

## **Coronavirus (COVID-19): Early learning and childcare settings, childminder and school age childcare settings – topics from frequently-asked questions**

**Last updated 23 March 2021**

**These topics have been developed in response to questions from the sector. They do not replace the guidance which is available on the Scottish Government website on the following links. Staff and services/settings should ensure that they are familiar with the relevant guidance document.**

[Early Learning and Childcare Settings](#)  
[Childminder Services](#)  
[School Age Childcare Settings](#)

There is no expectation that staff should read all of these topics at once. They are intended to be a helpful signpost to important elements of the guidance where staff or representative bodies have asked questions.

## General topics

### Evidence about the risk of children and staff catching and passing on COVID-19

Scientific evidence tells us that young children are much less likely than adults to catch the coronavirus or become seriously ill. They are also much less likely to transmit the virus to each other, or to adults. Within ELC settings there is more risk of adults transmitting the virus to other adults than of transmission from children. Settings can minimise the risk of adult to adult transmission if everyone follows the appropriate mitigations. If this happens, we know that ELC settings are low-risk environments with very limited numbers of outbreaks. The scientific evidence considered by an independent advisory panel – the [Chief Medical Officer's Advisory Sub-Group on Education and Children's Issues](#) – has informed the decision to re-open ELC settings to all children.

The core set of risk mitigations that staff and settings have been following hasn't changed. The Advisory Sub-Group has told us there is no scientific evidence to suggest that we need new risk mitigations for the new variants. The guidance clearly sets out the current mitigations. What is more important is that all staff stick to them as closely as possible. What we all do as individuals really does matter.

### Risk Mitigations

#### The core package of risk mitigations

The core package of risk mitigations has not changed and is clearly set out in the relevant guidance. The core package of mitigations includes

- enhanced hygiene and cleaning practices
- limiting children's contacts by managing cohort sizes
- maximising the use of outdoor spaces and access to fresh air
- strict adherence to self-isolation for those who have symptoms, and to other Test and Protect measures for all
- strict adherence to two metre physical distancing between adults, including parents at drop-off and pick-up times
- supportive use of face coverings

#### How settings can ensure that parents support everyone's safety

Important messages include

- wear a face covering, especially in busy areas where it's not possible to maintain a two metre distance from other adults – for example at pick up and drop off times
- move away from the settings as quickly as possible to avoid crowding that would make physical distancing more difficult – try to stick to your allocated time for drop-off and pick up to reduce busy periods

- wherever you can, keep a two metre distance from other adults – including staff and other parents – for example at pick up and drop off times
- don't gather in groups of adults or older children at pick up and drop off times
- pay attention to any signs or one-way systems outside the setting – or inside the setting if there is a clear need for you to be there
- if you need to speak to your child's setting about something, do this by phone or online if you can
- stick to the wider stay at home guidance – play dates should be outdoors for now and should still be with a maximum of four adults from only two households
- remember that the rules about meeting people from another household outside also applies outside of the childcare setting – up to four adults from up to two households can meet outdoors
- please don't use the return of a child to school or nursery as an opportunity to meet up with other parents or friends
- be vigilant for symptoms within your household and adhere to Test and Protect – if you or someone in your household has symptoms, remember not to send your child to nursery should follow advice to self-isolate and book a test

### **Staff in ELC settings wearing face coverings**

Adults should wear face coverings wherever they cannot maintain a two metre distance from other adults (for example in corridors and communal areas). Staff and visitors should also wear face coverings by when not working directly with children. For example, when they are in offices and admin areas, canteens (except when dining), staff rooms and other confined communal areas (including staff toilets). This would not apply where a person is exempt from wearing a covering. Information for staff in school age childcare services is provided below.

### **Staff wearing face coverings when interacting with children in ELC settings**

Adults are not required to wear face coverings when interacting with children in settings, or supporting children to move around the setting. However, settings should support a staff member who wishes to wear a face covering in these circumstances. Information for staff in school age childcare services is provided below.

### **Requirements to wear face coverings when working directly with children**

Evidence shows that children under five years of age have a low susceptibility to COVID-19 infection. They also have a low likelihood of onward transmission, so the risks associated with interacting with children are low. When interacting with children, settings should consider the benefits of wearing face coverings against potential harms associated with wearing face coverings. These include social and communication concerns and potential negative effects on children's development and learning outcomes. However, settings should also recognise that some staff will feel safer wearing a face covering. In those circumstances, staff should be supported to use them if that is their preference.

