



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

**Updated February 22, 2022**

*This guidance document outlines COVID-19 public health recommendations for the childcare setting. This guidance is based on what is currently known about the transmission and severity of COVID-19 and is subject to change as additional information is known. Please check the [NJDOH COVID-19 Information for Schools](#) webpage frequently for updated guidance.*

This guidance is intended for many types of childcare programs, including but not limited to:

- Family childcare programs, also known as home-based childcare
- Pre-K (Pre-kindergarten) programs at private and public schools or faith-based institutions
- Head Start and Early Head Start programs
- Private childcare centers
- Employer-based childcare centers
- Emergency or temporary childcare centers operated by municipalities for the children of essential service providers, such as first responders, healthcare workers, transit workers, and other industries where a parent cannot stay home
- Childcare centers that partner with healthcare facilities to support healthcare workers who need childcare
- Childcare programs located in congregate living programs such as homeless shelters or residential programs for women and children
- School age childcare programs

As centers continue to operate, they should consider how best to structure services to minimize risk to staff and children in line with the New Jersey Department of Children and Families (DCF) guidelines. Using multiple layers of prevention strategies is critically important because Early Childhood Education/Child Care (ECE) programs may not be able to consistently implement key strategies, such as physical distancing or masking, at all times. The Centers for Disease Control and Prevention's (CDC's) [School and Child Care Programs](#) page provides various resources and recommendations for operating childcare programs. Childcare programs operating in the State of New Jersey must comply with the requirements detailed in [Updated COVID-19 Standards Child Care Centers](#) (issued May 26, 2021) set forth by the DCF.

### ***Vaccination***

CDC's [Science Brief: Transmission of SARS-CoV-2 in K-12 Schools and Early Care and Education Programs – Updated](#) includes information on scientific evidence on the spread of SARS-CoV-2 among children and in school and ECE settings. CDC's [COVID-19 Guidance for Operating Early Care and Educations/Child Care Programs](#) emphasizes implementing layered COVID-19 prevention strategies to protect all individuals especially those who are not up to date with vaccination.



Most ECE programs serve children in an age group that is not yet eligible for vaccination. Therefore, this guidance emphasizes using multiple COVID-19 prevention strategies together to protect children and adults in ECE programs.

According to CDC, everyone 5 years and older who is at least 2 weeks post the last dose of their primary series of a COVID-19 vaccine is considered fully vaccinated. Individuals are [up to date](#) with vaccinations when they have received all recommended COVID-19 vaccines, including any booster dose(s) when eligible.

For children 5 through 17 years of age, a primary series consists of 2 doses of the Pfizer-BioNTech COVID-19 vaccine. For persons 18 and older, a primary series consists of:

- A 2-dose series of an mRNA COVID-19 vaccine (Pfizer-BioNTech or Moderna), or
- A single-dose COVID-19 vaccine (Johnson & Johnson's Janssen vaccine)

CDC recommends that people remain up to date with their vaccines, which includes [additional doses](#) for individuals who are immunocompromised or [booster doses](#) at regular time points. Currently booster doses are only recommended for individuals 12 years and older. Individuals who are [moderately or severely immunocompromised](#) should get an additional primary shot and a booster shot.

If childcare centers are unable to determine the vaccination status of individuals, those individuals should be considered not fully vaccinated.

Effective November 1, 2021, all childcare centers, and other childcare facilities (covered settings) must maintain a policy that requires all covered workers to either provide adequate proof to the covered setting that they have been fully vaccinated or submit to COVID-19 testing at minimum one to two times weekly on an ongoing basis until fully vaccinated as outlined in [EO 264](#).

### ***Communication***

Childcare centers should develop a plan for infectious disease outbreaks including COVID-19. Staff and families should be informed of policies for ill staff and children including isolation, exclusion and notification of positive cases or outbreaks.

Families should understand what actions they need to take should their child become symptomatic or be exposed to COVID-19 while in childcare.

Designate a staff member to be responsible for responding to COVID-19 concerns. Communicate to staff and family members the process for contacting the designee.

Establish relationships with local public health officials and identify points of contact.

Create a communication system for staff and families for self-reporting of symptoms and notification of exposures and closures.

