



State of New Jersey  
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*Lt. Governor*

JUDITH M. PERSICILLI, RN, BSN, MA  
*Commissioner*

**EXECUTIVE DIRECTIVE NO. 20-032**

**COVID-19 CHILD CARE STANDARDS PURSUANT TO  
EXECUTIVE ORDER NO. 149**

WHEREAS, according to the Centers for Disease Control and Prevention (CDC), Coronavirus disease 2019 (COVID-19) is a respiratory illness caused by a virus called SARS-CoV-2; and

WHEREAS, on March 9, 2020, Governor Philip D. Murphy issued Executive Order 103, declaring the existence of a Public Health Emergency, pursuant to the Emergency Health Powers Act, N.J.S.A. 26:13-1 et seq., and a State of Emergency, pursuant to the Disaster Control Act, N.J.S.A. App A:9-33 et seq., in the State of New Jersey for COVID-19; and

WHEREAS, the Public Health Emergency was extended by Governor Murphy under Executive Orders 119, 138, 151, 162, 171 and 180; and

WHEREAS, Governor Murphy announced a multi-stage New Jersey's Road Back Plan (the "Plan") for the methodical and strategic reopening of businesses and activities based on scientific data and metrics concerning the level of disease transmission risk and essential classification; and

WHEREAS, in line with the Plan, the State has been able to relax a number of restrictions, each time tailored to the relative risk the activity presents, and additional restrictions on activities and businesses have been lifted over the past several months; and

WHEREAS, on May 29, 2020, Governor Murphy issued Executive Order No. 149 (2020), which permitted child care programs to reopen broadly beginning June 15, 2020, and youth summer camps to open beginning July 6, 2020; and

WHEREAS, Executive Order No. 149 (2020) also required the Department of Health to impose Standards for COVID-19 Related Health and Safety Applicable in New Jersey Child Care and Youth Summer Camp Settings; and

WHEREAS, under the declared public health emergency, the Commissioner of the Department of Health is empowered, pursuant to N.J.S.A. 26:13-12, to take all reasonable and necessary measures to prevent the transmission of infectious disease and apply proper controls and treatment for infectious disease; and

WHEREAS, heightened health and safety protocols are necessary for child care centers to ensure an environment that will limit the spread of COVID-19; and

WHEREAS, on June 30, 2020, the Commissioner of the Department of Health (DOH) issued Executive Directive No. 20-021, COVID-19 Child Care and Youth Summer Camp Standards Pursuant to Executive Order No. 149; and

WHEREAS, given the decreasing rate of reported new cases of COVID-19 in New Jersey, including a reduction in the total number of individuals being admitted to hospitals for COVID-19 and in the rate of reproduction for COVID-19 infections in New Jersey, it is appropriate to relax some of the restrictions and limitations that were placed on child care centers under Executive Directive 20-021.

NOW, THEREFORE, I, JUDITH PERSICILLI, Commissioner of the DOH, pursuant to the powers afforded to me under the Emergency Health Powers Act, hereby ORDER and DIRECT the following:

1. This Executive Directive supersedes the portion of Executive Directive 20-021 issued on June 30, 2020 pertaining to child care centers.
2. Child Care Centers, as defined in Executive Order No. 149 (2020), must adhere to the protocols listed below:
  - a. Screening and Admittance
    - i. Persons that have a fever of 100.4 (38.00C) or above or other signs of illness shall not be admitted to the facility. The Child Care Center must advise and encourage parents to be on the alert for signs of illness in their children and to keep them home when they are sick.
    - ii. Children and staff must be screened for fever or signs of COVID-19 illness prior to entry to the center. An area, outdoors or in the immediate entryway of the facility, must be designated for screening. Indoor screening areas must be separated from the program facility by walls or physical barriers. Outdoor screening areas must be sufficiently sheltered to allow utilization during inclement weather. Social distancing or physical barriers should be used to eliminate or minimize exposure risk during screening.
    - iii. Licensed centers must include the information collected during the screening process in the daily log report to the Department of

Children and Families, Office of Licensing, as required in paragraph 1(h) below.

b. Group Sizes and Social Distancing

- i. Children shall be grouped into no more than 15. Classes shall include the same group of children each day, to the greatest extent possible, and, also to the greatest extent possible, the same staff shall be assigned to care for each group, each day. Groups shall congregate not less than 10 feet in all directions from other groups or be separated by walls or other physical partitions. Combining or mixing groups shall not be permitted except that Centers may permit the limited comingling of groups during periods when total attendance is substantially decreased (e.g. the last hour of operation) if (1) such comingling is limited to sibling groups, or (2) such comingling occurs outdoors, social distancing is strictly observed, and close contact is prohibited. Centers are highly encouraged to require the use of masks by all children over age two during these periods.
- ii. Spacing of groups may be reduced to six feet during nap or sleep periods, if necessary. Cots or bedding shall be positioned alternatively head-to-toe to minimize potential virus transmission between children.
- iii. Use of shared spaces shall be carefully controlled to ensure that children and staff maintain at least six feet of separation from children or staff from other groups. Floor markings, physical partitions or other safeguards should be used as necessary. Non-essential shared spaces, such as game rooms or dining areas, should be closed, if possible; if this is not possible, the use of these shall be staggered and the spaces shall be disinfected between uses.
- iv. Outdoor play time on shared playgrounds shall be staggered to prevent mixing between groups. Simultaneous use of outdoor play spaces is permissible if at least six feet of separation can be maintained between groups, and centers are encouraged to partition available space, where possible, to allow for increased outdoor play time. Children and staff must wash their hands upon returning from outdoor play.
- v. Procedures shall be implemented to prevent crowding at pick up and drop off. Centers shall, at a minimum, prohibit the entry of parents or others into any entry vestibule or pick up area in excess