## **Staff wearing medical grade face masks**

Medical grade face masks are generally reserved for close contact with patients or vulnerable groups within the health and social care sector. Staff should be maintaining a two metre physical distance from each other. There should be no need for medical grade masks to reduce the risk of staff to staff transmission. A face covering made of cloth or other textiles that is at least two, and preferably three, layers is considered sufficient.

There will, at times, be close contact between staff and children in ELC settings. However, the low risk of clinical disease from COVID-19 in young children, and the advice that children and staff who are shielding do not attend ELC at this time, means that medical grade masks are not proportionate to the risk of transmission from staff to children or children to staff.

Staff should wear medical grade face masks if they are looking after a child who has become unwell with symptoms of COVID-19 and two metre physical distancing cannot be maintained while doing so.

Staff should continue to follow existing procedures on the use of PPE (Personal Protective Equipment) in situations such as carrying out intimate care. Settings should risk assess these procedures and train staff in how to use any required PPE.

## **Sector-specific guidance**

### **Concerns around the guidance or how others are observing it**

In the first instance you should talk to your manager who should be able to clarify local arrangements or address your concerns. If this doesn't clarify the issue you can contact your local council, trade union, or the [Care Inspectorate](#).

## **Child groupings**

### **Keeping children in consistent groups**

Settings must limit contacts by managing children within groups. Consistency of groups is important. Children should remain within the same groups wherever possible – both across the day and, ideally, also across the week. This includes at the beginning and end of the day/session, when numbers of children in the setting may be lower.

More than one group can use a large space. Children should not mix freely with children in other groups, including in open plan settings and outdoors. The management of groups should reflect the circumstances of the setting. Settings should apply proportionate, risk-based approaches to limiting contacts.

Children are no longer required to be in groups of eight. Children can be looked after in groups of up to 33. However, the approach should be to minimise the size of groups where possible. Current public health advice states it is still important to

reduce contact between people as much as possible. This will reduce likelihood of direct transmission, and allow for more effective contact tracing through Test and Protect. Having larger group sizes will mean that more staff and children would be required to self-isolate in the event of anyone in the group testing positive. The adult to child ratios in the national care standards must continue to apply. The appropriate size of group will depend on the age and overall number of children, and the layout of the setting.

### **Lack of room in settings to allow for large groups to be split**

The management of groups should reflect the circumstances of the setting. Providers may want to consider the use of additional space, such as an outdoor space (including local parks or woodland). This is also beneficial in reducing transmission risks. If necessary, settings should consider how many children can be safely accommodated at any one time against their normal capacity.

### **Reducing the number of children attending a setting to ensure physical distancing between staff**

The guidance makes clear that providers should assess what capacity is available before making offers of placements to parents. The physical capacity of the setting may be affected by public health measures, including the need to ensure physical distancing between adults. Providers should review the layout of settings and consider how many children can be accommodated safely at any one time while meeting these requirements. This may be below the normal Care Inspectorate registered capacity of the setting, based on current floor space requirements.

### **Movement of children around the room for different experiences with their group**

Consistency of groups is beneficial at all times of the day. Children can move around the space while remaining in their group in order to access different activities. It is important for any equipment to be cleaned and disinfected between use by different groups. Risk assessment associated with any movement around the setting is appropriate. Moving between an indoor and outdoor space, for example, may be necessary to maximise the use of outdoor space.

## **Staff groupings**

### **Children being with a different staff member for short periods of time**

Staff should work with the same group of children wherever possible. If cover is required (for example for breaks or toileting) this should be managed within the staff working with a particular group of children. If staff need to work with other groups of children, this should be for limited periods. Appropriate risk mitigation measures should be adopted.

## **Staff working between different groups of children over the course of a week**

Staff members should work with the same groups of children where possible over the course of a week. Reducing the contacts each staff member has with children throughout the course of the week is important. If staff are, through necessity, to work with other groups, this should be for limited periods. Appropriate risk mitigation measures should be adopted.

## **Staff working between settings/peripatetic staff**

### **Staff working between different settings**

Staff, whether permanent or agency/bank, must not work across two premises if there is an outbreak in one. A risk assessment of the second location may be needed to establish any transmission risk.

Settings should, in partnership with related partners and local public health teams, pay close attention to any evidence suggesting the potential for emerging bridges of transmission between settings. If any such evidence is identified, they should consult immediately with local public health teams on pausing or reducing movement between settings.

