



social development

Department:
Social Development
REPUBLIC OF SOUTH AFRICA

STANDARD OPERATING PROCEDURES AND GUIDELINES
for an early childhood development programme and/or partial
care facility that provides an after-school service
on measures to address, prevent and combat the spread of
COVID-19

23 June 2020

Issuing of Standard Operating Procedures and Guidelines for an early childhood development programme and/or partial care facility that provides an after-school service on measures to address, prevent and combat the spread of COVID-19

This document contains the standard operating procedures and guidelines for an early childhood development programme and/or partial care facility that provides an after-school service, which were developed by the Department of Social Development in collaboration with the Department of Basic Education, UNICEF and inputs from participating civil society organisations.

These standard operating procedures and guidelines are published in the interest of early childhood development programmes and/or partial care facilities providing an after-school service as to assist with the preparation towards the re-opening and to provide for measures to address, prevent and combat the spread of COVID-19. If deemed necessary, it will be amended to provide updated information and guidance.



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ACTING DIRECTOR GENERAL
Department of Social Development
Date: 23 June 2020

Contents

1. INTRODUCTION.....	5
2. DEFINITIONS AND TERMS.....	6
3. PURPOSE.....	7
4. OBJECTIVES.....	8
5. TARGET AUDIENCE.....	8
6. SCOPE.....	8
7. AGE-APPROPRIATE PROCEDURES AND PRACTICES FOR EARLY CHILDHOOD DEVELOPMENT PROGRAMMES.....	9
8. STANDARD OPERATING PROCEDURES AND GUIDELINES.....	9
8.1 GENERAL MEASURES.....	9
8.2 MEASURES TO BE TAKEN PRIOR TO RE-OPENING.....	10
8.2.1 Staff orientation, capacity development and support.....	10
8.2.2 Preparation of learning spaces (inside and outside).....	12
8.2.3 Communication to parents prior to re-opening.....	14
8.2.4 Establishment of own procedures.....	17
8.3 ARRIVALS AT AND DEPARTURES.....	19
8.3.1 Arrival and entry procedures.....	19
8.3.2 Screening for COVID-19.....	22
8.3.3 Engagement of children before starting time.....	25
8.3.4 First entry into the classroom/learning space.....	25
8.3.5 Exit procedures at the end of the Grade R and pre-Grade R school day.....	26
8.4 SOCIAL/ PHYSICAL DISTANCING.....	26
8.5 FACE MASKS AND RUBBER GLOVES.....	30
8.6 PERSONAL HYGIENE PRACTICES.....	34
8.6.1 Handwashing.....	34
8.6.2 Use of hand-sanitizers.....	34
8.6.3 Bathroom routines.....	35
8.6.4 Coughing and sneezing.....	35
8.7 GENERAL HYGIENE AND INFECTION CONTROL.....	36
8.7.1 Daily practices.....	36
8.7.2 LTSM, toys, equipment.....	37
8.7.3 Items brought from home.....	38
8.7.4 Items returning to home.....	38
8.8 PROTECTIVE ENVIRONMENT.....	38
8.8.1 Everyday preparations at home before going to an early childhood development programme by children and their families.....	38

8.8.2	Access control for parents.....	39
8.8.3	Access control for other visitors.....	39
8.8.4	Access control to children and staff.....	40
8.9	ADAPTION OF THE CURRICULUM AND PROGRAMME CONTENT 15.....	40
8.9.1	Daily routine.....	40
8.9.2	Learning activities.....	41
8.9.3	Inside play.....	41
8.9.4	Outside play.....	41
8.9.5	Outings and excursions.....	42
8.9.6	Psychosocial support.....	42
8.9.7	Inclusion.....	42
8.9.8	Involving parents.....	43
8.9.9	Early learning at home.....	43
8.10	FOOD PREPARATION AND SERVING.....	44
8.10.1	Food preparation on premises.....	44
8.10.2	Food brought from home.....	44
8.10.3	Meal and snack times.....	44
8.11	HEALTH OF CHILDREN.....	45
8.11.1	General observations.....	45
8.11.2	Children with underlying health conditions.....	45
8.11.3	Staff with underlying health conditions.....	46
8.11.4	Sickbays and isolation areas, first aid.....	46
8.12	RECORD KEEPING.....	47

1. INTRODUCTION

1.1 This *standard operating procedures and guidelines for an early childhood development programme and/or partial care facility that provides an after-school service* in preparation for reopening to provide for measures to address, prevent and combat the spread of COVID-19 is culmination of collaborative work under the lead of the Department of Social Development together with the Department of Basic Education, other government departments, partners and civil society organisations in preparation for the re-opening of early childhood development programmes and/or partial care facilities that provide an after-school service.

