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[Department
for Education](#)

Guidance

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

Updated 27 September 2021

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Main changes to previous guidance

On 27 September 2021, we updated the guidance as follows:

- removed retrospective content about summer 2021
- updated 'workforce' section
- set out the latest policy on asymptomatic testing
- reflected changes to advice around individuals previously considered clinically extremely vulnerable
- reflected that disapplications to the EYFS ended on 31 August

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- added guidance on educational visits

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.

Who this guidance does not apply to

This guidance does not apply to:

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

Summary

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

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

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

Overview

The government continues to manage the risk of serious illness from the spread of the virus. We have moved away from stringent restrictions on everyone’s day-to-day lives, towards advising people on how to protect themselves and others, alongside targeted interventions to reduce risk.

As COVID-19 becomes a virus that we learn to live with, there is now an imperative to reduce the disruption to children’s education - particularly given that the direct clinical risks to children are extremely low, every adult has been offered the opportunity for two doses of the vaccine, and all children aged 12 and over are now eligible for vaccination. However, as set out in the Autumn and Winter plan, the Government will remain vigilant and take action where necessary to support and protect the NHS.

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

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

Responsibilities of early years providers and local authorities

Responsibilities of early years providers

Settings are responsible for the following:

- safeguarding - local agencies, services and settings should work together to actively look for signs of harm given the greater risk of harm that some children may have been exposed to through COVID-19
- supporting children’s learning, development and wellbeing - continue to follow the [early years foundation stage \(EYFS\) statutory framework](#)
- supporting vulnerable children

- where you are also caring for children over the age of 5, you should also follow guidance on [protective measures for holiday or after-school clubs and other out-of-school settings for children during the coronavirus \(COVID-19\) outbreak](#)

Responsibilities of local authorities

Local authorities are responsible for the following.

Monitoring demand and capacity for childcare

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

Safeguarding

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

Risk assessment

Continue to:

- support early years settings and assess the risks for children whose education, health and care (EHC) plans they maintain
- ensure children with EHC plans are safely cared for whether in a setting or at home

Identifying harm

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

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

Local authorities should continue to:

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

Stepping measures up and down

Local outbreaks

You should have contingency plans (sometimes called outbreak management plans), outlining what you would do if children or staff test positive for COVID-19, or how you would operate if you were advised to take extra measures to help break chains of transmission. Given the detrimental impact that restrictions on education can have on children, any measures in settings should only ever be considered as a last resort, kept to the minimum number of settings or groups possible, and for the shortest amount of time possible.

Central government may offer local areas of particular concern an enhanced response package to help limit increases in transmission.

For most settings, it will make sense to think about taking extra action if the number of positive cases substantially increases. Information on what circumstances might lead you to consider taking additional action, and the steps you should work through, can be found in the [contingency framework: education and childcare settings](#).

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

Workforce

You are best placed to determine the workforce that is required to meet the needs of your children.

Social distancing measures ended in the workplace on 19 July 2021 and it is no longer necessary for Government to advise people to work from home.

Employers should be able to explain the measures they have in place to keep staff safe at work. The Health and Safety Executive (HSE) has published guidance on [protecting vulnerable workers](#), including advice for employers and employees on [how to talk about reducing risks in the workplace]<https://www.hse.gov.uk/coronavirus/working-safely/talking-to-your-workers/index.htm>).

You should ensure that key contractors are aware of the setting's control

measures and ways of working.

Staff previously considered clinically extremely vulnerable

The shielding programme has ended and adults previously considered clinically extremely vulnerable (CEV) should, as a minimum, continue to follow the same guidance as everyone else. It is important that everyone adheres to this guidance, but people previously considered CEV may wish to consider taking extra precautions. In some circumstances, staff may have received personal advice from their specialist or clinician on additional precautions to take, and they should continue to follow that advice.

Employers should be able to explain the measures they have in place to keep staff safe at work. The Health and Safety Executive (HSE) has published [guidance on protecting vulnerable workers](#), including [advice for employers and employees on how to talk about reducing risks in the workplace](#).

