

# Health and Safety Guidance

for New Mexico Child Care Centers and Early  
Childhood Professionals

*Updated November 17, 2020*



NEW MEXICO

**Early Childhood**

Education & Care Department

On March 11, 2020, Governor Lujan Grisham declared a public health emergency in order to maximize the resources available to fight the spread of the novel coronavirus 2019 (COVID-19) and minimize public health risks for New Mexicans. This guidance is designed to help providers and early childhood professionals maintain physical distancing practices and health and safety standards. Please know that the situation is fluid; as we learn more, we will share updated guidance.

**For more information on COVID-19, please visit**

- ◆ Centers for Disease Control (CDC): <https://www.cdc.gov/>
- ◆ CDC Resources for Schools and Child Care Facilities: <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/>
- ◆ NM Department of Health (NMDOH) website: <https://cv.nmhealth.org/>
- ◆ or call the NMDOH COVID-19 Hotline: 1-855-600-3453.

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# Executive Summary

## COVID-Safe Practices for Early Care and Education Facilities

The coronavirus is transmitted mainly via respiratory droplets from an infected person (through talking, sneezing, or coughing). The virus can also remain viable on some surfaces for hours to days.

The COVID-Safe Practices outlined in this document are REQUIRED for all licensed and registered child care facilities. Families and staff must also be informed about—and adhere—to these requirements. Facilities must also adhere to the Required COVID-Safe Practices for All Employers in [All Together New Mexico COVID-Safe Practices for Individuals and Employers](#) (p. 9).

## Healthy Hygiene Requirements

- Take temperatures and check symptoms for staff and children upon entry each day and any person entering the building. Individuals with a temperature above 100.4 F (38 C) or with COVID 19-related symptoms, or who report someone in the household as having COVID-19-related symptoms or a positive test for COVID-19, must be excluded from the program. Implement screenings safely and respectfully. Maintain confidentiality.
- Every day, a trained staff member should conduct a health check of each child; this check must include the child's physical and social-emotional well-being.
- Practice frequent handwashing with soap and water for at least 20 seconds. Require handwashing upon arriving at the center, when entering the classroom, before meals or snacks, after outside time, before and after diapering, after going to the bathroom, and prior to leaving for home.
- Help young children to ensure they are washing their hands effectively. Supervise children when they use hand sanitizer to prevent ingestion.
- If soap and water are not readily available, using an alcohol-based hand sanitizer with at least 60 percent alcohol.
- Have adequate supplies to support healthy hygiene behaviors, including soap, hand sanitizer with at least 60 percent alcohol (for staff and older children who can safely use hand sanitizer), tissues, and no-touch trash cans.
- Cloth face masks of appropriate size are required for everyone in a child care facility that is three years of age or older. Masks should fully cover the nose and mouth without gaps and stay in place without needing adjustments. Children should not wear masks during nap time or when eating and drinking.
  - ♦ **Exceptions:** Cloth face masks should not be placed on children under 3 years of age, nor on anyone who has trouble breathing or is unconscious, incapacitated, or otherwise unable to remove the cover without assistance.
  - ♦ **Notes:** Children between the ages of 3 and 5 who are wearing masks must be supervised. Teachers should use their professional judgment in deciding when, how and for how long to remove a mask if it is creating discomfort or resulting in a child touching their face frequently. If a child cannot remove the mask on their own, without assistance, even if they are over the age of 3, they should not wear a mask. Providers should be aware of choking risks due to masks with ties.

## Ensure Physical Distancing

- Depending on licensed capacity, licensed centers are allowed a maximum group size and child-to-teacher ratios, for children aged six weeks through four years, that aligns with the group size and ratio requirements of New Mexico’s FOUR STAR FOCUS-Tiered Quality Rating and Improvement System (TQRIS). Please note: FIVE STAR programs must continue to follow the FIVE STAR FOCUS TQRIS group size and ratio to maintain their FIVE STAR status.

### Four Star Focus-TQRIS Group Size and Ratio

Age of Children	Group Size	Child/Teacher Ratio
6 weeks to 24 months	10	5:1
24–36 months	16	8:1
Age 3	20	10:1
Age 4	20	10:1

- Group size for school-age children must not exceed 20 children with a child-to-teacher ratio of 10:1.
- Stagger drop-off and pick-up times. Develop a plan to hand off children to families outside, at the door, or in the foyer.
- Limit non-essential visitors and ban volunteers. Breastfeeding mothers and other essential visitors, such as therapists, must be screened for symptoms prior to entering, wear masks, and perform proper hand hygiene.
- From drop-off to pick-up, children must remain in the same group with the same staff each week. Every enrolled child should be assigned to a group, including children who attend part-time and new enrollees. Children from different groups should not be combined even when attendance is low, including at the beginning and end of the day.
- In order to limit the number of people that individuals are exposed to, adequate staff must be assigned to each group to ensure child-to-teacher ratios are maintained during breaks, lunches and before and after care; these staff can also provide support with additional cleaning and sanitizing. Child-teacher ratios must always be maintained to ensure safety, supervision and positive interactions.
- Children should practice physical distancing (6 feet), where possible, and teachers should implement distancing systems, as practicable, while learning.
- If more than one group is in a room, ensure there is a physical barrier (e.g. low shelves, temporary walls no higher than 4 ft., safely-placed cabinets, room dividers etc.) to keep groups physically separated.
- Children should be placed six feet apart for naps, if possible. Mats should be placed head-to-toe.
- Stagger outdoor time.

