



New Jersey Department of Human Services
Division of Developmental Disabilities

Congregate Day Program Re-Opening Requirements

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Introduction

New Jersey's restart and recovery is guided by data, improvements in public health, and the capacity to safeguard the public. As a result of improvements across these measures, congregate day programs - including programs for persons with Traumatic Brain Injury - are permitted to reopen at limited capacity if the following criteria are met:

1. Capacity at which a day program operates is in accordance with the most current [COVID-19 Activity Level Index \(CALI\)](#) for the region in which the congregate day program operates as outlined in this document; and
2. All other criteria contained in this document are met.

Programs that are in compliance with these standards may re-open as early as they are able to come into compliance with these requirements. The Division estimates that providers will need at least two weeks to prepare to re-open but may open sooner if they are in compliance with the requirements in this document. Please note that some programs may elect not to re-open under certain circumstances or may delay re-opening.

The requirements included in this document are imposed in conjunction with other applicable laws and regulations. In the rare event that these requirements are in conflict with another law or regulation, the more stringent requirement shall be enforced. All congregate day programs will be required to comply. Failure to comply will result in negative action, up to and including program closure.

This guidance is substantially derived from the Centers for Disease Control and Prevention (CDC) and New Jersey Department of Health (NJDOH) guidance and documents. It reflects what is known about COVID-19 at the time of publication and will be modified as more is learned about the virus. Information has been supplemented or modified to reflect the needs of New Jersey.

COVID-19 Activity Level Index (CALI)

The [COVID-19 Activity Level Index Weekly Reports](#) (CALI) are published every Thursday by the New Jersey Department of Health. The weekly report assigns a color-coded category to each region in the State reflecting the COVID-19 activity from Sunday through Saturday of the previous week. The categories are: Low (Green); Moderate (Yellow); High (Orange); Very High (Red). The Division has revised requirements to allow flexibility for providers to operate congregate day programming regardless of CALI designation, but with capacity limitations detailed in this section of the document.

CALI-Based Day Program Re-Opening Guidelines Table

Low (Green)	Program remains open or re-opens if previously closed. Programs may operate at 100% capacity.
Moderate (Yellow)	Programs may choose to close, stay closed, remain open, or re-open if previously closed. Programs that elect to remain open or re-open if previously closed must inform participants that the region is currently designated as <i>Moderate</i> and that there is increased risk of COVID-19 transmission in the region. Capacity is limited to a maximum of 50%.
High (Orange)	Programs may choose to close, stay closed, remain open, or re-open if previously closed. Programs that elect to remain open or re-open if previously closed must inform participants that the region is currently designated as <i>High</i> and that there is high risk of COVID-19 transmission in the region. Capacity is limited to a maximum of 50%.
Very High (Red)	Programs may choose to close, stay closed, remain open, or re-open if previously closed. Programs that elect to remain open or re-open if previously closed must inform participants that the region is currently designated as <i>Very High</i> and that there is very high risk of COVID-19 transmission in the region. Capacity is limited to a maximum of 25%.

If the CALI designation for a region changes to one that will result in reduced capacity for a program, for example a move from Low (100% capacity) to Moderate (50% capacity) or High (50% capacity) to Very High (25% capacity), the provider has 14 days to move to the required lower capacity. Should the CALI designation return to one that does not require a change in capacity during that two-week period then no reduction in capacity is required. This provides participants, families and providers time to plan for potential capacity reductions and possibly avoid the need to reduce capacity if the

CALI changes back to a designation that does not require one in a short period of time. In this circumstance, the provider must immediately notify participants and families/guardians when the designation changes, the date of the projected reduction in capacity and if the CALI changes to a designation that will not require a reduction in capacity during that time.

If the CALI designation for a region changes to allow for increased capacity, for example a move from Moderate (50% capacity) to Low (100% capacity) or Very High (25% capacity) to High (50% capacity) the provider may elect to increase participation up to the corresponding maximum capacity, with notification to participants and families/guardians, as soon as they are able to do so.

