

## **Step 4 – Additional Q&A for early years**

### **What is the position on contact tracing for settings from 19 July 2021 and where can I find more information?**

From Monday 19 July early years settings no longer need to carry out routine contact tracing. From this point onwards, close contacts will be identified and contacted by NHS Test and Trace.

We have produced guidance, some frequently asked questions and answers and a template letter for settings to send to parents on changes to contact tracing of close contacts. These can all be found on the document sharing platforms for [primary and early years](#).

### **What is an outbreak management plan and what should a good plan look like?**

You will already have contingency plans describing what you would do if children, or staff test positive for COVID-19, or how you would operate if you were advised to reintroduce any measures to help break chains of transmission. These are sometimes known as outbreak management plans.

As many of the key restrictions on education and childcare come to an end, COVID-19 resilience and planning will be more important than ever. You do not need to create new documents or reformat your existing plans to specific templates, but you should make sure that your plans are robust and up to date.

A good plan should cover:

- roles and responsibilities
- when and how to seek public health advice
- details on the types of control measures you might be asked to put in place (described in the [contingency framework for education and childcare settings](#) and [Actions for early years and childcare providers during the coronavirus \(COVID-19\) pandemic](#))

For each control measure you should include:

- actions you would take to put it in place quickly.
- how you would ensure every child receives the quantity and quality of early education and childcare to which they are normally entitled.
- how you would communicate changes to children, parents, carers and staff.

**Q. If a parent chooses to keep a child home because they have been identified as a close contact post 16 August, can a setting charge for that place (assuming it is non-funded)?**

DfE's position remains that providers should be balanced and fair in their dealings with parents, and that they must avoid unfair charging practices.

Providers should note the Competition and Markets Authority's (CMA) [advice on contracts, cancellation and refunds](#):

"The legal position was more straightforward under the original lockdown laws, imposed at the start of the pandemic, because the broad and strict nature of the legal restrictions they imposed meant many contracts could not go ahead as planned.

However, as lockdown laws and the nature of the legal restrictions they impose change over time, the consequences for individual contracts may become less clear-cut and more fact-specific. Ultimately only a court can decide how the law applies, and in many cases this will be the first time the issues have been considered in the context of a pandemic like this.

Consumers and businesses should be aware that whether or not a consumer is entitled to a refund will depend on the nature of the goods or services in question, the sector, the detail of the arrangements that have been entered into (including the terms and conditions of any contract) and the impact of the coronavirus pandemic and any restrictions on the arrangement."

Complying with government guidance is a very important part of stopping the spread of the coronavirus, and consumers should not be unfairly treated for doing so.

When charging parents - whether relying upon existing or new contract terms – providers should note that the provisions under consumer protection law that were outlined in the CMA's [open letter to the nursery and early years sector](#) still apply. Contract terms that are deemed to be unfair are unenforceable, and seeking to rely on such terms is also likely to be considered an aggressive commercial practice and a breach of professional diligence.

**Q. Will funding arrangements for the autumn term be reviewed in light of the Delta variant and the impact this may have on new registrations in September?**

The funding system for the Autumn term 2021 will continue in line with our announcement on 18 March. We are temporarily varying our approach to funding Early Years over the 2021-22 financial year to give local authorities and providers better certainty over their funding income.

**Q. Given that many younger early years staff may still not have their second vaccine by 16 August, what support will there be for workforce**

## **absence?**

On 3 March 2021, the Chancellor announced that the Coronavirus Job Retention Scheme (CJRS) will be extended until the end of September. As long as the staff meet the other criteria for the scheme, schools and early years providers are able to furlough their staff if they have experienced a drop in either their income from parents or government. You can find out more about this here: [Coronavirus \(COVID-19\): financial support for education, early years and children's social care](#). Details on how to make a claim can be found here: [Claim for wages through the Coronavirus Job Retention Scheme](#).

Eligible nurseries may also qualify for Business Rates Relief Nurseries Discount, if the business is on Ofsted's Early Years Register and the premises is wholly or mainly used to provide the Early Years Foundation Stage of education. Further detail on this can be found here: [Business rates relief: Nurseries discount](#)

Available from 6 April, eligible nurseries may also access the new Recovery Loans as set out by the Chancellor on 3 March 2021. Further details regarding this loan scheme can be found here: [Recovery Loan Scheme](#).

