

UPDATED March 2024



NEW MEXICO

Early Childhood

Education & Care Department

Health and Safety Guidance

for New Mexico Child Care
Facilities and Early Childhood
Professionals

*The release of this updated toolkit replaces and
supersedes the previously released toolkit*



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**Chief Health
Officer**

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Chief Health Officer Message

March, 2024

The New Mexico Early Childhood Education and Care Department (ECECD) aligns its guidance with the **New Mexico Department of Health** (DOH), the **Centers for Disease Control** (CDC), and the **American Academy of Pediatrics** (AAP) as much as possible, while also acknowledging and trying to meet the needs of early childhood professionals, families, and young children here in New Mexico.

Early childhood professionals are expected to utilize basic infectious disease prevention strategies as part of their normal operations. Strategies for everyday operations that will decrease the chance of spreading infection include cleaning and disinfection practices, staying up to date on recommended vaccinations, staying home when sick or symptomatic, and improving ventilation as much as possible.

With respect to COVID-19, child care programs are expected to report positive cases of COVID and other infectious diseases by calling the ECECD Hotline at 1-888-351-0037 or emailing childcare.complaint@eeced.nm.gov.

Programs should also consider the needs of students or staff who may be at higher risk of severe illness. ECECD recognizes that some early childhood programs may wish to continue more restrictive health and safety precautions based on their unique circumstances.

ECECD is grateful for your work and appreciates your ongoing partnership to ensure that early childhood education and care settings remain safe for children, families, and staff.



Janis Gonzales MD, MPH, FAAP
Chief Health Officer
Email: Janis.Gonzales2@eeced.nm.gov

Health and Safety Requirements for New Mexico Child Care Facilities and Early Childhood Professionals

The following is a list of required health and safety practices, effective February 26, 2024, for all New Mexico child care centers, licensed and registered homes, and early childhood professionals.



Required Practices for Child Care

- Licensed providers may operate at group sizes and ratios according to their licensed Star level
- Training on health and safety/COVID-19 practices is required for all staff, including cooks and transportation staff.
- Good hygiene practices are required, including frequent handwashing/sanitizing
- Frequently touched surfaces should be cleaned often throughout the day and disinfected at the end of each day.

Report a **Positive** Case of COVID-19 for Child Care

To report a positive case of COVID-19 or any other communicable disease in child care, please call the ECECD Intake Hotline at **1-888-351-0037** or email us at childcare.complaint@eecd.nm.gov.

Use of ECECD's Rapid Response Protocol is no longer required.



Child Care Contacts

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Health and Safety Requirements for Early Intervention (FIT)

Required Practices for Early Intervention (FIT)

During Visits

- In-person visits may take place either in a child's home, outdoors, at a licensed child care facility/registered home, or in a provider agency setting.
- Early intervention service providers may wear masks during in-person visits as they feel appropriate.
- Early intervention service providers may not take any items that are shared with other families to visits, with the exception to assistive technology and discipline specific supports. Prior to and after any scheduled visits, all items taken and used must be cleaned and sanitized according to the CDC guidelines found here: [Cleaning and Disinfecting Your Facility | CDC](#).
- Everyone participating in an in-person visit should wash their hands with soap and water for 20 seconds or use recommended hand sanitizer of at least 60 percent alcohol immediately before and after the session, after any direct contact, and anytime the face or mask is touched. This is also a great opportunity to work with the family and child on handwashing routines.
- If during an in-person visit a family member discloses that they are ill, the session should be canceled to reduce the spread of infection.



FIT Contacts

Please contact your regional coordinator or FIT program manager if you have any questions or concerns about the guidance provided in this document.

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Health and Safety Requirements for Home Visiting (HV)



Required Practices for Home Visiting (HV)

- Home visits can take place in a family's home or outdoor setting.
- Any home visitor with symptoms of a contagious illness should not report to work.
- Any home visitor who develops symptoms of illness while on the job should stop working and notify their supervisor.

Best Practices

- Communicate to families and staff about the importance of staying home when they are ill.
- Share and educate families about COVID-19 symptoms, washing hands, and social distancing.



