**Addendum #2: NMCAA Preschool COVID-19 Preparedness & Response Plan**

* As requirements and recommendations continue to change, so do practices in the classroom.
* Each classroom has an NMCAA Preschool COVID-19 Preparedness & Response Plan. These addendums communicate new guidance and take the place of updating each individual classroom plan.
* Staff must review the contents in this addendum and initial the bottom of the page.
* Staff will send a copy of this information home to each family or add content to a weekly newsletter.
* Staff will attach this information to the NMCAA Preschool COVID-19 Preparedness & Response Plan on site.
* This information is guidance provided by Licensing and Regulatory Affairs and Head Start.

**Up-Dates**

**When and Where to Wear a Cloth Face Mask**

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| --- | --- | --- | --- | --- |
| **Environment** | **Staff, Parents, Visitors** | **Children** **Ages 2-3** | **Children** **Ages 4** | **Children** **Ages 5 and Up** |
| Classrooms, indoor settings | Required | Should be encouraged\* | Should be encouraged\* | Required |
| Indoor hallways and common areas | Required | Should be encouraged\* | Required | Required |
| School bus or transportation | Required | Required | Required | Required |
| Outside with social distancing | Not required | Not required | Not required | Not required |

\*Although cloth face masks are not required in these settings, they should be encouraged if tolerated.

**Exceptions**

* **Age:** Cloth face masks should never be placed on young children under age 2.
* **Medical Condition:** Anyone who cannot medically tolerate a cloth face mask, has trouble breathing, or is unable to remove the face covering without assistance should not wear a face mask.
* **Eating and Drinking:** Cloth face masks may be removed while eating and drinking.
* **Sleeping:** Children should never wear face mask while sleeping or resting.
* Exercising outdoors and able to consistently maintain six feet of distance from others.
* Communicating with someone who is deaf, deafblind, or hard of hearing and whose ability to see the mouth is essential to communication.

**Physical Space**

As enrollment continues to grow, when possible, though not required, classrooms will continue to:

* Maintain Consistent Groups
* Limit the number of spaces a child is in during the day as much as possible.
* Contact with external adults and between groups of children should be limited. For example, playground time should be rotated between groups.
* Limit Use of Common Spaces
* When possible, divide large group spaces to allow more children to safely use the space. For example, use child-sized furniture, such as rolling shelves and kitchenettes, to divide a room and prevent mixing between groups of children.
* If common spaces are used, consider rotating the use of the space. Clean common spaces in between groups.
* Consider eliminating use of water and sensory tables and frequently touched objects.
* Playground and outdoor equipment may be used.

**Group Size Guidelines**

|  |  |
| --- | --- |
| **Phase** | **Group Size Guidelines** |
| Phases 1-3 | It is highly recommended that group sizes be kept to 10 or fewer children. |
| Phases 4 | Providers may operate at their licensed capacity and should continue to keep children and staff in consistent groups. |
| Phases 5 | Providers may operate at their licensed capacity and should continue to keep children and staff in consistent groups. |

**Should a Sick Child Stay Home?**

The presence of any of the symptoms below generally suggests a child has an infectious illness and should not attend school, regardless of whether the illness is COVID-19. For children with chronic conditions, a positive screening should represent a change from their typical health status.

* Temperature of 100.4 degrees Fahrenheit or higher
* Sore throat
* Cough (for children with chronic cough due to allergies or asthma, a change in their cough from baseline)
* Difficulty breathing (for children with asthma, a change from their baseline breathing)
* Diarrhea or vomiting
* New onset of severe headache, especially with a fever

**Children should also stay home if they:**

* Are in quarantine due to exposure to an individual with a confirmed case of COVID-19 or
* Have other signs of illness described in the parent handbook (<https://www.nmcaa.net/downloads/20202021_hs_and_gsrp_parent_handbook.pdf>).
* Families should contact their healthcare provider or follow up with a local clinic/urgent care before returning to care.

**Where Can Children Get Tested for COVID-19?**

* Families should contact their healthcare provider or follow up with a local clinic/urgent care.
* Families can call the COVID-19 hotline at 888-535-6136 for help finding a site near you.

