

Guidance for Early Childhood Care and Education Centres: Steps to Prevent the Spread of COVID-19 during COVID-19 Suppression Level 2 (Minimal Suppression)

Developed by:
Childcare Policy Working Group
June 2020

Coordinated by the Cabinet Office, the Cayman Islands Government established a Childcare Policy Working Group (CPWG) consisting of representatives from the Ministry of Education, Youth, Sports, Agriculture, and Lands; Ministry of Community Affairs; Cabinet Office and Strategic Reforms Implementation Unit; the CPWG consulted with the Chief Medical Officer, Clinical Head of Paediatric Department at the Health Services Authority, Public Health, and other public and private sector stakeholders in developing guidance documents. The mission of the CPWG is to provide recommendations, solutions and requested deliverables that will assist with the introduction of childcare provisions at various COVID-19 Suppression Levels, commencing 22 June 2020.



MINISTRY OF
EDUCATION, YOUTH, SPORTS,
AGRICULTURE & LANDS
CAYMAN ISLANDS GOVERNMENT

Contents

Guidance for ECCE Centres: Steps to Prevent the Spread of COVID-19	4
Assessing Risk.....	4
Communication and Education	6
Signage.....	6
Communication	6
Education	7
Promoting Behaviours that Reduce Spread of COVID-19	8
Masks and Face Coverings	8
Visitors to the Centre.....	9
Essential Visitors	10
Maintenance and Emergency Repair Service Providers	11
Specialist Service Providers for Children.....	11
Volunteers	11
Cleaning and Disinfection	12
Cleaning and disinfection of shared spaces	13
Cleaning of shared objects	13
Hygiene practices for staff, children and visitors	13
Ventilation	14
Drop-off and Pick-up.....	14
Drop-Off.....	15
Pick up	16
Health of Staff and Children.....	16
Responsibilities of Parents	16
Emergency Care Plans	16
Stay at Home when Required	16
Children/Staff Presenting with COVID-19 Symptoms over the Course of the Day	17
CPR/First Aid	18
Records	19
Reporting to Authority	19

Programming	20
Programme Environment	20
Modified Layouts	20
Physical Barriers and Guides	20
Communal Spaces	21
Bathroom arrangements	21
Programme Delivery	21
Talking to Children about COVID-19	21
Sharing of Equipment/Supplies/Tools	22
Adopting Bubbles	22
Field Trips	23
Meals and Refreshments	23
Meals	23
Refreshments (Hydration)	24
Considerations for Special Needs and High-Risk Children	25
Child Safeguarding	25
ECCE Centre Operating Form: COVID-19 Suppression Level 2	25
Appendix A: SARS CoV-2 Symptoms	26
Appendix B: Handwashing Guidance and Respiratory Etiquette	27
Appendix C: Health Screening	30
Appendix D: Symptoms of Trauma	31
Appendix E: ECCE Centre Operating Form: COVID-19 Suppression Level 2	32

Guidance for ECCE Centres: Steps to Prevent the Spread of COVID-19

This document sets out guidelines for the re-introduction of child care provision by the following persons, employees, entities or organisations that have been identified as childcare providers (“the childcare providers”):

- Early Childhood Care and Education (ECCE) Centres which are permitted to reopen as of **5 July 2020**.

These guidelines help to ensure that as many children as possible are enabled to safely receive childcare and safely return to childcare settings at the earliest date on which it is safe to do this.

During the reopening of ECCE centres in the Cayman Islands, it is expected that ECCE centre owners will make modifications to their services and setting to reduce the risk of transmission of COVID-19 and cater to the needs of the children and staff. To the maximum extent possible, ECCE centre owners should follow the guidance in this document.

Assessing Risk

As ECCE centre owners make modifications to their services and setting to reduce the risk of transmission of COVID-19, they should do so with consideration for the assessment of risk as measured by activity setting, physical distancing and level of interaction.

The more people a child or staff member interacts with, and the longer that interaction, the higher the risk of COVID-19 spread. The risk of COVID-19 spread increases in settings as follows:

- **Low Risk:** Small groups of children stay together all day, each day (i.e. in a bubble¹). Children remain at least 6 feet apart and do not share objects. Outdoor activities are prioritised; limit indoor activities to only those where adequate physical distancing can occur.
- **Medium Risk:** Physical distancing observed between all children who are not in the same bubble; no physical distancing among children in the same bubble. Minimise sharing of

¹ **Bubble:** It is recommended that groups be organised within the ECCE centre environment to create a ‘bubble’. This is a group of children who will be consistently grouped during the total duration of the ECCE centre. Ideally, each bubble should be assigned a dedicated staff member or staff team.

objects. Outdoor activities are prioritised; limit indoor activities to only those where adequate physical distancing can occur.

- **High Risk:** Indoor and outdoor activities; no physical distancing; no bubbles.

Communication and Education

For ECCE centres to operate as safely as possible, families will need to play a key role in risk mitigation. Owners should contact parents/caregivers who wish their child to attend the centre to:

- Discuss concerns or questions families have about attending the ECCE centre and how you can address them together.
- Educate parents/caregivers on the response plan and new expectations related to COVID-19:
 - Explain that health screenings will be conducted daily and responding honestly to the questions will help keep the children and staff safe.
 - Set the expectation that parents/caregivers should screen their children at home before arriving at the centre. Children with a fever or other COVID-19 symptoms should stay home.
 - Explain that arrangements must be made to collect their child from the centre immediately upon notification should he/she become ill during the course of the day.
- Explain the centre's communication plan including how the centre will communicate with parents about regular operations and health emergencies. Parents/caregivers should provide multiple forms of contact information to allow ECCE centre owners to quickly contact parents/caregivers if a child gets sick and needs to be picked up.
- Discuss any health concerns/conditions which may make the child at higher risk for complications if exposed to COVID-19. Remind families that immunocompromised children and children with chronic health conditions should consult with their primary care provider regarding decisions about ECCE centre attendance.
- Payment structure/expectations in the event the ECCE centre must close unexpectedly due to COVID-19.

Signage

Signs highlighting key messages such as physical distancing, covering cough, and frequent handwashing should be posted at all entrances/exits and other key areas of the facility. Signs should be age appropriate, and where possible utilise pictures or illustrations to help ensure children understand the intended message.

Communication

ECCE centre policies, guidelines and relevant government documents/information should be shared to all staff and parents/caregivers, as appropriate. Given the drastic change in the delivery

of operations, a meeting with staff prior to reopening, and as changes are introduced, is encouraged to ensure everyone is clear on the arrangements in place. Consistency in the execution of these arrangements across the staff is critical.

It is recommended that a staff member be designated as the primary COVID-19 ECCE centre contact. The contact information of this member should be communicated to all parents/caregivers and all enquiries related to COVID-19 and the ECCE centre should be answered by that person. Having an identified point person for parents/caregivers to contact will help to alleviate their concerns about sending their child to an ECCE centre and will facilitate a direct path of communication between parents and the centre with respect to COVID-19.

