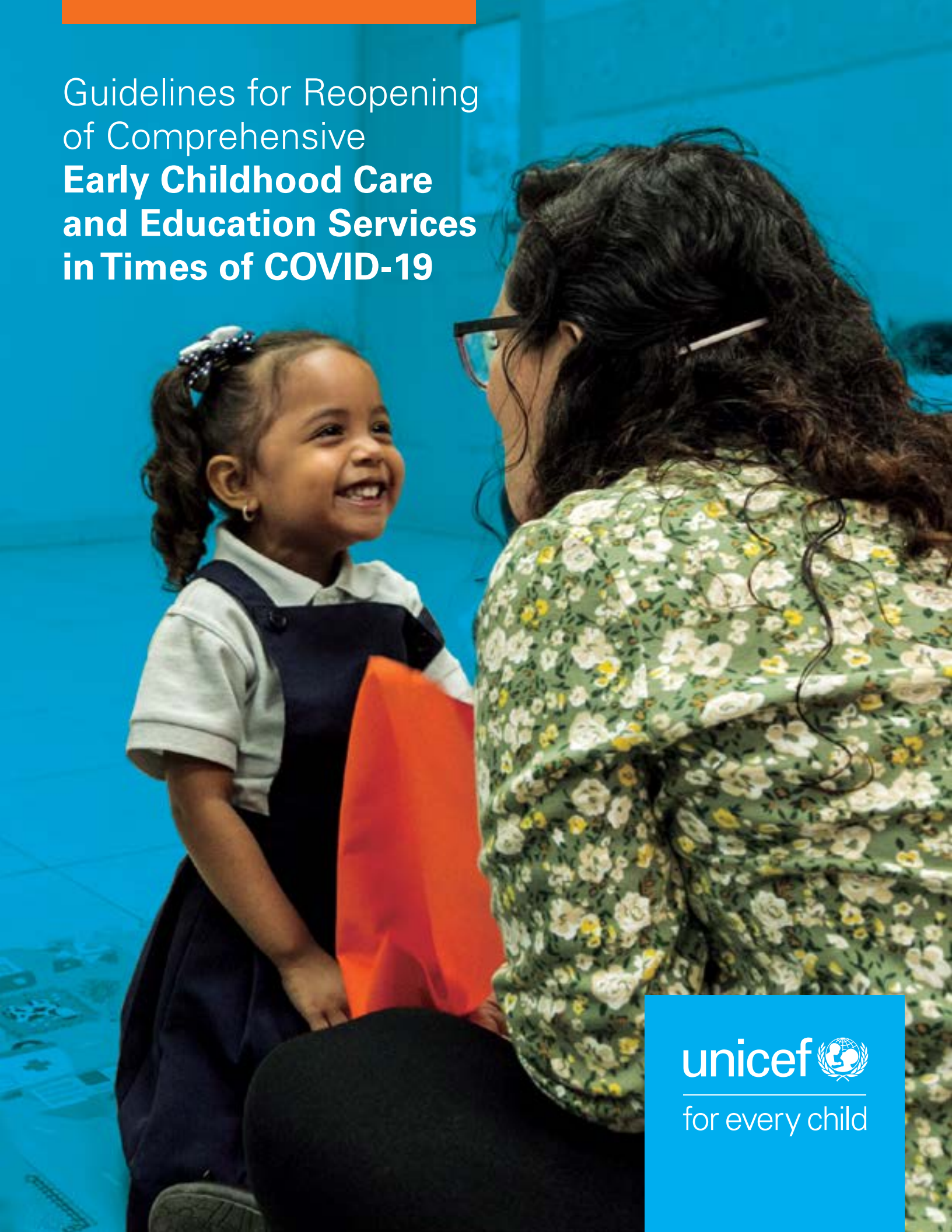

Guidelines for Reopening of Comprehensive **Early Childhood Care and Education Services in Times of COVID-19**

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Panama City, August 2020

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This document was prepared by the Education and Early Childhood Development Section of the UNICEF Regional Office for Latin America and the Caribbean, jointly with the Health, Nutrition, Water, Sanitation and Hygiene, Child Protection, and Gender Sections, in consultation with UNICEF Country Offices.

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Contents

Introduction

UNICEF acknowledges the efforts carried out by Latin America and Caribbean countries to mitigate the effects of the COVID-19 pandemic and respond to its possible effects on early childhood development.

All children have the right to develop their full potential, a process that mostly takes place throughout the first years of life. This stage is a critical window of opportunity for brain development since this is when neural connections form at a rate that will never occur again. This process depends on the environment where children grow and develop; in other words, brain development mostly depends on children's experiences and their interactions with their families. These experiences and interactions are essential because they lay the foundation for learning, influence children's physical and mental health, and have an impact on their wellbeing throughout adult life. Countries in Latin America and the Caribbean have made substantial progress in investing in early childhood comprehensive services and strengthening parental roles and positive parenting among families. Therefore, this current crisis should not halt progress made or divert the regional momentum for increased investment in inclusive, quality services that include supporting families, in an effort to promote children's comprehensive development during their first years of life.

