

Reopening Childcare and Early Learning Services

Guidelines for East Asia and the Pacific



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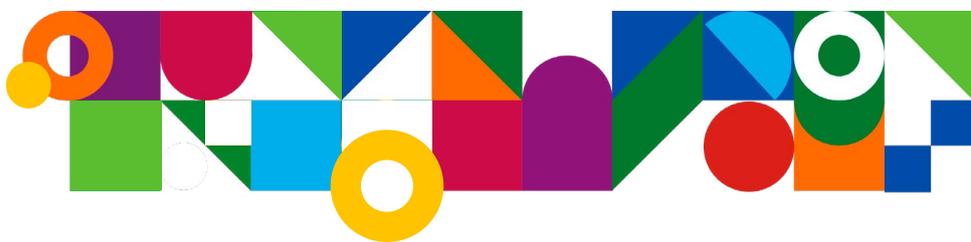
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UNICEF East Asia and Pacific Regional Office

19 Phra Atit Road Bangkok 10200 Thailand

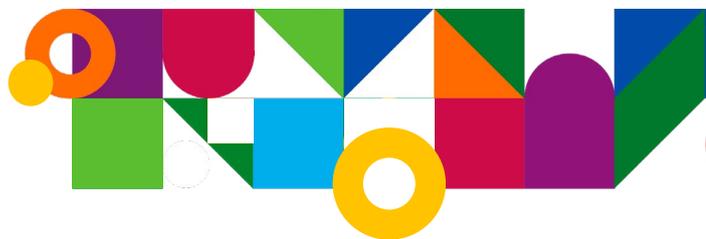
Email: eapro@unicef.org

www.unicef.org/eapro



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Copy-editing: Karen Emmons

Design and layout: Parppim Pimmaratana

Introduction

Countries in East Asia and the Pacific were among the first globally to be affected by the COVID-19 pandemic. Through the first wave, however, the pandemic was kept mostly under control. During subsequent waves in 2021, virus variants, including the highly contagious Delta variant, elevated several countries in the region to hotspots for COVID-19, spurred by initial low vaccination rates.

At the peak of the pandemic to date, containment measures have disrupted childcare and early learning services for young children in many of the region's 27 countries supported by UNICEF programmes. These disruptions threaten the health and development of more than 150 million children younger than 5 years ([UNICEF, 2019](#)). Although countries have been swift to implement new protocols, including remote learning and reopening plans, the initial responses have widely varied across the region: from a 20-month closure of childcares and early learning services in the Philippines to countries like China that kept these services largely open. Many other countries have closed and reopened their childcare and early learning services based on spikes in infection rates.

The COVID-19 pandemic threatens this once-in-a-lifetime opportunity for children in early childhood to develop healthy brains, bodies and lives. The disruptive changes due to the crisis has hampered consistent access to cross-sector programmes and services that promote five interrelated and indivisible components of nurturing care for children (good health, adequate nutrition, safety and security, responsive caregiving and opportunities for learning) – all of which are essential for children's optimal development so they can reach their full potential.

Prior to the pandemic, countries in East Asia and the Pacific had made substantial progress with their investment in early childhood development services, including family support. Now, these services supporting the development of young children will likely suffer more than other education levels if they remain closed or in limited duration for fear of children contracting COVID-19. Therefore, this current crisis should not halt the progress made or divert the regional momentum for increased investment in inclusive, quality early childhood services, including supporting families to promote children's holistic development during their early years.

The safe reopening of childcare and early learning services and preparing for future emergencies should be prioritized. We encourage countries and UNICEF partners to continue prioritizing initiatives that promote early childhood development and to sustain the increased efforts to envelope the most vulnerable children, including children who belong to ethnic groups, children with developmental delays or disabilities, migrants or children affected by violence or abandonment.



I. Scope of this document



This document is intended for UNICEF country offices to support their role in providing technical assistance to government partners and civil society organizations, including childcare and early childhood service providers and administrators.

This document provides guidelines for reopening of services for **young children aged 2 years up until the official primary school entry, either 5 or 6 years, and their families**. It includes a checklist to conduct rapid analysis of the service's conditions and designing plans for a safe reopening. It covers holistic nurturing care services that last for more than one hour a day, including childcares, nurseries, preschools, kindergartens, community-based modalities, flexible and/or alternative programs, and other ECD centres.

Adaptations

- The principles and suggested measures in these guidelines can also be applied to reopening childcare centres for children under 2 years with some adaptations. Concurrently, strengthening family support services for parents and caregivers is essential to mitigate the pandemic's impacts on young children. They include providing postnatal support; promoting exclusive and complementary breastfeeding per the World Health Organization's (WHO) recommendations; safeguarding mothers' jobs; [promoting family-friendly policies](#); promoting social protection schemes for families in informal or precarious working conditions.
- These guidelines and the checklist be adapted to the reality of each type of service, as well as to country-specific COVID-19 control regulations. Therefore, they must be used as supplementary to regulations that were in force before the onset of the pandemic in each country, geographic area, or institution.

Key references

This document is informed by the following key references, in particular the first publication.

- [Guidelines for Reopening of Comprehensive Early Childhood Care and Education Services in Times of COVID-19](#) (UNICEF LACRO, 2020)
- [The Reopening and Continuity of Childcare and Early Learning Services: A priority for the Latin America and Caribbean region](#) (UNICEF LACRO, 2021)
- [Global Guidance on Reopening Early Childhood Education Settings](#) (UNICEF, 2020)
- [Guidelines for Safe School Reopening and Operations, Learning Recovery, Continuity and Strengthening the Resilience of Education Systems in ASEAN](#) (ASEAN, forthcoming)
- [Framework for Reopening Schools](#) (UNESCO, UNICEF, World Bank, WFP and UNHCR, 2020)
- [It's Not Too Late to Act on Early Learning: Understanding and recovering from the impact of pre-primary education](#) (UNICEF Innocenti Research Briefs, 2021)
- [What's Next? Lessons on Education Recovery: Findings from a survey of ministries of education amid the COVID-19 pandemic](#) (UNESCO, (UNICEF, World Bank and OECD, 2021)

