

Frequently Asked Questions (Early Years and Childcare settings)

These Frequently Asked Questions (FAQs) include responses to questions that have been asked by early years and childcare settings in Waltham Forest and answers to questions which highlight important aspects of the national guidance specific for under 5s provision.

COVID19 symptoms / suspected cases

Q: What are the symptoms of coronavirus?

The main symptoms of coronavirus (COVID-19) are:

- a high temperature – this means you feel hot to touch on your chest or back (you do not need to measure your temperature)
- a new, continuous cough – this means coughing a lot for more than an hour, or 3 or more coughing episodes in 24 hours (if you usually have a cough, it may be worse than usual).
- a loss or change to your sense of smell or taste – this means you've noticed you cannot smell or taste anything, or things smell or taste different to normal

Q: Children in our setting often have minor coughs and runny noses, does this mean that they need to be advised to self-isolate and get tested?

People should get tested for coronavirus if they develop a new, continuous cough. The NHS describes a new, persistent cough as coughing a lot for more than an hour, or three or more coughing episodes within 24 hours. The cough is usually dry.

For those who are sneezing or have a runny or blocked nose, if no other symptoms develop (no cough, no fever for example) it is likely to be a cold and there would be no requirement so self-isolate or get tested. The Royal College of Paediatrics and Child Healthⁱ advise that children with simple cold symptoms such as a runny nose or sore throats without fever should not be tested for Covid-19.

Q: Young children and babies who attend settings, for example, frequently get spikes in temperature e.g. due to teething, should they be sent home to self-isolate? This could mean that children could be in and out of the setting and have to be tested on a regular basis?

Any child with a temperature, a new persistent cough or a change in their usual sense of taste or smell should be considered a possible case and collected as soon as possible and asked to self-isolate. Families should be encouraged to arrange a coronavirus test for the child as soon as possible. In the vast majority of cases the result will be negative, and the child can return to the setting and the family can stop self-isolation.

Q: What do I do if someone develops Covid19 symptoms after a period of self-isolation?

If you develop any COVID19 symptom again at any point after ending your first period of staying at home (self-isolation or household isolation), follow the guidance on self-isolation again. This means stay at home for at least 10 days from when your symptoms started if you live alone and arrange to have a test. If you live in a household, stay at home for at least 10

days from when your symptoms started, arrange a test for yourself, and all other household members need to stay at home for 14 days.

This will help to ensure that you are continuing to protect others within your household and in your community by minimising the amount of infection that is passed on. Until a negative COVID19 test, it has to be assumed that this could be coronavirus.

Q: What do I do if a child in the childcare setting is showing symptoms, they have been sent home as per the guidelines but the parent is not happy with the requirement to test their child for COVID19 or them and their family to self-isolate for 14 days?

We understand that it is difficult for settings and parents/carers at the moment, and following the procedures around self-isolation and testing can cause some inconvenience, but it is really important that parents/carers are informed about the processes that you have in place at your setting with regards to dealing with suspected or confirmed cases of COVID19. Setting can inform parents / carers that they are following national government guidelines in order to protect children and staff in the setting. The national guidance is that any individual, including children, who has symptoms of a fever, new, persistent cough or change / loss of taste / smell must immediately self-isolate.

If the family do not want to get a COVID19 test for the child, then this ultimately a parental decision. If the child is not tested then the child must remain in isolation for 10 days from the onset of the symptoms and not return to the setting during this time period, and the rest of the household must stay in isolation for 14 days. The childcare setting should not accept the child (or any siblings in the household) until the isolation period is over.

From the 28th September, there are [new legal requirements for self-isolation](#).

Q. We have had a child who had a temperature when they were at the setting, the child has then been sent home. The parent reported that the next day the child's temperature had gone down and wanted to bring them back into the setting, what should the setting do?

A. The process of self- isolation and testing as set out in government guidance and covered in the LA's flowchart for suspected or confirmed COVID 19 cases should be followed as the child did display a symptom of coronavirus. The fact that the child did not continue to display these symptoms the next day would not negate the need to follow this process, as they did have a symptom of coronavirus. Testing based on symptoms is an important element of our test and protect programme to reduce spread of the virus in the community.