We encourage countries and UNICEF partners to continue prioritizing initiatives that promote early childhood development, sustain increased efforts to prioritize the most vulnerable children, including children who belong to ethnic groups, children with disabilities or developmental delays, migrants or children affected by violence or abandonment, among others. Safely reopening early childhood care and education services and preparing the response to future emergencies should entail an inclusive and comprehensive process that focuses on strengthening and improving what already exists.

Scope of this document

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

This document provides guidelines for reopening of services for **2-8-year-old children** and their families. It includes a checklist that allows conducting a rapid analysis of the service's conditions and designing plans for a safe reopening.

It is suggested that these guidelines, and their checklist, be adapted to the reality of each type of service, as well as to country-specific COVID-19 control regulations.

These guidelines cover services that last for more than one hour a day and that are aimed at providing care and nutrition and promoting development and learning to children 2-8 years old. These services include early childhood development centres, nurseries, kindergartens, caregiving homes, and preschool centres, among others. They can also be applied to toy libraries and community-based modalities, flexible and/or alternative programs.

Vaccination and other non-essential health services are also provided in some of these settings[1].

In general terms, it is suggested that 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.

These guidelines do not apply to services for children under two years old. Nonetheless, it is worth mentioning that for this and subsequent age groups, scientific evidence shows that support services for parents and caregivers are critical for mitigating the pandemic's serious short and long-term effects, as well as the impact that control measures can have on young children's optimal development. This involves providing postnatal support; promoting exclusive and complementary breastfeeding, per recommendations of the World Health Organization (WHO); safeguarding working mothers' jobs; promoting family-friendly policies that allow both parents to take care of their children, including strategies to strengthen fathers' co-responsibility in child-rearing; and promoting social protection schemes for families in informal or precarious working conditions.

Children's wellbeing must be a priority in times of COVID-19. Therefore, it is suggested that multisectoral coordination be strengthened in order to provide health care services, food delivery, cash transfers (as part of social protection interventions), and strategies to support the continuity of home-based learning. This should go hand in hand with programs aimed at promoting caregivers' wellbeing, including their mental health, and reinforcing their capacities to provide nurturing care.


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1 **WHO** is clear in recommending that these types of services should not be interrupted, due to their relevance for health promotion and disease prevention.

Background

On March 11, 2020, the World Health Organization (WHO) declared the SARS-CoV-2 virus -which can cause the disease known as COVID-19- a global pandemic. This infectious agent is transmitted from person to person, and this occurs when an infected individual coughs, sneezes, or talks, and droplets from their mouth or nose land on the mouth, nose, or eyes of those nearby. Infection can also occur when people come in contact with an infected surface or object and then touch their mouth, nose, or eyes. To date, it is not clear whether fecal-oral transmission exists, although both symptomatic and asymptomatic people eliminate the virus[2]. Infected people, with or without symptoms, can spread the disease.

COVID-19 can affect the entire population. There have been fewer positive cases reported among children and adolescents than in adults, and it has also been observed that most of the infected in the former age group are asymptomatic or have mild symptoms. The most frequent symptoms among children and adolescents are: fever (up to 50 percent) and cough (38 percent). Furthermore, there are some gastrointestinal signs, such as abdominal pain and diarrhoea, as well as complex symptoms that affect multiple organs[3]. As in adults, the median incubation period is 5 to 6 days before the onset of symptoms[4, 5], but it can vary between 2 and 14 days[6].

In critical situations, early childhood measures must focus on maintaining, strengthening, and providing required assistance to enable parents and other caregivers to protect their children and have access to the necessary means and tools to promote their development, health, and wellbeing.

2 The Novel Coronavirus Pneumonia Emergency Response Epidemiology Team, 'The Epidemiological Characteristics of an Outbreak of 2019 Novel Coronavirus Diseases (COVID-19) in China', *China CDC Weekly*, vol. 2, no. 8, 2020, pp. 113-122.

3 Anderson, Roy M., et al., 'How will country-based mitigation measures influence the course of the COVID-19 epidemic?', *The Lancet*, vol. 395 no. 10228, March 21, 2020, pp. 931-934.

4 Ludvigsson, Jonas F., 'Systematic review of COVID-19 in children shows milder cases and a better prognosis than adults', *Acta Paediatrica*, 109(6), March 23, 2020, pp. 1088-1095.

5 Cruz, Andrea T. and Steven L. Zeichner, 'COVID-19 in children: initial characterization of the pediatric disease', *Pediatrics*, The American Academy of Pediatrics, vol. 145, no. 6, e20200834, June 2020.

