



*Re-opening your
setting safely*

**A Guide for Early
Years Leaders**

Update

With the release of the Planning Guide for Early Years and Childcare settings today (24/05/2020) this document has been amended to ensure the advice is as up to date as possible.



We hope that you find the guide useful and always welcome your feedback. If you would like any further advice our guidance, please do email us on hello@thekeyleadership.co.uk or visit our website www.thekeyleadership.co.uk

Introduction

There has been a plethora of government documents and announcements over the last few days, most of which repeat the same advice, some offering more substantial advice than others. We have spent hours trawling through - I am in need of new highlighters just because of this project! - enabling us to put together this guide, which we hope will bring some clarity as well as some practical implementation tips. As we are focused on the early years sector, this document will only contain information relevant to early years settings.

The information within this document is our interpretation of the guidance and does not replace or override the advice within the government guidance. We use our sector knowledge and experience of leading settings and supporting managers to bring practical ideas, enabling you to plan to open your settings safely.



So where are we as of today (24/05/2020)?

On Friday 20th March 2020, schools and childcare settings in the UK were asked to close to most children. A priority list of children who could continue to attend was announced as 'vulnerable children' and children of key workers that could not be safely cared for at home. This led to around 50% of settings closing their doors temporarily while the other 50% stayed open for priority children.

Fast forward to Sunday 12th May 2020 where the Prime Minister announced the next stage in the plan, re-introducing some children into schools and early years settings. From 1st June 2020, early years providers, including childminders, should begin to plan to welcome back all children, not



just those on the priority list. It is important to stress that this is an instruction to plan for this happening, not a guarantee that June 1st will be the magic day that all settings reopen. The open date of June 1st relies on the government's 5 key tests to justify these changes and that the rate of infection decreases. The most recent document, Planning guide for early years and childcare settings followed on 24/05/2020 offering further guidance.

There has been much debate about the reasons behind bringing our youngest children back into settings. They are unable to distance themselves, they are hard wired for touch and connection, they hug, cough in your face and have been known to randomly lick you for no apparent reason! So why would the government do this?

The answer to this isn't clear-cut and to many this will seem a bizarre move. However, the document 'Actions for education and childcare settings to prepare for wider opening from 1 June 2020' states;

'We will prioritise younger children in the first phases of wider opening, for several reasons. Firstly, because there is moderately high scientific confidence in evidence suggesting younger children are less likely to become unwell if infected with coronavirus (COVID-19); and secondly because evidence shows the particularly detrimental impact which time spent out of education can have upon them.'

As early years professionals, we know just how important attachments are to young children. We understand the impact on them being at home, when they are used to the daily interactions of busy early years settings. Moreover, we know only too well that home isn't always a safe place for children. Alice Talbot, Investigative Researcher for the Children's Commissioner, states that while the overall risk to children is rapidly rising and intensifying, intervention is shrinking due to the current position.' Child protection referrals are reportedly down by 50% in some areas because children are no longer under the watchful eye of professionals that notice and raise concerns.



So, we know why these decisions have been made, but before we dive into the nitty gritty of how we are going to make this work, it is important that we clear up some of the jargon, whilst understanding who should and should not be in our settings.

Child

Child Category	Attendance from June 1st 2020
Is classed as a vulnerable child	Yes
Is a child of a key worker	Yes
Child with no shielding concerns for themselves or their household	Yes
Child who has been classed as Clinically Extremely Vulnerable	No
Child who is clinically Vulnerable, not Clinically Extremely Vulnerable,	Possibly – follow medical advice
Child who lives in a household with someone who is Clinically Extremely Vulnerable	Only attend if stringent social distancing can be adhered to and the child is able to understand and follow these instructions.
Child has Coronavirus symptoms	No – self isolate for 7 days, household members to isolate for 14 days
Child lives with someone who has coronavirus symptoms	Only after 14 day period of isolation or until parent tests negative for virus

It is important that parents understand the conditions that either allows or prevents their child returning to your setting. It is also essential that there is a mutual understanding, that whilst a child may be able to return, should circumstances change, you reserve the right to refuse entry of a child or family. As part of our Preparing for a New Normal resource bundle, we will be producing a parent contract that will help with this situation.

