



BAMBINI MONTESSORI SCHOOL

“Home for the Montessori Children”

227 Tumon Heights Road, Tamuning Guam 96913
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PREPAREDNESS PLAN AND KEY ACTIONS DURING COVID-19 PANDEMIC



Photo courtesy of UNICEF/Leonardo Fernandez/India 2019

Introduction

As the COVID-19 situation has continued to escalate and impact more areas of the world, more and more questions have been raised about how to best manage the preparedness plan and key action of the Bambini Montessori School for the protection of the children during the coronavirus pandemic.

Infectious diseases like COVID- 19 can disrupt the environments in which children grow and develop. Disruptions to families, friendships, daily routines and the wider community can have a negative consequences for children’s well- being, development and protection.² In addition, measures used to prevent and control the spread of COVID- 19 CAN expose children to protection risks. Home based, facility-based and zonal-based quarantine and isolation measures can all negatively impact children and their families.³

² Suggested Citation: The Alliance for Child Protection in Humanitarian Action, Technical Note: Protection of Children during the Coronavirus Pandemic, Version 1, March 2019

³ For more information on quarantines, consult pages 14-15 of the Guidance Note: Protection of Children during Infectious Disease Outbreaks. <http://www.unicef.org/media/65991/file/Technical%20note:Protection%20of%20children%20during%20the%20coronavirus%20disease%202019...pdf>



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The objective of this preparedness plan and key action is to protect staff, children and their families to better respond during a COVID 19 pandemic.

Here are the following preparedness plans and key actions:

Prevent the Spread of COVID- 19

Plan head to ensure adequate supplies to support hand hygiene behaviors and routine cleaning of objects and surfaces. If you have difficulty in obtaining these supplies contact your local Child Care Resources and Referral(CCR&R) Agency to learn more about service organization in your community who may have additional resources. Your local CCR&R Agency can be found under “Resources” at Child Care Aware of America.

Encourage staff to take everyday preventive actions to prevent the spread of the respiratory illness.

- Wash hands often with soap and water. If soap and water are not readily available, use an alcohol-based hand sanitizer with at least 60% alcohol.
- Always wash hands with soap and water if hands are visibly dirty.
- Remember to supervise young children when they use hand sanitizer to prevent swallowing alcohol.
- Clean and disinfect frequently touches surfaces.
- Cover cough and sneezes.
- Cover your mouth and nose with cloth face covering when you have
 - to go out in public.
- Cloth face coverings should NOT be put on babies and children under age two because of the danger of suffocation.

Require sick children and staff to stay home.

- Communicate to parents the importance of keeping children home when they are sick.
- Communicate to staff the importance of being vigilant for symptoms and staying in touch with facility management if or when they start to feel sick.
- Establish procedures to ensure children and staff who come to the childcare center sick or become sick while at your facility are sent home as soon as possible.
- Keep sick children and staff separate from well children and staff until they can be sent home.
- Sick staff members should not return to work until they have met the criteria to discontinue home isolation.



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Have a plan if someone is or becomes sick

- Plan to have an isolation room on area (such as cot in a corner of the classroom) that can be used to isolate a sick child. Additional information about isolation in related settings can be found here: [isolation at home and isolation in healthcare settings](#).
- Be ready to follow CDC guidance on how to disinfect your building or facility if someone is sick.
- If a sick child has been isolated in your facility, clean and disinfect surfaces in your isolation room or area after the sick child has gone home.
- If COVID-19 is confirmed in a child or staff member:
 - Close off areas used by the person who is sick.
 - Open outside doors and windows to increase air circulation in the area.
 - Wait up to 24 hours or as long as possible before you clean or disinfect to allow respiratory droplets to settle before cleaning and disinfecting.
 - Clean and disinfect all areas used by the person who is sick, such as offices, bathrooms, and common areas.
 - If more than 7 days have passed since the person who is sick visited or used the facility, additional cleaning and disinfection is not necessary.
 - Continue routine cleaning and disinfection.

