INTER-AGENCY MEMORANDUM CIRCULAR
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SUBJECT: GUIDELINES FOR THE SAFE REOPENING OF EARLY CHILDHOOD EDUCATION DURING THE COVID-19 PANDEMIC IN BARMM

I. Background/Rationale

The first five (5) years are the most crucial years of brain development; thus, the importance of unhampered early childhood education (ECE) is given utmost priority by the State, in recognition of the Constitutional and statutory rights of the child, as provided in par. (3), Section 3, Article XV of the 1987 Constitution, and further embodied in Republic Act No. 10410, otherwise known as the Early Years Act (EYA) of 2013. ECE prepares the child for school, but more importantly, contributes to the physical, social, mental, and emotional well-being and development of children.

The COVID-19 pandemic has resulted in disruption of children's education and the adverse effects of school/ECE closures on children's safety, well-being, and learning have been recognized. The impact of closures extends beyond disruption to education and carries multiple, secondary risks to vulnerable children (e.g., children with delays and disabilities) and children from low-income households. Schools and ECE closures result in damage to children's social, psychological, and educational development, as well as lost income and productivity in adults who cannot work because of childcare responsibilities.

Global data show that reopening of schools are not the main drivers of COVID-19 transmission and children of primary school age and younger appear to be less likely to be infected and less likely to pass on the infection to others (WHO and UNICEF, 2021). In the Philippines, children 0-4 years old comprise a very small proportion (1.1% female, 1.3% male) of total reported cases (DOH COVID-19 Tracker, 2022).

Recognizing the urgent need to safely reopen ECE services to mitigate further development and learning loss, the Ministry of Social Service and Development (MMSD), in collaboration with Ministry of Basic, Higher and Technical Education (MBHTE), Ministry of Health (MOH), and the Ministry of the Interior and Local Government (MILG) has adapted

the *Guidelines for the Safe Reopening of ECE* based on the ECCD Council Advisory No. 8, Series of 2022. This set of guidelines will ensure that the safe reopening of ECE is well-planned, adequately resourced, and coordinated among different stakeholders at regional, and local levels.

II. Objectives, Scope and Definition of Terms

A. Overall Goal and Objectives

The safe reopening of ECE shall have the following goal and specific objectives:

Goal: Children 2-4 years old shall have access to quality in-person/face-to-face ECE services in a safe and conducive learning environment.

Specific Objectives:

1. Improve the capacity of LGUs, with focus on Barangay Local Government Units (BLGUs) in risk-informed planning, implementation, and monitoring of safe reopening of ECE;
2. Uphold a safe learning environment in Child Development Centers (CDCs), Supervised Neighborhood Playgroups (SNPs), Tahderiyyah Centers and Private Early Learning Centers (PELCs), while children are enjoying and learning; and
3. Strengthen the collaboration with clear responsibilities among different key stakeholders at the *barangay*, municipal/city, provincial and regional levels.

B. Scope

This set of guidelines shall provide guidance on the standards and mechanisms for the safe reopening of ECE which aims to ensure that children are experiencing and enjoying development and learning activities together with their peers in a safe and conducive environment. This set of guidelines shall be implemented in CDCs, SNPs, Tahderiyyah Centers, and PELCs in BARMM.

This set of guidelines also covers the roles and responsibilities of key stakeholders from different sectors across governance levels to ensure effective, efficient, and safe implementation of in-person/face-to-face ECE.

C. Definition of Terms

BHERT - *Barangay* Health Emergency Response Teams (BHERTs), a community organization tasked in monitoring and controlling further community transmission of COVID-19 in the barangay.

CBPAV - Center-Based Program implemented in an Alternative Venue. An alternative delivery mode for the learning continuity plan for young children during emergency situations.

CDW/CDT - In this guideline, Child Development Worker/Child Development Teacher refers to ECE service providers teaching in CDCs, SNPs, Tahderiyyah Centers and PELCs.

DRRMO - Disaster Risk Reduction and Management Office at the regional, and local levels are the country's disaster management coordination structure as mandated by RA 10121 or the Philippine Disaster Risk Reduction and Management Act.

ECE - In this set of guidelines, Early Childhood Education refers to early learning services offered by CDCs, SNPs, Tahderiyyah Centers, and PELCs for 2 to 4 years old children.

IATF - The Regional Inter-Agency Task Force on Emerging Infectious Diseases (RIATF-EID or simply the IATF) is a task force organized by the executive of the Philippine government to respond to affairs concerning emerging infectious diseases in the Philippines. The IATF-EID was created through Executive Order No. 168 as the government's instrument to assess, monitor, contain, control, and prevent the spread of any potential epidemic in the Philippines.

Isolation - Refers to the separation of ill or infected persons from others to prevent the spread of infection or contamination.

Medical Isolation - Refers to separating someone with confirmed COVID-19 or symptoms to prevent contact with others or reduce the risk of transmission. Medical isolation ends when someone meets pre-established clinical, time-based, and/or testing criteria for release from isolation in consultation with clinical health providers and public officials. This does not refer to punitive isolation for behavioral infractions within the custodial setting.[3]

PPE - Protective Personal Equipment (PPE)- refers to protective garments or equipment such as but not limited to face mask, face shield, and gloves, that must be worn by individuals to increase personal safety from infectious agents or to minimize exposure to hazards that may cause infection.

Quarantine - Refers to the separation and movement restrictions of people who were exposed to a contagious disease to see if they become sick.

***Tahderiyyah* Center** – Refers to learning center offering ECE for 2-4 years old children using the *Tahderiyyah* Curriculum. *Tahderiyyah* Center could either be Madrasah-based or community-based.