Understanding that COVID-19 may impact certain areas of the state differently, NJDOH provides information on COVID-19 transmission at the regional level, characterizing community transmission as low (green), moderate (yellow), high (orange), and very high (red). The [COVID-19 Activity Level Index](#)



(CALI) report is posted on Thursdays and sent out via New Jersey Local Information Network and Communications System (NJLINCS) to public health and healthcare partners. Childcare providers can sign up to receive health alert messages by contacting their local health department or by requesting a new account at <https://www.njlincs.net/default.aspx>.

### ***Plan and Prepare***

- Review and update or develop your outbreak response/pandemic plan and share with stakeholders before an outbreak occurs.
- Establish procedures to ensure children and staff who become sick at childcare or arrive at the facility sick are sent home as soon as possible.
- Prepare for the potential of closures or dismissals.
- Create an emergency communication plan and maintain up to date contact information for everyone in your communication chain.
- Plan workshops and trainings to educate staff on prevention measures.
- Continue to monitor current information from health officials.
- Continue to ensure that children are up to date on immunizations.

### ***Masks***

While masking continues to be an important part of the layered prevention strategies central to the prevention of SARS-CoV-2 transmission; and CDC continues to recommend universal indoor masking by all children (ages 2 years and older), staff, teachers, and visitors to childcare centers; circumstances in New Jersey have improved to the point where relaxation of universal masking rules in childcare settings can generally occur. Childcare administrators should be prepared for the emergence of new variants or substantial waning immunity that could once again lead to greater morbidity, mortality, and disruption, and require returning to additional mitigation measures.

As of March 7, 2022, the state mandate requiring universal masking in childcare centers will be expired, and individual childcare centers will be able to make the determination as to whether universal masking is appropriate for their center. In making this decision, consultation with the local health department is recommended. Many factors may go into this decision, including, but not limited to the center's ability to maintain physical distancing, the age and behaviors of the children, the ability to regularly screen children and staff (including screening testing), vaccination rates of staff and eligible attendees, ability to perform effective contact tracing of cases, ability to ensure appropriate exclusion of children and staff who have been exposed to or who have COVID-19, and ability to maintain adequate ventilation.

In addition to individual childcare center or school district policies, individuals (including parents/guardians) need to make masking decisions based on their specific situation (e.g., if they or their family members are immunocompromised or at high risk of severe illness from COVID-19).

For centers that choose not to institute a universal masking policy, NJDOH recommends that centers should require mask wearing in the following circumstances:



- **During periods of elevated community transmission** – when [COVID-19 Activity Level Index \(CALI\)](#) is elevated, NJDOH recommends universal masking for all children and staff in regions with:
  - CALI scores of high (orange) - centers should strongly consider universal masking for all attendees and staff, especially if there is difficulty incorporating other layered prevention strategies (e.g., adequate ventilation, adequate spacing of children).
  - CALI score of very high (Red) – childcare centers should require universal masking for all children and staff.
- **During an active outbreak** – during an outbreak or a general increase in cases, centers should consult with their LHD as to whether short-term universal masking or masking in affected rooms/ classrooms should be required to control the outbreak/increase in cases.
- **After returning from isolation or quarantine** – children ages 2 years and older and staff who return to childcare during days 6-10 of isolation or quarantine should be required to mask. See [COVID-19 exclusion criteria for close contacts \(quarantine\) guidance](#) below.
- **When illness occurs in childcare** – children ages 2 and older or staff who become ill with symptoms consistent with COVID-19 while in the center should wear a mask if tolerated, until they leave the premises.
- **Unvaccinated staff who work with children or infants** who are not yet eligible for vaccination.

[Masks must be worn by all passengers on buses, including school buses and vans](#), regardless of vaccination status per [CDC's Federal Order](#). Until lifted, the only exception is for children under the age of 2, and those who cannot safely wear a mask.

Additional circumstances where mask wearing may be considered:

- **Children or staff who are immunocompromised or live with persons at high risk for severe COVID-19 illness** – these individuals should consider masking.
- **Individuals who are concerned** – parents/guardians or staff who, for whatever reason, are concerned about disease transmission should be encouraged to mask.

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.

The following principles apply to the use of masks while indoors or on school buses:

- Masks and/or barriers generally do not preclude an individual from being identified as a [close contact](#) to a COVID-19 case.
- Information should be provided to staff and parents/guardians on proper use, removal, and washing of [masks](#).
- Masks worn by childcare staff should meet [CDC mask recommendations](#).

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

### Clear masks:

Clear masks that cover the nose and wrap securely around the face may be considered in certain circumstances if they do not cause breathing difficulties or overheating for the wearer. Clear masks are not face shields. CDC does **not** recommend use of face shields for normal everyday activities or as a substitute for masks because of a lack of evidence of their effectiveness for source control.