6 Lauer, Stephen. A., et al., 'The incubation period of coronavirus disease 2019 (COVID-19) from publicly reported confirmed cases: estimation and application', *Annals of Internal Medicine*, vol. 172 no. 9, May 2020, pp. 577-582.

All Latin America and the Caribbean countries have been affected and the pandemic is currently spreading unevenly between and within countries. These differences are associated with the date of the first recorded case in each location (elapsed time); population density[7]; environmental humidity and contamination conditions; social circumstances, particularly, precarious and overcrowded housing, limitations on access to drinking water, garbage and waste disposal; the effectiveness of measures taken and citizens' response.

The international scientific community [8, 9] and WHO[10], have published guides and articles with recommendations for social and public health measures that can be applied to stop or curb the spread of COVID-19. These include:

- Identifying and isolating COVID-19 cases.
- Tracing people who have come in close contact with COVID-19 positive cases and instructing them to quarantine.
- Promoting hygiene measures such as frequently washing hands using soap and water for 20 seconds or, otherwise, using a disinfectant solution; not touching face, eyes, nose, and mouth with unwashed hands; cleaning and disinfecting regularly used surfaces; and wearing masks[11].
- Physical distance measures (a minimum distance of 1.5 to 2 meters between people); community social distancing (quarantines); reduced mobility between countries (closing borders) and within countries (between cities and towns); prohibition of gatherings (cultural, religious), crowd management, closure of non-essential businesses, as well as universities and technical education centres, schools, preschools, and child care and development centres.

In some parts, the demand for care of people with coronavirus has made it more difficult to maintain the supply of essential health services, such as vaccination, pregnancy and postpartum care visits, preventive check-ups, and medical care for children, among others[12].

The COVID-19 pandemic has had an impact on the global economy and local markets, affecting national budgets, economic activities and, ultimately, family income. In this context, families and young children are experiencing unprecedented challenges and risks, especially if they belong to the most vulnerable population groups. Besides the COVID-19 infection, vulnerable populations face other risks when they fail to access the benefits offered by child development centres. In this sense, countries should ideally start to safely reopen, prioritizing services that serve the most vulnerable and, they should also carry out rigorous monitoring processes to ensure that no child is left behind.

7 Stier, Andrew J., Marc G. Berman and Luis M. A. Bettencourt, 'COVID-19 attack rate increases with city size', *Preprints from medRxiv and bioRxiv*, March 29, 2020.

8 Chang, Sheryl L., et al., 'Modelling transmission and control of the COVID-19 pandemic in Australia', *arXiv preprint*, arXiv:2003.10218, May 3, 2020.

9 Zhang, Juan, et al., 'Changes in contact patterns shape the dynamics of the COVID-19 outbreak in China', *Science*, vol. 368, no. 6498, June 26, 2020, pp. 1481-1486.

10 World Health Organization, *Overview of public health and social measures in the context of COVID-19: Interim guidance*, WHO, [n. p.], May 18, 2020.

11 World Health Organization, 'Q&A: Children and masks related to COVID-19', WHO, **<www.who.int/news-room>**, accessed 24 August 2020.

12 World Health Organization, *COVID-19: operational guidance for maintaining essential health services during an outbreak: Interim guidance*, WHO, Geneva, June 1, 2020.

During a crisis, such as the one brought on by the current pandemic, early childhood measures[13] must focus on maintaining, strengthening, and providing required assistance to enable parents and other caregivers to protect their children and have access to the necessary means and tools to promote their development, health, and wellbeing.

This means that services need to consider strengthening their capacities to provide children with quality nurturing care, based on the contributions of staff trained both in **child development** and in **promoting a holistic approach to early childhood care, which articulates all sectoral responses**[14].

These guidelines follow the structure below, which is presented to enable easy access to contents:

1. Basic considerations for reopening of services

2. Key guiding principles for reopening of services

3. Reopening guidelines

- 3.1. **Context information for decision making**
- 3.2. **Information on the current conditions visàvis the minimum conditions for reopening**
- 3.3. **Aspects to consider when preparing for safe operations**

13 The definition of early childhood can vary between countries, as noted in General Comment No. 7 by the Committee on the Rights of the Child.

14 United Nations Children's Fund, *Early Childhood Development in Emergencies: Integrated Programme Guide*, UNICEF, New York, April 2014.

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1. Basic considerations for reopening of services

The decision to reopen services 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 on young children's wellbeing, 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 of services:

The decision to reopen services 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 on young children's wellbeing, learning and development.

Epidemiological conditions in the community

These are related to:

- Information from health authorities regarding the course of infection, that is, the number of local cases, the presence of active community transmission, main sources of infection, epidemiological curve, etc.; and mitigation measures prescribed by the health authorities, according to each country's rules and protocols.

