Pre-K American Academy of Pediatrics

In Pre-K, the relative impact of physical distancing among children is likely small based on current evidence and certainly difficult to implement. Therefore, Pre-K should focus on more effective risk mitigation strategies for this population. These include hand hygiene, infection prevention education for staff and families, adult physical distancing from one another, adults wearing face coverings, cohorting, and spending time outdoors. More information on COVID-19 Planning Considerations: Guidance for School Reentry is available from the American Academy of Pediatrics.

Ratios and Group Size

1. As of July 1, the New Mexico Early Childhood Education and Care Department (ECECD) has approved that four-year-old Pre-K/preschool ratios and group size may return to the FOCUS standard of 20 children and two adults. Mixed-age and three-year-old classrooms (Title 1) may never exceed 16 children with at least two adults. Special education classrooms will follow the ratio and group size guidance in FOCUS.

2. Half-day programs (450 hours) may choose to have children physically attend school two full days per week rather than four or five half-day sessions. For example, the AM group could physically attend Monday and Tuesday, with Wednesday for planning, remote learning, deep cleaning and sanitizing, and the PM group could physically attend Thursday and Friday. If 450-hour programs choose to operate as half-days, please ensure that sanitation occurs between sessions. This may require additional personnel to clean and sanitize the classroom for the next group.

3. Special education teachers and ancillary staff must also enter the classroom to provide services. Staff should not pull children out of the classroom for services to reduce cross-contamination. Adults should move, not children. Please see the Special Education Division Guidance.
Higher-priority COVID-safe Practices

1. Drop-off and pick-up times must be staggered for each small group to avoid a large number of people congregating outside or in front of the facility. Markers at pick up and drop off with at least 6 ft. apart can be set, including one-way routes to avoid exposure of children and adults at pick up and drop off whenever possible.

2. The number of people who enter the program must be limited to essential visitors (e.g., state or district staff, therapists, special education teachers, etc.). Limit non-essential visitors and ban volunteers.

3. Cohort classes (children and staff) to minimize crossover among children and adults within the school. Maintain the same groups from day-to-day and week-to-week, including outdoor time.

4. Use social stories to teach health practices, including the wearing of masks and hygiene practices.

RESOURCES:
- Autism Little Learners
- Conscious Discipline
- Families Together

5. Peer interactions and play are still a priority of Pre-K and critical for healthy social-emotional development, reducing classmate interactions/play in Pre-K aged children may not provide substantial COVID-19 risk reduction. Concentrate on hand hygiene, cohort grouping and sanitize surfaces and toys between groups.

6. Implement Pyramid strategies to support social-emotional development.

7. Utilize outdoor spaces for learning activities and meals when possible.

8. Every day, a trained staff member should conduct a health check of each child that includes their physical and social-emotional well-being.

9. Practice frequent hand washing with soap and water for at least 20 seconds, and require handwashing upon arriving at the school, 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.

10. Help young children to ensure they are washing their hands effectively. If soap and water are not readily available, use an alcohol-based hand sanitizer with at least 60% alcohol. Supervise children when they use hand sanitizer to prevent ingestion.

11. Place posters describing handwashing steps near sinks. Developmentally appropriate posters in multiple languages are available from CDC.

12. Advise children, families, and staff to avoid touching their eyes, nose and mouth with unwashed hands.

13. Conduct Home Visits virtually, via phone or any other mutually-agreed safe arrangement.

14. Meals and snacks should be provided in the classroom to avoid congregating in large groups. 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. Eliminate family-style meals; have employees (not children) handle utensils and serve food to reduce the spread of germs.

15. Staff must follow COVID testing requirements as defined by the Program's regulatory authority, this includes substitute staff.
Face Coverings in Preschool

1. Children must wear masks/face coverings of appropriate size except during nap, and when eating and drinking. A preschool classroom offers an opportunity to learn and practice self-care including hand washing, safe distancing and the use of protective equipment such as masks. If a child has a medical reason for not wearing a mask, the parent must provide a doctor’s note. Follow Special Education Division guidance for children who receive special education services. Please utilize social stories to assist with acceptance of masks. (See #4 under Higher-priority Strategies for links.)

   a. **EXCEPTIONS:** Cloth face masks should not be placed on children under three years of age - nor on anyone who has trouble breathing or is unconscious, incapacitated or otherwise unable to remove the cover without assistance.

   b. **NOTES:** Children between the ages of three and five 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 three, they should not wear a mask. As always, providers should be aware of choking risks due to masks with ties.

2. Teachers may choose to use properly fitting clear face shields so that children can see their faces. This is particularly important during phonological awareness activities and when children are multi-lingual learners, deaf or hard-of-hearing. Please consult the Special Education Division Guidance for children with IEPs.

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 enough supplies and materials are present in each group to limit the sharing of materials between children.

- Keep each child’s belongings separated from others’ and in individually labeled containers or cubbies.

- Do not use water or sand/sensory tables.

- Limit item sharing. If items are being shared, remind children not to touch their faces and wash their hands after using these items.

Physical Distancing

1. Avoid getting close to children’s faces when comforting them.

2. Children should practice physical distancing of six feet, where and when possible such as teacher-directed activities, circle time, etc.

3. Children should be placed six feet apart for naps, if possible. Mats or cots should be placed head to toe.

4. Incorporate additional outside time if possible. Stagger outdoor time and clean outdoor playground equipment in between groups of children.

5. Avoid gathering in larger groups for any reason. Increase the distance between children during independent table work. Minimize the time children stand in line, develop distance markers when lining up is necessary.

6. Plan activities that do not require close physical contact between children.

7. Open windows frequently as long as this can be done safely. Adjust the HVAC system to allow 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.
Safety Protocols and Rapid Response

Pre-K Programs must follow the COVID-19 Safety Protocols and COVID-19 Rapid Response Plans for positive cases as directed by their regulatory oversight entity. Please see page 21 of the NMPED Reentry Guidance.

Submitting Reentry Pre-K Plans

Pre-K Programs must submit their implementation plan pursuant to these guidelines to their Pre-K assigned program specialist at NMPED by July 27, 2020.

The Plan must include the following:

1. Schedule: Days and hours of Pre-K in-person implementation
2. Pick up and drop off plan, including schedule, measures for physical distance, avoiding congregation
3. COVID-safe adaptations to the environment and the daily schedule (e.g. two circle times to limit group size)
4. Implementation of COVID-safe meal time practices in accordance with the meal services authority in the setting
5. Sanitation Plan: daily and once per week
6. Plan for ongoing communication with families

Request for Modification of Pre-K COVID-19 Guidelines

Any modification to the established preschool COVID-19 requirements must be submitted for approval to the NMPED Early Childhood Director, Brenda Kofahl, brenda.kofahl@state.nm.us prior to implementation.

RESOURCES:
- NMPED Early Childhood Bureau webpage
- Preschool Canvas page (use a browser other than Internet Explorer)
- New Mexico Kids