## Intensify cleaning, disinfection, and ventilation

- Clean and disinfect frequently-touched surfaces at least daily (e.g, door handles, sink handles, drinking fountains).
- Windows should be kept open when possible. Ensure ventilation systems operate properly and increase circulation of outdoor air as much as possible by opening windows, using fans, or other methods. Do not open windows without screens if they pose a safety or health risk (e.g, allowing pollens in or exacerbating asthma symptoms) to children using the facility.

## Limit sharing

- Children in each group must have access to all interest areas (e.g, art, writing, manipulatives, blocks, science, literacy, dramatic play) within their designated group space. Ensure that enough supplies and materials are present in each group to limit the need for sharing of materials between children.
- Eliminate family-style meals; have employees (not children) handle utensils. Wear gloves when serving children. Plate each child's meal.
- Meals must be served in the classroom. If spaces such as cafeterias need to be used—as with licensed out of school time programs—stagger use and disinfect between use. Maintain same groups of students and adults during mealtimes.
- Keep each child's belongings separated from others' and in individually labeled containers or cubbies.

## Train all staff

- Provide training to all staff specific to all issues in the CDC and NM Guidance on Health and Safety Practices.
- Provide training and guidance on [appropriate use of Personal Protective Equipment](#) including how to put it on, remove it, and dispose of it.

## Plan for when a staff member, child, or essential visitor becomes sick

- Use the [COVID-19 Safety Planning Protocol for Licensed Child Care Facilities](#) document to ensure that your program has a clear plan to reduce COVID-related risk.
- Establish a clear plan and a protocol to isolate staff and children who have symptoms.
- Close off areas used by a sick person and do not use before cleaning and disinfection. Wait 24 hours before you clean and disinfect. If it is not possible to wait 24 hours, wait as long as possible. Ensure safe and correct application of disinfectants and keep disinfectant products away from children.
- Wear appropriate PPE when cleaning the facility when there has been a sick staff person or child and then safely wash or dispose of gowns and gloves.
- Require staff who show any symptoms or signs of sickness to stay home.
- Provide a child or staff member who is sick with the information found on this [CDC COVID-19 handout](#). Children who become sick should be picked up immediately. Children and staff members with COVID symptoms should be tested. If children or staff test positive, they must isolate at home for 10 days from the date of the test and be fever-free for three days before returning to the program
- If a staff member or child contracts COVID-19, notify the New Mexico Department of Health at 1-855-600-3453 to report contact cases to Epidemiology and Response (ERD). Notify staff and families about potential risk of exposure and provide information on next steps.
- Children or staff who have been in “close contact” (closer than 6 feet for 3 minutes) with someone who is COVID-19-positive must be tested and quarantine for 14 days from their last date of close contact.

- Individuals who test positive for COVID-19 should follow instructions from NMDOH and meet CDC criteria to discontinue isolation before returning.

## Rapid Response Protocol

- Refer to the Rapid Response to a Positive COVID-19 Case in an Early Care and Education Facility document for requirements on reporting and responding to a positive COVID-19 case.
- Five ways a COVID-19 positive case may be identified in a child care facility:

1. Testing by DOH at an assigned facility
2. Report by a parent/guardian that their child has tested positive
3. Employee or child develops symptoms
4. Employee is tested at a public testing site and reports to director
5. Complaint received through the child care complaint hotline

## Maintain Healthy Operations

- Monitor absenteeism to identify any trends in employee or child absences due to illness.
- Maintain a roster of trained back-up staff in order to maintain sufficient staffing levels.
- Designate a staff person to be responsible for responding to COVID-19 concerns.
- Create a communication system for staff and families for self-reporting of symptoms and notification of exposures.

## Transportation

- All transportation personnel must meet the staff requirements for training, testing and PPE.
- Maintain as much distance as possible between passengers (e.g, leaving a minimum of one empty space between each child). This includes car seats, boosters and other appropriate safety restraining systems.  
If children are siblings, they may sit together.
- All passengers over the age of three must wear a mask (with exceptions as detailed in the “Face Coverings” section of this document).
- Avoid using the recirculated air option of the car’s ventilation system during passenger transport; use the car’s vents to bring in fresh outside air and/or lower the vehicle’s windows.
- Clean and disinfect frequently touched surfaces regularly (e.g, the steering wheel, gear shift, door frame/handles, windows, radio/temperature dials, and seatbelt buckles).
- If surfaces are visibly dirty, they should be cleaned with detergent or soap and water prior to disinfection.
- Carry cleaning and disinfectant spray or disposable wipes, hand sanitizer, gloves, and disposable trash bags with you in your vehicle.