Where no outbreak is present, movement of staff between different ELC settings or between ELC settings and other childcare settings (such as school age childcare) should be avoided. Exceptions include where the individual works with the same group of children, or where necessary to provide specialist support, for example for children with additional support needs. This is to limit the number of contacts, to manage the risk of transmission and to support the efficacy of [Test and Protect](#). Limiting contacts reduces the risk of a person transmitting the virus to others, and reduces the likelihood of more people having to isolate. Showering and changing their clothes wouldn't affect that. If a staff member were tested positive all contacts they have had would need to self-isolate - children and adults. Test and Protect teams would take full details from the individual. They would make a decision based on a range of factors as to which of their contacts would require to self-isolate for the 10 days.

### **Application of peripatetic staff guidance to managers who are responsible for different settings**

All staff who move between settings are covered by the guidance. It is important that managers are able to fulfil their role to support services. Therefore, movement of staff may be permitted where necessary to provide such specialist support. However, settings should avoid this wherever possible, for example through the use of technology. If managers are required to move between settings, they should not work directly with children. Their visits to the service should be considered as part of the cleaning schedule. Offices/workspaces must be fully cleaned before and after use. Managers must adhere to physical distancing and follow frequent hygiene practices, for example hand washing.

Staff, including managers, must not work across two premises if there is an outbreak in one. Settings may need to carry out a risk assessment of the second location to establish any transmission risk.

### **Agency workers working across settings**

As with peripatetic staff, the guidance for staff bank/agency staff aims to limit contacts. If an agency staff member were to be tested positive the effect on settings and risk to others would be minimised.

This guidance is framed as 'should'. It may be that for a small number of services they absolutely cannot operate without the use of agency or bank staff. In such circumstances, services should undertake a thorough risk assessment and apply appropriate mitigation measures which minimise the range of contacts. The guidance highlights that movement of staff between different ELC settings or between ELC settings and other childcare settings (such as school age childcare) should be avoided.

Staff, whether permanent or agency/bank, must not work across two premises if there is an outbreak in one. Services may need to undertake a risk assessment of the second location to establish any transmission risk.

### **Using supply staff to cover sickness and holidays**

Settings can use supply staff but you should ensure staff are attending a setting consistently and not a number of settings. This reduces the risk of transmission and helps to limit the effects of any Test and Protect measures.

## **Students on placements and assessors**

### **Settings hosting student placements and SVQ assessors**

SSSC have published an [Employer Toolkit](#) to provide further information to support placement providers, students and centres to support the safe return of students to placements.

In addition, the Scottish Government has now established a Learner Journey Ministerial Task Force. This comprises representatives from colleges, universities, students and unions. The group will consider the challenges that colleges and universities face this academic year in delivering practical learning across all subjects with a placement element, including the HNC Childhood Practice. The immediate priority for the task force is to help students complete their courses and move into further study or employment.

You should encourage placement students to participate in the at-home symptomatic testing programme when it is available in your setting.

## **Other visitors to the setting**

### **Assessing whether visitors can attend the setting**

Settings should strictly limit adult visitors to settings to those that are necessary to support children or the construction, maintenance and running of the setting. Students who attend the setting for a placement block may attend.

Settings should undertake a risk assessment of whether the visit is necessary

- to support the learning, development or wellbeing of a child or group of children
- for the safe or effective running of the setting
- to support the future capacity of the setting to deliver funded ELC
- to allow other bodies to deliver their legal duties

Where the business/engagement is essential, settings should consider whether

- it can be conducted remotely by phone or online, taking account of access to digital equipment and connectivity and any additional needs that may make it more difficult to communicate in this way
- it needs to take place at the current time or can be postponed to the future when risk mitigation might be relaxed
- it can take place outdoors
- it can be scheduled for times when children aren't attending and fewer staff are present (before or after sessions or during in-service days)

When visits take place settings should ensure that

- the two metre physical distancing requirements can be adhered to,
- the meeting space is well ventilated,
- face coverings are worn
- there is a supply of antibacterial hand gel available to visitors at the entrance to the setting

Where another company or organisation is visiting (such as a construction company or inspection body), it is not your responsibility to ensure that these visitors physically distance from each other. That will be determined by their own sector guidance.

## **Blended placements**

Blended placements have been possible since 10 August 2020. However, it remains very important to continue to minimise the number of contacts and risk of transmission, and to maintain progress in suppressing the virus. Parents and carers should be encouraged and supported to limit the number of settings their child attends. Ideally children should attend one setting only. For children who attend more than one setting, consideration should be given to ensuring their child only attends the same setting(s) consistently.



