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

Updated January 6, 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 DCF guidelines. CDC's School and Child Care Programs page provides various resources for recommendations for operating childcare programs in low, moderate, and significant mitigation communities. 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 New Jersey Department of Children and Families (DCF).

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 Early Childhood Education/Child Care Programs (ECE) settings. Generally, ECE programs serve many children who are not yet eligible for vaccination, therefore will have a mixed population of both people who are fully vaccinated and people who are not fully vaccinated. 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 fully vaccinated.

For the purposes of this guidance, individuals are considered fully vaccinated:

- 2 weeks after their second dose in a 2-dose series, such as the Pfizer or Moderna vaccines, or
- 2 weeks after a single-dose vaccine, such as the Johnson & Johnson/Janssen vaccine

If 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.

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 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

Wearing masks is an important prevention strategy to help slow the spread of COVID-19 when combined with everyday preventive actions and physical distancing in public settings.

Masks must be worn indoors by staff, children age 2 and older, and visitors indoors in all situations except as delineated in Executive Order No. 264. This includes prior to boarding buses and vans operated by schools and childcare programs, while on the bus and until they are completely off the bus.

Per Order of the CDC, passengers and drivers must wear masks on buses and vans, including buses operated by public and private school systems and early childhood education programs, subject to the exclusions and exemptions in the Order.

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.

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.
- The most effective fabrics for cloth masks are tightly woven such as cotton and cotton blends, breathable, and in two or three fabric layers. Masks with exhalation valves or vents, those that use loosely woven fabrics, and ones that do not fit properly **are not recommended**.
- Masks should be washed after every day of use and/or before being used again, or if visibly soiled or damp/wet.
- Disposable face masks should be changed daily or when visibly soiled, damp or damaged.
- Attendees/centers should have additional disposable or cloth masks available in case a back-up mask is needed (e.g., mask is soiled or lost during the day).

Further information on mask-wearing in childcare centers can be found at COVID-19 Guidance for Operating Early Care and Education/Child Care Programs.

Clear masks:

To facilitate learning and social and emotional development, consider having staff wear a clear 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.

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.

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 (i.e., cohorting, masking indoors, handwashing).

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 but should not replace other prevention measures within each group.

Place children and childcare providers 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.
- 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.

Hand Hygiene and Respiratory Etiquette

- Teach and reinforce handwashing with soap and water for at least 20 seconds and increase monitoring of students 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 students 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.

Symptom Screening

Childcare centers are required to follow screening and admittance requirements for children and staff.

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 staff and student attendance 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

Some children have developed multisystem inflammatory syndrome (**MIS-C**). Currently, information about this syndrome is limited.

According to the CDC, children do not seem to be at higher risk for getting COVID-19. However, some people, including children with special health care needs, may be at higher risk. Those at increased risk include:

- Older adults
- People who have serious chronic medical conditions like:
    - Cancer
    - Chronic kidney disease
    - COPD
    - Immunocompromised state from solid organ transplant
    - Obesity (body mass index of 30 or higher)
    - Serious heart conditions, such as heart failure, coronary artery disease, or cardiomyopathies
    - Sickle cell disease
    - Type 2 diabetes

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.

Individuals with COVID-19 have had a wide range of symptoms reported – ranging from mild to severe illness. **There is not a single symptom that is uniquely predictive of a COVID-19 diagnosis. A COVID-19 viral test is needed to confirm if someone has a current infection.** Symptoms may appear 2-14 days after exposure to the virus and include the following:

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

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 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: cough, shortness of breath, difficulty breathing, new olfactory disorder, new taste disorder.

For children with chronic illness, 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 worn by the ill child or staff due to an exemption or exception described in EO 264, other staff should be sure to adhere to the universal mask policy and follow maximum physical distancing guidelines (6 feet away).

- 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.
- When an individual tests positive for COVID-19, the facility should immediately notify local health officials, staff and families of the COVID-19 case while maintaining confidentiality.
- Centers should be prepared to provide the following information when consulting public health:
    - The identity of the person with COVID-19 or probable COVID-19 (i.e., 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.

COVID-19 exclusion criteria for persons who have COVID-19 compatible symptoms or who test positive for COVID-19:

Ill individuals with COVID-19 compatible symptoms who have not been tested and do not have an alternative diagnosis from their healthcare provider or individuals who tested positive for COVID-19 should stay home until:

- At least 10 days have passed since symptom onset AND
- At least 24 hours have passed after resolution of fever without fever reducing medications AND
- Improvement in symptoms.

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** may follow NJDOH School Exclusion List to determine when they may return to childcare.

Persons who test positive for COVID-19, but who are asymptomatic should stay home for 10 days from the positive test result.

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 14 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 (i.e., strep throat, influenza, pre-existing condition) supported by clinical evaluation and/or laboratory testing.**

COVID-19 exclusion criteria for close contacts:

Exposed close contacts who have no COVID-19 symptoms and are not fully vaccinated:

- Should be tested immediately
- If negative, they should quarantine at home following the COVID-19 Exclusion for close contacts after exposure and should be tested again 5-7 days after their last exposure or immediately if symptoms develop. If the result is again negative, individuals may return on the 8th day after their last exposure or later.
- If positive, they should isolate for 10 days.

