

The Provisions of Learning Experiences in the Early Childhood Development Centers against the COVID-19 Pandemic

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Abstract

This study aimed to explore the provision of learning experiences for early childhood development at Childhood Development Centers (CDCs) during the Covid-19 pandemic, focusing on the "what" and "how" aspects. Data were collected from 57 participants through in-depth interviews and group interviews involving parents of young children, teachers/caregivers at CDCs, community leaders and committees, as well as relevant government agencies in two areas of Thailand. Content analysis was utilized to analyze the qualitative data gathered between July and November 2020. The findings revealed that CDCs employed various forms of capital, including: human, group and network, local wisdom, organizational, financial, and natural resources, to adhere to the National Childhood Development Center Standards. CDCs provided three distinct patterns of learning experiences for children: 1) Community participation within the local area, involving parents and networks associated with CDCs. 2) Enhancement of systems and mechanisms for collaboration with early childhood development among government, private sectors, and academic sectors at the district level. 3) Promotion of health and wellness among early childhood during the Covid-19 pandemic through encouraging child development, improving nutrition, and preventing the spread of Covid-19.

Keywords

Learning experiences, early childhood, Childhood Development Center.

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Las Prestaciones de Experiencias de Aprendizaje en los Centros de Educación Infantil durante la Pandemia de COVID-19

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Resumen

Este estudio tuvo como objetivo explorar la provisión de experiencias de aprendizaje para el desarrollo de la infancia en los Centros de Educación Infantil (CDCs) durante la pandemia de Covid-19, centrándose en los aspectos del "qué" y el "cómo". Se recopilieron datos de 57 participantes a través de entrevistas en profundidad y grupales que involucraron a familiares, maestros/cuidadores en los CDCs, líderes y comités comunitarios, así como agencias gubernamentales relevantes en dos áreas de Tailandia. Se utilizó análisis de contenido para analizar los datos cualitativos recopilados entre julio y noviembre de 2020. Los hallazgos revelaron que los CDCs emplearon diversas formas de capital, entre otros: capital humano, de grupo y de redes, sabiduría local, organizacional, financiero y recursos naturales, para adherirse a los Estándares Nacionales de Centros de Desarrollo Infantil. Los CDCs proporcionaron tres patrones distintos de experiencias de aprendizaje para los niños: 1) participación comunitaria en el área local, implicando a las familias y las redes asociadas con los CDCs; 2) mejora de los sistemas y mecanismos de colaboración en el desarrollo de la primera infancia entre el gobierno, el sector privado y el sector académico a nivel de distrito y 3) promoción de la salud y el bienestar infantil durante la pandemia de Covid-19 mediante el fomento del desarrollo infantil, mejorando la nutrición y la prevención de la propagación de Covid-19.

Palabras clave

Experiencias de aprendizaje, educación infantil, Centros de Educación Infantil.

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Early childhood development has been a focal point at the community, society, national and global levels. Thailand has identified early childhood development as a key strategy in the 12th National Economic and Social Development Plan (2017-2021). The plan has had a significant goal to develop early children with the best potentials (Office of the National Economic and Social Development Board, 2017) especially at the age of early childhood, which is the foundation of sustainable development. Early childhood is the age that child's brain develops rapidly with the systematic collaborations and mechanism supported by family, community organizations, local government organizations, and local health services units (Gelli et al., 2018). According to area-based studies regarding early children, early children in Chanthaburi province and Ubon Ratchathani province of Thailand had never received the developmental assessments. There were no useful sources to care for children in the family, and there was no use of modern technology to create child development (Rangjob, Suebsamran & Limpiteeprakan, 2019).