- 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.

Safety measures to address children's different vulnerabilities

It is recommended that services reopen gradually while considering 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, are affected by displacement, poverty, or marginalization.

- 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 elements that enable them to provide safe, inclusive and high-quality services.

- Besides COVID-19, disability, mental health problems, and pre-existing illnesses constitute additional risks to young children's health and development. Therefore, children with immunodeficiency, chronic diseases (such as cancer) and those undergoing immunosuppressive treatments should be considered during reopening, and medical authorization should be required before admitting them to the services. However, it is suggested that affected children receive some type of remote support and/or home visits, if possible, to maintain contact between them and the service.

It is critical for services 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 and must also be addressed through communication, information, and sensitization strategies. It is suggested that families or caregivers of children with disabilities in this age group (as in others) are provided with guidance and support services, as they play an important role in early childhood development.

Basic considerations for reopening of services

Epidemiological conditions in the community	■ **Information from health authorities regarding the course of infection and mitigation actions.** ■ **Instructions for coordination with local health teams and their protocols**
Safety measures to address children's different vulnerabilities	■ **Safety criteria for safe service operations, including training for staff/suppliers and dissemination of criteria across the community as a whole.**
	■ **Children's readmission is based on an assessment of their mental health problems and pre-existing illnesses.** ■ **Personnel is trained to care for children with disabilities and provide guidance and support to their caregivers and families.**

2. Key guiding principles for reopening of services

1. All early childhood services workers, including administrators, are duty bearers of **children's rights.** In this sense, 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:

- The commitment to uphold the best interests of children (art. 3).
- The right to life, survival, and development (art. 6).
- The right to non-discrimination (art. 2).
- Children's right to be heard and to be taken seriously (art.12).

2. Besides being responsible for children's learning and development, parents and caregivers are critical in guiding their adequate transition from the pandemic situation to a 'new normal', including in the event of outbreaks or the application of quarantine and social isolation measures. In this regard, front-line workers play a key role in motivating **families' active participation**. For this, it is suggested that services create opportunities to foster dialogue to identify the needs of parents and caregivers regarding the pandemic in their locality, as well as the repercussions of this situation on families' wellbeing, 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[15].

15 To learn more, please see **Supporting young children to face changes**.

3. Young children have the **right to play** in stimulating spaces and with safe toys and materials that encourage their learning and comprehensive development. Therefore, in the pandemic context, reopening of services must include play-based learning, which is also an appropriate way for children to learn about disease prevention[16], self-care, and caring for others.

4. **Routines are an opportunity to promote healthy habits to care for oneself and for others,** which are acquired through regular, stimulating, and playful practice. In this sense, it is recommended that games are used to learn how to greet each other and routines, especially regarding handwashing with soap and water at key moments[17], i.e., when arriving at the 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.

Children's emotions and concerns regarding their daily experiences, and particularly in relation to COVID-19, must be considered and addressed, as this is important for their wellbeing.

5. **Children's emotions and concerns regarding** their daily experiences, and particularly in relation to COVID-19, must be **considered and addressed**, as this is important for their wellbeing. Therefore, it is recommended that children receive support to channel their emotions (verbalize them, adapt their behaviours, and understand the changes that are taking place), while achieving significant learning, and promoting mental health.

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

17 This is an example of a ludic experience in **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. It is recommended that internal communication channels are created to strengthen teamwork in an effort to promote safe behaviours and encourage problem-solving.

7. Planning for reopening requires knowledge of **national, regional and/or local policies and guidelines,** in order to have a framework for the strategies and protocols that design the services. Likewise, being familiar with the funding sources is important, in order to make budgetary arrangements and readjustments. It is not necessary to rush into reopening care services before the minimum conditions are met[18].

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.

18 It is important to bear in mind that local and national authorities will ultimately mandate the reopening process.

3. Reopening guidelines

Below are the three dimensions that need to be included in basic reopening guidelines (these dimensions can be assessed in the checklist provided in this document -see Annex). The dimensions are: 1) context information; 2) minimum current conditions and improvement plans required before reopening; and 3) preparing procedures for safe operations.

3.1. Context information for decision making

- **National and/or local guidelines** on the school calendar, hours, and teaching objectives (for schools); as well as calendar and operation hours (for community homes, learning and development centres, among others). The information should cover the months following the scheduled opening date and, if possible, should cover a whole year, in order to plan important milestones such as holidays, end of the school year, etc. This information may vary according to the evolution of the pandemic and may differ between localities, depending on the measures taken by authorities, such as curfews, specific mobility restrictions, provisions for work, among others.

- **Financial support 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).

