



## Reopening Recommendations for New Jersey Child Care Centers Following Mandatory Shutdown

April 27, 2020

The state's childcare industry is in a very fragile state as we navigate the implications of the coronavirus and the associated shut down of most of the industry except for a relatively small number of centers that have remained open to serve essential workers.

Early Childhood Education Advocates (ECEA) and the New Jersey Child Care Association (NJCCA) acknowledge the sacrifices these providers have made to serve the essential worker community at-large during this ordeal. Center operators who have remained open have done so out of the goodness of their hearts and have done their best to weather financial losses.

The ECEA/NJCCA recommends - on behalf of its members - that once the governor lifts stay-at-home orders, the state Department of Children & Families (DCF) conduct an analysis of centers that did not reopen. Childcare industry experts nationwide have estimated that anywhere from 30% - 60% of the childcare industry will not be able to return from the shutdown because of overwhelming financial loss.

### **It is vital to understand the impact of the coronavirus shutdown on the childcare industry.**

As we begin to recover, childcare must be deemed as a "Phase One" Business and essential to putting the economy back on its feet. As soon as non-essential businesses can reopen, the childcare industry needs to be operating to allow workers to return to their jobs. We recognize that adjustments need to be made to ensure health and safety. Our goal: To make necessary modifications as the childcare industry reopens and work towards reestablishing developmentally-appropriate practices while the state moves through various phases of recovery.

The following ECEA/NJCCA recommendations are taken from the federal "Guidance for Child Care Programs That Remain Open" (<https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-forchildcare.html>), from Dr. Alexandra Levitt PhD, Health Scientist at the Centers for Disease Control and Prevention, <https://youtu.be/J7hEDYbqXRc> and from practical experiences gained while safely operating "Emergency Child Care Centers" during this pandemic.

We believe the reopening of childcare centers should reflect the lessons learned through this pandemic, creating a tiered approach to return to normal operations as the coronavirus threat diminishes. We have categorized these tiers based on the severity of the outbreak from highest (Tier 4) to lowest (Tier 1), which were typical operations pre-February 2020. They are as follows:

- Tier 4: Statewide shutdown with only certified childcare centers operating to serve the needs of essential service workers.
- Tier 3: Phase #1; reopening of childcare centers serving essential service workers and parents who must resume work and need their child in care.
- Tier 2: Phase #2; society is fully back to work and exercising safe distancing procedures
- Tier 1: Phase #3; pre-February 2020 operating procedures

The following reflects ECEA/NJCCA recommendations (**in bold**) using our suggested tiered approach for adjustments to Guidance for New Jersey Child Care Facilities, issued by DCF on March 25, 2020.

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### Guidance for New Jersey Child Care Facilities

March 25, 2020

The following procedures are required of all emergency childcare centers permitted to continue operating by the Department of Children and Families under authority granted in Executive Order #110, issued March 25, 2020. These requirements are imposed in conjunction with other applicable requirements imposed in law or regulation, or in the rare event that these requirements are in conflict with other law or regulation, the more stringent requirement shall be enforced.

#### General Guidance

1. Centers must exclude children, staff, parents and guardians from sites if they:
  - Are showing symptoms consistent with COVID-19, such as fever, cough or shortness of breath. Please refer to the New Jersey Department of Health COVID-19 Guidance for Child Care and K-12 Schools for specific exclusion guidance.
  - Have been in contact with someone with COVID-19 in 14 days.

**ECEA/NJCCA agrees and suggests mandatory reporting by parents of a family member at home who has the virus. The child would be restricted access to the childcare center until the family has been tested and cleared by health professionals. It is also suggested that at-risk children and staff (65 and older) should talk with their medical provider to determine their risks and if it is prudent to remain out of the childcare setting. (Tiers 4,3,2,1)**

#### 2. Health Screening at Entry

Children and staff must be screened for COVID-19 symptoms prior to entering or being admitted to the center each day.