To facilitate learning and social and emotional development, consider having staff wear a clear mask or cloth mask with a clear panel when interacting with young children, children learning to read, or when interacting with people who rely on reading lips.

Additional resources on mask use can be found at <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/masks.html> and at [COVID-19 Guidance for Operating Early Care and Education/Child Care Programs](#).

### ***Physical Distancing and Cohorting***

Maintaining physical distance is often not feasible in childcare programs and among younger children in general. When it is not possible to maintain physical distance in this setting, it is especially important to layer multiple prevention strategies (e.g., cohorting, masking indoors, handwashing). Mask use is particularly important when physical distance cannot be maintained. A distance of at least 6 feet is recommended between adults who are not up to date on COVID-19 vaccination.

Cohorting can be used to limit the number of children and staff who come in contact with each other, especially when it's challenging to maintain physical distancing, such as among young children. The use of cohorting can limit the spread of COVID-19 between cohorts and make it easier to identify/exclude close contacts but should not replace other prevention measures within each group.

It is recommended that children and childcare providers be placed into distinct groups that stay together throughout an entire day.

- Groups should include the same children each day, and the same childcare providers should remain with the same group of children each day.
- Limit mixing between groups such that there is minimal or no interaction between groups or cohorts.
- Maintain at least 6 feet between children and staff from different cohorts.
- To the extent feasible, stagger child arrival, drop-off, and pick-up times or locations by group, or put in place other plans to limit contact between groups and to limit staff's direct contact with parents, guardians, and caregivers.
- Prioritize outdoor activities when possible.

### ***Hand Hygiene and Respiratory Etiquette***

- Teach and reinforce handwashing with soap and water for at least 20 seconds and increase monitoring of children and staff. Detailed information and resources can be found on CDC's [When and How to Wash Your Hands](#) webpage.

- If soap and water are not readily available, hand sanitizer that contains at least 60% alcohol should be used (for staff and older children who can safely use hand sanitizer).
- Encourage children and staff to cover coughs and sneezes with a tissue if not wearing a mask.
  - Used tissues should be thrown in the trash and hand hygiene as outlined above should be performed immediately.
- Have adequate supplies including soap, hand sanitizer with at least 60 percent alcohol (for staff and older children who can safely use hand sanitizer), paper towels, tissues, and no-touch trash cans.
- Assist/observe children with handwashing, including infants who cannot wash hands alone. After assisting children with handwashing or helping them put on or adjust their mask, staff should also wash their hands.

### ***Cleaning, Disinfection and Air Flow***

Childcare centers should follow standard procedures for routine cleaning and disinfecting with an [EPA-registered product for use against SARS-CoV-2](#). This means at least daily disinfecting surfaces and objects that are touched often, such as desks, countertops, doorknobs, computer keyboards, hands-on learning items, faucet handles, phones and toys. Information on cleaning and disinfecting can be found at <https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html> Increasing the frequency of cleaning when there is an increase in respiratory or other seasonal illnesses is always a recommended prevention and control measure.

- If a sick child has been isolated in the center, surfaces in the isolation area should be cleaned and disinfected after the sick child has gone home.
- If COVID-19 is confirmed in a child or staff member:
  - If there has been a person with COVID-19 compatible symptoms or someone who tested positive for COVID-19 in the facility within the last 24 hours, spaces they occupied should be cleaned and disinfected.
  - Close off areas used by the person who is sick and do not use those areas until after cleaning and disinfecting
  - Wait as long as possible (at least several hours) and [increase ventilation in the area](#).
  - Open outside doors and windows to increase air circulation in the areas.
  - Clean and disinfect all areas used by the person who is sick, such as offices, bathrooms, and common areas with an EPA-registered product for use against SARS-CoV-2.
  - Staff cleaning the space should wear a mask and gloves while cleaning and disinfecting.
  - Once area has been appropriately disinfected, it can be opened for use.

Outdoor surfaces, including outdoor playground equipment, should undergo normal routine cleaning, but do not need to be disinfected between uses.

Improve [airflow](#) to the extent possible to increase circulation of outdoor air, increase the delivery of clean air, and dilute potential contaminants. This can be achieved through several actions.

- Bring in as much outdoor air as possible.

