



Health and Safety Guidance for New Mexico
Child Care Centers and Early Childhood Professionals

Updated July 6, 2020

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 supplemental guidance for child care programs: <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-childcare.html>

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

REQUIRED

Adhere to all of the Required COVID-Safe Practices for All Employers in [All Together New Mexico COVID Safe Practices for Individuals and Employers](#) (p. 9).

Healthy Hygiene Practices

- 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 positive test for novel coronavirus, must be excluded from the program. Implement screenings safely and respectfully. Confidentiality should be maintained.
- Every day, a trained staff member should conduct a health check of each child that includes their physical and social and emotional well-being.
- Practice frequent hand washing with soap and water for at least 20 seconds, and 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. If soap and water are not readily available, using an alcohol-based hand sanitizer with at least 60% alcohol. Supervise children when they use hand sanitizer to prevent ingestion.
- 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, when feasible. 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.
 - **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 must be supervised if they are wearing a mask. Teachers should use their professional judgment in deciding 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 on their own, without assistance, even if they are over the age of 3, they should not wear a mask. As always, providers should be aware of choking risks due to masks with ties.

Ensure Physical Distancing

- Licensed centers are allowed to expand group size and child-to-teacher ratios **for children aged six weeks through four years** to the group size and ratio requirements outlined in 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 5 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 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.
 - 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 that attend part-time and new enrollees. Children from different groups should not be combined even when attendance is low, including at the beginning and the end of the day.
 - In order to limit the number of people that individuals are exposed to, **sufficient** staff must be assigned to each group to ensure teacher child ratios are maintained during breaks, lunches and before and after care and provide support with additional cleaning and sanitizing. Teacher child 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 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 and children in each group can maintain physical distancing.
 - Children should be placed six feet apart for naps, if possible. Mats should be placed head to toe.
 - Stagger outdoor time and clean outdoor playground equipment in between groups of children.

Intensify cleaning, disinfection, and ventilation

- Clean and disinfect frequently touched surfaces at least daily (e.g., playground equipment, 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 and 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, manipulates, blocks, science, literacy, dramatic play) within their designated group space. Ensure 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 (e.g. group). For licensed out of school time programs, meals must be served in the designated space of each group.
- 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 visitor becomes sick

- Use the COVID-19 SAFETY PLANNING PROTOCOL FOR LICENSED CHILD CARE FACILITIES (format found at Newmexicokids.org) to ensure your program has a clear plan to reduce the risk of spreading or exposure to COVID-19.
- 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 to stay home when showing any symptoms or signs of sickness.
- Provide a child or staff member who is sick with the [CDC COVID-19 handout](#). Children that become sick should be picked up immediately. Children and staff members with COVID symptoms should be tested. If they 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 becomes sick with COVID 19, notify the NMDOH so they can implement contact tracing. Notify staff and families for potential risk of exposure and information on the next steps.
- Children or staff who have “close contact” (being closer than 6 ft 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:
 - Testing by DOH at an assigned facility
 - Report by a parent/guardian that their child has tested positive
 - Employee or child develops symptoms
 - Employee is tested at a public testing site and reports to director
 - 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.

Best Practices

- Incorporate additional time outside.
- Social-emotional needs of children must be taken into consideration, and teachers’ knowledge and judgement 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 in between use. During meals maintain same groups of students and adults.
- 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 the area and adjust operations accordingly.

How Does COVID-19 Spread?

The virus 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.

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 to an area with widespread community transmission of COVID-19 in the last 14 days.

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.
2. Develop a plan to hand off children to families outside, at the door, or in the foyer.
3. If parents are ill, or anyone in the household is sick with COVID symptoms, the child should not be admitted to the program and should return home with the parent. **The child must quarantine for 14 days.**
4. Stagger drop-off and pick-up times for each small group to avoid a large number of people congregating outside or in front of the facility. **Establish markers at pick-up and drop-off at least 6 ft. apart. Establish one-way routes to avoid exposure of children and adults at pick-up and drop-off whenever 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 screening staff should wear PPE. 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 positive test for novel coronavirus, 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 socio-emotional well-being. 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 emotional well-being and any recent illness or injury in the child and 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 end of the day.
4. Stagger outdoor time and clean outdoor playground equipment in between groups of children.
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 and if they pose a safety or health risk (e.g., allowing pollens in or exacerbating asthma symptoms) to children using the facility.

Meals

1. Meals and snacks should be provided in the classroom to avoid congregating in large groups.
2. If meals must be provided in a lunchroom, stagger meal times, arrange tables to ensure that there is at least six feet of space between groups, and clean tables between lunch shifts.
3. Eliminate family-style meals; have employees (not children) handle utensils and serve food to reduce the spread of germs.