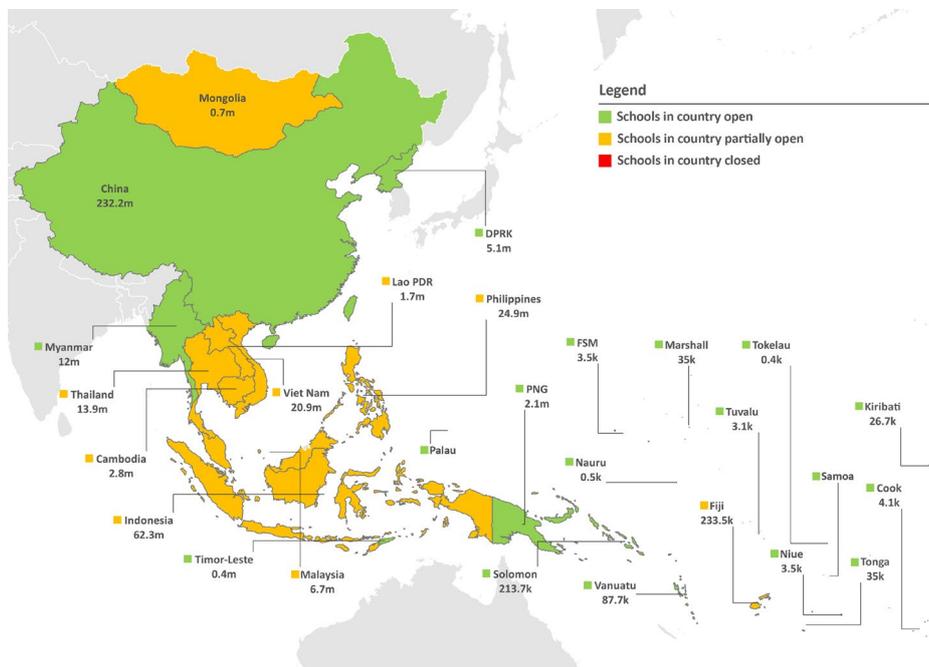
- [*COVID-19: Trends, promising practices and gaps in remote learning for pre-primary education*](#) (UNICEF Innocenti Working Papers, 2020)
- [*COVID-19: How are countries preparing to mitigate learning loss as schools reopen? Trends and emerging good practices to support the most vulnerable children*](#) (UNICEF Innocenti Research Briefs, 2020)
- [*Checklist to Support Schools Re-opening and Preparation for COVID-19 Resurgences or Similar Public Health Crises*](#) (WHO, 2020)
- [*Ensuring an Inclusive Return to School for Children with Disabilities: UNICEF East Asia and Pacific region COVID-19 technical guidance*](#) (UNICEF EAPRO, 2020)



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II. Background

COVID-19 in East Asia and the Pacific and responses



The map is produced based on global monitoring data on school closures prepared by UNESCO and supplemented with information from UNICEF (as of 7 January 2022).

The COVID-19 pandemic has imposed considerable challenges to countries in the East Asia and Pacific region, such as disruptions to education systems as well as to childcare and early learning services that are essential to young children's optimal development. Since the pandemic was first reported in January 2020, it has rapidly spread to all countries in the region to varying degree, albeit mostly contained during the first wave. From the start of 2021 until the third quarter into the year, the pandemic continues to affect lives in the region, with sharp spikes in cases due to the highly contagious variants, including the Delta variant, and initial low vaccination rates, which have led to further disruption in children's lives and learning opportunities.

While there are many classifications on the COVID-19 virus variants and emerging data on new virus variants (on how easily each variant spreads, how severe symptoms are, how they respond to treatment or vaccines), it is clear from the scientific community, the WHO and the United States Centers for Disease Control and Prevention ([CDC](#)) that **there are clear measures to stop the spread of COVID-19 virus** ([WHO, 2021](#)):

- **Vaccinating** with authorized COVID-19 vaccines as soon as they are made available can protect against the Delta and other known variants while reducing a person's risk of severe illness, hospitalization and death. Stopping the spread of the virus at the source is critical to prevent further mutations that may reduce the efficacy of the existing vaccines.
- **Wearing a mask** is an effective way to reduce the spread of earlier forms of the virus, the Delta variant, and other known variants. Wearing a mask is very important for someone who is not fully vaccinated. Even if a person has been fully vaccinated, mask-wearing is encouraged indoors in areas of high transmission.

- **Hygiene measures help avoid transmission**, such as frequently washing hands using soap and water for 20 seconds or, otherwise, using alcohol-based hand rub; not touching your face, eyes, nose and mouth with unwashed hands; and cleaning and disinfecting regularly used surfaces.
- **Observing physical distance measures can impede airborne transmission**, with a minimum distance of 1.5–2 metres between people.
- **Testing, identifying and isolating COVID-19 cases** by tracing people who have come in close contact with COVID-19 positive cases and instructing them to quarantine prevents greater spread of the virus. Getting tested when symptoms are compatible with COVID-19 will also help prevent transmission of the virus in public settings, especially when prevention strategies such as mask-wearing and distancing are not observed.
- **Staying home when sick**, including young children and caregivers who display symptoms of infectious illness, such as influenza (flu) or COVID-19, helps protect others.

How are young children and caregivers impacted due to childcare and early learning service closures?

Although most countries in the East Asia and the Pacific region have prioritized the return of older children to school, especially those taking high-stakes examinations, young children who would most benefit from face-to-face interaction and learning have had to stay home due to pandemic restrictions.¹ For primary education, schools have closed in varying duration, ranging from one month to nearly 20 months (in the Philippines).

Services supporting the development of young children have suffered from extended closures and disruptions more than other education levels as they remain closed in varying durations for fear of children contracting the coronavirus and to reduce community transmission. These disruptions meant that children have been deprived of face-to-face interactions, stimulation, and learning for a significant period of time. The pandemic has caused disruptions to life-saving health and nutrition services, early intervention on children with developmental delays and disabilities, early detection and timely referrals on maltreatment of young children, closures of preschools and childcare centres affecting opportunities for early learning and interactions. In particular, the increase in enrolment in early childhood development services over the recent years may be reversed as many community-based childcare programs are forced to close due to public health measures or financial constraints. The pandemic threatens to disrupt the early childhood development workforce with lasting effect as staff without salaries might leave the profession entirely. Furthermore, the economic fallout of the pandemic exacerbates unemployment and poverty resulting in stress among parents and caregivers, increased needs for parenting and family support and less resources available to support children’s development.

Services supporting the development of young children have suffered from the extended closures and disruptions more than other education levels. These services fear children will contract COVID-19 and want to reduce community transmission. These disruptions mean that children have been deprived of face-to-face interactions, stimulation and learning for a significant period of time. The pandemic has also disrupted life-saving health and nutrition services, early intervention with children with developmental delays and disabilities and the early detection and timely referrals on maltreatment of young children. The closure of preschools and childcare centres

¹ [COVID-19 Education Situation Analysis in Asia: Effects of and responses to COVID-19](#) (UNICEF ROSA, UNICEF EAPRO, UNESCO Bangkok, Cambridge Education, 2021).

has affected the opportunities for early learning and vital social interactions. Most worrying, the increase in enrolment in early childhood development services over the recent years may be reversed because many community-based childcare programmes have been forced to close due to public health measures or financial constraints. The pandemic threatens to disrupt the early childhood development workforce with lasting effect because staff without salaries might leave the profession entirely. And the economic fallout of the pandemic has exacerbated unemployment and poverty, resulting in stress among parents and caregivers, increased needs for parenting and family support and less resources available to support children's development.

The prolonged closures of childcare, early learning centres and preschools due to the pandemic is leading to young children's developmental and learning loss. With no or limited early childhood development and/or preschool experience, including interactions with peers and teachers that are key to children's socioemotional and cognitive development, young children are being deprived of adequate stimulation, socialization skills and school-readiness competencies. At home, where parents are overburdened with juggling childcare and economic responsibilities, a child's risk of exposure to adverse early experiences and toxic stress may also be increasing. In particular, children from marginalized groups (including those from poor and remote communities, from linguistic minorities and/or children with developmental delays and disabilities) face increased challenges and may experience damaging consequences in the years to come.