- If safe to do so, open windows and doors. Even just cracking open a window or door helps increase outdoor airflow, which helps reduce the potential concentration of virus particles in the air. If it gets too cold or hot, adjust the thermostat.
- Do not open windows or doors if doing so poses a safety or health risk (such as falling, exposure to extreme temperatures, or triggering asthma symptoms), or if doing so would otherwise pose a security risk.
- Use child-safe fans to increase the effectiveness of open windows.
  - Safely secure fans in a window to blow potentially contaminated air out and pull new air in through other open windows and doors.
  - Use fans to increase the effectiveness of open windows. Position fans securely and carefully in/near windows so as not to induce potentially contaminated airflow directly from one person over another (strategic window fan placement in exhaust mode can help draw fresh air into the room via other open windows and doors without generating strong room air currents).
- Use exhaust fans in restrooms and kitchens.
- Consider having activities, classes, or lunches outdoors when circumstances allow.
- Open windows in buses and other transportation, if doing so does not pose a safety risk. Even just cracking windows open a few inches improves air circulation.

Further information on strategies to improve air flow and ventilation for public school buildings is available on [nj.gov](http://nj.gov).

### ***Symptom Screening***

Childcare centers are required to screen children, staff and visitors for COVID-19 symptoms prior to entry to the program. Centers are permitted to use self-screening tools, applications or other methods as long as documentation is produced to show that each child, staff member or visitor has been screened.

Parents/caregivers should be strongly encouraged to monitor their children for signs of illness every day as they are the front line for assessing illness in their children. Children and staff who are sick should **not** attend childcare. Centers are encouraged to strictly enforce exclusion criteria for both children and staff.

Centers should provide clear and accessible directions to parents/caregivers and staff for reporting symptoms and reasons for absences.

### ***Preparing for Illness***

- Daily reports of attendance of children and staff should be closely monitored.
- Designate an area or room away from others to isolate individuals who become ill while at the facility.
  - Ensure there is enough space for multiple people placed at least 6 feet apart.
  - Ensure hygiene supplies are available, including a cloth or disposable mask, facial tissues, and alcohol-based hand rub.
  - Staff assigned to supervise children waiting to be picked up do not need to be healthcare personnel but should follow physical distancing guidelines.

- Establish procedures for safely transporting anyone who is sick to their home or to a healthcare facility. If you are calling an ambulance or bringing someone to the hospital, try to call first to alert them that the person may have COVID-19.

Be ready to follow CDC guidance on how to [disinfect your building or facility](#) if someone is sick.

## **COVID-19 Symptoms**

Signs and symptoms of COVID-19 in children may be similar to those of common viral respiratory infections or other childhood illnesses. The overlap between COVID-19 symptoms and other common illnesses means that many people with symptoms of COVID-19 may actually be ill with something else. This is even more likely in young children, who typically have multiple viral illnesses each year. It is important for pediatric providers to have an appropriate suspicion of COVID-19, but also to continue to consider and test for other diagnoses.

### Exclusion Criteria

Parents should not send children to childcare when sick. Childcare staff should have plans to isolate children with overt symptoms of any infectious disease that develop during the day while at the childcare facility. Any child that develops a single symptom not including new or worsening cough, shortness of breath, difficulty breathing, or new taste or olfactory disorder should follow the [NJDOH School Exclusion List](#) to determine the exclusion timeframe.

Children with the following symptoms should be promptly isolated from others and excluded from childcare:

- At least **two** of the following symptoms: fever 100.4, chills, rigors (shivers), myalgia (muscle aches), headache, sore throat, nausea or vomiting, diarrhea, fatigue, congestion or runny nose;  
**OR**

At least **one** of the following symptoms: new or worsening cough, shortness of breath, difficulty breathing, new olfactory disorder, new taste disorder.

**For children with chronic illness (i.e., seasonal allergies), only new symptoms, or symptoms worse than baseline should be used to fulfill symptom-based exclusion criteria.**

### **COVID-19 Illness, Exposure and Exclusion:**

Children and staff (regardless of vaccination status) with [COVID-19 compatible symptoms](#) should be isolated away from others until they can be sent home.