- Daily temperature and symptom checks of staff and children should be done upon entry.
- Ask if medications were used to lower the child's temperature

Children or staff who respond affirmatively when asked about the following shall not be admitted to the center:

- If they have been in close contact (within 6 feet for 10 minutes or more) with anyone diagnosed with COVID-19 in the past 14 days; or
- If anyone in their household has symptoms of respiratory illness (e.g. fever, cough, shortness of breath).

**ECEA/NJCCA agrees and recommends the highest temperature allowed should be 100.3 per CDC guidance (Tiers 4,3,2, resume normal operations Tier 1)**

### 3. Implement Social Distancing Strategies

Though complete social distancing is difficult to achieve in a childcare environment because childcare staff will be in close contact with children, centers are required to implement strategies to minimize chances of viral transmission. These shall include, at a minimum:

- Eliminate large group activities: No field trips, assemblies, large meetings, and performances.

**ECEA/NJCCA agrees (Tiers 4,3 & 2 resume normal operations in Tier 1)**

- Cancel or modify activities where children are likely to be in close contact: For example, modify physical education activities to reduce contact between children, avoid large gatherings or mixing of classes for music lessons.

**ECEA/NJCCA agrees (Tiers 4, 3, resume normal operations in Tier 2)**

- Reduce group size: Reduce group sizes to no larger than 10 people total, including children and adults. Keep groups together throughout the day; do not combine groups (e.g., on the playground, at opening and closing). As feasible, maintain the same groups from day to day.

**ECEA/NJCCA strongly recommends that classroom capacity should remain as originally licensed, i.e. a three-year old classroom of 20 children and two staff. If the economy is to recover, and allow parents to return to work, they will need access to quality childcare. We expect some licensed providers will not resume operation post-shutdown, further reducing the supply of much-needed childcare capacity. Reducing group sizes by one child, as was required during the shutdown, has no scientific validity and would only further weaken the center's ability to return to financial viability.**

- Maximize space between people: To maximize space between people in a group, limit rooms to 10 people total in typical childcare facilities. Large rooms can be divided into two rooms. When dividing a room, create a clear barrier (e.g., with cones, chairs, or tables) to ensure a minimum of 6 feet between the two groups. Aim to keep three to six feet between individual children and minimize the amount of time children are in close contact with each other. For example, increase the distance between children during table work and limit the amount of time children spend standing in line.

**ECEA/NJCCA strongly recommends that classroom capacity should remain as originally licensed. See recommendation above.**

**Children 0 – 4 years old are very social and will gravitate toward one other. We see no practical way of keeping children three- to six-feet apart. While dividing classrooms into smaller group sizes is fairly easy to do, keeping children within those areas is not. However, while this is not developmentally appropriate, staff will do their best to accomplish this social distancing approach. Successfully achieving limited exposure needs to be accomplished at the front door. This has been addressed in #1 above. If children are showing any signs of illness, they should not be in the center. Once admitted into the center, the care they receive should be as normal as possible. Social distancing practices will be adhered to between adults whenever possible. Unnecessary contact with children will also be discouraged.**

**Sleeping cots/mats should be separated as much as possible (it is preferred they be spaced 6 feet apart) and configured head to toe. However, it needs to be recognized that some centers do not have the space to adhere to this distancing recommendation. Bedding should be bagged, and cots/mats sanitized after each use. ECEA/NJCCA agrees (Tier 4, 3, resume normal operations Tier 2)**

- Limit item sharing: if items are being shared, remind children not to touch their faces and to wash their hands after using items. Limit or eliminate use of water or sensory tables and wash hands immediately after any use of these tools. Only share items and toys that can be cleaned and sanitized.

**ECEA/NJCCA agrees (Tier 4, 3, resume normal operations Tier 2)**

- Limit non-essential visitors: Limit the presence of volunteers for classroom activities, parent readers, etc.