- The **protocols or guidelines** issued by competent authorities regarding the courses of action to be followed in possible scenarios, such as new quarantines in response to infection spikes, an outbreak in the centre, changes in hours, or other restrictions that imply modifying the services offered.

Reopening decisions are based on information regarding national guidelines on school calendar and hours; analysis of the available budget and possible funding required; knowledge of national protocols that must be followed depending on the course of the pandemic and local health services procedures; clear and accessible communication for families on available integrated social services; and national provisions for public transportation and other measures that favor the mobility of children and their families.

- **Local health services' protocols or procedures** for possible events in the community and the presence of a technical health adviser acting as a focal point, who solves queries, questions, and facilitates transferring or testing suspected cases. According to each country's guidelines, this authority plays an important role in sharing information on any possible modifications to the protocols, that may alter the operation of the service and the continuity of critical actions in children's early years, such as vaccination schedules and preventive healthcare visits.

To guarantee the safe operation of services, during the process of reopening school administrators and staff should analyse the current conditions of infrastructure, staff, equipment and supplies in order to formulate improvement plans that respond to the identified needs, taking into consideration the necessary financial support or budget readjustments.

- **Accessible and user-friendly messages and information for families**, on epidemiological aspects of the pandemic and mitigation measures implemented at the local/municipal level. Considering this crisis' social and economic repercussions, it is important to be aware of the social support that is available for families, thereby revealing the critical role that early childhood services play in effective sector coordination.

- **Each country's regulations that govern the use of local public transport,** since transportation for children is an issue that parents and caregivers commonly worry about, particularly in remote areas. 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, among others. It is recommended that families' different needs are explored before visualizing improvement plans that include safety requirements.

3.2. Information on the current conditions vis-à-vis the minimum conditions required for reopening

This dimension involves analysing the basic conditions required to provide safe and high-quality services. Reopening requires a rapid information collection process in order to prioritize the preparation of improvement plans regarding infrastructure, equipment, supplies, and personnel. Likewise, the scope of the services must be analysed vis-à-vis identified needs, to request financial support or make budget adjustments, if applicable.

3.2.1. Availability of water and sanitation facilities and hygiene services[19]

- **Provision of water.** In the context of the coronavirus pandemic, it is necessary to verify whether there is a continuous and stable infrastructure for frequent handwashing, cleaning, and disinfection. It is crucial that the service 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 clean drinking water storage system. In particular, it is useful to consult each country's guidelines for rural areas or places lacking network access, where the epidemiological situation calls for measures to control water collection sources, as in places where Dengue and/or Zika are present.

- **Toilets.** Surveillance of the operation of excreta disposal systems is recommended. This includes sewage (or, alternatively, septic tanks or single pits), as well toilets, making sure that they are accessible for all children, are of appropriate height and respond to the different access and use needs of children with disabilities. It is important to make sure that toilets have no wastewater leaks.

- **Handwashing points** (of appropriate height for children, and others for adults), which include soap and water, and ideally stand 1 meter apart from each other (if they are too close together, one of every two handwashing points should be closed off). Whenever possible, handwashing points should have taps that can be opened and closed with the elbows, and that are accessible to children with disabilities.

- **Waste management.** Assess whether garbage disposal in the centre is appropriate to avoid the presence of rodents and other vectors, prevent the spread of COVID-19, and if it is stored far away from the places where the service is provided. The operation of municipal/community garbage collection systems and facilities should also be verified to prevent COVID-19 and other diseases.

3.2.2. Available infrastructure

- In times of COVID-19, it is important to have enough space to maintain physical distance whenever possible. This implies maintaining a distance of at least 1.5 to 2 meters between teachers/staff and children. However, it is important to consider this as a general guideline, since in early childhood care, it is often impossible to follow these rules, especially when it comes to providing emotional support and helping children with their dressing or eating routines. On the other hand, certain games or activities will cause children to get close to each other or have involuntary physical contact.

- In consideration of service staff, it is suggested that there is a limit to the number of children received per day or per hour. In schools, a practical strategy may be to keep together all children who share a class, in an effort to **"isolate cohorts"** For example, a class of 4-year-old children and their respective teacher could start the day, go to recess and leave the school at the same time. In this way, if a positive case is detected, it is easier to isolate the cohort and not the whole centre.

- If possible, it is suggested that **separate entrances and exits are set up** and that arrangements are made so that people will flow in the same direction.

- 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. The room must be ventilated at different

19 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**.

times during the day. These recommendations apply to all areas, including the kitchen, if available.

- The material of **walls and floors** must be inspected since cleaning and disinfecting these structures are important parts of safety processes. In general, peeling wall painting or coverings that use materials (such as straw) that cannot be washed with water, should be avoided. Likewise, having dirt floors in closed places (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. If this is not possible, it is best to prevent children from using them.

3.2.3. The situation of staff

- In order to **protect the staff's health**, it is essential to carry out an assessment 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.