Settings should refresh risk assessments in the context of the re-opening of ELC to all children, local prevalence of the virus and new variants of concern. Existing blended placements may continue provided they are supported by a refreshed risk assessment. This should be undertaken in collaboration with parents and all providers involved in the care of the child. There should be agreement that the arrangement continues to be required to ensure access to high quality ELC and to meet childcare needs.

When increased demand for blended placements arises due to the wider re-opening of schools and nurseries, local authorities, providers and parents should risk assess and consider placements on a case by case basis. Risk assessments should take account of the importance of children's wellbeing and protecting their access to high quality ELC which supports families' needs.

Where it is judged that a child should attend multiple settings, either ELC settings, childminders or school age childcare, consideration should be given to how they are supported to ensure good hygiene practices (for example washing hands or not sharing resources) when moving between settings. Settings should also consider how their contacts with other groups of children are managed, based on an appropriate risk assessment in each setting.

Where it is judged that a child should attend multiple settings, childminders and other key workers may undertake drop-off and pick-up from outside other settings. They should follow mitigations, including wearing face coverings and maintaining physical distancing with other adults.

Where a child attends more than one setting, settings should consider sharing record keeping, to assist with any Test and Protect process. Settings should manage any records should in a way which is consistent with the requirements of GDPR and their privacy policies.

When assessing whether a blended placement can be justified, settings may wish to consider the extent to which

- the blended placement is the best way of supporting the developmental needs of the child (This might be the case when a child has additional support needs that mean he or she would find it difficult to cope with the busier environment of a nursery for extended periods and is best supported by some time in a quieter environment provided by, for example, a childminder. It could also be the case where part of the placement is in Gaelic medium ELC that offers more limited sessions.)
- the blended placement is required to support the childcare needs of families (including beyond traditional nursery hours) – this would be the case, for example, where a blended placement is required to allow parents to work, train or study, meet other caring responsibilities or meet their own health needs, without having to rely on informal childcare provided by another household that would not be subject to the COVID guidance for the sector

- the blended placement has been risk assessed and there is a joint approach to mitigating risks between settings
- all parties providing the childcare are comfortable with the blended arrangement and their respective safety mitigations

## **Singing**

### **Advice on group singing**

Group singing indoors is not currently recommended. Evidence suggests that there is an increased risk of transmission associated with singing, and therefore group singing indoors would constitute a high risk. Staff should not discourage children from singing naturally in the course of activities and play. Providers should make individual risk assessments about outdoor singing.

### **Advice on singing to comfort individual young children when necessary**

Scientific advice has identified group singing as high risk due to the respiratory aerosols which are exhaled during this activity. This should not take place indoors as part of an organised, large group activity. There is an important balance between prevention of transmission and wellbeing of children.

## **Risk Assessments**

### **Support or guidance for carrying out risk assessments**

Employers must protect people from harm. This includes taking reasonable steps to protect staff, children, young people and others from COVID-19 within the setting. Managers must ensure that risk assessments take place on a setting by setting and individual basis where required.

The person carrying out the risk assessment should do so having read the relevant guidance from the [Health and Safety Executive](#). The guidance is not intended to provide a checklist for settings, as all settings will have different factors to consider.

Settings should carry out individual risk assessments for individual members of staff or children where required. The Scottish Government has [published guidance](#) on individual risk assessments for the workplace. Risk assessments should be shared with relevant trade unions and, where there is local capacity and this does not have an effect on the production of timely risk assessments, conducted in consultation.

### **Risk assessments for services in rented spaces**

If you share a space such as a school or community facility, it will be important to consider the measures or operating models already in place. You should communicate regularly with the setting to ensure that you have clear agreement and understanding of cleaning arrangements and maintaining physical distance from

other users. It is important that your risk assessments and associated measures are consistent.

## **Support for increased PPE costs**

Childcare settings should continue to base the use of PPE by staff on a clear assessment of risk and need for an individual child or young person, such as personal care. Staff may require PPE where the care of children already involves the use of PPE. For example, wearing gloves and an apron for nappy changing, toileting accidents or cleaning up after a child has been sick or cut themselves (bodily fluids). Staff should wear medical grade face masks if they are looking after a child who has become unwell with symptoms of COVID-19 and two metre physical distancing cannot be maintained while doing so.

