



Department
for Education

Actions for early years and childcare providers during the COVID-19 pandemic

July 2021

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Main changes to previous guidance

This guidance sets out the changes that will be possible once Step 4 of the roadmap commences. The following sections have been updated:

- Summary and Overview
- Responsibilities of early years providers and local authorities
 - Actions for local authorities to monitor and manage their local early years markets
- Stepping measures up and down
 - workforce
 - clinically extremely vulnerable children and staff
 - children and staff traveling abroad
 - mixing
 - tracing close contacts and isolation
 - face coverings
- Control measures
- Other considerations for operating the setting
 - application and disapplication of the EYFS framework
 - Ofsted inspections
- Parent and child groups

Insurance

- educational visits

We have moved:

- 'data collection: monitoring of early years and childcare provision during COVID-19' into the section on [responsibilities of early years providers and local authorities](#)
- 'supervised toothbrushing programmes' into the [other guidance available](#) section

We have moved the following guidance to the section [other considerations for managing the setting](#)

- side effects of children taking a routine vaccination or teething
- educational visits

- staying in touch with parents or carers whose child is at home
- children's wellbeing and support
- application and disapplication of the EYFS framework
- reporting COVID-19 cases to Ofsted
- Ofsted inspections

We have removed the sections on:

- workforce – removed most sub-sections
- estates
- attending more than one setting
- shared staff spaces
- equipment
- travelling to the setting
- parent pick ups and drop offs
- malleable materials: messy play
- music, dance and drama
- transport
- safeguarding
- use of private and public outdoor spaces
- trips to indoor spaces
- prioritising early years places
- Early Years Foundation Stage and Reforms – removed most sub-sections
- childminders working with other childminders to look after children
- childminders meeting other childminders
- childminder with household member self-isolating
- quality assurance visits
- entitlement funding
- (Ofsted data) notification requirements of open and closed settings
- entitlement funding

Who this guidance is for

This guidance is for local authorities and all early years providers in England. This includes early years provision in:

- maintained schools
- non-maintained schools
- independent schools
- all providers on the Ofsted early years register
- all providers registered with an early years childminder agency

For reception year groups schools should, in the most part, refer to [actions for schools during the COVID-19 pandemic](#) although some of the information in this guidance is relevant to reception.

Who this guidance does not apply to

This guidance does not apply to:

- nannies or au pairs, as they work in the child's or children's family home
- providers caring for children over the age of 5 and registered with Ofsted on either the compulsory or voluntary childcare register – providers caring for children over the age of 5 should refer to the guidance on [protective measures for holiday and after-school clubs, and other out-of-school settings during the coronavirus \(COVID-19\) outbreak](#)
- providers offering childcare through community activities, holiday clubs, breakfast or after-school clubs, tuition and other out-of-school provision, should refer to [protective measures for holiday and after-school clubs, and other out-of-school settings during the COVID-19 pandemic](#)

Summary

This guidance explains the actions you should take to reduce the risk of transmission of coronavirus (COVID-19) in your setting. This includes public health advice, endorsed by Public Health England (PHE).

You should work closely with parents, carers, staff and, where appropriate unions, when agreeing the best approaches for their circumstances.

We use the terms “must” and “should” throughout the guidance. We use the term “must” when the person in question is legally required to do something and “should” when the advice set out should be followed unless there is good reason not to.

Overview

As the country moves to Step 4 of the roadmap, the government will continue to manage the risk of serious illness from the spread of the virus. This marks a new phase in the government’s response to the pandemic, moving away from stringent restrictions on everyone’s day-to-day lives, towards advising people on how to protect themselves and others, alongside targeted interventions to reduce risk.

As COVID-19 becomes a virus that we learn to live with, there is now an imperative to reduce the disruption to children’s education - particularly given that the direct clinical risks to children are extremely low, and every adult has been offered a first vaccine and the opportunity for two doses by mid-September.

Our priority is for you to deliver face-to-face, high quality education and childcare to all children. The evidence is clear that being out of education and childcare causes significant harm to educational attainment, life chances, mental and physical health.

We have worked closely with the Department of Health and Social Care (DHSC) and Public Health England (PHE) to revise this guidance.