1.2 These *standard operating procedures and guidelines for an early childhood development programme and/or partial care facility that provides an after-school service* needs to read together with:

- (a) *Circular regarding preparation and planning for the re-opening of early childhood development programmes and/or partial care facilities that provide an after-school service, subject to the announcement of a date by the Minister of Social Development issued under the signature of the Acting Director General of the DSD on 21 June 2020;*
- (b) *Regulations in terms of section 27(2) of the Disaster Management Act, 2002*, published by Government Notice No. R. 480 of 29 April 2020 (Government Gazette No. 43364), or amendment thereof;
- (c) *Directions on Health and Safety Measures in the Workplace by the Minister of Employment and Labour in terms of regulation 4(10) of the Regulations R480 of 29 April 2020 issued by the Minister of Cooperative Governance and Traditional Affairs in terms of section 27(2) of the Disaster Management Act, 2002 (Act No. 57 of 2002) by Government Notice No. R. 639 of 4 June 2020 (Government Gazette No. 43400), or any subsequent Directions that may be issued;*
- (d) *Directions issued in terms of regulation 10(5) of the Regulations made under section 27(2) of the Disaster Management Act, 2002 (Act No. 57 OF 2002): Measures to Prevent And Combat The Spread of COVID-19* published by Government Notice No 430 of 30 March 2020 (Government Gazette No. 43182), as amended, issued by the Minister of Social Development.
- (e) Directions issued in terms of regulation 4 (3) of the Regulations made under the Act regarding the re-opening of early childhood development programmes and/or partial care facilities that provide an after-school service and measures to address, prevent and combat the spread of COVID-19 issued by the Minister of Social Development (once published in the Government Gazette).
- (f) Any other Direction issued by a member of Cabinet in terms of regulation 10 of the Regulations made under section 27(2) of the Disaster Management Act, 2002 (Act No. 57 OF 2002) that apply directly or indirectly to the operations of an early childhood development programme and/or partial care facility under COVID-19.

1.4 How to use it

1.4.1 This standard operating procedures and guidelines for an early childhood development programme and/or partial care facility are organized in terms of main areas where all the relevant information is available and each area includes, depending on the focus, the following:

- (a) Short introduction with some relevant information per
- (b) Standard operating procedures that must be adhered to with age appropriate adaptations

- (c) Guidelines for implementation that provides some practical information that will assist with the understanding and implementation of the standard operating procedures. These guideline may include some of the following:
- (d) General guidelines
- (e) How to adapt per age and type of programme
- (f) Integration into early learning activities and routines, with some examples, where applicable, particularly in relation to the key requirements such as social/physical distancing, for Integration into early learning activities and routines, age appropriate adaptations, programme specific guidelines (re-design and adjustment),
- (g) capacity development activity suggestions for staff
- (h) checklists
- (i) Resources and references

2. DEFINITIONS AND TERMS

2.1 In this section the meanings of some words and concepts that are used in this document are explained. This will help the reader to understand what exactly is meant when a word or concept is used.

2.2 Please read this part before you proceed, and keep referring back to this section when need:

'alert level' means the determination made under sub-regulation 3(2) of the Regulations made in terms of section 27(2) of the Disaster Management Act, 2002 (Act No. 57 of 2002);

'child', in:

- an *early childhood development programme*, means a child aged birth to 6 years ('6 years' means that on the child's birthday during the calendar year he or she will be six years old); or
- a *partial care facility* means a child under the age of 18 years.

'Children's Act' means the Children's Act 38 of 2005, and when this document refers to the Children's Act it also includes the Regulations that apply to this Act, as well as the norms and standards that apply to early childhood development programme and/ or partial care facilities.

'compliance officer' means the person designated in terms of regulation 28(1)(b) of the Regulations by an early childhood development programme and/or partial care facility to be COVID-19 Compliance Officer to oversee the implementation of the plan contemplated in direction 4(4)(d) and to ensure adherence to the standards of hygiene and health protocols at an early childhood development programme and/or partial care facility;

'Department of Health Guidelines' means the Guidelines for symptom monitoring and management of essential workers for COVID -19 related infection, issued by the Department of Health in April 2020, accessible through the following link:

<https://www.saiosh.co.za/news/502409/Guidelines-for-symptom-monitoring-and-management-of-essential-workers-for-COVID-19-related-infection.htm> ;

'Disaster Management Act' means the Disaster Management Act, 2002 (Act No. 57 of 2002);

'early childhood development educator/practitioner' means the person (or persons) that is responsible for the implementation of the early learning and development component of an early childhood development programme. Some programmes have educators, others have educators and practitioners, while others have only practitioners. In this document this term also include persons who implement the early learning and development programme as a child minder (or day mother), playgroup facilitator, practitioner that implement a mobile early childhood development programme, a person who runs a parental support programme, and a toy librarian.