Home Visiting Contacts

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Respiratory Virus Guidance

Protect Yourself from Getting Sick:

The most important thing you can do to protect yourself from COVID-19, flu, and RSV is to stay up to date on your recommended vaccines. Even when vaccines don't prevent infection, they often tame these viruses, reducing severity, and preventing their worst outcomes, like hospitalization and death. Along with staying up-to-date on your vaccines, practicing good hygiene by covering your coughs and sneezes, washing or sanitizing your hands often, and cleaning frequently touched surfaces can help. Also, taking steps for cleaner air can help reduce the spread of respiratory viruses. This can mean bringing in fresh outside air by opening a window, purifying indoor air, or having outdoor social activities.

If You Get Sick:

Even if you practice these core prevention strategies, you may still catch a virus and develop respiratory symptoms. If that happens, the updated Guidance recommends two actions:

Step 1

Stay at home. As much as possible, you should stay home and away from others until at least 24 hours after both:

1. Your symptoms are getting better overall, and
2. You have not had a fever (and are not using fever-reducing medication).

This advice is similar to what has been recommended for flu for decades and will help reduce the spread of COVID-19 and other respiratory viruses during the most contagious period after infection. Not all respiratory virus infections result in a fever, so paying attention to other symptoms (cough, muscle aches, etc.) is important as you determine when you are well

enough to leave home. If your symptoms are getting better, and stay better for 24 hours, you are less likely to pass your infection to others and you can start getting back to your daily routine and move on to step 2.

Step 2

Resume normal activities, and use added prevention strategies over the next five days, such as taking more steps for cleaner air, enhancing your hygiene practices, wearing a well-fitting mask, keeping a distance from others, and/or getting tested for respiratory viruses. People can choose to use these prevention strategies at any time. Since some people remain contagious beyond the "stay-at-home" period, taking added precautions can lower the chance of spreading respiratory viruses to others.

People who are at higher risk for severe illness who start to feel sick should seek health care right away so that they can access testing and/or treatment. Early treatment for COVID-19 or flu may prevent severe disease in people at higher risk, even if they are up to date with their vaccines.

People who test positive for COVID should use the prevention strategies discussed above for five days even if they have no symptoms.

Additionally, all child care providers must have:

- Health policies (program's policies on admitting sick children, when children can return after an illness, administering medication, and information on common illnesses) - these policies and procedures must be included in the parent and personnel handbook.
- Will have a cot or mat available for sick children and it will be disinfected thoroughly after each use
- Report any of the illnesses on the current list of notifiable diseases and communicable diseases published by the office of epidemiology of the New Mexico department of health;
- Will notify parents or guardians in writing of any incident, including notifiable illnesses, that has threatened the health or safety of children in the home.
- Children or staff members absent due to any notifiable disease will not return without a signed statement from a physician.
- Separate and constantly observe a child who becomes sick at the center and promptly notify a parent or guardian of the child's illness.
- Send a child home when:
 - (1) the child's oral temperature is 101 degrees Fahrenheit or greater or armpit temperature is 100.4 degrees Fahrenheit or greater and the child shows signs of illness or behavior changes; or
 - (2) an educator observes signs of contagious disease or severe illness.
- Perform daily health check/screenings of all children in care. Findings will be documented and maintained for review.

