

Frequently Asked Questions on Executive Order #149 and Child Care Centers

Staffing/Group Size/Barriers/Social Distancing

- 1. Our center has employees who leave at various times throughout the day, at that time a new teacher takes over, is that possible under the new guidelines?**

Centers shall assign the same staff members to remain with one group, as more than one staff member may be assigned to a group to accommodate shift changes.

- 2. Does the 10 child per group still apply for naptime? Like most schools, our teachers switch off for lunch break as the ratio changes once the children are asleep.**

Yes, grouping applies to naptime as combining or mixing groups shall not be permitted. If more than one group of 10 children occupy one room, the same multiple groups may continue to occupy the same room under the Guideline that “spacing of groups may be reduced to six feet during nap or sleep periods, if necessary.”

- 3. In order to provide staff breaks can staff from other rooms be used for coverage or is that now cross contaminating. For example, I work in toddlers and today I break the 3 year old room and the 4 year old rooms? What about staff that teach an AM and a separate PM session?**

No, centers shall assign the same staff member to remain with one group, however more than one staff member may be assigned to a group to accommodate breaks and shift changes. We understand situations occur wherein this may not be feasible. However, it is important to make a good faith effort to minimize contact with multiple staff whenever possible. If a director or other staff person is able to observe a group without interacting and maintaining social distancing, that is the best-case scenario. In addition, if the program has two different sessions, such as AM and PM, the same teacher may teach both groups. The children may not co-mingle or attend both sessions. The teacher must also clean and disinfect between the sessions. It would not be permissible to have a floater that visits multiple classrooms throughout the day as this would increase the risk of exposure throughout the entire center.

- 4. How do we separate multiple groups of 10 children in a classroom that is licensed for more than 10 children?**

Per the guidelines, “Groups shall congregate not less than 10 feet in all directions from other groups or be separated by walls or other physical partitions.” As an example, if a room capacity is 14, the children may be split in two groups of 7 with 10 feet in all directions from each other or be separated by physical partitions (above the eye level of the children who use the area). If separation is not feasible, the center would only be able to accommodate 10 children in that room regardless of room capacity.

- 5. Does the maximum group size of 10, include just the children or adults and children?**

The guidelines describe groups of children, not children and adults. Per the guidelines, “Children shall be grouped into groups of no more than 10.”

6. Will the new guideline for group size and social distancing affect the licensed capacity?

Centers may not be able to accommodate children to their full licensed capacity while complying with the Guidelines. Those circumstances would vary amongst each center.

7. Is the center able to use common areas such as break rooms and shared offices?

Center staff should comply with social distancing, handwashing, and mask guidelines per the CDC.

8. If in a large room you can fit multiple groups of 10 children, do the groups need to remain 10 feet apart for every activity all day long or just during group time?

Grouping is not incumbent upon activities but space. Consistent individual groups of 10 children occupying one room should remain 10 feet apart throughout the day, except at naptime (6 feet apart if necessary).

9. While the group size is 10, do ratios remain the same?

Yes, staff/child ratios remain the same and must be adhered to for all age groups.

10. For room dividers/partitions—how tall must they be to separate groups? Is furniture an acceptable barrier/divider?

If groups are no less than 10 feet apart in all directions, they must be separated by walls or other physical barriers to eliminate or minimize exposure risk. Ensure physical barriers are stable, secure and of sufficient height wherein exposure from one group to another, including staff, is minimized. Ensure physical barriers do not impact evacuation routes.

11. Can the same room be used for different groups of 10 and possibly different teachers from morning to afternoon session, or different days of the week- with the understanding that cleaning would need to take place between sessions?

Yes, per the guidelines, "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." However, "staff shall be assigned to and remain with one group."

12. What procedures should centers use to assign staff to groups, is it similar to a primary caregiver list?

It is at the center's discretion how staff members are assigned to a group.

13. Are button down shirts/smocks for staff required, or can they just change regular t-shirts or shirts when necessary?

Shirts/coverings that do not need to be removed over the head/face are recommended.

14. Can the director go from room to room?

The director should limit contact with multiple groups of children and maintain a 6-foot distance from children and staff.

15. What is the guideline for staff that leave the state? Do they need to self-quarantine or are they allowed back to work upon return?

Staff need to follow local health guidelines and centers can reach out to their local health department if they feel that they had possible exposure to COVID-19. DCF has no regulations staff traveling out of state.