Moreover, some families allowed their children using smartphones and tablets on a regular basis to save time of child caring. These tough circumstances reflect early childhood development's non-compliances with the standards of Ministry of Public Health and the Standards of Early Childhood Educational Institutions. Although these circumstances are caused by various stakeholders such as families, caregivers in the early childcare centers, community members, and related agencies, it is necessary to build collaborations to enhance and develop early children to meet the early childhood development standards. In addition, the COVID-19 pandemic limits early child's (aged 3-5 years) opportunity to learn outside schools. The early childhood development centers, thus, have to prepare and monitor children carefully to ensure safety in such situations (Department of Health, Ministry of Public Health Thailand, 2020). Aligned with some prior research findings, it has been found that the COVID-19 outbreak has led to children experiencing a disadvantaged developmental trajectory compared to their peers, as they are unable to access technology and remote learning opportunities (Timmons, 2021). Additionally, it has been noted that this impact extends to the lack of preparation for remote teaching and learning among teachers as well (Atiles et al., 2021). Therefore, it is noteworthy that the provision of learning experiences at early childhood development centers may lead to varied developmental outcomes for children. This article aims to investigate learning experience provisions for early childhood development in the early childhood development centers against the COVID-19 pandemic to acquire knowledge regarding learning experience provisions by the early childhood development centers. Output of the study leads to enhancement of early childhood development to grow up appropriately, having healthy condition, and maintaining skills of technology usage to become quality person for the nation.

Literature Review

There are two concepts in this study: learning experiences provision, and the integration of system and mechanism to enhance learning experiences provision. Learning experiences provision is a concept used to investigate early childhood development. Learning experiences provisions are activities enhancing child's development in four dimensions including physical,

emotional-mental, social, and intellectual. Principles and guidelines of the learning experiences provisions suggest that there should provide various learning sources and plays to children, and it is important to center around children and response to their needs and interests based on environment that they live (Golberstein et al., 2020). The concept views early childhood development through integrated forms of playing (meaningful play), such as the role playing. Meaningful play contributes early children to learn various skills including communication, language, and imagination by recognizing roles that they have previously experienced (Saracho, 2020). Moreover, it needs to integrate activities appropriately to meet child's ages and interests in (Piqueras et al., 2019; Daelmans et al., 2017).

Therefore, to ensure child's learning achievement, it is very important to provide learning experiences of four dimensions to early children appropriately based on brain/mind learning principles by care providers (El-Henawy, 2019; Marcus et al., 2018). The integration of systems and mechanisms to enhance learning experiences provisions systematically to develop early children's health and wellness (Regmi & Jones, 2020). This notion focuses on the widespread networks and jointly work with the guidelines to form the CDCs with a quality child development system. To achieve a quality CDCs environment and early childhood development, early childhood's teachers of CDCs play a vital role. Teachers of early childhood need to understand the issue of child's learning, learning experiences enhancement, and child's learning habit, while children are using their brains to remember, think, analyze, and learn, which resulting in rapid brain development (Hoemann & Barrett, 2019). They must monitor regularly early childhood development. In regards to learning experience provision to an early childhood, it is a collaboration among persons and the networks that work with the CDCs at the community level and the district level to provide systematic and effective learning experiences to early childhood (Jensen & Iannone, 2018; Yoshikawa et al., 2020). Thus, they must involve parents, community members, networks, local government organizations, and relevant persons in the provision process (Childs & Grooms, 2018; Lau, & Lee, 2021).

Methodology

This study utilized a case study methodology, which is one perspective of qualitative research, to understand the provision of learning experiences in early childhood development centers in Thailand amidst the COVID-19 pandemic. Two locations in Thailand were selected as data sources: Chanthaburi province, due to the fact that early childhood development centers in the area did not meet the quality standards of the National Early Childhood Development Center Standards, and Ubon Ratchathani province, which has consistently passed quality assessments at a high level for several years. Data were collected via in-depth interview regarding early childhood care in the CDCs. Informants included 4-group of 57 persons namely 1) 10 parents who cared for children under 6 years old, 2) community leaders and committees consisted of 3 village headmen, 7 village health volunteers, and 5 local philosophers. All of them were the supporters in early childhood development, 3) 3 local administrative organizations, 7 sub-district health promotion hospital officers, and 5 officers from the district quality of life development committee, and 4) 17 teachers/caregivers (Table 1). All target groups were selected specifically based on predefined characteristics. Then, data were gathered using

snowball sampling method, starting with teachers at the early childhood development centers. They were key informants and stakeholders of the CDCs who involved with early childhood development during the COVID-19 endemic.

