Preschool Hybrid Model

Preschool children need interactions with adults and peers to build language and social skills. Hybrid learning models in PreK will include a variety of group sizes and school schedules based on the public health order, the physical size of the classroom, and the number of children in the class. Pre-Kindergarten (PreK) programs should prioritize having preschool children on-site. Preschool programs in public schools may operate on their regular in-school schedule for the 2020–2021 school year unless changes in the public health order or the decision of the local school board and administration necessitate a more restrictive policy. New Mexico PreK programs are required to comply with the New Mexico PreK Program Standards and New Mexico Public Education Department (NMPED) FOCUS which includes 900 instructional hours for full-day programs and 450 instructional hours for half-day programs. Teachers will continue observational assessments using the Early Childhood Observation Tool (ECOT) application. Observe children when they are in class, and when responding online in learning activities.

PreK American Academy of Pediatrics

In PreK, the relative impact of physical distancing among children is likely small based on current evidence and certainly difficult to implement. Therefore, PreK 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, 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. In a Hybrid model, the group size is determined by the size of the classroom and the number of children that can safely inhabit the space. Public School Facilities Authority (PSFA) standards require PreK classrooms to provide 50 square feet per child. This classroom size will allow for appropriate physical distancing and the grouping of children in cohorts. Districts and charter schools must limit the number of children in the group in accordance with the size of the classroom and decision of the local school board.

2. As of July 1, the New Mexico Early Childhood Education and Care Department (ECECD) has approved that four-year-old PreK/preschool ratios and group size may return to the FOCUS standard of 20 children and at least two adults, provided appropriate physical distancing can occur. 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.

3. 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.

4. Special education teachers, diagnosticians, 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. Children must receive all services as indicated in their Individualized Education Program (IEP). 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. Set markers at least six feet apart at the pick-up and drop-off area and designate one-way routes to avoid exposure of children and adults.

2. The number of people who enter the program must be limited to essential visitors (e.g., state or district staff, therapists, coaches, special education teachers, diagnosticians, 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. Depending on group and classroom size, these cohorts may be four to 10 children. These children will play and learn together, indoors and out. The teacher and educational assistant will sanitize their hands and surfaces when rotating between groups of children. Cohorts must keep the same members until weekly deep cleaning and sanitation is completed.

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 PreK and critical for healthy social-emotional development. Reducing classmate interactions/play in PreK-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. Follow CDC guidelines when diapering.

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

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

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

15. 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 and/or masks 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 and local district guidance.

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. Children will visit centers in cohorts, with sanitation prior to the next cohort.
- 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 must be shared, remind children not to touch their faces and wash their hands after using these items.
- Have a clearly marked bin for items, such as those used in centers, that need sanitation.

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. Keep children in the same cohort, allowing at least six feet between cohorts.
6. 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.
7. Plan activities that do not require close physical contact between children.
8. 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
PreK 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 PreK Plans
PreK Programs must submit their implementation plan pursuant to these guidelines to their PreK assigned program specialist at NMPED by August 5, 2020.

The Plan must include the following:
1. Schedule: Days and hours of PreK in-person implementation
2. Plan to support children with delays and disabilities
3. Plan for ongoing communication with families
5. Plan for teachers to participate in coaching and FOCUS training.

Request for Modification of PreK 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