It is the responsibility of each provider to monitor the CALI report weekly and take appropriate action based on these requirements. Provider action must be based on the CALI level for the region in which the day program operates – not the region where participants may reside. In the event a program chooses to close or further limit capacity, the provider must notify all those participating in the congregate day program and any participant’s family/guardian, as soon as possible.

Additionally, if a provider elects to not re-open, they shall communicate this information to participants and families/guardians as soon as possible so that they can thoughtfully plan for alternative services.

Providers must also notify the Division of closures, capacity changes, or plans to remain closed concurrent with participant and family/guardian notifications. This can be done by emailing the Division’s Provider Performance and Monitoring Unit at DDD.PPMU@dhs.nj.gov.

Other Important Information

Specific actions needed by providers to re-open are outlined in [How to Use this Document – Providers](#). Please note that a [Congregate Day Program Re-Opening Attestation](#) must be submitted at least 48 hours before a facility re-opens. One Attestation form is to be used for each site that is opened.

[How to Use this Document – Individuals, Families, Guardians and Support Coordinators](#) can be used by families/guardians to guide their decision making around returning to in-person congregate day services. Helpful tools are provided as well as information related to spread, exposure risk and prevention of COVID-19.

As re-opening continues, providers will be taking on the tremendous responsibility for ensuring the wellbeing of individuals with intellectual and developmental disabilities in an environment in which risks are significantly higher and more complex than they were pre-pandemic.

It is every person’s responsibility to assist in maintaining the safest environment possible for all participants and staff during the COVID-19 pandemic. As such, individuals, families/guardians, and providers must monitor for signs and symptoms of illness among individuals choosing to return to day programs. If an individual is sick, or his or her family/guardian, care team member or provider thinks the individual may be sick, the individual should not attend a day program, regardless of vaccination status.

Day programs provide important services for participants and caregivers, but some program characteristics – such as the use of communal spaces and shared transportation – may increase the risk of COVID-19 spread¹. It is important to note that, even with prudent steps being taken to reduce the risk of COVID-19 infection, neither the day program provider nor the Division can guarantee that transmission of COVID-19, or one of its variants, will not occur. Day programs are congregate facilities serving individuals with varying levels of risk for developing complications following the contraction of COVID-19, including serious illness and death. An individual’s risk of contracting and transmitting COVID-19 is higher if they have not been vaccinated, if the individual is not able to adhere to distancing and masking guidelines, and when COVID-19 activity is higher in their region. It is important for individuals and their guardians to consider these risks when making decisions about Day Program attendance. The Division recommends that participants consult with their medical provider and others on their care team about attending day programs and what activities

¹ <https://www.cdc.gov/coronavirus/2019-ncov/community/adult-day-care-service-centers.html>

are safe depending on the individual's health status, vaccination status, and the COVID-19 activity level in their region. Other important information to consider from the CDC can be found below (Providers are asked to pay specific attention to Guidance for Adult Day Services Centers):

- [Guidance for Adult Day Services Centers.](#)
- [COVID-19 Daily Activities and Going Out.](#)
- [COVID-19 Frequently Asked Questions.](#)
- [COVID-19 People at Increased Risk and other People who Need to Take Extra Precautions.](#)

Public health recommendations for vaccinated persons²

Currently authorized vaccines in the United States are highly effective at protecting vaccinated people against symptomatic and severe COVID-19. Additionally, a [growing body of evidence](#) suggests that fully vaccinated people are less likely to have asymptomatic infection and potentially less likely to transmit COVID-19 to others.

At this time, people are considered fully vaccinated for COVID-19 ≥ 2 weeks after they have received the second dose in a 2-dose series (Pfizer-BioNTech or Moderna), or ≥ 2 weeks after they have received a single-dose vaccine (Johnson and Johnson [J&J]/Janssen), when available.

How long vaccine protection lasts and how much vaccines protect against emerging COVID-19 variants are still under investigation. Until more is known and vaccination coverage increases, some prevention measures will continue to be necessary for all people, regardless of vaccination status.

