Best Practices for the Implementation of Guidance for New Jersey Child Care Programs on COVID-19 Related Health and Safety Requirements
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About This Guide

This implementation guide was created by the Department of Human Services in collaboration with the Child Care Health Consultants, Department of Children and Families and other key stakeholders.

Note that the guidance in this document does not supersede New Jersey state requirements, but instead provides best practices for implementation. There are frequent updates to health and safety guidelines and regulations regarding COVID-19. Visit the Office of Child Care website frequently for the most current version of this document.

For information on the NJ Child Care Subsidy Program, available resources and grants, and Grow NJ Kids, please visit the Office of Child Care website.

Photos were taken in 2019 before the COVID-19 pandemic at Better Beginnings Child Development Center, Hightstown, NJ
**Plan and Prepare for Wellness**

### Recommended Supplies

- Hand Soap
- Paper Towels
- Facial Tissue
- Toilet Paper
- Alcohol Wipes
- Gloves
- Masks
- Food Serving Gloves
- No Contact Thermometer
- 60% Alcohol-Based Hand Sanitizer **Not Containing 1-Propanol or Methanol**
- Optional Barrier or Partition for Health Screening
- No Touch Soap/Hand Sanitizer Dispensers
- Disposable Plates, Cups, and Utensils
- Bins for Dirty Toys
- EPA Disinfectant
- Disposable Nonabsorbent Lining for Diapering Table
- Individual Bins/Bags for Personal Items
- Plastic Bags for Soiled Clothes & Linens
- Over-Sized Smocks for Infant & Toddler Staff
- No Touch/Foot Pedal Trash Cans
- 70% Isopropyl (Rubbing) Alcohol to clean thermometer

### Environmental Safety

- Test that water systems and devices are safe to use to minimize the risk of Legionnaire’s Disease and other diseases associated with water.
- Perform HVAC maintenance and adjustments to allow more fresh air flow.
- Incorporate additional outside time into daily schedules.
- Open windows frequently with safety measures in place.
- Check that hand washing sinks and restrooms work and are stocked with liquid soap, disposable towels, and no touch/foot pedal trash can.

### Screening Area (Optional)

- Identify screening area for children and staff. The area can be indoors, the immediate entryway of the facility, or outdoors.
- If screening onsite indoor screening areas must be separated from where care is being provided.
- Outdoor screening areas must be usable during inclement weather.
Plan and Prepare for Wellness

Posters & Informational Bulletins

Below are links to resources you can print and display in your care setting. These are still recommended, but no longer required.

- Post the sign at the entrance that reads “Stop: Corona Virus Covid-19 Precautions” (pgs. 23 & 24 of this guide).

- Hang the CDC’s “Important Steps to Choosing a Mask” poster prominently near all diapering stations.

- Hang the CDC’s, “Safe and Healthy Diapering to Reduce the Spread of Germs” poster prominently near all diapering stations.

- Hang handwashing posters (“When to Wash Your Hands” and “How to Wash Your Hands”) at each sink. (pages 18 & 19 of this guide).

- Post the CDC’s “Cover Your Cough” poster (page 24 of this guide).
Plan and Prepare for Wellness

Communicate with Staff

- Review Updated COVID-19 Standards for Child Care Centers.
- Review social distancing guidelines.
- Notify your staff about your vaccine and masking policies.
- Ask staff who are at-risk to consult with their medical provider to determine if they should come to work. This may include staff who are older, pregnant, or have underlying medical conditions.
- Review health screening entry procedures. Update emergency contacts.
- Review updated sanitation and hygiene practices—including hand hygiene, proper use of personal protective equipment (PPE) like gloves and masks, cleaning and disinfecting, social distancing, and illness policies.
- Review staff roles and responsibilities.
- **Develop a Plan (NJDOH guidance from 2.22.22)** in case the facility needs to close, and determine how staff will communicate this information with parents.
- Consult with your local health department for guidance on cleaning and closure.
- Contact your Child Care Health Consultant for consultation, technical assistance, and training on best practice standards in Health & Safety.