III. Operational Framework and Guiding Principles for Safe Reopening of ECE

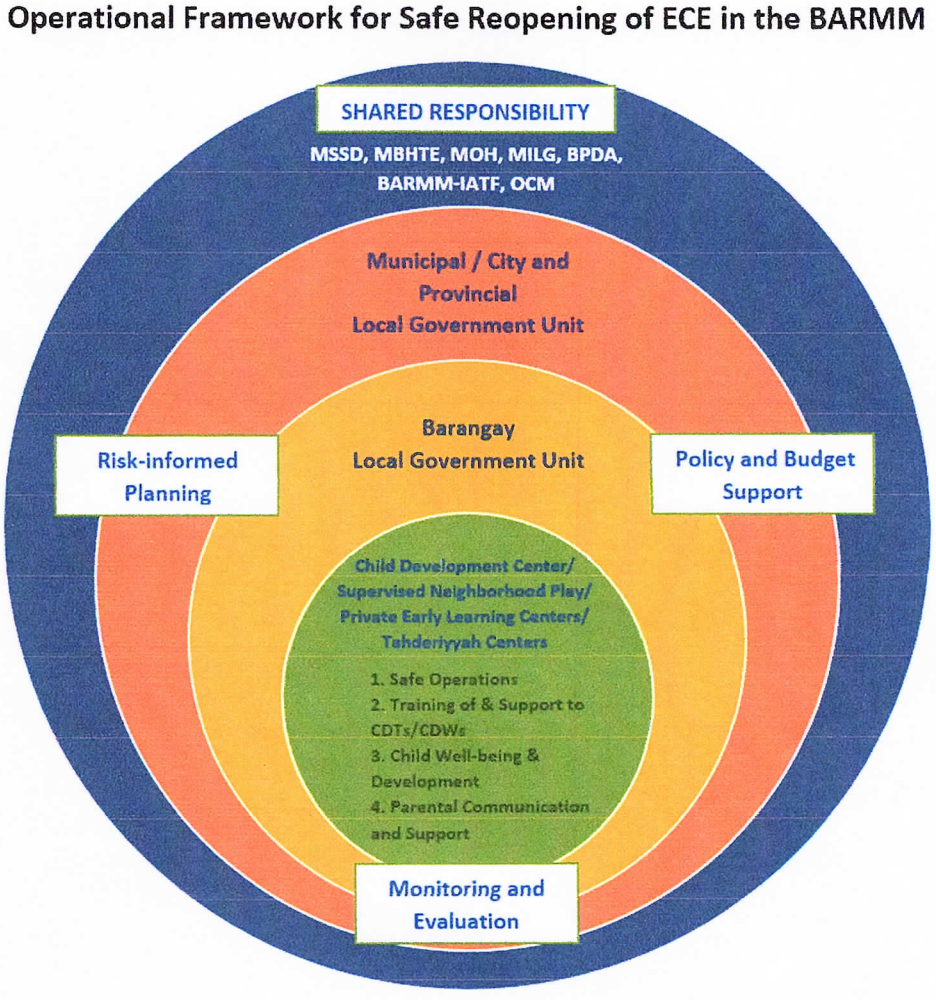
A. Operational Framework

The Operational Framework for the Safe Reopening of ECE in the Philippines and in BARMM is anchored on the Framework for Reopening Schools highlighting the principle of

shared responsibility among ministries, as well as Global Guidance on Reopening in ECE Setting by the World Bank, UNESCO, and UNICEF.

The Framework shall focus on the following four (4) dimensions at the CDC, SNP, Tahderiyyah Center and PELC level: a) Safe Operations; b) Training of and Support to CDWs/CDTs; c) Child Well-Being and Development; and d) Parental Communication and Support. Risk-informed planning, with policy and budget support, and strong monitoring and evaluation mechanisms at various governance levels are imperative to create an enabling environment to support each and across all dimensions. **Figure 1** shows the Operational Framework for Safe Reopening of ECE in the Philippines and in BARMM.

Figure 1. Operational Framework for Safe Reopening of ECE in the BARMM



B. Key Guiding Principles

Towards addressing development and learning losses among young children in a safe environment, the safe reopening of ECE shall be guided by the following key principles:

Principle 1: Risk-informed planning at the LGU level is non-negotiable. Planning for safe reopening of CDCs, SNPs, Tahderiyyah Centers and PELCs shall be risk-informed and shall be specific to the LGU context using public health and social and economic data. The best interest of the child and overall public health considerations shall guide the timing of ECE reopening and decision for re-closure.

Principle 2: Relevant policies and budget allocation shall be put in place. Effective safe reopening of CDCs, SNPs, Tahderiyyah Centers and PELCs shall be ensured when relevant policies with adequate funding are in place prior to reopening, during reopening, and re-closure. Budget shall be allocated for infection prevention control measures and for improving the quality of ECE services.

Principle 3: Involvement of different stakeholders is imperative. The involvement of key stakeholders from health and nutrition, early education, social welfare, and disaster-risk reduction is crucial for a successful and safe ECE reopening. A coordinated and integrated approach shall be pursued to ensure children's holistic needs are met when they return to ECE setting and in the event of re-closure. Key stakeholders at the regional, provincial, municipal/city and *barangay* levels, including mothers, fathers and other caregivers of young children shall be involved in planning, implementing, and monitoring activities.

Principle 4: Training and support shall be provided to CDWs/CDTs. The CDWs/CDTs have a crucial role in providing a safe and inclusive environment for development and learning. They shall be trained prior to reopening and that their well-being, health, and safety are supported when CDCs, SNPs, Tahderiyyah Centers and PELCs reopen.

Principle 5: Pedagogy shall be strengthened while ensuring that children are protected while engaging in play and learning. CDWs/CDTs shall be supported so that safe and developmentally-appropriate practices are effectively implemented for continuous development and learning of young children. Measures shall be put in place to protect children while engaging in play and learning.

Principle 6: Prevent disease transmission and establish procedures if CDWs/CDTs, children and their families become unwell. Regular monitoring of health status of children and their families, CDWs/CDTs and parent/center volunteers shall be pursued and procedures and measures to prevent disease transmission shall be put in place.

Principle 7. Plan ahead to support CDW/CDTs, children and mothers, fathers and other caregivers in the event of re-closure. To ensure continuity of development and learning of young children, the LGU with support from MSSD shall build the capacity of the CDWs/CDTs and mothers, fathers and other caregivers in the implementation of alternative modalities of delivering ECE services (e.g., home-based ECE, CBPAV) in the event of re-closure. This shall be linked to the LGU Development Plan, Local Disaster Risk Reduction and Management Plan, and Comprehensive Emergency Plan for Children.

IV. Key Stakeholders and their Roles

To ensure effective, efficient, and safe implementation of ECE reopening, the following major stakeholders at the national, sub-national and LGU levels, with their respective roles are hereby delineated:

A. Regional level

1. Ministry of Social Services and Development (MSSD)

The MSSD shall:

a. Be responsible for developing regional policies and guidelines in the implementation of safe ECE reopening, in close coordination with the MBHTE, MOH and MILG;

b. Provide assistance to capacitate LGUs and ECE service providers in the implementation of safe ECE reopening;

c. Support CDWs/CDTs in acquiring competencies and continuous professional development; .

d. Provide informational and advocacy materials on strategies or measures to ensure implementation of minimum public health standards; and

e. Provide technical assistance to LGUs to ensure that the delivery of social services, particularly the Supplementary Feeding Program and parenting/ family sessions are compliant to the minimum public health standards.

2. Ministry of Basic, Higher and Technical Education (MBHTE)

The MBHTE shall:

a. Have the oversight responsibility in monitoring compliance of recognized madaris offering Tahderiyyah for 3-4year old children to regional policy and guidelines for the safe ECE reopening including data gathering of profiles of centers that reopened;

b. Provide technical assistance to capacitate the Tahderiyyah teachers of recognized madaris in the delivery of quality ECE service, safe reopening of the center and in conducting ADM of ECE should the centers need to be re-closed; and

c. Provide informational and advocacy materials to recognized madaris offering Tahderiyyah for 3-4 year old children on strategies or measures to ensure implementation of minimum public health standards.

3. Ministry of Health (MOH)

The MOH shall:

a. Be responsible for providing regional guidance to ensure that health and safety protocols are always strictly observed by the CDCs, SNPs, Tahderiyyah Centers and PELCs to ensure safety of children;

b. Work closely with MSSD, MBHTE, MILG to provide timely updates on public health standards to be observed in educational settings;

c. Provide informational and advocacy materials on strategies or measures to ensure implementation of minimum public health standards; and

d. Provide technical assistance to LGUs to ensure compliance to the minimum public health standards in the delivery of health and nutrition services, including water, sanitation and hygiene (WASH), dental health, routine immunization, feeding program, mental health, and family sessions.