## Best Practices

- Incorporate additional time outside.
- Social-emotional needs of children must be taken into consideration, and teachers' knowledge and judgment should be used to allow social interactions while keeping children safe. Teachers should assist children with turn-taking, sharing, and safety.
- Have substitutes available in case staff need to be excluded due to illness or other reasons. Substitutes must meet the licensing requirements for background checks and must be tested for COVID-19 prior to working in the facility.
- Communicate to families and staff about staying home when they are sick.
- Educate families about COVID-19 symptoms, taking temperature, and exclusion policies. Update emergency contact information.
- Place posters describing handwashing steps near sinks. Developmentally appropriate posters in multiple languages are available from CDC.
- Provide clear, reassuring guidance to children.
- Keep siblings together in the same group, if possible.
- Reduce the use of trays during mealtime. Avoid sharing of food, drinks and utensils.
- Serve meals and snacks in the classroom to avoid congregating in large groups. If spaces such as cafeterias need to be used, stagger use and disinfect between use. Maintain same groups of students and adults during mealtimes.
- Ensure adequate supplies to minimize sharing of high touch materials (art supplies, sports equipment, etc.). Assign equipment to a single individual or limit use of supplies and equipment by one group of children at a time, and clean and disinfect between use.
- Establish and continue communication with local and state authorities to determine current mitigation levels in your community. Check state and local health department notices daily about transmission in your area and adjust operations accordingly.
- **For more information and resources visit:** <https://cv.nmhealth.org/>.

## Key Hygiene Practices

1. Wash your hands often with soap and water for at least 20 seconds.
2. Use hand sanitizer that contains at least 60 percent alcohol.
3. Avoid touching your eyes, nose and mouth.
4. Wear cloth face coverings (please see "Face Coverings" section below for important exceptions).
5. Cover your cough or sneeze with a tissue, throw the tissue in the trash, and wash hands thoroughly.
6. Discontinue toothbrushing in child care facilities.



# Exclude Individuals from Your Center if **Any** of the Following are True

1. They have experienced symptoms of a respiratory illness in the last 14 days.
2. They have been in contact with someone confirmed to have COVID-19 in the last 14 days.
3. They have traveled out of state in the last 14 days. Please see executive order for exceptions. (It is important to understand what the order does and doesn't allow. If, for example, you must travel to Texas for a medical appointment, you do not have license to go shopping or eat in a restaurant. You should travel to your medical appointment and then drive straight home.)

**Note:** Individuals in high-risk groups should be informed that the safest thing to do is to stay home. Higher-risk groups include people who are older, pregnant, or who have underlying health conditions, including those with compromised immune systems or respiratory conditions like severe asthma.

Children at high risk, such as those with compromised immune systems or respiratory conditions like severe asthma, should stay home unless they have written clearance from their doctor.

# Arrival and Departure Procedures

1. Limit the number of people who enter your child care facility. Limit non-essential visitors and ban volunteers. Breastfeeding mothers should be provided access. Breastfeeding mothers must be screened for symptoms prior to entering, wear masks, and perform proper hand hygiene.
2. Develop a plan to hand off children to families outside, at the door, or in the foyer.
3. If a parent or another person in the household is sick with COVID symptoms, the child should not be admitted to the program. The child should return home with the parent and the person with symptoms should be referred for testing. If this person refuses testing, DOH may determine that the child must quarantine for 14 days. If the sick person tests positive, then the whole family will receive instructions from DOH on quarantine.
4. Stagger drop-off and pick-up times for each small group to avoid large numbers of people congregating outside or in front of the facility. Establish markers at pick-up and drop-off at least six feet apart. Establish one-way routes at pick-up and drop-off wherever possible.
5. Wash hands or use hand sanitizer before and after signing in and out. Do not share pens or pencils. (Parents should use their own pen or pencil when signing in.)
6. If check-in is electronic, provide alcohol wipes and frequently clean the screens or keyboards.

# Health Screening at Entry

1. When conducting health screenings, staff should wear PPE (gowns, face shields, masks, and gloves). The combination of a face shield and a face covering (surgical mask - or if that's not available, cloth) is most protective. A face covering alone does not provide eye coverage, so if face shields are not available, staff should use a face mask (surgical or cloth) plus eye protection/goggles.
2. Take temperatures and check symptoms for staff and children upon entry each day and any person entering the building. Individuals with a temperature above 100.4 F (38 C) or with COVID 19-related symptoms, or who report someone in the household as having COVID-19-related symptoms or a positive test for COVID-19, must be excluded from the program.
3. Ask if medications were used to lower the child's temperature and if there are any household members with COVID-19.
4. If thermometers are not available, ask the caregiver to fill out and sign a form that reports their child's temperature as taken at home (or affirming the child does not have a fever) and any symptoms.