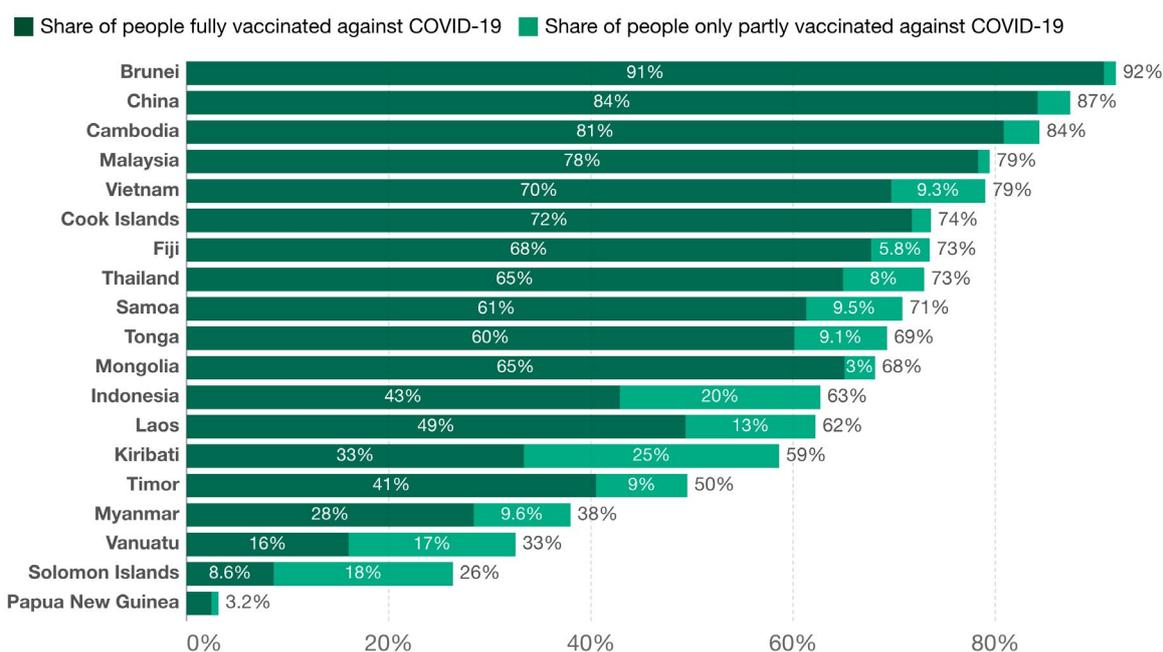
Young children's increase in screen time and digital use during the pandemic is also a concerning aspect. Excessive technology use in replacement of essential play and interaction time may have implications on children's physical development and sleep. The WHO Guidelines on Physical Activity, Sedentary Behaviour and Sleep (2019) includes recommendations on this topic. Caregivers are to be supported to increase quality interaction time with children through active play and communication, including in childcare and early learning settings. Governments and early childhood service providers have responded with digital learning strategies, but the most vulnerable children have been the least likely to access remote early learning alternatives due to their unequal access to digital services. Even with low-technology approaches to using TV or radio, some countries have little chance of ensuring learning continuity due to unequal access of households owning such devices.

As a result of closures of childcare and early learning service centres, parents and other caregivers are now faced with increased childcare burden at home while balancing work responsibilities. These disruptions have disproportionately affected vulnerable households, including caregivers of children with disabilities and working mothers in the informal sector ([UNICEF, ILO and WIEGO, 2021](#)). In some instances, mothers are three times more likely than fathers to be responsible for caregiving and housework ([McKinsey & Company, 2021](#)). Domestic care and housework responsibilities for working parents, especially women, have increased during the pandemic. In response, women have had to leave the workforce or reduce working hours (with less earnings) due to the lack of childcare availability and the pressure of home-schooling. Specifically, front-line workers have frequently been forced to leave their children alone or to leave them in the care of other caregivers while they continue working or otherwise are forced to leave the profession altogether. Thus, women's work has become more precarious during the pandemic – and it has reinforced regressive norms on unpaid care work in relation to family income and its bearing on increasing social inequalities across the East Asia and Pacific region. Thus, the reopening of childcare and early learning service centres is essential to ensuring social progress and equal labour participation among men and women as well as to reducing the risk of stress and worsening mental health of parents and caregivers.

Could essential childcare and early services resume as vaccinations pick up?

As of 12 January 2022, countries in the region had demonstrated high rates of vaccinated populations (see the following figure). Countries that have yet to safely reopen should ideally prioritize the reopening of services that serve young children, including the most vulnerable, to ensure that no child is left behind. During a crisis such as the one brought on by the current pandemic, early childhood measures must focus on maintaining, strengthening and providing required support to enable parents and other caregivers to protect their children and have access to the necessary means and tools to promote their development, health, learning and well-being.

Share of people vaccinated against COVID-19, Jan 12, 2022



Source: Official data collated by Our World in Data
 Note: Alternative definitions of a full vaccination, e.g. having been infected with SARS-CoV-2 and having 1 dose of a 2-dose protocol, are ignored to maximize comparability between countries.

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III. Basic considerations for reopening services



The decision to reopen childcare and early learning service centres should strive for a balance between preventing COVID-19 infection among children, service personnel, families and the community and obtaining the benefits of care services for young children’s well-being, learning and development. The objective is to promote the implementation of services that fulfil the rights and uphold the best interests of children. From this perspective, there are two basic considerations for reopening services.

1. Epidemiological conditions in the community

These are related to:

- a. Information from health authorities regarding the course of infection, that is, the number of local cases, the presence of active community transmission, the main sources of infection and the epidemiological curve; and mitigation measures prescribed by the health authorities, according to each country’s rules and protocols.
- b. Instructions on coordination with local health teams and their protocols for handling positive cases and monitoring their contacts. This is critical in events involving close contact with children, family members, and personnel.

2. Safety measures to address children’s different vulnerabilities

It is recommended that childcare and early learning facilities reopen gradually, with specific safety criteria for the most vulnerable children, based on their age, gender and migratory status and whether they have a disability or pre-existing diseases or are affected by displacement, poverty or marginalization.

- a. Safety criteria refer to the standards required for services to operate (provision of water and sanitation, and availability of handwashing facilities that include water and soap, etc.). Safety criteria should be shared with all community members to make sure they are widely known. On the other hand, service providers (educators and other professionals, technicians, and support personnel) must be trained on and have access to above- stated elements for provision of safe, inclusive and high-quality services.
- b. In addition to COVID-19, disability, mental health problems and pre-existing illnesses constitute additional risks to young children’s health and development. Therefore, in relation to children with immunodeficiency, a chronic disease (such as cancer) and those undergoing immunosuppressive treatments, their suitability of a physical return to childcare and early learning facilities should be considered during reopening. Medical authorization should be required before admitting them to a facility. However, it is suggested that affected children receive some type of remote support and/or home visits in the meanwhile, if possible, to maintain contact between them and the service.



It is critical for facilities to have the capacity to properly care for children with developmental disabilities or difficulties to prevent them from being excluded a priori. It is important to highlight that access problems and exclusion faced by individuals with disabilities are the result of social conditioning and environmental barriers, which also must be addressed through communication, information and sensitization strategies. Families or caregivers of children with disabilities should be provided with guidance and support services due to their important role in early childhood development.