4. Ministry of the Interior and Local Government (MILG)

The MILG shall:

a. Have the oversight responsibility in monitoring LGU's compliance to regional policy and guidelines for the safe ECE reopening including data gathering of profiles of CDCs, SNPs, Tahderiyyah Centers and PELCs that have reopened;

b. Work closely with MSSD to provide technical inputs and expertise on good governance, local government development, and other matters related to the safe reopening of CDCs, SNPs, Tahderiyyah Centers and PELCs for children 2-4 years old;

c. Provide technical assistance, in partnership with the Regional Sub-Committee for the Welfare of Children (RSCWC), to improve/strengthen local governance in the context of the COVID-19 pandemic, from risk-informed planning to monitoring of LGUs' programs to fulfill the rights of children to survival, development, participation, and protection;

d. Ensure that there is a biological sex, age, disability status, and ethnicity disaggregated database of children and their access to education in line with the functions of the *Barangay* Council for the Protection of Children (BCPC); and

e. Ensure and advocate LGU compliance in increasing coverage of children 2-4 years old and ensuring presence of ECE services in all *barangays* through the Annual Child Friendly Local Governance Audit (CFLGA) and Council for the Welfare of Children (CWC).

B. Provincial Level

1. Provincial Disaster Risk Reduction and Management Office (PDRRMO) shall be responsible for implementing the local recovery plans, in the prevention, detection, isolation, treatment, and reintegration of people who are COVID-19 positive.

2. MSSD Provincial Office shall:

a. Provide close coordination and monitoring of the implementation of safe ECE reopening in M/CLGUs in the province including data gathering of Profiles of CDCs, SNPs, Tahderiyyah Centers and PELCs that have reopened;

b. Provide technical assistance to M/CSSDO/ECCD Office (if applicable) in orienting CDTs/CDWs on the guidelines for safe ECE reopening;

3. **Provincial LGU shall:**
   a. Provide funding support to the M/CLGUs in implementing safe ECE reopening; and
   b. Allocate funding and procurement of necessary items (e.g., Water, Sanitation, and Hygiene - WASH kits, sanitation facilities, etc.) to support the implementation of safe reopening of CDCs and SNPs aligned with COA and DBM procurement law/guidelines.

4. **Integrated Provincial Health Office (IPHO)** shall monitor and provide technical assistance in ensuring delivery of quality health and nutrition services, including WASH, dental health, routine immunization, feeding program, mental health and family sessions in the M/C/BLGU levels.

C. Municipal/City LGU level

1. Municipal/City

1.1. Municipal/City Disaster Risk Reduction and Management Office (M/CDRRMO) shall develop risk-informed plans with strict adherence and alignment to the implementation of the regional guidelines along with other policies issued by the national and local IATF (Refer to Section VI.A. for specific guidance on the preparation of Risk-informed Plan). The development of the risk-informed plans shall include but not be limited to the following tasks:

a. Provision of funding support to the *barangays* and CDCs/SNPs implementing the safe ECE reopening;

b. Be responsible for making and communicating its decisions to CDCs, SNPs, Tahderiyyah Centers and PELCs for the appropriate actions/measures in ECE reopening and decisions on granular lockdowns and reopening of the area; and

c. Allocation of funds for, but not limited to the following activities and procurement of necessary items to support the implementation of safe ECE reopening aligned with COA and DBM procurement law/guidelines:

i. Provision/improvement of water, sanitation, and hygiene facilities; and stockpile of cleaning and disinfecting supplies, soap, handwash, toothbrush, toothpaste, and temperature scanner;

ii. Provision of sufficient supply of PPEs (e.g., face mask) to CDTs/CDWs and volunteers;

iii. Provision of support to CDTs/CDWs in facilitating developmentally appropriate and stimulating learning activities in a safe environment;

iv. Communication support and financial allowance for CDTs/CDWs to ensure that proper messages are disseminated in the community,

including training of LGU stakeholders and CDTs/CDWs on proper messagingon COVID-19 and safe reopening of CDCs, SNPs, Tahderiyyah Centers and PELCs;

v. COVID-19 vaccination of CDTs/CDWs; and

vi. COVID-19 testing of CDTs/CDWs based on the existing DOH testing protocol prioritizing those who have flu-like symptoms and symptomatic close contacts.

1.2. **Municipal/City Local Council for the Protection of Children (LCPC) shall:**

a. Provide close coordination, oversight and monitoring of the implementation of the safe ECE reopening;

b. Facilitate the coordination and partnership with stakeholders (i.e., parents, teachers, child-led or youth group CSOs) and communities in the implementation of the set of guidelines;

c. Support the BLGUs in activating the BCPC and put in place proper coordination with the *Barangay* Health Emergency Response Team (BHERT) as part of contingency planning in worst case scenarios;

d. Conduct an orientation prior to the reopening of ECE to the members of the BCPC and other key community stakeholders on the existing health and safety protocols, mechanisms, and procedures needed in the safe reopening of ECE; and

e. Conduct periodic monitoring of compliance of CDCs, SNPs, Tahderiyyah Centers and PELCs and BLGUs with this set of guidelines.

1.3. **MSSD MSWOs and/or Municipal/City Social Welfare and Development Office (M/CSSDO) or ECCD Office /Division/Department (if applicable) shall:**

a. Provide technical assistance to CDTs/CDWs on safe and quality operations of CDCs, SNPs and *Tahderiyyah Centers*;

b. Facilitate *barangay* level coordination and program implementation;

c. Communicate policies/program updates on Safe ECE Reopening from MSSD and relevant ministries to the LCPC;

d. Provide technical assistance and training CDWs/CDTs on the set of guidelines together with M/CHO, particularly on health and safety protocols. Moreover, the M/CSSDO/ECCD Office/Division/Department shall provide technical assistance/training to CDTs/CDWs in enriching development and learning activities in CDCs and SNPs and in alternative venues in the event of re-closure;

e. Mobilize existing local/deputized ECCD focal persons in providing technical assistance through training the trainers and monitoring quality implementation of play-based activities adhering to minimum health and safety protocols to support CDTs/CDWs in designing activities in CDCs, SNPs, and Tahderiyyah Centers;

f. Provide quality assurance and technical assistance and monitoring to ensure that CDTs/CDWs are able to satisfactorily provide a safe learning environment to children;
g. Train and mentor CDTs/CDWs on providing psychosocial support to both children and their parents/caregivers using readily available resources/ materials (e.g., DRRM, MHPSS materials);
h. Train CDTs/CDWs on how to support parents/caregivers in conducting ADM of ECE such as CBPAV and home-based program should the CDCs and SNPs need to be re-closed; and
i. Create a pool of trained CDTs/CDWs and volunteers who can cover for CDTs/CDWs when they are sick.
j. Training and support for parents/caregivers, especially fathers and other male caregivers, on topics including health protocols, parenting skills, and facilitating development and learning activities at home;

2. ***Barangay* Level**

2.1. ***Barangay* Council for the Protection of Children (BCPC) shall:**

a. Be responsible for the safe reopening of ECE, including, but not limited to linking with BHERTs and providing support (i.e., providing transportation to and from the CDC/SNP, providing health and sanitation supplies) to vulnerable groups (i.e., children with disabilities, children belonging from IP communities);
b. Prepare the Barangay LGU Risk-Informed Plan for ECE Reopening (see details in Section VI);
c. Allocate funding and procurement of necessary items (e.g., Water, Sanitation, and Hygiene - WASH kits, sanitation facilities, etc.) to support the implementation of safe CDC and/or SNP reopening in the *barangay* aligned with COA and DBM procurement law/guidelines;
d. Utilize the COVID-19 Referral System of the B/M/CLGU in coordination with the CDT/CDW and BHC/BHERT when a child shows flu-like symptoms during in-person sessions;
e. Conduct an orientation prior to the reopening of ECE to CDTs/CDWs, volunteers, mothers, fathers, and other caregivers, and other key community stakeholders on the eligibility for participation, existing protocols, mechanisms, and set of guidelines on the safe reopening of ECE, and to allow parents/caregivers to help children to mentally and emotionally adapt and cope with the transition; and
f. Assist the LCPC in implementing early childhood care and development (ECCD) initiatives.

