



An Roinn Leanaí
agus Gnóthaí Óige
Department of Children
and Youth Affairs

FAQs for Providers on Reopening of Early Learning and Care and School-Age Childcare settings



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FAQs for Providers

1. *Should we conduct regular temperature checks for staff and/or children?*

No, the public health advice is that routine temperature checking for staff and/or children is not required.

2. *Should staff/children be tested for COVID-19 prior to the service reopening?*

No, public health advice is that staff/children do not need to be tested for COVID-19 unless they are displaying symptoms such as fever (high temperature), cough, shortness of breath or difficulty breathing. You should advise staff and parents that they should not attend the service if they or the children are displaying symptoms. They should stay home and contact their GP.

3. *Will staff/children who are displaying symptoms be prioritised for testing?*

Current public health advice is that childcare practitioners/children do not need to be prioritised for testing. You should advise staff and parents that they should not attend the service if they or the children are displaying symptoms. They should self-isolate as quickly as possible and telephone their doctor. Their doctor will arrange testing for them if they need a test.

Data from the Department of Health shows that, as at 14th June, it was taking on average 1.2 days for the testing process to be completed and 2.4 days for contact tracing to be carried out.

4. *Do staff need to wear PPE/masks?*

As per normal practice in childcare services, staff should wear disposable single-use plastic aprons, and non-powdered, non-permeable gloves when there is a risk of coming into contact with body fluids (such as nappy changing).

The National Public Health Emergency Team recommends the use of cloth face coverings in enclosed indoor settings where it is not possible to keep a distance of 2 metres from others. It is generally not appropriate for childcare workers to apply this when caring for children or while engaging with parents in the presence of their children but the guidance is applicable for interaction between adults when not caring for children.

Services should keep a small supply of surgical masks in a readily accessible place for use by a staff member who develops symptoms of COVID-19 or by staff members caring for a sick child if they feel they need to use them.

5. *Do I need to shut my service if a staff member or child is suspected to have COVID-19?*

If a child/staff member in your setting is displaying symptoms of COVID-19 they should leave or be collected from the service immediately. They or their parents/guardians should be advised to contact their doctor.

If testing is arranged for them, the childcare setting will be contacted by local public health staff to discuss the case, identify people who have been in contact with them and advise on any actions or precautions that should be taken.

It is not necessary to take any action in relation to closing your service, partially or in full, until you have been contacted by and discussed the case with local public health staff.

You should follow the advice set out in the HPSC's "Infection Prevention and Control guidance for settings providing childcare during the COVID-19 Pandemic" in relation to cleaning rooms/settings where there was a suspected or confirmed case of COVID-19. If a room is closed temporarily for cleaning and no other room is available, the staff/children using that room may have to leave the setting until the room is available again.

6. What is a play-pod?

The "play pod" model is a safe and playful approach to restricting interactions between closed groups of children and adults **as an alternative to social distancing**, which is not possible with young children. 'Play-pods' are not physical structures, they are simply a way to describe a group of children and adults who learn and play together.

The purpose of 'play-pods' is to limit the number of people a child has contact with, to facilitate contact tracing, and to support close, positive interactions between children and their adult caregivers, like in a key-worker system, which is characteristic of many childcare settings. This system will also reduce the amount of contact adults have with each other.

7. Is social distancing required between children?

No, it is not practical to enforce social distancing between children (either pre-school or school age) in a childcare setting. Neither is it possible to observe social distancing between children and their carers. The play-pod model is recommended as an alternative to social distancing. Children do not need to observe social distancing from other children or their carers within their play-pod. Wherever possible social distancing should be practiced between play-pods.

8. Is there a maximum play-pod size?

The public health advice from the Health Protection Surveillance Centre (HPSC) is that while there is no evidence base on which to define a maximum play-pod size, play-pods should be kept as small as is likely to be reasonably practical in the specific childcare context.

The maximum adult-child ratios required by the Early Years Services Regulations, 2016 and the Early Years Services (Registration of School Age Services) Regulations 2018 will remain unchanged and so services must continue to operate within them. In most cases there should be either one or two adults in a 'play-pod' in order to keep play-pod sizes small. Therefore, play-pod size will be limited by those ratios.