Communicate with Parents

- Review Updated COVID-19 Standards for Child Care Centers.
- Review new policies and procedures with parents/guardians.
- Review social distancing and masking policies.
- Ask parents/guardians of at-risk children with underlying medical conditions to consult with their healthcare provider to determine if the child should attend the program.
- Request any updated special needs care plans.
- Explain health screening processes prior to entry.
- Continue to ensure that children are up to date on immunizations.
- Update emergency contacts.
- Consider requesting extra clothes and indoor shoes.
- Limit personal items being brought from home to the child care facility.
- Create a communication system for staff and families for regular communication, as well as self-reporting of symptoms/notification of exposures and closures.
Drop Off/Pick Up Procedure

- Modify drop off and pick up procedures as per CFOC: [CFOC Standards Database | National Resource Center](nrckids.org).

- Encourage parents/guardians to designate one person to drop off and pick up the child every day. They should avoid designating a person who is high-risk or has underlying medical conditions.

- Stagger drop-off and pick-up times to avoid crowding and limit direct contact with parents.

- Remind staff and families to adhere to current masking and physical distancing recommendations.

- Consider assigning a staff member to greet children at entry and walk children out at pick-up time. When social distancing cannot be maintained, children shall be greeted by their individual classroom teacher to prevent potential exposure.

- If a sink is not available, provide a portable sink or hand sanitizer with at least 60% alcohol and keep this out of children’s reach.

- Have staff record time of child/staff’s arrival and departure.

- Consider having a supply of masks for anyone entering the program who may not have them.
Health Screening

Look for Signs of Illness

- Encourage parents/guardians to look for signs of illness in their children and to keep them home when they are sick.

- Screen children, staff, and essential visitors for a 100.4 fever or above, or for symptoms of COVID-19 illness before entering the program.

- Report screening results to the NJ Office of Licensing (OOL) as directed.

- Consider having non-essential visitors enter outside of operating hours.

Ask Screening Questions

Anyone who answers "yes" to the following questions should not be admitted into the program:

1. Does someone in the household have symptoms of COVID-19 or diagnosed with COVID-19?

2. Have you been in close contact (within 6 feet for at least 15 minutes) with a person with confirmed COVID-19 in the past 14 Days?

3. Have you followed the CDC recommendations for travel?

4. Was medicine taken to lower a fever in the last 24 hours?
Health Screening Prior to Entry

Barriers and onsite screenings are optional. You may continue to implement these methods at your discretion.

Method 1:

Reliance on Social Distancing

- Ask parents/guardians to take the child’s temperature upon arrival at the facility. Stand at least six feet away from the parent/guardian and child.

- Ask the parent/guardian to confirm that the child does not have symptoms of COVID-19.

- Inspect 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 PPE beyond a mask during this process if they can maintain a distance of six feet.

Method 2:

Reliance on Barrier/Partition Controls

- Stand behind a physical barrier, such as a glass/plastic window or partition that can protect the staff member’s face. When a physical barrier is not present, a face shield shall suffice.

- Staff are required to wear a mask even when a face shield is worn in place of the physical barrier.

- Inspect the child for signs of illness, which could include flushed cheeks, rapid breathing or difficulty breathing (without recent physical activity), fatigue, or extreme fussiness.
Health Screening Prior to Entry

- Wash 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.

- Remove gloves and wash/sanitize hands to perform hand hygiene.

- Clean the thermometer in between each check using the manufacturer’s instructions.

Temperature Screening Onsite

Childcare programs operating in public school buildings and receiving children directly from school are not required to screen children a second time upon arrival at childcare.

Using Thermometers

- A non-contact thermometer is recommended. Do not take the child's temperature under the tongue.

- Use a disposable thermometer cover if using an ear, forehead, or under-the-arm thermometer. Use a new cover for each child. If disposable thermometer covers are not used, ensure the thermometer has been thoroughly cleaned in between each check.