Respiratory Virus Guidance

Conditions That Do Not Require Exclusion	
Common cold, runny nose, and cough	No exclusion regardless of color or consistency of nasal discharge. For allergies that have similar symptoms to a common cold (e.g., runny nose, sneezing, cough), programs can encourage parents or guardians to get documentation from a healthcare provider to avoid unnecessary exclusions. During outbreaks such as COVID-19, follow recommendations from the Centers for Disease Control and Prevention (CDC) or the local health department.
Cytomegalovirus infection (CMV)	No exclusion required.
Diarrhea	No exclusion if stool is contained in the diaper, there are no toileting accidents, and there are no more than two stools per day above the normal for that child.
Eye drainage	No exclusion for watery, yellow or white discharge without fever, eye pain, or significant eyelid redness and swelling.
Fever	Temperature above 100.4° F (38° C) (axillary, temporal, or oral) is a fever. Children over 4 months old without signs of illness do not need to be excluded. Only take a child's temperature if the child seems ill. (During outbreaks such as COVID-19, follow CDC or local health department recommendations.)
Fifth's Disease (Parvovirus B19 or slapped cheek disease)	No exclusion for children who have normal immune systems and who don't have an underlying blood disorder like sickle cell disease.
Hand, foot, and mouth (Coxsackie virus)	No exclusion unless the child has a fever with symptoms, mouth sores, and constant drooling, or if recommended by public health authorities to control an outbreak.
Hepatitis B virus, chronic	No exclusion required.
HIV infection	No exclusion required.
Impetigo	Cover skin lesions until the end of the day if there is no fever or changes in behavior. If medical treatment starts before returning the next day, no exclusion is needed.
Lice or nits	Treatment may start at the end of the day. If treatment starts before returning the next day, no exclusion needed. "No-nit" policies are not effective in controlling spread of lice and are not recommended.
Methicillin-resistant (MRSA) and methicillin-sensitive (MSSA) colonization	Colonization is the presence of bacteria on the body without illness. Active lesions or illness may require exclusion.
Molluscum contagiosum	No exclusion or covering of lesions is needed.
Pinkeye	No exclusion needed if pink or red on the white of the eye with or without drainage, without fever or behavioral change.

Respiratory Virus Guidance

Conditions That Do Not Require Exclusion	
Rash without fever or behavior changes	No exclusion necessary. Exception: Call EMS (911) for children who have a new rash with rapidly spreading bruising or small blood spots under the skin.
Ringworm	Cover skin lesions until the end of the day. If medical treatment starts before returning the next day, no exclusion is needed.
Roseola	No exclusion needed unless there is a fever and behavior changes.
Scabies	Treatment may be delayed until the end of the day. As long as treatment starts before returning the next day, no exclusion is needed.
Thrush	No exclusion needed. (The signs of thrush are white spots or patches in the mouth, cheeks, or gums.)

Conditions That Require Temporary Exclusion

Key Guidelines for Exclusion of Children Who Are Ill	
When a child becomes ill but does not need immediate medical help, programs should decide if the child should be sent home (temporarily excluded from the program). Most illnesses do not need exclusion.	<p>Three main reasons to keep children at home:</p> <ol style="list-style-type: none"> 1. The child does not feel well enough to comfortably take part in usual activities (i.e., overtired, fussy, will not stop crying). 2. A child needs more care than teachers and staff can give while still caring for the other children. 3. The illness has a risk of spreading harmful disease to others as noted in Specific Conditions Needing Temporary Exclusion, below.
Abdominal pain	Exclude with persistent or intermittent pain with fever, dehydration, or other signs or symptoms.
Chickenpox	Exclude until all lesions have dried or crusted (usually 6 days after the start of the rash) and no new lesions have appeared for 24 hours.
COVID-19	Exclude according to current CDC guidelines.
Diarrhea	<p>Exclusion is needed for:</p> <ul style="list-style-type: none"> • Diapered children whose stool is not contained in the diaper • Toilet-trained children when diarrhea causes “accidents” or when increased number of bowel movements are a risk for accidents and soiling of toileting areas • Children who have more than 2 stools per day above normal for that child while the child is in the program • Children whose stool contains blood or mucus <p>Children may return when the stool is contained in the diaper, or when toilet-trained children no longer have accidents or when they have no more than 2 stools above what is usual for the child.</p> <p>For some infectious diarrheal illnesses, exclusion is needed until additional guidelines have been met and programs communicate with healthcare providers and health departments. Children who have germs in their stool but no symptoms do not need to be excluded, except when infected with Shiga toxin-producing <i>Escherichia coli</i> (STEC), <i>Shigella</i>, or <i>Salmonella</i> serotype Typhi.</p>

