



State of New Jersey

DEPARTMENT OF CHILDREN AND FAMILIES

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Updated COVID-19 Standards Child Care Centers

Issued: May 26, 2021

In accordance with Department of Health Executive Directive No. 21-004, issued May 26, 2021, and consistent with the reopening recommendations promulgated by the Department of Health, the Department of Children and Families is issuing the following standards for child care centers and family child care homes, which shall take effect immediately.

1. Screening and Admittance

- a. Centers shall adopt a written policy and systems for either:
 - i. Daily on-site screening of children, staff and visitors for symptoms of COVID-19; or
 - ii. Daily Staff, Parent/Child, and Visitor Self-Reporting of symptoms of COVID-19 at or prior to arrival
- b. Persons who have a fever of 100.4 (38.00C) or above, or other signs of COVID-19 illness as outlined in the Department of Health COVID-19 Public Health Recommendations for Operating Child Care Facilities, shall not be admitted to the facility. Centers shall advise and encourage parents to be on the alert for signs of illness in their children and to keep them home when they are sick.
- c. Childcare programs operating in public school buildings and receiving children directly from school shall not be required to screen children a second time upon arrival at childcare.
- d. Children excluded from the program during screening must be recorded on the illness log required under NJAC 3A:52-7.9.

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- e. The written policy on COVID-19 screening must be provided upon adoption or revision to all parents and staff members.
- f. Staff who have been fully vaccinated, as defined by the Centers for Disease Control and Prevention, are not required to remain home or quarantine based on exposure to COVID-19 as long as they are asymptomatic.

2. Grouping of Children

- a. Children shall be grouped into groups of no more than 30, pursuant to the maximum group sizes specified in N.J.A.C. 3A:52-4.4.. Classes shall include the same group of children each day, to the greatest extent possible.
- b. Designated groupings shall not congregate less than six feet in all directions from other designated groups or, in the alternative shall be separated by walls or other physical partitions.
- c. Combining or mixing groups shall not be permitted except that Centers may permit the limited comingling of groups during periods when total attendance is substantially decreased (e.g. the last hour of operation) if (1) such comingling is limited to sibling groups, or (2) social distancing of at least six feet is strictly observed, and mask use for children over age 2 is required, subject to medical limitations.

3. Face Masks

- a. Children aged 2 and over shall continue to be taught, and strongly encouraged, to use masks whenever social distancing cannot be maintained in both indoor and outdoor settings. The Department of Health COVID-19 Public Health Recommendations for Operating Child Care Facilities provide guidance on appropriate use of masks.

- b. Staff shall be required to wear masks at all times in indoor and outdoor settings unless precluded from doing so by a medical or developmental condition documented in a letter from the staff member's treating physician, or when impracticable, such as when the individual is eating or drinking. When engaging in activities that preclude mask usage (e.g. eating or drinking), staff shall maintain at least six feet of distance between themselves and other persons.
- c. All masks required herein shall be cloth or disposable non-woven material, cover both the mouth and nostrils, and fit securely under the chin and against the sides of the face, and otherwise conform to the recommendations contained in the Department of Health COVID-19 Public Health Recommendations for Operating Child Care Facilities.
- d. Face shields or guards shall not be used as a substitute for masks, but may be used in conjunction with masks to provide additional security, allowed for children or staff medically precluded from using a mask, or for activities that require facial visibility (e.g. provision of therapeutic services that require observation of mouth movements) so long as social distancing can be maintained. Per the CDC, if face-shields are worn without a mask, they should wrap around the sides of the wearer's face and extends below the chin. Disposable face shields should only be worn for a single use. Reusable face shields should be cleaned and disinfected after each use as recommended in the Department of Health COVID-19 Public Health Recommendations for Operating Child Care Facilities.
- e. During the summer, hot temperatures may exacerbate discomfort caused by face masks, and, though there is no indication that masks increase risk of heat related illness, their use by children may make it difficult for staff to observe symptoms of potential heat related illness. Recognizing that, the following rules shall apply when the outdoor temperature at a center exceeds 80 degrees Fahrenheit:

- i. Staff and children shall be permitted to remove masks while outdoors, provided that social distancing of at least 6 feet between groups is maintained.
- ii. Staff caring for children under 5 years old shall have a mask on their person at all times in anticipation of a child needing to be lifted, carried, or otherwise interacted with at a distance of less than 6 feet.
- iii. While outdoors, centers shall ensure that children and staff have access to drinking water in a non-communal manner (e.g. using individual water bottles, cups, or other individual and non-shared containers).