Staff

It is important that staff understand the circumstances that allow them to work or not, their responsibilities to you and your responsibilities to them.

Staff Category	Able to work in setting from June 1st?
Staff member with no shielding concerns for themselves or their household	Yes
Staff member who has been classed as Clinically Extremely Vulnerable	No
Staff member who is clinically Vulnerable, not Clinically Extremely Vulnerable,	Possibly – follow medical advice
Staff member who lives in a household with someone who is Clinically Extremely Vulnerable	Only attend if stringent social distancing can be adhered to
Staff member has Coronavirus symptoms	No - self-isolate for 7 days, household members to isolate for 14 days
Staff member lives with someone who has coronavirus symptoms	Only after 14 day period of isolation or until person tests negative for virus



We will be producing a Staff Check-in document that will support you in ensuring staff feel safe in their roles and that you are doing the best by them in their individual circumstances.

Ok, so we know why, we know who should and should not be in the setting, how are we going to make this work and ensure the safety of our children, families and staff?

Children & Families

It is highly unlikely that every one of your families will want to return on the 1st June. Every setting will be different depending on the demographics of their community. Some families have found a new way to work around their child that they are happy to continue with, some may not be going back to work at all, others will be chomping at the bit to get their children back into nursery, you just won't know...unless you ask! Now is the time to be getting back in touch with your families and finding out their plans and feelings around your re-opening.



You might wish to send out a simple questionnaire by email, asking if they wish to return, when they feel that may be, whether they need to make changes to their booking patterns and whether there has been any significant change for their child. You know your children and families.

You will know which children will have no problem coming back into your settings and which ones will need a full resettle programme. By being clear on parent expectations, you can start to plan a gradual settling in plan for children. It is essential to remember that you are in control here. If 100 children all want to return on the 1st, you are well within your rights to say no, to put phased approach in place and stick with it.

This is your setting and you will always have the needs of the children and your staff at the forefront of everything you do, now is not the time to lose your nerve! You will be able to get support from your Local Authority on any issues you come across and of course, The Key Team are always here to help.

When working out your plan, consider key groups and how you can maximise the attachments children have already built. A child who is coming back to a familiar adult will settle much more quickly and easily than a child who is meeting a new staff member for the first time.



Think about the space you have and how many children you can comfortably accommodate whilst maintaining distancing and grouping. You may wish to prioritise the children and welcome them back in stages. For example, ‘...settings have the flexibility to focus first on continuing to provide places for priority groups and then, to support children’s early learning’. Settings should prioritise 3-4 year olds followed by younger ages, so this could form part of your phased approach. This would make sense as the older the child, the more understanding they are of social distancing rules. In addition, with their ratios being higher, you may find this eases any initial staffing strains. The latest guidance states 'Providers should use professional judgement when planning groups but may wish to use EYFS ratios to guide this. Keeping group sizes to a maximum of 8 children is preferable so groups are as small as possible, and providers are expected to ensure that there are no more than 16 children in a group in early years settings.' This is a rather ambiguous statement and we would simply advise keeping your groups as small as possible, with the same key worker wherever possible. Remember, this is guidance, not mandatory.



Unlocking Early Years Leadership



Once you have your children's return plan in place, think about how you will manage drop offs and pick ups. Again, this is going to be different for every setting. The guidance suggests staggered drop off times, will this work for you?

Might you give parents allocated slots to pick up and collect or is it possible for parents to wait in their cars and come to the door one by one? Can they drop off and pick up without entering the building? Can one member of staff be designated to be 'on the door', washing their hands in between each child? Perhaps you have an entrance or hallway that is contained, easily cleaned and can be the drop off point? We know the importance of communication with parents at these pinch points, so is there a way you can give hand overs electronically rather than face to face?

Some settings have been taking the temperatures of each child every morning, this is not necessary, 'routine testing of an individual's temperature is not a reliable method for identifying coronavirus'.

The most recent guidance also states: 'To minimise contact between groups of children and staff, children should attend just one setting wherever possible...' It is important that you communicate this to your parents and they understand that it is in the best interest of their child to use just one setting.