Respiratory Virus Guidance

Conditions That Require Temporary Exclusion

Fever	Exclude with behavior change or other symptoms. A temperature of 100.4° F (38° C) or above (from any site) in infants and children with behavior change. For infants younger than 2 months, a temperature of 100.4° F from any site) or above with or without a behavior change or other symptoms (e.g., sore throat, rash, vomiting, diarrhea) needs exclusion and immediate medical attention.
Head lice	Exclusion is not needed before the end of the program day, but let the parent or guardian know that day. Exclude only if the child has not had a medically approved treatment by the time they return.
Hepatitis A	Exclude for one week after onset of illness or as directed by the health department.
Impetigo	Exclusion is not needed before the end of the program day if impetigo lesions are covered, but let the parent or guardian know that day. Exclude only if the child has not been treated by the time they return.
Measles	Exclude until four days after onset of rash.
Mouth sores	Exclude children who have sores with drooling that a child is unable to control. Or exclude children who are unable to participate due to symptoms related to the mouth sores.
Mumps	Exclude until five days after onset of parotid (salivary) gland swelling.
Pertussis (whooping cough)	Exclude until treated with an appropriate antibiotic for five days, or 21 days from start of cough if untreated.
Rash with fever or behavior change	Exclude until a healthcare provider decides the illness is not a harmful contagious disease.
Ringworm	Exclusion is not needed before the end of the program day, but let the parent or guardian know that day. Exclude only if the child has not been treated by the time they return.
Rubella	Exclude until seven days after onset of rash.
Scabies	Exclusion is not needed before the end of the program day, but let the parent or guardian know that day. Exclude only if the child has not been treated by the time they return.
Skin sores	Exclude if the child has sores on an exposed body surface that are leaking fluid and cannot be covered with a waterproof dressing.
Streptococcal pharyngitis (Strep throat, skin infections)	Exclude until treated with an appropriate antibiotic for 12 hours.
Tuberculosis (active)	Exclude until the healthcare provider or local health department decides the child is no longer infectious.
Vomiting	Exclude if the child vomits two or more times within 24 hours, unless vomiting is due to a noncontagious/noninfectious cause and the child can stay hydrated and take part in activities. If a child with a recent head injury vomits, get emergency medical care.

Respiratory Virus Guidance

When children need temporary exclusion, staff should:

- Ask parents or guardians to pick the child up as soon as possible following the program's illness exclusion policies.
- Let the child stay in the usual care setting/classroom (if symptoms allow) while waiting for pickup.
- Move the child to a familiar and comfortable place, supervised by someone who knows the child well and who will continue to watch the child for new or worsening symptoms. If the child is coughing or sneezing, separate the child from other children and staff by at least 3 feet to help decrease exposure to others who were not in close contact with the child before.
- Make decisions on a case-by-case basis about giving care that is comfortable for the child while waiting for pickup. Consider the child's age, surroundings, potential risk to others, and type and severity of symptoms. Staff should still appropriately tend to the child's physical and emotional needs while waiting for pickup.
- If the child-to-staff ratio cannot be met while caring for the ill child, extra staff may be needed to care for the other children until the child is picked up. Putting the ill child in the care of an unfamiliar caregiver or in a different space may make it difficult to care for the child and can expose other people to infectious illnesses.
- Wash their hands, and continue to practice good hand hygiene if they (and other children) had contact with the ill child. Wash and sanitize toys, equipment, and surfaces used by the ill child after the child leaves.
- Discuss illness signs and symptoms with the parent or guardian who is picking up the child. Review illness guidelines for return to child care. If needed, give the family written information that may be shared with a healthcare provider. The information should include when symptoms started, observations about the child, if a temperature was taken (e.g., temperature of 101.5° F at 10:30 am), any actions taken, and the time actions were taken (e.g., ½ tsp children's acetaminophen given orally at 11:00 am).
- Ask the parent or guardian to share written information from the child's healthcare provider with staff. If more information is needed, ask for the parent's or guardian's written permission to contact the child's doctor. Sharing health information with staff needs written consent from the parent or guardian.
- Follow the medical advice (if the child saw a healthcare provider) for return to child care. When needed, let staff and families know about a possible exposure to an infectious disease.
- Contact the local health department if a child or staff member might have a reportable or harmful infectious disease. If healthcare providers have different opinions about the care of a child with a reportable infectious disease, the health department has the legal authority to make a final decision.
- Document any care for an ill child in the child's file with date, time, symptoms, and actions taken (and by whom); sign and date the document.



2023 Fall Vaccines

What are the options?

Who can get it?

When should I get it?