2.2. **Rural Health Units (RHU)/*Barangay* Centers (BHC)/*Barangay* Health Emergency Response Team (BHERT) shall:**

a. Utilize the COVID-19 Referral System of the LGU in coordination with the CDT/CDW when a child shows flu-like symptoms during in-person sessions;
b. Assist in the implementation of vaccination campaigns and shall encourage parents whose children have missed vaccines to bring their children to the local health offices or private/NGO providers for the completion of vaccines. As part of regular health screening, the LGU shall also identify and refer children who are at-risk for dental problems and nutritional deficiencies;
c. Ensure that COVID-19 patients in quarantine are provided with food and necessities. *Barangay* Health Emergency Response Teams (BHERTs), which are composed of, but not limited to, *barangay* health workers and designated *barangay kagawads*, play a crucial role in preventing the transmission of the virus by initiating contact tracing and monitoring household members or close contacts of confirmed COVID-19 patients for possible onset of symptoms;
d. Continue working with the RHU/BHC and local health office during safe ECE reopening, and manage the patient navigation of COVID-19 suspects and their contacts among families which may include those with 2-4 years old children; and
e. Provide health promotion and education interventions, as well as primary health care, infection prevention and control messages in collaboration and partnership with the *Sangguniang Kabataan* (SK) Councils, to counter misinformation, stigma, and discrimination against COVID-19 patients.

2.3. **CDTs/CDWs shall:**

a. Primarily be responsible for the children's development and safety. They shall participate in BLGU planning for safe reopening and re-closure of CDCs/SNPs and ensure strict implementation of health and safety protocols;
b. Utilize the COVID-19 Referral System of the LGU in coordination with the BHC/BHERT when a child shows flu-like symptoms during in-person/face-to-face sessions;
c. Maintain consistent and regular communication with mothers, fathers and other caregivers to ensure that they also observe the protocols at home and in the community, and receive materials and messages on good health and nutrition;
d. Continue to perform their role in addressing development and learning loss of children through facilitating developmentally-appropriate and play-based activities based on the contextualized early learning curriculum and the results of the ECCD Checklist Child's Record 2, and in monitoring the development of children in a safe and conducive environment;

e. Support mothers, fathers, and other caregivers in facilitating activities at home to complement the classroom learning, and during ECE closure;
f. Develop a cohort-based scheduling for all the participants to limit transmission across groups;
g. Collect from parents the children's vaccination records through the intake form; and
h. Maintain stockpiling and inventory of hygiene and disinfecting supplies, including disinfectants and soap, adequate water supply, and hand sanitizers in the center with support from the LGU.

2.4. **Mothers, Fathers, and other caregivers shall:**

a. Work closely with CDTs/CDWs in monitoring the child's progress. They shall facilitate children's development and learning activities at home especially when CDCs, SNPs, Tahderiyyah Centers and PELCs are closed;
b. Ensure that they follow health and safety protocols to prevent transmission of the virus at the center, at home, and in the community;
c. Be responsible for self-health monitoring and reporting;
d. Attend the orientation on the Safe Reopening of ECE prior to the reopening; and
e. Provide to CDT/CDW the child's vaccination records (specify routine immunization) by filling up the intake form.

V. Preparation for the Safe ECE Reopening

A. CDCs and SNPs

1. The CDCs and SNPs shall safely reopen starting 26 September 2022. For areas in higher risk level classifications, proper risk-assessment shall be conducted prior to reopening and strict compliance to health and safety protocol shall be ensured by the LGU; and
2. The BLGU and M/CLGU shall ensure that policies and budget shall be put in place, that there are robust plans for reopening *and eventual re-closure*, where necessary, and that mechanisms for rigorous monitoring of compliance with the set of guidelines are established.

B. Tahderiyyah Centers and PELCs

1. Tahderiyyah Centers and PELCs shall register with the LGUs and assess readiness using the CDC Readiness Assessment Tool (CRAT); and
2. Tahderiyyah Centers and PELCs shall have an: a) implementation plan for safe reopening including class program, class schedule, and health and safety protocols (e.g., testing capacity for personnel and arrangements for all learners and personnel attending in-person/face-to-face ECE); and b) contingency plan

in case of school re-closures and reopening in the event of detected cases among learners or ECE personnel.

C. CDWs/CDTs, Teacher Aide/ Parent/Center Volunteers

1. They shall undergo physical examination at the M/CHO prior to participation in the in-person/face-to-face ECE learning.
2. They shall be physically fit and safe from potentially contracting and/or transmitting COVID-19 and preferably as follows:
   a. 64 years old and below;
   b. has access to public/private transportation that comply with health and safety protocols from and to the area of residence and CDC; and
   c. ideally reside within the municipality/city where the CDC is located.
3. They are highly recommended to be fully vaccinated prior to participation in in-person/face-to-face classes.
4. They should be fully oriented on the distinguishing signs and symptoms of COVID-19 and shall be made aware of the local health referral system established by the local City or Municipal Health Office.

D. Children

1. All children, including those with developmental delays and disabilities, belonging from indigenous communities, and from disadvantaged areas should be given equal access and appropriate accommodation to voluntary in-person/face-to-face ECE;
2. Participation of children in in-person/face-to-face ECE shall be voluntary in nature. Alternative Delivery Modalities (ADM) of ECE must be available for children based on the needs assessment conducted by the CDCs, SNPs, Tahderiyyah Centers and PELCs;
3. It is recommended that they undergo regular primary care consults and have up-to-date routine immunizations; and
4. It is preferable that children reside within the municipality/city where the CDCs, SNPs, Tahderiyyah Centers and PELCs are located, and can walk or have access to regulated public or private transportation.

E. Readiness Assessment of CDCs, SNPs, Tahderiyyah Centers and PELCs

1. The Barangay LGU through the designated members of the Barangay Council/BCPC and School Administrator shall assess the CDCs, SNPs, Tahderiyyah Centers and PELCs using the Safety and Health Checklist (Annex B) not later than one month after the reopening; and
2. The Barangay LGU/School Administrator shall submit the results of the assessment for verification/validation by the M/CLGU through the M/CSWO or M/CSWDO. This shall serve as basis for monitoring compliance to safety and health

requirements and for providing support to CDCs, SNPs, and Tahderiyyah Centers by the Barangay/Municipality/City LGUs.

