



Global Guidance on Reopening Early Childhood Education Settings

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As countries make decisions to reopen schools, there are unique considerations related to opening early childhood education (ECE) settings with holistic approaches to nurturing care and learning for young children. Reopening ECE settings can provide children with much-needed emotional support, learning opportunities and offers reliable childcare options for parents returning to work. Though there will be challenges, young children are highly resilient and adaptive. With clear and consistent instructions and a nurturing environment, they will be able to adjust and thrive in their new learning environment.

In the [*Framework for Reopening Schools*](#), UNESCO, UNICEF, the World Food Programme and UNHCR highlight six key dimensions to consider when planning for reopening: policy, financing, safe operations, learning, reaching the most marginalized and well-being/protection.² The World Health Organization (WHO) offers guidance for reopening schools based on careful risk assessment of community engagement and the government's ability to sustain social and economic support to the most vulnerable populations, as well as epidemiological factors and health-system and public health capacities.³ This Global Guidance on Reopening ECE Settings is aligned with the *Framework for Reopening Schools* and the WHO guidance, but provides additional content specifically for ECE settings.⁴

This guidance note outlines key principles and practical measures for decision-makers to consider before, during and after the transition from closure to reopening. It focuses on safe operations in ECE settings, staff training and support, child well-being and development, and parental communication and support. [Additional resources developed by UNICEF](#) to understand staff capacity priorities, children and family needs and to clearly communicate with teachers, parents and children are available.

Definition of ECE Settings

This document focuses on early childhood education (ECE) settings, including preschools, kindergartens and other early childhood development centres, which are designed to include educational content for children aged 3 years up to the start of primary education, often around age 6.

With some adaptations, the principles and suggested measures described can also be applied to reopening childcare centres and crèches serving children aged 0–3 years.

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² United Nations Educational, Scientific and Cultural Organization, United Nations Children's Fund, World Bank, World Food Programme and United Nations High Commissioner for Refugees, 'Framework for Reopening Schools', June 2020, p. 3, <www.unicef.org/sites/default/files/2020-06/Framework-for-reopening-schools-2020.pdf>, accessed 24 August 2020.

³ World Health Organization, 'Considerations for School-related Public Health Measures in the Context of COVID-19', WHO, Geneva, 14 September 2020, p. 1, <www.who.int/publications-detail/considerations-for-school-related-public-health-measures-in-the-context-of-covid-19>, accessed 14 September 2020.

⁴ As new evidence on the epidemiology of COVID-19 emerges, the content may be updated accordingly; any subsequent revisions to the guidance note will be available at <<https://www.unicef.org/documents/guidance-on-reopening-early-childhood-education-settings>>.

Guiding principles for reopening ECE settings

These 10 guiding principles can help policymakers plan for and implement the reopening of ECE settings.