- 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, toys and technical aids used for caring for children with disabilities, and for other children. Therefore, it is advisable to consider whether in-house staff can absorb the greater demands for cleanliness, or if it is necessary to re-adapt the services or hire additional staff. In order to face personnel and facility maintenance costs, it is advisable to assess the budget and determine whether it is sufficient and/or identify possible funding sources.

3.2.4. Provision of supplies and registration systems

- It is necessary to assess the availability of **basic supplies for cleaning and disinfecting** all areas 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, but if this is the available option, it is advisable to change them every time children wash their hands and are placed in a plastic bag to be washed later.

- **Mask** use for staff and for children depends on the recommendations issued in each country and WHO guidelines[20]. If a decision is made to use masks, it is advisable to provide training on how to adequately use them. Mask use is NOT recommended for children with motor disabilities, children who cannot handle the mask, and children younger than five.

- As part of the first-aid kit that the service will eventually have, it is advisable to have **one or two digital thermometers**, as they do not require contact. If this is not possible, it is important to avoid using mercury thermometers (as they could break and 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 before and after each use. 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 users' families**, particularly

20 For more information on WHO guidelines, please follow this link: **Q&A: Children and masks related to COVID-19.**

containing information on their employment; whether they are in a vulnerable socioeconomic condition; COVID-19 associated risks; a history of any suspected or confirmed cases; and having been quarantined, among others. All this, in accordance with national, regional, or local regulations and requirements.

- Although many services have **records on children's health situation**, it is important to make sure that these records are updated.

3.3. Aspects to consider when preparing for safe operations

Before reopening, preparations 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.

3.3.1. 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, since experience is critical in ensuring they are useful, viable and are articulated with existing provisions. Protocols should also be simple to understand and accessible.

- 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, in order to understand how children experience this process and identify any needs that may arise.

- The protocols **can be modified** once implementation has begun, as experience shows that there are always unforeseen aspects that can be corrected.

- Once the service is reopened, the **adaptation** protocol must consider responding to children's and families' different emotions and concerns. Once reopened, the service should be flexible and consider children's wellbeing. Children 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 exchange information on experiences and emotions experienced 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 service receives a large group of children, the idea is to organize a staggered system to receive and dismiss them on

Preparing for reopening involves 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 daily basis. This also prevents family members from forming a crowd at the entrance and enables flows that allow the recommended physical distance between adults (between 1.5 and 2 meters). One option to accomplish this is to paint the ground, showing 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, so making the process welcoming and simple (respectful of their emotions) will work best for everyone.

- It is recommended that the service includes **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, and 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 service and to become familiar with the respective 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 healthy individuals, until he/she is sent home. In the event that a child shows suspicious symptoms, it is recommended that they remain at home and someone notify the centre. In cases of staff members with suspicious symptoms, they must also remain home and notify the service so that a replacement can be found. Services that have digital thermometers can use them daily upon arrival, to measure all staff members' temperature. 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 bathrooms' 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/detergents and only then chlorine-based disinfectants are used, in accordance with national suggestions. In this process, 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[21].

- Given that key early childhood care services 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 are adapted to the context of the pandemic, considering the regulations or standards related to purchasing, receiving, storing, preparing and eating processes. In some services, food is prepared, while other services receive food that has already been prepared. In some cases, services give food to be consumed at home. In any of these cases, it is critical to make sure that staff involved in handling food follows hygiene rules, washes hands frequently and properly, uses masks and gloves, cleans and disinfects the surfaces where food is prepared, cooked and eaten, and correctly wash the utensils used. It is further recommended that:

  - Individual portions are served, avoiding buffet-style service.

  - There is an appropriate eating area, allowing for physical distance, if possible. For small spaces, it is advisable to create staggered eating times.

21 To learn more, please see read **COVID-19 Emergency, Preparedness and Response WASH and Infection Prevention and Control Measures in Schools**.

- **Routines are essential for children's development and learning** and are therefore 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 in 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 in doing 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 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, etc. should never be punished.

  - Separate children into groups of 2 or 3 so that activities are safe while maintaining interaction.

  - Promote play, breaks and movement-based activities in open spaces, since they are important aspects for development[22], and are an opportunity to promote equality between girls and boys, through games that 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 infection.

  - Adapting the activities of educational programs is encouraged while taking into account learning objectives, cultural relevance and the use of available and healthy means that are appropriate for individual children's development level. Creativity and the exchange of good practices should be prioritized in these processes, as these are valuable tools that support decision making.

  - 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 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 kept in washing bags.

- Have a **contingency plan** in the event of temporary service closures (2 to 5 days or longer), due to a local pandemic outbreak, or as a result of positive cases in the 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.

