



Department
for Education

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

January 2022

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Main changes to previous guidance

On 5 January 2022, we updated the guidance as follows:

added:

- [additional advice on when children and staff should return to the setting](#)

updated:

- [confirmatory PCR tests](#)
- testing for children aged under 5 years for household contacts in [tracing close contacts and self-isolation](#)

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 the United Kingdom Health Security Agency (UKHSA).

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. The Prime Minister announced on 27 November 2021 the temporary introduction of new measures as a result of the Omicron variant (B.1.1.529) and on 8 December 2021 that Plan B, set out in the [autumn and winter plan 2021](#), was being enacted. As a result, these measures are reflected in this guidance for early years settings. This advice remains subject to change as the situation develops.

COVID-19 continues to be a virus that we learn to live with and the imperative to reduce disruption to children's education remains.

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

We have worked closely with the Department of Health and Social Care (DHSC) and the United Kingdom Health Security Agency (UKHSA) 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 (DsPH) and UKHSA 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

Home working

From 13 December 2021, office workers who can work from home should do so. Anyone who cannot work from home, such as those involved in the face-to-face provision of education and care, should continue to go to their place of work.

You are best placed to determine the workforce that is required to meet the needs of your children. You will need to consider whether it is possible for specific staff undertaking certain roles to work from home without disrupting face-to-face education and care.

Employers should consider whether home working is appropriate for workers facing mental or physical health difficulties, or those with a particularly challenging home working environment. Employers should discuss concerns with staff.

Talking to staff about reducing risk

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](#).

Contractors

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

Individuals previously considered to be clinically extremely vulnerable

Following expert clinical advice and the successful rollout of the COVID-19 vaccine programme, people previously considered to be particularly vulnerable, clinically extremely vulnerable (CEV), and high or higher-risk are not being advised to shield again. If people were previously identified as being in one of these groups, they are advised to continue to follow the guidance contained in [coronavirus: how to stay safe and help prevent the spread](#).

Staff

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. Whilst individual risk assessments are not required, employers are expected to discuss any concerns that people previously considered CEV may have.

Employers will need to follow this specific [guidance for pregnant employees](#).

[COVID-19 vaccination: a guide for women of childbearing age, pregnant or breastfeeding](#) contains further advice on vaccination. Your workplace risk assessment should already consider any risks to female employees of childbearing age and, in particular, risks to new and expectant mothers.

Children

Children previously considered clinically extremely vulnerable (CEV) should attend their setting and should follow the same [coronavirus \(COVID-19\) guidance](#) as the rest of the population. In some circumstances, a child may have received personal advice from their specialist or clinician on additional precautions to take and they should continue to follow that advice.

Vaccination

We recommend all staff take up the offer of a vaccine. Where applicable, more information is available in [coronavirus \(COVID-19\) vaccines](#).

Mandatory certification

Early years settings are not required to use the NHS COVID Pass, unless they are holding a specific event (such as a reception, concert or party) that meets the attendance thresholds. Where applicable, you should follow guidance on mandatory certification for events. Under 18s are exempt from showing their COVID Status but should be counted towards attendance thresholds.

You should not use the NHS COVID Pass as a condition of entry for education, childcare or related activities such as teaching, extra-curricular activities or any other day-to-day activities that are part of education or training.

Children and staff travelling from abroad

All children and staff travelling to England must adhere to government travel advice in [travel to England from another country during coronavirus \(COVID-19\)](#).

Parents travelling abroad should bear in mind the impact on their child's education 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](#).

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 should not be taken lightly and would need to take account of the detrimental impact they can have on the delivery of education and care.

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 are no longer 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 and/or their parent or carer 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.

From 14 December 2021, adults who are fully vaccinated and all children and young people aged between 5 and 18 years and 6 months identified as a contact of someone with COVID-19 are strongly advised to take a lateral flow test every day for 7 days and continue to attend their setting as normal, unless they have a positive test result. Daily testing of close contacts applies to all contacts who are:

- fully vaccinated adults – people who have had 2 doses of an approved vaccine
- all children and young people aged 5 to 18 years and 6 months, regardless of their vaccination status
- people who are not able to get vaccinated for medical reasons
- people taking part, or have taken part, in an approved clinical trial for a COVID-19 vaccine

Children under 5 years who are identified as close contacts are exempt from self-isolation and do not need to take part in daily testing of close contacts. They are advised to take a PCR test if the positive case is in their household. Further information is available in:

- [NHS Test and Trace: what to do if you are contacted](#)
- [stay at home: guidance for households with possible or confirmed coronavirus \(COVID-19\) infection](#)

18-year-olds are 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 of someone with COVID-19

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 help protect the wearer and others against the spread of infection because they cover the nose and mouth, which are the main confirmed sources of transmission of COVID-19.

In early years settings, we recommend that face coverings should be worn when moving around the premises, outside of areas where adults are working with children, such as in corridors and communal areas. This applies to staff and visitors, including children aged 11 or above. This is a temporary measure. See [circumstances where people are not able to wear face coverings](#) for exceptions to this.

Health advice continues to be that children aged under 11 years old should not wear face coverings. The UK Health and Security Agency does not recommend face coverings for children under the age of 3 years for health and safety reasons.

Face coverings do not need to be worn when outdoors.

All employers, including early years settings, have a duty to comply with the Equality Act 2010, which includes making reasonable adjustments for disabled staff.

Transparent face coverings

Transparent face coverings, can be worn to assist communication with someone who relies on:

- lip reading
- clear sound
- facial expression

Transparent face coverings may be effective in reducing the spread of COVID-19. However, the evidence to support this is currently very limited.

