while visiting the center unless doing so would inhibit the individual's health. If a visitor refuses to wear a cloth face covering for non-medical reasons and if such covering cannot be provided to the individual by the business at the point of entry, the center must decline to allow them to enter.

## **Promoting Healthy Hygiene Practices**

Centers shall teach and reinforce washing hands and covering coughs and sneezes among children and staff.

Centers shall teach and reinforce use of cloth face coverings among children, where appropriate, and staff. Face coverings are most essential at times when social distancing is not possible. Staff and children should be frequently reminded not to touch the face covering and to wash their hands frequently.

Centers shall have adequate supplies to support healthy hygiene behaviors, including soap, hand sanitizer with at least 60 percent alcohol (for staff and older children who can safely use hand sanitizer), and tissues.

Children and staff shall practice frequent hand washing with soap and water for at least 20 seconds, and shall be required to wash their hands 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. Children should be monitored to ensure proper technique.

Centers shall set up hand hygiene stations at the entrance to the facility so that children can clean their hands before entering.

When washing, feeding or holding infants and toddlers:

- Child care providers can protect themselves by wearing a large button-down, long-sleeved shirt or smock and by wearing long hair up off the collar. The shirt must be changed if there are secretions on it and staff shall wash their hands after changing.
- Staff shall wash their neck, hands, and anywhere touched by a child's secretions.
- Staff shall change the child's clothes if secretions are on the child's clothes.
- All contaminated clothes should be placed in a plastic bag or washed in a washing machine. Infants, toddlers and providers should have multiple changes of clothes on hand.

## **Enhanced Cleaning and Sanitation Procedures**

Centers shall increase the frequency of cleaning toys, equipment, and surfaces,

especially doorknobs, light switches, countertops, and restrooms. Use alcohol wipes to clean keyboards and electronics and wash hands after use. Centers shall clean, sanitize, and disinfect frequently touched surfaces (e.g, playground equipment, door handles, sink handles) multiple times per day and shared objects between use. Cleaning shall be in accordance with the CDC's Guidance for Cleaning & Disinfecting Public Spaces, Workplaces, Businesses, Schools and Homes, a summary poster of which is attached to these standards and required to be posted prominently in centers. The [complete guidance](https://www.cdc.gov/coronavirus/2019-ncov/community/cleaning-disinfecting-decision-tool.html) is on the CDC website at <https://www.cdc.gov/coronavirus/2019-ncov/community/cleaning-disinfecting-decision-tool.html>.

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.

Toys and items that are not easily cleaned or disinfected (e.g., soft or plush toys) shall not be utilized in the center, though such items brought from home may be utilized if they are not shared, and returned home with the child each day for washing. Machine washable cloth toys should be used by one child at a time or not used at all. They should be laundered before they are used by another child.

Toys that children have placed in their mouths or are contaminated by body secretion or excretion shall be set aside until they are cleaned by hand by a person wearing gloves. Clean with water and detergent, rinse, sanitize with an EPA-registered disinfectant and air-dry or clean in a mechanical dishwasher.

On a daily basis, centers shall 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. Disinfecting methods shall utilize Environmental Protection Agency [approved disinfectants](https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2) for use against COVID-19. (more information and product lists available here: <https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>)

Centers 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.

Centers shall only use bedding that can be washed. Keep each child's bedding separate and store, in individually labeled bins, cubbies, or bags. Cots and mats should be labeled for each child. Bedding that touches a child's skin shall be cleaned weekly or before use by another child.

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

Any confirmed or suspected exposure to COVID-19 occurring in a child care center must immediately be reported to both the local department of health and the DCF



Office of Licensing.

### **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 a 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**

- Centers that become aware of a COVID-19 positive case in their facility shall contact their [local health department](#) for guidance.
- Health officials will provide direction on whether a center should cease operations following the identification of a positive case in the facility. The duration may be dependent on staffing levels, outbreak levels in the community and severity of illness in the infected individual. Symptom-free children and staff should not attend or work at another facility during the closure.
- All rooms and equipment used by the infected person, and persons potentially exposed to that person, should be cleaned and disinfected in accordance with CDC guidance referenced above. Centers uncertain about the extent of potential exposure shall clean and sanitize all rooms.

### **Returning to Child Care After COVID-19 Diagnosis or Exposure**

If a staff member or child contracts or is exposed to COVID-19, they cannot be admitted to a center again until the criteria for lifting transmission based precautions and home isolation have been met. Those criteria are included in the Department of Health's guidance available here:

[https://www.nj.gov/health/cd/documents/topics/NCOV/COVID-QuickRef\\_Discont\\_Isolation\\_and\\_TBP.pdf](https://www.nj.gov/health/cd/documents/topics/NCOV/COVID-QuickRef_Discont_Isolation_and_TBP.pdf)

### **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](#).

## **Daily Reports**

No later than 11:00AM on each operating day, licensed centers shall submit daily logs on attendance and screening results to the Office of Licensing. Information on accessing these forms will be provided to centers by their assigned licensing inspector. Samples of these forms are attached to this guidance as attachment A. Centers without onsite internet access should consult their licensing inspector to make alternative reporting arrangements.

### **Posters and Informational Bulletins**

To ensure broad awareness and dissemination of critical information related to the COVID-19 pandemic and the procedures and methods being employed to limit its impact, centers shall ensure the distribution or posting of the following materials as specified:

- The CDC's Use of Cloth Face Coverings to Stop the Spread of COVID-19 pamphlet shall be distributed to staff and posted in a prominent location in the center. (Attachment B)
- The CDC's Guidance for Cleaning and Disinfecting Public Spaces, Workplaces, Businesses, Schools and Homes shall be posted in a prominent location in the center. (Attachment C)
- The CDC's Safe and Healthy Diapering to Reduce the Spread of Germs Poster shall be posted prominently near all diapering stations. (Attachment D)

### **Questions or Concerns**

Questions or concerns on the content, interpretation or application of this guidance can be directed to the Department of Children and Families' Office of Child Care Licensing at 1-877-667-9845