



Department  
for Education

# **Actions for early years and childcare providers during the coronavirus (COVID- 19) outbreak**

**From 15 March 2021**

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## Main changes to previous guidance

On 15 March 2021 we updated this guidance as follows:

- [parent and child groups](#)
- [system of controls: book a polymerase chain reaction \(PCR\) test after having a positive lateral flow device \(LFD\) test at home](#)
- [minimise contact](#): when travelling to the setting
- [minimise contact](#): equipment
- [visitors to the setting](#): external professionals

A list of the [previous updates](#) to this guidance is available.

## 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 coronavirus outbreak](#) although some of the information in this guidance is relevant to reception.

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 coronavirus \(COVID-19\) outbreak](#)

## Introduction

This guidance is intended to support early years settings to manage provision during coronavirus (COVID-19).

Early years registered nurseries, pre-schools, childminders, maintained nursery schools, nursery classes in schools, and other pre-reception provision on school sites should remain open to allow all children to attend full time or their usual hours.

The [system of controls](#) measures outlined in this guidance create an environment for children and staff where the risk of transmission of infection is substantially reduced. Settings therefore need to continue to implement these controls to the fullest extent possible.

We continue to work with the early years sector to understand how they can best be supported to ensure that sufficient, safe, appropriate and affordable childcare is available for those who need it now, and for all families who need it in the longer.

## Local restriction tiers and contingency framework

Local restriction tiers no longer apply to any areas in England.

You should continue to operate as normally as possible during the coronavirus (COVID-19) outbreak. In the event that restrictions in early years settings are needed to help contain the spread of the virus, then you may be asked to revise your delivery models for a short period of time. To help with this, we have published a [contingency framework](#) and [guidance on vulnerable children and critical worker children](#).

Any decision that there should be local restrictions in any childcare or education settings will be made by central Government.



## Other guidance available

This guidance should be read alongside the following guidance.

### Infection prevention and control

[safe working in education, childcare and children's social care settings, including the use of personal protective equipment \(PPE\)](#)

### 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](#)

[Stay at home: guidance for households with possible or confirmed coronavirus \(COVID-19\) infection](#)

[guidance for contacts of people with confirmed coronavirus \(COVID-19\) infection who do not live with the person](#)

### Charging parents if they are unable to take up their child's place

[CMA open letter to the early years sector](#)

[Nursery and early years sector: COVID-19 restrictions and consumer law advice](#)

[statement on coronavirus \(COVID-19\), consumer contracts, cancellation and refunds](#)

### Funding

[financial support for education, early years and children's social care](#)

[use of free early education entitlements funding during coronavirus \(COVID-19\)](#)

[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**

[Coronavirus \(COVID-19\): financial support for education, early years and children's social care](#)

[self-employment Income Support Scheme](#)

[business rates: nursery \(childcare\) discount 2020 to 2021: coronavirus response – local authority guidance - GOV.UK \(www.gov.uk\)](#)

[apply for the Coronavirus Business Interruption Loan Scheme](#)

[check if you're eligible for the coronavirus Local Restrictions Support Grant \(for open businesses\)](#)

[Business Insurance ABI](#)

## **EYFS disapplications and reforms**

[temporary early years foundation stage \(EYFS\) coronavirus \(COVID-19\) disapplications](#)

[EYFS reforms: Government consultation response](#)

## **Ofsted**

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

# Responsibilities of early years providers and local authorities

## Early years providers' responsibilities

We understand that it may not be possible for all settings to be open at this time. You should work together flexibly with other settings and local authorities to agree the provision needed locally to support the needs identified.

Settings are responsible for:

- 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 coronavirus (COVID-19)
- supporting the learning and development of, and caring for, children who attend, as set out in the [early years foundation stage \(EYFS\) statutory framework](#)
- in the case of vulnerable children, particularly those with social workers, early years providers should continue to encourage these children to attend regularly and notify their social worker if they stop attending
- planning and implementing the [system of controls](#), building on the hierarchy of protective measures that have been in use throughout coronavirus (COVID-19)

Where early years settings are also caring for children over the age of 5, they should ensure they are also following guidance on [protective measures for holiday and after-school clubs, and other out-of-school settings during the coronavirus \(COVID-19\) outbreak](#)

## Local authorities' responsibilities

Local authorities are responsible for:

- monitoring demand and capacity for childcare and should work with early years settings to ensure there are sufficient places to cater for those in priority groups as well as meeting local need. 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
- continuing to safeguard and promote the welfare of all children in their area, working with partner organisations and agencies, throughout coronavirus (COVID-19) (as set out in [working together to safeguard children](#))
- supporting early years settings to assess the risks for children whose education, health and care (EHC) plans they maintain, and ensuring those children are safely cared for whether in a setting or at home

- working 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 coronavirus (COVID-19) period

## **Ensuring sufficient places when settings have to close or have low-capacity or demand**

We understand some settings may be unable to open, especially if they are experiencing staff shortages due to self-isolation and sickness, or particularly low levels of demand.

Local authorities will work with local settings to determine the best way to ensure sufficient childcare.

## **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 and where they might temporarily be unable to open more widely or re-open (if they have been closed)
- where needed, manage the wider market flexibly to ensure that there is sufficient childcare provision and continuing to prioritise places for:
  - [vulnerable children](#) and children of [critical workers](#), followed by
  - 3- and 4- year olds, and then
  - younger age groups

This may include:

- moving children between providers where one provider has closed, and another has empty dedicated schools grant (DSG) funded places
- operating through clusters and hubs to maintain educational provision, or
- if necessary, using early years DSG block contingency budgets, where local authorities have them, or uncommitted central spend in the early years budget

## Workforce

Setting leaders are best placed to determine the workforce that is required in their settings, taking into account the advice set out in this section of the guidance for those staff who are clinically extremely vulnerable (CEV). The expectation is that those staff not attending the setting who are still able to work should do so from home where possible.

All staff should follow the [system of controls](#) to minimise the risks of transmission. Following the [system of controls](#) will reduce the risks to all staff significantly.

Some roles, such as some administrative roles, may be conducive to home working, and you should consider what is feasible and appropriate.

You should explain to staff the measures you are putting in place to reduce risks and discuss any concerns individuals may have.

## Employer health and safety and equalities duties

Employers have a legal obligation to protect their employees, and others, including children, from harm. Employers should continue to assess and update health and safety risks and consider how to meet equalities duties in the usual way, especially in light of any changing circumstances. Following the [system of controls](#) will help:

- mitigate the risks of coronavirus (COVID-19) to children and staff
- meet their legal duties to protect employees and others from harm

The Health and Safety Executive published guidance on [first aid during coronavirus \(COVID-19\)](#) which:

- supports local risk assessments
- provides guidance for first aiders

## Supporting staff wellbeing

All employers have a duty of care to their employees and this extends to their mental health.

You should already have mechanisms to support staff wellbeing, and these will be particularly important, as some staff may be particularly anxious about attending the setting.

[Education Support](#) provides targeted support for mental health and wellbeing.

## Supporting people who maybe at increased risk from coronavirus (COVID-19)

### Staff who are clinically extremely vulnerable

Clinically extremely vulnerable (CEV) staff are advised not to attend the workplace. Staff who are CEV will have received a letter from the NHS or their GP telling them this (no new letter is required), and there is [guidance for everyone in this group](#). It provides advice on what additional measures individuals in this group can take.

Employers should talk to their staff about how they will be supported, including to work from home.

Those living with someone who is CEV can still attend work where home working is not possible and should ensure they maintain good prevention practice in the workplace and home settings.

The shielding guidance is reviewed regularly. CEV individuals will be advised in advance of any extension or end date to inform them of changes or continuation of the guidance.

CEV individuals (aged 18 years and over) have been prioritised for vaccination in phase 1 before the general population and in line with the priority ordering set by the Joint Committee on Vaccination and Immunisation.

Current DHSC guidance, informed by PHE, advises that CEV individuals should continue to shield even after they have been vaccinated. This may change as we get further data on the effects of vaccination.

### Staff who are clinically vulnerable

Clinically vulnerable (CV) staff can continue to attend early years settings. While in settings they must follow the [system of controls](#) to minimise the risks of transmission.

Staff who live with those who are CV can attend the workplace but should ensure they maintain good prevention practice in the workplace and at home.

Adults should maintain a 2 metre distance from others. Where this is not possible, they should avoid close face-to-face contact and minimise time spent within 1 metre of others. While the risk of transmission between young children and adults is likely to be low, adults should continue to take care to socially distance from other adults including older children and adolescents.

### Staff who are pregnant

You will need to follow the specific [guidance for pregnant employees](#) because pregnant women are considered CV. In some cases, pregnant women may also have other health

conditions that mean they are considered CEV, where the advice for clinically extremely vulnerable staff will apply. [COVID-19 vaccination: a guide for women of childbearing age, pregnant or breastfeeding](#) contains vaccination advice.

Your workplace risk assessment should already consider any risks to female employees of childbearing age and, in particular, risks to new and expectant mothers. If you are notified that an employee is pregnant, breastfeeding, or has given birth within the last 6 months, you should check the workplace risk assessment to see if any new risks have arisen. An assessment may help identify any additional action that needs to be taken to mitigate risks.

Any risks identified at that point, or later during the pregnancy, in the first 6 months after birth, or while the employee is still breastfeeding, must be included and managed as part of the general workplace risk assessment. You must take appropriate sensible action to reduce, remove or control the risks.

As part of your risk assessment, you should consider whether adapting duties and/or facilitating home working may be appropriate to mitigate risks.

You should be aware that pregnant women from 28 weeks' gestation, or with underlying health conditions at any point of gestation, may be at greater risk of severe illness if they catch coronavirus (COVID-19). This is also the case for pregnant women with underlying health conditions that place them at greater risk of severe illness if they catch coronavirus (COVID-19).

More guidance and advice is available in [coronavirus infection and pregnancy from the Royal College of Gynaecologists](#).

## **Staff who may otherwise be at increased risk from coronavirus (COVID-19)**

Current evidence shows that a range of factors mean that some people may be at comparatively increased risk from coronavirus (COVID-19). Those at particularly high risk from a range of underlying health conditions should now have been included in the CEV group and will be receiving a letter to confirm this.