16. Is the gym allowed to be used?

Yes, per the guidelines, "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." However, "staff shall be assigned to and remain with one group."

17. In regard to a partition, are we supposed to get approval from the local code enforcement department and fire code officials?

Depending if the partition is permanent or blocking an exit, potentially yes. Ensure to follow the manuals guidelines of a 3-foot wide aisle exiting the classroom. If you are looking to make permanent changes to a classroom, please reach out to your inspector for further guidance.

18. In a classroom of 10, do they have to be broken up at lunch table?

If the children are in the same group, they may eat at the same table.

19. Do children in their group of 10 or less have to maintain 6 feet of social distancing from each other?

No, they are not required. While close contact is discouraged, such as hugging and wresting, children do not need to be 6 feet apart from each other in their own group.

Temperature Checks/Health Screening Log/Hand Washing/Sanitation

20. Do we need a plexiglass shield for staff to stand behind if doing temperature checks outdoors?

Centers should utilize social distancing or ask parents to take their child's temperature and confirm the child does not have a fever, shortness of breath or a cough. Staff should make a visual inspection of the children for signs of illness. However, if staff are taking the temperatures outside, they will need a physical barrier that protects their face.

21. Since the health check report is due by 11:00am, does this mean we will not be able to accept any students after this time?

Centers will need to develop their policy to ensure the most accurate information is provided to the OOL. The noted time frame does not mean that children may not be accepted after that time.

22. Can center's take the children's temperature, or should we take the word of the parents?

Centers can take children's temperatures or have parents take their child's temperature upon arrival to the center. Centers should, however, observe the temperature, at a distance through a car window or by other means that allow for social distancing to be maintained

23. Our school-based programs do not have access to internet to provide the daily screening log electronically. How do you suggest we do this?

School based programs will need to develop a process to ensure the daily screening log is submitted electronically. These programs may have to provide the information to an off-sight location with the ability to submit the log electronically.

24. If a child has a fever, how long do they have to remain home before returning to the center?

Children should be excluded from the center until they are fever free for 24 hours. The health care provider should be contacted if a child is exhibiting signs of COVID-19.

25. If the center chooses to follow Method 1 for taking temperatures, who cleans the thermometer in between uses? Are gloves required for the parents in this method?

If the parent is utilizing their own thermometer, it is up to the parent to bring home the thermometer and properly clean and sanitize the thermometer. If the center is providing the thermometer, the center should clean and sanitize the thermometer in between uses. Staff should wear disposable gloves if they are providing the thermometers for the parents to use. Gloves should be disposed of after each use.

26. Will the illness policy be revised since now the CDC is recommending send people home with any temperature over 100.4?

OOL is temporarily using these guidelines as it pertains to the current situation. Centers will be updated if permanent changes are made.

27. The guidance refers to "hand hygiene stations" at the entry. Would hand sanitizer stations be sufficient or do we need a sink with running water?

Hand sanitizer can be used by older children and staff. Younger children should be brought to their designated classroom to immediately wash their hands.

28. Is bleach and water still an acceptable disinfectant? If not, what are the other options?

Bleach and water is acceptable providing the correct measurements are utilized. Commercial disinfectants are also feasible if used according to the manufacturer's instructions.

29. Are hand sanitizing wipes suitable for the hand hygiene stations for infants and toddlers since they can't use actual hand sanitizer?

Hand sanitizing wipes should not be used on infants and toddlers.

30. Are we allowed to have portable sinks that have soap and hot water?

Yes, that is permissible. Centers utilizing portable sinks must ensure proper cleaning and sanitizing of the system is done following the use guidelines.

31. Can we still give breathing treatments, eye drops, antibiotics and apply sunscreen?

Centers should continue to follow their medication policies. Ensure that staff wear disposable gloves to dispense medication. Gloves should be disposed after each use and hands are required to be washed.

32. When the same children are in the same room playing with toys (Legos) at the same table, can the children share the toys or do the toys need to be cleaned and disinfected prior to a child at the same table uses the toys?

Within the group of ten this is permissible. However, per the guidelines, "Sharing of supplies, food, toys and other high touch items (art supplies, school supplies, equipment, etc.) must be strictly limited. Centers shall ensure an adequate supply of school, art and other items to preclude the need for sharing of items." In addition, children's hands should be washed moving between activities. Any toys that come in contact with bodily fluid should be immediately removed and put aside until they can be properly cleaned and sanitized.