22 In order to maintain good health, it is recommended that children aged three and older, engage in moderate to intense physical activity during at least 60 minutes a day.

3.3.2. Staff training

The protocols and changes made to provide safe and quality services can only be successful if the staff is 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 in order to effectively implement the changes. It is recommended that technological platforms that support continuous training are used. Since each country can have audiovisual educational messages on practical aspects such as the use of masks, it is advisable to use the materials provided by the health adviser acting as a focal point or the 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 is trained and vigilant regarding these processes.

In times of COVID-19, 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 that efforts are carried out to **adjust the educational program and the support plan** for children and their families, based on personalized, thorough, and respectful processes that take into account the living conditions brought on by the pandemic. It is suggested that there is a stronger focus on the psycho-affective processes vis-à-vis the 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. In this sense, 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.

Finally, after strict quarantine conditions, it is recommended that the reopening process considers measures to **deal with staff 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, in order to guarantee the protection and restitution of their rights. The quarantine may have had various repercussions on children and their families' emotional state, and consequently, staff training must encompass these dynamics.

3.3.3. 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. Their families should be notified quickly and effectively and the corresponding procedures to effectively manage the situation in the centre should be activated.

In the context of the pandemic, besides setting the appropriate tone and mechanisms to communicate with families and caregivers, it is important to define the **key messages** to be transmitted, including:

- New safety and hygiene measures for the service.
- The provisions for children's transportation (if there are any new provisions).
- Procedures for receiving and dismissing children in the service on a daily basis.
- The importance of reporting suspected COVID-19 cases that are identified at home.
- Recommendations for children to stay home if they have possible COVID-19 symptoms or show signs of suffering from other diseases.
- Offer 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).

Since communication with parents and caregivers helps create 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 sharing their experiences.

The COVID-19 pandemic has evidenced 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 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 operation of the early childhood service. It is aimed at facilitating the discussion and helping prioritize areas that require an improvement plan before reopening, based on the guidelines described above.

For each item, you should provide an 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 plan. It is advisable to determine the urgency of the improvement plans that require additional funding, or require making adjustments to budgets, specifying whether they should be implemented in the short-term, medium-term or long-term. This will help organize the order of implementation.

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

#	1. Context information to plan the reopening process	Yes	No	Not applicable	Improvement plan
Does the service have:					
1	Information on national/district/regional/local guidelines regarding the current educational calendar, as well as next year's?	☐	☐	☐	
2	Information on national/district/regional/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 and ludic activities, and to provide support for families, in the event of new closures due to quarantine in the community?	☐	☐	☐	
5	Contact details of the local health adviser acting as a focal point or authority and knowledge of the mechanisms to ask questions and coordinate actions?	☐	☐	☐	
6	Continuously updated information and knowledge on the community's epidemiological, health and social situation, that enable fluent communication and collaboration between the service and its workers and users?	☐	☐	☐	
7	Information about national/regional/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)?	☐	☐	☐	

#	2. Information on the current conditions vis-à-vis the minimum conditions required for reopening	Yes	Not	Does not apply	Improvement plan
Regarding the provision of water and sanitation, and hygiene services, the service:					
9	Does it 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?	☐	☐	☐	
10	If there is no connection to the network, does it have safe water storage tanks?	☐	☐	☐	
11	Does it currently have private and adequate toilets or latrines that are suitable for young children?				
12	Does it currently have private and adequate toilets or latrines that are suitable for adult staff?	☐	☐	☐	
13	Does it 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 (restrooms entrance or less than 5 meters away, in the cafeteria and, ideally, at the entrance of each classroom)?	☐	☐	☐	
14	Does it have functioning handwashing points (with soap and water), that are accessible and located in key areas (restrooms entrance or less than 5 meters away, in the cafeteria and, ideally, at the entrance of each classroom)?	☐	☐	☐	
15	Does it have a garbage disposal system that can be used daily, prevents rodents from entering and is out of children's reach?	☐	☐	☐	
16	Does it have access to a garbage collection system at least three times a week?	☐	☐	☐	
Regarding the infrastructure available in the service:					
17	Do the rooms and classrooms have enough space to place children and workers/teachers so that they maintain a reasonable physical distance?	☐	☐	☐	
18	Do the rooms/classrooms/areas have natural ventilation?	☐	☐	☐	
19	Are the floors and walls of the rooms/classrooms/areas washable?	☐	☐	☐	
20	Does the food preparation area have natural ventilation?	☐	☐	☐	
21	Does the food preparation area have washable floors and walls?	☐	☐	☐	
22	Does the food preparation area have a working dishwasher?	☐	☐	☐	
23	Does it have a safe and open area (according to local regulations) for children to play?	☐	☐	☐	
24	Does the open area have play items that can be washed and disinfected?	☐	☐	☐	