For others who feel they may be at increased risk, where it is not possible to work from home, these staff can attend settings as long as the [system of controls](#) set out in this guidance are in place. You should continue with an equitable approach to risk management for your workforce, recognising that staff may have a variety of baseline risks. Work continues to build our understanding of what these baseline factors are and the increased risks they pose.

There is further [information available on who is at higher risk from coronavirus](#).

Staff who live with those who may have comparatively increased risk from coronavirus (COVID-19) can attend the workplace where it is not possible to work from home.

## Staff shortages due to sickness or self-isolation

Settings that are experiencing staff shortages should:

- work with their local authority to identify how appropriate provision can be put in place while keeping staffing arrangements as consistent as possible
- where necessary, pool staff with another setting or take on qualified and Disclosure and Barring Service (DBS) checked staff from other educational settings (including local registered childminders) which have been closed, or invite local registered childminders to work with them at the setting - registered childminders can already do this under the 50 / 50 registration flexibility they have
- wherever possible, ensure staffing arrangements are consistent on a weekly basis, rather than a daily basis, in order to limit contacts

## Staff needing to quarantine

There is a risk that where staff travel abroad, their return travel arrangements could be disrupted due to coronavirus (COVID-19) restrictions and they may need to quarantine on their return. Guidance is available on [how to quarantine when you arrive in England](#).

## Recruitment

Recruitment should continue as usual. You should consider a flexible approach to interviews, with alternative options to face-to-face interviews offered where possible.

Where face-to-face meetings are necessary, you should share the setting's control measures in advance and make it clear to candidates that they must follow the [system of controls](#) that you have in place. This includes any requirements for wearing face coverings where social distancing cannot be managed safely.

When recruiting, you must continue to adhere to the legal requirements regarding pre-appointment checks.

## Agency, peripatetic, students and other temporary staff

You can continue to use agency, peripatetic and other temporary staff, including students, and they can move between settings. All temporary and regular staff and visitors should follow the arrangements for managing and minimising risk based on the



system of controls. They should also have access to information on the safety arrangements and be provided with this as soon as possible after the booking.

You can work with external coaches, clubs and organisations for curricular and extra-curricular activities. You should be satisfied that it is safe to do.

To help minimise the numbers of temporary staff entering the setting, you should consider:

- using longer assignments with agency staff
- agreeing to a minimum number of hours across the academic year

This also applies to other temporary staff such as:

- support staff working on an agency basis
- peripatetic staff such as music tutors and sports coaches
- those working in before- and after- school clubs and extra-curricular activities

## Volunteers

Volunteers may be used to support the work of the setting, as would usually be the case. It is important that they are properly supported and given appropriate roles.

Where you are using volunteers, continue to follow the appropriate safeguarding checks and risk assessment process. Under no circumstances should a volunteer who has not been appropriately checked and risk assessed be left unsupervised or allowed to work in regulated activity.

Mixing of volunteers across groups should be kept to a minimum, and they should adhere to the [system of controls](#) in place.

## Student placements

Students completing Level 2, Level 3 qualifications, including the T Level in Education and Childcare, and early years initial teacher training (EYITT) trainees, are included in the definition of critical workers. Students and trainees can continue to go into their early years setting on placement.

We encourage you to find ways to continue hosting students completing Level 2 and Level 3 qualifications, including Education and Childcare T Level learners, and EYITT trainees that require a placement. This is to protect the pipeline of future early years staff. Trainees and students should follow the [system of controls](#) put in place by early years settings.

## Support for placements

Private, voluntary or independent settings which offer placements may be able to apply for a financial incentive worth £1,000 to help with the cost of the placement until 31 July 2021 (this does not include T level placements). Maintained settings should contact their local authority to check whether they are eligible to apply for the incentive.

More information in [traineeship employer incentive registration form](#)

## Risk assessments

Employers have a legal duty to protect people from harm. This includes taking reasonable steps to protect staff, children and others from coronavirus (COVID-19) within the setting.

You should implement sensible and proportionate control measures which follow the health and safety hierarchy of controls to reduce the risk to the lowest reasonably practicable level. This hierarchy of controls is set out in [Annex A: health and safety risk assessment](#).

You must regularly review and update your risk assessments – treating them as ‘living documents’ – as the circumstances at the setting and the public health advice changes. This includes having active arrangements in place to monitor that the controls are:

- effective
- working as planned

You must notify your staff and their health and safety representatives of review outcomes.

When conducting risk assessments, you should ensure consideration is given to staff and children with protected characteristics from groups where a disparity has been shown by the review of disparities in risks and outcomes (for example, age and sex, where someone lives, deprivation, ethnicity and/or people’s occupation).

## Estates

### Fire safety

Fire safety management plans should be reviewed and checked in line with operational changes.

You should check:

- all fire doors are operational at all times
- the fire alarm system and emergency lights have been tested and are fully operational

Carry out emergency drills as normal. You should make adjustments to fire drills to allow for social distancing as appropriate. Refer to [fire safety advice](#).

## Ventilation systems

Where mechanical ventilation systems exist, they should be maintained in accordance with the manufacturers recommendations. Good ventilation with fresh air is essential at all times in settings and particularly during this period.

Refer to the [system of controls](#) for guidance on [keeping occupied spaces well ventilated](#).

## Reopening buildings

If buildings have been closed or have had reduced occupancy, water system stagnation can occur due to lack of use. This can increase the [risk of Legionnaires' disease](#).

Advice on safely re-occupying buildings can be found in the Chartered Institute of Building Services Engineers guidance on [emerging from lockdown](#).

## Emergency first aid

The Health and Safety Executive published guidance [first aid during the coronavirus \(COVID-19\) pandemic](#) which supports local risk assessments and provides guidance for first aiders.

It is clear that treating any casualty properly should be the first concern. Where it is necessary for first aid provision to be administered in close proximity, those administering it should pay particular attention to sanitation measures immediately afterwards, including washing hands.

More information on paediatric first aid certificates during the COVID pandemic can be found in the guidance on [early years foundation stage: coronavirus disapplications](#).

## Public health advice

We have worked closely with the Department of Health and Social Care (DHSC) and PHE to develop this guidance. Based on the recent [ONS data](#), the risks to education and childcare staff are similar to those for most other occupations.

The way to control this virus is the same, even with the current new variants.

You must comply with health and safety law and put in place proportionate control measures. To meet these obligations, you must:

- review your health and safety risk assessments in light of this refreshed guidance; and
- make any necessary changes to your control measures applying the [system of controls](#)

## System of controls

The 'system of controls' set out in this section provides a set of principles for infection control and if you follow this advice and maximise the use of these control measures, they will effectively minimise risks of viral transmission.

We know that the predominant new variant of coronavirus (COVID-19) is more transmissible; however, PHE advice remains that the way to control this virus is with the [system of controls](#), even with the current new variants.

In this section where something is essential for public health reasons, as advised by Public Health England (PHE), we have said 'must'. Where there is a legal requirement we have made that clear. This guidance does not create any new legal obligations.

This is the set of actions you must take. They are grouped into 'prevention' and 'response to any infection'.

If you follow the system of controls, you will effectively reduce risks in your setting and create an inherently safer environment.

# System of controls: Summary

## Prevention

### You must always:

1. [Minimise contact with individuals who are required to self-isolate by ensuring they do not attend the setting](#)
2. [Ensure face coverings are used in recommended circumstances](#)
3. [Ensure everyone is advised to clean their hands thoroughly and more often than usual](#)
4. [Ensure good respiratory hygiene for everyone by promoting the 'catch it, bin it, kill it' approach](#)
5. [Maintain enhanced cleaning, including cleaning frequently touched surfaces often, using standard products such as detergents](#)
6. [Consider how to minimise contact across the setting and maintain social distancing wherever possible](#)
7. [Keep occupied spaces well ventilated](#)

### In specific circumstances:

8. [Ensure individuals wear the appropriate personal protective equipment \(PPE\) where necessary](#)
9. [Promote and engage in asymptomatic testing, where available](#)

## Response to any infection

### You must always:

10. [Promote and engage with the NHS Test and Trace process](#)
11. [Manage and report confirmed cases of coronavirus \(COVID-19\) amongst the setting community](#)
12. [Contain any outbreak by following local health protection team advice](#)

## System of controls: Prevention

### 1. Minimise contact with individuals who are required to self-isolate by ensuring they do not attend the setting

#### When an individual develops coronavirus (COVID-19) symptoms or has a positive test

Children, staff and other adults **must not** come into the setting if:

- they have one or more [coronavirus \(COVID-19\) symptoms](#)
- a member of their household (including someone in their [support bubble](#) or [childcare bubble](#) if they have one) has coronavirus (COVID-19) symptoms
- they are required to [quarantine having recently visited countries outside the Common Travel Area](#)
- they have had a positive test
- they have been in close contact with someone who tests positive for coronavirus (COVID-19)

They must not attend with immediate effect and for at least 10 days from the day after:

- the start of their symptoms
- the test date, if they did not have any symptoms but had a positive test (whether this was a [lateral flow device \(LFD\)](#) or [polymerase chain reaction \(PCR\)](#) test). Staff with a positive LFD test result will also need to arrange a lab-based polymerase chain reaction (PCR) test to confirm the result, if the LFD test was done at home.

You must follow this process and ensure everyone onsite or visiting is aware of it.

If anyone in your setting develops a new and continuous cough or a high temperature, or has a loss of, or change in, their normal sense of taste or smell (anosmia), you:

- must send them home to begin isolation. The isolation period includes the day the symptoms started and the next 10 full days
- advise them to follow the [stay at home: guidance for households with possible or confirmed coronavirus \(COVID-19\) infection](#)
- advise them to [arrange to have a test](#) to see if they have coronavirus (COVID-19)

Other members of their household (including any siblings and members of their support or childcare bubble if they have one) should self-isolate. Their isolation period includes the day symptoms started for the first person in their household, or the day their test was taken if they did not have symptoms, whether this was a [lateral flow device \(LFD\)](#) or [polymerase chain reaction \(PCR\) test](#)), and the next 10 full days. If a member of the household starts to display symptoms while self-isolating, they will need to restart the 10 day isolation period and book a test.