As childminders are usually self-employed, they may benefit from the continuation of the Self-Employed Income Support Scheme which has also been extended until the end of September 2021. Further information can be found here: [Self-Employment Income Support Scheme fifth grant](#).

### **Q. Can a childminder continue to work in their home when they have a household member self-isolating?**

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

You can continue to provide childcare at your registered setting if this is:

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

The childminder should ensure they keep open communication with parents and carers of children attending the setting about the self-isolation. The household member who is self-isolating must not have any contact with the children being cared for in the setting. For example, the person isolating must use a separate bathroom where possible. If the person self-isolating has to use a shared bathroom or other communal areas, these must be thoroughly cleaned after every use.

You must:

- comply with health and safety law, which requires a risk assessment. The risk assessment must demonstrate that the provision of childcare in your setting is safe and aligns with [control measures](#). Further guidance can be

- found on [COVID-19: cleaning in non-healthcare settings outside the home](#)
- put in place proportionate control measures - for more information on what is required of employers in relation to health and safety risk assessments, please see [Health and safety: responsibilities and duties for schools](#)

You should:

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

Further guidance on risk assessments and keeping children and staff safe can be found in the section on risk assessments in [actions for early years and childcare providers during the COVID-19 pandemic](#)

**Q. What should a childminder do when a household member is self-isolating due to testing positive for COVID-19?**

Where a childminder usually looks after children in their own home and a member of the childminder's household has tested positive for COVID-19 you should take the necessary action for responding to and reporting confirmed cases of COVID-19 in the setting.

Where someone in the household has a positive test you cannot care for children in your home because all household members must self-isolate. The isolation period includes the day the first person's symptoms in your household started (or the day their test was taken if they did not have symptoms) whether this was a [rapid lateral flow test](#) or [PCR test](#) and the next 10 full days. A positive [rapid lateral flow test](#) should be followed up by a lab-based PCR test to confirm the result. If the PCR test is taken within 2 days of the rapid lateral flow test and is negative, it overrides the [rapid lateral flow test](#) and you, the childminder, can return to work. Those with a negative [rapid lateral flow test](#) result can also continue to work and use protective measures.

They should follow the [stay at home: guidance for households with possible or confirmed COVID-19 infection](#).

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

**Q. What happens to a fully vaccinated adult or a child who has been identified as a close contact on, for example, 14 August and asked to self-isolate? Will they need to continue to isolate for 10 days from that date, or will the isolation 'expire' and they be released from isolation at midnight on 15 August? If the latter, will they be expected to take a PCR at that point?**

Until 16 August 2021, people identified as close contacts should continue to self-isolate regardless of whether they have been vaccinated (one or two

doses) or not.

From 16 August 2021, if you are fully vaccinated at the point when you have close contact with a positive case, you will be exempt from the requirement to self-isolate.

Fully vaccinated means you have had a full course of an approved vaccine and 2 weeks have elapsed since the date of your final dose. This two week period is to allow for an immune response to develop.

From 16 August 2021, individuals will instead be advised to take a PCR test as soon as possible.

Anyone who would qualify for this exemption and is part way through their self-isolation period (having been identified as a close contact) on 16 August, can stop self-isolating on that date.

Anyone who tests positive will still need to self-isolate regardless of their age or vaccination status – a legal duty will still be in place. Individuals should also continue to self-isolate immediately if they show COVID-19 symptoms.

**Q. What are the changes from 16 August for self-isolation for children aged under 5 years?**

From 16 August 2021, children under the age of 18 will no longer be required to self-isolate if they are contacted by NHS Test and Trace as a close contact of a positive case. Instead, children will be contacted by NHS Test and Trace, informed they have been in close contact with a positive case and advised to take a PCR test. Children who are aged under 5 years old who are identified as close contacts would only be advised to take a PCR test if the positive case is in their own household.

The child can continue to attend the setting while waiting for the PCR test result. The child should self-isolate if the test is positive or the child develops COVID-19 symptoms.

**Q. Could you clarify whether we should still be restricting use of soft furnishings?**

You no longer need to restrict the use of soft furnishings.

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

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

**Q. Should enhanced cleaning be for equipment / frequently touched surfaces used by different groups? Or for equipment / frequently touched surfaces used within the same group?**

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

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

**Q. Will nasal-only rapid lateral flow tests (sometimes called LFDs) be made available to childminders as well as nurseries and pre-schools?**

The nasal only rapid lateral flow tests will be introduced to the community/universal testing channels in August too.