Flu Vaccine

One shot that targets 4 versions of the flu.

Everyone 6 months and older.

October or early in the flu season.

COVID-19 Vaccine

Pfizer, Moderna, or Novavax that targets the new XBB COVID variant.

Everyone 6 months and older.

At any time (and at least 2 months since your last COVID vaccine)

RSV Vaccines

One shot

People aged 60 years and older.

At any time.

One shot of Pfizer (Arexvy)

Pregnant people.

32 to 36 weeks gestation

RSV Monoclonal Antibody

One shot of antibodies.

All infants under 8 months.

Infants who are between 8 months and 2 years who are high risk.

During RSV season (fall and winter)

For help finding a COVID or Flu vaccine



[Vaccinenm.org](https://vaccinenm.org)



1-855-600-3453



COVID-19 Vaccines in Pregnancy and Breastfeeding

If you are pregnant, planning to get pregnant, or breastfeeding you should get a COVID-19 vaccine

The COVID-19 vaccines are effective in preventing infection, especially severe infections, with COVID-19 when given during pregnancy or breastfeeding.

If you are pregnant you are at higher risk of severe COVID-19

Pregnant people are at higher risk of becoming very sick, needing to go to the hospital, and even dying from COVID-19.

The COVID-19 vaccines are safe for you and your baby

The COVID-19 vaccines have been carefully followed in more than 130,000 pregnant people and do not cause problems during pregnancy like miscarriage or any problems for babies. The vaccines prevent more pregnancy problems by preventing COVID-19 infections. The vaccines cannot change someone's genes, give someone COVID-19, or pass to the baby in the womb.

COVID-19 vaccines provide babies some protection from COVID-19

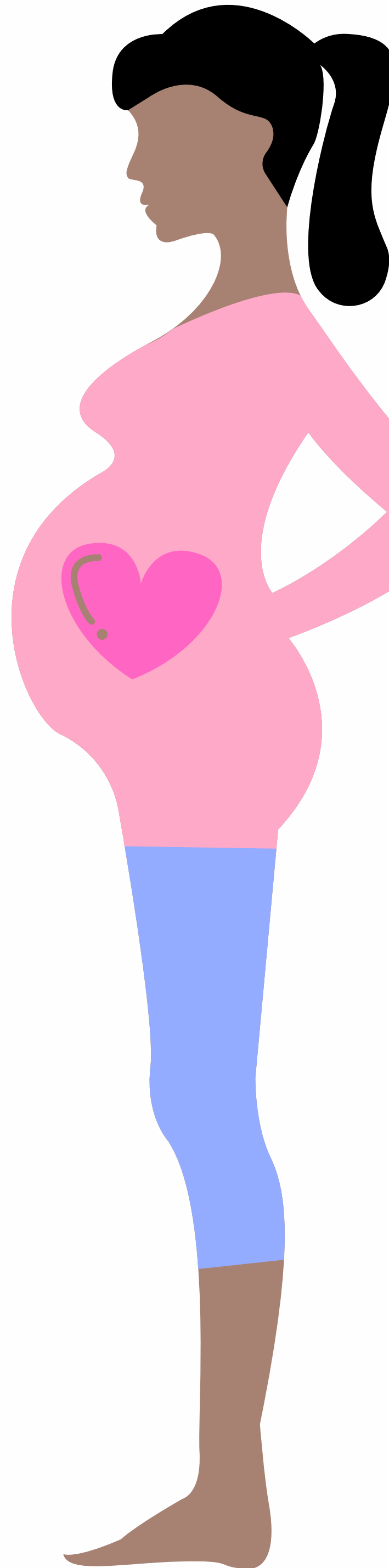
Pregnant or breastfeeding people who get a COVID-19 vaccine pass antibodies in the womb and in breastmilk that give newborn babies some protection from COVID-19.

Pregnant and breastfeeding people can get any of the approved vaccines at any time

Each of the approved vaccines provide protection and are safe during pregnancy. Vaccines can be given at any time during pregnancy.

Side effects with the COVID-19 vaccines are generally not severe

Everyone who gets a COVID-19 vaccine, including pregnant and breastfeeding people, may have side effects which are usually mild like body aches, soreness at the vaccine site, chills, and tiredness. Talk to your healthcare provider if you have any concerning side effects.