If anyone tests positive whilst not experiencing symptoms but develop symptoms during the isolation period, they must restart the 10 day isolation period from the day they developed symptoms.

If a child is awaiting collection:

- they should be moved, if possible, to a room where they can be isolated behind a closed door, depending on the age and needs of the child, with appropriate adult supervision if required
- a window should be opened for fresh air ventilation, if it is safe to do so
- if it is not possible to isolate them, move them to an area which is at least 2 metres away from other people
- if they need to go to the bathroom while waiting to be collected, they should use a separate bathroom if possible. The bathroom must be cleaned and disinfected using standard cleaning products before being used by anyone else
- personal protective equipment (PPE) must be worn by staff caring for the child while they await collection if a distance of 2 metres cannot be maintained (such as for a very young child or a child with complex needs). More information on PPE use can be found in the [safe working in education, childcare and children's social care](#)

In an emergency, call 999 if someone is seriously ill or injured or their life is at risk.

Anyone with coronavirus (COVID-19) symptoms should not visit the GP, pharmacy, urgent care centre or a hospital, unless advised to.

The individual should not use public transport if they are symptomatic. If arranging their return to their family home to isolate, settings should follow advice on transport arrangements in the [Safe working in education, childcare and children's social care settings, including the use of personal protective equipment \(PPE\)](#).

Public Health England (PHE) has good evidence that routinely taking the temperature of children is not recommended as this is an unreliable method for identifying coronavirus (COVID-19).



Further action to take when someone tests positive in the setting, can be found in [manage and report confirmed cases of coronavirus \(COVID-19\) amongst the setting](#).

## **When an individual has had close contact with someone with coronavirus (COVID-19) symptoms**

Any member of staff who has provided [close contact](#) care to someone with symptoms, regardless of whether they are wearing PPE, and all other members of staff or children who have been in [close contact](#) with that person, do not need to go home to self-isolate unless:

- the symptomatic person subsequently tests positive
- they develop symptoms themselves (in which case, they should self-isolate immediately and [arrange to have a test](#))
- they are requested to do so by NHS Test and Trace or the Public Health England (PHE) advice service (or PHE local health protection team if escalated) they have tested positive with an [LFD](#) test as part of a community or worker programme

Everyone must wash their hands thoroughly for 20 seconds with soap and running water or use hand sanitiser after any contact with someone who is unwell. The area around the person with symptoms must be cleaned after they have left, to reduce the risk of passing the infection on to other people. See [COVID-19: cleaning of non-healthcare settings outside the home](#)

If you are contacted by NHS Test and Trace or your local health protection team and told to self-isolate because you have been a [close contact](#) of a positive case, you have a legal obligation to do so.

## **2. Ensure face coverings are used, in recommended circumstances**

The Government is not recommending universal use of face coverings in early years settings because the [system of controls](#) provides additional mitigating measures. Some people are unable or advised not to wear face coverings including children under the age of 11. PHE also advise that for health and safety reasons, face coverings should not be used in any circumstances for children under 3. Misuse may inadvertently increase the risk of transmission, and there may also be negative effects on communication and children's development.

### **Adult use of face coverings**

In early years settings, we recommend that face coverings should be worn by staff and adult visitors in situations where social distancing between adults is not possible (for

example, when moving around in corridors and communal areas). Children in early years settings do not need to wear a face covering.

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. There is currently very limited evidence regarding the effectiveness or safety of transparent face coverings, but they may be effective in reducing the spread of coronavirus (COVID-19).

Face visors or shields should not routinely be worn as an alternative to face coverings. They may protect against droplet spread in specific circumstances but are unlikely to be effective in reducing aerosol transmission 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.

There are some places outside of the setting where the law requires face coverings to be worn, for example on public transport. Further information can be found in [face coverings: when to wear one and how to make your own](#).

## Exemptions

Some individuals are exempt from wearing [face coverings](#). This applies to those who:

- cannot put on, wear or remove a face covering because of a physical impairment or disability, illness or mental health difficulties
- speak to or provide help to someone who relies on lip reading, clear sound or facial expression to communicate

The same exemptions will apply in education and childcare settings and you should be sensitive to those needs, noting that some people are less able to wear face coverings and that the reasons for this may not be visible to others.

## Access to face coverings

Due to the increasing use of face coverings in wider society, staff are already likely to have access to face coverings. PHE has also published guidance on how to [make a simple face covering](#).

You should have a small contingency supply available for people who:

- are struggling to access a face covering
- are unable to use their face covering as it has become damp, soiled or unsafe
- have forgotten their face covering

## Safe wearing and removal of face coverings

You should have a process for when face coverings are worn within your setting and how they should be removed. You should communicate this process clearly to staff and visitors and allow for adjustments to be made for adults with Special Educational Needs and Disabilities (SEND) who may be distressed if required to remove a face covering against their wishes.

Safe wearing of face coverings requires the:

- cleaning of hands before and after touching – including to remove or put them on
- safe storage of them in individual, sealable plastic bags between use

Where a face covering becomes damp, it should not be worn, and the face covering should be replaced carefully. Staff may consider bringing a spare face covering to wear if their face covering becomes damp during the day.

Additional guidance is available in [preventing and controlling infection, including the use of PPE, in education, childcare and children's social care settings](#)

## 3. Ensure everyone is advised to clean their hands thoroughly and more often than usual

Coronavirus (COVID-19) is an easy virus to kill when it is on skin. This can be done with soap and water or hand sanitiser. You must ensure that children clean their hands regularly, including:

- when they arrive at the setting
- when they return from breaks
- when they change rooms
- before and after eating
- after using the bathroom

Consider how often children and staff will need to wash their hands and incorporate time for this into daily routines.

Staff working with children who spit uncontrollably may want more opportunities to wash their hands than other staff. Children who use saliva as a sensory stimulant or who struggle with 'catch it, bin it, kill it' may also need more opportunities to wash their hands.

Continue to help children with complex needs to clean their hands properly.

You will typically have handwash basins in or adjacent to classrooms, so may be able to use these to maximise hand washing.

Frequent and thorough hand cleaning should now be regular practice. You should consider:

- whether you have enough hand washing or hand sanitiser stations available so that all children and staff can clean their hands regularly
- if you need to supervise hand sanitiser use given the risks around ingestion – skin friendly cleaning wipes can be used as an alternative
- building these routines into setting culture, supported by behaviour expectations and helping ensure younger children and those with complex needs understand the need to follow them

#### **4. Ensure good respiratory hygiene for everyone by promoting the ‘catch it, bin it, kill it’ approach**

The ‘catch it, bin it, kill it’ approach continues to be very important. Make sure enough tissues and bins are available to support children and staff to follow this routine. As with hand cleaning, you must ensure younger children and those with complex needs are helped to get this right, and all children understand that this is now part of how the setting operates. The [e-Bug coronavirus \(COVID-19\) website](#) contains free resources, including materials to encourage good hand and respiratory hygiene.

Some children with complex needs will struggle to maintain as good respiratory hygiene as their peers, for example those who spit uncontrollably or use saliva as a sensory stimulant. This should be considered in risk assessments in order to support these children and the staff working with them and is not a reason to deny these children a place at the setting.

#### **5. Maintain enhanced cleaning, including cleaning frequently touched surfaces often, using standard products, such as detergents**

In line with the risk assessment and timetabling of the day, put in place and maintain an enhanced cleaning schedule. This should include:

- more frequent cleaning of rooms or shared areas that are used by different groups
- frequently touched surfaces being cleaned more often than normal
- cleaning toilets regularly
- encouraging children to wash their hands thoroughly after using the toilet
- if your site allows it, allocating different groups their own toilet blocks

PHE has published [COVID-19: cleaning of non-healthcare settings outside the home](#). This contains advice on the general cleaning required in addition to the existing advice on cleaning when there is a suspected case.

## **6. Consider how to minimise contact across the setting and maintain social distancing wherever possible**

Minimising contacts and mixing between people reduces transmission of coronavirus (COVID-19). This is important in all contexts, and you must consider how to implement this. You must do everything possible to minimise contacts and mixing while delivering a broad and balanced provision.

### **Minimise mixing**

Early years settings can operate at normal group sizes. You should still consider how you can minimise mixing within settings, for example using different rooms for different age groups, keeping those groups apart as much as possible. Minimising contact between groups can reduce the number of children and staff required to self-isolate in the event of children or staff testing positive for coronavirus (COVID-19).

This does not extend to cover provision for children over the age of 5. Where early years settings are also caring for children over the age of 5, you should ensure they are also following guidance on [protective measures for out-of-school settings during the coronavirus \(COVID-19\) outbreak](#) which includes guidance on group sizes.

### **Attending more than one setting**

There may be situations where a child needs to attend more than one setting, for example, children attending a childminder before their nursery opens so that their parent or carer may go to work.

Parents and carers should be encouraged to limit the number of settings their child attends, ideally ensuring their child only attends the same setting consistently. This should also be the same for staff.

Where a child routinely attends more than one setting on a part time basis, you should encourage parents and carers to work through the [system of controls](#) collaboratively with you to address any risks identified and allow them to jointly deliver appropriate care for the child. This section of the guidance contains more information about the [system of controls](#).

## Shared staff spaces

You should plan how shared staff spaces are set up and used to help staff to distance from each other. Use of staff rooms should be minimised, although staff must still have a break of a reasonable length during the day.

## Travelling to the setting

Children, parents, carers and staff may use public transport where necessary, but we encourage them to walk, cycle or scoot to and from the setting, wherever it is possible and safe to do so. Where children, parents, carers and staff need to use public transport, they should follow the [safer travel guidance for passengers](#).

## Equipment

For individual and very frequently used equipment, such as pencils and pens, staff should have their own items.

Resources, such as books, toys and equipment, can be used and shared within consistent groups. These should be cleaned regularly, along with all frequently touched surfaces.