'early childhood development programme' means, with due consideration to the *National Integrated Early Childhood Development Policy (2015)*, the provision of early learning and development opportunities, daily care and support to children from birth to 6 years, that falls within the provisions of the Children's Act 38 of 2005, and includes –

- an ECD centre (section 93(5)(a) of the Children's Act)
- a child minder
- a playgroup
- a toy-library
- a mobile early childhood development programme
- a parental support programme

and "*ECD programme*" shall have the same meaning

'parent' means the parent or legal guardian of a child that attends an early childhood development programme and/or partial care facility. For example, when the word 'parent' is used, it includes both parents, a single parent or a foster parent, or the person who is the legal guardian of a child.

'partial care facility' means a partial care facility that provides an "after school service" as defined in regulation 12(2) of the *General Regulations regarding Children* made in terms of section 306 of the Children's Act 38 of 2005 (Government Notice No. R. 261 of 1 April 2010 published in Government Gazette No. 33076).

'premises' means the physical location where an early childhood development programme either on a permanent basis in the case of a partial care facility, toy library or child minder, and/or temporary basis in case of a playgroup, mobile early childhood development programme or parent support group, and shall include all administrative spaces associated with the programme or being part of the physical location of the programme and outside play, recreation and waiting areas.

'staff' means all the staff employed, whether part-time or full-time as part of an early childhood development programme and/or partial care facility. This include also staff who are an ECD educator/practitioner, administrative staff, support stuff such as assistants, cooks, cleaners, gardeners, drivers, and others;

'standard operating procedures' means the standard operating procedures and guidelines for early childhood development programmes on COVID-19" published by the Department of Social Development or any amendment thereof;

'the Regulations' means the Regulations made in terms of section 27(2) of the Disaster Management Act and published under Government Notice No. R. 480 in Government Gazette No. 43258 of 29 April 2020, as amended by the Regulations published under Government Notice No. R.608, in Government Gazette No. 43364 of 28 May 2020; and

'self-assessment' means a self-assessment by an early childhood development programme and/or partial care facility in the form of Form 1 issued with the Department of Social Development's Circular on dated 21 June 2020.

3. PURPOSE

This *standard operating procedures and guidelines for an early childhood development programme and/or partial care facility that provides an after-school service* in preparation for reopening to provide for measures to address, prevent and combat the spread of COVID-19 provide custom and applied procedures and guidelines to accommodate the unique circumstances that applies to an early childhood development programme and/or partial care facility with particular reference to age-

appropriateness in early childhood development programmes, to comply with the minimum health, safety and social distancing measures on COVID-19 during the period that the state of national disaster is in place.

4. OBJECTIVES

The objectives of this *Standard operating procedures and guidelines for an early childhood development programme and/or partial care facility that provides an after-school service* are to:

- (a) provide for standard operating procedures and guidelines to assist an early childhood development programme and/or partial care facility to implement measures to prevent and mitigate the spread of COVID-19 among children, an early childhood development programme and/or partial care facility, support staff and officials;
- (b) ensure that children with developmental delays, disabilities and barriers to learning are included;
- (c) provide for considerations on how to manage and respond to suspected cases of COVID-19 in an age-appropriate manner for children attending an early childhood development programme and/or partial care facility; and
- (d) provide practical information in relation to age-appropriate approaches and practices for children in an early childhood development programme and/or partial care facility.

5. TARGET AUDIENCE

This standard operating procedures and guidelines apply to:

- (a) all early childhood development programmes as defined in paragraph 2;
- (b) all partial care facilities registered or conditionally registered in terms of sections 76 or 80 of the Children's Act 38 of 2005, or are required to be registered in terms of the Act, that provides an "after school service" as defined in regulation 12(2) of the General Regulations regarding Children made in terms of section 306 of the Children's Act 38 of 2005.
- (c) all children that attend an early childhood development programme and/or partial care facility that provides an after-school service;
- (d) all parents who decide to return their child(ren) to an early childhood development programme and/or partial care facility that provides an after-school service;
- (e) all civil society organisations that has a direct interest or involvement, either directly or indirectly, in the operation, training and support of early childhood development programmes and/or partial care facilities that provides an after-school service;
- (f) officials.