Q. The setting has sent home a child because they have a symptom of coronavirus, such as a new, persistent cough or a fever. The parents have then contacted a health professional such as NHS 111 or their GP for advice, who have advised that they do not need to self-isolate as the symptom is due to another health condition e.g. asthma, croup, or a different infection. What should the setting do?

Any individual who develops a symptom of COVID19 should self-isolate and get tested. The role of public health guidelines is to take a population health view and to ensure that spread within the community is prevented – this means that all individuals with symptoms should self-isolate and get tested. Even if a health professional diagnoses that the symptoms could be another health condition, in the absence of a COVID19 test result, we cannot be sure for certain that this is the case.

Waltham Forest Public Health team are raising this issue with GPs in Waltham Forest to remind them of the COVID19 guidelines and the requirement for all individuals who develop these symptoms to self-isolate and get tested, even if they think that clinically there is another health condition that could have potentially caused the symptom.

Q: What do we do if a child who is sent home to isolate also has a sibling in the childcare setting?

If a child develops symptoms of coronavirus and is sent home to isolate, then any other children in the same household who attend the childcare setting also need to be sent home at the same time. The child with symptoms needs to self-isolate for 10 days and the rest of the household for 14 days. If the child with symptoms has a negative test result then they and any siblings can return to the setting, as long as everyone else in the household is well.

Q. We have had a child who had a temperature when they were at the setting, the child has then been sent home. The child was tested for COVID19 and the test was negative, so they returned to the setting. If the child has a temperature again, would they need to be asked to stay at home and get tested again?

Yes. The process of self- isolation and testing as set out in the LA's flowchart for suspected or confirmed Covid19 cases would have to be repeated each time a symptom of coronavirus was displayed, as you would have to assume that this symptom could be the result of having Covid19 until a test provided otherwise to prevent the risk of spread of coronavirus and risk to staff and other users of the nursery.

Q. What do we do if we or a staff member develops a cough at work?

The same process applies as for children who attend the setting. If the cough is a new, persistent cough (this means coughing a lot for more than an hour, or 3 or more coughing episodes in 24 hours (if you usually have a cough, it may be worse than usual) then they should self-isolate for 10 days (any household members for 14 days) and arrange to get tested.

Q. If a child or staff member develops COVID19 symptoms, when does the self-isolation period start from?

The individual must self-isolate for 10 days from the day that they develop symptoms.

Q. If my own child is sent home from school to isolate because they have been in contact with a Covid19 positive person in their bubble, do I have to close my setting?

Q. In what situations would I have to close my setting?

Access to testing

Q: Can parents get a test for their young child with symptoms?

Yes. Anyone in England and Wales who has symptoms of coronavirus, whatever their age can be tested for coronavirus. This includes all children and young babies.

Q: How can parents arrange a test for their young child with symptoms?

Tests for children under 5 can be booked [online](#), as is the process for adults.

Parents with children under the age of 5 who have coronavirus symptoms can call 111 for clinical advice if needed and to discuss and arrange testing.

Parents can use the [111 online coronavirus service](#) if their child is 5 or over.

Q: How do parents undertake the test on a child?

Children aged 11 or under cannot do the test themselves. Their parent or guardian will have to swab test their child, whether with a home test kit or at a test site.

There is a [YouTube video](#) available and [leaflet](#) on how to do a COVID19 test on a child.

The same test is undertaken on children, as in adults. However, it is possible to just undertake the nasal swab part of the test in children under 5, rather than a combined nose and throat swab which is recommended for adults. If you are unable to get a throat swab, please do two nostrils instead.

Q: How do adults who are childminders or assistants take a test?

There is a [video available](#) to provide help on how to do the test on yourself.

Q: What should a setting do if a parent says that they have been unable to book a test for their child as they cannot get a local test slot?

We are aware that some people have experienced issues with the booking system for these tests, specifically that they are not being offered tests at the local sites in our Borough and sometimes at sites that are a considerable journey away. This is a national issue, and the main steer we have received from the national system is to ask you to wait a few hours, and then try again.