Responsibilities of early years providers and local authorities

Responsibilities of early years providers

Settings are responsible for the following:

- safeguarding - local agencies, services and settings should work together to actively look for signs of harm given the greater risk of harm that some children may have been exposed to through COVID-19
- supporting children's learning, development and wellbeing - continue to follow the [early years foundation stage \(EYFS\) statutory framework](#)
- supporting vulnerable children
- Where you are also caring for children over the age of 5, you should also follow guidance on [protective measures for holiday and after-school clubs, and other out-of-school settings during the COVID-19 pandemic](#).

Responsibilities of local authorities

Local authorities are responsible for the following:

Monitoring demand and capacity for childcare

Continue to work with early years settings to ensure there are sufficient places. This may involve providing places in alternative settings if necessary or working with neighbouring local authorities to co-ordinate provision, while keeping in mind the impact on children and families.

Safeguarding

Continue to promote the welfare of all children in your area, working with partner organisations and agencies, as set out in [working together to safeguard children](#).

Risk assessment

Continue to:

- support early years settings and assess the risks for children whose Education, Health and Care (EHC) plans they maintain

- ensure children with EHC plans are safely cared for whether in a setting or at home

Identifying harm

Continue to work together with local agencies and services to actively look for signs of harm given the greater risk of harm some children may have been exposed to through the COVID-19 pandemic.

Actions for local authorities to monitor and manage their local early years markets

Local authorities should continue to:

- work with early years providers to monitor and manage their local childcare market
- develop an understanding of any gaps in childcare supply, as well as the barriers individual providers are experiencing

Stepping measures up and down

You should have outbreak management plans outlining how you would operate if there were an outbreak in your setting or local area. Given the detrimental impact that restrictions on education can have on children, any measures in settings should only ever be considered as a last resort, kept to the minimum number of settings or groups possible, and for the shortest amount of time possible.

Central government may offer local areas of particular concern an enhanced response package to help limit increases in transmission. The government will review its approach for enhanced response in local areas before Step 4.

If you have several confirmed cases within 14 days, you may have an outbreak.

You should call the dedicated advice service who will escalate the issue to your local health protection team where necessary and advise if any additional action is required, such as implementing elements of your outbreak management plan. You can reach them by calling the [DfE helpline on 0800 046 8687](tel:08000468687) and [selecting option 1](#) for advice on the action to take in response to a positive case.

The [contingency framework](#) describes the principles of managing local outbreaks of COVID-19 in education and childcare settings. Local authorities, directors of public health (DsPH) and PHE health protection teams (HPTs) can recommend measures described in the contingency framework in individual education and childcare settings – or a small cluster of settings – as part of their outbreak management responsibilities.

Workforce

You are best placed to determine the workforce that is required in your setting.

We welcome your support in encouraging vaccine take up and enabling staff who are eligible for a vaccination to attend booked vaccine appointments where possible.

Clinically extremely vulnerable staff and children

Clinically extremely vulnerable (CEV) people are no longer advised to shield, but may wish to take extra precautions to protect themselves and to follow the practical steps set out in the [guidance on shielding and protecting people who are clinically extremely vulnerable from COVID-19](#) to minimise their risk of exposure to the virus.

Staff in settings who are CEV should currently attend their place of work if they cannot work from home. DHSC will publish updated guidance before Step 4.

All children who are CEV should attend their setting unless they are one of the very small number of children on the paediatric or other specialist care who have been advised by their GP or clinician not to attend.

Children and staff travelling from abroad

All children and staff travelling to England must adhere to [travel legislation](#), details of which are set out in [red, amber and green list rules for entering England](#). Parents and carers should bear in mind the impact on their child's learning and development which may result from any requirement to quarantine or isolate upon return.

Risk assessment

You must comply with health and safety law and put in place proportionate control measures. You must regularly review and update your risk assessments - treating them as 'living documents', as the circumstances in your setting and the public health advice changes. This includes having active arrangements in place to monitor whether the controls are effective and working as planned. For more information on what is required of setting leaders in relation to health and safety risk assessments and managing risk, see [Annex A: health and safety risk assessment](#).

Mixing

At Step 4 we will no longer recommend that it is necessary to keep groups apart as much as possible.

If your setting is due to close for the summer but will be still open after Step 4, you may continue with these measures until the end of your summer term.

You should make sure your outbreak management plans cover the possibility that in some local areas it may become necessary to reintroduce keeping groups apart for a temporary period.