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IV. Key guiding principles for reopening services



1. All early childhood service providers, including administrators and workers, are duty bearers of **children's rights**. Planning and implementing reopening processes must also include providing training on the importance of abiding by the basic principles set forth by the Convention on the Rights of the Child, which include:
 - a. The commitment to uphold the best interests of children (article. 3).
 - b. The right to life, survival and development (article. 6).
 - c. The right to non-discrimination (article. 2).
 - d. Children's right to be heard and to be taken seriously (article.12).
2. In addition to being responsible for children's learning and development, parents and other caregivers are critical for guiding an adequate transition from the pandemic situation to a 'new normal', including in the event of new outbreaks that lead to more closures or service suspensions. Front-line workers are important for motivating **families' active participation**. Facilities offering children-focused services create opportunities to foster communication to identify the needs of parents and caregivers regarding the pandemic in their locality as well as the repercussions of this situation on their well-being, employment and income. Clear and positive communication helps reduce fear, encourages children's return to early childhood centres and makes it easier for parents and caregivers to understand protection measures and commit to their implementation.²
3. Young children have the **right to play** in stimulating spaces and with safe toys and materials that encourage their learning and comprehensive development. In the pandemic context, the reopening of facilities must include play-based learning, which is also an appropriate way for children to learn about disease prevention,³ self-care and caring for others.
4. **Routines are an opportunity to promote healthy habits to care for oneself and for others.** Routines can be acquired through regular, stimulating and playful practice. It is recommended that games are used for children to learn how to greet each other and to develop routines, especially regarding handwashing with soap and water at critical moments,⁴ such as when arriving at a learning centre, before and after using the bathroom, after outdoor games involving contact, when moving to a different area, after coughing or sneezing, before and after eating and before drinking water.
5. **Children's emotions and concerns regarding** their daily experiences and particularly in relation to COVID-19 must be **considered and addressed** because they are important for their well-being. It is recommended that children receive support to channel their emotions and mental health (verbalize them, adapt their behaviours and understand the changes that are taking place) while achieving significant learning.

² To learn more, please see [Supporting Young Children to Face Changes: Guidance for fathers, mothers and other caregivers in times of COVID-19](#).

³ This is the case in Africa in relation to the Ebola epidemic.

⁴ This is a playful example to illustrate the importance of [handwashing](#).



6. **Training for teams and administrators** is a cornerstone for reopening. It must focus on strengthening knowledge, skills, attitudes and practices for the implementation of required changes. The goal is for the team to feel safe in this new scenario, prepare the changes in a coordinated manner and inform families, caregivers and children of the changes. It is recommended that internal communication channels are created to strengthen teamwork in an effort to promote safe behaviours and facilitate problem-solving.
7. Planning for reopening (and reclosure in the event of COVID-19 resurgence) requires knowledge of **national, regional and/or local policies and guidelines** to have a framework for the strategies and protocols for designing the service. It is also essential to consider relevant health and nutritional aspects, such as provision of meals and regular immunizations. Likewise, being familiar with funding sources is important to make budgetary arrangements and readjustments.



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V. Reopening guidelines

This chapter covers the four dimensions that need to be included in basic reopening plans (these dimensions can be assessed in the checklist provided in the Annex). The dimensions are: (1) context information for decision-making; (2) current conditions in relation to minimum conditions and improvement plans required before reopening; (3) preparing procedures for safe operations; and (4) developmental and learning recovery.

1



Context information for decision-making

The following information must be consulted to prepare for the reopening of childcare and early learning facilities.

- **National and/or local guidelines** encompass the calendar, hours and teaching objectives for schools as well as the calendar and operation hours for community homes and learning and development centres). The information should cover the months following the scheduled opening date and, if possible, should cover a whole year to plan for important dates, such as holidays and end of the school year). This information may vary according to the evolution of the pandemic and may differ between localities, depending on the response measures taken by authorities, such as curfews, specific mobility restrictions and provisions for work.
- **Any financial support that might be available** to make adjustments related to infrastructure, equipment, personnel and supplies (adjustments required for the protection of staff members, children and their families and for cleaning and disinfection purposes).
- **Protocols or guidelines** issued by relevant authorities regarding the course of action to be followed in possible scenarios, such as new quarantines in response to infection spikes, an outbreak in a childcare or early learning centre, changes in hours or other restrictions that imply modifying the services offered.
- **COVID-19 vaccination protocols**, which prioritize and recommend vaccination for teachers and caregivers as well as for parents of high-risk children, including those with comorbidities. A childcare or early learning centre should provide clear guidance stating children's attendance should not be dependent on their COVID-19 vaccination status. In the guidance, it is also important to highlight that while vaccinations are not required for teachers, they are highly encouraged to do so prior to the reopening of services.
- **Local health services' protocols or procedures**, which are prepared for possible events in the community. They typically involve the presence of a technical health adviser acting as a focal point who answers queries and facilitates the transfer or testing of anyone with suspected infection. According to each country's guidelines, this authority has an important role to share information on any possible modifications to the protocols that may alter the operation of a childcare or early learning centre and the continuity of critical activities in children's early years, such as vaccination schedules and preventive health care visits.

- **Accessible and user-friendly messages and information for families**, which have been developed on the epidemiological aspects of the pandemic and mitigation measures implemented at the local or municipal level. Considering this crisis' social and economic repercussions, it is important to be aware of the social support that is available for families, which is an indication of how critical early childhood services can be in effective sector coordination.
- **Each country's regulations that govern the use of local public transport.** Considering that transportation for children is an issue that parents and caregivers commonly worry about, particularly in remote areas, this information can be extremely useful. Ideally, early childhood services should be as close as possible (walking distance) to the primary caregiver's place of residence or work. Different options can be considered in each country, such as specific or free-use agreements for families and preschool transportation systems. It is recommended that families' different needs are explored before visualizing improvement plans that include safety requirements.

2



Information on current conditions in relation to the minimum conditions required for reopening

This dimension involves analysing the current basic conditions in relation to what is required to provide safe and high-quality services (see the Annex for the checklist of conditions required before reopening). The analysis should be conducted by an administrator responsible for the operation of the childcare or early learning service, in discussion with other personnel, to prioritize areas that require improvements based on feasibility and budget considerations before reopening.

Reopening requires a rapid information-collection process for preparing an improvement plan regarding infrastructure, equipment, supplies and personnel. The scope of the services must be analysed in terms of identified needs to request financial support or make budget adjustments, if applicable.

a. Availability of water, sanitation and hygiene services⁵

- **Water.** In the context of the coronavirus pandemic, it is necessary to verify whether there is a continuous and stable supply of water for drinking, handwashing, disinfection and cleaning. It is crucial that the childcare or early learning centre is connected to the public network and that the water supply works during the centre's opening hours. If this is not possible, provisions must be made for a water storage system to cater to all needs of the centre.
- **Toilets.** It is important to ensure that there are adequate toilet facilities that are clean, single-sex (if needed), useable (available, functional and private) and have proper lighting and ventilation. This includes a plan for managing waste, such as a sewer connection or provision for emptying of a septic tank or pit. Toilets should be accessible for all children, should be of appropriate height and must respond to the different access and use needs of children with disabilities (including accommodation of a caretaker inside the toilet cubicle if needed). It is important to make sure that toilets have no wastewater

⁵ For more information on these aspects in schools, please read [COVID-19 Emergency, Preparedness and Response WASH and Infection Prevention and Control Measures in Schools](#).

leaks. Additionally, it is essential to ensure that there are adequate toilet facilities for caregivers, with provision for menstrual hygiene management for female caregivers.