An effective method of communication with staff as well as parents/caregivers needs to be established in order to keep them abreast of any changes in policy and on any operational updates. This communication should be two-way communication which provides the opportunity for staff as well as parents/caregivers to communicate with the centre leadership and voice any concerns.

The centre should consider a communication plan in the event that the centre has to close unexpectedly due to COVID-19. This plan could include maintaining communication with parents/caregivers/staff during closure, maintaining contact with Public Health during closure, communicating reopening plans and public messaging regarding response to COVID-19.

Education

Staff should be trained on all safety protocols and in the identification of COVID-19 symptoms (see **Appendix A: SARS CoV-2 Symptoms**). Children should be taught in an age appropriate way to avoid touching their eyes, nose and mouths, and to cough/sneeze inside their elbow².

Information on topics such as hand washing, the importance of not sharing items, respiratory etiquette, the avoidance of touching one's face, and physical distancing should be shared with children in an age appropriate way.

² COVID – 19 Public Health Guidelines: Early Childhood Centres and Preschool Providers

Promoting Behaviours that Reduce Spread of COVID-19

ECCE Centre owners need to consider implementing several strategies to encourage behaviours that reduce the spread of COVID-19. These include the use of masks/face coverings; cleaning and disinfecting; and monitoring the health of staff and children.

Masks and Face Coverings

Mask guidance should be in adherence to the official Government advice which should be regularly checked by the ECCE centre provider to account for the suppression level and changing risks the Cayman Islands are faced with in respect of COVID-19. Currently, Government regulations require anyone over the age of two years old who is indoors in a public place and is unable to maintain a distance of six feet from every other person to wear a mask or cloth face covering. The exceptions are: 1) where the person is unable to wear a mask or cloth face covering due to a medical condition or the person is otherwise exempted by guidance provided by the Medical Officer of Health; or 2) where the person is sitting or eating, without talking, at his or her desk at the person's place of employment.

The Public Health Department however has provided an exemption for Pre-school children at Suppression Level 2: *"In order for children to feel comfortable in the tutoring learning environment, to aide development, and minimize the misuse of mask/face covering etiquette, ECCE children will **NOT** be required to wear mask / face covering whilst indoors. This further minimizes the risk of any students suffering any respiratory injury associated with mask / face covering misuse or vulnerabilities."*

Under no circumstance, other than through written medical instruction, should a child under 2 years old be made to wear a mask. Masks should not be worn when children are napping/sleeping.

Latest information on wearing mask and face coverings can be found of the Cayman Islands Government website: <https://www.explore.gov.ky/coronavirus>

Centre staff should wear masks/face coverings at all times during the delivery of services. This includes during the arrival and departure of all children. It is expected that staff will not be able to adequately physically distance from children due to the nature of care giving in this setting.

When engaging in outdoor activities the following practice should be implemented:

- Where physical distancing practices are difficult to maintain, mask/face covering will be worn outside by staff if in close contact with children.

Face coverings are not the same as surgical masks used in the medical profession. These medical grade masks should be reserved for those who need them.

Homemade masks or face coverings can be useful when acting as a partial barrier to stop droplet spread of COVID-19. That said, caution in ECCE centre environments should be considered when using them as protection against the virus transmission. In ECCE centres, there should be recognition that children will, by nature, find the wearing of masks a difficult situation to manage and may not be in a position to adhere to mask etiquette. Children should feel welcomed, safe and secure. Settings providing care should provide a balanced approach and seek to mitigate the spread of the virus risk in other ways as well which are outlined in this document in order to provide a safer environment to the care of children in order to enable healthy childhood development.

It may be difficult for children who are considered high-risk or severely immunocompromised or have special needs to wear an N95 mask for protection. However, if they are able to do so, then they are encouraged to wear one. A childcare giver who works with a child(ren) who is considered high-risk or severely immunocompromised or has special needs is advised to wear an N95 mask.

Staff must be cognizant that they will have to check the children's face regularly when wearing a mask. The check should include the condition of the child's skin under the mask to mitigate any irritation being caused by the mask, as well as evidence of symptoms of illness such as a runny nose or flushed cheeks.

Visitors to the Centre

- No visitor should enter the centre who has respiratory illness or symptoms of respiratory illness
- No visitor who has been knowingly exposed to a person with confirmed or suspected COVID-19 should enter the centre

A system for recording persons who enter the premises throughout the day should be established. At a minimum, information such as name, time of entry and exit, reason for visit and contact details should be collected and retained until otherwise advised. The need to collect this information in the event that contact tracing will be necessary should be clearly communicated to all stakeholders. All visitor records should be retained and made available to relevant agencies for the duration that COVID-19 contact tracing is being carried out in the Cayman Islands.

Visitors to the centre must be limited to the furthest extent possible. Parents/caregivers should only enter the centre if absolutely necessary. Prospective parents or other members of the public who may be seeking information about the centre should only enter the centre when

there are no children on the premises. Shoes should be removed and sanitised prior to entering, and hands should be washed or sanitised immediately. Having children on the premises who are not registered at the centre, even if it is after hours, should be discouraged. If a child who is not registered at the centre enters the premises, all toys, equipment or resources which the child uses/touches should be sanitised following the recommended procedures.

The health screening must be completed with each visitor prior to them entering the centre. This screening must be conducted each time the visitor comes to the centre, regardless of the frequency. If the visitor answers “Yes” to any question, their entry to the centre should be prohibited. At a minimum, the screening for visitors must include the following questions:

- Have you been in close contact with a confirmed case of COVID-19 in the past 14 days (Note: does not apply to medical personnel, first responders, or other individuals who encounter COVID-19 as part of their professional or caregiving duties while wearing appropriate PPE).
- Are you experiencing a cough, shortness of breath or sore throat?
- Have you had a fever in the last 48 hours?
- Have you had new loss of taste or smell?
- Have you had vomiting or diarrhoea in the last 24 hours?