VI. Guidelines on Safe ECE Reopening

A. Risk-informed Planning for Safe ECE Reopening

Risk-informed plan for safe reopening and assessment of the feasibility of implementing protective measures shall be developed not later than one month after the reopening of CDCs, SNPS and Tahderiyyah Centers based on the recommendations of regional authorities by the Barangay LGU as part of the Barangay Disaster Risk-Reduction and Management Plan. This plan shall include risk-based assessment, communication strategies, and contingency plan.

1. Risk-based Assessment

a. Assessing access of children to quality ECE through CDCs or alternative delivery modes;

b. Assessing the availability and appropriateness of existing handwashing facilities and other sanitation supplies;

c. Assessing capacity of CDTs/CDWs to implement play-based learning in a safe learning environment;

d. Assessing the needs of children living with or without health conditions and special needs, as well as health conditions of CDTs/CDWs; and

e. Assessing capacity to reduce the risk of transmission by limiting the number of children and CDTs/CDWs in contact with each other.

2. Communication Strategies

a. Ensuring the availability of telecommunications or local hotline/help desk for proper referral and coordination to facilities, hospitals or LGUs;

b. Developing or adopting readily available clear and easy-to-understand key messages on COVID-19 and CDCs/SNPs, Tahderiyyah Centers and PELCs reopening to inform CDTs/CDWs, LGU stakeholders, and community members on how to cascade the message to mothers, fathers and other caregivers and children;

c. Creating easily understandable and inclusive communication materials (i.e., PA system, illustrations-based, posters with braille) available in the centers and other establishments in the community that would remind children, mothers, fathers and other caregivers on safety and health protocols. Available materials from DOH, ECCD Council, IATF-EID, WHO, UNICEF among others posted online can be adopted/adapted for use by the BLGUs and CDCs, SNPs, Tahderiyyah Centers and PELCs; and

d. Developing detailed protocols on hygiene measures, including handwashing with soap, respiratory etiquette, use of protective equipment, cleaning procedures for

facilities and safe food preparation practices in accordance with existing DOH policies

3. **Contingency Plan**

a. Decision points for CDCs, SNPs, Tahderiyyah Centers and PELCs suspension and resumption of in-person/face-to-face learning sessions;

b. Clear protocols for medical isolation and re-closure in the event of detected cases among CDTs/CDWs, volunteers, parents/caregivers, and children;

c. Arrangement with the parents/caregivers for the continuation of development and learning while the child is in isolation or until it is safe for the child to return to the center by implementing alternative modalities (e.g., home-based ECE, CBPAV);

d. Continued communication with all learners and their parents/caregivers, especially those children with or at-risk for developmental delays and disabilities, and offer the appropriate coaching to parents/caregivers to support children's development, learning, and well-being at home through monitoring/home visitations; and

e. Strategies for the reopening of CDCs, SNPs, Tahderiyyah Centers and PELCs after the suspension.

Refer to Annex C for the Barangay Risk-Informed Planning Guidance and Templates.

B. Learning Center Safety Operations

1. **Traveling to and from the CDCs, SNPs, Tahderiyyah Centers and PELCs**

a. CDT/CDW center volunteers, parents/caregivers, and children shall wear their masks on properly at all times, promoting safety and hygienic practices whenever they walk to the center or are taking public or private transportation.

2. **Traffic management, Entrance, and Exit of CDTs/CDWs and Children**

a. The CDCs, SNPs, Tahderiyyah Centers and PELCs shall provide reminders for health and safety protocols through creative posters, signages and community updates that are easy to understand, and preferably in other accessible formats (e.g., PA system, illustrations-based, posters with braille);

b. A designated drop-off/ pick-up area for children and waiting area for parents/caregivers shall be in place;

c. The CDCs, SNPs, Tahderiyyah Centers and PELCs shall strategically designate the use of a door for entry and exit. Entry and exit signages and floor markings to guide traffic flow may be used; and

d. The CDCs, SNPs, Tahderiyyah Centers and PELCs may use visual cues to encourage physical distancing inside and outside the center whenever possible:

i. The CDT/CDW may use markers to serve as visual cues for children and parents in designated areas;

ii. The CDT/CDW ensures that the center shall be free of clutter; and

iii. The CDCs, SNPs, Tahderiyyah Centers and PELC shall use an appropriate number of chairs and tables depending on the number of children per session and other fixtures and furniture to provide adequate space for movement.

3. **Arrival of CDTs/CDWs, Parents/Caregivers, and Children**

   a. CDT/CDW, caregivers, and children shall wash their hands outside the center upon arrival;
   b. CDTs/CDWs shall allow children who walk to the center to rest for 10-15 minutes upon arrival at the CDCs, SNPs, Tahderiyyah Centers and PELC before temperature scanning;
   c. CDTs/CDWs shall take children's and parents'/caregivers' temperature using a forehead or wrist scanner. If the child's body temperature is below 37.5°C, the child shall be allowed to enter the center. If the child's temperature is above 37.5°C, the child shall be sent home or shall be referred to the RHU/BHC; and
   d. Parents/caregivers shall fill out the attendance and visitor's logbook to ensure the child's security in the center.

4. **Protective measures, hygiene and sanitation practices, and respiratory etiquette**

   a. The CDCs, SNPs, Tahderiyyah Centers and PELCs shall have the following provisions for infection prevention and control:
      i. Sources of good airflow for adequate ventilation within the center
      ii. Water for drinking, handwashing, general cleaning, and flushing the toilet;
      iii. Toilet – at least one functional toilet with a lavatory with soap and water inside or nearby;
      iv. Functional handwashing facility in strategic locations (e.g., near the entrance of the center, inside or outside the toilets);
      v. Soap, oral health care, and other sanitation materials (e.g., hand sanitizer, alcohol, toothbrush/toothpaste);
      vi. Schedule of supervised toothbrushing and handwashing activities;
      vii. Placement of trash bins in strategic locations;
      viii. Visuals signages on proper waste management practices near trash bins; and
      ix. Visual cues that remind children to observe safety and hygiene practices.
   b. The CDCs, SNPs, Tahderiyyah Centers and PELCs shall provide food, canteen staff/food handlers should be oriented on the *Pinggang Pinoy* and shall only serve healthful food;
   c. Children, CDT/CDW/PLC Teacher, and volunteers shall be prohibited from eating together while facing one another. If there is a lack of space in the center

to allow distancing during meals, eating shall be done in a manner where all individuals face in one direction and do not talk while their masks are off;

d. Ensure smoke-free environments in schools complementary to no smoking policies and prevention education;

e. Prevent violence and injuries through healthy physical environments and anti-bullying policies;

f. Emergency Health Kits (e.g., gauze, cotton, plaster, antiseptic) shall be available in the center;

g. Stored PPEs (e.g., masks for children and adults, gloves) shall be available and accessible for all, including health care workers who will respond and assist if there are symptomatic children, volunteers and parents/caregivers;

h. Children (2 years of age or older) and their accompanying adults shall wear masks when outside their homes and when around people who live outside of their household. Ensure that masks shall be worn correctly, consistently, and safely. Appropriate mask size should be used to fully cover the nose and mouth of the child. Three-layer cloth masks or surgical masks may be used; masks with valves or other configurations are not recommended;

i. A mask shall not be recommended in the following situations: if the child has difficulty breathing when wearing it; if the child has a cognitive or respiratory impairment giving them a difficult time tolerating the mask; if the mask is a possible choking or strangulation hazard; and if wearing a mask causes the child to touch their face more frequently;

j. CDT/CDW, volunteers and parents/caregivers shall properly dispose of used facemasks by placing them in resealable plastic bags and throwing them in an enclosed garbage container; and

k. Visitors with approved or cleared appointments shall follow health protocols and screening, present/provide their identification card, and fill out the visitor's logbook.