Guiding Principle	Description
1 Take time to plan and prepare for reopening of ECE settings	Develop data-based strategies to address a full range of factors that are crucial for reopening, including how to resource, finance and safely operate the ECE setting. These plans should be clearly communicated to teachers, children, parents and community members.
2 Ensure ECE settings can maintain child-friendly and developmentally appropriate practices	Develop plans to adapt facilities, lesson plans, curricula and teaching methods to integrate measures for COVID-19 prevention and hygiene protocols. Young children's opportunities for social engagement, learning and play should be maintained and the ECE classroom should continue to offer safe and inclusive learning environments for all children.
3 Ensure staff have training prior to reopening and support once opened	Teachers, directors and other personnel will need practical guidance to adapt activities and routines and training to identify socio-emotional needs along with regular opportunities to share and process their experiences.
4 Protect children while engaging in play and learning	More than ever, young children need interaction and stimulating learning activities. Reopening strives to bring children back to routine and comfort in the environments where they play and learn.
5 Establish healthy hygiene behaviors and practices among young children	Support children to develop good hygiene practices by integrating age-appropriate information about the virus into the curriculum and safety and health measures into enjoyable and stimulating learning activities. Capitalize on teachable moments to help children understand why measures are being taken to keep them and others healthy.
6 Prevent disease transmission and establish procedures if staff and children become unwell	School leadership can take steps to minimize community spread, including regular monitoring of staff and children's health, minimizing the entry of non-personnel into the building, separating sick staff and children (without stigma) and record keeping. Ensure flexible leave policies and paid sick leave for staff.
7 Partner with families to ensure good transition from home to ECE settings and ensure open ongoing communication	Communicate with families and parents clearly, positively and openly, in languages they understand through a variety of channels. This includes informing families and engaging them to support effective prevention measures and providing ongoing support to children at home.
8 Adopt a coordinated and integrated approach to ensure children's holistic needs are met when they return to ECE settings	Recognizing that the pandemic has multifaceted impacts on young children – especially the most vulnerable – ECE reopening plans should be inclusive of additional supports and referral mechanisms. This encompasses child protection, mental health and psychosocial support, health and rehabilitation, nutrition and other issues that may emerge as a result of the COVID-19 confinement.
9 Make adaptations to reach the most vulnerable children and families	Consider barriers that may prevent vulnerable children from returning to school (fees, uniforms, supplies, etc). Learning materials/platforms, public health information and communication should be offered in multiple, accessible formats. Modifications should be made to ensure water, hygiene and sanitation services are accessible. Plan for continuity of assistive services if schools are reclosed. ⁵
10 Plan ahead to support teachers, children and parents/caregivers in the event of reclosure	In consultation with national and local education and public health authorities, policymakers and managers should be prepared if ECE services need to be fully or partially closed again due to a resurgence of COVID-19 cases or other pandemic-related emergency.

The subsequent sections provide more detailed information to support policy makers in reopening ECE settings. The suggested measures should be adapted to each country context to comply with national and local public health measures and protocols.

⁵ Ibid.

Preparation for reopening

Policymakers will need to determine which locations, age groups and spaces within ECE facilities (classrooms, common areas, playgrounds) should be prioritized for reopening. Plans should be based on holistic data-driven decision-making that reflects the most recent data on COVID-19. The reopening schedule should allow ample time to prepare the premises and staff, and determine the focus areas where further support is needed for children, parents and staff. In consultation with national and local health authorities, ECE policymakers should consider **key factors** such as:

- Community transmission within the municipality, district or country;
- Current information on COVID-19's severity in children and the role that children play in transmission;
- Availability of testing to conduct community surveillance and contact tracing; and
- The ECE setting's ability to maintain COVID-19 prevention and control measures.⁶

Robust reopening plans should also consider how ECE settings, teachers and staff, parents and communities are coping with closures and the pandemic. **Rapid data collection (e.g., surveys, interviews, focus group discussions) among parents and early childhood educators may be conducted** to provide vital information such as:

- Parents' and teachers' biggest concerns and the specific types of support that families and teachers need;
- Percentage of ECE settings ready to reopen;
- Number of teachers able to return to work; and
- The most useful and feasible schedule for services.

Key steps to prepare teachers and ensure classrooms are ready for re-opening:

- ✓ train teachers,
- ✓ adapt lesson plans (possibly introduce structured lessons),
- ✓ prepare teachers guides, and
- ✓ modify curricula (if resources allow)

When the data are analyzed, **share feedback with respondents** on how their opinions and recommendations have been considered.

It is also important to develop a contingency plan for continuity of learning if ECE services are closed again. Education and public health authorities should plan ahead, jointly decide and communicate with stakeholders (educators, administrators, families) the conditions and scenarios under which ECE settings will be re-closed (e.g., closure of specific classes, age groups, region-wide/nation-wide closure). This should include:

- Supporting teachers with training and coaching to roll-out age-appropriate remote learning practices;
- Considering what technological supports teachers may need to deliver remote learning and connect with children and families;
- Providing guides and coaching to parents to support children's learning and well-being at home;
- Preparing support packages for families;
- Continuing assistive services, such as health screenings, referrals and feeding programmes; and
- Adapting the academic calendar as needed.