- **Handwashing points** (of appropriate height for children, with separate ones for adults), which include soap and water and ideally stand 1 metre apart (if more than one). Whenever possible, handwashing points should have taps that can be opened and closed by an elbow and that are accessible to children with disabilities. If handwashing points are unavailable, hand sanitizer should be made available. It is recommended to use the [WHO guidance on handwashing](#).
- **Waste management.** Assess whether garbage disposal in the centre is appropriate to avoid the presence of rodents and other vectors and prevent the spread of COVID-19. It must be stored far from the place where the service is provided. The operation of municipal and community garbage collection systems and facilities should also be verified to ensure the safe and proper disposal of waste.

b. Health and hygiene protocols

- In these times of COVID-19, it is important to have enough space to maintain **physical distance** whenever possible to reduce transmission risk. This implies maintaining a distance of at least 1.5–2 metres between teachers or staff and children. *However, in situations when it is not possible to observe the physical distancing protocol of young children in an early childhood care setting, it is essential to fully observe other prevention protocols, including testing for COVID-19 when appropriate, as recommended by the CDC.*
- **Mask** use for staff and for children depends on the recommendations issued in each country and the WHO guidelines.⁶ If a decision is made to wear masks, it is advisable to provide training on how to properly wear them. According to the CDC guidelines, **indoor masking** is recommended for all individuals older than 2 years, although it is not required. This includes teachers, staff and children regardless of their vaccination status, given the highly contagious nature of different variants (including the Delta and Omicron variants). When outdoors, masking is also recommended in crowded settings or during games or activities that will cause children to be in close contact with one another or have involuntary physical contact. Please note that mask use is NOT recommended for children with motor disabilities, children who cannot handle the mask and children younger than 2 years.
- In consideration of service staff, it is recommended to **limit the number of children received per day or per hour**. In childcare and early learning centres, a practical strategy may be to keep all children who share a class together in an effort to ‘isolate cohorts’. If a positive case is detected, it is easier to isolate the cohort and not the whole centre.
- If possible, it is recommended that **separate entrances and exits** are set up and that arrangements are made so that people will flow in the same direction.
- There should be sufficient **handwashing points** accessible to children and their caregivers. Hand sanitizer can be made available if handwashing points are unavailable.
- For risk control, it is important to ensure **adequate ventilation** in the rooms used by children. Ideally, rooms should have natural light and proper air circulation. Rooms must

⁶ See the World Health Organization, [Coronavirus Disease \(COVID-19\) Advice for the Public: When and how to use masks](#).

be ventilated regularly throughout various times during a day. These recommendations apply to all areas, including the kitchen, if available.

- The material of walls and floors must be inspected because **cleaning and disinfecting** these structures are important parts of safety processes. In general, peeling wall paint or coverings that use materials (such as straw) that cannot be washed with water should be avoided. Likewise, having dirt floors in closed areas (rooms) is not recommended.
- In open spaces, it is recommended that play items are inspected to ensure that they are safe and that they can be **regularly washed and disinfected**.

c. Vaccination promotion and situation of staff

- **The promotion and rapid roll-out of COVID-19 vaccinations** as widely as possible among staff, teachers, families and community members who are in frequent contact with young children is an essential strategy to help with the safe reopening of childcare or early learning services, especially to reduce exposure to new virus variants.
- **Provide information and adapt vaccination messages** accordingly to help staff and teachers to enhance their level of confidence on receiving vaccines. An increasing number of studies indicate that fully vaccinated persons are at lower risk of developing symptoms and have significantly reduced risk of severe illness or dying from COVID-19 than unvaccinated persons.
- To **protect staff members' health**, it is essential to assess the vaccination status of each worker while considering each country's specific risk factors regarding COVID-19. It is important to make sure that this assessment is kept updated. And it is important to stress that as more people in the community get vaccinated, exposure to risks of new variants will decrease.
- Given the new safety conditions, it is advisable to assess whether there are **sufficient personnel** (early childhood workers, teachers, technicians, cleaning personnel and other collaborators in direct contact with children) to implement service readjustments. It is important to have personnel who can clean and disinfect the equipment and toys as well as the technical aids used for caring for children with disabilities. Therefore, it is advisable to consider whether in-house staff can absorb the greater demands for cleanliness or if it will be necessary to adapt the services or hire additional staff. To manage personnel and facility maintenance costs, it is advisable to assess the budget and determine whether it is sufficient and/or identify possible funding sources.

d. Provision of supplies and registration systems

- It is necessary to assess the availability of **basic supplies for cleaning and disinfecting** all areas of a childcare or early learning centre before and after reopening.
- It is necessary to assess the availability of **basic supplies for cleaning and disinfecting** all areas of a childcare or early learning centre before and after reopening.
- It is recommended that **soap is always made available** for handwashing and that, ideally, hands can be dried using **disposable paper towels** or air-dried. Non-disposable towels are not recommended. If this is the only available option, it is advisable to change them every time children wash their hands and then place them in a plastic bag to be washed later.

- As part of the first-aid kit that any childcare and early learning centre should have, it is advisable to have **one or two digital thermometers** because they do not require contact. If this is not possible, it is important to avoid using mercury thermometers (they can break and thus pose a poisoning risk).
- It is also advisable to make sure that **work materials, play items and toys** are in good condition and are cleaned and disinfected regularly where possible. These items can be sorted into separate containers depending on the materials (cloth and stuffed toys; wood and plastic) to make it easier for washing and disinfecting. There must be space available to store these items, and those that are not used should be discarded. This is an opportunity to acquire, if possible, new high-quality materials that respond to diverse needs and can be used by all children.
- It is advisable to have a **registry with information on the characteristics of each child's family**, particularly containing information on their parents' employment; whether they are in a vulnerable socioeconomic condition; COVID-19-associated risks; and a history of any suspected or confirmed cases or of having been quarantined. Gathering this information must be in accordance with national, regional or local regulations and requirements, especially regarding protection of confidentiality.
- Although many services have **records on children's health situation**, it is important to make sure that these records are updated.



Aspects to consider when preparing for safe operations

Before reopening, preparations must involve being clear about the operating capacity and identifying the processes that will be carried out to strengthen the safety and quality of the service. These include preparing protocols adapted to the new situation, staff training and communication with caregivers and families.

a. Preparing protocols and monitoring implementation

- Protocols are a set of actions prioritized for a proposed objective that, **depending on the service provided**, will cover various instruments. Ideally, protocols should be developed and validated by personnel directly involved in their implementation because experience is critical in ensuring they are useful, viable and are articulated with existing provisions. Protocols should also be simple to understand and made available for easy access.
- Preparing protocols for early childhood services must always consider the **best interests of children as well as the principles that uphold their development and learning**. Given that children have the right to be heard and be taken into account in decisions affecting them, it is suggested that protocols are validated with them to understand how children experience this process and identify any needs that may arise.
- The protocols **can be modified** once implementation has begun. Experience shows that there are always unforeseen aspects that can be corrected.
- Once a childcare or early learning centre has reopened, the **adaptation protocol** must consider responding to children's and families' different emotions and concerns. Once reopened, the service should be flexible and prioritize enhancing children's well-being. Children will have stayed home for a long time, so it is advisable to provide recommendations on how to allow for flexible activities during the first days after

reopening. Suggested activities include exchanging information on experiences and emotions that emerged during the pandemic, which can be channelled through art, play or other forms of expression.