33. We do not have running water in the entrance of the building. Can the children wash hands in the classroom?

Children should be brought directly to sink upon entering the building.

34. To take temperatures, do face shields suffice as barriers? Parents will not enter the building. We purchase infrared scan non-touch thermometers.

Yes, per Method 1 in the guidelines and if social distancing can be maintained, this is feasible.

35. Is there any time frame when the center is supposed to be clean and disinfected by a professional company?

No, refer the CDC guidelines for cleaning and disinfecting.

36. According to the guidelines we need some sort of partition. Do we need to have a plastic one or will a table be enough?

The use of a table is not a sufficient partition or barrier. Per the guidelines, if you are utilizing method 2, “staff must stand behind a physical barrier, such as glass or plastic window or partition that can serve to protect the staff member’s face and mucous membranes from respiratory droplets that may be produced if the child being screened sneezes, coughs or talks.” The center should develop their own policies and procedures to adequately screen using either methods 1 or 2.

37. I’m aware of the questionnaire/temperature log that must be taken for each child and staff member. However, do staff have to undergo testing besides that to return?

If the center has been closed, staff do not need testing to return to work if they have no symptoms of COVID-19 and are fever free. However, per the guidelines, “if a staff member is exposed to COVID-19, they cannot be admitted to the center again until the criteria for lifting transmission-based precautions and home isolation have been met. Please refer to the NJDOH’s guidance for more information.

Masks

38. The parents of our students do not want their children to wear masks to school/camp. They are strongly against it and feel that their children will be touching their face more frequently trying to adjust it, taking it off and on etc. What do I do to ensure compliance with this guideline?

The center must develop a procedure that promotes the use of cloth masks for children when feasible. Individual centers will need to develop their own policies and inform families as such.

39. Are centers required to provide masks to their employees and to children who forgot them?

Centers will need to determine whether they will provide masks or require staff and children to have their own masks. It is strongly encouraged that centers keep a supply of masks in the event that masks are forgotten or there is a need for a replacement.

40. Is a cloth mask required, or can it be a traditional 3 ply (white/blue) type with elastic on side of face, or a bandana or scarf of some kind? Also, what about the clear shield for my teacher who needs to read lips, can her classroom wear those instead?

Traditional 3 ply masks, bandanas and fabric masks are acceptable. Clear masks should extend below the chin and there should be no exposed gap between the forehead and the shield’s headpiece.

41. What are the restrictions for staff they cannot wear a mask due to medical restrictions?

Please refer to the CDC guidelines for additional information. Staff may also wear the clear face shield that extends below the chin. The center may have to develop a plan, wherein those staff are not feeding or diapering children.

42. Are staff required to wear a covering when feeding, changing, or holding, infants and toddlers? Do coverings for infant feeding have to be long sleeve? Can they use adult disposable bibs?

No, it is not required, however staff may wear coverings to protect their clothing from bodily secretions. If a staff chooses to not wear long sleeves, etc., they should have a change of clothes and any clothing that comes in contact with bodily secretions must be immediately changed and placed in a plastic bag or washed in a washing machine. If centers use disposable bibs, they will have to be discarded after each use.

43. What does feasible mean for mask use in children?

Children should wear masks as long as it is developmentally appropriate for the individual child. Children under the age of 2 are not required to wear a mask. Children will need to remove masks during mealtimes and periods of rest.

44. What if a staff/parent/child refuses to wear or provide a mask? Is it grounds for termination or expulsion?

Staff are required to wear a mask unless there is a medical reason wherein accommodations will need to be made. Parents are not to be admitted into the center and social distancing should be maintained during times of arrival and departure. Children should be encouraged to wear masks providing it is developmentally appropriate. Individual centers will have to determine their policies on termination or expulsion and updated policies should be provided in writing with a signature attesting to the receipt of the new policy.

45. Do the staff have to wear masks outside?

Yes. Per the guidelines, "Staff shall be required to wear cloth masks while working unless doing so would inhibit the individual's health."

Diapering/Toileting

46. Do toilet seats have to be disinfected after each use or only when a group uses the bathroom?

No, per the guidelines "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." Additionally, "centers shall increase the frequency cleaning of restrooms."

47. In a bathroom with 2 stalls and 2 sinks, do we need to have plexiglass in between the sinks? If we normally have 3 classrooms use our 2 hall bathrooms-we assign 1 bathroom to each class. What do we do with the 3rd class?