Children previously considered clinically extremely vulnerable

Clinical studies have shown that children, including those previously considered to be clinically extremely vulnerable (CEV), are at very low risk of serious illness if they catch the virus. The UK Clinical Review Panel has recommended that no children under the age of 18 should be considered CEV and under-18s should be removed from the shielded patient list. The chief executive of the UK Health Security Agency and head of NHS Test and Trace has written to parents of these children to inform them.

Children previously considered CEV should attend their settings and should follow the same [COVID-19 guidance](#) as the rest of the population. However, if a child has been advised to isolate or reduce their social contact by their specialist, due to the nature of their medical condition or treatment, rather than because of the pandemic, they should continue to follow the advice of their specialist.

Children and staff travelling from abroad

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

Risk assessment

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

Mixing

We no longer recommend that it is necessary to keep groups apart as much as possible.

You should make sure your contingency plans (sometimes called outbreak management plans), cover the possibility that it may become necessary to reintroduce keeping groups apart for a temporary period.

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

Tracing close contacts and self-isolation

Close contacts in early years settings are now being identified by NHS Test and Trace and education, and childcare settings will no longer be expected to undertake contact tracing.

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

Individuals are not required to self-isolate if they live in the same household as someone with COVID-19, or are a close contact of a positive COVID-19 case, and any of the following apply:

- they are fully vaccinated.
- they are below the age of 18 years 6 months
- they have taken part in or are currently part of an approved COVID-19 vaccine

trial

- they are not able to get vaccinated for medical reasons

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

Children who are aged under 5 years old who are identified as close contacts will only be advised to take a PCR test if the positive case is in their own household.

Staff who do not need to self-isolate, and children who usually attend the setting, and have been identified as a close contact, should continue to attend the setting as normal.

18 year olds will be treated in the same way as children until 6 months after their 18th birthday to allow them the opportunity to get fully vaccinated. At which point, they will be subject to the same rules as adults and so, if they choose not to get vaccinated, they will need to self-isolate if identified as a close contact.

Settings will continue to have a role in working with health protection teams in the case of a local outbreak. If there is a substantial increase in the number of positive cases in a setting (see [local outbreaks](#) section for more information) or if central government offers the area an enhanced response package, a director of public health might advise a setting to temporarily reintroduce some control measures.

Face coverings

Face coverings are no longer be recommended for staff and visitors in corridors or communal areas. You can find more information on [face coverings: when to wear one, exemptions, and how to make your own](#).

The government has removed the requirement to wear face coverings in law. Face coverings should be worn in crowded and enclosed spaces where you may come into contact with people you don't normally meet. This includes public transport.

In circumstances where face coverings are recommended

If you have a substantial increase in the number of positive cases in your setting (see the [local outbreaks](#) section for more information), a director of public health might advise you that face coverings should temporarily be worn in communal areas by staff and visitors (unless exempt). You should make sure your contingency plans cover this possibility.

In these circumstances, transparent face coverings, which may assist communication with someone who relies on lip reading, clear sound or facial expression to communicate, can also be worn. Transparent face coverings may be effective in reducing the spread of COVID-19. However, the evidence to

support this is currently very limited. Face coverings (whether transparent or cloth) should fit securely around the face to cover the nose and mouth and be made with a breathable material capable of filtering airborne particles.

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

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

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

Control measures

You should:

1. ensure good hygiene for everyone
2. maintain appropriate cleaning regimes
3. keep occupied spaces well ventilated
4. follow public health advice on testing, self-isolation and managing confirmed cases of COVID-19

1. Ensure good hygiene for everyone

Hand hygiene

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

Respiratory hygiene

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

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

Use of personal protective equipment (PPE)

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

More information on the use of PPE for COVID-19 can be found in [use of PPE in education, childcare and children's social care](#).

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

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

PHE has published guidance on [COVID-19: cleaning of non-healthcare settings outside the home](#).

3. Keep occupied spaces well ventilated

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

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

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

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

Where mechanical ventilation systems exist, you should ensure that they are

maintained in accordance with the manufacturers' recommendations.

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

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

The Health and Safety Executive guidance on [ventilation and air conditioning during the coronavirus \(COVID-19\) pandemic](#) and the [Chartered Institution of Building Services Engineers' coronavirus \(COVID-19\) advice](#) provide more information.

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

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

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

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

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

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

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

Asymptomatic testing

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

circumstances.