Any decision to recommend the reintroduction of keeping groups apart would not be taken lightly and would need to take account of the detrimental impact they can have on the delivery of education and childcare.

Tracing close contacts and isolation

Settings will only need to do contact tracing up to Step 4. From Step 4, close contacts will be identified via NHS Test and Trace and education settings will no longer be expected to undertake contact tracing.

As with positive cases in any other setting, NHS Test and Trace will work with the positive case to identify close contacts. Contacts from a setting will only be traced by NHS Test and Trace where the positive case specifically identifies the individual as being a close contact. This is likely to be a small number of individuals who would be most at risk of contracting COVID-19 due to the nature of the close contact. You may be contacted in exceptional cases to help with identifying close contacts, as currently happens in managing other infectious diseases.

From 16 August 2021, children under the age of 18 years old will no longer be required to self-isolate if they are contacted by NHS Test and Trace as a close contact of a positive COVID-19 case.

Instead, children will be contacted by NHS Test and Trace, informed they have been in close contact with a positive case and advised to take a PCR test. We would encourage all individuals to take a PCR test if advised to do so.

18 year olds will be treated in the same way as children until 4 months after their 18th birthday to allow them the opportunity to get fully vaccinated. At which point, they will be subject to the same rules as adults and so if they choose not to get vaccinated, they will need to self-isolate if identified as a close contact.

Settings will continue to have a role in working with health protection teams in the case of a local outbreak. If there is an outbreak in a setting or if central government offers the area an enhanced response package, a director of public health might advise a setting to temporarily reintroduce some control measures.

Face coverings

From Step 4, face coverings will no longer be recommended for staff and visitors in corridors or communal areas. You can find more information on the use of face coverings including when to wear one, exemptions and how to make your own [here](#).

From Step 4, the Government is removing the requirement to wear face coverings in law but expects and recommends that they are worn in enclosed and crowded spaces where you may come into contact with people you don't normally meet. This includes public transport.

In circumstances where face coverings are recommended

If you have an outbreak in your setting, a director of public health might advise you that face coverings should temporarily be worn in communal areas by staff and visitors (unless exempt). You should make sure your outbreak management plans cover this possibility.

In these circumstances, transparent face coverings, which may assist communication with someone who relies on lip reading, clear sound or facial expression to communicate, can also be worn. Transparent face coverings may be effective in reducing the spread of COVID-19. However, the evidence to support this is currently very limited. Face coverings (whether transparent or cloth) should fit securely around the face to cover the nose and mouth and be made with a breathable material capable of filtering airborne particles.

The main benefit from a transparent face covering is that they can aid communication, for example enabling lip-reading or allowing for the full visibility of facial expressions, but this should be considered alongside the comfort and breathability of a face covering that contains plastic, which may mean that the face covering is less breathable than layers of cloth.

Face visors or shields can be worn by those exempt from wearing a face covering but they are not an equivalent alternative in terms of source control of virus transmission. They may protect the wearer against droplet spread in specific circumstances but are unlikely to be effective in preventing the escape of smaller respiratory particles when used without an additional face covering. They should only be used after carrying out a risk assessment for the specific situation and should always be cleaned appropriately.

The use of face coverings may have a particular impact on those who rely on visual signals for communication. Those who communicate with or provide support to those who do, are exempt from any recommendation to wear face coverings in education and childcare settings.

Control measures

You should:

1. Ensure good hygiene for everyone
2. Maintain appropriate cleaning regimes, using standard products such as detergents
3. Keep occupied spaces well ventilated
4. Follow public health advice on testing, self-isolation and managing confirmed cases of COVID-19.

1. Ensure good hygiene for everyone

Hand hygiene

Frequent and thorough hand cleaning should now be regular practice. You should continue to ensure that children clean their hands regularly. This can be done with soap and water or hand sanitiser.

Respiratory hygiene

The 'catch it, bin it, kill it' approach continues to be very important.

The [e-Bug COVID-19 website](#) contains free resources for you, including materials to encourage good hand and respiratory hygiene.

Use of personal protective equipment (PPE)

Most staff in settings will not require PPE beyond what they would normally need for their work.

More information on the use of PPE for COVID-19 can be found in [use of personal protective equipment \(PPE\) in education, childcare and children's social care settings, including for aerosol generating procedures \(AGPs\)](#)

2. Maintain appropriate cleaning regimes, using standard products such as detergents

You should put in place and maintain an appropriate cleaning schedule. This should include regular cleaning of areas and equipment (for example, twice per day) with a particular focus on frequently touched surfaces.