Table 1

Number of research participants, classified by research sites

Group	Position/Role	Ubon Ratchathani (person)	Chanthaburi (person)
1	parents who cared for children under 6 years old	5	5
2	Community volunteer		
2.1	village headman	2	1
2.2	village health volunteers	4	3
2.3	local philosophers	2	3
3	Organization officer		
3.1	local administrative organizations	1	2
3.2	sub-district health promotion hospital officers	4	3
3.3	officers from the district quality of life development committee	3	2
4	teachers/caregivers	7	10
Total		28	29

The primary data were acquired through in-depth interviews conducted using distinct interview guidelines tailored for each of the four groups. These interviews comprehensively covered demographic information, community context, resource availability and utilization, and early childhood learning experiences. The participants were categorized into eight groups for the in-depth interviews, as detailed in Table 1. Furthermore, non-participatory observation techniques were employed, and detailed field notes were recorded throughout the data collection process. Triangulation served as a method to validate the collected data, ensuring its reliability and credibility. Data were analyzed using content analysis and descriptive analysis following the framework proposed by Creswell & Poth (2016), consists of three main components: 1) Data organization: This involves summarizing and creating comparative tables to make the data organized and systematic, facilitating categorization, prioritization, and systematic relationship arrangement. 2) Data presentation: This step involves presenting the analytical findings through visual representations such as diagrams and tables, illustrating the relationships among the data clearly to enhance understanding of observed phenomena. 3) Conclusion and interpretation: The final step focuses on verifying the accuracy and precision of the research findings to conclude the field data through interpretation. This research was approved by the Srinakharinwirot University Research Ethic Committee number SWUEC 002/2563E date 15 May 2020.

Results and Discussions

The results of this study are divided into 1) background of the CDCs, 2) the provisions of learning experiences for early childhood development in the CDCs during the COVID-19 endemic. Details of each part are as follows:

1. Background of the CDCs

This section provides an overview of CDCs, focusing on teachers/caregivers and group and network capitals. Of the total 65 CDCs examined, 26 were located in Chanthaburi province, and 39 were in Ubon Ratchathani province. All CDCs underwent quality assessment, revealing critical deficiencies requiring immediate attention. Regarding the background of teachers/caregivers, the majority were female, holding bachelor's degrees in early childhood education or related fields. Nearly half had less than 10 years of experience in CDCs, with half being government officers or contracted employees. These findings align with Nookong and Rungamornrat's (2015) study, which similarly highlighted female dominance among experienced teachers/caregivers in early childhood development centers. In CDCs, teachers/caregivers are considered human capital, trained to enhance childcaring skills (Tallman & Wang, 1994). Moreover, the group and network capitals, both within and outside the community, played pivotal roles in establishing and supporting CDCs. They shared wisdom and knowledge on childrearing skills with the CDCs, contributing to their development, as excerpt from an informant as the following:

People in our community work together, we always help each other. The school asked villagers to teach gardening to children. Villagers were very happy to teach because they were our children. (Community Leader; 2020)

The CDCs received support from government agencies as well as private sector and academic sector on knowledge and resources. Financial capital was supported by local government to facilitate the CDC's operation. Natural resources and physical capitals (Solesbury, 2003), including buildings, playgrounds, libraries, and adjacent gardens, were available to give children the opportunity to learn from various learning resources with quality, as excerpt from an informant as the following:

We support annual funding to the centers appropriately, such as playgrounds and learning equipment, to improve child's development at their ages. We support them physically, mentally, and learning. (Local Government Officer; 2020)

Moreover, both CDCs had operations based on the National Early Childhood Development Center Standards at a very good level by providing learning experiences to promote early childhood development in various dimensions of National Early Childhood Development Center Standards as follows: (Table 2)

(1) Physical development; the centers promoted early childhood health in various ways. First, the building equipped with sufficient bathrooms and toilets for children's hygiene care such as teeth brushing and hand washing. Second, the centers arranged basic needs including

exercising, playing, eating, sleeping, resting, and transportation. Last, the centers also performed screening daily health check-up for cleanliness and detected any disease or injury (Melby et al., 2021), as excerpt from an informant as the following:

Our early childhood center places great importance on the bathroom and hygiene because of the fear of children contracting diseases. The director personally inspects and takes care of the bathroom every day to ensure cleanliness and safety measures are sufficient for the children, as their health is a top priority. (Teacher4; 2020)

(2) Emotional and mental development; the centers worked on this issue by forming well-communication to create a good understanding between parents/guardians and children about caring and the center's operation. The centers also created group activities for children to practice skills of emotional control when they were in group (Williams, Sheridan & Samuelsson, 2017). In addition, the centers organized supportive activities to enhance children's feelings of being happy, bright, cheerful, and having self-positive. The centers also provided experiences of having good morality to children to create moral, discipline, honesty, and as same as promoted citizenship and responsibility to them, as excerpt from an informant as the following:

As parents, we are very grateful to you, the teachers, for providing us with the opportunity to engage in activities with our children almost every day, especially the morning activity of promoting love by hugging and kissing once. (Parents2; 2020)

(3) Social development; like having skills of living. The centers along with parents provided activities to prepare children for readiness before enrolling the centers. The centers-oriented children's activity to create friendly atmosphere and enhance good adaptation before they moved on to higher class. Additionally, the centers set activities to form a good relationship between parents and their children to reduce risk of conflict among children and encouraged them to solve conflict resolution in a creative way, as excerpt from an informant as the following:

In addition to hugging and kissing, the teachers also encourage us to talk and teach our children at home every day. This is because it helps to build a relationship and understanding between parents and children. (Parents2; 2020)

(4) Intellectual development; children would have opportunities to practice listening, speaking, questioning, answering, and discussing skills through arranged activities. The centers provided meaningful activities and experiences in different ways to children for language development and communication. The main objective of these activities was to promote thinking skills. In addition, the centers periodically monitored development of children. The results of children's development would use to improve daily activities for the benefits for children as well as to comply with the standards of early childhood development, as excerpt from an informant as the following:

In addition to ensuring that our early childhood center complies with the National Early Childhood Development Center Standards, as teachers, we continuously strive to develop new skills and knowledge. This enables us to innovate new and stimulating learning experiences that promote holistic child development in various aspects. (Teacher4; 2020)

Additionally, the participation between the CDCs and parents were formed. The result was similar to the result in the study of Chan (2012) that early childhood needed care by those who surrounded them. Early childhood age needed interactions with others. Early childhood should be encouraged to search for answers of questions by themselves from the arranged activities rather than to be passive recipient of knowledge from teachers/parents.

Table 2

Operations based on the National Early Childhood Development Center Standards, classified by research sites

National Early Childhood Development Center Standards	Ubon Ratchathani	Chanthaburi
1. Physical development	Good	Very good
2. Emotional and mental development	Excellent	Good
3. Social development	Very good	Excellent
4. Intellectual development	Very good	Very good

2. The Provisions of Learning Experiences in the COVID-19 Pandemic

There were 3 patterns in the provisions of learning experiences for early childhood development in the CDCs including 1) the community-participation to the CDCs, 2) enhancing the system and mechanism of working with early childhood among government, government sectors, private sectors, and academic sectors at district level, and 3) promoting health and wellness of early childhood during the COVID-19 endemic. Using content analysis, we began by creating a comparative table of the learning experience provisions offered by the early childhood development centers that encourage family and community involvement in activities. This table clearly distinguished between the two research areas. Subsequently, we analysed and synthesized the findings, incorporating them into discussions with previous research works to support our discoveries, as following details.

2.1 The Community Pparticipation to the CDCs

The CDCs built and maintained participation with local community through collaborations of teachers/caregivers and parents of early childhood. As a result, community stakeholders be a part of teaching and caring children. There are benefits of the community-participation to the CDCs. First, early childhood formed the feeling at home. In addition, this was to promote awareness of community on the center's operation. Community leaders and committees were welcomed to involved in many activities organized by the CDCs.