Resources that are shared between groups, such as sports, art and cooking equipment should be cleaned frequently. When sharing equipment between different groups, you should either:

- clean it before it is moved between groups
- allow them to be left unused for a period of 48 hours (72 hours for plastics)

Outdoor playground equipment should be more frequently cleaned than normal. This also applies to resources used inside and outside by wraparound care and out-of-school setting providers.

Children should limit the amount of equipment they bring to the setting each day to essentials such as:

- lunch boxes
- hats and coats
- books
- comforters

Bags are allowed.

Children and staff can take books and other shared resources home, although unnecessary sharing should be avoided. Similar rules on hand cleaning, cleaning of the resources and rotation should apply to these resources.

## Parent pick-up/drop-offs

We know that travel-to-setting patterns differ greatly between settings. If those patterns allow, you should consider staggered starts or adjusting start and finish times to keep groups apart as they arrive and leave the setting.

Staggered start and finish times should not reduce the amount of overall time children spend in the setting. A staggered start may, for example, include keeping the length of the day the same but starting and finishing later to avoid busy periods.

You should consider how to communicate this to parents and carers and remind them about the process that has been agreed for drop off and collection, including that gathering at the setting entrance and otherwise coming onto the site without an appointment is not allowed.

## 7. Keep occupied spaces well ventilated

Good ventilation reduces the concentration of the virus in the air, which reduces the risks from airborne transmission. This happens when people breathe in small particles (aerosols) in the air after someone with the virus has occupied an enclosed area.

When the setting is in operation, it is important to ensure it is well ventilated and a comfortable teaching and learning environment is maintained. These can be achieved by a variety of measures including:

- mechanical ventilation systems – these should be adjusted to increase the ventilation rate wherever possible, and checked to confirm that normal operation meets current guidance (if possible, systems should be adjusted to full fresh air or, if not, then systems should be operated as normal as long as they are within a single room and supplemented by an outdoor air supply)
- natural ventilation – opening windows where safe to do so (in cooler weather windows should be opened just enough to provide constant background ventilation and opened more fully during breaks to purge the air in the space)

The [HSE ventilation and air conditioning during the coronavirus \(COVID-19\) pandemic](#) and [CIBSE - coronavirus COVID 19](#) provides more information.

To balance the need for increased ventilation while maintaining a comfortable temperature, consider:

- opening high level windows in colder weather in preference to low level to reduce draughts
- increasing the ventilation while spaces are unoccupied
- providing flexibility to allow additional, suitable indoor clothing

- rearranging furniture where possible to avoid direct draughts

Heating should be used as necessary to ensure comfort levels are maintained particularly in occupied spaces.

## **8. Ensure individuals wear the appropriate personal protective equipment (PPE) where necessary**

Face coverings are not classified as [PPE \(personal protective equipment\)](#). PPE is used in a limited number of settings to protect wearers against hazards and risks, such as surgical masks or respirators used in medical and industrial settings. A face covering is a covering of any type which covers your nose and mouth.

Most staff in settings will not require PPE beyond what they would normally need for their work. If a child already has routine intimate care needs that involve the use of PPE, the same PPE should continue to be used.

Additional PPE for coronavirus (COVID-19) is only required in a very limited number of scenarios, for example, when:

- a child becomes ill with coronavirus (COVID-19) symptoms, and only then if a 2 metre distance cannot be maintained
- performing [aerosol generating procedures \(AGPs\)](#)

When working with children who cough, spit or vomit but do not have coronavirus (COVID-19) symptoms, only the PPE that would be routinely worn, should be worn.

The guidance on [safe working in education, childcare and children's social care](#) provides more information about preventing and controlling infection. This includes:

- when and how PPE should be used
- what type of PPE to use
- how to source it

## **9. Promote and engage in asymptomatic testing, where available**

Rapid testing remains a vital part of our plan to suppress this virus. The use of rapid lateral flow antigen tests allows settings to identify asymptomatic cases that would otherwise go undetected.

Staff in school-based nurseries and maintained nursery schools will be supplied with lateral flow device ([LFD](#)) test kits to self-swab. Staff will be asked to take their test kits



home and carry out the test twice a week. See [guidance on asymptomatic testing in primary schools and nurseries](#)

The asymptomatic testing programme in education will expand to staff in all private, voluntary and independent nurseries, who will start to receive deliveries of [LFD](#) home testing kits to offer to all their staff for twice weekly testing. Essential workers, such as early years staff, have been accessing testing through local community testing programmes, which became available to all local authorities from 11 January 2021. Expanding home testing kits to these settings will help to identify positive cases more quickly and break the chains of transmissions.

Community testing programmes are currently being rolled out across the country. They are led by local authorities and provide asymptomatic testing through testing sites based in the local community. Critical workers who have to leave home to work during national restrictions, such as early years and wraparound childcare staff, and those who cannot access asymptomatic testing through other routes, are being prioritised for community testing where possible.

# System of controls - Response to any infection

## 10. Promote and engage with the NHS Test and Trace process

Staff members, parents and carers will need to:

- [book a test](#) if they or their child has symptoms - the main symptoms are:
  - a high temperature
  - a new continuous cough
  - a loss or change to their sense of smell or taste
- [self-isolate](#) immediately and not come to the setting if:
  - they develop symptoms
  - they have been in [close contact](#) with someone who tests positive for coronavirus (COVID-19)
  - anyone in their household, support or childcare bubble develops symptoms of coronavirus (COVID-19)
  - they are required to do so having [recently travelled from certain other countries](#)
  - they have been advised to isolate by NHS test and trace or the PHE local health protection team
- provide details of anyone they have been in [close contact](#) with, if they test positive for coronavirus (COVID-19), or if asked by NHS Test and Trace

Staff with a negative LFD test result can continue to attend the setting unless they have individually been advised otherwise by NHS Test and Trace or Public Health professionals (for example as a close contact). They should continue to apply the measures in the system of controls to themselves and the setting.

### Booking a polymerase chain reaction (PCR) test

Anyone who displays **symptoms** of coronavirus (COVID-19) or staff who have a positive LFD test result taken at home should get a [PCR](#) test as quickly as possible. Tests for symptomatic illness can be booked online through the [Testing and tracing for coronavirus](#) or ordered by telephone via NHS 119 for those without access to the internet.

Essential workers, which includes anyone involved in education or childcare have priority access to testing.

All children can be tested if they have symptoms. This includes children under 5, but children aged 11 and under will need to be helped by their parents or carers if using a home testing kit.

## NHS COVID-19 app

The [NHS covid-19 app](#) is available to anyone aged 16 and over to download if they choose.

## Test and Trace Support Payments

Some staff may be eligible for a one-off Test and Trace Support Payment of £500. This is payable in one lump sum from your local authority.

To be eligible for a Test and Trace Support Payment, you should meet all of the following criteria:

- be on a low income
- be unable to work from home
- be at risk of losing income as a result of self-isolating
- live in England
- meet the [eligibility criteria](#)
- have been told to self-isolate by NHS Test and Trace, who will provide you with an NHS Test and Trace Account ID

The Department for Health and Social Care has launched the Self-Isolation Service Hub **telephone number: 020 3743 6715**. The phone line is open seven days a week, 8am to 8pm, allowing a setting to provide contact details of those individuals who have been asked to self-isolate and are likely to be eligible for the Test and Trace Support Payment or discretionary payment.

By providing these details, [close contacts](#) of positive cases identified at the setting will be formally advised to self-isolate by NHS Test and Trace and provided with an NHS Test and Trace Account ID. Individuals who have not been formally advised to self-isolate by NHS Test and Trace will not receive an NHS Test and Trace Account ID and will not be able to claim from the Test and Trace Support Payment scheme.

In order for any of your staff who may be eligible for a payment from the Test and Trace Support Payment scheme to be able to claim, you should follow these steps:

1. Ensure that you collate a list of appropriate [close contacts](#) for the person who has tested positive within your establishment and inform these close contacts that they now need to self-isolate.
2. Call the **Service Hub on 020 3743 6715** as soon as you have the eight-digit NHS Test and Trace Account ID (sometimes referred to as a CTAS number) of the person who has tested positive.
3. Provide the details of the person who has tested positive, along with the details of the relevant close contacts you have identified. If you do not have NHS Test and Trace Account ID for the person who has tested positive, Hub staff will assist in

tracing the person in order to register their contacts on the Test and Trace system (CTAS).

4. NHS Test and Trace will then contact individuals to formally advise them of their need to self-isolate and provide them with an NHS Test and Trace Account ID.
5. Following this, individuals who are employed or self-employed, on a low income, unable to work from home and losing income as a result may qualify for the [Test and Trace Support Payment scheme](#) through their local authority.

## 11. Manage and report confirmed cases of coronavirus (COVID-19) in the setting community

### Action to take on result of a test

You must take swift action when you become aware that someone who has attended the setting has tested positive for coronavirus (COVID-19) having developed symptoms and taken a test. You should ask parents, carers and staff to inform you immediately of the results of a test and follow this guidance.

If you would like support on the action you should take to respond to a positive case, you can contact the dedicated advice service introduced by Public Health England (PHE) and delivered by the NHS Business Services Authority. This can be reached by calling the **DfE Helpline on 0800 046 8687 and selecting option 1** for advice on the action to take in response to a positive case. You will be put through to a team of advisers who will inform you of what action is needed based on the latest public health advice.

The advice service (or PHE local health protection team if escalated) will work with you to guide you through the actions you need to take. Based on their advice, you must send home those people who have been in [close contact](#) with the person who has tested positive, advising them to self-isolate immediately and for the next 10 full days counting from the day after contact with the individual who tested positive.

‘Close contact’ means:

- anyone who lives in the same household as someone with coronavirus (COVID-19) symptoms or who has tested positive for coronavirus (COVID-19)
- anyone who has had any of the following types of contact with someone who has tested positive for coronavirus (COVID-19) with a [PCR or LFD test](#):
  - face-to-face contact including being coughed on or having a face-to-face conversation within 1 metre
  - been within 1 metre for 1 minute or longer without face-to-face contact
  - been within 2 metres of someone for more than 15 minutes (either as a one-off contact, or added up together over one day)
  - travelled in the same vehicle or a plane

The advice service (or PHE local health protection team if escalated) will provide advice on who must be sent home. To support them in doing so, we recommend you keep a record of children and staff in each group, and any [close contact](#) that takes places between children and staff in different groups. This should be a proportionate recording process. You do not need to ask staff to keep definitive records in a way that is overly burdensome.