#	2. Information on the current conditions vis-à-vis the minimum conditions required for reopening (cont.)	Yes	Not	Does not apply	Improvement plan
Regarding the situation of the staff in the service:					
25	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?	☐	☐	☐	
26	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 remains during the day to avoid mixing different groups of people).	☐	☐	☐	
27	Are there enough workers to more frequently clean and disinfect facilities and implements, throughout the day?	☐	☐	☐	
28	Considering the adaptations, is there enough staff or is there a network available to keep the facilities operating?	☐	☐	☐	
The provision of basic supplies and records in the service:					
29	Does it have basic cleaning supplies for children and staff throughout the day, according to recommendations?	☐	☐	☐	
30	Does it have basic supplies to clean and disinfect the facilities throughout the day, according to recommendations?	☐	☐	☐	
31	Does it have supplies and basic equipment for the protection of personnel? (Washable masks, spaces to store belongings and change clothes/shoes at the entrance and exit).	☐	☐	☐	
32	Does it have at least one digital thermometer to be used in case of suspected fever in a child/worker?	☐	☐	☐	
33	Does it have a registry that allows recording children's daily health status?	☐	☐	☐	
34	Does it have a record that allows keeping track of the staff's daily health status?	☐	☐	☐	
35	Does it have a registry on the health and social risk conditions of the users' families?	☐	☐	☐	
36	Does it have a record of the health status of children who attend the service? (Pre-existing health, chronic diseases, disabilities, continued use of immunosuppressive drugs, vaccination status).	☐	☐	☐	
37	Does it have good learning materials, toys, stimulation tools, play and rest equipment, and a place to store them when not in use?	☐	☐	☐	
38	Does it 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:					
39	Are there protocols for the flexible, progressive, and friendly adaptation of children when classes are resumed?	☐	☐	☐	
40	Is there an adapted protocol for children's arrival and departure, which allows for social distancing?	☐	☐	☐	
41	Is there an adapted protocol to identify and act in case of suspected cases of COVID-19 among children or a close family contact, in accordance with the regulations (if any)?	☐	☐	☐	
42	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)?	☐	☐	☐	
43	Is there a protocol for replacing personnel if necessary?	☐	☐	☐	
44	Is there a routine cleaning and disinfection protocol for internal and external facilities?	☐	☐	☐	
45	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?	☐	☐	☐	
46	Are there playful and adapted strategies that promote children's healthy routines in times of COVID-19 (frequent and effective handwashing; physical distance; movement and physical activity; eating and drinking water; sleep and screens use)?	☐	☐	☐	
47	Is there an *a priori* plan that favours the continuity of early childhood care, development, and learning, in the event of temporary service closures (2-5 days) or longer (new community quarantines)?	☐	☐	☐	
Training of the service staff:					
48	Has there been any training on what the COVID-19 pandemic is and how it affects the community?	☐	☐	☐	
49	Has there been any training on how to identify and what to do in the event of possible cases of COVID-19, both for users and staff?	☐	☐	☐	
50	Has training been carried out on how to clean and disinfect the facilities, equipment, and materials?	☐	☐	☐	
51	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 team members), and what to do in case someone is infected?	☐	☐	☐	

#	3. Aspects involved in preparing for safe service operation (cont.)	Yes	No	Does not apply	Improvement plan
52	Has any training been provided to staff working with children and their families on the adaptations required by the work plan for service delivery?	☐	☐	☐	
53	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?	☐	☐	☐	
54	Has any training been carried out to strengthen the knowledge and capacities of personnel to: 1) provide psychosocial support to deal with fear, insecurities, uncertainties and stress, for example; 2) detect cases of domestic violence; and 3) promote a sense of community that reinforces family support mechanisms and networks?	☐	☐	☐	
Communication between the service and caregivers and families:					
55	Does the care service have a regular plan to communicate with caregivers and families?	☐	☐	☐	
56	Does the available communication plan allow for quick interaction if necessary?	☐	☐	☐	
57	Are there plans on how to share the protocol with caregivers and families to handle suspected cases of COVID-19 in children or care staff?	☐	☐	☐	
58	Are there plans on how to communicate and what to recommend to families so that they are alert to possible symptoms or situations that require the child to stay at home and/or to go to a health centre?	☐	☐	☐	
59	Are there plans on how to communicate measures for children's arrival and departure?	☐	☐	☐	
60	Are there plans on how to communicate changes to safeguard the health of children and their families?	☐	☐	☐	
61	Are there plans on how to communicate the changes made to the educational program or service plans to support children's learning and development?	☐	☐	☐	
62	Are there plans to strengthen the support processes for parents and caregivers regarding parenting, stimulation and home learning?	☐	☐	☐	
63	Has a communication system between parents and caregivers been planned or are there plans to create or strengthen the information and support network?	☐	☐	☐	

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