of the number that can be accommodated allowing for at least six feet of distance between persons. Centers should strongly consider prohibiting any entry of parents into the facility and should instead walk children to cars or to parents waiting outside the building.

- vi. Staff shall be required to wear masks while working unless doing so would inhibit the individual's health. If a staff member refuses to wear a mask for non-medical reasons and if a mask cannot be provided to the staff person at the point of entry, the center must deny entrance to them..
- vii. When feasible, children shall be encouraged to wear masks within the center. Masks should not be put on children under age two because of the danger of suffocation and should never be placed on a child during nap or sleep periods.
- viii. Meals and snacks shall be provided in the classroom or area where groups are regularly situated to avoid congregating in large groups. If meals must be provided in a lunchroom, stagger mealtimes, arrange tables to ensure that there is at least six feet of space between groups, and clean tables between lunch shifts. Family style meals are prohibited.
- ix. Centers shall ensure that staff are conscious of how they deliver food and handle silverware and plates (recommend disposables). When handling, do not touch food contact surfaces and ready to eat food without gloves or utensils.
- x. Centers providing or contracting for the provision of transportation to child care facilities shall maximize space between riders (e.g. one rider per seat in every other row).

c. Activities

- i. Field trips and other off-site activities are prohibited, with the exception of off-site activities within walking distance of the facility, if social distancing can be maintained throughout the whole activity. Permissible activities may include, for example, hikes or walks to nearby parks.
- ii. Close person to person contact (hugging, wrestling, games involving touching or tagging) shall be strictly limited. Centers should not punish otherwise age appropriate behavior.

- iii. Activities that are likely to bring children into close contact with one another should be cancelled or modified.
- iv. Sharing of supplies, food, toys and other high touch items must be strictly limited. Centers shall ensure an adequate supply of school, art and other supplies to preclude the need for sharing of items. Children's belongings shall be kept separate in individual storage bins or cubbies and sent home each day for washing. If items must be shared, they shall be used by one group at a time and cleaned and disinfected between uses.

d. Visitors

- i. Visitors shall not be permitted to enter the center during operating hours, with the exception of:
  - (1) Emergency or law enforcement personnel in their official capacity, Department of Children and Families personnel for child protection or child care licensing purposes, (including investigations and inspections to ensure compliance with this Directive), local or state health officials, providers of therapeutic and treatment services (including Early Intervention Services program staff and any provider of serviced required by an Individual Education Plan), and persons providing emergency repair services within the center that cannot be reasonably delayed until the center is closed;
  - (2) Parents shall be permitted to visit the center for purposes related to the wellbeing of their child, including nursing of infants. Parents are required to wear a mask, unless doing so creates a risk to their health; and
  - (3) Other outside visitors, including entertainers and photographers, may be permitted to visit the center if they are required to maintain six feet of separation from all children and staff and wear a mask. Where possible, centers should consider hosting such visitors in an outdoor setting. If such visitor is permitted indoors, the center must limit the visitor's movement and length of time within the facility.

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

- (1) Childcare programs operating in public school buildings and receiving children directly from school shall not be required to screen children a second time upon arrival at childcare.

- iii. To the greatest extent feasible, unless the purpose of the authorized outside visitor is to observe the care provided to children (e.g. a DCF licensing inspector), all reasonable efforts should be made to minimize visitor contact with children and staff.
- iv. Visitors shall be required to wear masks while visiting the center unless doing so would inhibit the individual's health. If a visitor refuses to wear a mask for non-medical reasons and if a mask cannot be provided to the individual by the business at the point of entry, the center must deny them access to the center.

e. Promoting Healthy Hygiene Practices

- i. Centers shall teach and reinforce, for both staff and children, proper hygiene techniques, including washing hands and covering coughs and sneezes.
- ii. Centers shall teach and reinforce use of masks for staff, and where appropriate, children. Masks are most essential at times when social distancing is not possible. Staff and children should be frequently reminded not to touch their masks and to wash their hands frequently.
- iii. Centers shall have adequate supplies to support healthy hygiene behaviors, including soap, hand sanitizer with at least 60 percent alcohol, and tissues.
- iv. Children and staff shall practice frequent hand washing with soap and water for at least 20 seconds, and shall be required to wash their hands upon arriving at the center, when entering the classroom, before meals or snacks, after outside time, after going to the bathroom, and prior to leaving for home. Children should be monitored to ensure compliance and proper technique.