If services cannot source PPE after having fully explored local supply routes you can access PPE through one of two procurement processes.

If you are a local authority setting you will access through your usual route, most likely Scotland Excel.

Registered private, voluntary, and independent providers that cannot obtain PPE through their usual suppliers will be able to purchase PPE via the Lyreco agreement. If you wish to open an account with Lyreco, please complete the attached form which must include your Care Inspectorate CS number and return it to: [PPEDirectorate@gov.scot](mailto:PPEDirectorate@gov.scot).

Once your CS number is confirmed as being a registered care service your account will be set up. This may take a few days depending on the volume of forms returned. Lyreco will then provide access to their online ordering site. There you will be able to see the full range of products available and current prices. Opening an account does not place you under any obligation to place an order.

## **Cleaning**

### **More information about cleaning practices**

The guidance documents linked at the beginning of this document provide advice on cleaning practices. Settings should consult the [COVID-19 Guidance for non-healthcare settings](#). This contains advice on cleaning, including detergents and cleaning products. Settings should also consult the [Infection Prevention and Control in Childcare Settings](#) guidance.

At a setting level, information about the cleaning regime should be set out in the risk assessment.

### **Managing any extra time required for cleaning**

Additional cleaning time may have an effect on services through extra costs for renting spaces and keeping staff on to clean out with the usual service times. Some

services may choose to restrict the time in which children attend the setting to manage the additional time.

## **Temperature taking**

Temperature checks on arrival are not currently advised for early learning and childcare services. The presence of a high temperature is only one common symptom of coronavirus. [Health Protection Scotland](#) state that some of the symptoms are a fever, cough and change or loss of smell and taste. It is important that settings and staff consider all symptoms.

## **Symptoms of COVID-19 and self-isolation**

### **Steps if staff and children develop symptoms of COVID-19**

Staff and children who develop symptoms consistent with COVID-19 must follow the [Test and Protect guidance](#). This includes staying at home, self-isolating, and contacting the NHS for advice on testing. Those who do test positive for COVID-19 will be asked to continue to self-isolate for 10 days. Their close contacts, identified through contact tracing, will be asked to self-isolate for 10 days. If you have been identified as a close contact of someone who has tested positive, you will be asked by Test and Protect to take a test at the start of your 10-day self-isolation period.

If a child displays symptoms consistent with COVID-19 while in the setting, staff should comfort the child. They should ensure that a well ventilated space is available for the child to wait in until they can be collected by their parent. Settings should prevent contact between any other children in the setting. However, they must take care to ensure the appropriate levels of supervision of all children.

Settings should advise all staff and parents and carers that people who have symptoms, or who have household members who have symptoms, should not attend the setting. They should follow advice to self-isolate and book a test.

### **Children or staff requirements to self-isolate or be tested**

If a parent/carer or staff member is contacted by a contact tracer and told to self-isolate, the person should leave the setting to self-isolate at home straight away. If possible, they should wear a face covering on route and avoid public transport. The Scottish Government has published [advice for employers](#) on how to support people who are asked to self-isolate.

Other children and staff members will not be required to self-isolate unless also contacted by the contact tracing service or if they also display symptoms. If a child or staff member tests positive, the contact tracer will take into account the close contacts the person has had within the setting.

If settings have two or more confirmed cases of COVID-19 within 14 days, or an increase in background rate of absence due to suspected or confirmed cases of COVID-19, they may have an outbreak. In this situation settings should make prompt

contact with their local health protection team (HPT) and local council. If an outbreak is then confirmed, settings should work with their local HPT to manage it.

Managers must notify the Care Inspectorate in the event of any confirmed or suspected outbreak of an infectious disease. Notifications and guidance are available through [eForms](#).

### **Children testing negative after being sent home from a setting**

There is no requirement to send other children home unless they have symptoms or are contacted by the tracing service.

Children who have been in close contact with someone with COVID-19 will have to self-isolate for 10 days. This is regardless of whether they themselves have a negative test. This is because the incubation period can take this time.

Local health protection teams (HPTs) alongside partners, such as local authorities and the Care Inspectorate, lead the management of any potential outbreaks of infectious disease in settings. Managers should ensure that they know how to contact their local HPT and who will usually be responsible for doing so.