- If a mask is not tolerated by the child, staff should follow social distancing guidelines to the extent practicable (6 ft. away).
- Individuals should be sent home and referred to a healthcare provider. Testing for COVID-19 is recommended for persons with COVID-19 symptoms.
- Centers must report outbreaks or suspected outbreaks to their LHD and be prepared to provide the following information when consulting public health:

- The identity of the person with COVID-19 or probable COVID-19 (e.g., staff, child in care, household contact);
- The date the person with COVID-19 or probable COVID-19 was last in the building;
- The date the person developed symptoms and/or tested positive;
- Types of interactions the person may have had with other persons in the building or in other locations;
- Names, addresses, and telephone numbers for ill person’s [close contacts](#) in the center;
- Any other information to assist with the determination of next steps;
- If other persons in the childcare program have developed any symptoms; and
- Any other information to assist with the determination of next steps.

Children and staff who are COVID-19 positive must not return until they have met the criteria for discontinuing home [isolation](#).

On January 4, 2022, CDC updated [COVID-19 isolation and quarantine recommendations](#) with shorter isolation (for asymptomatic infected and mildly ill people) and quarantine periods of 5 days to focus on the period when a person is most infectious (followed by continued masking for an additional 5 days). Individuals who are unable to consistently wear a mask (including everyone <2 years old) should continue to isolate/quarantine for 10 days.

Updated isolation and quarantine guidance for Childcare/ECE settings can be found at <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/index.html> including a quick guide for [Isolation and Quarantine in Early Care and Education \(ECE\)](#).

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

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

- Stay home for at least 5 full days after the onset of symptoms or if asymptomatic after the positive test (day of symptoms is day 0; if asymptomatic, day the test was performed is day 0).
- If they have no symptoms or symptoms are resolving after 5 days and are fever-free (without the use of fever-reducing medication) for 24 hours, they can leave their home and should;
  - Wear a mask when around others at home and in public (indoors and outdoors) for an additional 5 days.
  - For these additional 5 days, centers should have a plan to ensure adequate distance during those activities (i.e., eating) when mask wearing is not possible.
- Children and staff who are unable or unwilling to consistently wear a mask when around others (**including all children under 2 years of age**) should continue to isolate at home for a full 10 days.

Centers should consider using additional prevention strategies, such as improved ventilation and cohorting, particularly when consistent mask wearing is not feasible.



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

*Individuals with an alternative diagnosis:*

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

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

**Exception:** During periods of low community transmission (green), ill individuals with COVID-19 compatible symptoms who are not tested **and do not have a known COVID-19 exposure** or alternative diagnosis may follow [NJDOH School Exclusion List](#) to determine when they may return to childcare. The [COVID-19 Exclusion Table](#) below can be used to determine the need for and duration of exclusion.

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

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

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

Children and staff who come into close contact with someone with COVID-19 should be excluded from childcare and quarantine if they have not had confirmed COVID-19 within the last 90 days and are in one of the following groups:

- Infants and young children [who are not eligible for vaccination based on age](#).
- Staff and older children who are not up to date with COVID-19 vaccines (have not received all [recommended COVID-19 vaccines, including any booster dose\(s\) when eligible](#)).

Asymptomatic exposed close contacts who meet criteria for exclusion should:

- Stay home and away from other people for at least 5 days (day 0 through day 5) after the last close contact with a person who has COVID-19. The date of the exposure is considered day 0.
- Wear a mask when around others at home and in public (indoors and outdoors) for an additional 5 days.
  - For these additional 5 days, centers should have a plan to ensure adequate distance during those activities (e.g., eating) when mask wearing is not possible.
- Children and staff who are unable to consistently wear a mask when around others (**including all children under 2 years of age**) due to age or developmental disabilities should:

- Continue to quarantine for a full 10 days OR
- May return to childcare on day 8 with a negative test result collected at day 5-7 if they remain asymptomatic.
- Get tested 5 days or more after the last close contact, regardless of vaccination status or whether they have symptoms.
  - If positive, follow isolation recommendations.

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

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

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

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

**Centers serving medically complex or other high-risk individuals should use a 10-day exclusion period for the exclusion of these individuals or those who work closely with them when identified as close contacts.**

The NJDOH isolation and quarantine calculator can be found at <https://covid19.nj.gov/pages/quarantine-calculator>

**Exceptions for household contacts:**

In all risk levels, staff and attendees who meet the [criteria for quarantine](#) and who are household members of a child/staff member with COVID-19 compatible symptoms that meets [COVID-19 Exclusion Criteria](#) should be excluded from childcare until the symptomatic individual receives a negative test result. If the ill person is not tested but an alternative diagnosis is established after clinical evaluation, household contacts can return to childcare.