No, plexiglass is not needed between the sinks. Centers may consider utilizing spaces in shifts and per the Guidelines, "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." Additionally, "centers shall increase the frequency cleaning of restrooms" including when a child from another group is using a shared restroom; "Use of shared spaces (entry ways, restrooms) shall be carefully controlled to ensure that children and staff maintain at least six feet of separation from children or staff from other groups."

48. How are centers keeping groups separate when multiple classrooms may share a bathroom located in 1 of the rooms?

Centers may consider utilizing spaces in shifts and per the Guidelines, “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.” Additionally, “centers shall increase the frequency cleaning of restrooms” including when a child from another group is using a shared restroom; “Use of shared spaces (entry ways, restrooms) shall be carefully controlled to ensure that children and staff maintain at least six feet of separation from children or staff from other groups.”

Lunch/Snack

49. Can centers give school snacks in disposable Dixie cups or should parents bring them for their child?

Disposable goods are recommended for food service. Per the Guidelines, “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.” OOL will not regulate who provides the disposable goods.

50. Are pre-packaged snacks such as Birthday snacks or cupcakes allowed?

Sealed, pre-packaged snacks/cupcakes are permitted and should be served in accordance with Guidelines. “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.” However, it is not recommended that goods brought from home (homemade or store bought) are shared with other children.

51. Is it ok to store lunch boxes in the refrigerator together or should parents provide an ice pack and keep lunches in their classrooms?

Per the Guidelines, “Children’s belongings shall be kept separate in individual storage bins or cubbies and sent home each day for washing.” Centers may provide individual storage bins within a large refrigerator for children’s belongings (lunch boxes) or require that parents provide lunches adequate for storage at room temperature (with or without an ice pack) within their child’s individual storage bin or cubby.

52. Our center has meals delivered; can the delivery people enter through the kitchen if we check their temperature?

Per the Guidelines, “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). “Visitors shall be required to wear cloth masks while visiting the center unless doing so would inhibit the individual’s health. If a visitor refuses to wear a cloth face covering for non-medical reasons and if such covering cannot be provided to the individual by the business at the point of entry, the center must decline to allow them to enter.”

53. Can a mother come into the center to breast-feed or do they have to bring the baby out to her and she has to breast feed outside of the center?

Yes, a breastfeeding parent would be an essential visit. Per the Guidelines, “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). “Visitors shall be required to wear cloth masks while visiting the center unless doing so would inhibit the individual’s health. If a visitor refuses to wear a cloth face covering for non-medical reasons and if such covering cannot be provided to the individual by the business at the point of entry, the center must decline to allow them to enter.” The center needs to ensure social distancing is maintained while the breastfeeding parent is present. There should be a designated place separate from the group of children and the designated space should be cleaned and disinfected before used by another breastfeeding mother.

Program Activities

- 54. As far as soft materials go, there are several things in the infant room that we need. How do we handle the padding on the bouncy seat and the excer-saucer seats? We do not have multiple pads to change between each child.**

If the soft material cannot be removed from the apparatus, i.e. bouncy seats, exer-saucers, they may not be used. If they are being used, they must be solely used for the same child until the material is able to be washed and sanitized as required. If the material can be removed and is not required for the use of the equipment according to manufacturer's instructions, the apparatus can be used within a group and cleaned and disinfected between uses.

- 55. Are children allowed to share the same toys, books, play and writing equipment?**

Per the Guidelines, "Sharing of supplies, food, toys, and other high touch items must be strictly limited." "If items must be shared, they shall be used by one group at a time and cleaned and disinfected between uses."

Napping

- 56. How far apart should cots be?**

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. Additionally, cots shall be arranged to provide access to a three-foot-wide aisle that leads to an unobstructed exit.

- 57. Will we need to keep cribs 6 feet apart?**

No, DCF is not requiring this spacing. However, the CDC recommends "ensuring that children's naptime mats (or cribs) are spaced out as much as possible, ideally 6 feet apart." Cribs with plexiglass sides do not need to distance unless the child can stand and reach over the side.

Playground

- 58. Are we allowed to do outdoor water play?**

Water tables are prohibited. Sprinklers are permissible within the same group without the need for social distancing. Ensure only one group at a time are using the sprinkler.