This is happening because all imminent appointments have been booked for a site (at which point, it would no longer be visible) or because the lab capacity to process the swab samples has been consumed. The availability of local test slots is being managed carefully by the Department of Health and Social Care (DHSC) nationally, in order to ensure that lab capacity to process the samples is maintained. Testing capacity is also being focused on areas experiencing outbreaks and/or particularly high prevalence of cases, which is fortunately not currently the case in Waltham Forest at the moment.

However, as some of these processes are automated and continually updated, the availability of slots for tests at different sites can change rapidly and we would ask anyone who tries to book a test and is unable to do so, or who is offered a location or time which is not convenient, to please wait a few hours and then try again.

Testing results

Q. The Governments guidance says that we cannot ask parents to provide a copy of theirs or their child's COVID19 test, so we are having to rely on them being truthful about the result, if they are not truthful we could be allowing them into the setting with Covid19. What can we do in these instances?

The Government guidance for early years setting says that 'Settings should ask parents, carers and staff to inform them immediately of the results of the test', but the Government also says that you cannot ask individuals to provide a copy of the test result. We understand that this can present some difficulties as you are having to rely on the fact that the parent is

being truthful about the outcome of their test. We would suggest that you discuss with parents the importance of providing timely and accurate information regarding test outcomes to ensure their safety and those of other users of the setting. You may want to consider asking parents/carers to confirm the outcome of their test in writing before you can allow them/their child back into the setting, as putting something in writing can act as a deterrent to providing inaccurate/false information.

Q: If a child or staff member is identified as a close contact of a confirmed case, can they come back if they have a test and get a negative result?

Individuals who are self-isolating following contact with a confirmed case or who have a household member with symptoms, and who have no symptoms themselves, should not be tested for COVID19. Testing should be prioritised for those with symptoms only. If someone has been advised to self-isolate for 14 days, a negative test result does not mean that they can end self-isolation before the 14 days have been completed, as they could, for example, develop the infection at any point in the 14 day period, e.g. on day 13.

The only situation in which a negative test result is significant is when an individual has symptoms of coronavirus, as this will allow them and their household to end self-isolation (provided other household members are also well).

Q. A family whose child attends the setting have been on holiday to a country that not on the travel corridor list, meaning that they must self-isolate for 14 days after they return. The family have said that they will have a COVID19 test 5 days after returning. If the test comes back negative can they return before they complete the full 14-day isolation period?

No. They must complete the full 14-day quarantine period regardless of whether they have a COVID19 test carried out in the interim. As above, testing should be prioritised for those with symptoms only. A negative test result during the quarantine period does not mean that they can end self-isolation before the 14 days have been completed, as they could, for example, develop the infection at any point in the 14 day period, e.g. on day 13.

The only situation in which a negative test result is significant is when an individual has symptoms of coronavirus, as this will allow them and their household to end self-isolation (provided other household members are also well).

Confirmed cases

Q: What is the definition of a close contact of confirmed coronavirus?

A 'contact' is a person who has been close to someone who has tested positive for COVID19 anytime from 2 days before the person was symptomatic up to 10 days from onset of symptoms (this is when they are infectious to others). A close contact is defined as:

- A person who has had face-to-face contact (within one metre), with someone who has tested positive for COVID-19, including:
 - being coughed on
 - having a face-to-face conversation within one metre

- having skin-to-skin physical contact, or
- contact within one metre for one minute or longer without face-to-face contact
- A person who has been within two metres of someone who has tested positive for COVID-19 for more than 15 minutes

Activities

Q: Settings feel that the government guidance is less specific now than it has been previously about the use of resources such as malleable play, water, sand etc. What steps and precautions should providers be taking?

The Government guidance document '[Actions for early years and childcare providers](#)', states that providers should:

- Introduce enhanced cleaning, including cleaning frequently touched surfaces often using standard products, such as detergents
- In order to facilitate cleaning, remove unnecessary items from learning environments where there is space to store them elsewhere. Public health advice is to remove all soft toys, and any toys that are hard to clean, such as those with intricate parts. Where practicable, remove soft furnishings, for example pillows, bean bags and rugs.