PHE has published guidance on the [cleaning of non-healthcare settings](#).

3. Keep occupied spaces well ventilated

When your setting is in operation, it is important to ensure it is well ventilated and that a comfortable environment is maintained.

You should identify any poorly ventilated spaces as part of your risk assessment and take steps to improve fresh air flow in these areas, giving particular consideration when holding events where visitors such as parents are on site, for example for a show or play.

Mechanical ventilation is a system that uses a fan to draw fresh air, or extract air from a room. These should be adjusted to increase the ventilation rate wherever possible and checked to confirm that normal operation meets current guidance and that only fresh outside air is circulated.

If possible, systems should be adjusted to full fresh air or, if this is not possible, then systems should be operated as normal as long as they are within a single room and supplemented by an outdoor air supply.

Where mechanical ventilation systems exist, you should ensure that they are maintained in accordance with the manufacturers' recommendations.

Where it is safe to do so, opening external windows can improve natural ventilation and, in addition, opening internal doors, can also assist with creating a throughput of air. If necessary, external opening doors may also be used (if they are not fire doors and where safe to do so).

You should balance the need for increased ventilation while maintaining a comfortable temperature.

The [Health and Safety Executive guidance on air conditioning and ventilation during the coronavirus outbreak](#) and [CIBSE - Coronavirus COVID 19](#) provides more information.

4. Follow public health advice on testing, self-isolation and managing confirmed cases of COVID-19

When an individual develops COVID-19 symptoms or has a positive test

Children, staff and other adults should follow public health advice on [when to self-isolate and what to do](#). They should not come into the setting if they have [symptoms](#) or other reasons requiring them to stay at home due to the risk of them passing on COVID-19 (for example, they are required to quarantine).

If anyone in your setting develops [symptoms of COVID-19](#), however mild, you should send them home and they should follow public health advice.

For everyone with symptoms, they should avoid using public transport and, wherever possible, be collected by a member of their family or household.

If a child is awaiting collection, appropriate PPE should be used if close contact is necessary. Further information on this can be found in [use of personal protective equipment \(PPE\) in education, childcare and children's social care settings, including for aerosol generating procedures \(AGPs\)](#). Any rooms they use should be cleaned after they have left.

The household (including any siblings) should follow the PHE [stay at home: guidance for households with possible or confirmed coronavirus \(COVID-19\) infection](#).

Asymptomatic testing

Testing remains important in reducing the risk of transmission of infection within settings. That is why, whilst some measures are relaxed, others will remain, and if necessary, in response to the latest epidemiological data, we all need to be prepared to step measures up or down in future depending on local circumstances.

Over the summer, staff should continue to test regularly if they are attending settings that remain open. Regular testing will then pause in settings over the summer if they are closed. However, testing will still be widely available over the summer and kits can be collected either from your local pharmacy or ordered online.

Early years staff should undertake twice weekly home tests whenever they are on site until the end of September, when this will also be reviewed.

Early years children are not included in the rapid testing programme. PHE has advised there are limited public health benefits attached to testing early years children with [rapid lateral flow tests](#). Young children may find the [rapid lateral flow testing](#) process unpleasant and are unable to self-swab.

Confirmatory PCR tests

Staff and children with a positive [rapid lateral flow test](#) result should self-isolate in line with the [guidance for households with possible coronavirus infection](#). They will also need to [get a free PCR test to check if they have COVID-19](#).

Whilst awaiting the PCR result, the individual should continue to self-isolate.

If the PCR test is taken within 2 days of the positive rapid lateral flow test, and is negative, it overrides the rapid lateral flow test and they can return to the setting, as long as the individual doesn't have COVID-19 symptoms.

Tracing until Step 4

Until Step 4, we expect you to continue to fulfil your contact tracing responsibilities.

Where a case is identified, you should initiate contact tracing procedures.

You may receive support through the dedicated advice service introduced by PHE, which can be reached via the DfE helpline on 0800 046 8687, or PHE local health protection team if escalated.

From Step 4, close contacts will be identified via NHS Test and Trace. You may be contacted in exceptional cases to identify close contacts, as currently happens in managing other infectious diseases. You will continue to have a role in working with health protection teams in the case of a local outbreak.