Visitors to the ECCE centre must be limited to the below, and all procedures must be adhered to:

Essential Visitors

Essential visitors may enter the ECCE centre as required. Essential Visitors are staff from the following agencies:

- Multi Agency Safeguarding Hub (MASH)
- Office of Education Standards (OES)
- Department of Children and Family Services (DCFS)
- ECCE Unit/Ministry of Education
- Department of Environment Health (DEH)
- Public Health
- Fire Services
- Royal Cayman Islands Police Service (RCIPS)

These agencies may require children to be present in the centre to complete their inspection or carry out duties. Essential visitors must:

- Remove shoes and leave outside of centre or cover shoe soles before entering the centre
- Enter information in Visitor Record
- Wash or sanitise hands immediately upon entering the centre
- Wear a mask as per guidance from the Cayman Islands Government Public Health Department
- Observe respiratory hygiene while at the centre
- Wash or sanitise hands prior to leaving the centre

Maintenance and Emergency Repair Service Providers

All maintenance and service to the facility must be completed when no children are in the centre. If emergency repair services are necessary while children are present, all service providers who enter the centre must adhere to strict hand hygiene protocols and physical distancing requirements. The service provider must:

- Remove shoes and leave outside of centre or cover shoe soles before entering the centre
- Enter information in Visitor Record
- Wash or sanitise hands immediately upon entering the centre
- Wear a mask as per guidance from the Cayman Islands Government
- Observe respiratory hygiene while at the centre
- Wash or sanitise hands prior to leaving the centre

Specialist Service Providers for Children

Persons who offer specialist services for children are allowed to service the children in your setting. Specialist staff service providers must:

- Remove shoes and leave outside of centre or cover shoe soles before entering the centre
- Enter information in Visitor Record
- Wash or sanitise hands immediately upon entering the centre. If servicing more than one child at the centre, wash or sanitise hands before working with the next child
- Observe respiratory hygiene while at the centre
- Ensure resources and surfaces used have been sanitised before and after each child's session
- If providing group sessions, ensure only children from the same bubble already established by the ECCE centre are grouped together
- Ensure each child washes their hands before and after each session
- Wash or sanitise hands prior to leaving the centre

Volunteers

No volunteer should enter the early childhood centre premises. For clarity, this includes

student teachers or any person who is visiting your centre for the purpose of learning from your staff or yourself.

Cleaning and Disinfection

While research into the COVID-19 virus is ongoing, we know the virus is transmitted through direct contact with respiratory droplets of an infected person (through coughing and sneezing), and touching surfaces contaminated with the virus. The virus may survive on surfaces for a few hours up to several days. Cleaning and disinfecting high-touch surfaces regularly is an important precaution to lower the risk of infection.

As per **COVID – 19 Public Health Guidelines: Early Childhood Centres and Preschool Providers:**

- In keeping with Public Health’s COVID-19 response and mitigation measures, the Public Health Department has recommended that a certified janitorial company deep clean all ECCE centres prior to reopening and thereafter once monthly until further notice.
 - This will entail the cleaning of blinds, windows, walls, floors and all surfaces using the products that have proven to be effective against the Coronavirus.
 - This is not indefinite and will be reviewed on a monthly basis based on recommendations from the Medical Officer of Health.
 - Following this, the ECCE centre’s janitorial staff will be expected to continue their usual thorough and routine cleaning activities.
- Servicing of Air Condition units must also be done on schedule.
- All High Touch Surface areas such as, light switches, doorknobs, sink water taps, toilet handles, railings, and tables, should be routinely cleaned and disinfected. (Consider having one designated staff responsible for routinely cleaning and disinfecting the site).
- For toys, designate a container for those that require daily cleaning, such as building blocks, Lego, balls, etc. and have them disinfected before reintroducing them the next day back into the classroom. Toys that may be put in a child’s mouth should be monitored, cleaned and sanitized routinely. Soft toys such as teddy bears and stuffed dolls should be removed from the classrooms as they are difficult to clean.
- It is very important to choose cleaning products that are recommend/approved for use against COVID-19. Follow manufacturer’s instructions for use. Ensure proper protective gear is used when product cleaning is been carried out. ALL products must be kept out of the reach of children.

Once the facility is re-opened and services commence, the following procedures should be maintained:

Cleaning and disinfection of shared spaces

Use all cleaning products according to the directions on the label. For disinfection, most common EPA-registered, fragrance-free household disinfectants should be effective. A list of products that are EPA-approved for use against the virus that causes COVID-19 is available [here](#). If surfaces are dirty, they should be cleaned using a detergent or soap and water prior to disinfection. Follow the manufacturer's instructions for concentration, application method, and contact time for all cleaning and disinfection products.

Provide EPA-registered disposable wipes to staff so that commonly used surfaces such as keyboards, desks, and remote controls can be wiped down before use. Alcohol-based wipes or sprays (containing at least 70% alcohol) can be particularly useful to disinfect electronics and other high touch surfaces. Diluted bleach solutions may also be used if appropriate for the surface. Do not mix bleach or other cleaning and disinfection products together—this can cause fumes that may be very dangerous to breathe in.

A mask and disposable gloves should be worn for all tasks during the cleaning and disinfecting process, including garbage handling. When finished, gloves should be removed by grasping from the inside and peeling inside out. Hands should then be thoroughly washed for at least 20 seconds using soap and water.

Cleaning of shared objects

Ensure adequate supplies and resources so that supplies can be assigned to each bubble. Supplies and resources that are shared between bubbles should be disinfected before being transferred to another bubble.

Items that are difficult to clean, sanitise, or disinfect such as those constructed of soft or porous materials are not recommended.

Hygiene practices for staff, children and visitors

Frequent handwashing with soap for at least 20 seconds is more effective than the use of hand sanitisers (**See Appendix B for Handwashing Guidance and Respiratory Etiquette**). Scheduled hand-washing breaks should take place during the day as well as before and after breaks or meals.

Alcohol-based hand sanitiser should contain at least 60% Ethyl Alcohol or at least 70% Isopropyl Alcohol³. This should be placed in all entrances to the ECCE centre for use by staff, children (when needed and age appropriate) and visitors. Dispensers should not be in locations that can be independently accessed by young children without adult monitoring, as alcohol-based hand sanitiser is not generally recommended for use by young children (should not be used by children under 2 years old) and, if used, should be under adult guidance based on the product's directions.

Children's belongings should be kept separated from those of others and in individually labelled containers, cubbies, or areas.

Ventilation

Ensure ventilation systems within the environment operate properly and increase circulation of outdoor air as much as possible.

Staff should ensure that there is adequate ventilation when using these products to prevent children or themselves from inhaling toxic fumes.

Drop-off and Pick-up

Programmes should develop procedures for drop-off and pick-up that support physical distancing and separate bubbles to the greatest extent possible. Possible strategies include separate bubble entrances, having one consistent, designated parent/caregiver pick up and drop off each child, staggering entry by bubble, or limiting the numbers of people in entry areas.

Unless absolutely necessary, parents/caregivers should not enter the ECCE centre, especially during high traffic times like drop-off and pick-up. Where it is necessary for parents/caregivers to enter the ECCE centre, they should wear a mask, remove shoes and practice physical distancing. Where possible, any activities (e.g. making payments, collecting receipts, filling out ECCE centre forms, or collecting ECCE centre information) should be conducted without parents/caregivers having to enter the ECCE centre so as to limit the number of people entering the ECCE centre environment.

³ COVID – 19 Public Health Guidelines: Early Childhood Centres and Preschool Providers

Drop-Off

It is recommended that an ECCE centre staff member greet children outside as they arrive to facilitate the screening process prior to children being allowed access to the ECCE centre. Standing six feet away from the parent/caregiver and child the following is recommended.