5. Daily monitoring of health status of CDT/CDW, volunteers, parents/caregivers and children, referral of and provision of support to suspected/confirmed COVID-19 cases

a. The CDCs, SNPs, Tahderiyyah Centers and PELCs shall enforce the "Stay at Home if Unwell" Policy among CDT/CDW/PLCT, volunteers, parents/caregivers and children;

b. Parents shall notify the CDT/CDW if family members show flu-like symptoms. In such cases, the child shall stay home until the improvement or resolution of symptoms;

c. The CDT/CDW shall keep an updated attendance sheet of the class with remarks on the absence/s incurred of each child;

d. The CDCs, SNPs, Tahderiyyah Centers and PELCs shall implement the referral mechanism for COVID-19 when individuals who manifest symptoms while in the

center shall immediately be brought to the BHU/BHC for medical assessment and referral to appropriate authorities and/or facilities;

e. The confidentiality of information on confirmed COVID-19 cases in the CDCs, SNPs, Tahderiyyah Centers and PELCs shall be ensured by the CDT/CDW; and

f. Quarantine and isolation protocols shall be aligned with the latest national guidelines. Repeat testing and/or medical certification shall not be required for the safe return to the CDCs, SNPs, Tahderiyyah Centers and PELCs. Time-based isolation is sufficient, provided the affected individual remains asymptomatic.

6. Scheduling of Sessions, Development, and Learning of Children

a. The following curricula shall be used as guide in facilitating daily/weekly learning sessions:

- National Early Learning Curriculum (NELC) for CDCs, SNPs, PELCs where all of learners are Christians and Lumads;
- Tahderiyyah Curriculum for CDCs, SNPs, PELCs and Tahderiyyah Centers where all of the learners are Muslim; and
- Inclusive Early Learning Curriculum for CDCs, SNPs, and PELCs where learners are Christians, Lumads and Muslims.

b. The scheduling of learning sessions shall be based on assessment of center needs (e.g., risk level of the LGU, total number of children enrolled, number of sessions offered, number of children per session);

c. The CDCs, SNPs, Tahderiyyah Centers and PELCs shall adopt the cohorting approach where a number of children stay in the same group/class/session with the same CDT/CDW, without mixing with other groups/classes/sessions;

d. The CDT/CDW shall administer the ECCD Checklist to the children on a one-to-one basis to determine the status of development of children at least twice within the year (a month after the reopening of the CDCs, SNPs, Tahderiyyah Centers and PELCs, and six months after the first assessment);

e. The CDT/CDW shall adapt to the contextualized early learning curriculum wherein healthy habits and safety protocols are incorporated into the routine activities;

f. The maximum number of children per session shall be based on the classroom size that would allow children to move and engage in developmentally appropriate and play-based activities;

g. Children shall be assigned to their permanent chairs/tables during sessions;

h. Children shall be taught to responsibly dispose of their used items (e.g., face masks);

i. The CDT/CDW shall discuss and introduce non-contact greetings that are fun and child-friendly with children and staff;

j. The CDT/CDW shall utilize play-based activities and multi-sensorial learning experiences;

k. The CDT/CDW shall use creative educational/instructional practices to ensure inclusive, play-based and developmentally-appropriate learning experiences around the pandemic situation;

l. The CDT/CDW shall be encouraged to implement learning activities outdoors as much as possible. Consider adapting the curriculum, lesson plans and instruction for outdoor delivery (e.g., use outdoor equipment and nature as teaching/learning materials);

m. The CDT/CDW shall conduct activities that promote gender equality and inclusion of children with disabilities, migrant, displaced, and returnee children, focusing on values and attitudes that contribute to peacebuilding and social cohesion to respond to increased stigma and discrimination in the context of COVID-19;

n. The CDT/CDW shall introduce the concept of self-help while encouraging children to maintain individual personal hygiene such as washing hands, using hand sanitizer, brushing their teeth after meals, using a tissue when coughing or sneezing, throwing their trash, avoiding putting toys/materials in their mouth, or touching their mouth/eyes after playing with toys, etc.; and

o. The CDT/CDW, with support from parents/caregivers, shall continue to implement the feeding program/snack time, while observing health and safety protocols during this routine (e.g., children stay seated while eating).

7. Children's Well-being and Development

a. The CDT/CDW shall allow the parent/caregiver of children with disabilities (learning disability or physical disability) to stay in the classroom to assist their child;

b. The CDT/CDW shall address and consider children's emotions and concerns as this is important for their well-being;

c. The CDT/CDW shall ensure young children receive support to channel emotions (verbalize, adapt their behaviors, and understand changes) while achieving significant learning and promoting mental health during the pandemic; and

d. The CDT/CDW shall follow the protocol for Case Management of Child Victim of Abuse, Neglect, and Exploitation, whereby any cases shall be reported verbally or in writing to government agencies (e.g., LSWDO, BCPC, PNP, NBI, etc.).

8. Disinfection and Waste Management

a. The CDT/CDW, with the support of volunteers, shall disinfect before and after each session all frequently touched surfaces, such as door handles, tables, chairs, toys, supplies, light switches, door frames, play equipment, and teaching and learning aids used by children as well as common spaces such as learning areas, toilets, and kitchen;

b. The CDT/CDW shall ensure that reading materials and wooden and plastic toys can be easily cleaned before the start or end of a session. They shall avoid mixing toys between groups of children before they are washed and/or disinfected. Soft toys made of fabric and stuffed with cotton and other materials which cannot be easily cleaned shall be stored for use when the pandemic ends;

c. The CDCs, SNPs, Tahderiyyah Centers and PELCs shall use disinfectants that are approved by the Philippine Food and Drug Administration (FDA) such as: sodium hypochlorite recommended ratio of 0.1% (1000 ppm) by dissolving ½ tsp of chlorine or 2 g to 2L of clean water for regular disinfection, and recommended ratio of 0.5% (5000 ppm) for body fluids by dissolving 1 tbsp of chlorine or 10 g to 2L of clean water; ethanol in all surfaces at a recommended ratio of 70-90%, or Hydrogen peroxide in all surfaces at a recommended ratio of >0.5%;

d. CDT/CDW, teacher aide, and parent/center volunteers shall dispose of used PPE in a separate leak-proof yellow trash bag container with a cover properly labeled as "Used PPE". In case a yellow trash bag/container is not available, the CDCs, SNPs, Tahderiyyah Centers and PELCs shall dispose of all used PPE in a separate bag/container marked for infectious medical waste identifiable by the waste collector (e.g., yellow ribbon, yellow colored tag);

e. The CDCs, SNPs, Tahderiyyah Centers and PELCs shall treat the collected wastes with a chlorine solution (1:10) through disinfection or spraying; and

f. Disinfectants used in the CDCs, SNPs, Tahderiyyah Centers and PELCs shall be compliant with the DOH-FDA-approved preparation of disinfectants.