There is no specific mention of sand, water or malleable play within the government guidance. However, activities that involve sand or playdough, for example, do increase the potential for cross-contamination as they are items that cannot be cleaned. Settings should avoid, wherever possible, activities and equipment that cannot be cleaned or disposed of following use. If maintained, and as with all activities, children should always wash their hands before and after. Careful consideration should be given to suspending the use of sand, water and malleable play during coronavirus, but this also needs to be balanced against the impact of this on children's learning and development. Some settings in the borough, for example, are making their own playdough with children, which was cheaper than buying it and then throwing it away after it had been used by a group of children (in a bubble). Such resources should not be shared between children. Another setting, for example, has provided small containers of sand specific to each individual child.

Capacity / mixing / groups

Q: How many children are we allowed to look after in our setting?

Children attending nurseries and childminders were able to return from 1 June, and from 20 July early years providers can return to their usual practice without limiting group sizes. EYFS staff to child ratios and space requirements must still be met, plus you must undertake your own risk assessment to ensure the health & wellbeing of the numbers you intend to cater for in line with Government guidance and social distancing requirements.

From 20 July, early years settings will not be required to arrange children and staff in small, consistent groups. Settings should still consider how they can minimise mixing within settings, for example where they use different rooms for different age groups, keeping those groups apart as much as possible. Parents and carers should be encouraged to limit the number of settings their child attends, ideally ensuring their child only attends the same setting consistently. This should also be the same for staff.

Q: Can children attend more than 1 setting?

The guidance states that families should be encouraged to limit the number of settings that their child attends, but the guidance does not say that children cannot attend more than 1 setting.

Q: Can I choose not to offer a place to a child if they are attending another setting?

Government guidance provides details of what providers must and should do as a minimum. If a provider wishes to put in place some additional requirements as part of your risk assessments, you are able to do this. For example, not accepting children who attend more than one setting.

Q: Can we have a morning session for one group of children, and then a separate afternoon session for different children in the same space?

Ideally providers should aim to offer consistent provision to the same set of children throughout the week. However, if there is no other alternative and absolutely required, you may operate with a morning session, followed by an afternoon session with a full clean of the premises in between.

Q: Can additional children be added to the setting in the afternoon?

Additional children can be added to the setting in the afternoon, but in order to minimise the mixing of groups of children, ideally this should be separate children i.e. not those from the morning session and not from another provider.

Q: Can providers have the same staff in the morning and afternoon with the different groups of children?

The guidance states that ideally staff should only attend / work in one setting (i.e. with one consistent group of children). If there are different groups of children in the morning and afternoon, then according to the guidance this would be allowed, but not encouraged as it would result in the potential for mixing. The setting should be encouraged to organise their rotas and staffing in such a way as to have a separate set of staff in the morning and the afternoon if at all possible.

Q: Are before and after school clubs and other providers of wraparound care allowed to operate?

Wraparound providers which are registered with Ofsted or with a Childminder Agency and run before and/or after school clubs on school premises or in early years settings, and can ensure they follow the safe working guidance, are able to operate.

Since the 4th July, wraparound care providers operating from other premises have also been able to open. They must follow the guidance on [protective measures for out of school settings during the coronavirus outbreak](#).

Q: Can childminders and other early years settings do pick up and drops at school or other settings?

Childminders and other settings should consider how they can work with parents to agree how best to manage any necessary journeys, for example pick-ups and drop-offs at schools, to reduce the need for a provider to travel with groups of children. If it is necessary for a

childminder to pick up or drop off a child at school, walking is preferable. If this is not practicable, then a private vehicle is preferable to public transport.

Visitors / staff movements

Q: Are settings allowed to invite visitors and non-staff members such as speech and language therapists, development officers or parents for stay and play into settings?

Wherever possible, settings are encouraged to avoid visitors entering their premises. In instances where settings need to use other essential professionals such as social workers, speech and language therapists or counsellors, or professionals to support delivery of a child's EHC plan, settings should assess whether the professionals need to attend in person or can do so virtually. If they need to attend in person, they should closely follow the protective measures in the setting, and the number of attendances should be kept to a minimum. Where possible to do so, social distancing should be maintained.