- If a non-contact thermometer was used and there was no physical contact with the child, gloves do not need to be changed before the next check.
Screening and Admittance

Visitors

- Limit nonessential visitors, volunteers, and activities involving external groups or organizations with people who are not up to date with their COVID-19 vaccines, particularly in areas when there is moderate-to-high COVID-19 community transmission.

- Continue following ECE program visitor policies and restrictions, while allowing for safe access to Direct Service Providers and mothers who are breastfeeding their infants.

- Develop plans for meeting new families that allow family and staff to gather while maintaining prevention strategies.

- Develop plans or procedures for parents and/or guardians to visit their children while maintaining prevention strategies.

- For home-based ECE programs, providers who have other people living in the home should require mask-wearing for those people and have them keep as much physical distance as possible whenever they are around children in the provider’s care, particularly in areas when there is moderate-to-high COVID-19 community transmission.

- Home visitors should consult the Health Resources and Services Administration’s Home Visiting Information During COVID-19.

COVID-19 Guidance for Operating Early Care and Education/Child Care Programs (cdc.gov)
Response Procedure for COVID-19
Symptoms or Exposure

Developing Symptoms of COVID-19 While at the Program

Report any confirmed or suspected exposure to COVID-19 occurring in a child care center to the local department of health and the DCF Office of Licensing immediately” with “Per the New Jersey Department of Health COVID-19 Public Health Recommendations for Operating Child Care Programs, centers must report outbreaks or suspected outbreaks to their local health department. (see definition of an outbreak in Part 6.b. from DCF’s Updated COVID-19 Standards for Child Care Centers March 4, 2022: https://www.nj.gov/dcf/news/CCStandards-030422.pdf

- Separate the ill person from others immediately and until the ill person can leave the program, provide an isolation room or area with a cot/crib.

- If a child has symptoms of COVID-19 the caregiver waiting with the child should remain as far away as possible from the child (preferably, six feet).

- Cover children’s (age 2 and older) noses and mouths with a mask. Exemption information can be found here.

- If a mask is not tolerated by the child, staff should remain as far away as safely possible from the child (ideally, six feet) and wear a mask.

- Individuals should be sent home and advised to follow CDC’s What to Do If You Are Sick.

- Call a health care provider if symptoms persist or worsen. Advise the employee or child’s parent/guardian to inform the program immediately if the ill person is diagnosed with COVID-19.

Child or Staff Test Positive for COVID-19

- Centers must report outbreaks or suspected outbreaks to their local health department.

- Consult with your local health department regarding questions about symptoms, potential exposure, positive cases or anything COVID-19 related.

- For more information, go to NJ Department of Health COVID-19 Guidance for Reopening Child Care.
**Response Procedure for COVID-19 Symptoms or Exposure**

**Returning After COVID-19 Diagnosis or Exposure**

- Prohibit entry to any staff or child who contracts or is exposed to COVID-19 until the criteria for lifting transmission based precautions and home isolation have been met.

- Refer to the isolation and quarantine chart on page 12 of the *New Jersey Department of Health COVID-19 Guidance for Reopening Childcare* to determine when they may return.

- Contact your local DOH for any questions on exclusion or quarantine timeframes.

**Cleaning/Disinfecting After a COVID-19 Case**

- View the Centers for Disease Control and Prevention’s Coronavirus Disease 2019 *Environmental Cleaning and Disinfection Recommendations* for additional guidance on cleaning/disinfecting areas visited by those with suspected or confirmed COVID-19.
How to Wear Masks

Wear Your Mask Correctly:

- Wash your hands before putting on your mask.
- Put it over your nose and mouth and secure it under your chin.
- Try to fit it snugly against the sides of your face.
- Make sure you can breathe easily.
- CDC does not recommend use of masks or cloth masks for source control if they have an exhalation valve or vent.

Removing Face Masks

Removal of face covering from the CDC

- Untie the strings behind your head or stretch the ear loops.
- Handle only by the ear loops or ties.
- Fold outside corners together.
- Be careful not to touch your eyes, nose, and mouth when removing and wash hands immediately after removing.
- Don’t put the face covering around your neck or up on your forehead.
- Don’t touch the face covering, and, if you do, wash your hands or use hand sanitizer to disinfect.