6. SCOPE

6.1

The provisions of this *Standard operating procedures and guidelines for an early childhood development programme and/or partial care facility that provides an after-school service* applies during the state of national disaster, and in particular for:

- (a) an early childhood development programme, including an ECD centre (partial care facility that provides early childhood development programme in terms of section 93(5)(a) of the Act), playgroups, childminders (day mothers), toy libraries and mobile early childhood development programmes that provide an early childhood development programme registered or conditionally registered in terms of sections 95 or 98 of the Act, or are required to be registered in terms of the Act.
- (b) A partial care facility registered or conditionally registered in terms of sections 76 or 80 of the Act, or are required to be registered in terms of the Act, that provides an "after school service"

as defined in regulation 12(2) of the *General Regulations regarding Children* made in terms of section 306 of the Children's Act 38 of 2005 (Government Notice No. R. 261 of 1 April 2010 published in Government Gazette No. 33076).

- 6.2 Notwithstanding the standard operating procedures and guidelines provided for, the general provisions of the Children's Act 38 of 2005 still apply with regard to the programmes referred to in paragraph 6.1.
- 6.3 In the case where a standard operating procedure does not directly apply to a partial care facility, that partial care facility needs to adapt it accordingly

7. AGE-APPROPRIATE PROCEDURES AND PRACTICES FOR EARLY CHILDHOOD DEVELOPMENT PROGRAMMES

- 7.1 Children attending an early childhood development programme and/or partial care facility require, in particular, age-appropriate adjustment to the standard operating procedures. It should be recognised that children in this age group will have additional challenges concerning:
- (a) their understanding of the COVID-19 virus in general and in particular the risks associated with the spread of the virus within an early childhood development programme;
 - (b) their ability to self-regulate and conceptual and practical understanding of measures such as social/physical distancing, avoidance of surfaces, hygiene practices, and the consequences of not following new expected behaviour;
 - (c) adapting to the implementation of new approaches for early learning and development, where an adaptation of play-based learning pedagogies will require new rules in terms of play equipment, manipulatives, stationery and other LTSM; and
 - (d) the general impact of measures implemented since March 2020 to manage the impact of COVID-19 that created stress, anxiety and isolation that impact on their psychosocial well-being and ability to learn.
- 7.2 Furthermore, it also requires early childhood development educators/practitioners and staff working in early childhood development programmes
- (a) to be able to know how to adapt practices, including routines, work and play areas and early learning pedagogical approaches in a manner that balance the prevention measures in relation to COVID-19 and the providing a safe, responsive and active (playful) learning environment;
 - (b) know how to manage in an age-appropriate and safe manner the implementation of personal hygiene practices and routines, social/physical distancing, wearing of masks, inside and outside play activities amongst others;
 - (c) implement hygiene and cleaning practices before, during and after classroom activities, especially in relation to equipment, manipulatives and other resources inside and outside the classroom or learning space; and
 - (d) engage and communicate with children in an age-appropriate, playful and concrete manner regarding the facts regarding COVID-19, and how to respond to questions.

8. STANDARD OPERATING PROCEDURES AND GUIDELINES

8.1 GENERAL MEASURES

8.1.1 Standard Operating Procedures

- (a) Make logistical arrangements for the reopening of an early childhood development programme and/or partial care facility, the cleaning of the premises and the orientation sessions for all staff.
- (b) Ensure that the necessary personal protective equipment items are in place and as applicable, age appropriate.
- (c) Ensure that the procedures for the minimum requirements and guidelines to be followed for the operation of an early childhood development programme and/or partial care facility are in place prior to opening and after the re-opening.
- (d) Ensure that children and staff shall have access to clean or portable water on the premises, for the purpose of the handwashing and general cleaning practices.
- (e) Self-assessment form (Form 1) as prescribed in the Department of Social Development's Circular dated 21 June 2020 must be completed and submitted before re-opening of an early childhood development programme and/or partial care facility (See Annexure ???).