The centers provided learning experiences appropriate to developmental level of early childhood, and allowed children exercised activities, and encouraged to solve problems by themselves. In addition, the centers provided activities enhancing learning skills such as simple

experiments and role playing to create a warm atmosphere for children’s learning which similar to the study of Papavaslopoulou, Giannakos & Jaccheri, (2019); Mavilidi et al., (2018) (Table 3). This finding is similar to the study of Greenhow & Askari (2017) that sometimes teachers and social networks embedded in community involved in early childhood care activities. People in community could be educators, learners, and sponsors through the participation. The CDCs’ operation in collaboration with local communities improved their potential. Many CDCs had been upgraded to higher level. However, some CDCs failed to improve because of the limitations on resources and their readiness.

It was clear that learning experience provisions with community-participation pattern improved children’s development in the CDCs. However, the CDCs still dealt with the persist issues of inappropriate to age of development and malnutrition which led to the innovation to solve the development of the early childhood development centers. This finding conformed to the study of Ghufren & Ermawati (2018) which suggested that learning management through complex processes generates opinions and criticism on various issues which lead to the construction of social innovation.

Table 3

The community-participation to the CDCs based on the National Early Childhood Development Center Standards, classified by research sites

The community-participation	Ubon Ratchathani	Chanthaburi
1. Physical development	✓	✓
2. Emotional and mental development	✓	✓
3. Social development	✓	✓
4. Intellectual development	✓	×

2.2 Enhancing the System and Mechanism of Working with Early Childhood Among Government, Government Sectors, Private Sectors, and Academic Sectors at District Level

Enhancing the system and mechanism of working were done in many forms. To strengthen system and mechanism at a district level. CDCs, in collaboration with academic sectors, government sectors, and civic sectors, conducted a discussion to exchange knowledge of early childhood care innovation. In addition, the CDCs jointly analyzed operational strategies at a district level with early childhood’s parents in order to improve learning experience provision for early childhood. Then, information of early childhood’s learning development was collected individually to analyze the benefit of their development in classroom. The information included receiving support of learning materials for the development of children and parents, and assessment of child development from district-level agencies using the tool “Early Childhood Development and Surveillance Manual” (DSPM).

There was collaboration among communities aiming to promote early childhood development. They included educating of executive functions (EF), and preparing children with the 21st century skills (Ganayem & Zidan, 2018; Lisenbee & Ford, 2018; Kim, Raza & Seidman, 2019). Therefore, teachers were able to apply knowledge on EF and related knowledge in teaching techniques and learning experiences provisions at the CDCs and at

home. This would lead to further development of early childhood in the centers, in addition, CDCs developed their quality rapidly several ways. Some CDCs used benchmarking to compare their strengths to each other and upgraded into the early childhood development center network. The development of early childhood curriculum was based on the ways of life of locales, and suggested by stakeholders of the CDCs, which was considered as social capital that each sub-district stakeholders brought to exchange to each other, as excerpt from an informant as the following:

We receive helps from Thai Health Promotion Foundation. They advise us to tell teachers to review how we teach children. They train us to create a better learning course. They teach us to look at what existing capital in the sub-district, and how to learn from the elderly who are full of local knowledge and wisdom. They also teach us to write a teaching plan that integrate way of life and the principles of sufficiency economy. (Teacher1; 2021)

University teacher team come to train teachers and parents on EF. Parents and teachers work together to develop early childhood. They advise teachers to think about what kind of EF already exist in the course. They suggest indicating in the learning plan first, and then in the curriculum. (Teacher2; 2021)

The result of enhancing system and mechanism of working had driven development of early childhood using strategies and action plans for early childhood development at the district level. The action plan operated among the public health network which was at the sub-district working network. In addition, The CDCs improved their capacity improved rapidly, leading to a specific management of the centers as well as learning management for better early childhood development.

2.3 Promoting Health and Wellness of Early Childhood During the COVID-19 Endemic

The COVID-19 endemic is a global crisis that has affected on site learning of the CDCs. It may be the issue of early childhood development. To deal with early childhood development during COVID-19 endemic, “ongoing learning” process was very challenge to the CDCs and parents. Ongoing learning applied to support children’s learning under the safety protocol and prevention of the disease. Ongoing learning provided options to children’s families to keep on with their child development and amended malnourished child. Therefore, the participatory activities of stakeholders and the CDCs were introduced to make a different. The details of activities were as follows:

(1) Enhancing early childhood development and providing ongoing learning experiences; this activity occurred through homeschooling. The activity engaged parents to encourage early childhood development (learning at home) by supporting the DSPM Child Development Assessment Kit for individual child. Parents were taught to practice using the kit and observe their child’s behaviour and development at home. This was to enhance parents’ understanding so that they were able to train their children effectively. The findings were confirmed to the study of Humphries, Williams & May (2018) that fostering child development through homeschooling was a process requiring great childcare from parents. Parents had to keep track of child's attention to achieve the ongoing learning which was one of learning experiences.