Considerations:

- Label masks with names or initials, to avoid confusion or swapping. Masks may also be labeled to indicate top/bottom and front/back.
- **Masks should be washed** after every day of use and/or before being used again, or if visibly soiled.

Ensure that personal items such as masks or toothbrushes are used only by one child and stored safely while not in use (for example, in individually labeled containers, bags, or cubbies). Ensure that children and staff wash hands after handling these personal items.
Social Distancing Strategies & Best Practices for Child Care Providers

Face Coverings (if indicated)

**Face Shields**

- There is currently not enough evidence to support the effectiveness of face shields for source control. Therefore, CDC does not currently recommend use of face shields as a substitute for masks.

- 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.

- Although evidence on face shields is limited, the available data suggest that the following face shields may provide better source control than others:
  - Face shields that wrap around the sides of the wearer’s face and extend below the chin
  - Hooded face shields.

- **Plastic face shields for newborns and infants are NOT recommended.**

More information and updates on face coverings can be found here.

**Face Masks Outdoors**

In general, people do not need to wear masks when outdoors. However, centers may encourage the use of masks during outdoor activities that involve sustained close contact with other individuals or during periods of high community transmission. Masks should be worn outdoors after completing a 5-day isolation/quarantine period (if applicable) during days 6-10.

**Face Masks Exemptions**

Do not put masks on anyone who has trouble breathing, or is unconscious, incapacitated or otherwise unable to remove the mask without assistance. See pages 7-8 for a full list of mask exemptions.
PHYSICAL DISTANCING, COHORTING, AND SHARED SPACES

Place children and ECE providers into distinct groups that stay together throughout the entire day.

- If possible, keep same groups of children with the same teachers each day.
- Limit mixing between groups.
- Maintain at least 6 feet between children and staff from different cohorts.
- Separate children’s naptime mats or cribs and place them so that children are head to toe for sleeping with as much distance as possible between mats, ideally at least 6 feet apart. Layer additional strategies, such as improved ventilation, if possible. Masks should not be worn when sleeping, even by children who are within the 5-day period after returning from quarantine or isolation.
- Provide physical guides, such as wall signs or tape on floors, to help maintain distance between cohorts in common areas.
- Stagger use of communal spaces between cohorts.
- Stagger child arrival, drop-off, and pick-up times or locations by cohort and prioritize outdoor drop-off and pick-up, if possible.
- In transport vehicles, seat one child per row or skip rows when possible. Children from the same home can sit together.
- Prioritize outdoor activities. When possible, physically active play should be done outside. Maintain cohorts in outdoor play spaces, if feasible. Masks should not be worn when swimming or playing in water.
### Social Distancing Strategies & Best Practices for Child Care Providers

#### ACTIVITIES

- 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.

- 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. [DCF guidance from 5/26/21 p.5 #5 part C](#).

#### SHARED ITEMS

- Limit the sharing of supplies, food, toys, and other high-touch items (art supplies, school supplies, equipment, etc). Use individual materials when possible.

- Toys that cannot be cleaned and sanitized should not be used. Toys that children have placed in their mouths or have been contaminated by body secretions should be set aside until they are cleaned and sanitized.

- Clean and sanitize tables before and after meals and snacks for each group.

- Refrain from shared use of sensory items such as rice, beans, sand, or play dough.

- Water tables shall have the water changed between uses.

#### FOOD

- Maximize physical distance between people who are not fully vaccinated while eating (especially indoors). Consider using additional spaces for mealtime seating, including eating meals and snacks outdoors or in well-ventilated spaces.

- Given very low risk of transmission from food, food packaging, surfaces and shared objects, there is no need to limit food service operations to single use items and packaged meals.

- Wash hands with soap and water before and after family style meals.

- Clean frequently touched surfaces. Surfaces that come in contact with food should be washed and sanitized before and after meals.

- Promote hand washing before, during, and after shifts, before and after eating, after using the toilet, and after handling garbage, dirty dishes, or removing gloves.

- Improve ventilation in food preparation, service, and eating areas.