Communicate with staff, parents, and children. Coordinate with local health officials to communicate dismissal decisions and the possible COVID-19 exposure.

- This communication to the school community should align with the communication plan in the school's emergency operations plan.
- Plan to include messages to counter potential stigma and discrimination.
- In such a circumstance, it is critical to maintain confidentiality of the student or staff member as required by the Americans with Disabilities Act and Family Education Rights and Privacy Act.

Clean and disinfect thoroughly.

- Close off areas by the individuals with COVID-19 and wait as long as practical before beginning cleaning and disinfection to minimize potential for exposure to respiratory droplets. Open outside doors and windows to increase air circulation in the area. If possible, wait up to 24 hours before beginning cleaning and disinfection.
- Cleaning staff should clean and disinfect all areas (e.g. offices, bathrooms, and common areas) used by the ill persons, focusing especially on frequently touched surfaces.
- Request parents to provide sanitizers or other extra cleaning products...
- If surfaces are dirty, they should be cleaned using a detergent or soap and water prior to disinfection.
- For disinfection most common EPA- registered household disinfectants should be effective.
 - Follow the manufacturer's instructions for all cleaning and disinfection products (e.g., concentration, application method and contact time, etc.)



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- Additionally, 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:
 - 5 tablespoons (1/3rd cup) bleach per gallon of water or 4 teaspoons bleach per quart of water.

Monitor and Plan for Absenteeism Among the Staff

- Bambini have enough substitute to cover classes in the event of increased staff absences and develop plans to determine their anticipated availability if regular staff members need to stay home if they or their family members are sick.
- Recommend that individuals at higher risk for severe illness from COVID-19 (older adults and people of any age who have serious underlying medical conditions) consult with their medical provider to assess their risk and to determine if they should stay home if there is an outbreak in their community.

If Bambini Remains Open during the COVID-19 pandemic should address these additional considerations:

- Implement social distancing strategies
- Intensify cleaning and disinfection efforts
- Modify drop off and pick up procedures
- Implement screening procedures upon arrival
- Maintain an adequate ratio of staff to children to ensure safety.
 - Plan ahead and recruit those with childcare experience to ensure you have a roster of substitute caregivers who can fill in if your staff members are sick or stay home to care for sick family members.
 - When feasible, staff members and older children should wear face coverings within the facility. Cloth face coverings should NOT be put on babies and children under age two because of the danger of suffocation.

Social Distancing Strategies

Work with your local health officials to determine a set of strategies appropriate for your community's situation. Continue using preparedness strategies and consider the following social distancing strategies:

- If possible, childcare classes should include the same group each day, and the same childcare providers should remain with the same group each day. If your childcare program remains open, consider creating a separate classroom or group for the children of healthcare workers and other first responders. If your program is unable to create a separate classroom, consider serving only the children of healthcare workers and first responders.
- Cancel or postpone special events such as festival, holiday events, and special performances.



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- Consider whether to alter or halt daily group activities that may promote transmission.
 - Keep each group of children in a separate room.
 - Limit the mixing of children, such as staggering playground times and keeping groups separate for special activities such as art, music, and exercising.
 - If possible, at nap time, ensure that children’s naptime mats (or cribs) are spaced out as much as possible, ideally 6 feet apart. Consider placing children head to toe in order to further reduce the potential for viral spread.
- Consider staggering arrival and drop off times and/or have childcare providers come outside the facility to pick up the children as they arrive. Your plan for curb side drop off and pick up should limit direct contact between parents and staff members and adhere to social distancing recommendations.
- If possible, arrange for administrative staff to telework from their home.