Whatever you decide is best for your setting is the right thing to do. Do not be distracted by what other settings are doing. Learn from the settings that have remained open, but do what is best for your children, families and staff.



Unlocking Early Years Leadership

We have all experienced children who bring half their bedroom into the setting with them every morning, now is the time to stop this (you can thank us later). Depending on what your setting includes in the fees, consider the absolute minimum a child needs to bring with them each day. If you provide nappies, wipes, milk for example, does a child need to bring in anything at all? If nappies need to be provided, can parents bring in a large supply to prevent bags etc being in the setting? All those teddies, toys and books that the child cannot bare to part with from home must now stay at home - or at least in the car. Limiting cross contamination is important to the success of reducing the R rate and the least brought in from home the better.



Ensuring children don't enter the setting if they have been displaying any symptoms of coronavirus is essential. Our Covid19 parent contract will help you enforce this issue with parents should you need to.

The key to getting this right is to communicate your plans and expectations to everyone, holding people accountable when they do not meet expectations and regular review. It is ok to change when something isn't working anymore!

Staff

Where would we be without our amazing practitioners? Keeping them safe and providing a carefully planned and structured working environment is essential. As leaders, we know that a confident and content workforce leads to confident happy children, so putting measures in place to reduce practitioner stress and anxiety is essential. The guidance states that leaders ‘...should be conscious of the well-being of all staff, including senior leaders themselves, and the need to implement flexible working practices in a way that promotes good work-life balance and supports teachers and leaders’. The [Key Staff Wellbeing resource bundle](#) is perfect for supporting all early years leaders with this.



A phased return for children will mean a phased in work force and, as a leader, it's important to bring back your healthiest, least vulnerable staff first, enabling those who have underlying health needs or vulnerable people at home to stay home for as long as possible. Carrying out an assessment of staff will help to prioritise staff needs.

We are launching a tool to support you in ensuring staff feel safe in their roles, and that you are doing the best by them in their individual circumstances.

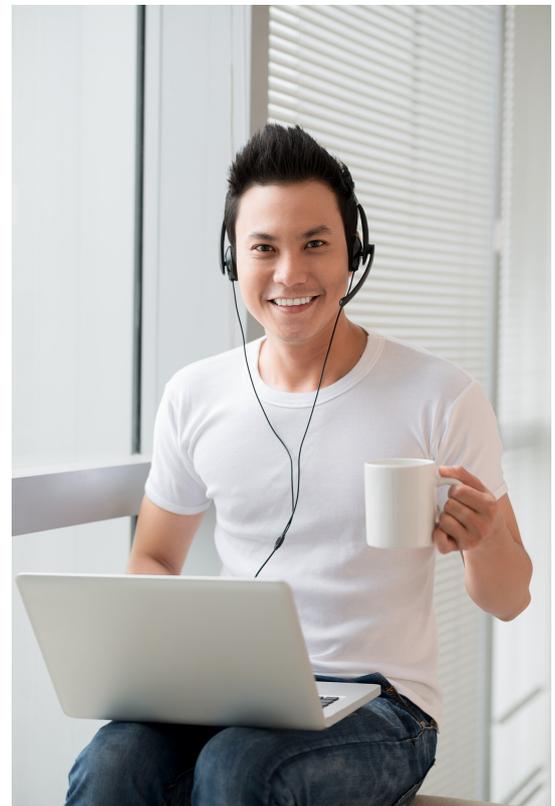
Your team will be anxious about returning, worried about their families and how you mitigate these concerns will be vital in the success of your setting at this time. Ensuring positive mental health and wellbeing has never been more important and there are [several guides available](#) to help leaders support their teams.

Think about the space staff have for breaks, how can you maintain social distancing during this time? Is there an outdoor space they could use or perhaps a space for some quiet reflection? Can staff take a walk during their break perhaps, but if they do,



how will you ensure minimal cross contamination when they return? It is also essential that your team know what to do if they feel unwell, how to get a test and what symptoms to look out for.