#### ADDITIONAL AREAS

- Position cots/bedding head-to-toe during nap time, ideally six feet apart.

- If providing transportation, create distance between children on transport buses (for example, seat children one child per row, skip rows) when possible. However, children from the same home can be seated together.

- 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.

- If serving family style meals, be sure to follow [CFOC standard 4.5.0.4](#).

- Babies shall continue to be held during bottle-feeding.
### WHEN TO WASH HANDS:

- Upon entering the program
- Upon entering the classroom
- After playing outside
- After going to the bathroom
- Prior to leaving for home
- Before and after eating snacks and meals/feeding a child
- After toileting/assisting child with toileting/changing diapers
- After cleaning or handling garbage
- After blowing/wiping noses, coughing, sneezing or coming in contact with body fluids, mouths or mouth sores
- Before and after preparing/handling food or beverages, including infant bottles prepared at home or in the program
- Before and after administering medication
- After handling animals or cleaning animal waste
- After applying sunscreen

### TEACH - PRACTICE - MONITOR

- Teach and reinforce hand washing and covering coughs and sneezes.
- Remind children, families, and staff not to touch their eyes, nose, and mouths with unwashed hands.
- Practice frequent hand washing with soap and water for at least 20 seconds—approximately the amount of time it takes to sing the "Happy Birthday" song twice.
- Monitor children to ensure they are washing effectively.
- Place posters describing handwashing steps near sinks (page 18 for poster).

### CLOTHING - BEDDING

- Staff caring for infants/toddlers may wear button-down, long-sleeved shirts or smocks and keep hair off the collar.
- Keep multiple changes of clothes for infants, toddlers, and their providers.
- Change any clothing soiled with secretions. Place contaminated clothes in a plastic bag or wash in a washing machine.
- Store each child’s bedding separately in individually labeled bins, cubbies, or bags. Label cots and mats for each child. Clean bedding that touches a child’s skin weekly or before use by another child.
COVID-19 Hygiene & Sanitation

SANITIZING - SHARING TOYS

- Use alcohol wipes, or other approved method, to clean electronics and wash hands after use.
- Follow cleaning measures when groups are moving from one area before a new group enters the area.
- Rotate toys so that they can be cleaned and sanitized.
- Do not permit any item brought from home to be shared; return items home with the child each day for washing.
- Machine wash cloth toys between uses.
- Remove toys that cannot be cleaned/sanitized easily.
- Designate a bin for dirty toys in each room. Place mouthed/high touch toys into the bin when a child is finished with it, and clean/sanitize it before returning it for play.
- Clean mouthed toys with water and detergent, rinse, sanitize with an EPA-registered disinfectant according to manufacturer’s instructions.

For the latest COVID-19 updates and best practices: CDC Website, NJ DCF, or NJ DOH website.

IMPORTANT CDC GUIDELINES

- Intensify pre-COVID-19 Cleaning and Disinfecting Efforts (see section 9).
- Consider posting the CDC’s Guidance for Cleaning & Disinfecting Public Spaces, Workplaces, Businesses, Schools, and Homes.
- Use an EPA approved disinfectant for use against COVID-19.
- Follow the manufacturer’s instructions for concentration, application method, and contact time for all cleaning and disinfecting products.

CLEANING & OUTDOOR SURFACES

- Do not use cleaning products near children.
- Use products in a well ventilated area.
- Develop a schedule with staff for regular cleaning and disinfecting.
- Store cleaning products and hazardous substances out of the reach of children.
- CDC recommends normal routine cleaning, but outdoor surfaces do not require disinfection.
- Clean high touch surfaces made of plastic or metal, such as grab bars and railings.
- Do not clean/disinfect wooden surfaces (e.g., play structures, benches, and tables) or ground covers (e.g., mulch and sand).
A step-by-step guide to:

HAND WASHING

**STEP 1**
Moisten hands with water and apply liquid soap.

**STEP 2**
Rub hands together away from the flow of water for 20 seconds. (Tip! Teach children to sing “Happy Birthday” two times to help children monitor the time while they wash.)