Parent Drop-off and Pick-up

- Hand hygiene stations should be set up at the entrance of the facility, so that children can clean their hands before they enter. If a sink with soap and water is not available, provide hand sanitizer with at least 60% alcohol next to parent sign-in sheets. Keep hand sanitizer out of children’s reach and supervise use. If possible, place sign-in stations outside, and provide sanitary wipes for cleaning pens between each use.
- Consider staggering arrival and drop off times and plan to limit direct contact with parents as much as possible.
 - Have childcare providers greet children outside as they arrive.
 - Designate a parent to be the drop-off/pick up volunteer to walk all children to their classroom, and at the end of the day, walk all children back to their cars.
 - Infants could be transported in their car seats. Store car seat out of children’s reach.
 - Requires the children to change their shoes when they get in the facility. The children need two shoes, one from the outside wear and the other one for the inside wear shoes.
- Ideally, the same parent or designated person should drop off and pick up the child every day. If possible older people such as grandparents or those with serious underlying medical conditions should not pick up children, because they are more at risk for severe illness from COVID 19.

Screening Method of Reliance on Social Distancing

- Ask parents/guardians to take their child’s temperature either before coming to the facility or upon the arrival at the facility. Upon their arrival, stand at least 6feet away from the parent/guardian and child.
- Ask the parent/guardian to confirm that the child does not have fever, shortness of breath or cough.
- Make a visual inspection of the child for signs of illness which could include flushed cheeks, rapid breathing or difficulty breathing (without recent physical activity), fatigue, or extreme fussiness.
- Screening will be done at the visitors’ area. You do not need to wear personal protective equipment (PPE) if you can maintain a distance of 6 feet.



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Reliance on Barrier/Partition Controls

- Stand behind a physical barrier, such as glass or plastic window or partition that can serve to protect the staff member's face and mucous membranes from respiratory droplets that may be produced if the child being screened sneezes, coughs, or talks.
- Make a visual inspection of the child for signs of illness, which could include flushed cheeks, rapid breathing or difficulty breathing (without recent physical activity), fatigues, or extreme fussiness.
- Conduct temperature screening (follow steps below)
 - Perform hand hygiene
 - Wash your hands with soap and water for 20 seconds. If soap and water are not available, use a hand sanitizer with at least 60% alcohol.
- Put on disposable gloves.
- Check the child's temperature, reaching around the partition or through the window.
- Make sure your face stays behind the barrier at all times during the screening.
- If performing a temperature check on multiple individuals, ensure that you use a clean pair of gloves to each child and that the thermometer has been thoroughly cleaned in between each check.
- If you use disposable or non-contact (temporal) thermometers and you did not have physical contact with the child, you do not need to change gloves before the next check.
- If you use non-contact thermometers, clean them with an alcohol wipe for Isopropyl alcohol on a cotton swab between each client. You can reuse the same wipe as long as it remains wet.

Reliance on Personal Protective Equipment

If social distancing or barrier/partition controls cannot be implemented during screening, personal protective equipment (PPE) can be used when within 6 feet of a child. However, reliance on PPE, alone is a less effective control and more difficult to implement, given PPE shortages and training equipment.

- Upon arrival, the Bambini has a provision of footbath then wash your hands and put on a facemask, eye protection (goggles or disposable face shield that truly covers the front and sides of the face), and a single pair of disposable gloves. A gown could be considered if extensive contact with a child is anticipated.
- Take the child's temperature.
 - If performing a temperature check on multiple individuals, ensure that you use a clean pair of gloves for each child and that the thermometer has been thoroughly cleaned in between each check.
 - If you use disposable or non-contact (temporal) thermometers and did not have physical contact with an individual, you do not need to change gloves before the next check.
 - If you use non-contact thermometers, clean them with an alcohol wipe for Isopropyl alcohol on a cotton swab between each client. You can reuse the same wipe as long as it remains wet.
- After each screening, remove and discard PPE, and wash hands.
- Use an alcohol-based hand sanitizer that contains at least 60% alcohol or wash hands with soap and water for at least 20 seconds.



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- If hands are visibly soiled, soap and water should be used before using alcohol-based hand sanitizer.
- If your staff does not experience in using PPE:
 - Check to see if your facility has guidance on how to don and doff PPE. The procedure to don and doff should be tailored to the specific type of PPE that you have available at your facility.
 - If your facility does not have specific guidance, the CDC has recommended sequences for donning and doffing of the PPE.