8.2 MEASURES TO BE TAKEN PRIOR TO RE-OPENING

8.2.1 Staff orientation, capacity development and support

8.2.1.1 Standard Operating Procedures

- (a) All staff need to return to an early childhood development programme and/or partial care facility at least five (5) working days prior to the reopening, where applicable, of in order to:
 - (i) Receive an in-depth orientation regarding COVID-19 and the measures related to the management of COVID-19 as prescribed by government;
 - (ii) Discuss prevention measures and precautions to limit transmission of COVID-19;
 - (iii) Establish measures and protocol for daily hygiene and cleaning practices that will be implemented on the premises and in the learning spaces; and
 - (iv) Receive in-service training on how to receive and support children and parents, how to engage with parents regarding healthy and preventative measures, how to integrate protective measures in a non-threatening and age appropriate manner syllabus and programme activities, health protocols, observation of children for signs of infections and other measures as prescribed.
- (b) All early childhood development educators/practitioners and staff must receive training and orientation on the following:
 - (i) Approaches to teach children the practices required to prevent and limit transmission of COVID-19 in a playful manner through in-service training prior to the re-opening;
 - (ii) Approaches to teach and support children regarding loss of life, gender-based violence and domestic violence;
 - (iii) Approaches to address and intervene regarding mental health issues experienced by the children;
 - (iv) Approaches to increase parental involvement regarding continuation of early learning and development at home in the event of possible increased restrictions in the future and;
 - (v) The development of a resource bank to refer to during and post the COVID -19 pandemic with reference to curriculum resources; professional development; and other tools used to disseminate information.
- (c) All early childhood development educators/practitioners and staff must be involved in the development of the following protocols as to ensure that they are safe, age-appropriate and practical for young children:
 - (i) How to facilitate entry and exit from the premises;
 - (ii) How to schedule and manage outside play times for children;

- (iii) Provide safe and healthy teaching and learning environments;
 - (iv) Schedules drawn up for the cleaning and sanitization of learning spaces, equipment, offices and ablution facilities; and
 - (v) Measures on how to deal with children and staff that shows signs of illness.
- (d) Early childhood development educators/practitioners and staff identified at risk with co-morbidities need to be engaged as to make informed decisions on their return, subject to the Guidelines of the Department of Health (also see paragraphs 8.11.2 and 8.11.3).

8.2.1.2 Guidelines for implementation

8.2.1.2.1 General guidelines

- (a) Training of all staff may be in the form in-service training and peer-to-peer training
- (b) Provide staff with opportunities to develop and share suggestions that will make the re-opening of an early childhood development programme and/or partial care facility practical and safe for them and the learners.
- (c) Staff members to use new procedures and directions and develop:
 - (i) checklist for themselves to use;
 - (ii) posters and notices that can be displayed on the walls for staff and children
- (d) Involve all staff to reflect and work together on ways in which they will adjust the curriculum and learning programmes for children without compromising the important pedagogical principle of active learning through play.

8.2.1.2.2 Programme specific guidelines (re-design and adjustment)

Type of programme	Suggested practice
ECD centre	Apply as above
Childminder/ day mother	Apply as above with adaptations. If child minder operates independent, it is recommended to seek assistance from peers.
Playgroup	Apply as above with adaptations
Mobile ECD programme	Apply the same principles as above
Toy library	Apply the same principles as above
Parent support programme	Apply the same principles as above

8.2.1.3 Capacity development of staff

Early childhood development educators/practitioners and support staff need to be supported by the management and/or senior staff member through capacity development before the re-opening and thereafter regarding the standard operating procedures (remember to keep social distancing and related measures in mind when staff training is provided). The following capacity development activities are suggested:

- (a) Discuss the measures related to COVID-19 as they apply to them as staff, the programme and the children to be re-admitted after re-opening
- (b) Allow staff to reflect and agree on how to ensure that compliance can be adhered to in a practical manner.
- (c) Provide in-service training with practical hands-on learning on all the components of the standard operating procedures. Spread this over a few days, and in smaller components.
- (d) Plan now already for daily reflections and peer support for staff on lessons learned and how to improve practice is important for the implementation of the new measures after re-opening.

- (e) It is important to involve all staff in discussion and re-thinking the procedures indicated in SOP 8.2.1.1 (a) and (b).
- (f) Keep an attendance register of all in-service training sessions, as proof that this took place, if requested to provide proof.

8.2.1.4 **Check list**

8.2.1.4.1 **Pre-opening assessment check list**

The following needs to be confirmed as part of the self-assessment prior to re-opening

All staff members have received an orientation and have been made aware of the provisions contained in the documents indicated above in section 4.1

All staff members received a proper orientation on the measures to be implemented prior to receiving any child back into the programme.

Own procedures, based on the documents in section 4.1, have been developed and are clearly displayed on the walls.

8.2.1.4.2 **General checklist for SOP 8.2.1.1**

Allow staff to work with you to make your own checklist that covers all areas in terms of standard operating procedure 8.2.1.1.