In public spaces, including day programs, fully vaccinated people should continue to follow [guidance](#) to protect themselves and others, including wearing a well-fitted [mask](#), [physical distancing](#) (at least 6 feet), avoiding crowds, avoiding poorly ventilated spaces, covering coughs and sneezes, [washing hands](#) often, and following any applicable workplace guidance. Fully vaccinated people should still watch for [symptoms of COVID-19](#), especially following an exposure to someone with suspected or confirmed COVID-19. If symptoms develop, all people – regardless of vaccination status – should isolate and be clinically evaluated for COVID-19, including COVID-19 testing, if indicated. Fully vaccinated people should also continue to follow current [CDC](#) and [NJDOH](#) travel guidance.

² <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/fully-vaccinated-guidance.html>

How to Use This Document – Individuals, Families, Guardians and Support Coordinators

It is important that each individual and his or her guardian, if the individual has one, make their own decision about returning to in-person congregate day services. To assist in making that informed choice, please review this document in its entirety, as it has been updated from the previous version.

Areas of importance for individuals, families and guardians are the [Individual Needs and Risk Assessment](#) and [Receipt of COVID-19 Information Form](#). Both documents contain helpful information from the CDC related to the spread, exposure risk, and prevention of COVID-19. The assessment also outlines situational and behavioral risk factors that must be considered when making this important decision. The [Individual Needs and Risk Assessment](#) is meant to be completed with the day services provider, individual and guardian (as applicable).

The day services provider will be required to maintain both forms on-site at the facility and are subject to audit by the Division at any time. The [Receipt of COVID-19 Information Form](#) must be signed by the individual or his or her guardian (if they have one) before they return to in-person congregate day services.

Because the decision whether to participate in congregate day services during these unusual times is not a “one size fits all” decision, the choice, safety and the comfort level of each individual must be the priority. Individuals, families/guardians, support coordinators and day providers will need to promote person-centered opportunities that focus on supporting the “best life” for individuals with intellectual and developmental disabilities. Resources to support exploration and identification of person-centered planning can be utilized to assist in this process. The [Charting the LifeCourse Person Centered Tools](#) resource may be helpful in this process.

Individuals and families/guardians have asked whether their space in the program can be “held” if they choose to not return to congregate day services at this time. This is a conversation that must occur with the day services provider. Consider discussing this when completing the [Individual Needs and Risk Assessment](#) referenced below.

Additionally, providers must inform individuals and families/guardians, and support coordinators of any changes to the overall structure of the day program setting, including new procedures, new requirements, and any changes to the daytime hours of service provided. Individuals, families/guardians, and support coordinators should be clear about how any changes may impact the individual's available budget.

If an individual has determined he or she wishes to return to in-person congregate day services, it is recommended that the participant and their family/guardian consult with the participant’s medical providers and others on their care team to ensure that any health concerns are understood related to COVID-19, especially in cases where the CALI score for the region their day program operates in is designated as High or Very High. The participant’s support coordinator continues to be responsible for ensuring that any required plan revisions occur to ensure that prior authorizations are present and relevant case notes are entered into iRecord. Prior authorizations are required before an individual uses any service.

How to Use This Document - Providers

Each day services provider shall review this document in its entirety. The day services provider must comply with the following:

- Contact each prospective or previously served individual or their guardian, if the individual has a guardian, to complete an [Individual Needs and Risk Assessment](#)* **together** to determine their interest in services. *This form was updated in March 2021 and must be shared with the participant/family/guardian. If one has been completed before March 2021 then it must be reviewed and updated with the family/guardian.*
- Using the information obtained from the [Individual Needs and Risk Assessment](#), complete one [Facility Readiness Tool](#)* for each congregate day site that is re-opening. *This form was updated in April 2021. If this form has been completed prior to April 2021 then it must be reviewed and updated if necessary.*
- Complete and return a [Congregate Day Program Re-Opening Attestation](#). This must be printed, signed, scanned and emailed to the Division’s Provider Performance and Monitoring Unit at DDD.PPMU@dhs.nj.gov at least 48 hours before each facility re-opens. *One Attestation form is to be used for each site that is opened. This form was last updated in March 2021.*