Safe operation of ECE settings

Daily hygiene and health practices

Schedule daily cleaning of classrooms and toilets with water and soap, disinfectant and appropriate waste disposal. Disinfect frequently touched surfaces, such as door handles, tables, chairs, toys, supplies, light switches, doorframes, play equipment, and teaching and learning aids used by children – as well as common spaces such as staff rooms, elevators and kitchens.

Increase airflow and ventilation to reduce the concentration of viral droplets and aerosol transmission. Inspect heating, ventilation and air conditioning systems, replacing/upgrading filters wherever possible; in classrooms that are not connected to ventilation systems, consider using portable air filters. Where climate allows, move activities outdoors and open windows and doors when inside.

When feasible, staff members should wear non-medical fabric face coverings within the ECE setting. Face masks for children under age 5 are not recommended. Face coverings should NEVER be placed on babies and children under age 2 due to the danger of suffocation.

Minimize the entry of non-essential personnel onto the premises, including repair, food preparation staff and contractors, as well as parents picking up or dropping off children. Require all visitors to wear a face mask if they must come into the ECE facility.

⁶ Key risk-mitigation factors adapted from: World Health Organization, 'Considerations for School-related Public Health Measures in the Context of COVID-19', WHO, Geneva, May 2020, p. 1.

Educate young children about COVID-19 prevention, including appropriate and frequent hand hygiene, respiratory hygiene, and symptoms of COVID-19 children can be aware of. Reinforce health and hygiene learning with practical measures to:

- Ensure that WASH facilities are accessible and water sources are functional. Clean water should be available throughout the ECE premises in sufficient quantities for all uses, including cleaning, disinfection, hygiene and drinking purposes.
- Provide sufficient soap and clean water or alcohol-based sanitizer at entrances and throughout the premises; always have adults supervise children's use of alcohol-based sanitizer.
- Create a schedule for handwashing or develop a way to track handwashing and reward frequent/timely handwashing (sing a song while washing hands to practise recommended 20 second duration).
- Demonstrate and model good handwashing and other hygiene practices.
- Communicate clearly and often that avoiding touching one's mouth or eyes is another way to minimize the risk of infection.
- Place child-friendly hygiene posters in classrooms and at handwashing stations.
- Use puppets or dolls to demonstrate symptoms (sneezing, coughing, fever), what to do if children feel sick (their head or stomach hurts, they feel hot or tired) and to have conversations with children to minimize stigma about COVID-19.

Safety and hygiene for preparing and serving meals for young children

Provide food handlers and other relevant staff with training and personal protective equipment (masks, gloves, face shields). Enforce compliance with national food safety legislation to maintain proper hygiene and food safety when purchasing, delivering, storing, preparing and distributing meals. Display visual reminders on proper food preparation and hygiene, including daily cleaning and disinfection of kitchens (preparation surfaces, appliances, cooking tools), dining areas and utensils.

Physical distancing should be considered whenever food is served. Replace buffet-style food options with individual servings, divided into portions in advance whenever possible. Meals can be arranged in the dining room or other rooms with more space such as the gym, library or other common areas (including outdoor areas) to maintain the recommended physical distance between children.

Whenever possible, make arrangements that the same children eat together. And remind children not to share or touch anyone else's food, drinks, dishes and utensils.

Minimizing community spread

Communicate to staff and parents the importance of being vigilant to limit the virus from coming into the ECE premises. Staff and parents should be asked to conduct daily self-monitoring for any signs and symptoms, including body temperature, and stay home, seek medical care/support and contact facility management if they or their children start to feel sick.

Ensure paid sick leave so that staff can afford to stay home when sick – and have a replacement scheme if staff fall ill.

Establish procedures to ensure children and staff who come to the ECE setting sick or become sick while at the ECE setting are separated from others and sent home as soon as possible. Follow the appropriate national guidelines on this matter.