- The **protocol on children's arrival and departure** is particularly important because it also gives families a sense of security. If the childcare or early learning centre has a large enrolment of children, the idea is to organize a staggered system to receive and dismiss them on a daily basis. This also prevents family members from forming a crowd at the entrance and enables flows of people that allow for the recommended physical distance between adults (between 1.5 and 2 metres). One option to accomplish this is to paint the ground with indicators of where each caregiver must wait. In the context of prolonged quarantines and infection concerns, arrival and departure in small groups can be a difficult time for children. Making the process welcoming and simple (respectful of their emotions) will work best for everyone.
- It is recommended that a childcare or early learning centre include **two protocols to handle suspected COVID-19 cases and to monitor their contacts**. One of these protocols is for children, caregivers or relatives in this situation; the other protocol is for service personnel. To prepare these protocols, it is advisable to have a technical health adviser acting as a focal point for the childcare or early learning centre and to become familiar with health guidelines. The most important aspect is to make sure that the protocol is useful and adapts to the service and to those who provide it. If there is a suspected case (either a child or staff member), it is critical to separate this person from the other individuals until the person is sent home. In the event that a child shows suspicious symptoms before leaving home, they should remain at home and the centre must be notified. In cases of staff members with suspicious symptoms, they must also remain home and notify the service so that a replacement can be found. Centres that have digital thermometers can use them daily to measure all staff members' temperature upon their arrival to work. This makes it easier to keep a record, and if a fever is detected, it will be considered a suspected case and the person will not be admitted. Appropriate measures will be taken, in line with national health guidelines (telephone consultation and/or a health care visit to assess the affected person's condition).
- Given the importance of the **cleaning and disinfection protocol** for rooms and bathroom floors and walls, play items and other elements, it is suggested that a regular schedule be established. It is also important to make sure that the cleaning process is first done using water, soap or detergent and only then chlorine-based disinfectants are used, in accordance with national suggestions. It is important to clean and disinfect tables, handles, chairs, toys, play items, stimulation and learning implements, light switches, door and window frames, floors and walls, as well as places and items involved in outdoor play.⁷
- Early childhood care services typically involve providing children, particularly children from vulnerable groups, with **healthy foods** that have the necessary nutrients for growth and development. It is important that the provision protocols for meals or snacks are adapted to the context of the pandemic, considering the regulations or standards related to purchasing, receiving, storing, preparing and eating processes. In some centres, food is prepared, while other centres receive food that has already been prepared. In some cases, centres give food to be consumed at home. In any of these situations, it is critical to make sure that staff involved in handling food follow hygiene

⁷ To learn more, please see read [COVID-19 Emergency, Preparedness and Response WASH and Infection Prevention and Control Measures in Schools](#).

rules, wash their hands frequently and properly, wear masks and gloves, clean and disinfect the surfaces where food is prepared, cooked and eaten and correctly wash the utensils used. It is further recommended:

- Individual portions are served to avoid buffet-style service.
- There is an appropriate eating area that allows for physical distance, if possible. For small spaces, it is advisable to create staggered eating times.
- **Routines are essential for children’s development and learning.** They also offer a good opportunity to introduce new learning about pandemic safety. The following strategies can be adopted:
 - Design posters or creative reminders that encourage adequate handwashing by children and adults and post them in strategic places (this is an excellent opportunity to highlight and promote children’s participation, opinions and expression).
 - Make fun paintings on the bathroom floor to help children maintain physical distance when using the toilets and sinks. Children can help create these paintings.
 - Create stories, games and role-playing activities with dolls or puppets to teach children how to sneeze and cough properly and how to express their emotions.
 - Develop culturally and linguistically appropriate playful ways to greet each other while avoiding physical contact. These different greetings can be used at the childcare or early learning centre and at home; parents and caregivers can help maintain these practices in other settings, considering each child’s development at all times. A child who breaks this ‘rule’ because they are looking for affection, feel afraid, want to play or need to change clothes should never be punished.
 - Separate children into groups of two or three so that activities are safe while maintaining interaction.
 - Promote play, breaks and movement-based activities in open spaces because they are important aspects for development⁸ and are an opportunity to promote equality between girls and boys. Games must avoid reinforcing harmful social norms and gender stereotypes. Outdoor activities in small groups, depending on the space available, are highly recommended to maintain physical distance and, to the extent possible, reduce the chance for infection.
 - Adapting the activities of educational programmes is encouraged while taking into account learning objectives and cultural relevance that are appropriate for individual children’s development level. Creativity and the exchange of good practices could also be prioritized in these processes.
 - Make sure that breaks used for eating and drinking are pleasant and safe. Young children naturally want to share food and play with it, so it is advisable to implement staggered eating times to avoid long waiting times. Also, design activities that teach them how to eat their portions, listen to their needs, avoid

⁸ To maintain good health, it is recommended that children aged 3 years or older engage in moderate to intense physical activity at least 60 minutes a day.

correcting them when they explore their foods and offer them a menu of varied eating choices.

- Protect sleep routines and rest times, especially for young children who stay for more than four hours in the service. It is recommended that there are appropriate rest areas available for these children. Mats should be disinfected after each use, and, ideally, individual covers should be placed in washing bags after every use.
- Have a **contingency plan** in the event of a temporary service closure (two to five days or longer) due to a local pandemic outbreak or as a result of a positive case in the childcare or early learning centre. Consequently, it is advisable to maintain continuous efforts to strengthen parenting practices in families so that they provide their children with nurturing environments. Services should also take steps to ensure continuity of care, learning and development, particularly for the most vulnerable.

b. Staff training

- The protocols and changes made to provide safe and quality services can only be successful if **staff members are adequately trained** and strongly committed.
- **Training** should ideally be based on the principles of adult education, with an emphasis on acquiring knowledge, skills, attitudes and practices to effectively implement the changes. It is recommended that technological platforms that support continuous training are used. Because each country can have audiovisual educational messages on practical issues, such as the safe use of masks, it is advisable to use the materials provided by the health adviser acting as a focal point or from relevant authorities.
- It is advisable to train the entire team (including support personnel) **in pandemic-related issues** to enable them to identify possible COVID-19 cases, using protocols adapted for children and families and protocols for the staff.
- It is advisable to provide training on **cleaning and disinfection measures** so that all staff members are trained and vigilant regarding these processes.
- It is recommended to train the team on **health aspects in work legislation** (if applicable) and in the **implementation of protocols** to protect themselves from infection.
- It is recommended to **adjust the educational programme and support plan** for children and their families based on personalized, thorough and respectful processes that take into account their living conditions brought on by the pandemic. For instance, there should be a stronger focus on the psychosocial processes within cognitive processes and that training events or discussions are held with the team regarding these modifications.
- The training processes for service personnel must consider scenarios of **new closures** due to COVID-19 outbreaks. Before reopening, it is recommended that staff strengthen their relationship with families so that, in the event of an interruption, they can continue to support children's learning and development processes at home through virtual means.
- It is recommended that the reopening process consider measures to **deal with staff members' and children's emotional status**, especially if they have suffered the death or sickness of someone in their family or have been or are victims of domestic violence (especially after the lockdown restrictions) to guarantee the protection and restitution of their rights. A quarantine period or lockdown may have had various repercussions

on children and their family's emotional state. Staff training must encompass these dynamics.