- For individuals who elect to return to in-person congregate day services, obtain the [Receipt of COVID-19 Information Form](#)* signed by the individual or their guardian (if they have one) before the individual returns to in-person congregate day services. *This form was updated in March 2021, so a new one must be signed if submitted prior to March 2021.*

**Indicates documents that are to be maintained by the provider at the day services facility location and are subject to audit by the Division at any time.*

It is imperative that congregate day programs consistently communicate with the individuals they serve and their families/guardians. Some examples of how day programs may communicate with individuals and families while maintaining health and safety are phone calls, texts, emails, and virtual meetings to provide information, resources and updates. Participation in this communication by individuals and families/guardians is the key for these methods to be successful.

Ventilation

Each facility should review its HVAC system to ensure optimal performance and that there is adequate ventilation in the program space. The CDC outlines a series of recommendations³ to *consider* when evaluating HVAC systems. Within the design specification of the HVAC unit *consider* the following ventilation system upgrades/improvements:

- Increase outdoor air ventilation, using caution in highly polluted areas.
 - When weather conditions allow, increase fresh outdoor air by opening windows and doors. Do not open windows and doors if doing so poses a safety or health risk (e.g., risk of falling, triggering asthma symptoms) to participants.
 - Use child-safe fans to increase the effectiveness of open windows. Position fans securely and carefully in or near windows so as not to induce potentially contaminated airflow directly from one person over another (strategic fan placement to help draw fresh air into the room from open windows or to blow air from the room out open windows).
 - Decrease occupancy in areas where outdoor ventilation cannot be increased.
- Ensure ventilation systems operate properly and provide acceptable indoor air quality for the current occupancy level for each space.
- Increase total airflow supply to occupied spaces, when possible.
- Disable demand-controlled ventilation (DCV) controls that reduce air supply based on occupancy or temperature during occupied hours.
- Further open minimum outdoor air dampers to reduce or eliminate HVAC air recirculation. In mild weather, this will not affect thermal comfort or humidity. However, this may be difficult to do in cold, hot, or humid weather.
- Improve central air filtration:
 - [Increase air filtration](#) to as high as possible without significantly diminishing design airflow.
 - Inspect filter housing and racks to ensure appropriate filter fit and check for ways to minimize filter bypass.
 - Check filters to ensure they are within service life and appropriately installed.
- Consider running the HVAC system at maximum outside airflow for 2 hours before and after the facility is occupied.
- Ensure restroom exhaust fans are functional and operating at full capacity when the facility is occupied.
- Inspect and maintain local exhaust ventilation.
- Use portable high-efficiency particulate air (HEPA) fan/filtration systems to help enhance air cleaning.
- Generate clean-to-less-clean air movement by re-evaluating the positioning of supply and exhaust air diffusers and/or dampers.
- Consider using ultraviolet germicidal irradiation (UVGI) as a supplement to help inactivate the virus that causes COVID-19, especially if options for increasing room ventilation are limited.
- Ventilation considerations are also important during transportation.

³ <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/schools.html>

Screening and Admittance

All individuals, staff, contracted professionals, and visitors, regardless of vaccination status, must be cleared for admittance to the facility through screening, including temperature checks, as outlined in the [Residential and Day Program Screening Policy](#). This includes scheduled staff coming onto each shift. A record of all screenings shall be maintained. The only exception when screening is not needed ahead of entering the program is for first responders who are entering the facility to address an emergency. Providers should make employee and participant health screenings as private as possible to prevent stigma and discrimination. Do not make determinations of risk based on race or ethnicity and be sure to maintain confidentiality of each individual's medical status and history.

In all instances, screening must occur in an accessible designated area that accommodates social distancing and infection control standards. This may be an area outdoors or in the immediate entryway of the facility. 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. In-vehicle screening is permissible. Screening for fever and signs of COVID-19 also need to occur before entry onto an agency vehicle during pick up. The driver can deny transportation to a day program if an individual is demonstrating symptoms. A record of all screenings shall be maintained.

Personnel not entering the building, such as those delivering supplies, do not have to be screened. The day program supervisor shall establish a designated area outside the facility where deliveries can take place. Staff and individuals must maintain a distance of six feet or more from delivery personnel and wash their hands after handling deliveries.