**ECEA/NJCCA agrees and suggests that all people except the following are prohibited from access to the center: staff, persons of legal authority and children. Additionally, tours of prospective customers should be conducted through virtual tours if possible. If this is not possible, the tours should occur in the evenings and weekends with no children present. (Tier 4, 3, resume Tier 2)**

- Teach staff, children, and their families to maintain distance from each other while at the facility: Educate staff, children and families about why social distancing is important.

## **ECEA/NJCCA agrees**

### **4. Drop-off and Pick-up**

- Do not combine groups in the morning or afternoon.
- Stagger drop-off and pick-up times for each small group to avoid a large number of people congregating outside the facility or in front of the facility.
- Children and staff must wash hands upon arrival, and wash hands or use hand sanitizer before and after signing in and out. No pen should be shared. Parents should use their own pen when signing in. If check-in is electronic, provide alcohol wipes and frequently clean the screens or keyboards.
- Parents should drop off children at the front door, limiting adult entry into the facility. Staff should meet children as they are dropped off.

**ECEA/NJCCA suggests that combining groups in the morning and afternoon be discouraged. However, doing so requires centers to have more staff on hand. We expect this not to be the case; many former teachers and teacher assistants may not return to work once centers are reopened.**

**We also recommend limiting only essential items be brought in from home (baby bottles, formula, diapers, sunscreen, lunch, etc.) Also, it is preferred, but not required, that children's jackets/coats be handed back to parents at drop off and that a second jacket be kept in the classroom for when the child goes outside. If possible, staff and children should remove "street" shoes and wear "center" shoes that have not left the facility. We recognize that some children may not have additional clothing or shoes to adhere to this suggestion. (Tier 4,3, resume normal operations Tier 2)**

### **5. Outside Play**

- Offer outdoor play in staggered shifts.
- If multiple groups are outside at the same time, they should have a minimum of six feet of open space between outdoor play areas or visit these areas in shifts so that they are not congregating. Children and staff should always wash hands immediately after outdoor play time.

**ECEA/NJCCA agrees (Tier 4, 3, resume normal operations Tier 2)**

### **6. Meals and Snack Time**

- Follow existing food safety practices as required in N.J.A.C. 8:24, Retail food regulations (good food safety practices.)

- Meals and snacks shall be provided in the classroom to avoid congregating in large groups.
- If meals must be provided in a lunchroom, stagger meal times, arrange tables to ensure that there is at least six feet of space between groups, and clean tables between lunch shifts.
- Eliminate family-style meals.
- Ensure staff are conscious of how they deliver food and handle silverware and plates (recommend disposables). When handling do not touch food contact surfaces and ready to eat food without gloves, or utensils.
- Ensure staff and children wash hands before and after meal/snack time.
- Staff should clean and sanitize table(s) before and after each use by groups.

**ECEA/NJCCA agrees**

#### 7. Managing Air Flow

- Ensure that HVAC systems continue to be maintained as required by the Indoor Air Quality Standard.
- Incorporate additional outside time and open windows frequently.
- Adjust the HVAC system to allow for more fresh air to enter the facility.

**ECEA/NJCCA agrees**

#### 8. Hygiene Practices

- Practice frequent hand washing with soap and water for at least 20 seconds, and require handwashing 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. Help young children to ensure they are doing it effectively.
- If soap and water are not readily available, use an alcohol-based hand sanitizer with at least 60% alcohol.
- Advise children, families, and staff to avoid touching their eyes, nose, and mouth with unwashed hands.
- Cover coughs or sneezes with a tissue, then throw the tissue in the trash and clean hands with soap and water.
- Provide adequate supplies for good hygiene including clean and functional handwashing stations, soap, paper towels, alcohol-based hand sanitizers, and lined trash cans.

**ECEA/NJCCA agrees**

#### 9. Transportation

Those providing transportation to childcare facilities should maximize space between riders (e.g. one rider per seat in every other row). Keeping windows open might help to reduce virus transmission.