4. Staffing

- a. To the greatest extent possible, efforts shall be made to minimize the rotation of staff between groups to control viral spread between groups.
- b. Staff members who have been fully vaccinated may, however, move between groups as necessary to accommodate breaks, fluctuations in center attendance, substitutions, and other operational needs of the center. Copies of documentation demonstrating staff vaccinations shall be retained by the center and available for inspection by the Office of Licensing upon request, or maintained by staff on their person and available for inspection upon request.

5. Activities

- a. Outdoor activities are strongly encouraged in lieu of indoor activities whenever possible, and care should be taken to perform activities that have the potential to produce respiratory droplets, including singing, chanting, shouting, or playing an instrument, outside.
- b. Close person to person contact (hugging, wrestling, games involving touching or tagging) shall be limited to the greatest

extent possible, though centers should not punish otherwise age appropriate behavior.

- c. Field trips off site are strongly discouraged but not prohibited. During transport, masks should be used and social distancing should be maintained to the greatest extent practicable, and centers shall adhere to the transportation related recommendations contained in the COVID-19 Public Health Recommendations for Operating Child Care Centers.

6. Visitors

- a. Visitors to the center, including parents, third party service providers (e.g. therapists, tutors), contractors, inspectors, and all other non-emergency personnel must be subject to the same symptom screening as children and staff before being admitted to the center.
- b. Parents may be permitted to enter the center at drop off or pick up, but this practice is strongly discouraged. If permitted, measures shall be employed to ensure separation from other children in the center, and the duration of entry should be limited to no more than fifteen minutes.
- c. Visitors to the center must adhere to the same masking requirements as staff.
- d. Though visitors are permitted, centers shall limit admission of non-essential visitors as much as possible, and, whenever possible, allow access for non-child serving visitors (repair persons, prospective staff, delivery-persons) during periods when children are not in attendance. 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) or to provide services directly to children in care (e.g. an outside therapist), all reasonable efforts should be made to minimize visitor contact with children and staff.
- e. Tours for prospective clients are permissible during the day, but those tour groups must wear masks, be screened for Covid

symptoms, be required to maintain distance from children at all times, and be limited to a number that avoids congregation in the facility. If possible, tours should not enter classrooms and observe operations from hallways. Tours should not exceed 30 minutes.

- f. Special events requiring the attendance of parents and other visitors, including graduation ceremonies, are permissible in outdoor spaces. These events should be held in areas separated from non-participating children and staff.

7. Promoting Healthy Hygiene Practices

- a. Centers shall continue to teach and reinforce, for both staff and children, proper hygiene techniques, including washing hands and covering coughs and sneezes.
- b. Centers shall have adequate supplies to support healthy hygiene behaviors, including soap, hand sanitizer with at least 60 percent alcohol, and tissues.
- c. 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 compliance and proper technique.
- d. Centers shall maintain a hand hygiene station at or near the entrance to the facility so that children staff and visitors can clean their hands before entering.

8. Enhanced Cleaning and Sanitation Procedures

- a. Centers shall clean, sanitize, and disinfect frequently touched surfaces (e.g. 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.

Disinfecting methods shall utilize Environmental Protection Agency approved disinfectants for use against COVID-19.

- b. Outdoor surfaces, including outdoor playground equipment, should undergo normal routine cleaning on a daily basis, but do not need to be disinfected between uses.
- c. 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 must be 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.
- d. 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.
- e. 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.
- f. Centers shall only use bedding that can be washed, and shall keep each child's bedding stored separately and appropriately labeled. Bedding that touches a child's skin shall be cleaned weekly or before use by another child.

9. Response Procedures for COVID-19 Symptoms or Exposure

- a. Children and staff who have been exposed to or show symptoms of COVID-19 must be excluded from the center as specified in the Department of Health Public Health COVID-19 Recommendations for Operating Child Care Centers.
- b. Any confirmed or suspected exposure to COVID-19 occurring in a child care center must immediately be reported to both the Local

Health Department (LHD) and the Department of Children and Families, Office of Licensing.

- c. If a child or staff member develops symptoms of COVID-19 while at the facility, they shall be immediately separated from the rest of the population until they can leave the facility. If the child has symptoms of COVID-19, the caregiver waiting with the child should remain as far away as safely possible from the child.
- d. The local health department shall determine the need for any closures, room closures, or other precautions required in the wake of any COVID exposure occurring in the center.
- e. For additional information and procedures, refer to the Department of Health Public Health COVID-19 Recommendations for Operating Child Care Centers.

10. Enforcement

- a. Enforcement of these standards will be carried out by the Department of Children and Families, Office of Licensing, other entities with applicable authority, or the Department of Health as appropriate.