Keep records of staff and children with confirmed COVID-19 symptoms to support contact tracing. Follow established communication protocols between school administrators and local health authorities on reporting COVID-19 cases, and respect confidentiality in line with local laws and regulations.

Staff training and support

All staff will require training to implement non-negotiable hygiene and safety practices in accordance with authorities' recommendations to prevent the transmission of COVID-19.

Teachers will need training and ongoing support to adapt the curriculum, lesson plans, teaching strategies and children's daily routines, including rethinking how whole class activities and games can take place, and how to utilize outdoor lessons/time. Structured lessons plans may be helpful for some teachers. School administrators should **check in regularly with teachers and staff** and support their mental health and psychosocial needs.

Improve teachers' competencies to recognize and support the socio-emotional needs of all children. This includes equipping teachers to support children's mental health and psychosocial needs, especially in ECE settings with a high proportion of at-risk students. Teachers and other staff responsible for children's welfare should receive training on how to:

- Address stereotypes, prejudice and discrimination related to COVID-19;
- Identify age-related behavioural and cognitive changes and provide age-appropriate learning support to all children – including

- children with disabilities, and migrant and displaced children;
- Offer referrals to child protection, health, rehabilitation and nutrition support and services; and
- Facilitate remote learning in preparation for possible virus resurgence and ECE setting re-closure.

Child well-being and development

Physical distancing in ECE settings

To ensure appropriate physical distancing, **review local and national health authorities' recommendations** for specific age groups based on the levels of community transmission. Where physical distancing is recommended, assess what can be done to limit direct contact and maintain a distance of at least 1 metre⁷ between children. For example, increase spacing between tables, chairs or places on the carpet/mat where children sit.

One option is to operate ECE services in shifts to limit the total number of children in a facility at the same time. For example, children could attend in morning and afternoon shifts or on alternate days. Within the set schedule, recesses and breaks can be staggered so that smaller groups of children are playing at once on the playground or in shared spaces.

If space and funding are available, consider increasing the number of teachers to allow for fewer children per classroom. Also aim to limit mixing of classes and groups of children. For example, children in a small group or classroom would stay in the same group/classroom with the same teachers throughout the day, without mixing with children and educators from other groups.

Educators and managers should **keep developmental principles in mind and exercise discretion** agree on how to maintain distance between children and staff. When providing personal care – such as helping a child change clothes, supporting feeding, or ensuring emotional comfort when a child is in distress – it may not be possible or advisable to maintain strict physical distance.

Discuss and introduce non-contact greetings with children and staff. Consider making these greetings fun and child-friendly, like saying hello in sign language, giving the peace sign, waving a hand or giving a wink.

At nap time, ensure that children's mats are spaced out as much as possible (as recommended by national and local health authorities), depending on space available. Consider placing children head to toe to reduce the potential for viral spread.

Arrangements for learning

Because good ventilation and fresh air are important to maintain a healthy learning environment, **move lessons and activities outdoors as much as possible.** Consider adapting the curriculum, lesson plans and instruction for outdoor delivery – for example, use outdoor equipment and nature as teaching/learning materials and enhance learning experiences with outdoor physical activity.

Set up the learning space in a way that respects recommended distances between children while still making it feel like a community – for example, designate sitting or standing spots with colourful materials, such as tape, circle stickers or a walking rope with handles.

Organize children into groups of two or three to support interaction between children while limiting large group activity. Balance individual learning activities with small group interactions in a creative mix, for example, an individual reflection/activity, followed by 'turn and show your neighbor'.

Adapt curricula and lesson plans and use creative pedagogic practices to ensure inclusive and playful learning experiences around the pandemic situation. Examples include project-based learning that builds on children's experiences during the pandemic; imaginary play to help children cope with stress and promote resilience and social cohesion; teachable moments to help children learn about their role in protecting themselves and ensuring everyone's health.