Where children are self-isolating and are within our definition of vulnerable, it is important that settings put systems in place to keep in contact with them, offer pastoral support, and check they are able to access education support.

A template letter will be provided to you, on the advice of the health protection team, to send to parents and staff if needed. You must not share the names or details of people with coronavirus (COVID-19) unless essential to protect others.

Household members of those contacts who are sent home do not need to self-isolate themselves unless the child or staff member who is self-isolating subsequently develops symptoms or unless they have been told to self-isolate by NHS Test and Trace or their public health protection team, in which case they must self-isolate.

If someone in a class or group that has been asked to self-isolate develops symptoms themselves within the 10 days from the day after contact with the individual who tested positive, they should follow [stay at home: guidance for households with possible or confirmed coronavirus \(COVID-19\) infection](#). They should get a test, and:

- if the test delivers a negative result, they must remain in isolation for the remainder of the 10-day isolation period. This is because they could still develop coronavirus (COVID-19) within the remaining days
- if the test result is positive, they should inform their setting immediately, and should isolate from the day of onset of their symptoms and at least the following 10 full days. Their household should self-isolate starting from when the symptomatic person in their household first had symptoms and the next 10 full days, following [stay at home: guidance for households with possible or confirmed coronavirus \(COVID-19\) infection](#)

Further guidance is available in [what to do if a child or adult is displaying symptoms, or is a confirmed case, of coronavirus \(COVID-19\) in an early years setting](#) and [testing and tracing for coronavirus](#).

## Report a confirmed case or closure of a setting

**You must notify Ofsted or the childminder agency with which you are registered** of any confirmed cases in the setting (either child or 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. Please read the [guidance on reporting incidents](#) to ensure all of the information required is included.

## Admitting children and staff back to the setting

The child or staff member who tested positive for coronavirus (COVID-19) can return to their normal routine and stop self-isolating after they have finished their isolation period and their symptoms have gone or if they continue to have only a residual cough or anosmia. This is because a cough or anosmia can last for several weeks once the infection has gone. If they still have a high temperature after 10 days or are otherwise unwell, they are advised to stay at home and seek medical advice.

You should not request evidence of negative test results or other medical evidence before admitting children or welcoming them back after a period of self-isolation.

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

## 12. Contain any outbreak by following PHE local health protection team advice

If you have 2 or more confirmed cases within 14 days, or an overall rise in sickness absence where coronavirus (COVID-19) is suspected, 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 additional action is required. You can reach them by calling **the DfE Helpline on 0800 046 8687 and selecting option 1** for advice on the action to take in response to a positive case.

In some cases, health protection teams may recommend that a larger number of other children self-isolate at home as a precautionary measure. This could be the whole site or a group.

If you are implementing the [system of controls](#), addressing any issues you have identified and therefore reducing transmission risks, whole site closure will not generally be necessary. You should not close except on the advice of health protection teams.

## Other safety in setting controls

### Travel and transport

You should consider how you can work with parents and carers to agree how best to manage any necessary journeys, for example, pick-ups and drop-offs at schools, to reduce the need for a provider to travel with groups of children.

Settings, parents and carers should work through the [system of controls](#) collaboratively, to identify and address any risks and allow them to jointly deliver appropriate care for the child. Further information is available in [stay at home guidance](#).

### Mode of transport

If it is necessary for a childminder to pick-up or drop-off a child at school, or when taking children on a trip, walking is preferable. If this is not practicable, then a private vehicle for single household use is preferable. Use of public transport should be minimised.

Information on using private and public transport can be found in [Coronavirus \(COVID-19\): safer travel guidance for passengers](#).

### Visitors to the setting

There will be occasions when visits to the setting are necessary, but you are encouraged to avoid visitors entering your premises, wherever possible.

A record should be kept of all visitors which follows the guidance on [maintaining records of staff, customers and visitors to support NHS Test and Trace](#).

### External professionals

In instances where settings need to use other essential professionals such as social workers, speech and language therapists or counsellors, or other professionals to settings support delivery of a child's EHC plan, settings should assess whether the professionals need to attend in person or can do so virtually.

If they need to attend in person, they should:

- follow guidance relevant to the setting
- keep the number of attendances to a minimum
- be informed about the [system of controls](#)



You should, along with the local authority and health partners (where applicable), work with families to co-produce arrangements for delivering all therapies and support that would normally be in place for children with EHC plans. There may be times when it becomes more difficult to do so than usual, particularly if children are isolating.

Decisions should be considered on a case-by-case basis which takes account of the needs of, and circumstances specific to, the child, avoiding a 'one size fits all' approach. The statutory duties and timescales remain in place for EHC needs assessments and reviews. At all times it is important that these continue to ensure that the child, and their parent and carer, is at the centre of the process and can engage with the process in a meaningful way. It is important that you co-operate in supporting timely consultations and in providing families with advice and information where requested.

## **New admissions**

For new admissions, settings should consider providing virtual tours for prospective parents and carers.

If parents and carers are keen to visit in person, settings should consider:

- ensuring face coverings are worn if required in line with arrangements for staff and other visitors to the setting (see the section on [face coverings](#))
- regular handwashing, especially before and after the visit
- holding visits after hours. If this is not possible, consider limiting visits to the outside play areas during regular hours, and ensure strict social distancing is observed

Prior to a visit, settings should ensure that parents and carers are aware:

- of the [system of controls](#)
- how this impacts them and their responsibilities during their visit
- how to maintain social distancing from staff, other visitors, and children other than those in their care

## **Parents settling children**

Parents and carers are able to enter a setting to help their children adapt to their new environment. Settings should ensure that parents and carers:

- wear face coverings, if required, in line with arrangements for staff and other visitors to the setting (see the section on face coverings)
- stay for a limited amount of time (ideally not more than an hour)
- avoid [close contact](#) with other children

- are aware of the [system of controls](#), how this impacts them, and their responsibilities in supporting it when visiting a setting with their child

## Other visits by parents and carers

In-person visits from parents and carers can take place if they are necessary but settings should make use of remote visits wherever possible. Settings should work with parents and carers to ensure they still have visibility of the childcare environment during this time, including through the use of remote visits, photos and phone calls.

Guidance on [parent and child groups](#) is available.

## Other visitors

You should consider how to manage other visitors to the site, such as contractors, and ensure site guidance on social distancing and hygiene is explained to visitors on, or before, arrival. Where visits can happen outside of setting hours they should. A record should be kept of all visitors - where this is practical - which follows the [maintaining records of staff, customers and visitors to support NHS Test and Trace](#).

## Supervised toothbrushing programmes

Supervised toothbrushing programmes may be re-established within settings using the dry brushing method.

The wet brushing model is not recommended because it is considered more likely to risk droplet and contact transmission and offers no additional benefit to oral health over dry toothbrushing.

For information on the cleaning and storage of toothbrushes and storage systems, see the [guidance for supervised toothbrushing programmes in early years and school settings](#).

## Malleable materials (messy play)

You should risk assess activities that involve malleable materials for messy play such as sand, mud and water, as part of their regular curriculum planning.

A risk assessment should consider whether:

- materials can be handled by a consistent group of children and that no one else outside this group can come into contact with it

- the malleable material for messy play (for example sand/water/mud) can be used and cleaned - including being replaced - in accordance with the manufacturer's instructions, where applicable. For example, see [managing Risk in Play Provision: Implementation guide](#)

You should follow the [system of controls](#) and ensure that:

- children wash their hands thoroughly before and after messy play
- frequently touched surfaces, equipment, tools and resources for messy play are thoroughly cleaned and dried before they are used by a different group

Further general cleaning advice can be found in [COVID-19: cleaning in non-healthcare settings outside the home](#)

## **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 coronavirus (COVID-19) is suspected. Further information is available in [what to expect after vaccinations](#) and [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 coronavirus (COVID-19) is suspected the child should start isolating and get tested. Settings should follow the advice in the [system of controls](#).

## Music, dance and drama

This guidance relates to organised group activity, not to spontaneous singing, dance and role-play that young children may naturally do, and should be encouraged to do, by early years practitioners.

You should continue providing organised music, dance and drama as part of the curriculum, especially as this builds children's confidence and supports their wellbeing. There may, however, be an additional risk of infection in environments where organised singing, chanting, playing wind instruments, dance and drama takes place.

Singing and wind instrument playing can be undertaken in line with this and other guidance, including guidance provided by the DCMS for professionals and non-professionals, available at [performing arts - working safely during coronavirus \(COVID-19\)](#)

You can continue to engage peripatetic staff during this period, including staff from music education hubs. Further information on the music education hubs, including contact details for local hubs, is available at [music education hubs](#) published by the Arts Council England.

## Minimising mixing groups and volume control

You should take particular care in music, dance and drama sessions that children remain in their usual groups.

If staff need to move between groups of children, they should try and keep their distance from other staff as much as they can, ideally 2 metres from other adults.

Additionally, you should keep any background or accompanying music to levels which do not encourage participants to raise their voices unduly. If possible, use microphones to reduce the need for shouting or prolonged periods of loud speaking or singing. If possible, do not share microphones. If they are shared, follow the guidance on [handling equipment](#).

## Organised performances

You should not host any performances with an audience. You may wish to consider alternatives such as live streaming and recording performances, subject to the usual safeguarding considerations and parental permission.

## Organised music sessions, including singing, and playing wind instruments in groups

When planning music provision, you should consider additional specific safety measures. There is some evidence that additional risk can build from aerosol transmission with volume and with the combined numbers of individuals within a confined space. This is particularly evident for singing and shouting, but with appropriate safety mitigation and consideration, singing, wind and brass teaching can still take place. Measures to take follow in the next sections. Government has published advice on [safer singing](#).