Managing cross contamination may feel like an enormous struggle, particularly in the early years environment. As part of the reboarding process, why not give your team their own 'back to work kit', containing their own pens, paper, devices, hand gel, tissues etc? You may wish to think about ways in which you can adapt staff meetings. The 2 meter rule may be difficult to maintain, so how about a zoom or skype call instead?



Think about how staff can change their clothing on arrival and before they leave the setting and how they can ensure their own protection if using public transport.

PPE is a contentious issue, with much debate about its effectiveness. The guidance states that ‘the majority of staff in education settings will not require PPE beyond what they would normally need for their work, even if they are not always able to maintain a distance of 2 meters from others.’



The early years sector is well versed in using gloves and aprons for nappy changes, food serving and the like, so with increased hand washing, PPE should not be necessary.

Moreover, we know how important it is for children to be able to read our facial expressions and see our mouths as we engage with them. Settings who may have made decisions not to use gloves and aprons as a matter of routine, may now decide to change that decision for a period of time to support their staff team. Having PPE available for practitioners to use, as they feel best, after discussion and debate is going to bring the best results, allowing them to feel empowered and in control. Some may prefer gloves; others may prefer not, the key is to communicate, to understand the risks and to make informed decisions.

Staff may be curious about the contact-tracing programme, using an App on personal phones. There is very little detail about this at the moment as it is still in trial phase.

Communication will be key to keeping your team upbeat and confident. Look through the guidance documents together, share your thoughts, make group decisions to ensure all your team are on board, and feel included and safe.

The Environment and Curriculum

Setting up your environment to minimise risk may not be simple, but it is absolutely essential in the fight against the virus. Spending as much time outside as you can will help, children tend to spread out more naturally outside anyway and being outside can ‘limit transmission and more easily allow for distance between children and staff’.

‘Early years settings should use reasonable endeavours to deliver the learning and development requirements as far as possible in the current circumstances...’, our children deserve this right? Yes, we are in the middle of a pandemic, yes staffing will be tight and measures will be in place, but it is our duty to ensure that our little people have access to the very best care and learning



Staff ratios must continue to be adhered to and the guidance recommends grouping children into small groups. The logical way would be in small groups relating to ratio and keyworker. Where possible, maintaining these keyworker groups will support children’s attachments as well as minimising risk and containing any outbreak. These groups should not mix throughout the day and where possible, the key workers should remain the same person throughout the day. This will be tricky over lunch breaks, so perhaps have buddy groups to minimise too many adults caring for a group.

Use your furniture to create 'zones' in which these key groups can play and engage within their group, without the temptation to mix with others. Within these zones only use resources that can be easily cleaned. It may be possible to create a rotation of areas to ensure that children still get a great experience in setting. For example, you may be able to create more zones than you need, allowing groups to move between zones after a period of time, with cleaning of the zone after use. Whilst this may sound like a lot of hard work, we have to keep the needs of the little people at the forefront of our minds. Some children may be in a setting for 10 hours, we cannot confine them to a zone all day long. This is about using a common sense approach to ensuring our children remain safe whilst still having opportunities to engage, play and learn.



There have been many online discussions about the safety of malleable materials during this time and this isn't something covered in the guidance. However, we know how important play with dough, sand and other malleable materials is for

children's development. With the timescales for these measures unknown, is it acceptable for children not to have access to such materials in settings for the unforeseeable future? Perhaps there are ways around this such as making fresh play dough every day and giving children their own individual dough in named tubs? Maybe they could have their own mini sand tray or gloop box? This can all be discarded at the end of the day or after the session has finished and re-made again the following day. It is extra work, but surely, it is worth it to ensure we are still offering the best experiences possible for our children?



Self-care stations in rooms can be helpful to support hand washing and nose wiping. Have small tables with tissues, lidded bins, hand sanitiser and cream, a mirror and disinfectant spray (out of reach of children). Promoting independence is key

in early years and we don't want to stop this during the pandemic. As long as children are supervised, this can be a great opportunity to promote self-care and discuss hygiene at an age appropriate level. It is important to make sure that the table is wiped after every use to avoid contamination. Individual water play stations, with running clean water or regularly changed water can also provide opportunities for some clean fun! How about going in the garden to wash the cars with soapy water or maybe the dolls need a bath? We are a creative bunch, so get your thinking caps on and find plenty of opportunities for engaging activities that encourage hand washing and hygiene.