**Examples of Screening Methods:** <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-childcare.html#SocialDistancing>

# Daily Health Checks

1. Every day, a trained staff member should conduct a health check of each child that includes social-emotional wellbeing. This health check should be conducted as soon as possible after the child enters the child care facility and whenever a change in the child's behavior or appearance is noted.
2. The caregiver/teacher should gain information necessary to complete the daily health check by direct observation of the child, by querying the parent/guardian, and, where applicable, by conversation with the child.
3. Daily health checks seek to identify potential concerns about a child's health, including social-emotional wellbeing and any recent illness or injury to the child or within the family.

# Physical Distancing

1. Avoid getting close to babies' and toddlers' faces when holding them.
2. Children should practice physical distancing (6 feet), where possible, and teachers should implement distancing systems, as practicable, while learning.
3. Do not mix or combine groups. Maintain the same groups from day to day and week to week, even at times of low attendance like the beginning or end of the day.
4. Stagger outdoor time.
5. Incorporate additional outside time if possible.
6. Avoid gathering in larger groups for any reason. Increase the distance between children during table work. Minimize the time children stand in line.
7. Plan activities that do not require close physical contact between children. Do not use water or sand/sensory tables.
8. Limit item sharing. If items are being shared, remind children not to touch their faces and wash their hands after using these items.
9. Open windows frequently (as long as this can be done safely). Adjust the HVAC system to allow for more fresh air to enter the program space. Ensure ventilation systems operate properly and increase circulation of outdoor air as much as possible by opening windows, using fans, or other methods.  
Do not open windows without screens if they pose a safety or health risk (e.g, allowing pollens in or exacerbating asthma symptoms) to children using the facility.

# Hand-Washing

1. Practice frequent hand-washing with soap and water for at least 20 seconds, and require hand-washing upon arriving at the center, when entering the classroom, before meals or snacks, after outside time, before and after diapering, after going to the bathroom, and prior to leaving for home.
2. If soap and water are not readily available, using an alcohol-based hand sanitizer with at least 60 percent alcohol.
3. Help young children to ensure they are washing their hands effectively. Supervise children when they use hand sanitizer to prevent ingestion.
4. After assisting children with hand-washing, staff should also wash their hands.
5. Place [posters](#) describing hand-washing steps near sinks. Developmentally appropriate posters in multiple languages are available from CDC.
6. Advise children, families, and staff to avoid touching their eyes, nose and mouth with unwashed hands.

## Additional key times to wash hands include:

1. After blowing one's nose, coughing, or sneezing.
2. Before eating or preparing food.
3. After contact with animals or pets.
4. Before and after providing routine care for a child or other person who needs assistance.

# Clean and Sanitize Your Child Care Setting

1. Increase the frequency with which you clean toys, equipment, and surfaces, especially doorknobs, check-in counters, and restrooms.
2. Disinfect surfaces and objects that are touched often, including bathrooms, water coolers, desks, countertops, doorknobs, computer keyboards, hands-on learning items, faucet handles, phones and toys.
3. Use alcohol wipes to clean keyboards and electronics. Wash hands after use.
4. Remove toys that are not easily cleanable (such as stuffed animals and pillows) and rotate the toys that are in use at any one time so that they can be adequately cleaned and sanitized.
5. If groups of children are moving from one area to another in shifts, cleaning measures must be completed prior to the new group entering.
6. If janitors are available, they should conduct disinfection, as they are trained to use disinfectants safely and effectively - and to clean up potentially infectious materials and body fluid spills (e.g, blood, vomit, feces, and urine). Surfaces must be thoroughly cleaned to remove all organic matter before a disinfectant is applied.
7. In the context of infection control, “deep” cleaning means cleaning surfaces with soap and water and then appropriately using disinfectants on high-touch surfaces. It is especially important to use proper gloves and personal protective equipment (PPE), good ventilation, and thoroughly air out the facility before children and other staff return. (Please see below for more on PPE.)

# Face Coverings

Cloth face masks of appropriate size are required for everyone three years of age or older. This includes all children, staff, and families dropping off and picking up children. Masks should fully cover the nose and mouth without gaps and stay in place without needing adjustments.

**Note:** regular face shields are not a substitute for masks because they do not fit tightly around the mouth and they allow aerosols to go around the sides of the shield. They are designed to be worn WITH masks as an added layer of protection (mostly to protect the eyes).

## Permissible alternative:

However, some face shields do have additional cloth pieces that come down around the neck. See the links below for visuals of two products that meet this requirement. (This is not an endorsement of any particular product.) These are suitable for staff; if they are to be used for children, they must be sized appropriately.