9. Heating, Ventilation, and Air-conditioning (HVAC)

a. Proper and adequate ventilation shall be maintained through different strategies depending on the risks and situations in a particular space. Adequate ventilation may be achieved through natural ventilation such as opening the windows and doors; and

b. Enclosed spaces with limited ventilation may entail higher monitoring equipment. Other options to increase ventilation include using exhaust fans and placing fans near windows. If feasible, adequate airflow can be measured through use of monitoring devices with target reading of 6 to 12 Air Change per Hour (ACH) and CO2 concentration below 1000ppm and taking into consideration the room size and capacity.

VII. Monitoring and Evaluation

The implementation of this set of guidelines shall be monitored and evaluated at regional and local levels to track progress of the reopening of CDCs, SNPs, Tahderiyyah Centers and PELCs and identify areas that can be improved and emerging good practices that can be replicated in similar settings.

VIII. Effectivity

This memorandum shall take effect immediately upon publication in the BARMM official website or in any newspaper of regional circulation.

ABDULRAOF MACACUA
Senior Minister
Bangsamoro Autonomous Region in Muslim Mindanao

ATTY. RAISSA JAJURIE
Minister
Ministry of Social Services and Development

MOHAGHER IQBAL
Minister
Ministry of Basic, Higher and Technical Education

ATTY. NAGUIB SINARIMBO
Minister
Ministry of Interior and Local Government

DR. ZUL QARNEYN ABAS
OIC Minister
Ministry of Health

ENGR. MOHAJIRIN ALI
Director General
Bangsamoro Planning and Development Agency

Annex A. List of Acronyms

ADM ECE	Alternative Delivery Mode of Early Childhood Education
BCPC	*Barangay* Council for the Protection of Children
BHERT	*Barangay* Health Emergency Response Teams
CBPAV	Center-Based Program implemented in an Alternative Venue
CDC	Child Development Center
CDT or CDW	Child Development Teacher/Worker
MILG	Ministry of the Interior and Local Government
MOH	Ministry of Health
P/M/CDRRMO	Provincial/Municipal/City Disaster Risk Reduction and Management Office
MSSD	Ministry of Social Services and Development
ECCD	Early Childhood Care and Development
ECE	Early Childhood Education
IATF-EID	The Inter-Agency Task Force on Emerging Infectious Disease (IATF-EID or simply the IATF)
LCPC	Local Council for the Protection of Children
LSSDO	Local Social Service and Development Office
LGU	Local Government Unit
PELC	Private Early Learning Center
PPE	Protective Personal Equipment
P/M/CSSDO	Provincial/Municipal/City Social Service and Development Office
SFP	Supplementary Feeding Program
WASH	Water, Sanitation, and Hygiene

Annex B: CDC / SNP / PLC / Tahderiyyah Center Health and Safety Checklist

CDC / SNP / PELC / TAHDERIYYAH CENTER HEALTH AND SAFETY CHECKLIST

Name of CDC / SNP / PELC / Tahderiyyah Center: _____
Name of CDW/T: _____ Contact Number: _____
Type of Appointment: ☐Permanent ☐Contract of Service ☐Job Order ☐Volunteer Years of Service: ____
Barangay: _____ Municipality: _____ Province: _____
Status of Facility: ☐ Damaged ☐ Partially Damaged ☐ No Damage
Number of Learners: _____ Male: _____ Female: _____
Majority of Learners: ☐ Muslim ☐ Lumad ☐ Christian
Number of Children with Difficulty: Seeing: ___ Hearing: ___ Communicating: ___ Walking: ___
Remembering/Concentrating: ___ With Self-Care: ___

HEALTH and SAFETY CHECKLIST

- ☐ Attendance and visitor's logbook for children, parents, caregivers, teachers, and volunteers
- ☐ Temperature thermal scanner in entrance
- ☐ Hand sanitizer or alcohol dispenser in entrance of the center and near the toilets
- ☐ Water for drinking, toothbrushing, handwashing, general cleaning and flushing of toilet*
- ☐ At least one functional toilet with soap and water
- ☐ Sanitation and disinfection supplies such as soap, alcohol/sanitizer, disinfectant, chlorine solution
- ☐ Trash bins in strategic locations with visual signages on proper waste management practices
- ☐ Disinfection schedule of frequently touched surfaces, facilities, and furniture every after end of session posted in strategic locations
- ☐ Schedule of supervised handwashing and toothbrushing activities incorporated in routines
- ☐ Communication materials of varied formats regarding prevention of COVID-19 posted in strategic locations inside and outside the center
- ☐ COVID-19 local hotline/help desk posted in strategic locations in the CDC/SNP/PLC and Tahderiyyah Centers
- ☐ Establish Referral System with the LGU or nearby healthcare providers for personnel and children who may exhibit symptoms indicative of COVID-19 infection
- ☐ Contingency plan for re-closure and reopening of opening of the center in case of COVID-19 resurgence in the CDC/SNP/PLC and Tahderiyyah Centers**

* Handwashing facility should be appropriate to the children's height
** Should include strategies for the continuity of ECE services while the center is closed until further notice

NOTE: This serves as a guide to ensure health and safety of children in ECCD Programs.

Assessed by:	Verified/Validated by:
_____	_____
Designated Member of the Barangay Council/ BCPC	City/Municipal Social Welfare Office
Date of Assessment: _____	Date Verified/Validated: _____

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Annex C. Barangay Risk-Informed Planning Guidance and Suggested Templates

Republic of the Philippines
Bangsamoro Autonomous Region in Muslim Mindanao (BARMM)
Safe Reopening of Early Childhood Education

Barangay LGU Risk-Informed Planning Guide

Name of Province: _____
Name of Municipality / Component City: _____
Name of Barangay: _____

A. RISK- AND NEEDS-BASED ASSESSMENT

1. Access of 2-4 year old children to early childhood education (ECE) services

Guide Questions and basic information requirements for planning:

- ✓ In your barangay, what is the total population of 2-4 year old children including those who celebrated their 2nd, 3rd and 4th birthday on 31 October 2022?
- ✓ How many of these children are currently enrolled in the child development center (CDC) and/or Supervised Neighborhood Playgroup (SNP) in your barangay or nearby barangay?
- ✓ For those who are not currently enrolled in CDC/SNP, what are the key reasons why they are not enrolled?

Table 1. Total Number of 2-4 Year Old Children Enrolled in CDCs/SNPs, as of _____

	Total Population				Total number of children currently enrolled in CDCs, SNPs				Total number of children not enrolled				Key reasons why children are not enrolled
	2 y/o	3 y/o	4 y/o	Total	2 y/o	3 y/o	4 y/o	Total	2 y/o	3 y/o	4 y/o	Total	Examples: ✓ very far from existing CDC/SNP ✓ with disability and health problems ✓ no one to bring children to CDC/SNP ✓ internally displaced due to disaster, conflict, etc
Male													
Female													
Total													

2. Needs of children living with or without health conditions and special needs, as well as health conditions of CDTs/CDWs

Guide Questions and Basic Information Requirements for Planning:

- ✓ Of those 2-4 year old children currently enrolled in the CDC/SNP,
  - how many have complete or incomplete routine/regular immunization?
  - how many have health conditions and special needs? What are these conditions/special needs?
- ✓ Is the CDW/CDT fully vaccinated or not? If not fully vaccinated, why?
- ✓ Does the CDW/CDT have co-morbidities/health problems? If yes, what are these?
- ✓ How many of children with health problems are served by unvaccinated CDWs/CDTs?