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

**COVID-19 Exclusion Table**

Individuals who	Individuals who are unable to mask	Individuals ≥ 2 years old AND are able to mask
Have <b>symptoms of COVID-19</b> AND <b>have tested positive</b> (by PCR, rapid molecular or antigen testing) OR <b>have not been tested</b> AND have not received an alternate diagnosis by HCP	Stay home and away from others:  At least <b>10 full days</b> after symptoms first appeared AND <b>no fever</b> for at least 24 hours (one full day without the use of medicine that reduces fever) AND <b>symptoms have improved</b> (e.g., cough, shortness of breath)	Stay home and away from others:  At least <b>5 full days</b> after symptoms first appeared AND <b>no fever</b> for at least 24 hours (one full day without the use of medicine that reduces fever) AND <b>symptoms have improved</b> (e.g., cough, shortness of breath)
Have <b>NO symptoms of COVID-19</b>  AND  have <b>tested positive</b>	Stay home and away from others:  At least <b>10 full days</b> after the collection date of the positive COVID-19 test AND have <b>no symptoms</b>	Stay home and away from others:  At least <b>5 full days</b> after the collection date of the positive COVID-19 test AND have <b>no symptoms</b>
Have <b>symptoms of COVID-19</b> AND <b>no known exposure</b> to someone with COVID-19 in the past 5 days AND have an alternate <b>HCP diagnosis</b> OR have <b>tested negative</b>	Follow <a href="#">NJDOH School Exclusion List</a>	
Are identified as a <b>close contact</b> of someone with COVID-19  AND  Have <b>no symptoms</b>	<b>Unvaccinated OR fully vaccinated but haven't received all recommended COVID-19 vaccines, including booster dose(s) when eligible</b>	<b>Fully vaccinated AND received all recommended COVID-19 vaccines, including booster dose(s) when eligible (up to date) OR Persons who tested positive for COVID-19 in past 90 days</b>
	Exclude and get tested after <b>5 days</b> from date of last contact AND continue to <b>mask</b> when around others (indoors and outdoors) for <b>10 days</b>	Stay in childcare, get tested <b>5 days</b> from date of last contact ( <i>except if tested positive in past 90 days</i> ) AND <b>mask</b> when around others (indoors and outdoors) for <b>10 days</b>

- If a case of COVID-19 infection occurs in **one defined group** within the center, the ill person should be sent home.
  - Other staff and children in the group may be considered [close contacts](#) of that case and should be excluded and instructed to quarantine in their homes until the [exclusion criteria](#) for a close contact has been met.
  - Public health, parents/guardians, and staff facility-wide should be informed of the situation.
  - The CDC guidance for cleaning and disinfection should be followed.
- Other groups within the childcare facility can continue to function, with daily and vigilant screening for illness occurring, and social distancing, personal and environmental hygiene measures strictly adhered to.
- If cases occur in **multiple groups** within the facility,
  - Recommendations for whether the entire classroom or cohort would be considered exposed will be based on public health investigation.
  - If the public health investigation recommends a short-term closure of a facility due to exposure to COVID-19, any additional or extended closures may be warranted based on the LHD's recommendations.

**The ability to keep groups small and static can be helpful in limiting exposure (and exclusion), identifying [close contacts](#), and may aid in determining if a facility wide closure is necessary.**

## ***Outbreaks***

An outbreak in school/childcare settings is defined as three or more individuals with COVID-19 (positive viral test results) among attendees or staff with onsets within a 14-day period, who are epidemiologically linked<sup>1</sup>, do not share a household, and were not identified as [close contacts](#) of each other in another setting during standard case investigation or contact tracing.

## ***Contact Tracing and Notification***

Childcare staff should help in identifying [close contacts](#) of positive COVID-19 cases. This should be done in conjunction with the LHD.

Contact tracing is a strategy used to determine the source of an infection and how it is spreading. Finding people who are [close contacts](#) to a person who has tested positive for COVID-19, and therefore at higher risk of becoming infected themselves, can help prevent further spread of the virus.

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*Close contact is defined as being within 6 feet of someone with suspected or known COVID-19 for 15 or more minutes during a 24-hour period. In some school situations, it may be difficult to determine whether individuals have met this criterion and an entire cohort, classroom, or other group may need to be considered exposed, particularly if people have spent time together indoors.*

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<sup>1</sup> Health departments should verify to the best extent possible that cases were present in the same setting during the same time period (e.g., same classroom, event, childcare/school-based extracurricular activity, school transportation) within 14 days prior to onset date (if symptomatic) or specimen collection date for the first specimen that tested positive (if asymptomatic or onset date is unknown) and that there is no other more likely source of exposure (e.g., household or [close contact](#) to a confirmed case outside of childcare setting).