<https://buy.theclearmask.com/>

<https://www.rapidresponseppe.com/>

**Exceptions:** Cloth face masks should not be placed on children under three years of age. In addition, masks should not be placed on anyone who has trouble breathing or is unconscious, incapacitated, or otherwise unable to remove the cover without assistance. Masks should not be used during meals and at naptime.

**Notes:** Children between the ages of 3 and 5 who are wearing masks must be supervised. Providers should use their best judgment about when to remove a mask if it is creating discomfort or resulting in a child touching their face frequently. If a child cannot remove the mask without assistance, even if they are over the age of three, they should not wear a mask. As always, providers should be aware of choking risks due to masks with ties.

[Create strategies for teaching children mask use.](#) This can include setting aside spaces and times in which children can remove their masks for brief periods, if needed.

## Cloth face coverings should:

1. Fit snugly but comfortably against the side of the face.
2. Be secured with ties or ear loops.
3. Include multiple layers of fabric.
4. Allow for breathing without restriction.
5. Be able to be laundered and machine dried without damage or change to shape.

## Suggestions to help children become more comfortable with wearing a mask:

1. Show children pictures of other children wearing masks.
2. Draw a mask on a favorite book character.
3. Discuss how masks help keep everyone healthy.

**Create and wear masks by following CDC guidance:** <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/diy-cloth-face-coverings.html>



### Additional information about face coverings:

- Cloth masks do not provide adequate protection for others if a person has symptoms compatible with COVID-19. Ill children and staff members should stay home.
- When staff conduct daily health checks, the combination of a face shield and a face covering (surgical mask—or if that’s not available, cloth) is most protective. A face covering alone does not provide eye coverage, so if face shields are not available, staff should use a face mask (surgical or cloth) plus eye protection/goggles.
- Be careful not to touch your eyes, nose, or mouth while putting on, wearing, or taking off cloth masks.
- Wash your hands thoroughly before putting on the mask and after removing it.
- Masks should be washed after each day of use and any time they become soiled. Have more than one mask or face covering available to allow time for washing and drying after each use.
- Wearing cloth masks does not replace frequent hand-washing, physical distancing, and avoiding face-touching.
- Cloth face masks should be removed completely during snack and meal times. Do not allow children to wear masks around their necks, as that may contaminate their hands and face while they eat.
- Masks should be removed during nap time.
- When a mask is removed, it should be stored in a paper bag with the child’s name on it.

# Guidelines for Talking to Children About Health and Safety

## Teach children everyday actions to reduce the spread of germs.

- Remind children to stay away from people who are coughing, sneezing or otherwise sick.
- Discuss any new actions that may be taken to help protect children and school staff (e.g, increased handwashing, cancellation of events or activities).
- Teach children to wash their hands with soap and water for at least 20 seconds, especially after blowing their nose, coughing, or sneezing; before and after going to the bathroom; and before eating or preparing food. Get children into a handwashing habit.
- If soap and water are not available, teach children to use hand sanitizer. Supervise young children when they use hand sanitizer to prevent ingestion.

## Remain calm and reassuring.

- Remember that children will react to both what you say and how you say it. They will pick up cues from the conversations you have with them and others.

## Make yourself available to listen and to talk.

- Make time to talk. Be sure children know they can come to you when they have questions.

## Avoid language that might blame others or lead to stigma.

- Remember that viruses can make anyone sick, regardless of a person's race or ethnicity.

Avoid making assumptions about who might have COVID-19.

## Pay attention to what children see or hear on television, radio, or online.

- Consider reducing the amount of screen time focused on COVID-19. Too much information on this topic can lead to anxiety.

## Provide information that is honest and accurate.

- Give children information that is truthful and appropriate for their age and development.
- Talk to children about how some stories on COVID-19 on the Internet and social media may be based on rumors and inaccurate information.

# Communication

## Communicate about COVID-19 with your staff.

- Share information about what is currently known about COVID-19 and your facility's preparedness plans. Communicate your expectations for modeling respiratory etiquette, staying home when sick, and supporting employees who need to take care of a sick family member.

## Communicate about COVID-19 with children and families. Provide updates about changes to your policies or operations, including use of masks and entry procedures.

- As much as possible, rely on indirect communication channels - letters, email, your facility's website or social media pages - and only communicate in-person when absolutely necessary (and then maintain a six-foot distance). Make sure to plan for language needs, including providing interpreters and translating materials.

## Post signs.

- [Signs should be prominently displayed](#), and they should remind staff, visitors, and students to perform hand hygiene, sneeze/cough into their elbow, put used tissues in a waste receptacle, and wash hands immediately after using tissues.

## Intentionally and persistently combat stigma.

- Misinformation about coronavirus and COVID-19 can create fear and hostility that hurts people and makes it harder to keep everyone healthy. We're stronger as a community when we stand together.

## Be clear: everyone should avoid close greetings like hugs or handshakes.

# Quarantine, Isolation, and Reentry

Post this [CDC poster](#) in a visible location for parents and staff.