Complete a health screening each day for each child and staff member (see **Appendix C: Health Screening**). Any child or staff member who exhibits COVID-19 symptoms (i.e., answers “yes” to any of the screening questions or who is running a fever of 100.4 degrees or higher) is required to leave the premises immediately and seek medical care and/or COVID-19 testing. Employers should maintain the confidentiality of employee health information.

Once a child/staff member/essential visitor has passed the screening process they are to practice hand hygiene (use of hand sanitiser or washing of hands) prior to touching any surface.

- Ask parents/caregivers:
 - Has anyone in your home been in contact with a person who has COVID-19?
 - Has anyone in your home felt unwell in the last 3 days? (fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, and/or diarrhoea)
 - Is any member of your child’s household presently part of contact tracing?
 - Is your child well today?
- If the centre requires a temperature check for adults or children prior to entering the premises, a touch-free thermometer is recommended. If this is not available, each child should have their own thermometer, or a single thermometer should be sanitised between each use and the adult taking the child’s temperature must wash or sanitise their hands between each child.
- Visually inspect child for signs of illness which could include flushed cheeks, rapid breathing or difficulty breathing (without recent physical activity), fatigue, or extreme fussiness.
- If a child has any symptoms or has been in contact with a person who has/may have COVID-19, they should go home and not enter ECCE centre until cleared to do so.
- A designated staff member should complete the signing in of each child to avoid the sharing of writing utensils and paper. If parents are required to sign a document, the pen should be sanitised after use or parents may use their own pens.
- Children should remove their shoes and they should be placed in storage outside the centre, or in designated indoor area. Shoes can also be sanitised before entering if desired.

Once a child has passed the screening process, a designated staff member should walk the child to their room/designated ECCE centre area. Before touching any surfaces, the child is to practice hand hygiene (use of hand sanitiser or washing of hands).

Pick up

During pick-up, children should remain with their bubble in a designated area (this could be the child's classroom) that allows for physical distancing during this time. All children should practice hand hygiene (use of hand sanitiser or washing of hands) before exiting the premises. As parents/caregivers arrive, there should be an agreed upon procedures which will be used to get the child from the designated area to the outside of the centre where the person collecting them will be waiting.

Health of Staff and Children

Responsibilities of Parents

Simple hygiene measures can help protect a family's health and everyone else's. ECCE centre operators should remind parents that it is their responsibility to provide honest and accurate answers to the health screening each day. Parents should ensure their children's hands are sanitised or washed with water and soap prior to coming to the centre. Parents should ensure that contact numbers are up to date, and that their child is collected from the ECCE centre in a timely manner if notified by staff of the need to do so.

Emergency Care Plans

As part of the centre registration process, the ECCE centre owner should have an emergency care plan for each child that provides such information as who to call in the case of an emergency, information on allergies, general statement of health and details of any relevant health conditions. If a child has a chronic illness or underlying health condition (e.g. asthma, allergies, etc.) parents/caregivers should disclose this and inform ECCE centre owner of any specific requirements and details of the child's emergency care plan. Children with underlying health conditions which make them higher risk if they may contract COVID-19 may need to consult their medical provider before returning to the ECCE centre. Relevant guidance provided by the medical practitioner should be included in the Emergency Care Plan.

Stay at Home when Required

ECCE Centre owners are responsible for communicating the below expectations to parents/caregivers and staff:

- Should someone in a child's or staff member's household develop COVID-19 symptoms or test positive for COVID-19 or should the child/staff member have been exposed to someone with symptoms or a confirmed or suspected case, the child/staff member should not attend the ECCE centre until the person is cleared by a medical professional.

Staff and parents/caregivers should be encouraged to self-monitor for symptoms, and if symptoms develop contact the 24-hour Flu Hotline on 1-800-534-8600 or 345-947-3077 to inform the Health Services Authority and seek medical advice.

Sick staff members or children should not return to ECCE centre until they have met the Cayman Islands Government's Public Health criteria to discontinue home isolation.

Children/Staff Presenting with COVID-19 Symptoms over the Course of the Day

A child may start their day at your centre in apparent good health, yet symptoms of illness may emerge while at the centre. The Education Council Guidelines for Early Childhood Care and Education Centres (2013) specify:

- children who become unwell while attending the ECCE centre are kept at a safe distance from other children (to minimise the spread of infection) and returned to the care of a parent or other person authorised to collect the child without delay (pg. 38).

The centre must have an identified and equipped, separate room or designated area as a sick area. A plan for the management of the sick area, including care and comfort of any child in this room/area needs to be written and shared with staff. This area should be removed from other children, and not be within any other room where there are other children. If toys, resources or equipment which is used directly by any other child in the centre is stored or used within the designated sick area, these must be sanitised. No child should be left without adult monitoring at any time of the day. Staff and child (if age and situationally appropriate) should wear a mask during all interactions with the child and should avoid contact with the child's respiratory secretions. Staff should wash their hands before donning a mask, before and after removing the mask, and before and after touching any items used by the child.

Any child who becomes unwell during the course of the day at the centre must be returned to the care of their parent/caregiver as soon as possible. There must be strict adherence to this protocol to ensure that the ill child can rest, recuperate and see a medical professional if needed, as well as to ensure the chance of transmission of illness is reduced in your centre. Parents/caregivers must sign a contract stating that they will ensure that their child is collected from your centre promptly and without delay upon contact if their child is displaying symptoms of illness. All contact details for parents/caregivers must be updated upon re-opening of your

centre, with emergency contact persons other than the parents/caregivers in the event that parents/caregivers cannot be reached.

If the child needs to go to the bathroom while waiting to be collected, they should use a separate bathroom if possible. The bathroom should be cleaned and disinfected using standard cleaning products before being used by anyone else. All items used by the child should be cleaned and disinfected as soon as the child has been picked up. Items that cannot be cleaned and disinfected (e.g. paper, books, and cardboard puzzles) should be removed from the centre and stored in a sealed container for a minimum of seven (7) days.

No staff member should be assuming responsibility for diagnosis of a child's illness. This may delay the process of returning the child to their parent/caregiver, and increase the risk of transmission of illness within the centre. All staff members must strictly adhere to the Illness Policy and this guidance document.

If a staff member develops illness while at work, they should immediately remove themselves from any contact with others, notify their supervisor and go home and/or to a healthcare facility depending on how severe their symptoms are.

Staff members and children who are affected by COVID-19 should not return to the ECCE centre until they have met the Cayman Islands Government's Public Health criteria to discontinue home isolation.

CPR/First Aid

All staff in ECCE centre should have current and valid CPR and First Aid Training. PPE, such as gloves and mask, and hand washing hygiene should always be used when administering first aid to a child.