- 59. Are children allowed to share balls on the playground? Or does each group need their own set of balls or other smaller outdoor equipment?**

Per the Guidelines, "Activities that are likely to bring children into close contact should be cancelled or modified. For example, games and sports involving direct physical contact or shared equipment (football, baseball) should be replaced with no contact activities or sports (running races, aerobics)."

- 60. Is playground equipment allowed to be used, if allowed does it need to be disinfected between groups?**

Yes. Per the guidelines, "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."

- 61. Will vendors be allowed if they stay on the playground (magicians...etc.)?**

No, per the Guidelines, "External entertainers and visitors shall not be permitted access to the center" All reasonable efforts should be made to minimize visitor contact with children and staff.

62. Can a center use their parking lot for outdoor space during this time, even if it's not part of the current RAO? Centers may only use space included in their Remedial Action Outcome (RAO) letter, No Further Action (NFA) letter or Child Care Facility Approval Letter (CCFAL)?

Centers with smaller outdoor play areas must stagger use by smaller groups as needed.

Trips/Parks

63. Are we allowed to take the children to local parks?

Yes, per the guidelines, "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 use of playground equipment is prohibited.

64. Are we allowed to take the children on field trips, like skating?

No, per the Guidelines, "Field trips and other off-site activities are prohibited,"

65. Can we take the children for walks in a stroller?

Yes, if children are within the same group and social distancing can be maintained.

Visitors

66. Can therapists enter during school hours, if not are we liable for denying children their services?

No. Per the Guidelines "third-party therapists shall not be permitted to enter the center during operating hours."

67. As far as visitors after hours such as cleaning services, does the center need to stay and check temperatures and document that on the form?

It is not required, but the center can establish a system of self-screening and documenting for visitors at the center after operating hours in keeping with the Guidelines.

License/Ages/Licensed Space

68. Can centers get an age change for their license if they are licensed for children 0-6 years to add care for children ages 6-13 before June 15th? Many parents do not want to send their children to multiple locations due to COVID-19.

Yes, centers may submit an Age Change Request via NJCCIS and OOL will expeditiously review the request. It is always helpful if the center emails the OOL inspection staff to alert them that the request was submitted.

69. Can centers use previously "approved" space (not towards capacity) for full-time use so they can maximize their licensed capacity (since only ten children in a room or area they lose the ability to care for their total licensed capacity)?

Yes, centers may submit a New Space Request via NJCCIS and OOL will expeditiously review the request. It is always helpful if the center emails the OOL inspection staff to alert them that the request was submitted.

70. Will OOL change licenses to reflect the changes in the licensed capacities or is this being done strictly on the honor system?

No, OOL will not change licenses to reflect the changes in the capacities. Centers need to comply with the Guidelines which may restrict capacity.

71. For the schools licensed for pre-K and kindergarten programs which also have 1st thru 5th grades as well, are they able to resume schooling the older ones or do they have to operate a SACC before/after school program?

Child care centers may resume operations in accordance with their licensed capacity and ages served. It up to the center how they want to operate their program for school age children.

72. If childcare is opening from June 15th, does that include school age children as well since our center is licensed for school age children?

Child care centers may resume operations in accordance with their licensed capacity and ages served. The center owner/director and the parents need to have a discussion regarding parent's expectations and their child's educational needs; together they'll decide if those needs can be adequately met.

73. If a center is licensed for children 0-13 years and they have parents that want to enroll their children effective June 15, will the center be providing childcare or is it a summer camp? Some schools will be out by then so will it be a camp or childcare? Should they hold off on providing care until July 6 when camps may open?

Unless your program is licensed by NJDOH as a youth summer camp, the center may enroll children to begin childcare effective June 15 in accordance with the center's licensed capacity and ages served. If programs are using a NJDOH youth summer camp license for their programs, refer them to NJDOH.

74. What will be the procedures to modify the center, such as removing a wall to increase space in the center?

The center should reach out to OOL inspection staff prior to removing a wall to provide technical assistance and/or set up a courtesy inspection.

75. Will the deadlines and forms be adapted to fit the needs of the school aged programs?

All programs are required to meet the required deadlines. If information changes, the programs need to update their OOL inspector.

76. If a school is doing remote learning or not opening right away, will the license become inactive or what will the process be?

No, the license will not become inactive. The center will need to complete all OOL documentation, including notifying OOL of their anticipated opening date.

Administrative

77. What paperwork must be completed to open Monday, June 15? Is there any additional paperwork I need to complete or is this confirmation email enough?