The information in this section is adapted from the Department of Health’s COVID-19 policy document. Please see link for full document: <https://cv.nmhealth.org/wp-content/uploads/2020/11/EPI-COVID19-Containment-Policies.10.30.20.pdf>

The terms “self-isolate” or “self-quarantine” refer to the voluntary physical separation of a person or group of people in a residence or other place of lodging. Any person who is self-isolating or self-quarantining may only leave a residence or place of lodging to receive medical care and should not allow others into the residence or place of lodging except for those providing medical care, emergency response, or other individuals designated by the New Mexico Department of Health.

## What is the Difference Between Self-Isolation and Self-Quarantine?

Both isolation and quarantine are public health terms that refer to someone being physically separated from other people to prevent the spread of a contagious disease.

- Isolate if you are sick or test positive for COVID-19
- Quarantine if you are at risk of having been exposed or have had close contact with someone with COVID-19

Isolation separates sick people with a contagious disease – and, in the case of COVID-19, those with and without symptoms who have tested positive for COVID-19 – from people who are not sick. These people need to isolate themselves even from others in their own home. People with COVID-19 have the highest risk of spreading it to others and must be strict in their hygiene and physical separation from others. If you test positive for COVID-19, your healthcare provider or someone from NMDOH will ask you to self-isolate until you recover from the disease (recovery is explained below). Self-isolation means a person is voluntarily isolating.

Quarantine separates and restricts the movement of people who were exposed to a contagious disease to monitor if they become sick. These people may have been exposed to a disease and do not know it or they may have the disease but do not show symptoms. If you traveled to New Mexico from a high-risk state (see full list at <https://cv.nmhealth.org/travel-recommendations/>), live with someone who tested positive for COVID-19 or had close contact with someone with COVID-19 at work or elsewhere, you should self-quarantine.

Self-quarantine means a person is voluntarily quarantining.

## 14-Day Quarantine Period for COVID-19

If you have been exposed to someone with COVID-19, there is a 14-day period during which you might become infected. That is sometimes called the “incubation period” for the disease. The 14 days run from the last date you had a close contact with the person with COVID-19. That is also why the travel quarantine in New Mexico runs for 14 days. Travelers may carry the virus across state lines and across international borders without knowing it. Travelers unintentionally have brought cases to New Mexico.

## Quarantine if You Have Traveled to New Mexico From Outside the State (Or if You Are Living with Someone Who Has Traveled to New Mexico from Outside the State)

All persons who have arrived in New Mexico from a state with a positive test rate higher than 80 per 1,000,000 residents or a test positivity greater than or equal to 5%, over a seven-day rolling average, or from outside the United States are mandated to self-quarantine for a period of at least 14 days from the

date of their entry into the State of New Mexico or for the duration of their presence in the State, whichever is shorter.

The most current list of restricted U.S. states can be found in the Social Distancing and Travel Restrictions page of the NMDOH COVID-19 website: <https://cv.nmhealth.org/travel-recommendations/>

## Exceptions to the Mandatory 14-day Quarantine of Out-of-State Arrivals are Outlined in the New Mexico Executive Order 2020-072. The Executive Order states:

- All persons entering New Mexico from a state with a positive test rate lower than 80 per 1,000,000 residents, and a test positivity rate lower than 5%, over a seven-day rolling average, are still advised to quarantine, although quarantine is not mandatory. New Mexico residents are further advised that they should be tested for COVID-19 within 5 to 7 days after their return to New Mexico from one of these states.
- Any New Mexico state employee who vacations in another state and is required to quarantine upon reentering New Mexico will not be eligible for the paid leave provided by the Families First Coronavirus Response Act.
- This Order's direction to self-quarantine does not apply to persons employed by airlines, those performing public safety or public health functions, military personnel and their dependents, federal employees, those employed by a federal agency or national defense contractor, emergency first responders, health care workers, New Mexico residents who have left the State to obtain medical care, New Mexico residents who have left the State for less than twenty-four hours for matters attendant to parenting responsibilities, elementary, middle school, or high school students who attend school in neighboring states or who commute in New Mexico to attend school, those arriving in the State pursuant to a Court order, and persons who are employed or contracted by an "essential business", as defined by the operative public health order addressing mass gathering restrictions and business closures, and who are traveling into New Mexico to conduct business activities.

## Quarantine if You Had Close Contact with Someone Who Tested Positive

Quarantine is required if you had a close contact with someone who tests positive for COVID-19 and the contact occurred during that person's infectious period. Quarantine helps New Mexico reduce the spread of COVID-19. If you have a close contact with a confirmed case, please get tested for COVID-19. Testing can determine if you are contagious and may have spread the disease to others, including members of your own household.