**ECEA/NJCCA agrees**

What to do if children, staff, or parents develop COVID-19 or symptoms

Staff or children with a fever of 100.4 F or higher, cough, or shortness of breath should be excluded from emergency childcare centers and stay away from others. Children with household members who are known to have COVID-19 should also be excluded from the centers.

Children or staff members who develop symptoms of COVID-19 while at the facility

- If a child or staff member develops symptoms of COVID-19 while at the facility (e.g. fever of 100.4 or higher, cough, shortness of breath), immediately separate the person from the well people until the ill person can leave the facility. If the child has symptoms of COVID-19 (e.g. fever, cough, shortness of breath), the caregiver waiting with the child should remain as far away as safely possible from the child (preferably, 6 feet).
- If symptoms persist or worsen, they should call their health care provider for further guidance. Advise the employee or child's parent or caregiver to inform the facility immediately if the person is diagnosed with COVID-19.

**ECEA/NJCCA agrees**

Children or staff members who test positive for COVID-19

- If facility learns of a COVID positive case in their facility they should contact their local health department for guidance. See [www.localhealth.nj.gov](http://www.localhealth.nj.gov) for contact information.
- Facilities experiencing a confirmed case of COVID-19 among their population should consider closing at least temporarily (e.g., for 14 days - or longer if advised by health officials). The duration may be dependent on staffing levels, outbreak levels in the community and severity of illness in the infected individual. Symptom-free children and staff should not attend or work at another facility during the closure.

**ECEA/NJCCA agrees that decisions to close the facility should be guided by the local health department.**

Short-term visitors to the facility with confirmed or suspected COVID-19

- If the infected individual with confirmed or suspected COVID-19 spent minimal time (i.e. 10 minutes or less) in close contact with those in the emergency child care center, the

center must consult and work with the local health department to determine the appropriate course of action, which may include closure or exclusion.

### **ECEA/NJCCA agrees**

#### Returning to an emergency childcare center after suspected COVID-19 symptoms

If a staff member or child has symptoms of COVID-19 or is a close contact of someone with COVID-19, they can return to the childcare facility if the following conditions are met:

- If the individual has a fever, cough, or shortness of breath and has not been around anyone who has been diagnosed with COVID-19, they should stay home and away from others until 72 hours after the fever is gone and symptoms get better. If the person's symptoms worsen, they should contact their healthcare provider to determine if they should be tested for COVID-19.
- If an individual is diagnosed with COVID-19, they must remain out of the facility for a minimum of 7 days after the onset of first symptoms. They may return under the following conditions:
  - If the individual had a fever: 3 days after the fever ends AND there is an improvement in initial symptoms (e.g. cough, shortness of breath);
  - If the individual did not have a fever: 3 days after there is an improvement in initial symptoms (e.g. cough, shortness of breath); OR 7 days after symptom
  - Individuals diagnosed with COVID-19 should remain home from work or school and avoid contact with others until at least 3 days (72 hours) have passed since recovery (defined as resolution of fever without the use of fever-reducing medications) and improvement in respiratory symptoms (e.g., cough, shortness of breath); AND at least 7 days have passed since symptoms first appeared.
- If an individual believes they have had close contact to someone with COVID-19 but are not currently sick, they should monitor their health for fever, cough, and shortness of breath during the 14 days after the last day they were in close contact with the sick person with COVID-19. They should not go to work or childcare and should avoid public places for 14 days.

**This guidance is no longer applicable once the center returns to normal operations serving the wider population beyond emergency providers**

#### Cleaning and disinfecting procedures

- Cleaning refers to the removal of dirt and impurities, including germs, from surfaces. Cleaning alone does not kill germs. But by removing the germs, it decreases their number and therefore any risk of spreading infection.
- Disinfecting works by using chemicals to kill germs on surfaces after an object has been cleaned. Killing germs that remain on surfaces after cleaning further reduces any risk of



spreading infection. Attempting to disinfect without first cleaning an object will reduce the disinfectant's effectiveness and potentially leave more germs on the object.