### **Members of staff testing positive after developing symptoms and self-isolation for others**

Staff and children who develop symptoms consistent with COVID-19 must follow the Test and Protect guidance. This includes staying at home, self-isolating, and contacting the NHS for advice on testing. Those who do test positive for COVID-19 will be asked to self-isolate for 10 days. Their close contacts, identified through contact tracing, will be asked to self-isolate for 10 days.

## **Outbreaks in settings or communities**

### **Local outbreaks involving staff or families**

The local health protection team will manage outbreaks to minimise risk. A confirmed case within a family may not necessarily lead to changes to the delivery of a service. Depending on how the service has been operated, some staff and children may be required to isolate, some rooms may be closed or the service may be asked to close. Each outbreak is different.

The following infographics provide information on what to do if there is a suspected outbreak in your setting

- [ELC Graphic 9 Dec 2020 \(www.gov.scot\)](#)
- [Childminder Graphic 9 Dec 2020 \(www.gov.scot\)](#)
- [SAC Graphic 9 Dec 2020 \(www.gov.scot\)](#)

## **Local outbreaks not involving staff or families**

[Test and Protect](#), Scotland's approach to implementing the 'test, trace, isolate, support strategy', is in place. It is a public health measure designed to break chains of transmission of COVID-19 in the community. Where there are local outbreaks or clusters of COVID-19, it may be necessary to bring in new measures or restrictions to reduce the spread of the virus. If restrictions are needed in childcare services in your area, you will be informed by local health protection teams.

## **Testing for ELC and childcare staff**

We are working towards an expansion of the schools at home self-testing route to provide additional reassurance to our highly valued childcare staff. Staff in all ELC and childcare settings, including childminders, can currently access asymptomatic PCR testing through the NHS portal as essential workers if they have concerns about having been exposed to the virus. ELC and school age childcare staff working in day care of children settings attached to primary schools are being offered twice weekly asymptomatic testing as part of the wider programme of testing in schools. We are working towards making that same testing available to standalone local authority ELC settings and other day care of children services in the private and voluntary sector as soon as practically possible. There is a detailed FAQ for settings involved in the testing programme which will be available on Objective Connect, to which all settings, local authority contacts and representative bodies will be invited to join in dedicated workspaces.

## **Protect Scotland (Test and Protect App)**

Staff can download and use the Test and Protect app if they wish to do so. If you are unlikely to have your phone on you at all times then you should not have the app active in the setting. For example, you may leave your phone in a bag or coat at lunchtime or break time.

## **Vaccination**

The Joint Committee on Vaccination and Immunisation (JCVI) considered an occupational approach to vaccination for the next phase of the vaccine roll out, after the first nine priority groups are vaccinated. It announced on 26 February that an age-based approach remains the most efficient and effective approach. This targets those at highest risk, addresses the risk of severe illness and mortality, and will ensure the quickest possible roll out of the programme to all. The JCVI considers the risk of infection in education staff to be in line with the general population, in keeping with the findings of recent studies.

The age cohorts which would follow the current 9 priority groups are

- all those aged 40-49 years
- all those aged 30-39 years
- all those aged 18-29 years

All four nations of the UK have agreed to take this approach.

Some people within these age groups may already have received invitations to have their vaccine due to clinical vulnerability, or their role working with those who are clinically vulnerable. ELC staff providing close care to children with complex needs are being prioritised for vaccination, in line with staff working in health and social care roles.

## **Funding and business sustainability**

### **Services charging parents for spaces if they are asked to close**

In light of the [CMA advice](#), the Scottish Government expects that it should be of particular importance that childcare providers are sensitive to families' financial situations when considering their charging policies. Some families may not be able to afford additional costs, particularly at a time when the country continues to respond to the extraordinary circumstances brought about by the COVID outbreak.

Childcare providers should not charge for services which they cannot provide. They should not put pressure on parents to make payments, for example in order to keep their child's place when the setting re-opens. The CMA expects providers to be reasonable and balanced in their dealings with parents when applying charges when settings are closed.

### **Ensuring businesses are sustainable**

The COVID-19 pandemic will have long-lasting effects for many families, communities and businesses. While some families' childcare needs may change, we know that it will continue to be important that accessible, affordable childcare is available for those who need it. You can find information on the [business and financial support available to childcare providers](#).