**A negative test result does not end the quarantine period.** Infection can occur at any point during the quarantine period and the full quarantine period should be completed. Your last day of self-quarantine is 14 days after your last contact with the person who tested positive for COVID-19. **If you live with and/or care for someone with a confirmed COVID-19 case, then self-quarantine runs for 14 days after that person completes their infectious period.**

## What Does it Mean to Be in "Close Contact" with Someone with COVID-19 Who is in Their "Infectious Period"?

"Close contact" means spending 3 minutes or longer within 6 feet of someone who is confirmed to have COVID-19 when that person was in their infectious period. Wearing a mask or cloth face-covering does not affect the definition for close contact.<sup>1</sup>

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<sup>1</sup> Contact with a COVID-19 case in a healthcare setting where appropriate personal protective equipment (PPE) is worn is not considered a COVID-19 exposure. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-riskassessment-hcp.html>.

An “infectious period” of a disease is the time during which an infected person is contagious and most likely to spread disease to others.

For people with symptoms, the infectious period begins 2 days before the person experiences symptoms and extends 10 days after the onset of symptoms, provided that there has been no fever for at least 24 hours without using fever-reducing medicines, and symptoms have resolved or improved.

For people with “severe” COVID-19 illness—those who have been hospitalized in an intensive care unit with or without mechanical ventilation—or people with severe immunosuppression,<sup>2</sup> the infectious period extends 20 days after the first contact with a COVID-19 case in a healthcare setting.

For people who never have symptoms, the infectious period begins 2 days before their test specimen was collected and extends 10 days after the specimen collection date.

The infectious period is closely related to when someone will be considered “recovered” from COVID-19 and can stop isolating. This date may not coincide with full recovery from symptoms or secondary effects of the infection.

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<sup>2</sup> Severe immunosuppression includes being on chemotherapy for cancer, untreated HIV infection with CD4 T lymphocyte count <200, combined primary immunodeficiency disorder, and receipt of prednisone >20 mg/day for more than 14 days. Other factors, such as advanced age, diabetes mellitus, or end-stage renal disease, may pose a much lower degree of immunocompromise and not clearly affect decisions about infectiousness or duration of isolation.

# Steps to Take if a Child, Parent or Staff Member Develops COVID-19 or Symptoms

1. Staff or children with fever (100.4 F or higher) and cough and difficulty breathing, or at least two of the following symptoms:
  - a. fever or chills
  - b. diarrhea
  - c. repeated shaking with chills
  - d. muscle or body aches
  - e. headache
  - f. sore throat
  - g. congestion or runny nose
  - h. new loss of taste of smell
  - i. nausea or vomiting
2. Children with a household member who has these symptoms, or who are known to have COVID-19, should quarantine for 14 days from their last date of contact with the positive case. This period may be prolonged if the child develops symptoms. Follow NMDOH instructions for quarantine/isolation.
3. If a child or staff member develops symptoms of COVID-19 (see list above) while at the facility, immediately separate the person from the well people until the ill person can leave the facility. Call the DOH Coronavirus Hotline at 1 (855) 600-3453.
4. If a child or employee tests positive for COVID-19, contact an NMDOH epidemiologist at 1-855-600-3453 to report contact cases. (This line is open 24 hours per day, 7 days per week, 365 days per year.) A DOH epidemiologist will identify the close contacts who will need to quarantine. It is likely that members of the infected person's group would be considered close contacts.
5. Facilities with a confirmed case of COVID-19 will be closed temporarily for deep cleaning. The center should immediately air out the facility for 24 hours and then follow the guidance below on **Recommendations For Cleaning Staff If You Have A Person Who Is Sick At Your Facility and Cleaning and Disinfecting Surfaces If You Have A Person Who Is Sick At Your Facility**. The duration of closure will depend on multiple factors, including the most up-to-date information about COVID-19 and specific cases in the impacted community.
6. Symptom-free children and staff should not attend or work at another facility; doing so could expose others.
7. Staff who refuse to be tested can be excluded from the facility. If parent refuses testing of child, the child may need to quarantine for 14 days.

# Cleaning and Disinfecting Surfaces if You Have a Person Who is Sick at Your Facility

1. If surfaces are dirty, they should be cleaned using a detergent or soap and water prior to disinfection.
2. For disinfection, diluted household bleach solutions, alcohol solutions with at least 70 percent alcohol, and most common EPA-registered household disinfectants should be effective.
3. Diluted household bleach solutions can be used if appropriate for the surface. Follow manufacturer's instructions for application and proper ventilation. Check to ensure the product is not past its expiration date. Never mix household bleach with ammonia or any other cleanser. Unexpired household bleach will be effective against coronaviruses when properly diluted.