Settings should consider how to manage other visitors to the site, such as contractors, and ensure site guidance on social distancing and hygiene is explained to visitors on or before arrival. Where visits can happen outside of setting hours, they should. A record should be kept of all visitors where this is practicable. Where possible, the presence of any additional members of staff should be agreed on a weekly basis, rather than a daily basis to limit contacts. Sessions in settings that use external providers, which are not directly required for children's health and wellbeing, should be suspended. Parents and carers should not be allowed into the setting unless this is essential, and children should be dropped off and collected at the door if possible.

Q: Can early years providers take groups of children to outdoor public places, for example if there is not private outdoor space in the setting?

Settings should maximise use of private outdoor space. Childminders and early years providers may take small groups of children to outdoor public spaces, for example parks, provided that a risk assessment demonstrates that they can stay 2 metres away from other people at all times. This should be restricted to small groups and should be done in line with wider government guidelines on the number of people who can meet in outdoor public places. Providers should not take larger groups of children to public outdoor spaces at one time.

Q: Can staff still take breaks away from the setting?

It is important for staff wellbeing that they continue to take breaks as they would have done prior to COVID19. It is important that staff follow basic hygiene principles and ensure that they wash their hands thoroughly with liquid soap and water (or with alcohol-based hand gel) on arrival and before leaving the setting. Staff should maintain 2m social distancing during their breaks and avoid touching the face, mouth etc.

Q: How can early years staff ensure the emotional wellbeing of a child where they are re-settling into their setting or starting for the first time?

Work with parents and carers to consider how best to manage dropping off their children while maintaining physical distancing. Settings are encouraged to avoid visitors or parents entering the premises. It is recommended that parents only come into the setting where it is absolutely essential to ensuring the child's wellbeing and should be avoided where possible. Settings could consider if settling in is possible in any outdoor areas of the childcare setting, for example. Any parent coming into the setting for settling in should follow strict hand hygiene measures and only have contact with their own child. It is advised that only one parent or carer is involved in settling in process and that their time spent in the setting is kept to the absolute minimum.

Infection control

Q: How should staff manage challenging behaviour in children e.g. spitting, or dribbling in very young children e.g. when teething?

In these circumstances, staff need to increase their level of self-protection, such as minimising close contact and having more frequent hand-washing and other hygiene measures, and regular cleaning of surfaces. PPE is not needed in these situations.

All settings should introduce enhanced cleaning, including cleaning frequently touched surfaces often, using standard products such as detergents. Settings should consider:

- in line with the risk assessment and timetabling of the day, putting in place a cleaning schedule that ensures cleaning is generally enhanced and includes:
 - more frequent cleaning of rooms that are used by different groups
 - frequently touched surfaces being cleaned more often than normal
 - different groups don't need to be allocated their own toilets, but toilets will need to be cleaned regularly and children must be encouraged to clean their hands thoroughly after using the toilet

Q: In what situations is PPE needed?

PPE is only to be used in the following situations:

- For children, young people and students whose care routinely already involves the use of PPE due to their intimate care needs should continue to receive their care in the same way.
- If a child, young person or other learner becomes unwell with symptoms of coronavirus while in their setting and needs direct personal care until they can return home.

In the above situation where a young child has symptoms of coronavirus, the following PPE should be used:

- If contact with the child or young person is necessary, then gloves, an apron and a face mask should be worn by the supervising adult. If a risk assessment determines that there is a risk of splashing to the eyes, for example from coughing, or spitting, then eye protection should also be worn

Q: Is it safe for staff to offer emotional support with physical contact to young children in early years settings?

While it is not expected that children and staff within a group will keep 2 metres apart, it is important for settings to consider how they can minimise mixing, where possible. If children need emotional support e.g. hugging this can and should be given, but staff should increase their level of self-protection by undertaking frequent handwashing.

Contacts for advice

Links to national guidance documents relevant for childcare settings

[Actions for early years and childcare providers during the coronavirus \(COVID-19\) outbreak](#)

[Coronavirus \(COVID-19\): implementing protective measures in education and childcare settings](#)

[Safe working in education, childcare and children's social care settings, including the use of personal protective equipment \(PPE\)](#)

ⁱ <https://www.rcpch.ac.uk/sites/default/files/generated-pdf/document/COVID-19---talking-to-children-and-families-about-returning-to-school%253A-guiding-principles.pdf>