NM Vaccine Portal

1-855-600-3453

COVID-19 Hotline and Vaccine Scheduling



CDC Information

Receive your free

Safe Sleep Baby Kit

The Safe Sleep Baby Kit is **free** to expectant parents and caregivers of new babies regardless of income, citizenship status, or family structure.

OUR PURPOSE

The Early Childhood Education and Care Department (ECECD) Home Visiting program provides New Mexico families a Safe Sleep Baby Kit containing materials to foster a Safe Sleep environment in a variety of spaces. Our purpose is to provide all families in New Mexico access to and awareness of a Safe Sleep environment in a way that is respectful, culturally responsive, equitable, and informed.

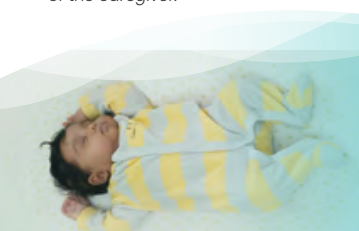


ABC'S OF SAFE SLEEP

A is for ALONE Baby should always sleep alone, not with an adult, or other children or babies, and without any other items in the sleep space.

B is for BACK Always place your baby on their back to sleep, for naps and at night.

C is for CRIB Baby should always sleep in a safe crib or play yard*, in the same room and within reach of the caregiver.



THE KIT INCLUDES:

TRAVEL
BASSINET 

 INFANT
CLOTHING

BABY
BOARD
BOOKS 

 EDUCATIONAL
RESOURCES

A crib, bassinet, portable crib, or play yard that follows the safety standards of the Consumer Product Safety Commission (CPSC) is recommended. For information on crib safety, contact the CPSC at 1-800-638-2772 or <http://www.cpsc.gov>.

RECEIVE YOUR KIT:

To receive your Safe Sleep baby kit visit the Early Childhood Education and Family Supports Portal at search.newmexicokids.org and enter your address, or call **1-800-691-9067**.



Scan to
visit the
portal now!

8 out of 10

Sudden unexpected infant deaths in New Mexico are related to unsafe sleep practices



Resources

- For more information on what it means to be up to date on the COVID-19 vaccine, please visit www.cdc.gov/coronavirus/2019-ncov/vaccines/stay-up-to-date
- If you have any questions on home tests and quarantine or isolation, please visit cv.nmhealth.org/selftest or call the Coronavirus Hotline: 1-855-600-3453
- For more information on DOH guidance, please visit cv.nmhealth.org/covid-vaccine/
- For more information on COVID-19 Vaccines, please visit the CDC websites FAQ: <https://www.cdc.gov/coronavirus/2019-vaccines/faq.html>