Current guidance on rendering CPR and First Aid during this time can be found at:

<https://www.gov.uk/government/publications/novel-coronavirus-2019-ncov-interim-guidance-for-first-responders/interim-guidance-for-first-responders-and-others-in-close-contact-with-symptomatic-people-with-potential-2019-ncov>

and

<https://www.resus.org.uk/media/statements/resuscitation-council-uk-statements-on-covid-19-coronavirus-cpr-and-resuscitation/covid-community/>

Resuscitation Council UK provide the following advice in relation to performing CPR on a child:

"We are aware that paediatric cardiac arrest is unlikely to be caused by a cardiac problem and is more likely to be a respiratory one, making ventilations crucial to the child's chances of

survival. However, for those not trained in paediatric resuscitation, the most important thing is to act quickly to ensure the child gets the treatment they need in the critical situation.

For out-of-hospital cardiac arrest, the importance of calling an ambulance and taking immediate action cannot be stressed highly enough. If a child is not breathing normally and no actions are taken, their heart will stop and full cardiac arrest will occur. Therefore, if there is any doubt about what to do, this statement should be used.

It is likely that the child/infant having an out-of-hospital cardiac arrest will be known to you. We accept that doing rescue breaths will increase the risk of transmitting the COVID-19 virus, either to the rescuer or the child/infant. However, this risk is small compared to the risk of taking no action as this will result in certain cardiac arrest and the death of the child.”⁴

Records

ECCE centres should keep daily records of anyone reporting absent due to sickness. Logs of staff or children falling ill during ECCE centre should also be maintained. Records should be kept up-to-date and available to facilitate contact tracing in the event of an outbreak.

Reporting to Authority

When concerned about a Statutory Notifiable Disease, such as COVID-19, the Public Health Law and Regulations provide a responsibility to inform relevant officials or medical professionals. Therefore, the ECCE centre owner should notify the Public Health Department if a child presents with COVID-19 symptoms or if information is received regarding a child being exposed to someone with symptoms or exposed to a confirmed case of COVID-19. If a staff member presents with COVID-19 symptoms, ECCE centre owners should notify the Public Health Department. The contact number of the Public Health Department is 244-2621.

For further information or if you think you may have been exposed to the virus which causes COVID-19, please contact the 24-hour Flu Hotline is 1-800-534-8600 / 925-6327 (Flow) / 947-3077 (Digicel) or email flu@hsa.ky.

The ECCE centre owner will follow all guidance provided by the Cayman Islands Government's Public Health. This could include heightened sanitation or even mandatory closure.

⁴ <https://www.resus.org.uk/media/statements/resuscitation-council-uk-statements-on-covid-19-coronavirus-cpr-and-resuscitation/covid-community/>

Programming

In designing ECCE centre programming, owners need to consider implementing several strategies to encourage behaviours that reduce the spread of COVID-19. These include identifying activities that can be done while physically distancing; creative ways to encourage physical distancing; making use of outdoor spaces; modifying the physical environment; managing the use of the tools/equipment; and adopting bubbles.

Programme Environment

Being creative with the centre space is key to creating an environment that encourages behaviours that help to reduce the spread of COVID-19. The following guidance is provided to help assist ECCE centre owners to make decisions regarding the environment with the aim of mitigating the spread of COVID-19.

Modified Layouts

- Restrict the number of entry points into the compound to control the flow and number of persons on the premises.
- Designate separate access and exit routes for various groups, where appropriate and possible.
- Based on the size and the layout of individual settings, consider how floor space, rooms and outdoor space can be organised to ensure physical distancing between staff and between bubbles of children.
- Where possible, remove unnecessary items from rooms and store them elsewhere.
- As much as possible, indoor and outdoor spaces should be designated for certain bubbles.
- Divide large group spaces into manageable small areas to create separation.
- Prioritise outdoor activities where physical distancing can be maintained as much as possible.

Physical Barriers and Guides

- Install physical barriers, such temporary dividers, where multiple bubbles could be located at the same time, and particularly in areas where it is difficult for children to remain in their assigned bubble.
- Provide physical cues or guides, such as tape on floors or sidewalks and signs on walls, to ensure that staff, essential visitors and children who are developmentally able to understand the cues or guides remain at least 6 feet apart in lines and at other times (e.g. guides for creating “one way routes” in hallways).

Communal Spaces

- Communal spaces should only be used by one bubble at a time and should be cleaned and disinfected before and after use by each bubble.
- Only one bubble at a time should use the same outdoor play space. Follow physical distancing practices when possible. Equipment should be sanitised between each use.

Bathroom arrangements

- Limit the number of children and staff present at any one time in or grouped together waiting for bathroom facilities to reduce spread of the virus within those confined spaces.
- Employ physical distancing of bathroom users in order to prevent the spread of COVID-19. Distancing can be facilitated by the use of partitioned stalls, or staggering entry so that fewer users are present at a time.
- Maintain an adequate supply of soap, paper towel, toilet paper, hand sanitiser and other supplies.
- Sanitise bathroom after use by each bubble.
- Ensure that children wash their hands after using the bathroom.

Programme Delivery

Being creative with the way in which the ECCE centre programme of activities are delivered is key to creating an environment that promotes behaviours that help to reduce the spread of COVID-19. The following guidance is provided to help assist ECCE centre operators make decisions regarding the delivery of the ECCE centre programme with the aim of mitigating the spread of COVID-19.

Talking to Children about COVID-19

ECCE centre staff will need to understand how to talk with the child(ren) in an age appropriate way about COVID-19 if the child wants to talk about it. The following are some examples from UNESCO⁵:

- Use short and simple communication focused on the safety and well-being of the child and your family
- Say things like, “There are doctors and nurses and other adults doing everything possible to make sure everyone is well and taking care of those who need help.”

⁵ More information on how to talk to your child about COVID-19 is available here: <https://www.unicef.org/coronavirus/how-talk-your-child-about-coronavirus-covid-19> and <https://www.explore.gov.ky/mind>

- Assures the child(ren) that most people will recover and that most children who contract the virus will get well quickly and easily.

Sharing of Equipment/Supplies/Tools

Children should be assigned their own tools where practical. Equipment should be sanitised as required according to the Public Health guidance.

Activities which involve the use of electronic equipment such as tablets, is discouraged unless the ECCE centre operator has adequate supplies for each child to have their own equipment. In order to maintain a clean and healthy environment, equipment which is not easy to clean should be removed from the environment. This includes soft toys and toys with intricate parts.

As a precaution, it is not recommended that items made by the children in either outdoor/indoor activities be taken home so as to reduce the risk of spreading COVID-19. If items are taken home, the risk should be explained to parents/caregivers and advice given on sanitation of items. Bringing toys and equipment from a child's home should be discouraged during this time.