### **Support for funded providers to pay for increased heating costs as a result of leaving windows open to improve ventilation**

Local authorities, in line with the principles for setting sustainable rates (as set out in the technical guidance on setting sustainable rates, published in April 2019), will work with their funded providers to understand the extent to which the costs of delivering funded ELC have changed due to COVID-19. The effects of COVID-19 on delivery costs may not be uniform across different types of settings. They may, for example, reflect differences in the layout of settings, size of settings, and access to outdoor space. Where there are additional costs for settings as a result of COVID-19 related measures, there are a number of approaches that local authorities may wish to consider in order to ensure that these additional costs are reflected in payments to funded providers. For example, a temporary top-up could be applied to the sustainable rate, or one-off (or less frequent) payments could be made to cover the costs. Regardless of the approach applied, local authorities should ensure that there is clear and transparent communication to settings.

## **Settings in shared buildings**

Settings within shared buildings can open. If your service has its own entrance, exit and general facilities, including toilets and kitchen facilities, they should follow the ELC or school age childcare guidance. If you share these facilities with the school, it is important that you undertake early discussion with the head teacher of the school, or the manager of the premises, to agree the use. There may be things to consider such as the facility's operating model and arrangements for cleaning and use of outdoor spaces.

We would encourage clear communication about any need for adaptations, additional storage space for equipment, and any use of indoor or outdoor spaces beyond what your service would ordinarily use.

## **Care Inspectorate**

### **Care Inspectorate inspections**

The Care Inspectorate will continue to support the sector during this period. They have developed a [self-evaluation tool](#) to assist you during this period to provide safe childcare. The Care Inspectorate will continue to consider their scrutiny work and may ask you to submit your self-evaluation and provide feedback on this. They will not grade your self-evaluation. The Care Inspectorate will consider aspects of their scrutiny and improvement functions and may inspect settings during this period. The Care Inspectorate continue to carry out inspections using intelligence and a risk based approach. Inspections can take the form of on-site, virtual or a blend of both.

### **Applying for a new variation to have a COVID-19 condition stated within a registration certificate removed**

The Care Inspectorate developed [intermediate guidance](#) to support settings during the pandemic. Some settings may have a time limited condition to support children and families at this time. The Public Services Reform (Scotland) Act 2010 requires providers to apply for a variation to remove or vary a condition of registration. There is no cost to the applicant.

### **Making a variation application if services need to change due to the guidance**

The Care Inspectorate will continue to support you during this pandemic. It will take a flexible and proportionate approach to support the continued delivery of services that have the health and wellbeing of children at the heart of the decision-making process. If you are considering a variation to your registration it is important that you engage with the Care Inspectorate as soon as possible. Contact [enquiries@careinspectorate.gov.scot](mailto:enquiries@careinspectorate.gov.scot)

## **Food provision**

Staff should follow usual good hygiene practices when preparing or serving food or assisting children with packed lunches. There is no need for additional PPE at meal and snack times, unless this has been identified in a bespoke risk assessment.



## **Supporting staff and children**

### **Supporting staff or children who are clinically vulnerable**

Clinically vulnerable staff (known as the shielding category) are currently advised that, if they cannot work from home, they should not go into work as long as the area they live or work in is under lockdown. This advice remains, regardless of whether you have had one or two doses of the vaccine.

Children on the shielding risk have been advised by the Chief Medical Officer not to attend regulated childcare services such as nurseries in person in level 4 areas or during lockdown. Parents can consult with their child's secondary care (hospital) clinical team. They may advise that an individualised risk assessment could be undertaken with the nursery and arrangements put in place which may allow their child to attend.

Please encourage staff and parents of children on the shielding list to consider joining the free text messaging service for people at highest risk from coronavirus. To join, they can send a text from their mobile phone with their Community Health Index (CHI) number to 07860 064525. They can also get information from the free national assistance helpline on 0800 111 4000.

### **Support staff or children from minority ethnic backgrounds**

There is some evidence that children, young people and adults from a minority ethnic background seem to be at higher risk of severe disease from COVID-19. Work is ongoing to build upon this data and to improve understanding. Settings should recognise the concerns within minority ethnic communities and support individual requests for additional protections wherever possible. Additional protections may include offering access to support from occupational health services (OHS) and the provision of individual risk assessments. Settings should take care to ensure that minority ethnic children, young people, families and staff are involved in decisions about additional protections. They should not make automatic referrals to OHS. Managers should have sensitive, supportive conversations with all minority ethnic staff. These should consider their health, safety, psychological wellbeing, personal views and concerns about risk.