It is also acceptable to have one adult in a play-pod, provided the play-pod is within the maximum adult-child ratio and, staff breaks are managed in such a way as to minimise risk of infection. For example, a play-pod that involves 3-6 year olds in full day care may have a maximum size of either nine (one adult and eight children) or 18 (two adults and 16 children). For school age children the maximum pod size may be 13 (one adult and 12 children) or 26 (two adults and 24 children). The ratios for other age ranges or service types (e.g. ECCE) should be applied in the same way.

While in the majority of cases there will be no more than two adults in a play-pod, there may be some scenarios where a third adult will be required e.g. where an individual is employed to support a child with additional needs or where Tusla, as regulator, has suggested that an additional staff member is required to help with a group where there is challenging behaviour. In those instances, the additional adult would not result in any additional children in the play-pod.

It is important to remember that risk of infection in a service will already be reduced by:

- (a) Ensuring that people with symptoms do not enter the setting at any time and,
- (b) Taking practical precautions to reduce the chance of spread of virus, especially between play-pods, just in case an infectious person with no symptoms is in the childcare setting.

9. How many play-pods can I have in one room?

It is possible to have just one play-pod in a room or, if space permits, there may be two or more play-pods in a room. For example in a baby room (<1yr old) there might be two pods: one pod of two adults and six babies and another pod of one adult and three babies.

Where there is more than one play-pod in a room, play-pods should be separated from each other by light and/or transparent partitions of sufficient height to limit children interacting with each other. There is no requirement for solid partitions from floor to ceiling. In partitioning rooms you should consider access points (shared or separate), access to handwashing and toilet facilities and fire safety. You should also ensure that the play-pod complies with the Early Years Services Regulations, 2016 in relation to clear floor space.

10. How will staff breaks be managed with the play-pod model?

It is acknowledged that floating /relief staff members will be essential as a way of managing breaks, but this should be limited as much as possible and steps should be taken to minimise risk of cross-infection. For example, a floating/relief staff member should wash hands before entering and after leaving a room, and should only provide relief in a small number of play-pods. Service providers will need to manage this in conjunction with staff in the context of their own setting.

11. My service operates separate sessions in the morning and in the afternoon but with the same staff. Do I need additional staff in order to comply with the new play-pod model?

You may operate separate sessions in the same room/space with the same staff at different times; however, the room/space should be cleaned between sessions and toys should not be shared between groups.

12. I offer a childminding service, does the play-pod model apply in my service?

In a childminding service, the childminder and the children they care for may be viewed as a natural play-pod i.e. they are a closed group of children and a carer who learn and play together. Social distancing between the childminder and the children is not necessary. If there are other adults in your household, their interaction with the children should be limited where possible. As

with other childcare settings, hand and respiratory hygiene should be observed. If a child or someone in their household has symptoms the child should not come to your childminding service. If you or a family member has symptoms, you should not care for children until cleared by a doctor (i.e. tested and advised as to next steps).

13. Can children from different play-pods use the same sleep room?

Yes. However, sleeping cots/beds should be arranged so that there is physical distance of 2 metres between groups of cots for children from different play-pods.

There is no requirement to arrange sleeping cots/beds for children within the same play-pod differently. In line with the Early Years Services Regulations, 2016 these should be arranged as normal so that there is a physical distance of 50cm between cots.

14. How should I manage drop offs and collections?

Arrangements for dropping off and picking up children from childcare should be organised to maintain physical distance between adults. Public health advice is that this can be done by staggering arrival and collection times, having demarcated waiting areas outside the entrance to the setting or by asking parents to wait with their children in their car until a childcare practitioner comes to collect them.