Table 2.1. Health Status and Special Needs of 3-4 Year Old Children , as of ____

Name of CDC/SNP	Age Group	Total Enrolment	Number of children with complete routine/regular immunization [1]	Number of children with incomplete routine/regular immunization	Children with incomplete routine/regular immunization and with health problems		Children with special needs[2]	
					Number	Type of health problems	Number	Type of special needs
	2 y/o							
	3 y/o							
	4 y/o							
	Sub-total							
	2 y/o							
	3 y/o							
	4 y/o							
	Sub-total							
	TOTAL							

Table 2.2 Health Status of Child Development Workers/Child Development Teachers, as of _____

Name of CDC/SNPs	Total number of CDWs/CDTs	Vaccination Status of CDWs/CDTs			Health Status of CDWs/CDTs		
		Number of CDWs/CDTs fully vaccinated	Number of CDWs/CDTs not fully vaccinated	Reasons for not getting (full) vaccination	Number of CDWs/CDTs with co-morbidities/health issues		Type of co-morbidities/health issues
					Fully vaccinated	Not fully vaccinated	

3. Capacity to implement safety and health protocols while children are enjoying and learning

Guide Questions and Basic Information Requirements for Planning

- Does the Barangay have COVID-19 cases for the last 2 weeks? If yes, how many?
- Does the Barangay have protocols for medical isolation and re-closure in the event of detected cases among CDTs/CDWs, volunteers, parents/caregivers, and children? (pls refer to same question in Item 6).
- Does the CDC/SNP have appropriate handwashing facilities and other sanitation supplies?
- Does the CDC/SNP have safe spaces inside and outside the center that will allow children to play and learn?
- Does the CDC/SNP have basic furniture and teaching-learning materials for play-based activities?

Table 3.1 Availability of Age-Appropriate and Functional Handwashing and Sanitation Facilities

Name of CDC/SNP	Availability of toilet with water and soap (Yes/No)	Availability of handwashing facility with water and soap (Yes/No)		Availability of water for drinking and toothbrushing (Yes/No)	Availability of Trash bins (Yes/No)[3]
		For group handwashing	Handwashing station [5]		

[1] Full immunization for children less year old includes Penta 1, 2 and 3; OPV 1, 2 and 3; and MCV 1 and 2.

[2] Based on Washington Group of Questions, these include children with: a) difficulty of hearing, b) difficulty seeing (vision); c) difficulty talking (communication); d) difficulty understanding; e) difficulty playing; f) difficulty moving (mobility); g) difficulty of controlling behavior; h) difficulty in learning; and i) difficulty in dexterity.

[3] At least 4 trash bins

[5] Suggested alternative if group handwashing facility is not available

		(with at least 5 faucets)[4]			

Table 3.2 Availability of Safe Spaces and Basic Materials for Play and Learning

Name of CDC/SNP	Status of the Center/Facility		Availability of basic furniture[6] (Yes/No)		Availability of teaching-learning materials (Yes/No)[7]				Availability of safe outdoor space for play (Yes/No)
	In good condition	Needs Repair[8]	Tables	Chairs	Curriculum or Activity Guide	ECCD Checklist for all children	Educational toys	Storybooks	

4. Capacity of CDWs/CDTs to implement play-based approaches in safe learning environment

Guide Questions and Basic Information Requirements for Planning

- Does the CDW/CDT have the capacity to implement play-based approach in safe learning environment?
- Did the CDW/CDT undergo training on NELC, play—based approach, safety and health protocols?

Table 4. Training attended by the CDWs/CDTs, as of _____

Name of CDCs/SNPs	Total Number CDT/CDW	Number of Trained CDWs/CDTs					
		Developmentally -Appropriate Practices (DAP)	ECCD Checklist administration	National Early Learning Curriculum (NELC)	Safety and health protocols	Alternative Delivery modality (home-based, CBPAV)	Other training

5. **Readiness of the Barangay and CDC/SNP to disseminate COVID-19 messages (safety and health protocols and referral)**

Are the following present/available at the Barangay and CDC/SNP ?

	(Yes/No)	Remarks
Telecommunications or local hotline/help desk for proper referral and coordination to facilities, hospitals or LGUs		
Easy-to-understand key messages on COVID-19 and NCDC/CDC reopening		
Easily understandable and inclusive communication materials (i.e., PA system, illustrations-based, posters with braille) available in the centers and other establishments in the community		
Detailed protocols on hygiene measures, including handwashing with soap, respiratory etiquette, use of protective equipment, cleaning procedures for facilities and safe food preparation practices		

[4] Ideal to promote behavior change among young children

[6] If available, indicate if enough or lacking

[7] If available, indicate if enough or lacking

[8] Indicate if major - needing repair but cannot be repaired immediately using the Barangay LGU budget or minor - can be repaired using the BLGU budget.

6. **Readiness of the Barangay and CDC/SNP to implement protocols and continue learning in the event that there will be COVID-19 cases in the community**

Are the following present/available at the Barangay and CDC/SNP?

	Yes/No	Remarks (f yes, pls provide details)
Guidance on decision points for NCDC/CDC suspension and resumption of in-person/face-to-face learning sessions		
Clear protocols for medical isolation and re-closure in the event of detected cases among CDTs/CDWs, volunteers, parents/caregivers, and children;		
Arrangement with the parents/caregivers for the continuation of development and learning while the child is in isolation or until it is safe for the child to return to the center by implementing alternative modalities (e.g., CBPAV)		
✓ Are the CDWs/CDTs trained on how to implement CBPAV?		
✓ Are the parents oriented on how to implement CBPAV?		
Continued communication with all learners and their parents/caregivers, especially those children with or at-risk for developmental delays and disabilities, and offer the appropriate coaching to parents/caregivers to support children's development, learning, and well-being at home through monitoring/home visitations		
✓ Are the CDWs/CDTs trained on how to identify children with risk of developmental delays?		
✓ Does the CDW/CDT have the capacity to support/coach parents/caregivers ?		
Strategies for the reopening of centers after the suspension		

II. **Risk-Informed and Needs-Based Plan for Increasing Access to ECE and Safe Reopening of CDCs/SNPs: Suggested Template**

Areas for Improvement/Strategies	Risks and Needs Identified (based on results of assessment)	Activities	Timeline	Resource Requirement	Responsible Officials/Persons
Increasing Access of children 2-4 y/o to ECE					
Addressing needs of children living with or without health conditions and special needs, as well as health conditions of CDTs/CDWs					
Improving capacity to implement safety and health protocols					
Improving capacity of CDWs/CDTs to implement play-based approaches in safe learning environment					
Improving the capacity of the Barangay and CDC/SNP to disseminate key COVID-19 messages					

(**Communication Strategies**)					
Improving the capacity of the Barangay and CDC/SNP to implement protocols and continue learning in the event that there will be COVID-19 cases in the community (**Contingency Plan**)					