**When Can A Sick Child Return to Child Care?**

**No Testing Was Done**

* If a child visits a healthcare provider and another cause is identified for the symptoms, the individual may return to care once symptoms improve and they have been fever-free for at least 24 hours without the use of medicine that reduces fevers.
* If a test is not done, the individual should stay home until:
* Has been fever-free for at least 24 hours without the use of medicine that reduces fevers AND
* Other symptoms have improved AND
* At least 10 days have passed since symptoms first appeared.

**Tests Negative**

* If a child was not exposed to COVID-19, a child may return to care based on the parent handbook (<https://www.nmcaa.net/downloads/20202021_hs_and_gsrp_parent_handbook.pdf>).
* If a child was exposed to COVID-19 within the past 14 days, current guidelines recommend quarantine for at least 10 days, even with a negative test result and follow all instruction from the local health department.
* After 10 days if no symptoms have developed, quarantine may end early, however continue to watch for symptoms until 14 days after exposure.
* If symptoms appear, the child should be immediately isolated and contact the local public health department or a health care provider.

**Tests Positive for COVID-19**

* We will cooperate with the local public health department to determine when a child may return to care after testing positive for COVID-19. In general, individuals must stay home until they:
* Have been fever-free for at least 24 hours without the use of medicine that reduces fevers AND
* Other symptoms have improved AND
* At least 10 days have passed since symptoms appeared or the individual tested positive. Most children can return to care based on improved symptoms and the passage of time.

**Checking Children’s Symptoms**

* Staff will:
* Encourage families to check symptoms before coming to school and keep sick children home.
* Perform temperature checks.
* Make a visual inspection of the child for signs or illness which could include flushed cheeks, rapid breathing or difficulty breathing (without recent physical activity), fatigue, or extreme fussiness, and confirm that the child is not experiencing coughing or shortness of breath.
* Encourage anyone that is ill to contact their primary care physician/medical provider or local Health Department for further guidance.
* Ask parents:
* Have there been any changes with your emergency contact information?
* Has your child been in close contact with a person who has COVID-19? (If yes, the child should quarantine for at least 14 days after the last exposure, even with a negative test result. After 10 days, if no symptoms have developed, quarantine may end early, however continue to watch for symptoms until 14 days after the last exposure.) A close contact includes exposures within 6 feet of a person with COVID-19 for 15 minutes or more within a 24 hour period.
* Has your child felt unwell in the last 24 hours (a fever of 100.4 degrees or above or signs of fever (chills/sweating), vomiting, diarrhea, abdominal pain, sore throat, new uncontrolled cough that causes difficulty breathing, new onset of severe headache)?

**Active Supervision and Safe Environments Information/Resources for Families**

Ensuring active supervision and safe environments is always important, but especially during this challenging time. Staff will support families and provide information and resources as needed.

* Six Active Supervision Strategies
* Set Up the Environment-Ensure the area is safe.  Examples-large furniture is strapped to the wall, child safety equipment is used (locks for cabinets, window wedge), adding a barrier (fence or cones) around an outdoor space, and medication is kept out of the reach of children (use a lock box).
* Positioning Adults-Ensure young children can be seen at all times and have responsible, appropriate care when being cared for by others.  Holding on to a child’s hand while in the parking lot or at the store is especially important.
* Scan and Count-Count children often to ensure everyone is accounted for at all times especially when moving from one place to another.
* Listen-Ensure young children can be heard at all times.
* Anticipate Children’s Behavior-Be aware of children that tend to wander, hide, or run.
* Engage and Redirect-Be aware of children’s actions and behaviors (hitting, biting, increased frustration).  Direct children to other activities or events before a situation erupts.
* Home Safety Checklists-<https://kidshealth.org/en/parents/household-checklist.html>

I understand the contents of this addendum and will ask questions as they arise.

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12/29 Distribution: Copy provided to the parent, attach to the NMCAA Preschool COVID-19 Preparedness & Response Plan and Addendum 1 on site