Toys, materials, games and routines

Children's books, like other paper-based materials, are not considered a high risk for transmission and do not need additional cleaning or disinfection. But toys and materials that are hard to sanitize or clean, such as soft toys, will need to be removed.

Many materials and games can remain in use if children are instructed to wash their hands before and after using them – and they are taught to avoid putting toys/materials in their mouth or touching their mouth/eyes after playing with toys. Avoid mixing toys between classrooms and groups of children before they are washed and/or disinfected. Encourage continued creativity and artmaking

⁷ WHO notes that it may be difficult for young children to keep a recommended distance of at least 1 metre and is monitoring ongoing research on COVID-19 transmission risks (World Health Organization, 'Considerations for School-related Public Health Measures in the Context of COVID-19', WHO, Geneva, 10 May 2020, pp. 2, 4).

without the need for children to share materials, for example, by setting up individual cubbies for each child to keep their own supplies such as markers and crayons.

Focus on imaginative play and physical games where children can maintain distance between one another (singing, individual art projects). Rely on interactive read-aloud time and whole class activities such as a new song or puppet show by the teacher and incorporate games and projects where each child can contribute one at a time (taking turns to tell a story).

Consider activities that promote gender equality and inclusion of children with disabilities, and migrant, displaced and returnee children, focusing on values and attitudes that contribute to peacebuilding and social cohesion. This is critical to respond to increased stigma and discrimination in the context of COVID-19.

Parental communication and support

Strengthen communication and coordination mechanisms to promote engagement with parents. After being away from an ECE setting for weeks or months, children need reassurance from their parents and teachers. Regularly ask parents for their cooperation, with the aim to alleviate anxiety and ensure safety and continuity for children between home and the ECE setting.

Enforce the policy of staying at home if children have symptoms. One good way to do this is to **create a checklist** for parents to decide whether children can attend ECE services. The checklist should be offered in multiple accessible formats and languages parents understand and, based on local COVID-19 epidemiology, could include items on:

- Underlying medical conditions and vulnerabilities of children and/or family members;
- Monitoring of children's temperature and symptoms of children or household members suggestive of COVID-19; and
- Circumstances in the home environment to tailor support as needed, e.g., overcrowding, limited access to WASH facilities, poor broadcast and Internet connectivity, childcare/work arrangements and lack of transportation.

Prepare clear drop-off and pickup procedures that promote a calm and orderly experience for families and children. Consider the following:

- Stagger arrival and leaving times and/or have educators come outside the facility to pick children up as they arrive;
- Advise against crowding during drop-off and pickup;
- Request that the same parent/designated person drops off and picks up the child;
- If possible, avoid pick-up by elderly or vulnerable family or community members; and
- Place helpful posters as reminders for parents at drop-off locations.

Check in regularly with families on how they and their children are feeling. Develop referral mechanisms for families with psychosocial support needs, including partnering with local organizations on home care and support services that address stigma and discrimination. It is important to reach out to those who face language or cultural barriers, are undocumented or have irregular legal status. Connect with local organizations, including migrant and diaspora associations, to provide home-care support and ensure communication between home and the ECE setting.

Conclusion

Reopening of ECE settings in the era of COVID-19, the broader challenge for policymakers, ECE directors, teachers and families will be to work together to balance the need for adherence to national public health guidelines while re-establishing a secure and stimulating environment for young children. Inclusive cooperation and clear communication between stakeholders will be vital to implement the necessary pandemic response measures, allow flexibility to modify approaches as needed, and ensure learning and sharing of good practices.⁸

ECE promotes physical health, emotional safety, social connections and engaged learning. Reopening ECE settings can provide children with much-needed emotional support, learning opportunities and offers reliable childcare options for parents returning to work. Though there will be challenges, young children are highly resilient and adaptive. With clear and consistent instructions and a nurturing environment, they will be able to adjust and thrive in their new learning environment.

⁸ World Health Organization, 'Considerations for School-related Public Health Measures in the Context of COVID-19', WHO, Geneva, 10 May 2020, p. 5.

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