The vaccination status of an individual program participant does not preclude him or her from participating in in-person congregate day services. Factors such as the decision of the individual/guardian to participate, underlying health conditions, the determination of the provider that they can safely serve the individual, etc. all will play a role in this joint decision.

Day program providers shall encourage individuals, families, guardians and residential providers to be on the alert for signs of illness and to keep individuals home if they are sick or think they may be sick.

Face Coverings and Personal Protective Equipment (PPE)

Regardless of vaccination status, all staff shall be required to wear a cloth or disposable mask that covers the nose and mouth and appropriate PPE while working. Information on types of masks and guidance on how to best wear these masks are available from the CDC⁴. Staff shall be trained by the provider in safely donning and doffing PPE⁵ that they are required to use. Staff should also be reminded frequently not to touch the face covering.

Individual program participants shall be encouraged by their staff to wear masks as well. This guidance recognizes that some individual program participants may not tolerate wearing face coverings or it may not be medically advisable for them to wear one. However, individual participants for whom it is not medically contraindicated should be encouraged to wear a face covering that covers the nose and mouth within the facility and/or in the agency vehicle. Individual participants wearing face coverings should also be reminded frequently not to touch the face covering.

The inability of an individual program participant to tolerate or otherwise wear a face covering and/or practice social distancing does not necessarily preclude him or her from participating in in-person congregate dayservices. Factors such as the decision of the individual/guardian to participate, underlying health conditions, the determination of the provider that they can safely serve the individual, etc. all will play a role in this joint decision.

Face shields are not a substitute for masks. If an individual participant does wear a face shield because he or she cannot tolerate a mask, it should wrap around the sides of the wearer's face and extend below the chin. Staff must not wear a face shield in place of a mask, but may wear a face shield in addition to a mask.

⁴ <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/diy-cloth-face-coverings.html>

⁵ www.cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html

Promoting Healthy Hygiene Practices

Facilities shall teach and reinforce proper hand washing⁶ and covering coughs and sneezes⁷ among individuals and staff. Hand washing shall occur frequently with soap and water for at least 20 seconds, including upon arrival at a day program site, before eating, after toileting and after spending time outside. Staff shall wash their hands upon arriving at the facility, before entering their assigned area, before meals or snacks, after community outings or time spent outside, after going to the bathroom, and prior to leaving for home. Individuals are to be encouraged to do the same to the best of their ability and be monitored to ensure proper technique.

Whenever possible, facilities should set up hand hygiene stations at the entrance to the facility so that those entering the facility can clean their hands before entering. If installation of a hygiene station is not possible, staff shall ensure handwashing upon arrival.

Facilities shall have adequate supplies to support healthy hygiene behaviors, including soap, hand-sanitizer with at least 60 percent alcohol (for staff and all individuals who can safely use hand sanitizer), paper towels and tissues. Supplies must be secured at each location to prevent accidental ingestion.

When physical assistance is required from staff for an individual's personal care needs proper PPE must be worn. This PPE shall be changed after caring for an individual's personal needs like toileting. PPE shall also be changed between working with different individuals needing personal care assistance. Special care should be taken when changing adult briefs as COVID-19 may be present in fecal matter⁸. Staff shall change the individual's clothes when soiled. Any contaminated clothes should be placed in a plastic bag immediately or washed in a washing machine. Areas and equipment used during assistance with personal care needs shall be cleaned and sanitized after each use.

Total Number of Individuals Served, Group Sizes and Social Distancing

The total number of individuals served at one time at a Division-funded congregate day program will be based on a percentage of the established Certificate of Occupancy for a location or the number of individuals who can be served while maintaining social distancing (six feet apart) at all times, whichever is less. See the [Introduction](#) section of this document for detail, including what percentage capacity is required. Day service providers shall ensure that in the event of inclement weather that if individuals on community outings return to the facility that it does not negatively impact the ability to maintain the aforementioned social distancing.