Adopting Bubbles

Groups may be organised within the ECCE centre environment to create a 'bubble'. While this is not a requirement, centre owners could consider this technique in order to reduce the risk of transmission of COVID-19. This means that the group of children arranged into the bubble will be consistently grouped during the total duration of the ECCE centre. If multiple children are attending from the same household, then where practical they should remain in the same bubble to avoid mixing children from too many households, however it is recognised this may not be practical due to age differences and types of activities. Mixing of bubbles should not be practiced. Ideally, each bubble should be assigned a dedicated staff member or staff team. Where there is the necessity for bubbles to be in contact with one another, physical distancing protocols should be practiced. When creating bubbles, ensure the adult: child ratios are always adhered to. Group gathering (e.g. whole centre assemblies, circle time that mixes bubbles, whole centre meal times in a common area, PTAs, sports day, etc.) are not to be held.

There must be well planned, child-initiated play opportunities for children to explore and learn through purposeful play at least 75% of the child's awake time spent at the centre (children should be able to spend a portion of this time engaged in learning activities in the outdoor environment).

Adults should be especially vigilant when interacting with children with regards to detection of any type of trauma, including abuse and/or neglect, which that child may have experienced when isolated during the shelter in place orders (see **Appendix D: Symptoms of Trauma** for

more details). Child safeguarding reporting protocols must be followed if there is a suspicion of abuse or neglect. Support for the child's mental health must be provided through referrals to relevant agencies and trauma sensitive practices throughout the centre.

Field Trips

Field trips for children could increase the risk of exposure and cross contamination. It is recommended that ECCE centres do not go on field trips at this time.

Meals and Refreshments

Logistics and meal time physical environments will vary depending on the location and operations of the ECCE centre. The following guidance is provided to help assist each ECCE centre operator to make decisions regarding meal time provisions with the aim of mitigating any spread of COVID-19.

Meals

The following guidelines are recommended to minimise the risk of virus spread:

- Where children provide their own packed lunch, this should be packed in an individual container/bag and clearly labelled with the child's name in order to avoid any mix-ups. These containers/bags should be stored with the child's belongings, and not come in contact with belongings of another child/staff member.
- If lunch is provided for children by the ECCE centre, this should be served in individual containers. There should be no counter service of food/buffet style service.
- Children should remain in bubbles when eating.
- Consideration should be given to scheduling and staggering meal times to minimise the total number of children in one area for meal times while ensuring bubbles are properly distanced from each other.
- Disposable food service items (utensils, dishes) should be used. If disposable items are not feasible or desirable, ensure that all non-disposable food service items are handled with gloves and washed with dish soap and hot water or in a dishwasher. Staff should wash their hands after removing their gloves or after directly handling used food service items.
- Food must not be served on shared platters or shared in bowls and shared serving utensils are not to be used.

Refreshments (Hydration)

- Each child should bring their own water bottle, or be allocated their own water bottle to be used at the centre, which should be labelled with their name.
- Each child's water bottle should be stored with his/her belongings, and not come into contact with the belongs of any other child. While water should never be withheld from children, care and monitoring must be taken to ensure children only drink from their own water bottle. This may mean that a staff member must always assist with access to the bottle.
- Staff should be responsible for refilling individual water bottles.
- If drinks are provided, single use drinks cartons are recommended and should be handed to each child for the refreshment break.

Considerations for Special Needs and High-Risk Children

Readjustment to the routines in a setting may prove more challenging for some children with Special Educational Needs and Disability (SEND). Plan how to ensure your setting will have the staffing needed to support children with SEND at safe ratios.

The COVID-19 outbreak may have caused significant mental health or wellbeing difficulties for some children. Be alert to harm that may have been hidden or missed while they have not been attending formal educational settings. Be aware of any behavioural changes in children and report and share concerns with the relevant authority (see below Child Safeguarding section).

All adults caring for children who have special health needs which may make them high risk for COVID-19 must wear an N95 mask.

It may be difficult for children who are considered high-risk or severely immunocompromised or have special needs to wear an N95 mask for protection. However, if they are able to do so, then they are encouraged to wear one.

Child Safeguarding

Where ECCE centre operators or staff have a reasonable suspicion that a child has been or is being abused or neglected, and where that suspicion is formed in the course of their work, they are mandated under the Children Law (2012) to report their suspicions. Failure to do so is an offense and can result in a fine or imprisonment. Suspicions of child neglect or abuse should be reported to the Multi-Agency Safeguarding Hub (MASH) at (345) 814-6000 or emailed to mash@gov.ky (Please be advised that MASH is not a first response unit and, therefore, for emergencies always call 911).

ECCE Centre Operating Form: COVID-19 Suppression Level 2

ECCE centres are asked to complete and submit the ECCE Centre Operating Form (**Appendix E**) to the ECCE Unit (via email at ecce@gov.ky) as a record of the arrangements made to help ensure safety of children and staff at their centre, as well as to allow discussions for any improvement in these arrangements that may be needed. This form provides ECCE centre owners with the opportunity to: (1) outline the modifications to their services and settings that they have put into place; and (2) demonstrate to what extent they have incorporated the guidelines as set out in this document “in the plans for the delivery of their service during COVID-19 Suppression Level 2 (Minimal Suppression).

Appendix A: SARS CoV-2 Symptoms

What Is COVID-19 disease?⁶

SARS CoV-2, or the virus causing COVID-19, is a new strain of coronavirus, which was first identified in Wuhan City, China in December 2019. The virus causing COVID-19 is a member of the coronavirus family (a group of viruses). This particular strain has never been encountered before. The main symptoms ⁷of coronavirus are:

- Fever
- Cough
- Shortness of breath or difficulty breathing
- Chills
- Repeated shaking with chills
- Muscle pain
- Headache
- Sore throat
- New loss of taste or smell

These symptoms are usually mild but commonly occur within 14 days after a person has been exposed.