Measures to take include:

- playing instruments and singing in groups should take place outdoors wherever possible
- if indoors, consider limiting the numbers in relation to the space, for example, larger rooms - rooms with high ceilings are expected to enable dilution of aerosol transmission
- if playing indoors limit the numbers to account for ventilation of the space, it is important to ensure good ventilation - advice on this can be found in [ventilation and air conditioning during the coronavirus \(COVID-19\) pandemic](#) position wind players so that the air from their instrument does not blow into another player
- use microphones where possible or encourage singing quietly

## Handling equipment and instruments for organised sessions

Measures to take when handling equipment, including instruments, include:

- increase handwashing before and after handling equipment, especially if being used by more than one person
- avoid sharing instruments and equipment, wherever possible
- if instruments and equipment have to be shared, disinfect regularly (including any props, microphones and music stands) and always between users. Follow guidance in cleaning and handling equipment
- consider limiting the number of suppliers when hiring instruments and equipment. You should agree with suppliers whose responsibility it is to clean hired instruments. Clean hire equipment, tools or other equipment on arrival and before first use. Store equipment and instruments in a clean location if you take delivery of them before they are needed. Clean them before first use and before returning the instrument
- create picking-up and dropping-off collection points where possible, rather than passing equipment such as props, and microphones hand-to-hand

## **Individual lessons**

Individual lessons in music, dance and drama can continue in settings. This may mean teachers interacting with pupils from multiple groups, so you will need to take particular care, in line with the measures set out above on peripatetic staff.

In individual lessons for music, dance and drama, social distancing should be maintained wherever possible, meaning teachers should not provide physical correction.

## Children's attendance

### Absence of vulnerable children

Vulnerable children include those who have a social worker, an education, health and care (EHC) plan or who may be vulnerable for another reason at local discretion (“otherwise vulnerable”).

You should allow and strongly encourage parents and carers of vulnerable children for their child to attend the setting. In particular, children with a social worker are expected to attend provision (subject to public health advice), given their safeguarding and welfare needs.

You should also:

- follow up with the parent or carer, working with the local authority and social worker (where applicable), to explore the reason for absence and discuss their concerns
- focus the discussions on the welfare of the child and ensuring that the child is able to access appropriate support while they are at home
- keep the situation under review and informed by any changes to the child's welfare
- have in place procedures to maintain contact
- make sure their parents and carers know that they can revisit their decision not to attend at any point in time

If you have to temporarily stop onsite provision on public health advice, you should discuss alternative arrangements for vulnerable children with the local authority.

### Children self-isolating or shielding

A small number of children will still be unable to attend early years settings in line with public health advice to self-isolate because they:

- have symptoms or have had a positive test result
- live with someone who has symptoms or has tested positive and are a household contact
- are a [close contact](#) of someone who has tested positive for coronavirus (COVID-19)

More information is available in the [guidance on shielding](#).

We know from growing evidence that many children identified at the start of the pandemic as CEV are not at increased risk of serious outcomes from COVID-19 and

children are gradually being removed from the SPL as appropriate, following review with a clinician. The advice for children who have been confirmed as CEV is to shield and stay at home as much as possible until further notice. They are advised not to attend education or childcare while shielding advice applies nationally.

Children who live with someone who is CEV, but who are not CEV themselves, can still attend the setting and should ensure they maintain good prevention practice in the early years and home settings.

## **Vulnerable children**

Where a vulnerable child is self-isolating or shielding, it is important that settings put systems in place to keep in contact with them.

When a vulnerable child is required to self-isolate, you should:

- notify their social worker (if they have one)
- agree with the social worker the best way to maintain contact and offer support

## **Parents or carers who are anxious about their child attending the setting**

You need to consider that some parents and carers may be reluctant or concerned about their child attending the setting.

This may include:

- children who have themselves been shielding previously but have been advised they no longer need to shield
- children living in a household where someone is clinically vulnerable or are CEV
- parents and carers who are concerned about the possible increased risks from coronavirus (COVID-19) such as those who have certain conditions such as obesity or diabetes

Discuss any concerns with parents and carers and explain the measures you are putting in place to reduce any risks.

## **Action to take when a child's usual provider is closed**

Local authorities should work with settings which are closed to identify alternative provision for children who need places. Parents and carers can also approach local authorities if their usual provider is not open. If a child moves setting, important information should be provided by the parent or carer to the new setting on day one,



including emergency contact details, dietary requirements and medical needs to safeguard the health, safety and welfare of the child.

In the case of vulnerable children, the closed setting should notify the local authority (and social worker, where relevant) that there are vulnerable children who need alternative provision. The closed setting should work with the families of vulnerable children and local authorities (and social workers, where relevant) to support this.

Where a setting has closed, and a vulnerable child moves to a different early years setting:

- the closed provider should do whatever it reasonably can to provide the receiving setting with any relevant welfare and child protection information
- the receiving setting should be aware of the reason the child is vulnerable and any arrangements in place to support them - as a minimum, the receiving setting should, as appropriate, have access to a vulnerable child's EHC plan, child in need plan, child protection plan or, for looked-after children, their personal education plan, and know who the child's social worker is (and, for looked-after children, know who the responsible virtual setting head is)
- the transfer of necessary information should ideally happen before a child arrives at the new setting and, where that is not possible, as soon as reasonably practicable - any exchanges of information will ideally happen between the designated safeguarding leads (or deputies), and between special educational needs co-ordinators (SENCOs) or named individual with oversight of special educational needs provision for children with EHC plans

While providers must continue to have appropriate regard to data protection and the General Data Protection Regulation (GDPR), this does not prevent the sharing of information for the purposes of keeping children safe. For more information please read [Information sharing: advice for practitioners](#)

## **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 shield.

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 – Simple fun, activities for kids aged 0 – 5](#). It features tips and practical activities that parents and carers can do at home with children to support their early learning. There are many simple ways to help children learn and it does not have to be formal. Having everyday conversations, make-believe play and reading together all make a big difference to children’s development
- [activities for babies, toddlers and children - BBC Tiny Happy People](#)
- [Family Zone - National Literacy Trust](#)
- [Help children aged 2 to 4 to learn at home during coronavirus \(COVID-19\)](#)

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

## **Prioritising early years places**

If there is a need to prioritise places (for example, where a nursery is oversubscribed, or unable to operate at full capacity), you should give priority to:

- vulnerable children and children of critical workers
- then 3- and 4-year-olds, in particular those who will be transitioning to reception
- followed by younger age groups

## Considerations for operating the setting

### When the premises from which a setting operates is closed, such as community centre, village or church hall

Community centres, village halls and places of worship have been able to open for providers on the early years register which usually use those premises. Providers should ensure:

- they are acting in line with the guidance on [safe working in education, childcare and children's social care settings, including the use of personal protective equipment \(PPE\)](#)
- they are managing risks related to other users of the premises

### 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 and after-school clubs, and other out-of-school settings during the coronavirus \(COVID-19\) outbreak](#)

## Use of private and public outdoor spaces

You are advised against educational visits at this time. This advice will be kept under review.

You should maximise the use of private outdoor space.

You can take groups of children on trips to outdoor public places for exercise and do not need to be restricted to limits on gatherings, provided:

- it is for the purpose of education or childcare
- they remain within the EYFS staff child ratios
- they conduct a risk assessment in advance
- the risk assessment demonstrates that they can remain socially distant (2 metres) from other people and groups, wherever possible
- good hygiene is maintained throughout
- thorough handwashing happens before and after the trip
- the trip is carried out in line with relevant [local or national coronavirus \(COVID-19\) guidance](#) depending on what restrictions are in force on the day of the trip and coronavirus (COVID-19) secure measures on transport and at the destination
- appropriate insurance arrangements are in place

The Association of British Insurers (ABI) has produced information on [travel insurance implications](#) following the coronavirus (COVID-19) outbreak. If you have any questions about your cover, or would like further reassurance, you should contact your insurance provider.

## **Trips to indoor spaces**

You are advised against educational visits at this time. This advice will be kept under review.

You should ensure you have fully assessed the risks and have completed a risk assessment prior to an essential journey. You, parents and carers should work through the [system of controls](#) collaboratively, to identify and address any risks and allow them to jointly agree appropriate care for the children.

You should follow the guidelines relevant to the indoor space. Once inside:

- you should remain with the children in your group
- the group should socially distance from other individuals and groups
- children and staff should wash hands thoroughly on arrival and before leaving
- adults (and children over 11) will be required to follow the face covering policy for the indoor space. This may include wearing a face covering before entering and keeping it on until they leave

## **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 coronavirus (COVID-19), this support should continue to be provided (where possible) for example via the provision of a food parcel.

In all other settings, where free meals do not apply, settings may charge for meals in line with national entitlements guidance. Settings should consider the impact of charges on disadvantaged families.

Kitchens should comply with the [Guidance for food businesses on coronavirus \(COVID-19\)](#)

## Parent and child groups

It is a legal requirement that support groups and parent and child groups must be organised by a business, a charitable, benevolent or philanthropic institution, or a public body, and must only be held in places that are permitted to be open and not in private dwellings.

Groups must have no more than 15 attendees. Children under five and someone who is working as part of the group, such as a group leader, are not counted in the number.

Support groups, such as for breastfeeding, postnatal, and baby and toddler groups, for the provision of support for parents, carers and their children, that are necessary to deliver in person, can continue to take place. This does not typically permit support groups focused on social or development activities, such as singalong or art classes.

From 29 March 2021, parent and child groups, for the benefit of children aged under five years, can take place outdoors.

Step two to easing national restrictions will take place no earlier than 12 April 2021 and is dependent on four data tests being met. Step two includes allowing parent and child groups, for the benefit of children under 5 years of age, to restart indoors.

## Protective measures for parent and child groups

You should follow the advice in this guidance to ensure that participants follow the [system of controls](#), which will help towards mitigating the risks of coronavirus (COVID-19) for all children and adults in the setting.