When determining the composition of groups, several factors must be considered. Overall compatibility and underlying medical issues are very important. In addition, individuals who share the below characteristics shall be grouped together when realistic:

- Individuals who reside together;
- Individuals who do not reside together but spend time with each other outside of day program;
- Individuals who reside in the same geographic area.

Group sizes shall be 15 or fewer individuals, and include the same individuals each day. To the extent practical, the same staff shall be assigned to care for the same group each day. Group size, composition and assigned staff shall be consistent no matter the activity occurring or location the activity is taking place (i.e., within the facility or in the community). Each day, a record shall be maintained in the event it is needed for contact tracing that documents which individuals were in a group and the staff who worked with them.

Groups shall have designated areas that are separated within the facility by walls or other physical partitions. Total number of groups/individuals allowed in the facility on a given day and time shall be determined based on state guidance regarding capacity for indoor venues and the results of the [Facility Readiness Tool](#).

⁶ www.cdc.gov/handwashing/index.html

⁷ www.cdc.gov/healthywater/hygiene/etiquette/coughing_sneezing.html

⁸ www.cdc.gov/coronavirus/2019-ncov/faq.html#Spread

This guidance recognizes that some individuals may not understand the importance of social distancing (being at least six feet apart) from those who they do not live with. However, individuals should be encouraged to socially distance to lessen COVID-19 exposure risk. Groups shall socially distance from other groups. Within each established group, individuals who do not live together shall be encouraged to socially distance and wear face coverings.

The vaccination status and/or inability of an individual program participant to tolerate or otherwise be able to wear a face covering and/or practice social distancing does not necessarily preclude him or her from participating in in-person congregate day services. Factors such as the decision of the individual/guardian to participate, underlying health conditions, the determination of the provider that they can safely serve the individual, etc. all will play a role in this joint decision.

Use of shared spaces (entry ways, restrooms) shall be carefully controlled to ensure social distancing occurs at all times. Floor markings, physical partitions or other safeguards shall be used. Non-essential shared spaces such as game rooms or dining areas should be closed. Providers may use tape markings on floors or walls to help people to maintain distancing, and place directional arrows to establish the flow of traffic. Minimize traffic in enclosed spaces, such as elevators and stairwells. Consider limiting the number of individuals in an elevator at one time and designating one-directional stairwells, if possible. To the extent practicable, ensure the facility entry door and exit door are separate to avoid interaction between incoming and outgoing traffic to the facility.

Simultaneous use of outdoor activity space is permissible if social distancing can be maintained between groups. Facilities are encouraged to partition available space to allow for increased outdoor activities. Practice physical distancing and wear masks as indicated whether indoors or outdoors, for both staff and participants. Prioritize outdoor activities over indoor activities when possible. Staff should ensure sun safety for all participants and staff. Individuals and staff must wash their hands upon returning to the facility.

Food, Supplies and Personal Belongings

Communal sharing of food such as hot buffet/cafeteria lines and family style meals will not be permitted. As such, the provider should encourage individuals to bring their own lunch. If an individual does not arrive to program with a lunch the provider is still expected to provide him or her with a pre-packaged meal. Individuals shall remain with their cohort for meals and snacks. Meals and snacks shall be provided in the area where groups are regularly situated to avoid congregating in large groups. The use of disposable plates, cups and utensils by the day provider are required.

When staff are handling food, gloves must be worn and there should not be contact with food surfaces. If meals must be provided in a lunchroom: mealtimes must be staggered; tables arranged to ensure that there is at least six feet of space between groups and people within groups who do not live together can socially distance; and tables are to be cleaned between groups. The provider must ensure proper supervision is provided during meals.

Sharing of supplies and other items must be strictly limited. Facilities shall ensure adequate activity supplies to preclude the need for sharing of items. If items must be shared, they shall be used by one group at a time and cleaned and disinfected between uses. Individual's belongings shall be kept separate in individual storage bins/cubbies and sent home each day for washing.

Transportation

Until/unless the day services provider is able to meet social distancing standards within the vehicle, it is recommended that transportation to and from the day services setting be provided by families, guardians, or caretakers for individuals living in their own/family home and by the residential provider for individuals living within a provider managed residential setting.