**STEP 3**
Rinse hands free of soap under running water.

**STEP 4**
Dry hands with a clean disposable paper towel or a one-time use cloth towel.

**STEP 5**
If faucets do not shut off automatically, turn faucets off with a disposable paper or single-use cloth towel.
**WHEN TO WASH YOUR HANDS**

Staff and Children

**ALL STAFF SHOULD WASH THEIR HANDS:**

- **Before and after:**
  - Preparing food or beverages
  - Eating, handling food, or feeding a child
  - Giving medication or applying a medical ointment or cream
- **After:**
  - Using the toilet or helping a child use a toilet
  - Handling bodily fluid (mucus, blood, vomit)
  - Diapering a child
  - Cleaning or handling the garbage
  - Applying sunscreen
  - Playing with children outdoors

On arrival for the day, after breaks, or prior to leaving for home.

**ALL CHILDREN SHOULD WASH THEIR HANDS:**

- When arriving for the day
- Before and after eating or being fed
- After being diapered or helped with changing soiled clothes
- After sneezing, wiping and blowing noses
- After using the toilet
- After handling animals
- After playing outdoors
- When hands are visible dirty
- Prior to leaving for home
PROPER CLEANING, SANITIZING & DISINFECTING

1. **CLEAN SURFACE WITH SOAP AND WATER.**
   - Wipe with a clean paper towel.

2. **IF VISIBLE SOILING WAS PRESENT, RINSE WITH WATER.**
   - Dry with a clean paper towel.

3. **APPLY SANITIZER/DISINFECTANT TO SURFACE.**
   - Allow solution to stay on surface according to standing time on manufacturer’s instructions from product label.
   - Then wipe dry with a clean paper towel.

Sanitizers are used on food preparation and contact surfaces, utensils, dishes, high chairs, meal tables, mouthed toys and pacifiers.

Disinfectants are used on diaper changing tables, bathroom sinks and toilets, high touch areas that collect lots of germs, such as doorknobs, cabinet handles, hand rails, drinking fountains, etc.

Choose an Environmental Protection Agency (EPA) Registered Disinfectant for use against COVID-19. Follow manufacturer’s instructions from the product label for use as a sanitizer or disinfectant.

Bleach solutions should be made fresh daily according to the manufacturer’s instructions from the label!

Keep all toxic substances out of the reach of children.
CORONAVIRUS (COVID-19) PRECAUTIONS

Daily health screening completion is required prior to entry and, in addition to our general exclusion criteria, individuals will be excluded for:

At least one of the following symptoms:
- Shortness of breath
- Difficulty breathing
- Cough
- New olfactory disorder
- New taste disorder

Or, at least two of the following symptoms:
- Fever
- Nausea or Vomiting
- Diarrhea
- Chills, Shivers
- Fatigue
- Congestion or Runny nose
- Headache
- Muscle aches
- Sore throat

Please do not enter if you or anyone in your household:

- Has symptoms of COVID-19 or diagnosed with COVID-19.
- Has been in close contact (within six feet for at least 15 minutes) with a person with confirmed COVID-19 in the past 14 Days.
- Has received medication for the purpose of lowering a fever.

If you have any of these symptoms, contact your healthcare provider.
Anyone older or with underlying medical conditions or pregnant should contact their healthcare provider to determine the risk of attending this program.

Staff and visitors are required to wear acceptable face coverings except those exempt for medical reasons.

Please wash your hands immediately upon entry.
PRECAUCIONES DEL CORONAVIRUS (COVID-19)

Se requiere el cumplimiento diario del examen de salud antes de entrar y, además de nuestros criterios generales de exclusión, las personas serán excluidas por:

Al menos **uno** de los siguientes síntomas:
- Falta de aire
- Dificultad respiratoria
- Tos
- Nuevo trastorno del olfato
- Nuevo trastorno del gusto

O, al menos **dos** de los siguientes síntomas:
- Fiebre
- Náuseas o vómitos
- Diarrea
- Escalofríos, temblores
- Fatiga
- Dolor de cabeza
- Dolor muscular
- Dolor de garganta

Por favor, no entre si usted o cualquier persona en su hogar:
- Tiene síntomas de COVID-19 o se le diagnostica COVID-19.
- Ha estado en contacto estrecho (dentro de seis pies durante al menos 15 minutos) con una persona con COVID-19 confirmado en los últimos 14 días.
- Ha recibido medicamentos con el propósito de reducir la fiebre.