- v. Centers shall set up hand hygiene stations at the entrance to the facility so that children can clean their hands before entering.
- vi. When washing, feeding, diapering or holding infants and toddlers:
  - 1. Child care providers can protect themselves by wearing a large button-down, long-sleeved shirt or smock and by wearing long hair up off the collar. The shirt must be changed if there are secretions on it and staff shall wash their hands after changing.
  - 2. Staff shall wash their neck, hands, and anywhere touched by a child's secretions.
  - 3. Staff shall change the child's clothes if secretions are on the child's clothes.
  - 4. All contaminated clothes should be placed in a plastic bag or washed in a washing machine. Infants, toddlers and providers should have multiple changes of clothes on hand.
- f. Enhanced Cleaning and Sanitation Procedures
  - i. Centers shall increase the frequency of cleaning toys, equipment, and surfaces. Centers shall clean, sanitize, and disinfect frequently touched surfaces (e.g, playground equipment, door handles, sink handles) multiple times per day and shared objects between use. Cleaning shall be in accordance with the CDC's Guidance for Cleaning & Disinfecting Public Spaces, Workplaces, Businesses, Schools and Homes. Disinfecting methods shall utilize Environmental Protection Agency approved disinfectants for use against COVID-19.
  - ii. 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.
  - iii. Toys and items that are not easily cleaned or disinfected (e.g., soft or plush toys) shall not be utilized in the center, though such items brought from home may be utilized if they are not shared and must be returned home with the child each day for washing. Machine washable cloth toys should be used by one child at a time or not used at all. They should be laundered before they are used by another child.

- iv. Toys that children have placed in their mouths or are contaminated by body secretion or excretion shall be set aside until they are cleaned by hand by a person wearing gloves. Clean with water and detergent, rinse, sanitize with an EPA-registered disinfectant and air-dry or clean in a mechanical dishwasher.
  - v. Centers shall ensure that HVAC systems continue to be maintained and operational. To the extent practicable, windows should be opened frequently to allow fresh air flow, and HVAC systems should be adjusted to allow for more fresh air to enter the facility.
  - vi. Centers shall only use bedding that can be washed, and shall keep each child's bedding stored separately and appropriately labeled. Bedding that touches a child's skin shall be cleaned weekly or before use by another child.
- g. Response Procedures for COVID-19 Symptoms or Exposure
- i. Any confirmed or suspected exposure to COVID-19 occurring in a child care center must immediately be reported to both the Local Health Department (LHD) and the Department of Children and Families, Office of Licensing.
  - ii. For children or staff members who develop symptoms of COVID-19 while at the facility:
    - 1. If a child or staff member develops symptoms of COVID-19 while at the facility, immediately separate the person from the rest of the population until the ill person can leave the facility. If the child has symptoms of COVID-19, the caregiver waiting with the child should remain as far away as safely possible from the child.
    - 2. If symptoms persist or worsen, the Center should call a health care provider for further guidance. Advise the employee or child's parent or caregiver to inform the facility immediately if the person is diagnosed with COVID-19.
  - iii. For children or staff members who test positive for COVID-19:
    - 1. Centers that become aware of a COVID-19 positive case in their facility shall contact their LHD for guidance.

2. Health officials will provide direction on whether a center should cease operations following the identification of a positive case in the facility. If temporary closure is ordered, 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.
  3. All rooms and equipment used by the infected person and persons potentially exposed to that person should be cleaned and disinfected in accordance with CDC guidance referenced above. Centers uncertain about the extent of potential exposure shall clean and sanitize all rooms.
- iv. Returning to Child Care After COVID-19 Diagnosis or Exposure:
1. If a staff member or child contracts or is exposed to COVID-19, they cannot be admitted to a center again until the criteria for quarantine or home isolation have been met.
- h. Daily Reports
- i. No later than 11:00AM on each operating day, licensed centers shall submit daily logs on attendance and screening results to the Department of Children and Families, Office of Licensing.
- i. Posters and Informational Bulletins
- i. To ensure broad awareness and dissemination of critical information related to the COVID-19 pandemic and the procedures and methods being employed to limit its impact, centers shall ensure the distribution or posting of the CDC materials regarding masks, cleaning and disinfecting businesses and schools, and safe and healthy diapering.
- j. Violations and Enforcement
- i. Compliance with the conditions set forth in this Executive Directive by licensed centers shall be investigated and enforced by the Department of Children and Families and/or the Department of Health.
  - ii. A licensed center's noncompliance with the conditions set forth in this Executive Directive that are reasonably believed to endanger public health will be subject to an immediate closure order by the

Department of Health, in consultation with the Department of Children and Families as well as any other enforcement actions permitted by law.

This Directive shall take effect immediately. The provisions of this Directive shall remain in force and effect for the duration of the public health emergency originally declared in Executive Order No. 103 (2020), and as extended by Executive Order, unless otherwise modified, supplemented and/or rescinded.



September 18, 2020

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Judith M. Persichilli, R.N., B.S.N., M.A.  
Commissioner