Clean and Disinfect

Caring for our children provides national standards for cleaning, sanitizing and disinfection of educational facilities for children. Toys that can be put in the mouth should be cleaned and sanitized (see below). Other hard surfaces, including diaper changing stations, doorknobs and floors can be disinfected.

Intensify cleaning and disinfection efforts:

- Facilities should develop a schedule for cleaning and disinfecting.
- Routinely clean, sanitize, and disinfect surfaces and objects that are frequently touched, especially toys and games. This may also include cleaning objects/surfaces not ordinarily cleaned daily such as doorknobs, light switches, classroom sink handles, countertops, nap pads, toilet training potties, desks, cubbies, and playground structures. Use the cleaners typically used at your facility.
- Use all cleaning products according to the directions on the label, most common EPA-registered, fragrance-free household disinfectants should be effective. If surfaces are dirty, they should be cleaned using a detergent or soap and water prior to disinfection. Follow the manufacturer's instructions for concentration, application method, and contact time for all cleaning and disinfection products.
- If possible, provide EPA-registered disposable wipes to child care providers and other staff members so that commonly used surfaces such as keyboards, desks, and remote controls can be wiped down before use.
- All cleaning materials should be kept secure and out of reach of children.
- Cleaning products should not be used near children, and staff should ensure that there is adequate ventilation when using these products to prevent children from inhaling toxic fumes.

Clean and Sanitize Toys

- Toys that cannot be cleaned and sanitized should not be used.
- Toys that children have placed in their mouths or that are otherwise contaminated by body secretions or excretions should be set aside until they are cleaned by hand by a person wearing gloves. Clean with water and detergent, rinse, sanitize with an EPA-registered disinfectant, rinse again, and air-dry. Be mindful of items more likely to be placed in a child's mouth, like play food, dishes and utensils.
- Machine washable cloth toys should be used by one individual at a time or should not be used at all. These toys should be laundered before being used by another child.
- Do not share toys with other groups of infants or toddlers, unless they are washed and sanitized before being moved from one group to the other.



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- Set aside toys that need to be cleaned. Place in a dish pan with soapy water or put in a separate container marked for “soiled toys”. Keep dish pan and water out of reach from children to prevent risk of drowning. Washing with soapy water is the ideal method for cleaning. Try to have enough toys so that the toys can be rotated through cleanings.
- Children’s books, like other paper-based materials such as mail or envelopes, are not considered a high risk for transmission and do not need additional cleaning disinfection procedures.

Clean and Disinfect Bedding

- Use bedding (sheets, pillows, blankets, sleeping bags) that can be washed. Keep each child’s bedding separate, and consider storing in individually labeled bins, cubbies, or bags. Cots and mats should be labeled for each child. Bedding that touches a child’s skin should be cleaned weekly or before use by another child.

Cleaning for Infants and Toddlers

Diapering

When diapering a child, wash your hands and wash the child’s hands before you begin, and wear gloves. Follow safe diaper changing procedures. Procedures should be posted in all diaper changing areas. Steps include:

- Prepare (includes putting on gloves)
- Clean the child
- Remove trash (soiled diaper and wipes)
- Replace diaper
- Wash child’s hands
- Clean up diapering station
- Wash hands

After diapering, wash your hands (even if you were wearing gloves) and disinfect the diapering area with a fragrance-free bleach that is EPA-registered as a sanitizing or disinfecting solution. If the surface is dirty, it should be cleaned with detergent or soap and water prior to disinfection.

If reusable cloth diapers are used, they should not be rinsed or cleaned in the facility. The soiled cloth diaper and its contents (without emptying or rinsing) should be placed in a plastic bag or into a plastic-lined, hands-free covered diaper pail to give to parents/guardians or laundry service.



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Safe and Healthy Diapering to reduce the spread of germs

Keep a hand on the child for safety at all times!