Hand-Washing

1. Practice frequent hand washing with soap and water for at least 20 seconds, and 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.
2. Help young children to ensure they are washing their hands effectively. If soap and water are not readily available, using an alcohol-based hand sanitizer with at least 60% alcohol. Supervise children when they use hand sanitizer to prevent ingestion.
3. After assisting children with handwashing, staff should also wash their hands.
4. Place [posters](#) describing handwashing steps near sinks. Developmentally appropriate posters in multiple languages are available from CDC.
5. Advise children, families, and staff to avoid touching their eyes, nose and mouth with unwashed hands.

Additional key times to clean 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 another person who needs assistance (e.g., a child)

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 and wash hands after use.
4. Minimize the potential for the spread of germs e by temporarily removing 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 this area.
6. If available, janitors should disinfect, as they are trained to use disinfectants in a safe and effective manner and to clean up potentially infectious materials and body fluid spills – blood, vomit, feces, and urine. Surfaces must be thoroughly cleaned to remove all organic matter before a disinfectant is applied.
7. Clean playground equipment daily and between uses of different groups of children.
8. 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 recommended for everyone three years of age or older. This includes all staff as well as families dropping off and picking up children. Masks should fully cover the nose and mouth without gaps and stay in place without needing adjustments.

Exceptions: Cloth face masks should **not** be placed on children under 3 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.

Notes: Children between the ages of 3 and 5 must be supervised if they are wearing a mask. Providers should use their best judgment on 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 on their own, without assistance, even if they are over the age of 3, they should not wear a mask. As always, providers should be aware of choking risks due to masks with ties.

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:

1. 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. Face shields or goggles **and** face masks (ideally surgical masks, otherwise cloth) and gloves

should be worn by staff when checking temperatures for entrance screening or when caring for a child who shows symptoms of illness.

2. Be careful not to touch your eyes, nose, or mouth while putting on, wearing, or taking off cloth masks.
3. Wash your hands thoroughly before putting on the mask and after removing it.
4. Masks should be washed after each day of use and anytime they become soiled. It's a good idea to have more than one mask or face covering available to allow time for washing and drying after each use.
5. Wearing cloth masks does not replace the need to continue frequent hand washing, avoiding touching the face, and practicing physical distancing.
6. 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.
7. Masks should be removed during nap time.
8. 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.

1. Remind children to stay away from people who are coughing, sneezing or otherwise sick.
2. Discuss any new actions that may be taken to help protect children and school staff (e.g., increased handwashing, cancellation of events or activities).
3. Teach them 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.
4. If soap and water are not available, teach them to use hand sanitizer. Supervise young children when they use hand sanitizer to prevent them from swallowing alcohol.

Remain calm and reassuring.

1. 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 with others.

Make yourself available to listen and to talk.

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

Avoid language that might blame others and lead to stigma.

1. 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.

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

Provide information that is honest and accurate.

1. Give children information that is truthful and appropriate for their age and development.

2. 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.

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

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.

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 or shortness of breath or at least two of the following symptoms:
 - a. fever
 - b. chills
 - c. repeated shaking with chills
 - d. muscle pain
 - e. headache
 - f. sore throat
 - g. new loss of taste of smell

should be excluded from child care facilities until diagnosis and referred for testing.

2. Children with household members have these symptoms, or who are known to have COVID-19 (or who come into contact with a positive case), 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 (fever of 100.4 F or higher, cough or shortness of breath) 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 (505) 827-0006. (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 the 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. Families of enrolled children who refuse testing for their children can also be excluded from the program 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% 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:

1. 5 tablespoons (1/3rd cup) bleach per gallon of water or
2. 4 teaspoons bleach per quart of water
3. 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.).
4. 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:
5. 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.
6. Otherwise, use products with the EPA-approved emerging viral pathogens icon that are suitable for porous surfaces

Recommendations For Cleaning Staff 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 clean hands after removing gloves.
5. Gloves should be removed after cleaning a room or area occupied by ill persons. Clean hands immediately after gloves are removed.
6. Cleaning staff should immediately report breaches in PPE (e.g., tear in gloves) or any potential exposures to their supervisor.
7. Cleaning staff and others should clean hands often, including immediately after removing gloves and after contact with an ill person, by washing hands with 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% 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 cleaning 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 a program continues to experience a shortage, please contact New Mexico's 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 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 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) point of contact (licensing staff) 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 (such as 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.