8.2.1.5 **Additional resources and references**

Department of Basic Education's *Supplementary Standard Operating Procedures and Guidelines for Grade R and pre-Grade R*

DSD workstreams...

Regulations in terms of section 27(2) of the Disaster Management Act, 2002, published by Government Notice No. R. 480 of 29 April 2020 (Government Gazette No. 43364), or amendment thereof

Directions on Health and Safety Measures in the Workplace by the Minister of Employment and Labour in terms of regulation 4(10) of the Regulations R480 of 29 April 2020 issued by the Minister of Cooperative Governance and Traditional Affairs in terms of section 27(2) of the Disaster Management Act, 2002 (Act No. 57 of 2002) by Government Notice No. R. 639 of 4 June 2020 (Government Gazette No. 43400), or any subsequent Directions that may be issued

Department of Health Guidelines for symptom monitoring and management of essential workers for COVID -19 related infection, issued by the Department of Health in April 2020

8.2.2 **Preparation of learning spaces (inside and outside)**

8.4.1 **Introduction**

This section deals with preparation for the learning spaces or classes, before the re-opening of an early childhood development programme and/or partial care facility.

8.2.2.1 **Standard Operating Procedures**

- (a) Premises, equipment and furniture need to be cleaned very well and disinfected in accordance with the prescripts of the Department of Labour in accordance with the *COVID-19 Direction on Health and Safety in the Workplace* published in Government Notice No 479 of 29 April 2020, and shall include the cleaning of:
 - every classroom/learning space;
 - all common areas within the premises that are used by the children and staff;
 - ablution facilities;
 - the outside of the premises;
 - all equipment and apparatus that are used in classrooms/ learning spaces;
 - all play and recreation apparatus;
 - all furniture and appliances; and

- all crockery and cutlery.
- (b) Learning and teaching and learning support materials (LTSM) need to be cleaned and disinfected, this includes, but is not limited to:
 - (i) all educational toys and similar materials;
 - (ii) all stationary;
 - (iii) all books, magazines and related materials that are covered on plastic only; and
 - (iv) all sandpits must be emptied, and the content must be discarded safely

8.2.2.2 Guidelines for implementation

8.2.2.2.1 General guidelines

- (a) The cleaning of all surfaces, including floors, need to be done with disinfectant.
- (b) Wash all apparatus and equipment with the same disinfectant solution as indicated in paragraph (a).
- (c) Education toys and apparatus that cannot be cleaned before the time or when an early childhood development programme and/or partial care facility opens, need to be cleaned as far as possible, before it is stored away where children will not be able locate these.
- (d) As a general rule soft toys need to be rather stored away. However, in the case where the soft toys used with young children as part of their stimulation and care, are made from cloth (not fur-type cloth like with some teddy bears), it can be machine washed before the time and there-after daily when used. However, it may it should not be shared between children, and washed after used.

8.2.2.2.2 Programme specific guidelines (re-design and adjustment)

Type of programme	Suggested practice
ECD centre	Apply as above with adaptations
Childminder/ day mother	Apply as above with adaptations
Playgroup	Apply as above with adaptations
Mobile ECD programme	Apply as above with adaptations
Toy library	Apply as above with adaptations
Parent support programme	Apply as above with adaptations

8.2.2.3 Capacity development of staff

All staff needs to be provided with a thorough orientation related to the pre-cleaning measures, which shall include:

- (a) the basic requirements for the cleaning prior to the re-opening;
- (b) procedures, routines and schedules for the cleaning and disinfection after re-opening
- (c) measures to keep to children safe from the disinfectants and cleaning materials when it is stored;
- (d) measures and protocols that staff needs to follow as to implement cleaning practices safely and responsibility.
- (e) A record needs to be kept of all capacity development activities that were provided to staff related to this SOP.

8.2.2.4 Check list

8.2.2.4.1 Pre-opening assessment check list

The following needs to be confirmed as part of the self-assessment prior to re-opening

- There is natural ventilation (windows or doors that can open) where this early childhood development programme and/or partial care facility.
- The physical space where the early childhood development programme and/or partial care facility operates has been thoroughly cleaned and disinfected in line with the requirements on the COVID-19.
- Measures are in place for the daily cleaning and sanitising of *the programme space* in line with the requirements on the COVID-19 when open.
- Measures are in place for the routine and daily cleaning of *teaching and learning support materials, equipment and apparatus* when open.
- Procedures are developed and in place for management of basic hygiene practices, including the changing of nappies, use of potties, disposal of the aforementioned, amongst others

8.2.2.4.2 **General checklist for SOP 8.2.2.1**

Allow staff to work with you to make your own checklist that covers all areas in terms of standard operating procedure 8.2.1.1.