You will receive a survey where you will indicate if you plan to open and what your re-opening date will be, as well as an attestation that will need to be completed. Once the center re-opens, you will need to complete a daily survey and a daily log.

78. Can you send me the attestation form required prior to re-opening?

Yes, centers are required to attest to compliance with the DCF Health and Safety Guidelines at least 24 hours before opening. The attestation form was emailed to centers between June 2nd and June 3rd.

79. How do I obtain information on the DHS/DFD grant?

Please contact DHS/DFD or your local CCR&R for more information regarding grants. Use the link for the DHS/DFD website at <https://www.childcarenj.gov/> and <https://www.childcarenj.gov/Providers/Grants>.

80. Do the new Health and Safety Guidelines replace the old ones or are they in addition to?

The new Guidelines replace the old ones for Emergency Child Care Centers. Some of the information is the same, but some of it was changed from the previous guidelines.

81. Will Understanding Licensing workshops go to an online (webinar) format?

OOL is currently developing an online format which will soon be available.

82. Are there new Guidelines that we can access to train our staff prior to the opening?

Please refer to the DCF Health and Safety Guidelines available on the NJDCF website at https://www.nj.gov/dcf/coronavirus_licensedchildcare.html . The Guidelines provide a lot of important information on which staff need to be trained.

83. Our center has been open and has been providing care for essential employees. Our Emergency Child Care Center (ECCC) Certificate expires on July 1. What are we required to do to continue operating?

The center needs to complete the survey and attestation form which was recently emailed to all centers by OOL. The center's license under which the center operated prior to Emergency Child Care will be effective June 15 should you choose to continue operation.

84. Will the State continue to subsidize the care of essential children until July 1 or will the care end on June 15th and then business as usual?

The DHS/Division of Family Development oversees the State's subsidy program. Refer to their website at <https://www.childcarenj.gov/> or contact your CCR&R for guidance.

85. In a case of COVID-19 how long the center needs to be closed?

Per the guidelines, "Centers that become aware of a COVID-19 positive case in their facility must contact their local health facility for guidance."

86. How should we handle universal health forms that have expired since we've been closed, or immunizations that have been missed? Is there a grace period since some doctor's offices weren't seeing patients for well visits, or does every child back on June 15th need to have a current health form and shot record, no exceptions?

Children that were previously enrolled that have an up to date Universal Health record, do not need to provide a new one upon the resumption of care. If the health record is expired, the center may still accept the child, but will need to obtain the updated health record as required. All newly enrolled children will need to provide a new universal health record as per the requirements of the Child Care Manual.

General

87. Do parents still have to sign in and out themselves or can staff track attendance? If they need to sign in/out, how do we accomplish this task?

The Child Care Manual does not require parents to sign the children in and out. The center is required to ensure the arrival and departure time is recorded for all staff and children. It is acceptable to eliminate parent involvement in this process and have the staff record this information.

88. Do book bags qualify as bins/bags for children's belongings?

Bookbags are acceptable as long as they are stored in a sanitary manner and are not in contact with another child's belongings.

89. How do centers decide which families can't return since the group size and social distancing requirements limit their capacity? Is priority being given to essential workers?

Group sizes don't necessarily limit capacity in large rooms where barriers can be used to separate groups. Contact OOL inspection staff about how to use the rooms effectively. There is no information indicating that essential workers should be given priority, but centers may have their own policy.

90. For BOE contracted centers, do the Master Teachers required by the BOE and service providers required by a child's IEP count as visitors?

If it is an essential visit, they would fall into the category with inspection staff and be permitted.

91. Do centers still need to ask if parents are essential workers?

No. All children and families may be served as of June 15.

92. How long are we anticipating these current guidelines to reopening to be in effect?

There are no timelines for the DCF Health and Safety Guidelines which are in effect until further notice.

93. If the Governor lifts the public health emergency will the guidelines be re-adjusted for larger group sizes?

There are no timelines for the DCF Health and Safety Guidelines which are in effect until further notice.

94. When conducting fire drills and emergency drills are there guidelines that need to be followed in order to maintain social distancing?

While DCF is not requiring fire and lockdown drills at this time, centers may develop policies and procedures to ensure social distancing requirements are met if they choose to conduct a fire or lockdown drill.

95. Can children use our indoor pool?

Please refer to the applicable provisions of the NJ Youth Camp Safety Act rules, as specified in N.J.A.C 8:25 and your local health department.