(2) Enhancing early childhood's nutrition through a support of "the warmth bags" to help children's families during the COVID-19 endemic. First, searching families in need of nutritional aid through the participation of various agencies in the sub-district. Then, teachers, in collaboration with local governments and the CDCs, provided food supplies to the needed families. Finally, the "warmth bags" were delivered to families to support nutrition of early children. In addition, the CDCs strongly encourage and support the prevention of COVID-19 among families through the survey and surveillance of the virus infection. This was considered as one of the learning experience provisions based on environmental dimension (Melo-Pfeifer, 2017) to develop early childhood.

(3) Providing understanding and awareness of the COVID-19 prevention (online via Zoom) and supporting the muslin mask for early childhood in Chanthaburi and Ubon Ratchathani provinces. This activity operated through the CDCs and related agencies (Kim, Nyengerai & Mendenhall, 2022). This was an indirect action to provide learning experiences to early childhood, as excerpt from an informant as the following:

The officials of the local government are not complacent when there is an outbreak of the COVID-19. We encourage and support all of departments to know and access the preventing measures to prevent and deal with this endemic. Moreover, there is also continuous follow-up to see if any departments have strictly followed the measures or not to prevent the unwanted incidents in our area. (Local Administrative Organization Officer; 2018)

The results of promoting health of early childhood during the COVID-19 endemic offered by the CDCs was an opportunity to provide ongoing learning experiences to them. As stated, that learning experiences provisions were based on the phenomenon-based approach through activities (Adaktylou, 2020). Consequently, early childhood in the centers in Ubon Ratchathani province and Chanthaburi province comprehensively protected from the COVID-19 disease (Table 4).

Early children were encouraged to have proper nutrition through the support of "the warmth bags" to empower early children and families to overcome the crisis. In addition, early children were encouraged to develop four aspects of development by homeschooling through the support of learning materials and early childhood development kits from early childhood development center in local area. In addition, the centers receive the sterile storytelling incubator, and the infection prevention kits. Activities to enhance homeschooling for early children enabled parents to understand how to use the development-promoting kits. Regarding the use of equipment to enhance children's development, most early children were doing well, only a few could not because some children lack of concentration, spoke cartoon language. Some early children had problems because they were not interested, stubborn, disobedient, sedentary, addicted to playing, addicted to the phone, and not concentrated because they took much time to watch cartoons on smartphone or tablet.

Table 4

Promoting health and wellness of early childhood during the COVID-19 endemic, classified by research sites

Promoting health and wellness of early childhood					Ubon Ratchathani	Chanthaburi
1.	Enhancing	early	childhood	development and providing the ongoing learning experiences	✓	✓
2.	Enhancing early children's nutrition				✓	✓
3.	Providing understanding and awareness of the COVID-19 prevention				✓	✓

However, parents had a good understanding of how to use each equipment. Therefore, parents needed to find ways to improve early childhood learning (Dewitt & Archer, 2017; Magnusson, Sweeney & Landry, 2017). Parents might gradually adjust behavior of early children to be more interested in learning materials. When the centers provided all three patterns of early children's learning experiences, the centers then assessed child's physical, emotional, mental, social and intellectual development. This was an ongoing process and a part of the normal activities that children performed in both individual and small group activities. However, the child development assessment results were used as information or empirical evidence showing the learning development of early children. This kind of provisions allowed stakeholders knowing the progress of child development and be able to use the information to improve operations and activities for each child to develop appropriately. The provisions were carried out under four main principles which were 1) planning a systematic development evaluation, 2) assessing children's development in all aspects, 3) assessing the child's development individually on a regular basis throughout the year, and 4) assessing development from daily activities with various assessment tools including behavioural observations, photographs, and tasks assigned to the child, etc. This will lead to the effective learning experiences provisions to develop early children.