Test and Trace Support Payments

Some staff, parents and carers may be eligible for a one-off Test and Trace Support Payment of £500 if they have been told to self-isolate by their education setting. This is payable in one lump sum from the local authority.

Further information is available on [claiming financial support under the Test and Trace Support Payment scheme](#).

Other considerations

Further information is available in [supporting children with medical conditions](#)

You should ensure that key contractors are aware of the setting's control measures and ways of working.

Admitting children back to the setting

In most cases, parents and carers will agree that a child with symptoms should not attend the setting, given the potential risk to others. If a parent or carer insists on a child attending your setting, you can take the decision to refuse the child if, in your reasonable judgement, it is necessary to protect other children and staff from possible infection with COVID-19. Your decision would need to be carefully considered in light of all the circumstances and current public health advice.

Other considerations for operating the setting

Operating breakfast and after school clubs and other providers of wraparound childcare

Providers of wraparound childcare should refer to the guidance [protective measures for holiday or after-school clubs and other out-of-school settings for children during the coronavirus](#)

Arrangements for providing meals

Where children qualify for benefits-related free school meals, because they meet the qualifying criteria, including receiving education both before and after lunch during term-time, they should receive this support as normal. In any instance where an eligible child is self-isolating at home due to COVID-19, this support should continue to be provided (where possible) for example via the provision of a lunch parcel.

In all other settings, where free meals do not apply, you may charge for meals in line with national entitlements guidance. You should consider the impact of charges on disadvantaged families. Kitchens should comply with the [guidance for food businesses on COVID-19](#).

Side effects of children taking a routine vaccination or teething

Vaccines may cause a mild fever in children. This is a common and expected reaction, and isolation is not required unless COVID-19 is suspected. Find out more from [vaccination tips for parents](#).

Whilst teething can cause some known side effects such as flushed cheeks and sore gums, [NHS guidelines](#) state that fever is not a symptom of teething.

Parents and carers should monitor side effects from a vaccination or teething, and if they are concerned about their child's health, they should seek advice from their GP or NHS 111.

If COVID-19 is suspected the child should start isolating and get tested.

Staying in touch with parents or carers whose child is at home

All children should be able to attend as normal, with the exception of those children who may still have to self-isolate.

We recognise that many settings have already shared resources for children who are at home and we are grateful for this.

You should consider how:

- to continue to support the learning of children who do not attend settings including how these children can maintain contact with their key person and peers through the early years setting
- parents and carers can be supported to provide a positive learning environment at home

You can also direct parents and carers to:

- [Hungry Little Minds](#) - provides simple fun, activities for kids aged 0 to 5 for parents to do at home with children to support their early learning
- [BBC Tiny Happy People](#) - activities for babies, toddlers and children
- [Family Zone - National Literacy Trust](#)
- [help children aged 2 to 4 to learn at home during COVID-19](#)

You should work with local authorities to monitor the welfare of:

- vulnerable children who are not attending provision
- other children they might wish to keep in touch with, for safeguarding purposes

Children's wellbeing and support

Some children may be experiencing a variety of emotions in response to the COVID-19 pandemic, such as anxiety, stress or low mood.

You may need to provide more focused support for children's individual issues, drawing on external support where necessary and possible. To support this, you may wish to access the free resource [MindEd](#) learning platform for professionals, which contains materials on peer support, stress, fear and trauma, and bereavement. MindEd has also developed a COVID-19 [staff resilience hub](#) with advice and tips for frontline staff.

Application and disapplication of the early years foundation stage framework

The [early years foundation stage \(EYFS\) statutory framework](#) sets the standards that schools and childcare settings must meet for the learning, development and care of children from birth to 5 years old.

You can use specific temporary EYFS disapplications if COVID-19 national or local restrictions in England prevent you from delivering the EYFS as normal.

Details can be found in the guidance on [EYFS: coronavirus disapplications](#).

The disapplications end on 31 August 2021.

Reporting COVID-19 cases to Ofsted

You must notify Ofsted, or the childminder agency with which you are registered, of any confirmed cases in the setting, whether a child or a staff member. You should also tell Ofsted if you have to close the setting as a result. This is a legal requirement. Report as soon as you are able to, and in any case within 14 days. See the [guidance on reporting incidents](#) to assure all the information required is included.