The benefits of transparent face coverings 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 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.

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.

Circumstances where people are not able to wear face coverings

There are some circumstances where people may not be able to wear a face covering. Please be mindful and respectful of such circumstances. Some people are less able to wear face coverings, and the reasons for this may not be visible to others.

In relation to education and childcare settings, this includes (but is not limited to):

- people who cannot put on, wear or remove a face covering because of a physical or mental illness or impairment, or disability
- people for whom putting on, wearing or removing a face covering will cause severe distress
- people speaking to or providing assistance to someone who relies on lip reading, clear sound or facial expressions to communicate
- to avoid the risk of harm or injury to yourself or others
- you are also permitted to remove a face covering in order to take medication.

Access to face coverings

Due to the use of face coverings in wider society, staff and visitors are already likely to have access to face coverings.

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

Staff and visitors may want to consider bringing a spare face covering to wear if their face covering becomes damp during the day.

Safe wearing and removal of face coverings

Your contingency plans should already cover 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 individuals who may be distressed if required to remove a face covering against their wishes, particularly those with SEND.

When wearing a face covering, staff and visitors should:

- wash their hands thoroughly with soap and water for 20 seconds or use hand sanitiser before putting a face covering on
- avoid touching the part of the face covering in contact with the mouth and nose, as it could be contaminated with the virus
- change the face covering if it becomes damp or if they've touched the part of the face covering in contact with the mouth and nose
- avoid taking it off and putting it back on a lot in quick succession to minimise potential contamination

When removing a face covering, staff and visitors should:

- wash their hands thoroughly with soap and water for 20 seconds or use hand sanitiser before removing
- only handle the straps, ties or clips
- not give it to someone else to use
- if single use, dispose of it carefully in a household waste bin and do not recycle
- once removed, store reusable face coverings in a plastic bag until there is an opportunity to wash them.

- if reusable, wash it in line with manufacturer's instructions at the highest temperature appropriate for the fabric
- wash their hands thoroughly with soap and water for 20 seconds or use hand sanitiser once removed

Separate guidance is also available on preventing and controlling infection, including [the use of personal protective equipment \(PPE\) in education, childcare and children's social care settings](#).

Control measures

You should:

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

1. Ensure good hygiene for everyone

Hand hygiene

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

Respiratory hygiene

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

The [e-Bug 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.

UKHSA 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.

CO2 monitors are being provided to state-funded education settings, so staff can quickly identify where ventilation needs to be improved.

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](#). If safe to do so, a window should be opened for fresh air ventilation if possible. Any rooms they use should be cleaned after they have left.

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

Children and staff should return to the setting as soon as self isolation rules allow.

Asymptomatic testing

Testing remains important in reducing the risk of transmission of infection within settings.

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 for regular asymptomatic testing. UKHSA has advised there are limited public health benefits attached to regular testing of 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. Further information on Daily Rapid Testing can be found in the [contact tracing section](#).

Confirmatory PCR tests

You should follow the latest government guidance on confirmatory PCR tests following a positive rapid lateral flow (LFD) test.

Welcoming 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 kids aged 0 to 5 for parents to do at home with children to support their early learning
- [BBC Tiny Happy People](#) – activities for babies, toddlers and children
- [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

Vulnerable children

Where children who are self-isolating are within our [definition of vulnerable](#), it is very important that you put systems in place to keep in contact with them particularly if they have a social worker. Some children may be vulnerable who are not officially in statutory systems and you should seek to support any children who you believe may have challenging circumstances at home.

When a vulnerable child is asked 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

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 can access useful links and resources of support on the [MindED](#) learning platform for professionals.

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 \(EYFS\) 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

You can find out more about Ofsted inspection in <https://www.gov.uk/government/collections/ofsteds-plans-2021>

Parent and child groups

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

All participants attending or working in a parent and child group operating in community premises (such as community centres, youth clubs, public libraries, and places of worship), where there is a mandatory requirement to wear a face covering, are exempt from doing so when they are in:

- a private activity room or classroom or
- where the premises has been hired out for the sole use of the provision

For the exemption to apply, the parent and child group must be meeting for the benefit of children under the age of 5 years and organised by a business, a charitable, benevolent or philanthropic institution or a public body.

Adults, and children aged 11 years and over, must otherwise comply with the legal requirements on the use of face coverings in these premises when they are in communal areas, unless the individual is exempt or has a reasonable excuse – see [circumstances where people are not able to wear face coverings](#). More information is available in the [guidance on face coverings: when to wear one, exemptions, and how to make your own](#).

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 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 [coronavirus: how to stay safe and help prevent the spread](#).

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. [General guidance](#) about educational visits is available and is supported by specialist advice from the [Outdoor Education Advisory Panel \(OEAP\)](#).

Insurance

Educational visits

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

Business interruption insurance

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

Public liability insurance

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

Childminders

Guidance on what to do when someone you live with is self-isolating can be found on the document sharing platform for primary and early years.

Routine Vaccines and Teething:

Guidance on when routine vaccines and teething may cause a mild fever in children is available in:

- [vaccination tips for parents](#)
- [baby teething symptoms](#)

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](#)
- [guidance for contacts of people with confirmed coronavirus \(COVID-19\) infection who do not live with the person](#)
- [claiming financial support under the Test and Trace Support Payment scheme](#)

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 in [check a previous Coronavirus Job Retention Scheme claim](#)

Other business support

Guidance is available on:

- [COVID-19: financial support for education, early years and children's social care](#)
- [business rates: nursery \(childcare\) discount 2021 to 2022 - local authority guidance](#)
- [ABI business insurance](#)

Ofsted

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

Supervised toothbrushing programmes

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

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