c. Communication with parents and caregivers

- **Communication with families** is critical to ensure the provision of quality early childhood care, learning and development services. Therefore, communication should be friendly, culturally and linguistically relevant and flexible in responding to the characteristics of the context.
- Although many services have regular strategies to communicate with parents and caregivers, it is important that these are **expeditious**, especially when it comes to detecting cases of sick children. A child's family should be notified quickly and effectively, and the corresponding procedures to effectively manage the situation in a childcare or early learning centre should be activated.
- In addition to setting the appropriate tone and mechanisms to communicate with families and caregivers, it is important to define the **messages** to be transmitted, including:
 - new safety and hygiene measures for the service;
 - provisions for children's transportation (if there are any new provisions);
 - procedures for receiving and dismissing children enrolled in a centre on a daily basis;
 - the importance of reporting suspected COVID-19 cases that are detected at home;
 - recommendations for children to stay home if they have possible COVID-19 symptoms or show signs of suffering from other diseases; and
 - contact information that can be used by families to access health consultation services, where they can ask questions and receive medical attention.
- During reopening and in the event of new service interruptions, parents and caregivers should be provided information on available support **to ensure the continuity** – at the centre and at home – of the learning process, as well as information on the routine early intervention activities for children with disabilities and ongoing support mechanisms that staff will implement (especially if children cannot attend regularly).
- Communication mechanisms must also be capable of **solving different problems** that may arise in families related to mental health, gender violence and economic and work difficulties, among others. This will contribute to the integration of locally available services (if necessary and possible).
- Because communication with parents and caregivers helps instil a sense of community, staff can encourage the **creation of communication and support networks** to follow up on the needs of families and promote opportunities for learning and for sharing their experiences.



Young children are suffering from developmental and learning loss due to various restrictions stemming from the COVID-19 pandemic. With no or limited early childhood development, childcare and early learning experiences as well as restrained interactions with others, young children are developing in an environment without adequate stimulation, socialization skills and school-readiness competencies.

There is a need to especially focus on young children from marginalized groups (including those from poor and remote communities, from linguistic minorities, children with developmental delays and disabilities) who face increased challenges and may experience damaging consequences in the years to come.

- **Identify or assess children's development and learning loss** on core foundational competencies, socioemotional skills and school-readiness skills. The UNICEF East Asia and Pacific Regional Office will be developing in 2022 related tools and resources to provide guidance on this.
- **Support teachers** by providing clear guidance on how to identify or assess children who require additional strengthening support to acquire the level of foundational competencies and socioemotional skills needed.
- Provide special attention towards **enhancing children's socioemotional skills**, including prevention of discriminatory actions from other children.
- Given the possible reduced learning time at early childhood development centres, rebalance or make appropriate adjustments to **ensure that core competencies, skills and targeted behaviours** in the curriculum are adequately covered.
- Develop or enhance **staff training in providing psychosocial support** to both teachers and young children.
- **Enhance communication with parents and caregivers**, including two-way communication to best support young children.
- Parents and caregivers can be supported through the **sharing of information, guidelines, tips and resources** in preparing their children's return to childcare or an early learning centre, managing anxieties of both the parents and the children and promoting an effective home-learning environment.
- **Integrate promising use of technology** to enhance learning and the engagement of young children; for example, utilization of digital literacy in rotation with other learning tools, such as art, writing, mathematics and reading materials.

The COVID-19 pandemic has underscored the importance of caring for oneself and for others. Promoting collaborative community work while allowing for flexibility and incorporating clear and widely respected principles is essential for overcoming the challenges posed by the gradual reopening of childcare and early childhood care services.

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Annex: Checklist of conditions required before reopening

This instrument is intended for the administrator responsible for the operations of a childcare or early learning centre. It is aimed at facilitating discussion among administrators to help prioritize areas that require an improvement plan before reopening, based on the guidelines presented in this document.

For each item, you should answer by checking the 'yes' or 'no' box. If the question does not apply or correspond to your service, check 'not applicable'.

Once the aspects to be improved have been identified, it is advisable to prioritize them according to how feasible it is to implement them. The elements that do not require additional funding can be addressed immediately in the improvement plan. It is advisable to determine the urgency of the improvement elements that require additional funding or require making adjustments to budgets, specifying whether they should be implemented in the short term (1), medium term (2) or long term (3). This will help organize the order of implementation.

It is important to consider that national, regional and local regulations will determine the minimum reopening conditions. If this is not the case, the guidelines set forth in this document can be used.

For consideration of reopening a facility for children with disabilities, please also refer to the publication on [Ensuring an Inclusive Return to School for Children with Disabilities: UNICEF EAP Region COVID-19 Technical Guidance](#) (UNICEF EAPRO, 2020).

1 Context information to plan the reopening process		Yes	Partly	No	Not applicable	Improvement plan
1	Information on national, district, regional and local guidelines regarding the current educational calendar as well as the next year's calendar					
2	Information on national, district, regional and local guidelines regarding hours or possible modifications to service delivery					
3	Information on funding sources for eventual adjustments to strengthen the safety and quality of the service					
4	Information to address the continuity of educational activities and to provide support for families, in the event of a new closure due to a lockdown order in the community the community					
5	Contact details of the local health adviser acting as a focal point or authority to ask questions and coordinate actions to facilitate the reopening process					
6	Continuously updated information and knowledge on the community's epidemiological, health and social situations that enable fluent communication and collaboration between the centre and its staff members and the enrolled children					
7	Information about national, regional and local regulations for public transportation and transportation of children					
8	Functioning handwashing points that are adequate for adults (with soap and water), are accessible and located in key areas (bathroom entrances, cafeteria or dining room and, ideally, at the entrance of each classroom)					
9	Clear COVID-19 vaccination protocols, including prioritization of vaccines for teachers, caregivers and parents of high-risk children with comorbidities					

 Information on current conditions in relation to the minimum conditions required for reopening		Yes	No	Does not apply	Improvement plan
Regarding the provision of water and sanitation and hygiene services					
10	Does the facility have access to drinking water from a connection to the public network, a protected well or spring, from rainwater, bottled water or a tank truck?				
11	If there is a connection to the network, does it have safe water storage tanks?				
12	Does the facility have private and adequate toilets or latrines that are suitable for young children?				
13	Does the facility have private and adequate toilets or latrines that are suitable for adult staff?				
14	Does the facility have functioning handwashing points (with soap and water) that are suitable for young children, are accessible to respond to the different needs of children with disabilities and are located in key areas (bathrooms entrances or less than 5 metres away, in the cafeteria and, ideally, at the entrance of each classroom)?				
15	If handwashing points are unavailable, are hand sanitizers made available?				
16	Does the facility have a garbage disposal system that can be used daily, prevents rodents from entering and is out of children's reach?				
17	Does the facility have access to a garbage collection system at least three times a week?				
Regarding the infrastructure available in the service					
18	Do the rooms and classrooms have enough space to place to place children, teachers and other staff so that they maintain a reasonable physical distance?				
19	Do the rooms, classrooms and other areas have natural ventilation?				
20	Are the floors and walls of the rooms, classrooms or other areas washable?				
21	Does the food preparation area have natural ventilation?				
22	Does the food preparation area have washable floors and walls?				
23	Does the food preparation area have a working dishwasher?				
24	Does the centre have a safe and open area (according to local regulations) for children to play?				
25	Does the open area have play items that can be washed and disinfected?				
Health and hygiene protocols					
26	Are personnel aware of the need to maintain physical distancing of at least 1.5 or 2 metres between teachers, staff and children? If not possible in settings involving young children, are all other prevention protocols being observed?				