Ofsted inspections

Ofsted resumed on-site Education Inspection Framework (EIF) inspections of registered early years providers on 4 May 2021. You can find out more about Ofsted's return to graded inspections on [Ofsted: COVID-19 rolling update](#).

Parent and child groups

From Step 4, parent and child groups can operate as normal / without restrictions on attendance.

Protective measures for parent and child groups

You should follow the control measures in this guidance, which will help towards mitigating the risks of COVID-19 for all children and adults.

Singing in parent and child groups

When we move to Step 4, there will be no limits on the number of people who can sing indoors or outdoors. Some activities, however, can increase the risk of catching or passing on COVID-19. This happens where people are doing activities which generate more droplets as they breathe heavily, such as singing, dancing, exercising or raising their voices. The risk is greatest where these factors overlap, for example in crowded indoor spaces where people are raising their voices.

In situations where there is a higher risk of catching or passing on COVID-19, you should be particularly careful to follow the guidance on [keeping yourself and others safe](#).

Charging parents and carers if their child is unable to take up their place

Providers should continue to be fair and balanced in dealings with parents or carers and must continue to avoid unfair charging practices. Providers should refer to:

- the [open letter to the early years' sector](#) published by the Competitions and Markets Authority (CMA) on the 28 July 2020
- the CMA's detailed [advice to the nursery and early years sector about COVID-19 restrictions and consumer law advice](#)
- the CMA's broader advice on [cancellations and refunds for consumer contracts affected by COVID-19 health restrictions](#)

Each case needs to take account of individual contracts considered from the perspective of both parties and the application of the law and guidance to both providers as businesses and parents as consumers. The general principle is that providers should not charge parents or carers for services that cannot be provided. If there is a barrier to accessing childcare, based on government guidance or the law, the provider should not charge the parents or carers for this period.

Insurance

Educational visits

Given the likely gap in COVID-19 related cancellation insurance, if you are considering booking a new visit, you are advised to ensure that any new bookings have adequate financial protection in place.

Business interruption insurance

For childcare providers that have a policy which covers government-ordered closure and unspecified notifiable diseases, you should seek advice from your insurer or broker as to whether the terms and conditions in your policy allows you to make a claim. Advice may also be sought from the Association of British Insurers (ABI).

Public liability insurance

It is a legal requirement that providers must carry the appropriate insurance (for example, public liability insurance) to cover all premises from which they provide childcare, including childminding. Nurseries should check the terms and conditions of their public liability insurance policies and consult with their insurance providers and brokers to determine their coverage for COVID-19. For general advice on insurance matters (but not on specific policies) including those related to COVID-19, the ABI can be contacted by telephone on 020 7600 3333 or email at info@abi.org.uk.

Other guidance available

Infection prevention and control

- [use of personal protective equipment \(PPE\) in education, childcare and children's social care settings, including for aerosol generating procedures \(AGPs\)](#)

Self-isolating

- [If you need to self-isolate or cannot attend work due to coronavirus](#)
- [What to do if you're employed and cannot work](#)
- [Coronavirus restrictions: what you can and cannot do](#)
- [Guidance for contacts of people with confirmed COVID-19 infection who do not live with the person](#)

Funding

- [Financial support for education, early years and children's social care](#)
- [Use of free early education entitlements funding during COVID-19](#)
- [30 hours free childcare](#)
- [Tax-free childcare](#)

Coronavirus Job Retention Scheme

- [Check if you can claim for your employees' wages through the Coronavirus Job Retention Scheme](#)
- [Furlough scheme extended and further economic support announced](#)
- [Claim for wages through the Coronavirus Job Retention Scheme](#)
- [Coronavirus Job Retention Scheme \(CJRS\) – a step by step guide for employers](#)

Other business support

- [COVID-19: financial support for education, early years and children's social care](#)
- [Self-Employment Income Support Scheme \(SEISS\)](#)
- [Business rates: nursery \(childcare\) discount 2020 to 2021: coronavirus response – local authority guidance](#)
- [Check if you're eligible for the coronavirus Local Restrictions Support Grant \(for open businesses\) Business Insurance ABI](#)

EYFS disapplications

- [Early years foundation stage: coronavirus disapplications](#)

Ofsted

- [Ofsted's response to COVID-19](#)

Supervised toothbrushing programmes

- [Supervised toothbrushing programmes in early years and school settings.](#)



Department
for Education

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