Si tiene alguno de estos síntomas, comuníquese con su proveedor de atención médica.

Cualquier persona mayor o con condiciones médicas subyacentes o embarazada debe comunicarse con su proveedor de atención médica para determinar el riesgo de participar en este programa.

El personal y los visitantes deben llevar coberturas faciales aceptables, excepto aquellos exentos por razones médicas.

Por favor, lávese las manos inmediatamente al entrar.
Cover your Cough

Stop the spread of germs that can make you and others sick!

Cover your mouth and nose with a tissue when you cough or sneeze. Put your used tissue in the waste basket.

You may be asked to put on a facemask to protect others.

If you don’t have a tissue, cough or sneeze into your upper sleeve or elbow, not your hands.

Wash hands often with soap and warm water for 20 seconds. If soap and water are not available, use an alcohol-based hand rub.
Coronavirus (COVID-19) Information from the Department of Children and Families
https://www.nj.gov/dcf/coronavirusLicensedchildcare.html

COVID-19 Guidance for Operating Early Care and Education/Child Care Programs (cdc.gov)

Use of Cloth Face Coverings from HealthyChildren.org
https://www.healthychildren.org/English/health-issues/conditions/COVID-19/Pages/Cloth-Face-Coverings-for-Children-During-COVID-19.aspx

CDC’s Your Guide to Masks

CDC’s Safe and Healthy Diapering

Resources for Children: Developmentally appropriate handwashing posters from the CDC
https://www.cdc.gov/handwashing/materials.html

Resources for Parents/Guardians: CDC’s Handwashing: A Family Activity
https://www.cdc.gov/handwashing/handwashing-family.html

NJDOH guidance from 5/26/21

CDC Guidance for Cleaning and Disinfecting

What's the Difference Between Cleaners, Sanitizers, and Disinfectants?

The National Child Traumatic Stress Network
https://www.nctsn.org

NJDOH Guidance for Reopening Child Care from 2/22/22
Links and Additional Resources

Talking with children about Coronavirus Disease 2019: Messages for parents, school staff, and others working with children

What to do if a Student Becomes Sick or Receives a New COVID-19 Diagnosis in your Child Care Center Flowchart

A Child in My Classroom is Showing Signs of COVID-19 in my Child Care Program: What Should I Do? Quick Guide for Providers

Ventilation in Schools and Child Care Facilities

New Jersey Department of Health COVID-19 Public Health Recommendations for Operating Childcare Programs

NJ Department of Children and Families Updated COVID-19 Standards for Child Care Centers
March 4, 2022
If you are providing child care services during this time, you are not alone! Support and resources are available through the joint efforts of the following organizations.

### SOCIAL-EMOTIONAL HEALTH RESOURCES

**Socio-Emotional Formation Initiative**  
[www.montclair.edu](http://www.montclair.edu)  
(973) 826-7971 or sefi@montclair.edu

- Short-term mental health support for children under age 18 and their families
- Support for program staff, how to work with challenging behaviors and strategies for including children with special needs
- Support for directors/administrators on managing stress, including webinars on the impact of stress and trauma, and emotional wellness for staff

### HEALTH & SAFETY RESOURCES

**Child Care Health Consultants**  
[www.cjfhc.org](http://www.cjfhc.org)  
1-888-999-1780 or cchc@cjfhc.org

- Statewide email blasts and virtual huddles providing health & safety resources and information during COVID-19
- Professional development training that supports both best practice standards and state guidance, to keep healthy in childcare during the COVID-19 pandemic
- Health consultations and technical assistance for child care providers by phone, online and virtually