Snack and lunch times are going to need some real planning and thought. The guidance suggests that breaks should be staggered, not quite so easy with a group of hungry 18 month olds I hear you cry! However, perhaps lunch can happen in the zoned areas rather than altogether, maybe older children can eat outside, spreading out to enjoy the outside space in their key groups?



One real challenge is the advice to ‘remove soft furnishings, soft toys and toys that are hard to clean. In many settings, comfortable, cosy nooks are all part of the engaging environment, so this may be tricky to manage. Young children need soft and cosy! Many settings will have pull out mattresses for sleep times, so ensure that sheets are used once per child and then washed, the same with blankets and cushions. Teddies and soft toys that can be machine-washed will be preferable to those that cannot. Again, it is important to use a common sense approach here.



The guidance suggests ‘cleaning frequently touched surfaces often, using standard products, such as detergents and bleach.’ Frequently touched surfaces includes mostly everything in an early years setting, but perhaps can be reduced to things such as door handles,

banisters, books, chairs, tables, light switches, sinks, doors and toilets. The use of bleach in early years settings is contentious and this is where common sense prevails. Keep your settings clean using the methods you normally use, but more frequently throughout the day!

This brings us nicely onto the riveting subject of risk assessments. The guidance suggests that risk assessments and other health and safety measures should be revised. We will be providing a sample risk assessment as part of the member’s resource bundle, so you may wish to wait for that, or just updating your own risk assessment will be absolutely fine. Just make sure that they are purposeful and meaningful, not a tick box exercise to meet requirements. Of course, at the end of every day the whole setting should be thoroughly cleaned and disinfected.

The guidance suggests opening windows and propping doors open...anyone else just done a little retake? Obviously this needs a common sense approach, do not risk the safety of any child by propping open doors or having windows open without safety measures and risk assessments in place.

Having a safe place prepared for a child who does show symptoms of the virus is very important. The guidance suggests that an unwell child who is waiting to go home should be moved to 'a room where they can be isolated behind a closed door, depending on the age of the child and with appropriate adult supervision, if required. Ideally, a window should be open for ventilation. If it is not possible to isolate them, move them to an area which is at least 2 meters away from other people.'

Safeguarding measures will need to be considered here in terms of child protection and lone working. Depending on your setting, you may or may not have such a place to isolate. However, designating a space for this purpose is recommended. It may be wise to have a Covid-19 Kit Box ready to use that contains items such as:

- PPE for staff member (a mask may be useful here)
- Hand sanitiser
- Tissues
- Easy to clean toys
- Paracetamol (administered with parent consent)
- Bottled water
- Thermometer
- Monitoring Form & Pen



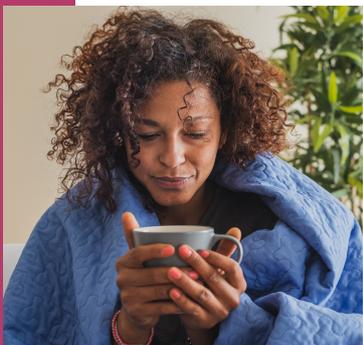
The guidance states that ‘if anyone becomes unwell with a new, continuous cough or a high temperature in an education or childcare setting, they must be sent home and advised to follow the Covid-19 guidance...’ By having a grip of groups, you will be able to identify who has been in contact with that child and make appropriate plans. Staff who have cared for an unwell child does not need to go home unless they develop symptoms themselves’. The setting should be cleaned thoroughly if a case is suspected.

This staff member should then be tested themselves. ‘Where a child or staff member tests positive, the rest of their class or group within their childcare or education setting should be sent home and advised to self-isolate for 14 days. The other household members of that wider class or group do not need to self-isolate unless the child or staff member they live within the group subsequently develops symptoms.’

It is also essential to update or add to your sickness policy to reflect the changes you make in response to Covid-19.