It is important for group leaders to ensure:

- a risk assessment is completed prior to groups and activities taking place
- social distancing is maintained between adults who do not live together and who are not in the same [support](#) bubble or [childcare bubble](#)
- everyone maintains good hand hygiene. Participants should clean their hands as they arrive and as they leave
- adults wear face coverings where social distancing between adults is not possible (for example, when moving around in corridors and communal areas). See the [system of controls](#) section for more information on [face coverings](#).
- (where permitted to be held indoors) the areas used are well ventilated with fresh air (see the section on [ventilation](#))
- where singing takes place, the guidance in the [music, dance and drama](#) section is followed
- groups and activities take place separately from areas being used at the same time by registered children attending an Ofsted registered setting
- any rooms used by these groups are cleaned after each use

- A [record of all visitors](#) to the setting is kept

## 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 coronavirus (COVID-19) restrictions and consumer law advice
- the CMA's broader advice on [cancellations and refunds for consumer contracts affected by coronavirus \(COVID-19\) health restrictions](#)

Providers should be cautious about charging parents who wish to withdraw their child from an early years setting during the period of national restrictions. There are legitimate reasons why it may be appropriate for a whole household to remain at home, and where law or guidance requires a member of the family to stay at home. Other reasons would need to be considered on a case-by-case basis with reference to the restrictions placed on people by the new coronavirus (COVID-19) regulations. A contract term which requires payment even where no service is being provided by the nursery or cannot be legally accessed by the consumer is likely to be unfair, as are terms which require extensive notice periods.

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. For example, from 28 September [people in England are required by law to self-isolate](#) if they test positive for coronavirus (COVID-19) or are contacted by NHS Test and Trace. Accordingly, if a child is self-isolating having been contacted by NHS Test and Trace, the provider should not charge the parent or carer for this period.

## Data collection: Monitoring of early years and childcare provision during coronavirus (COVID-19)

We launched a data collection process in April 2020 to ensure there is up-to-date information on early years and childcare provision during coronavirus (COVID-19).

We have published summaries of [attendance in education and early years settings during the coronavirus \(COVID-19\) outbreak](#).

We will:

- continue to run the early years and childcare data collection until further notice to ensure that we have information on how many children are accessing provision and if there are sufficiency issues
- keep the frequency and end date of the data collection under review

All local authorities have received information on how to access the data collection, the frequency of collection and how to contact us with any queries.

We have asked Ofsted to monitor which providers on the early years register are open or closed. The information Ofsted is seeking from registered early years and childcare providers during coronavirus (COVID-19) will give the setting-level data it requires to fulfil its safeguarding requirements as the regulator.

We understand that most local authorities are already collecting the data requested, so, in the majority of cases, providers will not need to do anything different or new. The Ofsted data collection does not duplicate the data that we are requesting from local authorities and should not place an ongoing reporting burden on providers.

## Safeguarding and welfare

Children may be experiencing a variety of emotions in response to coronavirus (COVID-19), such as anxiety, stress or low mood. This may particularly be the case for vulnerable children, including those with a social worker. It is important to contextualise these feelings as normal responses to an abnormal situation.

The safeguarding and welfare requirements in the [Early years foundation stage \(EYFS\)](#) still apply, including requirements relating to child protection arrangements. It is a legal requirement that settings must continue to take all necessary steps to keep children safe during this period and have regard to the statutory guidance on [working together to safeguard children](#). For detailed information on the EYFS disapplications that can be used by settings during COVID-19, see [the disapplications guidance](#).

Settings should also provide more focused support where issues are identified that individual children may need help with, drawing on external support where necessary and possible. Settings should also consider support needs of particular groups they are already aware of needing additional help (for example, children in need), and any groups they identify as newly vulnerable. To support this, settings 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 have also developed a coronavirus (COVID-19) [staff resilience hub](#) with advice and tips for frontline staff.

Where there is a concern that a child is in need or suffering or likely to suffer from harm, the early years setting (generally led by the designated safeguarding lead or deputy) should follow their child protection policy and consider any referral to statutory services (and the police) as appropriate.

## Reviewing and updating child protection policies

You must continue to have regard to the [statutory safeguarding guidance](#). Settings should consider whether any review of their child protection arrangements is needed as a result of coronavirus (COVID-19).

The designated safeguarding lead should continue to co-ordinate with children's social care, the local three safeguarding partners and other agencies and services to identify harm and ensure children are appropriately supported.

All staff and volunteers should be made aware of new policy and be kept up to date as it is revised.



## Changes to the role of the safeguarding lead

It is a legal requirement that settings must continue to have a practitioner designated to take lead responsibility for safeguarding. It is acceptable for the safeguarding lead not to be based on-site if this is not practical, for example, they may be working from home or be based at another setting, as long as they are still available to provide support, advice and guidance to staff. It is important that all childcare staff and volunteers have access to a designated safeguarding lead practitioner and know on any given day who that person is and how to speak to them.

## Keeping children safe online

Settings should continue to consider what strategies they are using to keep children safe online during this period, including:

- checking apps, websites and search results before using them with children
- supervising children when accessing the internet

Further details can be found in [safeguarding children and protecting professionals in early years settings: online safety guidance for practitioners](#). This advice is also relevant for parents and carers.

## Supporting children's mental health and wellbeing

Staying at home for a prolonged period and the change of routine may cause difficulties for some children, such as changes in behaviour or mood.

As more children return to settings, settings should:

- consider the mental health, pastoral or wider wellbeing support children may need, including with bereavement
- how to support them to transition into the setting after a long period of absence
- in some cases, increased welfare and safeguarding risks

This may lead to an increase in social, emotional and mental health concerns, particularly for vulnerable groups such as:

- children with a social worker
- previously looked-after children who left care through adoption or special guardianship

Settings may want to refer to [guidance for parents and carers on supporting children and young people's mental health and wellbeing during the coronavirus \(COVID-19\) pandemic](#). These children may need additional support and access to services such as educational psychologists, social workers and counsellors. Staff may require appropriate instruction and training on identifying and supporting vulnerable children and parents and carers that return to the setting. For example, by signposting them to appropriate local services such as mental health, domestic abuse or substance abuse services. Providers should contact their local authority to understand what support is available and agencies and providers should work together to actively look for signs of harms as appropriate.

## **Supporting children with SEND after time out of the setting**

Particular care is needed when supporting children with Special Educational Needs (SEND) with a return to their setting. Re-adjustment to the routines in a setting may prove more challenging for some children with SEND than others, and consideration and planning will need to be given.

Settings should be alert to the fact that there may be children:

- with additional or worsened social, emotional and mental health needs as a result of coronavirus (COVID-19)
- who have fallen further behind their peers as a result of time out of childcare settings, or missed diagnosis as a result of a period of absence

Settings will need to ensure they have the staffing needed to support children with SEND at safe ratios and that they have a member of staff designated as a SENCO, interim SENCO or a named individual with oversight of special educational needs provision for children with SEND.

## Early years foundation stage and reforms

### 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.

Early years settings can use specific temporary EYFS disapplications if coronavirus (COVID-19) restrictions prevent them delivering the EYFS as normal.

Details of the temporary changes, which cover aspects of learning and development, assessment and safety requirements (including paediatric first aid) can be found in the guidance on [EYFS: coronavirus disapplications](#). Settings and local authorities should fully familiarise themselves with this guidance.

### Planning for and supporting children's learning

Where children are new to the setting, or re-joining after time away, priority should be given to helping them adapt to their new routines and resettle, especially where there has been staffing or other significant changes.

Settings may want to:

- consider how stories, singing and games can be used to help children settle into new everyday routines
- plan how children can learn in age-appropriate ways about how they can keep themselves safe, including regular handwashing and using tissues
- consider how to encourage children to learn and practise these habits through games, songs and repetition

Settings can refer to the following helpful resources:

- [Professional association for children and early years \(PACEY\): supporting children in your setting](#)
- [Dr Dog explains coronavirus](#)
- [2 metres apart activity](#)
- [Our hand washing song](#)
- [Talking to children about COVID-19 \(novel coronavirus\)](#)

As set out in the sections on [disapplications in the early years foundation stage framework](#), unless a setting is using the temporary EYFS disapplications, the learning and development and assessment requirements must legally be met.

Where settings are using the temporary EYFS disapplications, they may wish to focus on supporting communication and language and the prime areas of learning in the EYFS.

## **EYFS reforms**

We have published the Government response to the consultation on EYFS reforms. This response confirms what changes will be made to the EYFS.

An early adoption year is underway with primary schools that volunteered to make the changes in 2020 to 2021, ahead of statutory rollout to all early years settings in the 2021 to 2022 academic year.

## **Postponement of the statutory implementation of the Reception Baseline Assessment**

In response to the impact of coronavirus (COVID-19) on schools, the statutory implementation of the Reception Baseline Assessment has been postponed until the 2021 to 2022 academic year. Instead, schools were invited to take part in an early adopter year, which took place in the second half of the 2020 autumn term to familiarise themselves with the assessment and training materials before the Reception Baseline Assessment becomes statutory.

## **2021 Early years Foundation Stage Profile**

Teachers and early years practitioners should use their best endeavours to still complete the EYFSP for children in the summer term, if at all possible, and to provide this important information to parents and to year 1 teachers, should the situation at the time allow.

This will be a judgement for schools and teachers depending on their individual circumstances. Schools who decide they are able to complete the EYFSP this year and provide this information to parents and year 1 teachers will not be subject to statutory external moderation. There will be no requirement to submit data to the local authority or to confirm whether they have completed the EYFSP to the DfE.

## **Requirements for Paediatric First Aiders (PFA) being on site**

As set out in the sections on [disapplications in the early years foundation stage framework](#), unless a setting is using the new regulations to disapply elements of

the EYFS due to further local or national coronavirus (COVID-19) restrictions, providers must legally ensure a member of staff with a full PFA certificate is on site at all times when children are present, as set out in the EYFS.

## **Renewing paediatric first aid (PFA) certificates**

If PFA certificate re-qualification training is prevented for reasons associated directly with coronavirus (COVID-19), or by complying with related Government advice, the validity of current certificates can be extended to 31 March 2021 at the latest. This applies to certificates which expired on or after 1 October 2020 and includes paediatric first aiders in provision registered on the General Childcare Register and all early years provision.

