



Department
for Education

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

February 2022

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Main changes to previous guidance

[Changes to guidance since its 21 February 2022 publication include:](#)

- Update to [tracing close contacts and self-isolation](#) section to reflect new public health guidance from 24 February
- Update to [when an individual develops COVID-19 symptoms or has a positive test to reflect new public health guidance from 24 February](#)

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 manage 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

On 21 February the Prime Minister set out the next phase of the Government's COVID-19 response. 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 to support 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 the [Working Together To Safeguard Children guidance](#).

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.

Stepping measures up and down

Local outbreaks

You should have contingency plans outlining how you would operate if you needed to take extra measures in exceptional circumstances. 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.

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](#).

Workforce

Staff deployment

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

Government considers COVID-19 to be an exceptional circumstance in which the staff-to-child ratios set out in the EYFS can temporarily be changed, if necessary, for example to respond to COVID-related workforce absences.

In some cases, you may choose to respond to staff and child absences by temporarily mixing age groups of children who would otherwise be educated or cared for separately. Ratios should be guided by all relevant requirements and by the needs of individual children within the group. For the purposes of meeting EYFS ratio and qualification requirements, all staff educating or caring for a mixed age group of children can be considered 'available to work directly with' all of the children who have been grouped together.

In all circumstances, you remain responsible for maintaining the quality of care, safety and security of the children in your setting.

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

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](#). Employers should discuss concerns with staff.

Prioritising early years places

If high levels of workforce absence mean you need to restrict attendance (for example, where a setting is oversubscribed, or unable to operate at full capacity) you should give priority to:

- children of [critical workers](#), and [vulnerable children](#) – 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
- then 3- and 4-year-olds, in particular those who will be transitioning to Reception
- followed by younger age groups

Local authorities should work with settings to identify provision for children who need places.

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 [Guidance for people previously considered clinically extremely vulnerable from COVID-19](#). Staff with a weakened immune system should follow [Guidance for people whose immune system means they are at higher risk from COVID-19](#).

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. Children with a weakened immune system should follow [Guidance for people whose immune system means they are at higher risk from COVID-19](#).

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 – NHS COVID pass

Mandatory certification is no longer in place and so venues and events are not required by law to use the NHS COVID Pass as a condition of entry, but some may do so voluntarily. Further information on this is available in the guidance on [using your NHS COVID Pass for travel abroad and at venues and settings in England](#). 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](#).

Tracing close contacts and self-isolation

Public health advice for [People with COVID-19 and their contacts](#) changed from 24 February. Contacts are no longer required to self-isolate or advised to take daily tests, and contact tracing has ended.

Face coverings

Face coverings are no longer advised to be worn by staff and visitors in communal areas.

You should follow [wider advice](#) on face coverings outside of your setting, including on transport to and from your setting.

Health advice continues to be that early years children 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.

In circumstances where face coverings are recommended

A director of public health might advise you that face coverings should temporarily be worn in communal areas, unless exempt. You should make sure your contingency plans cover this possibility (see local outbreaks).

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.

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

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.

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 have been 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

Pupils, staff and other adults should follow guidance on [People with COVID-19 and their contacts](#) if they have COVID-19 symptoms.

Children and staff, including children aged 0 to 4 years, should return to the setting as soon as they can, in line with guidance for [People with COVID-19 and their contacts](#).

Asymptomatic testing

From 21 February 2022, staff in early years settings will not be expected to continue taking part in regular asymptomatic testing and should follow asymptomatic testing advice for the general population. Further information is available in the [managing coronavirus \(COVID-19\) in education and childcare settings guidance](#). In the event of an outbreak, a setting may also be advised by their local health team or Director of Public Health (DPH) to increase testing for a period of time.

Welcoming children back to the setting

In most cases, parents and carers will agree that a child with the key [symptoms](#) of COVID-19 should not attend the setting, given the potential risk to others.

If a parent or carer insists on a child attending your setting where they have a confirmed or suspected case of COVID-19, 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.

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 self-isolating, 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.

Reporting COVID-19 cases to Ofsted

From 21 February 2022, you are no longer required to notify Ofsted, or the childminder agency with which you are registered, of any COVID-19 cases in the setting, whether that is of a child or staff member.

It is a legal requirement under the [Early Years Foundation Stage \(EYFS\) Statutory Framework](#) to report any change to the premises that may affect the quality of childcare for example if your setting is closed for a significant amount of time, i.e. for three days or more.

Report as soon as you are able to, and in any case within 14 days. See [Report a serious childcare incident - GOV.UK \(www.gov.uk\)](#) to assure all the information required is included.

Ofsted will only need to know about COVID-19 if the severity and impact on an individual impacts the ongoing provision in line with 3.78 of the [Early Years Foundation Stage \(EYFS\) statutory framework](#).

Ofsted inspections

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

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

Educational visits should be subject to risk assessments as normal and reflect any public health advice or in-country advice of the international destination. [General guidance on educational visits](#) is available and is supported by specialist advice from the Outdoor Education Advisory Panel (OEAP).

Insurance

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.

Different insurers may offer different forms of COVID-19 coverage, therefore settings are encouraged to shop around to seek the most suitable cover at the best price. The British Insurance Brokers' Association (BIBA) can offer guidance on how to look across the insurance market for the best deals and may be able to provide names of specialist brokers. BIBA can be contacted at by telephone on 0370 950 1790 or email enquiries@biba.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 for childminders on what to do when someone you live with is self-isolating can be found in the [additional actions for childminders during the coronavirus \(COVID-19\) pandemic](#) guidance.

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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