### **Supporting staff wellbeing**

We know that this year has been an anxious time for many staff working in the out of school sector. Some staff may still be dealing with anxieties in work and in their personal lives. Staff can visit the [TeamELC Wellbeing Hub](#) on Early Years Scotland's website. This dedicated site offers a range of practical support on all aspects of wellbeing. It enables staff to share their experiences with colleagues across Scotland. The Scottish Government has also published a [list of resources](#) to support practitioners with COVID-19. Your GP and occupational health service, if applicable, are also important sources of support and advice.

## **Supporting anxious children, young people, and families**

The pandemic will affect each child and their family differently, as well as staff individually. It is important that staff are mindful of keeping the child at the centre of their practice to ensure quality and wellbeing, whilst balancing safety and risk. It will be important to take gradual steps in terms of practices and interaction with others. It will be vital for relevant services to consider mental health awareness. Children in Scotland have produced a helpful [wellbeing resource](#) for teachers and practitioners.

## **School age childcare topics**

### **Risk Mitigations**

#### **Wearing face coverings in school age childcare settings**

Adults should wear face coverings wherever they cannot maintain a two metre distance from other adults and/or school age children.

Staff and children over the age of 12 should also wear face coverings at all times when moving around the setting (regardless of ability to maintain physical distance) in: offices and admin areas; canteens (except when dining); and staff rooms and other confined communal areas (including toilets). This does not apply where a person is exempt from wearing a face covering.

#### **Cleaning public play parks if children visit**

This would not be required. You should ensure enhanced hygiene measures for children such as using antibacterial hand gel when soap and water is not available. When children and staff return to the setting they should wash their hands with soap and water immediately.

### **Mixed age groups**

#### **Out of school care services operating with mixed age groups and children from different schools**

Out of school care services can operate with children of different ages and from different schools.

Services must limit contacts by managing children within groups. Consistency of groups is important, and children should remain within the same groups wherever possible. Where possible, settings should try to keep groups consistent with schools and classes in order to minimise contacts. Risks can also be reduced by creating 'bubbles' within household groups by caring for siblings alongside each other.

Services must keep clear records showing which adults and children spend sustained periods of time together. This supports effective practice in following Test and Protect protocols in the event of an outbreak.

## **Secondary school age children using out of school care services**

The guidance for secondary schools now includes a requirement for physical distancing between secondary school age children. Where possible this should also be applied in school age childcare.

### **Use of minibuses or cars**

Dedicated transport used by the service should be regarded as an extension of the premises. Physical distancing measures between children attending the service are not necessary. Staff should remain physically distanced from children and other adults where possible. Prolonged periods where adults and children are in close proximity should be avoided. If this is not possible, they should be limited as far as possible. Effective ventilation should also be ensured. The advice in the schools' guidance remains that face coverings should be worn by children aged five years and over on dedicated school transport (unless exemptions apply). The [schools' guidance](#) provides further detail on the use of transport.

Staff and parents should not share a vehicle with anyone from another household, unless they absolutely have to. If they have no other option, they should follow the [safe travel guidance](#) from Transport Scotland. This provides advice on how to share vehicles safely. This includes sitting as far apart as possible, opening windows and minimising journey times.

## **Childminder topics**

### **Risk mitigations and self-isolation**

#### **Staff continuing to work in the childminder's home if they tested positive**

The setting would have to close due to it being in the childminder's home. The symptomatic person must remain in isolation until 10 days from symptom onset, or longer if symptoms persist. The rest of the household must remain in isolation for 10 days from symptom onset in the symptomatic person, even if they don't have symptoms themselves. These people should not attend childminding settings.

#### **Requirements if a member of the childminder's household becomes ill or is self-isolating**

Childminders and assistants must be aware of [Test and Protect](#) arrangements. If a childminder, assistant, or a member of their household have symptoms, they must self-isolate straight away and contact the NHS to arrange to be tested at **0800 028 2816** or [www.nhsinform.scot](http://www.nhsinform.scot). Childminders must notify the Care Inspectorate of any confirmed or suspected outbreak of an infectious disease via [Care Inspectorate eForms](#). Childminders should also ensure that they are familiar with the advice for [COVID-19 infected households](#), the [Health Protection Scotland COVID-19 guidance for non-healthcare settings](#) and the [COVID-19 advice from the Health and Safety Executive](#).

#### **Care Inspectorate visits to childminders**

The Care Inspectorate are continuing aspects of their scrutiny and improvement functions and may inspect settings during this period. If a face to face inspection is scheduled the Care Inspectorate will enter your home, after checking there is no current outbreak. A virtual inspection using technology may also be undertaken.