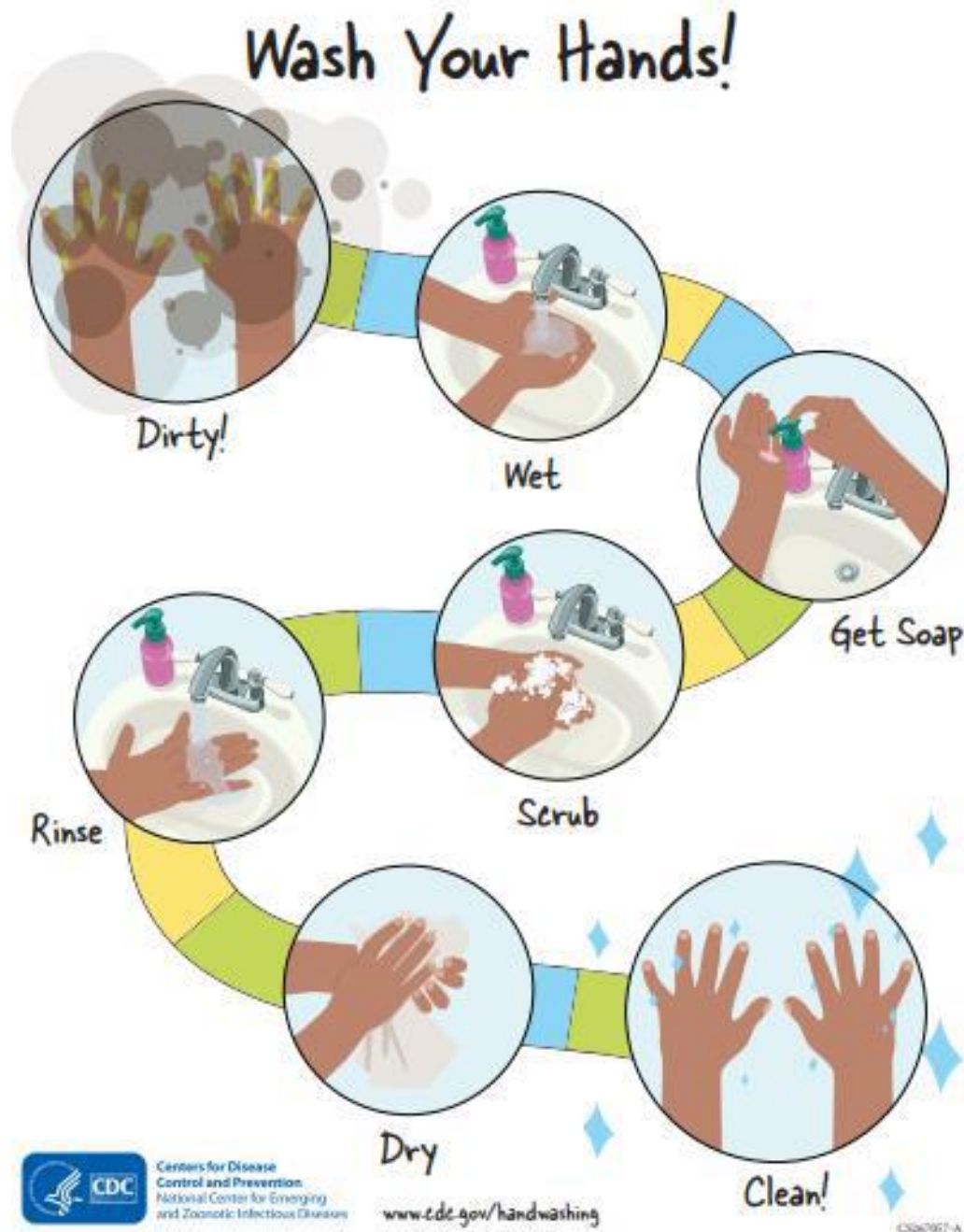
⁶ Excerpt from <https://www.explore.gov.ky/faqs/covid-19-general#what-is-covid> June 5, 2020

⁷ COVID-19 Public Health Guidelines: Early Childhood Centres and Preschool Providers

Appendix B: Handwashing Guidance and Respiratory Etiquette

View the locally produced handwashing resource for children: "BOBO & TEEDEE THE HANDWASHING

SONG": https://www.youtube.com/watch?v=QsHm_5qY3vw&feature=youtu.be



Stop Germs! Wash Your Hands.

When?

- After using the bathroom
- Before, during, and after preparing food
- Before eating food
- Before and after caring for someone at home who is sick with vomiting or diarrhea
- After changing diapers or cleaning up a child who has used the toilet
- After blowing your nose, coughing, or sneezing
- After touching an animal, animal feed, or animal waste
- After handling pet food or pet treats
- After touching garbage



How?



Wet your hands with clean, running water (warm or cold), turn off the tap, and apply soap.



Lather your hands by rubbing them together with the soap. Be sure to lather the backs of your hands, between your fingers, and under your nails.



Scrub your hands for at least 20 seconds. Need a timer? Hum the "Happy Birthday" song from beginning to end twice.



Rinse hands well under clean, running water.



Dry hands using a clean towel or air dry them.

Keeping hands clean is one of the most important things we can do to stop the spread of germs and stay healthy.

LIFE IS BETTER WITH

CLEAN HANDS



ALTERNATIVES

If there is no hand soap in the home, you can also use shampoo or dish soap for hand washing.

www.cdc.gov/handwashing



This material was developed by CDC. The Life is Better with Clean Hands Campaign is made possible by a partnership between the CDC Foundation, GOJO, and Staples. HHS/CDC does not endorse commercial products, services, or companies.

CS31007-A

Stop the spread of germs that make you and others sick!

Cover your Cough



Cover your mouth and nose with a tissue when you cough or sneeze

or
cough or sneeze into your upper sleeve, not your hands.



Put your used tissue in the waste basket.



You may be asked to put on a surgical mask to protect others.

Clean your Hands

after coughing or sneezing.



Wash hands with soap and warm water for 20 seconds

or

clean with alcohol-based hand cleaner.



Minnesota Department of Health
717 32 Delaware Street
St. Paul, MN 55101
612-676-6114 or 1-877-676-6114
www.health.state.mn.us



Minnesota
Academic
Resource
Collaborative

APIC
Association for
Professional
Infection Control
and Epidemiology

Appendix C: Health Screening

Please find below a suggested daily Health Screening. Pertinent questions can be added:

Parents/caregivers must the Health Screening each day. If the answer to any of the questions is “Yes”, the child must not be permitted to remain at the centre.

Is your child unwell?	Yes	No
Does your child have any of these symptoms?		
▪ Fever (or child or sweats)		
▪ New or worsening of a previous cough		
▪ Sore throat		
▪ Headache		
▪ Shortness of breath		
▪ Muscle aches		
▪ New or worsening sneezing		
▪ New or worsening nasal congestion or runny nose		
▪ Hoarse voice		
▪ Chills		
▪ Repeated shaking with chills		
▪ Muscle pain		
▪ Diarrhoea		
▪ Unusual fatigue		
▪ Loss of sense of smell or taste		
▪ Red, purple or blueish lesions (spots) on the child’s body without an evident cause		
In the last 14 days, has your child travelled outside of the Cayman Islands?		
In the last 14 days, had your child has close contact with someone confirmed or suspected to have COVID-19?		
Is your child or any member of your child’s household awaiting results of a COVID-19 test?		
Is your child or any member of your child’s household subject to contact tracing?		