The [exception](#) to the close contact definition for K-12 schools typically does not apply to ECE programs. If ECE programs are in K-12 indoor classroom settings or structured outdoor settings where mask use can be observed, extending the exception to younger ages may be appropriate after consultation with LHD.

After identifying who was in close contact, ECE administrators should notify staff and families of children who were [close contacts](#) as soon as possible.

- Instruct families to monitor children who are determined to be a close contact for symptoms following their exposure. Anyone who develops symptoms should isolate and get tested immediately.
- Educate staff and families about when they and their children should get tested, or when they should stay home and quarantine and when they can return to ECE programs.

For more information, please visit CDC's [Toolkit for Responding to COVID-19 Cases](#) for resources on contact tracing, quarantine, and isolation as well as sample letters for parents and caregivers.

Individuals who have recently had a close contact with a person with COVID-19 and who meet criteria for quarantine should [stay home and monitor their health](#).

### **Closure**

- A center may need to temporarily dismiss children and staff for 2-5 days, if a child or staff member attended childcare before being confirmed as having COVID-19.
  - This initial short-term dismissal allows time for the local health officials to gain a better understanding of the COVID-19 situation impacting the facility, perform contact tracing and cleaning and disinfecting the facility.
  - Centers should follow CDC guidance on how to [clean and disinfect](#) their building if someone is sick.
- Centers should work with the [local health officials](#) to determine appropriate next steps, including whether an extended dismissal duration is needed to stop or slow further spread of COVID-19.

### **Testing**

NJDOH recommends that facilities work with their local health departments to identify rapid viral testing options in their community for the testing of symptomatic individuals and asymptomatic individuals who were exposed to someone with COVID-19. CDC has information on types of [COVID-19 tests](#) currently available to diagnose current infection. Having access to rapid COVID-19 testing for ill children and staff can reduce unnecessary exclusion of ill persons and their contacts and minimize unnecessary disruptions of childcare and the educational process. Pursuant to [EO 264](#) all covered workers who are not fully vaccinated are required to submit to testing at a minimum of once to twice per week on an ongoing basis until fully vaccinated.

Home-based/self-tests can be used in a variety of settings, including childcare and ECE. A variety of home-based COVID-19 tests are becoming more widely available. While all involve self-collection of specimens, some test kits require a prescription and others are over the counter (OTC). Some



collections/testing are observed by a telehealth provider, some involve self-collection but are sent to a laboratory for processing, and others use self-collection and self-testing without any involvement of a healthcare provider. Some home-based tests have been authorized by FDA for screening purposes, others for diagnostic testing.

If home based tests are used to return to childcare after exclusion, the following guidelines should be referenced [https://www.state.nj.us/health/cd/documents/topics/NCOV/COVID\\_home\\_tests.pdf](https://www.state.nj.us/health/cd/documents/topics/NCOV/COVID_home_tests.pdf).

Additional information on home-based testing is available at <https://www.cdc.gov/coronavirus/2019-ncov/testing/self-testing.html>.

### *Screening Testing*

Screening testing can be used to help evaluate and adjust prevention strategies, provide an additional prevention strategy, and added protection for ECE programs that are not able to provide optimal physical distance between children. At a minimum, [screening testing](#) should be offered at any level of community transmission to all staff who [are not up to date with COVID-19 vaccines](#) to help interrupt transmission. To be most effective, the screening program should test at least once per week, and report results within 24 hours.

## ***COVID-19 Resources***

[NJDCF COVID-19 Resources for Licensed Childcare Centers](#)

[NJDOH COVID Information for Schools](#)

[COVID-19 Activity Level Index \(CALI\)](#)

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

[CDC Toolkit for Child Care Programs](#)

[CDC Childcare Schools and Youth Programs](#)

[CDC Schools and Day Camps](#)

[CDC Considerations for Youth Sports](#)

[CDC Cleaning and Disinfecting Your Facility](#)

[CDC Information on Cleaning School Buses](#)

[AAP Guidance Related to Childcare During COVID-19](#)

[People of Any Age with Underlying Medical Conditions](#)

[Transmission of SARS-CoV-2 in K-12 Schools and Early Care and Education Programs](#)