In the event that the parent, guardian, caretaker, or residential provider staff are unable to provide transportation, the day services provider should do their best to accommodate. However, providers must communicate that transportation constraints may delay/limit the ability for the individual to return to day services on the days or during the shifts they

prefer.

When transportation by the day services provider is provided, individuals shall be screened for fever and symptoms of COVID-19 prior to entry onto the vehicle. The driver can deny transportation to a day program if the individual is demonstrating symptoms or otherwise is identified as presenting a COVID-19 risk. A record of all screenings shall be maintained.

The provider will make every effort to provide transportation based on the small groups of individuals that have been organized. The number of individuals within the vehicle shall be limited in order to maintain social distancing (e.g. one rider per seat in every other row). When feasible, partitions may be installed between riders in order to minimize risk – particularly for individuals who cannot tolerate face coverings that cover the nose and mouth.

Procedures shall be implemented to prevent crowding during pick up and drop off, including staggering these times. Modifications for inclement weather shall be implemented when necessary. Day programs shall prohibit entry of those picking up individuals into the facility. Instead, individuals should be walked outside of the building to their transportation.

Commonly touched surfaces in the vehicle shall be cleaned and disinfected at the end of each run and the entire vehicle thoroughly cleaned after each round of pick up/drop off, especially after the last use of the day. Drivers will wear face coverings that cover the nose and mouth at all times and follow CDC guidelines (social distancing, hand washing, etc.)

Visitation

Visitation in the center shall be strictly limited during operating hours with the exception of emergency medical services or law enforcement personnel acting in their official capacity, personnel from the Department of Human Services and/or Division of Developmental Disabilities. With the exception of an emergency medical services or law enforcement as described above, all visitors shall be required to undergo screening prior to entry and will be required to wear a cloth face covering that covers the nose and mouth and maintain proper social distancing at all times.

Routine or annual meetings shall take place virtually until advised otherwise. Persons providing maintenance or repair services, prospective admissions, prospective employees or service providers shall be required to visit the facility outside of operating hours.

Activities

Activities that are likely to bring individuals into close contact shall not occur. For example, games and sports involving direct physical contact or shared equipment should be replaced with no contact activities or sports. Group composition, size and staffing will comply with [Total Number of Individuals Served, Group Sizes and Social Distancing](#) section of this document. If applicable, consider postponing musical activities and performances that include playing wind instruments, singing, chanting, or shouting during events, especially when participants are in close proximity to each other.

Community outings and other off-site activities may occur with guardian approval, as long as the designated venue has been [cleared to open by the New Jersey Department of Health](#) and that venue's COVID-19 requirements are met. CDC guidelines related to social distancing shall be maintained. Face coverings may be required depending on the community venue as per Executive Order 163⁹ (or more current Executive Order). This will impact an individual's participation if they do not tolerate or are otherwise unable to wear a face covering. Documentation of outings must be maintained by the provider and available for review which shall include: date of outing; name(s) of individual(s) attending; name(s) of staff attending; name and address of venue; and the arrival and departure time.

Enhanced Cleaning and Disinfection Procedures

Facilities shall increase the frequency of cleaning equipment and surfaces, especially doorknobs, light switches,

⁹ <https://nj.gov/infobank/eo/056murphy/pdf/EO-163.pdf>

countertops, and restrooms during operating hours. Alcohol wipes should be used to clean keyboards and electronics. Frequent hand washing should be encouraged. Facilities shall clean, and disinfect frequently touched surfaces as well as and shared objects multiple times per day and between use. If groups of individuals are moving from one area to another in shifts, cleaning measures must be completed prior to the new group entering the area.

Complete cleaning shall occur at end of each day. Cleaning shall be in accordance with the CDC's Guidance for [Cleaning and Disinfecting Your Facility](#). When required, Environmental Protection Agency (EPA) [approved disinfectants](#) for use against COVID-19 shall be used.

Items that individuals 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, disinfect with an EPA approved disinfectant and air-dry or clean in a mechanical dishwasher. Some individuals may mouth objects throughout the day; these objects typically belong to him/her and stay with them if that is the case.