Exposed close contacts who have no COVID-like symptoms and are fully vaccinated:

- Do not need to quarantine or be excluded if they remain asymptomatic.
- Should be tested 5-7 days following an exposure to someone with COVID-19.
- Should still monitor for symptoms of COVID-19 for 14 days following an exposure.
- Should wear a mask in other indoor public settings for 14 days or until they receive a negative test result.

Exposed close contacts who have no COVID-19 symptoms and have been diagnosed with COVID-19 in the past 90 days:

- Do not need to quarantine or be excluded.
- Should not be tested for COVID-19 but should still monitor for symptoms for 14 days following exposure.

If any close contact experiences symptoms (regardless of vaccination status), they should isolate themselves from others, be clinically evaluated for COVID-19, including SARS-CoV-2 testing, and inform their health care provider of their vaccination status at the time of presentation to care.

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

Exception for household contacts: Staff and attendees who are not fully vaccinated and who are household members of a staff/attendee with COVID-19 compatible symptoms that meets COVID-19 Exclusion Criteria should be excluded from the center 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 the center.

Exclusion duration for close contacts:

Unvaccinated individuals who are close contacts of a person who tested positive for COVID-19 and who are asymptomatic may use an exclusion period of 10 days (or 7 days with negative test results collected at 5-7 days) but continue to monitor for symptoms for 14 days after exposure. Depending on local conditions and capacities, childcare facilities may choose to continue implementing a 14-day quarantine duration. Additional information is described in CDC's COVID-19 Guidance for Operating Early Care and Education/Child Care Programs

Centers serving medically complex or other high-risk individuals should use a 14-day exclusion period for the exclusion of these individuals or those who work closely with them when identified as close contacts.

COVID-19 Exclusion Table

Individuals who:	Should stay home and away from others until:
Have **symptoms of COVID-19 AND** • **have tested positive** (by PCR, rapid molecular or antigen testing) **OR** • **have not been tested** (i.e., monitoring for symptoms at home) AND have not received an alternate diagnosis by HCP	• At least 10 days have passed since their symptoms first appeared **AND** • They have had no fever for at least 24 hours (one full day without the use of medicine that reduces fever) **AND** • Symptoms have improved (e.g., cough, shortness of breath)
Have **NO symptoms of COVID-19 AND have tested positive**	• 10 days have passed from the collection date of their positive COVID-19 diagnostic test **AND** they have not developed symptoms.
Have **symptoms of COVID-19 AND** • **have no known exposure** to a COVID-19 case in the past 14 days **AND** received and alternate diagnosis by HCP **OR** • have tested negative	Follow NJDOH School Exclusion List
Are identified as an unvaccinated close contact of a case	• 10 days (in absence of testing) from date of last contact. Close contacts who test negative during the 5th through 7th days following date of last contact may return on the 8th day or after even if they test negative.

- 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 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 laboratory-confirmed COVID-19 cases among students or staff with onsets within a 14-day period, who are epidemiologically linked[1], 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

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.

[1] 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 educational setting).

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.

A contact tracing team from the local health department or the NJDOH calls anyone who has tested positive for COVID-19. They ask the individual questions about their activities within a certain timeframe, to help identify anyone they have had close contact. Those contacts might include family members, caregivers, co-workers or health care providers.

Individuals who have recently had a close contact with a person with COVID-19 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.

In childcare settings, home-based tests:

- May be used for screening asymptomatic staff/attendees with no known exposure.
- **Should not** be used to determine whether symptomatic individuals may return to childcare (unless performed with direct healthcare oversight or performed in a testing laboratory).

- **Should not** be used to shorten quarantine from 10 to 7 days after exposure to a COVID-19 case (unless performed with direct healthcare oversight or performed in a testing laboratory).

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

Until more evidence about protective immunity is available, serologic test results should not be used to make decisions:

- Regarding the need for personal protective equipment.
- To discontinue social distancing measures.
- About grouping persons residing in or being admitted to congregate settings, such as childcare, schools, dormitories, or correctional facilities.
- About returning persons to the workplace.

COVID-19 Resources

NJDCF COVID-19 Resources for Licensed Childcare Centers

CDC Toolkit for Child Care Programs

CDC Childcare Schools and Youth Programs

CDC Schools and Day Camps

CDC Considerations for Youth Sports

NJDOH COVID Information for Schools

CDC Cleaning and Disinfecting Your Facility

CDC Information on Cleaning School Buses

AAP Guidance Related to Childcare During COVID-19

NJDOH General Guidelines for the Prevention and Control of Outbreaks in School Settings

People of Any Age with Underlying Medical Conditions

Transmission of SARS-CoV-2 in K-12 Schools and Early Care and Education Programs