Staff should continue to test twice weekly at home with rapid lateral flow device (LFD) test kits, 3 to 4 days apart. Testing remains voluntary but is strongly encouraged.

Early years children are not included in the rapid testing programme. PHE has advised there are limited public health benefits attached to testing early years children with [rapid lateral flow coronavirus \(COVID-19\) tests](#). Young children may find the rapid lateral flow testing process unpleasant and are unable to self-swab.

Confirmatory polymerase chain reaction (PCR) tests

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

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

If the PCR test is taken within 2 days of the positive rapid lateral flow test, and is negative, it overrides the rapid lateral flow test and they can return to the setting, as long as the individual does not have [COVID-19 symptoms](#).

Test and Trace Support Payments

Some staff, parents and carers may be eligible for a one-off Test and Trace Support Payment of £500 if they have been told to self-isolate by their education setting. This is payable in one lump sum from the local authority. Further information is available on [claiming financial support under the Test and Trace Support Payment scheme](#).

Admitting children back to the setting

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

Other considerations for operating the setting

Operating breakfast and after school clubs and

other providers of wraparound childcare

Providers of wraparound childcare should refer to [protective measures for holiday or after-school clubs and other out-of-school settings for children during the coronavirus \(COVID-19\) outbreak](#).

Arrangements for providing meals

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

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

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

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

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

You should consider how:

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

You can also direct parents and carers to:

- [Hungry Little Minds](#) - provides simple fun, activities for parents of kids aged 0 to 5 to do at home to support their early learning
- [BBC Tiny Happy People](#) - activities for babies, toddlers and children
- [Words for Life](#)
- [Help children aged 2 to 4 to learn at home: 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

Children's wellbeing and support

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

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

Application 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.

The temporary disapplications to certain EYFS requirements ended on 31 August 2021. Providers must follow the version of the [EYFS framework](#) that applies from 1 September 2021.

Reporting COVID-19 cases to Ofsted

You must notify Ofsted, or the childminder agency with which you are registered, of any confirmed cases in the setting, whether a child or a staff member. You should also tell Ofsted if you have to close the setting as a result. It is a legal requirement as set out in paragraph 3.52 of the [early years foundation stage statutory framework](#). Report as soon as you are able to, and in any case within 14 days. See [tell Ofsted if you have a COVID-19 incident at your childcare business](#) to assure all the information required is included.

Ofsted inspections

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

Parent and child groups

Parent and child groups can operate as normal and without restrictions on attendance.

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

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

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

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

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

- [CMA open letter to the early years sector](#) published by the Competitions and Markets Authority (CMA) on 28 July 2020
- CMA's detailed advice on [nursery and early years sector: COVID-19 restrictions and consumer law](#)
- CMA's broader [statement on coronavirus \(COVID-19\), consumer contracts, cancellation and refunds](#)

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.

Educational visits

You should undertake full and thorough risk assessments in relation to all educational visits and ensure that any public health advice, such as hygiene and ventilation requirements, is included as part of that risk assessment.

Insurance

Educational visits

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

Business interruption insurance

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

Public liability insurance

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

Other guidance available

Infection prevention and control

Guidance is available on the [use of PPE in education, childcare and children's social care](#).

Self-isolating

Guidance on self-isolating is available in:

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

Funding

Guidance on funding is available in:

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

Coronavirus Job Retention Scheme

Guidance is available on:

- how to [check if you can claim for your employees' wages through the Coronavirus Job Retention Scheme](#)
- the [furlough scheme extended and further economic support announced](#)
- how to [claim for wages through the Coronavirus Job Retention Scheme](#)
- the [coronavirus Job Retention Scheme: step by step guide for employers](#)

Other business support

Guidance is available on:

- [COVID-19: financial support for education, early years and children's social care](#)
- how to [check if you can claim a grant through the Self-Employment Income Support Scheme](#)
- [business rates: nursery \(childcare\) discount 2021 to 2022 - local authority guidance](#)
- [ABI business insurance](#)

Ofsted

Guidance is also available in the [Ofsted: COVID-19 rolling update](#).

Supervised toothbrushing programmes

Guidance on [COVID-19: supervised toothbrushing programmes](#) is also available.

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