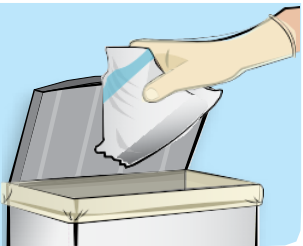
1. PREPARE

- Cover the diaper changing surface with disposable liner.
- If you will use diaper cream, dispense it onto a tissue now.
- Bring your supplies (e.g., clean diaper, wipes, diaper cream, gloves, plastic or waterproof bag for soiled clothing, extra clothes) to the diapering area.



2. CLEAN CHILD

- Place the child on diapering surface and unfasten diaper.
- Clean the child's diaper area with disposable wipes. Always wipe front to back!
- Keep soiled diaper/clothing away from any surfaces that cannot be easily cleaned. Securely bag soiled clothing.



3. REMOVE TRASH

- Place used wipes in the soiled diaper.
- Discard the soiled diaper and wipes in the trash can.
- Remove and discard gloves, if used.



4. REPLACE DIAPER

- Slide a fresh diaper under the child.
- Apply diaper cream, if needed, with a tissue or a freshly gloved finger.
- Fasten the diaper and dress the child.

5. WASH CHILD'S HANDS

- Use soap and water to wash the child's hands thoroughly.
- Return the child to a supervised area.



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6. CLEAN UP

- Remove liner from the changing surface and discard in the trash can.
- Wipe up any visible soil with damp paper towels or a baby wipe.
- Wet the **entire surface** with disinfectant; make sure you read and follow the directions on the disinfecting spray, fluid or wipe. Choose disinfectant appropriate for the surface material.



7. WASH YOUR HANDS

- Wash your hands thoroughly with soap and water.



Centers for Disease
Control and Prevention
National Center for Emerging and
Zoonotic Infectious Diseases

Washing, Feeding, or Holding a Child

It is important to comfort crying, sad, and/or anxious infants and toddlers, and they often need to be held. To the extent possible, when washing, feeding, or holding very young children: Childcare providers can protect themselves by wearing an apron or an over-large button down, long-sleeved shirt and by wearing long hair up off the collar in a ponytail or other updo.

- Childcare providers should wash their hands, neck, and anywhere touched by a child's secretions.
- Childcare providers should change the child's clothes if secretions are on the child's clothes. They should change the button-down shirt, if there are secretions on it, and wash their hands again.
- Contaminated clothes should be placed in a plastic bag or washed in a washing machine.
- Infants, toddlers, and their providers should have multiple changes of clothes on hand in the childcare center or home-based childcare.
- Childcare providers should wash their hands before and after handling infant bottles prepared at home or prepared in the facility. Bottles, bottle caps, nipples, and other equipment used for bottle-feeding should be thoroughly cleaned after each use by washing in a dishwasher or by washing with a bottlebrush, soap, and water.

Healthy Hand Hygiene Behavior

- All children, staff, and volunteers should engage in hand hygiene at the following times:
 - Arrival to the facility and after breaks.
 - Before and after preparing food or drinks
 - Before and after eating or handling food, or feeding children
 - Before and after administering medication or medical ointment



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- Before and after diapering
- After using the toilet or helping a child use the bathroom
- After coming in contact with bodily fluid
- After handling animals or cleaning up animal waste
- After playing outdoors or in sand
- After handling garbage
- Wash hands with soap and water for at least 20 seconds. If hands are not visibly dirty, alcohol-based hand sanitizers with at least 60% alcohol can be used if soap and water are not readily available.
- Supervise children when they use hand sanitizer to prevent ingestion.
- Assist children with handwashing, including infants who cannot wash hands alone.
 - After assisting children with handwashing, staff should also wash their hands.



Food Preparation and Meal Service

- Food preparation should not be done by the same staff who diaper children. Thus, need to split the group while serving the food.
- Bambini staff should ensure children wash hands prior to and immediately after eating.
- Bambini staff should wash their hands before preparing food and after helping children to eat.

References:

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www.teacherspayteachers.com/Product/Washing-Hands-Poster.397905



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