The last option (collection from car) may not be appropriate in many settings or for younger children and may cause anxiety among children and parents. Collection from cars may work best for school-age children. Service providers should consider what works best in the context of their own setting, the outside space available, the age range of their children and the needs of parents. **Whatever approach is used, providers should ensure that, wherever possible, physical distance is maintained between adults and between children from different play-pods.**

15. My service provides transportation to/from school. Can we still provide that service?

Yes, you may continue to offer your collection service. However, the service should only be provided to children who are not displaying symptoms. Children should be seated with seatbelts on for the duration of the journey (even while the vehicle is stopped). This will minimise interaction between children. Where possible, children from the same play-pod should be seated together. Hand sanitiser should be used by the driver, surfaces wiped between runs and tissues should be available in the vehicle. Children should be let on and off the vehicle in an orderly fashion, no crushing or crowding.

16. Are parents/guardians allowed to enter the service?

The public health guidance is based on two key principles:

- That services should take steps to ensure individuals with symptoms do not enter the service, and
- That services should take steps to reduce the chance of spread of the virus in case an infectious person, without symptoms, enters the building.

With these principles in mind services should seek to restrict any unnecessary visitors to the service. Where it is considered necessary for a parent or guardian to enter the service, e.g. to

help settle in a new child, social distancing between the parent/guardian and other adults should be observed as far as possible. The National Public Health Emergency Team (NPHE) recommends the use of cloth face coverings in enclosed indoor settings where it is not possible to keep a distance of 2 metres from others. While it is generally not appropriate for childcare workers to apply this when caring for children or when engaging with parents in the presence of their children, the guidance is applicable for interaction between adults when not caring for children.

17. I run a drop-in service. Can I re-open on 29 June?

Yes, pre-school services operating in drop-in centres may open on 29 June once they can operate within the public health guidance published by the Health Protection Surveillance Centre (HPSC). The public health advice states that, where possible, the risk of spread of infection may be reduced by the use of the play-pod model. If, due to the nature of the service being delivered, a drop-in service is unable to implement the play-pod model, it must take other steps to minimise risk of spread of infection. These may include, more regular cleaning of the setting and staggering intake of children so that cross infection is minimised (e.g. taking children for fixed one or two hour timeslots with thorough cleaning of the space between intakes).

18. A parent has applied to register their child with my service for the first time. Can I register them?

The allocation of places is a matter for the individual service provider. The Department of Children and Youth Affairs has provided guidance to help support providers in managing allocation of places when services reopen in situations where the demand for places exceeds capacity.

Where possible children should be enabled to return to the childcare service they attended pre-COVID-19. It is also a condition of the Temporary Wage Subsidy Childcare Scheme that places should be retained for families who used the service immediately before the Covid-19 shutdown of childcare services.

If you have capacity within your setting you may also register new families. In doing so, if the demand for places exceeds capacity, you are asked to prioritise the children of health and social care workers, and of other frontline workers. You are also encouraged to support:

- vulnerable children sponsored under the National Childcare Scheme (NCS) and children funded through legacy childcare schemes who are experiencing poverty, disadvantage or child welfare issues;
- children with disabilities who previously attended part or full-time early learning and care, including those preparing to start school in September; and
- children whose parents need access to childcare in order to return to work, including children of childcare practitioners.

19. Can I only offer places to frontline workers?

No, the criteria for eligibility for access to childcare has been widened.

In the first instance, families who used your service immediately before the COVID-19 shutdown should be facilitated to return to the service if they require it.

If you have capacity within your setting you may also register new families. In doing so, if your capacity is limited, you are encouraged to prioritise children of health and social care workers and other frontline workers. You are also encouraged to support children who were sponsored under the National Childcare Scheme or a legacy childcare scheme; children with a disability who previously attended an early learning and care setting; and families that need to access childcare in order to return to work.

20. What should I do if all of my places are full but I have enquiries from parents looking for places?

If you are already at capacity and are still receiving enquiries you should direct those enquiries to your local City/County Childcare Committee (CCC) as there may be places available in another setting in your area. You may also wish to maintain a waiting list of families in case capacity becomes available at a future date. Management of waiting lists is a matter for the service provider; however, you are encouraged to prioritise children of health and social care workers and other frontline workers, where possible. You are also encouraged to support children who were sponsored under the National Childcare Scheme or a legacy childcare scheme, children with a disability who previously attended an early learning and care setting; and families that need to access childcare in order to return to work.