NEW MEXICO

Early Childhood
Education & Care Department

Supplemental Resources

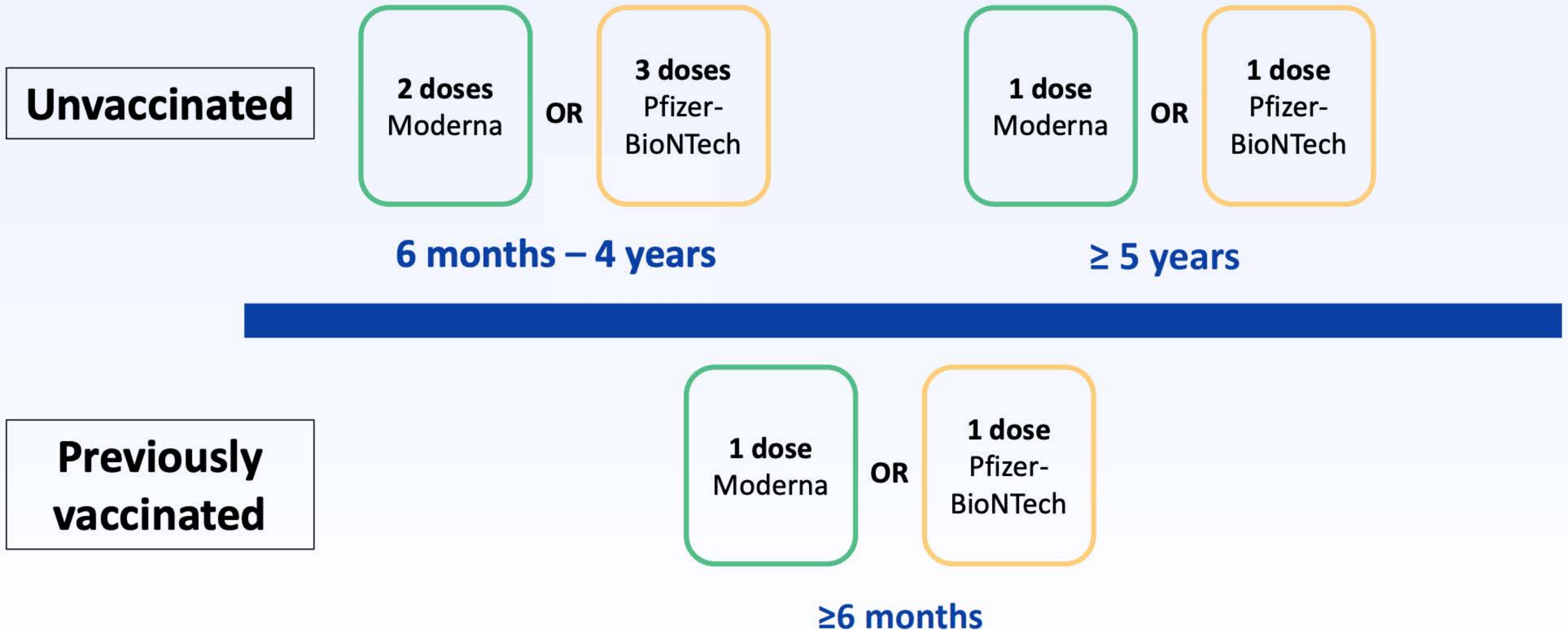


NEW MEXICO

Early Childhood

Education & Care Department

Proposed 2023 – 2024 COVID-19 vaccine recommendations for mRNA COVID-19 vaccines



PREVENTING Hantavirus Pulmonary Syndrome (HPS)

What are the symptoms of HPS?

Early symptoms:

- Fever
- Headaches
- Muscle Aches
- Stomach Problems
- Dizziness
- Chills

Early symptoms include fatigue, fever and muscle aches, especially in the large muscle groups—thighs, hips, back, and sometimes shoulders. About half of all HPS patients also experience headaches, dizziness, chills, and abdominal problems, such as nausea, vomiting, diarrhea, and abdominal pain.

Late symptoms:

- Lungs fill with fluid
- Shortness of Breath

Source: CDC

Four to ten days after the initial phase of illness, the late symptoms of HPS appear. These include coughing and shortness of breath, with the sensation of, as one survivor put it, a "...tight band around my chest and a pillow over my face" as the lungs fill with fluid.

SEEK IMMEDIATE MEDICAL ASSISTANCE IF YOU ARE EXPERIENCING THESE SYMPTOMS

How can HPS be prevented?

AIR OUT!

Air out closed-up buildings, homes, hogans, sheds and storage units before entering

SEAL UP!

Seal up holes inside and outside the home to keep rodents out

TRAP UP!

Trap mice until they are all gone



CLEAN UP!

WEAR RUBBER GLOVES

USE DISINFECTANT (or a mixture of water and bleach) to clean up nests and droppings

DON'T SWEEP up rodent droppings into the air where they can be inhaled

ELIMINATE FOOD SOURCES

- Keep food, garbage, animal feed and grains in thick plastic or metal containers with tight lids
- Clean up spilled food and dishes right away
- Always put pet food away after use

ELIMINATE POSSIBLE NESTING SITES

- Put hay, wood, and compost piles away from your home and other structures
- Get rid of trash and junk piles
- Keep yard well trimmed



For more information contact:

New Mexico Department of Health: 505-827-0006 or visit <https://nmhealth.org/about/erd/ideb/zdp/hps/>

CDC: www.cdc.gov/hantavirus/

Albuquerque Area Southwest Tribal Epidemiology Center (AASTEC): www.aastec.net