8.2.2.5 **Additional resources and references**

Department of Basic Education's *Supplementary Standard Operating Procedures and Guidelines for Grade R and pre-Grade R*

Regulations in terms of section 27(2) of the Disaster Management Act, 2002, published by Government Notice No. R. 480 of 29 April 2020 (Government Gazette No. 43364), or amendment thereof

Directions on Health and Safety Measures in the Workplace by the Minister of Employment and Labour in terms of regulation 4(10) of the Regulations R480 of 29 April 2020 issued by the Minister of Cooperative Governance and Traditional Affairs in terms of section 27(2) of the Disaster Management Act, 2002 (Act No. 57 of 2002) by Government Notice No. R. 639 of 4 June 2020 (Government Gazette No. 43400), or any subsequent Directions that may be issued

8.2.3 **Communication to parents prior to re-opening**

8.2.3.1 **Introduction**

This section deals with what needs to be communicated and shared with parents before the re-opening. It is important that parents be provided with all the necessary information so that can make an informed decision whether they want to return their child to an early childhood development programme and/or partial care facility after it reopens.

8.2.3.2 **Standard Operating Procedures**

- (a) Every parent who returns a child to an early childhood development programme and/or partial care facility shall be informed in writing that the return of a child to an early childhood development programme and/or partial care facility is voluntary and the sole decision of that parent or legal guardian.
- (b) Parents shall be informed that a child who returns to an early childhood development programme and/or partial care facility shall be subjected to a daily symptom screening as required.
- (c) Parents shall be informed that a child must be accompanied by a parent or legal guardian, or if not feasible due to practical reasons, a person designated by a parent or legal guardian, as to be present every day when the child arrives and enters early childhood development programme and/or partial care facility for the purpose the symptom screening.
- (d) In the case where a child arrives without a person indicated in the above paragraph and/or without any information that will assist with symptom screening, that child may not be refused entry to early childhood development programme and/or partial care facility and the procedure as set out in the standard operating procedures needs to be applied.
- (e) Every parent has the right to enquire from the early childhood development programme and/or partial care facility the details of the measures that have been put in place, before he or she considers returning a child to an early childhood development programme and/or partial care facility.

- (f) An early childhood development programme and/or partial care facility must inform parents before re-opening regarding:
 - (i) on how parents need to prepare their child for returning to an early childhood development programme and/or partial care facility;
 - (ii) the measures and precautions that an early childhood development programme and/or partial care facility will be implementing for the return of children;
 - (iii) the practical procedures that need to be followed when children returns with regard to symptom screening (as indicated above), arrangements for entry and exiting of the premises, and other matters that will assist parents and children upon the child's return to the an early childhood development programme and/or partial care facility;
 - (iv) information regarding the date and time when a child may return to an early childhood development programme and/or partial care facility, after the date has been announced by the Minister of Social Development; and
 - (v) how parents can continue to support their child's/ children's early learning at home while still awaiting the re-opening of the early childhood development programme.
- (g) Parents need to be required to provide contact details where they can be reached should a child fall ill at school, or in case of a child that shows symptoms of COVID-19 at the start of the day during the daily symptom screening, so that can make arrangements for the child to fetched.
- (h) Parents need to informed that a child with a known underlying health condition(s) that may place that child at a higher than normal risk category as defined by the Department of Health may not return to an early childhood development programme, unless a medical practitioner has given written authorization that it will be safe for such a child to return to and participate in the early childhood development programme and/or partial care facility.

8.2.3.3
8.2.3.3.1

Guidelines for implementation

General guidelines

- (a) Communication provided to parents needs to be in manner that they understand. If possible, communication to parents needs to be in their home language.
- (b) Always make sure that communication to parents are factual.
- (c) One standard letter with all the required information can be prepared with staff members' input for the parents. Try not to communicate in bits and pieces.
- (d) If an early childhood development programme and/or partial care facility has access to WhatsApp messaging, SMS- messaging, emails or an own website, this can also be used for communication to parents prior to re-opening.
- (e) If it is not possible to send parents information via electronic means, it may require that staff members will have to hand deliver the information that needs to be shared. If this is done, please make sure that the staff member adheres to the safety and protection measures like mask wearing, hand sanitizing, among others.
- (f) Parents need to prepare children for changes in the environment, the behavior of people and ways of learning at school. Provide parents with ideas on what will change and how the learning programmes are reorganized with practical examples and times on how to explain this their children.
- (g) Parents advised to dress their children warmly

8.2.3.3.2

Information on daily symptom screening

- (a) It is important to explain to parents the requirement that children need to be screened everyday for COVID-19 symptoms as indicated in SOP 8.2.3. (b) above.
- (b) This screening is only possible if the parent is physically present to provide the information to the person responsible for the screening.
- (c) However, when a parent cannot be present, he or she may designate (give permission to) another person to accompany the child, and that the parents needs to provide that person with all the information needed for the screening. See the Screening Questions in Part 1a of this document.