If asked to do so, providers should be able to explain why the first aider has not been able to re-qualify and demonstrate what steps have taken to access the training. Employers or certificate holders must do their best to arrange requalification training at the earliest opportunity.

## **Varying staff to child ratios and qualifications**

Paragraph 3.30 of the EYFS states 'Exceptionally, and where the quality of care and safety and security of children is maintained, changes to the ratios may be made.'

We consider the extent of coronavirus (COVID-19) to be an exceptional temporary circumstance in which the staff to child ratios set out in the EYFS can be changed if necessary. Early years settings and schools, however, remain responsible for ensuring the safety and security of children in their care. Amendments made to regulations allow in certain circumstances for further exceptions to be made to the qualification level that staff hold in order to be counted in the ratio requirements. For more detail, see [EYFS: coronavirus disapplications](#).

## **Advice on separate baby room requirements for children under the age of 2 years**

The EYFS requirement to have a separate baby room is a safety issue for the protection of very young children particularly when they are asleep. Paragraph 3.59 of the statutory framework for the EYFS already allows for the mixing of children when this is appropriate. If the layout of the premises does not allow for a separate 'baby room' with its own door, a suitable area may be partitioned off to provide safety for younger children.

## **Taking on new staff (including volunteers) even if a Disclosure and Barring Service (DBS) check has not been completed**

The requirements set out at paragraph 3.11 of the EYFS remain in place.

Settings must obtain criminal records checks for new members of staff including volunteers. If an application has been made but the DBS disclosure has not arrived new staff and volunteers can still care for children provided they are supervised by someone who has a DBS check. Under no circumstances can an unchecked member of staff be left alone with children.

Where new staff are recruited, or new volunteers enter the early years setting, they should continue to be provided with a safeguarding induction.

## **Enhanced DBS checks for staff moving temporarily to another early years setting**

Where members of the early years and childcare workforce are already engaging in regulated activity and already have the appropriate DBS check:

- there is no expectation that a new DBS check should be obtained for them to temporarily move to another setting to support the care of children
- the onus remains on the receiving setting to satisfy themselves that someone in their setting has had the required checks - this requirement can be satisfied by seeking assurance from the current employer rather than requiring new checks

# Ofsted

## Notifications requirements for settings providing childcare

We have asked Ofsted to work with us and with local authorities to find out which early years providers, including childminders, are open or temporarily closed.

This means that Ofsted requires further information about whether some providers are open or closed.

If your operating circumstances change (that is, you open or close):

- let Ofsted know by sending an email to [enquiries@ofsted.gov.uk](mailto:enquiries@ofsted.gov.uk) with 'change in operating hours' in the subject field
- in the body of the email, confirm the unique reference number for each setting and the details of the change - the URN can be found on the setting's registration, inspection report(s), and [Ofsted reports page](#)
- In addition, any confirmed cases of coronavirus (COVID-19) in the setting (either child or staff member must be swiftly reported to Ofsted (or the childminder agency with which you are registered) through the usual notification channels. If the setting has been advised to close as a result, this must also be reported to Ofsted. This is a legal requirement

## Resuming Ofsted inspections

The Secretary of State for Education [announced the suspension of routine Ofsted inspections on 17 March 2020](#). On 3 December 2020, the Secretary of State for Education announced plans for a phased return to routine early years inspections.

Ofsted plans a safe and phased return to routine inspection for early years providers. It is not planning to return to graded inspections until the summer term at the earliest and is keeping this date under review.

Ofsted continues with its registration and regulatory work for early years and childcare providers. You can find out more about Ofsted's work during this time on Ofsted's [COVID-19 rolling update](#).

Ofsted plans to resume routine inspections for early years providers from the start of the summer term (April 2021). This date will be kept under review.

## **Ofsted action on unregistered provision**

The health, safety and wellbeing of children is our first consideration, and the Government continues to expect childcare to take place only within registered settings.

See Ofsted's response to coronavirus (COVID-19) in [Ofsted: rolling update](#) for more information.



## **Additional guidance for childminders**

### **Early years entitlement funding for childminders**

We have published guidance on the [Use of free early education entitlements funding during coronavirus \(COVID-19\)](#). This sets out how local authorities should fund early years providers during coronavirus (COVID-19).

### **Childminder eligibility for the Self-employment Income Support Scheme**

Eligibility for the scheme is based on employment structures and not professions. See further information in [self-employment Income Support Scheme](#).

### **Childminders working with other childminders to look after more children together**

Up to 3 registered childminders (or a mix of up to 3 registered childminders and assistants) can work together in the same domestic premises. If:

- more than 3 childminders work together they will need to apply to Ofsted to register childcare on domestic premises
- registered to deliver childcare on domestic premises, 4 or more childminders (or a mix of 4 or more childminders and assistants) can work together in the same domestic premises, which would enable them to care for larger groups of children and still meet ratio requirements

Read further details of [requirements for childminders and childcare on domestic premises](#).

### **Quality assurance visits**

The Parliamentary Under Secretary of State for Children and Families, Vicky Ford MP, wrote to Ofsted's Chief Inspector about supporting childminder agencies to retain their registration where the minimum number of quality assurance visits required has not been met as a result of coronavirus (COVID-19). This will ensure that childminder agencies (and their childminders) can continue to adhere to the Government's guidance on protective measures and reduce external visitors.

The safeguarding responsibilities of childminder agencies (CMAs) and their childminders have not changed. CMAs must continue to prioritise visits to any of their registered childminders if they have concerns about the quality of a provider or wish to check any registered non-domestic premises (as set out in section 3.4 of [Childminder agencies: a guide](#)).

In the summer term, all CMAs will be expected to resume their quality assurance visits - if they are not already doing so - and comply with the legal requirements of their registration to carry out the relevant minimum number of quality assurance visits to their registered childminders every year.

This is alongside Ofsted's plans to resume its routine inspections in the summer term (as announced on 3 December 2020). Further information for CMAs is available in [childminder agencies undertaking visits during COVID-19](#).

## **Childminder with household member self-isolating**

### **Household member self-isolating due to contact with a confirmed case of coronavirus (COVID-19)**

This advice applies where a childminder usually looks after children in their own home, and where a childminder's household member is self-isolating. If this is:

- only as a result of coming into contact with a positive case and that positive case is not normally or currently resident in the childminder's house
- the household member is not showing symptoms of coronavirus (COVID-19)
- the household member does not require a test

The childminder can continue to provide childcare at their registered setting. The childminder should ensure they keep open communication with parents and carers of children attending the setting about the self-isolation.

The household member who is self-isolating must not have any contact with the children being cared for in the setting. For example, the person isolating must use a separate bathroom where possible. If the person self-isolating has to use a shared bathroom or other communal areas, these must be thoroughly cleaned after every use.

The childminder must:

- comply with health and safety law, which requires a risk assessment. The risk assessment must demonstrate that the provision of childcare in their setting is safe and aligns with the [system of controls](#). Further guidance can be found on [COVID-19: cleaning in non-healthcare settings outside the home](#)

- put in place proportionate control measures - for more information on what is required of employers in relation to health and safety risk assessments, please see [Annex A: health and safety risk assessment](#)

The childminder should:

- thoroughly review their health and safety risk assessment
- have active arrangements in place to monitor that the controls are effective, working as planned, and updated appropriately (for example when any issues are identified, or when there are changes in public health advice)

Further guidance on risk assessments and keeping children and staff safe can be found in the section on [risk assessments](#) and the [system of controls](#)

## **Household member self-isolating due to testing positive for coronavirus (COVID-19)**

This advice applies where a childminder usually looks after children in their own home and a member of the childminder's household, (including their support or childcare bubble if they have one), has tested positive for coronavirus (COVID-19).

The childminder should also take the necessary action for responding to and reporting confirmed cases of coronavirus (COVID-19) in the setting, as set out in the [system of controls](#).

A childminder cannot care for children in their home because all household members must self-isolate. Their isolation period includes the day the first person in their household's symptoms started (or the day their test was taken if they did not have symptoms) whether this was a [lateral flow device \(LFD\) or polymerase chain reaction \(PCR\) test](#) and the next 10 full days. They should follow the [stay at home: guidance for households with possible or confirmed coronavirus \(COVID-19\) infection](#)

The childminder cannot restart minding children until all household members have finished isolation and/or sickness periods whichever is the longest.

## Entitlement funding

### Early years entitlement funding for local authorities during 2020 to 2021

We have published guidance on the [use of free early education entitlements funding during coronavirus \(COVID-19\)](#) which provides further details on how we expect local authorities to fund early years settings and how local authorities will be funded for the 2021 spring term.

### Temporary changes to parents and carers eligibility to the 30 hours free early education entitlement and Tax-Free Childcare

Further information is available on changes to [30 hours free childcare](#) and [Tax-Free Childcare](#) during the COVID-19 outbreak.

We would encourage all eligible parents to continue to apply for, and reconfirm, their [30 hours](#) and [Tax-Free Childcare](#) entitlements during this time, even if children are temporarily not taking up their childcare place.

# Insurance of early years providers during coronavirus (COVID-19)

## Business interruption insurance

For childcare providers which have a policy that covers Government-ordered closure and unspecified notifiable diseases, the Government's social distancing measures may be sufficient to allow businesses to make a claim against their insurance, provided the other terms and conditions in their policy are met.

The Financial Conduct Authority (FCA) rules require insurers to treat customers fairly, including:

- handling claims fairly and promptly
- providing reasonable guidance to help a policyholder make a claim
- not rejecting a claim unreasonably
- settling claims promptly once settlement terms are agreed

The Government is working closely with the FCA to ensure that the rules are being upheld during this crisis and fully supports the regulator in its role. The Association of British Insurers (ABI) and its members have agreed [a set of principles for handling business interruption claims](#) to support and provide clarity to customers.

## 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 coronavirus (COVID-19). For general advice on insurance matters (but not on specific policies) including those related to coronavirus (COVID-19), the ABI can be contacted by telephone on **0207 600 3333** or email at [info@abi.org.uk](mailto:info@abi.org.uk).

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