Conclusion

The results in this study showed that quality assessment of the CDCs in Chanthaburi province and Ubon Ratchathani province were at the critical level requiring urgent improvement. In the CDCs, human capital were teacher/caregivers. Group capital was presented as the networks with both internal and external networks. Wisdom capital was skills of childcaring, while agency and organization capital were agencies that support the operation of the CDCs. Economic capital is presented as financial supports from local governments. Natural and physical capitals were buildings, playgrounds, libraries, and nearby gardens. Human capital and wisdom capital were essential for learning experience provision to develop early childhood. Therefore, teachers/caregivers in the centers should be encouraged to have more and broader capitals, develop early childhood to and grow up with high quality in the future.

Moreover, the CDCs operated under the National Early Childhood Development Center Standards at a very good level in the dimension of (1) physical development; including appropriate growing up at their ages, (2) emotional and mental development which is to have good mental health and happiness, (3) social development which provided skills of living, love nature, environment, culture and Thai identity as well as living with others happily, and (4) intellectual development was on using language to communicate appropriate to their ages, and having thinking skills. However, it was noticed that emotional development was slightly implemented that more activities were needed to complete all dimensions of early childhood development. Regarding the provision of learning experiences for early childhood development during the COVID-19 endemic, they included 1) the community-participation to the CDCs, 2) enhancing the system and mechanism of working with early childhood among government, government sectors, private sectors, and academic sectors at district level, and 3) Promoting health and wellness of early childhood. With ongoing learning experience provision, there were various activities for early childhood and families to keep up with child's development, nutritional enhancement, and prevention of the COVID-19. Unfortunately, some CDCs failed to have such operation as the pilot centers due to limitations on resources and their readiness. Therefore, relevant agencies such as academic sector, local government organizations, local health service settings, the district quality of life development committee, as well as the Ministry of Social Development and Human Security, the Ministry of Public Health, the Ministry of Interior, and the Ministry of Education should jointly work to enhance the readiness of all the CDCs for effective operation.

According to the findings in this study, three interesting issues: the CDCs' operation, improved development outcomes, and operational limitations are raised as follows:

(1) Operation of the development center: even the situation of the COVID-19 endemic, the operation of the CDCs in providing learning experiences to early children was consistently arranged at a very high level in Chanthaburi province and Ubon Ratchathani province because of clear action plan and the information were informed and shared to all sectors.

(2) Improved development outcomes: despite the CDCs of both provinces implemented excellent learning experience provision, the outcomes of early childhood development were different. It was found that early childhood in Ubon Ratchathani province had better number of development than those of Chanthaburi province. The difference may root from supporting factors such as family cooperation and limitations of children and their families such as family's financial status, family problems, internet access, etc.

(3) Operational limitations: the CDCs had major limitations of operations and learning experience provision with families in 3 aspects: (3.1) financial status of the children's family; most of the children's families were relatively poor. As a result, most parents relied on the center to care for their child while they worked during day time. Thus, parents had a hard time to participate the CDCs' activities regarding keep up with early childhood's development. (3.2) family problems; many children live in families with problems, such as divorced parents; or some of them live in the skipped-generation households. Consequently, these early childhoods had less access to resources. Additionally, some of them were susceptible to emotional problems. (3.3) Internet access; many families had no internet access due to financial constraints. Thus, some early childhoods were unable to access online teaching during the

COVID-19 endemic. As a result, they lacked the chance of being learned to promote development with their classmates.

According to the above three issues, there were recommendations to the CDCs, and related agencies namely: (1) to the CDCs, there was a clear system for the center's operation to follow. However, it may be better to redetermine the system and adjusted the operation in promoting childhood development, such as focusing on vulnerable children, and those who could not access to online teaching. This was to provide equal opportunity to all early childhoods regarding the promotion of their development, and (2) to related agencies such as local governments, proper budgets should be provided to the CDCs in order to smoothly organize learning experience provisions for all early childhoods during the COVID-19 endemic.

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