The most recent guidance states: As part of the national test and trace programme, if other cases are detected within the setting, Public Health England’s local health protection teams will conduct a rapid investigation and will advise settings on the most appropriate action to take. In some cases a larger group may be asked to self-isolate at home as a precautionary measure.

Ensure that emergency contacts are updated and any changes in a child's circumstances are noted.



You!

Early years leaders give so much of themselves every day, it's essential you have the support in place to look after yourself. The Key Leadership offers virtual support and guidance, allowing a knowledgeable and caring face to be at the end of a screen or phone when you need it. Make sure you are taking regular breaks, eating well, staying hydrated and resting.



If you are an owner as well as a leader, this will be a worrying time financially and you are likely to make losses during this period. Working together with other settings may be helpful where occupancy is very low and do not be afraid to take advantage of the support on offer through the government and banks.

Continue to market your setting and look ahead to when you are back in full swing. Join the Key Leadership community for support and encouragement from other leaders; we are all in this together.

Guidance & Notes

1. <https://www.gov.uk/government/publications/preparing-for-the-wider-opening-of-early-years-and-childcare-settings-from-1-june/planning-guide-for-early-years-and-childcare-settings#Section8>

https://www.gov.uk/government/publications/actions-for-educational-and-childcare-settings-to-prepare-for-wider-opening-from-1-june-2020?utm_source=3daf3f8c-87d9-4a78-90ec-6196e4a070e5&utm_medium=email&utm_campaign=govuk-notifications&utm_content=immediate

2. <https://www.childrenscommissioner.gov.uk/2020/04/16/what-is-socially-distanced-child-protection-and-can-it-work/>

3. During the coronavirus (COVID-19) outbreak, for the purposes of continued attendance at educational settings, vulnerable children and young people are defined as those who:

- are assessed as being in need under section 17 of the Children Act 1989, including children who have a child in need plan, a child protection plan or who are a looked-after child
- have an education, health and care (EHC) plan whose needs cannot be met safely in the home environment
- have been assessed as otherwise vulnerable by educational providers or local authorities (including children's social care services), and who are therefore in need of continued education provision - this might include children on the edge of receiving support from children's social care services, adopted children, or those who are young carers, and others at the provider and local authority discretion

<https://www.gov.uk/government/publications/coronavirus-covid-19-guidance-on-vulnerable-children-and-young-people/coronavirus-covid-19-guidance-on-vulnerable-children-and-young-people>

4. Clinically extremely vulnerable people, may include the following people. Disease severity, history or treatment levels will also affect who is in the group.

- Solid organ transplant recipients.
- People with specific cancers:
 - people with cancer who are undergoing active chemotherapy
 - people with lung cancer who are undergoing radical radiotherapy
 - people with cancers of the blood or bone marrow such as leukaemia, lymphoma or myeloma who are at any stage of treatment
 - people having immunotherapy or other continuing antibody treatments for cancer
 - people having other targeted cancer treatments which can affect the immune system, such as protein kinase inhibitors or PARP inhibitors
 - people who have had bone marrow or stem cell transplants in the last 6 months, or who are still taking immunosuppression drugs
- People with severe respiratory conditions including all cystic fibrosis, severe asthma and severe chronic obstructive pulmonary (COPD).
- People with rare diseases that significantly increase the risk of infections (such as SCID, homozygous sickle cell).
- People on immunosuppression therapies sufficient to significantly increase risk of infection.
- Women who are pregnant with significant heart disease, congenital or acquired.
- People who fall in this group should have been contacted to tell them they are clinically extremely vulnerable.

You're strongly advised to stay at home at all times and avoid any face-to-face contact if you're clinically extremely vulnerable to protect yourself.

- This is called 'shielding'.
- Shielding means:
 - Do not leave your house.
 - Do not attend any gatherings. This includes gatherings of friends and families in private spaces, for example, family homes, weddings and religious services.
 - Strictly avoid contact with someone who is displaying symptoms of coronavirus (COVID-19). These symptoms include high temperature and/or new and continuous cough.
 - The Government is currently advising people to shield until the end of June and is regularly monitoring this position.

<https://www.gov.uk/government/publications/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19>