Appendix D: Symptoms of Trauma

Indicators a Child is Having Emotional/Mental Health Difficulties and Contact Details for Child Mental Health Hotline

Symptoms that the child may be having difficulty:

- Frequent crying or irritation
- Toileting accidents or bedwetting
- Changes in sleeping habits and appetite
- Frequent arguing or fighting with others
- Increased physical ailments
- Difficult to soothe or comfort
- Loss of interest in play or activities the child usually enjoys
- Increased temper tantrums
- Increased difficulty in separating from parent/primary caregiver
- Withdrawn or aggressive
- Hypervigilant
- Preoccupied with perceived threats
- Unable to focus as the child did previously
- Trouble controlling impulses
- Regression in skills

Find more information for adults and children at this link:

<https://www.explore.gov.ky/mind>

Contact your mental health provider for help, or call the free and confidential **Mental Health Hotline** at 1-800-534-6463 Monday to Friday 9:00AM – 5:00PM. Children or caregivers can also call the **Child Mental Health Line/Kids Helpline** at 649-5437 (KIDS) Monday to Friday 10:00AM-6:00PM.

The following link provides further information:

<https://www.dcp.wa.gov.au/ChildProtection/ChildAbuseAndNeglect/Documents/ChildDevelopmentAndTraumaGuide.pdf>

If anyone is in danger, always call 911.

Appendix E: ECCE Centre Operating Form: COVID-19 Suppression Level 2

Assessing Risk

As ECCE centres make modifications to their services and setting, to reduce the risk of transmission of COVID-19, they should do so with consideration for the assessment of risk as measured by activity setting, physical distancing and level of interaction.

With consideration for the modifications you have made what level of risk do you rate your ECCE centre?

Level 2 (Minimal Suppression) Risk Assessment

	Low Risk	Medium Risk	High Risk
<i>Activity settings</i>	Prioritize outdoor activities; limit indoor activities to only those where adequate physical distancing can occur.	Prioritize outdoor activities; limit indoor activities to only those where adequate physical distancing can occur.	Indoor and outdoor activities; no physical distancing.
<i>Physical distancing (to the maximum extent possible)</i>	Physical distancing observed between all children including those within the same bubble; restrict sharing of objects.	Physical distancing observed between all children who are not in the same bubble; no physical distancing among children in the same bubble; minimize sharing of objects.	No physical distancing.
<i>Interactions with other children and staff</i>	Maintain children and staff bubbles that remain together all day, every day; interactions with other children and staff restricted.	Maintain bubbles that remain together all day, every day (staff may change); minimal mixing between bubbles and with other staff permitted.	No bubbles; all children mix over the course of the day.

In the table below indicate level of risk for each area of the assessment.

Level 2 (Minimal Suppression) Risk Assessment

	Low Risk	Medium Risk	High Risk
<i>Activity settings</i>			
<i>Physical distancing</i>			
<i>Interactions</i>			

Provide information which may be helpful in understanding any medium or high-risk scores and any control measures that will be put in place:

Communication/Education

Expectation Area	Provide details of how you will address this expectation area with consideration for the guidance provided.
Signage	
Communication with parents/caregivers	
Communication with staff	
Age appropriate hygiene education for children	
Staff education	
Any other information relevant to communication/education	

Promoting Behaviours that Reduce Spread

Masks and Face Coverings

Expectation Area	Provide details of how you will address this expectation area with consideration for the guidance provided.
Use of masks/face coverings by staff (outside and inside activities)	
Use of masks/face coverings by parents/caregivers	
Use of masks/face coverings by visitors	
Any other information relevant to masks/face coverings	

Cleaning and Disinfection

Expectation Area	Provide details of how you will address this expectation area with consideration for the guidance provided.
Cleaning and disinfection of shared spaces	
Cleaning of shared objects	
Hygiene practices for staff, children and visitors	
Regular cleaning/disinfecting of the entire centre	
Storage of cleaning/disinfecting products	
Ventilation	
Plans for deep cleaning and sanitation in the event of COVID-19 exposure within the centre	
Any other information relevant to cleaning and disinfection	

NOTE: Attached cleaning schedule to submission.

Child Drop-off and Pick-up

Expectation Area	Provide details of how you will address this expectation area with consideration for the guidance provided.
Drop-off procedures	
Pick-up procedures	
Health screening process	
Storage provided outside (or in designated area where shoes can be carried to by a staff member) for children and staff to remove shoes prior to entering building and where shoes can remain until child/staff member returns outside, or process for sanitising shoes before entering the centre	
Any other information relevant to drop-off and pick-up	

Staff and Visitors

Expectation Area	Provide details of how you will address this expectation area with consideration for the guidance provided.
Centre access procedures	
Staff screening process	
Visitor screening process	
Any other information relevant to staff and essential visitors	

Access Records

Expectation Area	Provide details of how you will address this expectation area with consideration for the guidance provided.
Recording keeping – access records	
Any other information relevant to access records	

Health of staff and children

Expectation Area	Provide details of how you will address this expectation area with consideration for the guidance provided.
Communication to parents about hygiene expectations prior to dropping children off	
Emergency care plans	
Access to the ECCE centre by children who were exposed to someone suspected to have/has COVID-19	
Access to the ECCE centre by staff who were exposed to someone suspected to have/has COVID-19	
Process for identifying, isolating from other children and sending home children who become sick	
Process for identifying and sending home children who become sick	
Isolation/sick area	
Record keeping - illness logs to help monitor absences or children or staff who develop symptoms while in care	

Any other information relevant to health of staff and children	
--	--

Programming

Programme Environment

Expectation Area	Provide details of how you will address this expectation area with consideration for the guidance provided.
Modified Layouts	
Physical Barriers and Guides	
Communal Spaces	
Bathroom arrangements	
Any other information relevant to programme environment	

NOTE: Where relevant attach layout drawings/sketches (these do not have to be professionally developed).

Programme Delivery

Expectation Area	Provide details of how you will address this expectation area with consideration for the guidance provided.
In what ways does your modifications help to reduce the spread of COVID-19 while still providing an effective programme	
Sharing of Equipment/Supplies/Tools	
Taking home items made by children	
Adopting Bubbles	
Physical distancing during activities, as possible and required	
Outdoor play	
Development of independence	
Identifying and reporting suspect child abuse and neglect	
Identifying and responding to trauma and social/emotional difficulties in children	
Responding to children's questions about COVID-19	
Any other information relevant to programme delivery	

Meals and Refreshments

Expectation Area	Provide details of how you will address this expectation area with consideration for the guidance provided.
Where will meals take place	
How will food be provided	
What measures will be taken to reduce the spread of COVID-19 during mealtime	
Hydration arrangements	
How will staff ensure children do not share (intentionally or accidentally) water bottles	
How will water bottles be refilled over the course of the day	
Any other information relevant to meals and refreshments	

Considerations for Children with Special Needs and Children Who Are High Risk

Expectation Area	Provide details of how you will address this expectation area with consideration for the guidance provided.
What plans have been put in place to support children with special needs and/or children at risk during this time (if applicable)	
Any other information relevant to considerations for special needs and high-risk children	

Child Safeguarding

Expectation Area	Provide details of how you will address this expectation area with consideration for the guidance provided.
Who is your Designated Child Safeguarding Lead?	
All staff members are aware of all Policies and expectations regarding child safeguarding in the ECCE centre.	