### Cleaning

Increase the frequency with which you clean toys, equipment, and surfaces, especially doorknobs, light switches, countertops, and restrooms. Use alcohol wipes to clean keyboards and electronics and wash hands after use. Minimize the potential for the spread of germs in the facility by temporarily removing toys that are not easily cleanable (such as stuffed animals, play dough, and pillows) and rotate the toys that are out at any one time so that they can be adequately cleaned and sanitized. If groups of children are moving from one area to another in shifts, cleaning measures must be completed prior to the new group entering the area.

Follow regular cleaning protocols and use an EPA-registered disinfectant that is active against SARS-CoV-2. <https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>

**ECEA/NJCCA agrees (tier 4,3, resume normal operations Tier 2)**

### Disinfecting

On a daily basis, clean and then disinfect surfaces and objects that are touched often. This includes restrooms, water coolers, desks, countertops, doorknobs, computer keyboards, hands-on learning items, faucet handles, phones and toys. If available in your facility, custodians should disinfect as they are trained to use disinfectants in a safe and effective manner and to clean up potentially infectious materials and body fluid spills – blood, vomit, feces, and urine. Surfaces must be thoroughly cleaned to remove all organic matter before a disinfectant is applied for the required time. No disinfectant works with organic matter.

**ECEA/NJCCA agrees. It is recommended to also disinfect light switches and cubbies. Additionally, we suggest that sanitizing bins be added to all classrooms (not just infant and toddler) to disinfect shared hard surface toys, scissors, pencils, crayons, markers, etc. If toys cannot be sanitized, they should be removed from the classroom (Tier 4,3, resume normal operation Tier 2)**

### Buses

Open the windows after runs and let the buses thoroughly air out. Buses should be cleaned with a third party certified fragrance-free green cleaner and microfiber cloths. Handrails can then be disinfected with an EPA approved disinfectant. Windows need to be kept open to prevent buildup of chemicals that will cause eye and respiratory problems.

**ECEA/NJCCA agrees (Tier 4, 3, resume normal operations Tier 2)**

## Playgrounds

Playground equipment would be considered a high touch area and as such should be cleaned on a routine basis and cleaned more frequently during an outbreak situation.

**ECEA/NJCCA agrees (Tier 4,3, resume normal operations Tier 2)**

## “Deep” Cleaning

This usually refers to extra cleaning, dusting and HEPA vacuuming to remove particulates and address asthma issues. In the context of infection control it may mean cleaning surfaces with soap and water and then appropriately using disinfectants on high-touch surfaces. When done, it is especially important to use proper PPE, good ventilation, and thoroughly air out the facility before children and other staff return.

**ECEA/NJCCA agrees (Tier 4,3, resume normal operations Tier 2)**

## Cleaning and Disinfecting after a Suspected or Confirmed COVID-19 Case

For additional guidance on the cleaning and disinfection of rooms or areas that those with suspected or confirmed COVID-19 have visited, please see the Centers for Disease Control and Prevention’s Coronavirus Disease 2019 Environmental Cleaning and Disinfection Recommendations.

**ECEA/NJCCA agrees**

## Additional Resources

The Centers for Disease Control and Prevention’s Interim Guidance for Administrators of U.S. K-12 Schools and Childcare Program: Plan, Prepare and Respond to Coronavirus Disease 2019: <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-forschools.html>

The Centers for Disease Control and Prevention’s Coronavirus Disease 2019: Environmental Cleaning and Disinfection Recommendations: <https://www.cdc.gov/coronavirus/2019ncov/community/organizations/cleaning-disinfection.html>

New Jersey Department of Health: <https://www.nj.gov/health/cd/topics/ncov.shtml> [https](https://www.nj.gov/health/cd/topics/ncov.shtml)