Facilities 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.

Response Procedures for COVID-19 Symptoms

Regardless of vaccination status, if an individual or staff member develops symptoms of COVID-19 at the facility (e.g. fever of 100.4, 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, sneezing, nausea or vomiting, diarrhea), immediately separate them from the others in an isolation area until they are picked up by their caregiver. If staff feel that the symptoms or presentation, COVID-19 related or otherwise, a participant is displaying pose an immediate life threatening risk to the participant they shall immediately call 911.

The program shall contact the symptomatic individual's emergency contact and arrange for their transport home. The staff waiting with the individual shall wear their face covering. Social distancing shall be maintained as much as practicable. The individual or caregiver picking the individual up shall be advised to contact a healthcare professional and have them evaluated for COVID-19. If participants and/or staff present with a fever over 100.4 **and** other symptoms, the facility will require a negative test for COVID-19 and documentation of medical provider's clearance before their return. Advise them to inform the facility immediately if the person tests positive for COVID-19.

Facilities shall immediately notify their local health department of any confirmed or suspected cases of COVID-19 occurring in a day service center. Facilities shall also cooperate with their local health department related to any contact tracing that may be needed. After that notification, confirmed cases of COVID-19 must also be reported to the Division through established [Unusual Incident Reporting Procedures](#).

All rooms and equipment used by the sick person(s) shall be cleaned and disinfected in accordance with [CDC guidance](#). Facilities uncertain about the extent of potential exposure shall clean and sanitize all rooms.

Individuals or Staff Members Who Test Positive for COVID-19

Facilities that become aware of a COVID-19 positive case at their facility shall contact their [local health department](#) to inquire if they should continue to operate or close. Facilities shall also cooperate with their local health department related to any contact tracing that may be needed. Additionally, the agency will be required to provide notification to their PPMU liaison via phone or email DDD.PPMU@dhs.nj.gov of positive staff and individuals as they become aware.

Health officials will provide direction on whether a center should cease operations following the identification of a positive case in the facility. The duration may be dependent on staffing levels, outbreak levels in the community and severity of illness in the infected individual. Symptom-free individuals and staff should not attend or work at another facility during the closure unless cleared to do so by the local health department.

The facility shall immediately inform individuals, guardians and staff if they have been in close contact (≥ 15 cumulative minutes within 24-hours) with a person who has tested positive for COVID-19 while attending the day program.

All rooms and equipment used by the sick person(s) shall be cleaned and disinfected in accordance with [CDC guidance](#). Facilities uncertain about the extent of potential exposure shall clean and sanitize all rooms.

Returning to Program After COVID-19 Diagnosis or Exposure¹⁰

Regardless of vaccination status, if a staff member or individual tests positive for COVID-19, they cannot return until the criteria for lifting transmission based precautions and home isolation¹¹ have been met **and** they have been cleared to end isolation by a healthcare professional. The facility shall require a doctor's note before re-admission.

Fully vaccinated staff who may have been exposed to COVID-19 and who are asymptomatic do not need to be restricted from work for 14 days following their exposure. Additionally, those asymptomatic staff who have recovered from COVID-19 infection in the prior 3 months should follow the same guidance.

Work restrictions for fully vaccinated staff with exposure (≥ 15 cumulative minutes within 24-hours of someone who has recently tested positive for COVID-19) who have underlying immunocompromising conditions, or those who have not been vaccinated, must isolate for 14 days following an exposure.

Regardless of vaccination status or living arrangement, if a participant has been exposed (≥ 15 cumulative minutes within 24-hours of someone who has recently tested positive for COVID-19) they cannot return to program for 14 days following the last day of that exposure.

Questions or Concerns

Questions or concerns on the content, interpretation or application of this guidance can be directed to the Division of Developmental Disabilities at 1-800-832-9173 or DDD.COVID-19@dhs.nj.gov.

¹⁰ <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-after-vaccination.html>

¹¹ www.nj.gov/health/cd/documents/topics/NCOV/COVID-QuickRef_Discont_Isolation_and_TBP.pdf