### RESOURCES FOR SCHOOL-AGE CARE PROVIDERS

**NJSACC The Statewide Network for New Jersey’s Afterschool Communities**  
[www.njsacc.org](http://www.njsacc.org)  
(908) 789-0259 or sac@njsacc.org

- NJSACC's COVID-19 Update Page provides links to important topics such as:
  - Up-to-Date Guidelines for School-Age Child Care and Afterschool Services
  - Toolkits & Resources for Safe Re-Entry in School Settings and Childcare Programs
- Virtual provider meetings to share resources and discuss the impact of the COVID-19 pandemic on school-age programs/services
- Free online professional development: [https://njsacc.org/weblearning](https://njsacc.org/weblearning)
  - New Jersey Quality Standards for Afterschool (NJQSA) - Overview of the development and use
  - On the Road to Quality - Overview of how to use the NJQSA self-assessment tool and rating form
  - Positive Behavior Management - Techniques to encourage positive behavior in youth
  - Afterschool 101: Foundations of Successful Afterschool Programming on the NJ Workforce Registry, Event ID: 127465
- Quality Coaching and Targeted Technical Assistance Available to School-Age Providers

Please refer to [www.childcarenj.gov](http://www.childcarenj.gov) for information on training and technical assistance
### Revisions Made to the Guide

<table>
<thead>
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<th>Page</th>
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<tr>
<td>11/16/20</td>
<td>pg.10</td>
<td>Conduct Temperature Screening, Bullet 6</td>
<td>Clean the thermometer in between each check using the manufacturer’s instructions. (unless using a non-contact thermometer) has been removed.</td>
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<tr>
<td>12/1/20</td>
<td>pg.8</td>
<td>Screening Questions, Question 2</td>
<td>Have you been in close contact (within 6 feet for at least 15 minutes) with a person with confirmed COVID-19 in the past 14 days? Time has been changed from 10 minutes to 15 minutes.</td>
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<tr>
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<td>pg.24–5</td>
<td>English and Spanish Door sign, Bullet 2</td>
<td>Has been in close contact (within six feet for at least 15 minutes) with a person with confirmed COVID-19 in the past 14 Days. Time has been changed from 10 minutes to 15 minutes.</td>
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<td>Removed duplicate link. CDC Guidance for Child Care Programs that Remain Open <a href="https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-forchildcare.html#ScreenChildren">https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-forchildcare.html#ScreenChildren</a></td>
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<td>1/6/21 date removed from title of Toolkit for Childcare Programs. Links to most recent version of toolkit.</td>
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<tr>
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<td></td>
<td>Title changed to Guidance for Operating Child Care Programs during COVID-19: CDC’s Guidance for Operating Child Care Programs during COVID-19-Updated Mar. 12, 2021. Link remains the same.</td>
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## Revision History

### Revisions Made to the Guide

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<td></td>
<td>Links and Additional Resources</td>
<td>Link renamed to Toolkit for Summer Camps.</td>
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pg. 29 Links and Additional Resources
## Revision History

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<tr>
<td></td>
<td>pg. 8</td>
<td>Ask Screening Questions. Question #3.</td>
<td>Changed to: Have you travelled beyond the immediate region (New York, Connecticut, Pennsylvania, and Delaware)?</td>
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</table>
|        | pg. 13| Returning After COVID-19 Diagnosis or Exposure | 3rd bullet added: View the recommended minimum quarantine timeframes from the New Jersey Department of Health.  https://www.state.nj.us/health/cd/documents/topics/NCOV/COVID_updated_quarantine_timeframes.pdf  
4th bullet added: Contact your local DOH for any questions on exclusion or quarantine timeframes.                                                                                       |
| 9/8/21 |      |                                        | Substantial revisions made throughout the entire guide.                                                                                                                                                   |
| 10/20/21|     |                                        | Substantial revisions made throughout the entire guide.                                                                                                                                                   |
| 2/25/22|     |                                        | Substantial revisions made throughout the entire guide.                                                                                                                                                   |
| 3/28/22|     |                                        | Substantial revisions made throughout the entire guide.                                                                                                                                                   |