2  Information on current conditions in relation to the minimum conditions required for reopening		Yes	No	Does not apply	Improvement plan
27	Are personnel aware that indoor masking is recommended for all individuals older than 2 years, including teachers, staff and children?				
28	Are staff aware that outdoor masking is recommended in crowded settings or during games and activities that cause children to be in close contact or have involuntary physical contact?				
29	Are there enough workers to frequently clean and disinfect facilities throughout the day?				
Vaccination promotion and situation of staff					
30	Are COVID-19 vaccinations recommended for staff, teachers, families and community members?				
31	Have vaccination messages been disseminated among staff to increase their level of confidence in receiving COVID-19 vaccinations?				
32	Is there an updated list of personnel that, according to the country's COVID-19 risk factors, allows identifying whether each member is vulnerable, has suffered from the disease, has been exposed to the disease through a close contact or has remained in quarantine during the mandatory time?				
33	Is there sufficient staff to work directly with children, taking into account the new adjustments (more rooms with fewer children, if possible; ensuring that the same staff remain during the day to avoid mixing different groups of people)?				
34	Considering the adaptations, is there enough staff or is there a network available to keep the facility operating?				
The provision of basic supplies and records in the centre					
35	Does the facility have basic cleaning supplies for children and staff throughout the day, according to recommendations?				
36	Does the facility have basic supplies to clean and disinfect all rooms throughout the day, according to recommendations?				
37	Does the facility have supplies and basic equipment for the protection of personnel (surgical masks, spaces to store belongings and change clothes or shoes at the entrance and exit)?				
38	Does the facility have at least one digital thermometer to be used in case of suspected fever in a child or staff member?				
39	Does the facility have a registry that allows for recording children's daily health status?				
40	Does the facility have a registry that allows for keeping track of the staff's daily health status?				
41	Does the childcare or early learning centre have a registry on the health and social risk conditions of enrolled children's families?				

2  Information on current conditions in relation to the minimum conditions required for reopening		Yes	No	Does not apply	Improvement plan
42	Does the facility have a record of the health status of enrolled children (pre-existing health issues, chronic diseases, disabilities, continued use of immunosuppressive drugs, vaccination status)?				
43	Does the facility have good learning materials, toys, stimulation tools, play and rest equipment and a place to store them when not in use?				
44	Does the facility have garbage bags and containers for clothes, soft toys and blankets that must be washed?				

3  Aspects involved in preparing for safe service operation		Yes	No	Does not apply	Improvement plan
Preparation of service protocols					
45	Are there protocols to allow for flexible and socioemotional-focused adaptations of routines and curriculum covered when classes are resumed?				
46	Is there an adapted protocol for children's arrival and departure that allows for social distancing?				
47	Is there an adapted protocol to identify and act in case of suspected cases of COVID-19 infection among children or a close family contact, in accordance with the regulations (if any)?				
48	Is there an adapted protocol to identify and act in case of a suspected COVID-19 case among personnel or a close family contact, in accordance with the regulations (if any)?				
49	Is there a protocol for replacing personnel if necessary?				
50	Is there a routine cleaning and disinfection protocol for internal and external facilities?				
51	Is there a protocol to ensure that healthy foods are handled hygienically (purchase, delivery, storage, preparation and distribution), in accordance with the available standards and adapted to the conditions of the pandemic?				
52	Are there playful and adapted strategies that promote children's healthy routines in these times of COVID-19 (frequent and effective handwashing, physical distancing, movement and physical activity, eating and drinking water, sleep, screen use and mask-wearing)?				
53	Is there an a priori plan that favours the continuity of early childhood care, development and learning in the event of temporary service closure (two to five days) or longer (new community lockdowns)?				
Training of the service staff					
54	Has there been any training on what the COVID-19 pandemic is and how it affects the community?				
55	Has there been any training on how to identify and what to do in the event of possible cases of COVID-19, for enrolled children and staff?				
56	Has training been carried out on how to clean and disinfect the facilities, equipment and materials?				
57	Has any training been provided on health protection in pandemic conditions (correct mask use, handling clothes and shoes, handwashing techniques, identification of probable symptoms among staff members) and what to do in case someone is infected?				
58	Has any training been provided to staff working with children and their families on the adaptations required by the workplan for service delivery?				
59	Has any training been provided to staff working with children on how families should be supported in the event of a new pandemic outbreak that forces the centre to close?				

3 Aspects involved in preparing for safe service operation		Yes	No	Does not apply	Improvement plan
60	Has any training been carried out to strengthen the knowledge and capacities of personnel to: (i) provide psychosocial support to deal with fear, insecurities, uncertainties and stress, for example; (ii) detect cases of domestic violence; and (iii) promote a sense of community that reinforces family support mechanisms and networks?				
Communication between the service and caregivers and families					
61	Does the childcare or early learning centre have a regular plan to communicate with caregivers and families?				
62	Does the available communication plan allow for quick interaction if necessary?				
63	Is there a plan for how to share the protocol with caregivers and families to handle suspected cases of COVID-19 infection in children or care staff?				
64	Is there a plan for how to communicate and what to recommend to families so that they are alerted to possible symptoms or situations that require a child to stay at home and/or to go to a health centre?				
65	Is there a plan for how to communicate measures for children's arrival and departure?				
66	Is there a plan for how to communicate changes to safeguard the health of children and their families?				
67	Is there a plan for how to communicate the changes made to the educational programme or service plans to support children's learning and development?				
68	Is there a plan for strengthening the support processes for parents and caregivers regarding parenting, stimulation and home learning?				
69	Has a communication system between parents and caregivers been planned or is there a plan to create or strengthen the information and support network?				
Developmental and learning recovery					
70	Is guidance provided to teachers to identify or assess children's current level in core foundational, socioemotional and school-readiness skills?				
71	Are teachers supported to carry out these identification and assessments through regular trainings and coaching?				
72	Is there ample focus to enhance young children's socioemotional skills, including prevention of discriminatory actions from other children?				
73	Are there guidelines for staff and teachers for enhancing their communication with parents and caregivers?				
74	Are parents and caregivers regularly provided with information, tips and resources for preparing their children's return to the childcare or early learning centre, managing anxieties of parents and children and promoting an effective home-learning environment?				
75	Are teachers trained on the promising use of technology to enhance the learning and engagement of young children?				



UNICEF East Asia and Pacific Regional Office (EAPRO)

19 Phra Athit Road, Bangkok
10200 Thailand

Facebook: www.facebook.com/unicefeap/

Twitter: @UnicefAsiaPac

Website: www.unicef.org/eap/

Tel: +66 2 356 9499

Fax: +66 2 280 3563

Email: eapro@unicef.org

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