## **Prepare a bleach solution by mixing:**

- ◆ 5 tablespoons (1/3 cup) bleach per gallon of water or
- ◆ 4 teaspoons bleach per quart of water
- ◆ Products with the [EPA-approved emerging viral pathogens icon](#) are expected to be effective against COVID-19 based on data for harder-to-kill viruses. Follow the manufacturer's instructions for all cleaning and disinfection products (e.g, concentration, application method, contact time, etc.).
- ◆ For soft (porous) surfaces such as carpeted floor, rugs, and drapes, remove visible contamination if present and clean with appropriate cleaners indicated for use on these surfaces.
- ◆ After cleaning:
  - If the items can be laundered, launder items in accordance with the manufacturer's instructions. Use the warmest appropriate water setting for the items and then dry items completely.
  - Otherwise, use products with the [EPA-approved emerging viral pathogens icon](#) that are suitable for porous surfaces.



# Recommendations for Cleaning if You Have a Person Who is Sick at Your Facility

1. Cleaning staff should wear disposable gloves and gowns for all tasks in the cleaning process, including handling trash.
2. Gloves and gowns should be compatible with the disinfectant products being used.
3. Additional Personal Protective Equipment (PPE) might be required based on the cleaning/disinfectant products being used and whether there is a risk of splash.
4. Gloves and gowns should be removed carefully to avoid contamination of the wearer and the surrounding area. Be sure to wash hands after removing gloves.
5. Gloves should be removed after cleaning a room or area occupied by ill persons. Wash hands immediately after removing gloves.
6. Cleaning staff should immediately report breaches in PPE (e.g, rips/tears in gloves) or any potential exposures to their supervisor.
7. Cleaning staff and others should wash hands often, including immediately after removing gloves and after contact with an ill person, using soap and water for 20 seconds. If soap and water are not available and hands are not visibly dirty, an alcohol-based hand sanitizer that contains 60–95 percent alcohol may be used. However, if hands are visibly dirty, always wash hands with soap and water.
8. Follow normal preventive actions while at work and home, including washing hands and avoiding touching eyes, nose, or mouth with unwashed hands.

**Note on How to Access PPE:** Please look on the [NewMexico.gov](https://www.newmexico.gov) website, under [NM COVID-19 Emergency Supply Collaborative](#), to review the list of vendors selling PPE. If your program has difficulty obtaining PPE, please contact Child Care Resource and Referral at 1-800 691-9067 for assistance. For questions, you may also call DOH's PPE line at 505-476-8284 Monday through Friday between 8 a.m. and 5 p.m.

If you have additional questions about disinfection and cleaning in response to COVID-19, please call the New Mexico Department of Health's COVID-19 hotline at 1-833-551-0518.

# Review, Update, and Implement Emergency Preparedness Plans

Focus on the components of your plans that address infectious disease outbreaks.

1. Ensure that the plan includes strategies to reduce the spread of a wide variety of infectious diseases (e.g, seasonal influenza). Effective strategies build on everyday child care policies and practices.
2. Ensure that the plan emphasizes common-sense preventive actions for children, staff and families (e.g, staying home when sick; appropriately covering coughs and sneezes; cleaning frequently-touched surfaces; and washing hands often).

## Changes in Business Operations and Practices

Contact your designated Early Childhood Education and Care Department (ECECD) licensing staff person before making any changes to your business practices. Examples of changes in business practices include, but are not limited to:

1. Suspending services at a service location / temporarily closing a program.
2. Relocating staff and children to another facility.
3. Restricting individuals' abilities to receive services.

# Documentation

Providers should document any changes to their operations as a result of COVID-19 and maintain evidence to support why the changes were made. Doing so will help demonstrate the basis for an action if the appropriateness of the action is questioned after COVID-19 is contained and operations return to normal.

# Testing Requirements

As a licensed or regulated child care provider, your business is subject to the authority of the Early Childhood Education and Care Department and the Department of Health. In addition, all operating businesses are subject to the Governor's Executive Orders and the Department of Health's Public Health Orders and guidelines.

The Governor is committed to protecting the health and safety of our children. As such, all licensees and independent caregivers at registered family child care homes must require their employees, caregivers and other adults residing in a licensed or registered home to be tested for COVID-19 to protect the health of children.

ECECD's mandate in licensing early childhood care programs is to "ensure health and safety of children while they are in care" (NMSA §32A-23C-3(B)(1)). If an employee, caregiver, or other adult residing in a licensed or registered home has been infected with COVID-19, that individual cannot reasonably ensure the health, safety and welfare of the children in care.

All licensed facility and registered home provider staff who live or work in a county displayed in red, orange, or yellow on the map below are required to get tested for COVID-19 every two weeks. These geographical distinctions are based on a 14-day rolling average of new daily cases and overall positivity rate.

County map: <https://cvprovider.nmhealth.org/public-dashboard.html>

Testing is free of charge at state public health offices. Insurance companies are barred from charging copays or other costs associated with COVID-19. To find a testing location and a schedule of testing opportunities in your area, please refer to the New Mexico Department of Health website: <https://cvprovider.nmhealth.org/directory.html>.

In addition, testing events for early childhood professional may be found here. Testing is free of charge at state public health offices; however, health offices do request insurance information at the time of registration.



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Education & Care Department