- (i) If possible, in the case of the above paragraph, the parent can also send a completed symptom screening form with the child (with the child's name on it). This needs to be done every day.
- (ii) If the person who accompanies the child to the early childhood development programme is another child, for example an older sibling, that child must be older than 12 years of age.
- (d) Parents all need be informed that if a child arrives without the information that is needed for the symptom screening, an early childhood development programme and/or partial care facility has the right to do such a screening without the consent of the parent, before the child enters the premises.
- (e) Communication provided to parents needs to be in manner that they understand. If possible, communication to parents needs to be in their home language.
- (f) Always make sure that communication to parents are factual.

8.2.3.3.3 **Programme specific guidelines (re-design and adjustment)**

The same standard operating procedures apply for all early childhood development programmes and/or partial care facilities.

8.2.3.4 **Capacity development of staff**

Early childhood development educators/practitioners and support staff need to be supported by the management and/or senior staff member through capacity development before the re-opening and thereafter regarding the standard operating procedures (remember to keep social distancing and related measures in mind when staff training is provided). The following capacity development activities are suggested:

- (a) Discuss with staff the importance of communication to parents before the re-opening. Make a list of all the reasons why it is important for your early childhood development programme and/or partial care facility to provide information to parents.
- (b) Discuss each of the SOPs in paragraph 8.2.3.1 separately with staff and answer the following information:
 - (i) Why this SOP is important?
 - (ii) How can it be communicated in a manner that parents will understand it?
 - (iii) When should this communicated to parents?
- (c) Discuss what underlying health conditions are that children may have and how this will be addressed when a child returns to an early childhood development programme and/or partial care facility.
- (d) Allow staff to work in small group to draft letters to parents.
- (e) If you going to use WhatsApp or SMS communication, let the staff work together to develop these short messages.
- (f) Keep an attendance register of all in-service training sessions, as proof that the this took place, if requested to provide proof.

8.2.3.5 **Check list**

8.2.3.5.1 **Pre-opening assessment check list**

The following needs to be confirmed as part of the self-assessment prior to re-opening

- Procedures for the drop-off and pick-up of children have been established to ensure that the requirements on the COVID-19 are met and will be communicated to all parents prior to the re-opening.
- A standard letter/ communication to be send to parents have been drawn up (ready to be sent) regarding the procedures, conditions and other matters with regard to returning their child to the programme
- The programme area is laid out or adapted to enable children and adults to keep a distance of at least 1 meter, where appropriate.

8.2.3.6 **Additional resources and references**

This section contains additional resources and references that you can look at:

Department of Social Development, DBE and UNICEF Booklet: *COVID-19 coronavirus explained to parents of young children*. Link:
<https://www.unicef.org/southafrica/reports/covid-19-coronavirus-explained-parents-young-children>

8.2.4 Establishment of own procedures

8.2.4.1 Introduction

Every early childhood development programme and/or partial care facility needs to establish its own procedures, based on these standard operating procedures as well as the documents referred to in paragraph 1.2 before it re-opens.

Most of the provisions in the above documents are covered in this document, but it is always a good idea to double check. At the end of this document there are website links for these documents.

8.2.4.2 Standard Operating Procedures

- (a) An early childhood development programme and/or partial care facility shall develop its own written procedures in relation to the measures to address, prevent and combat the spread of COVID-19. These shall include, but not limited to:
 - (i) safety and hygiene procedures; and
 - (ii) procedures for children and staff who are sick at an early childhood development programme and/or partial care facility.
- (b) An early childhood development programme and/or partial care facility shall appoint a staff member to also act as compliance officer, or in the case where the number of staff does make it feasible to appoint a compliance officer the person primarily responsible for the programme shall be deemed to be the compliance officer, in terms of regulation 28(1)(b) of the Regulations by an early childhood development programme and/or partial care facility to be COVID-19 Compliance Officer to oversee the implementation of the plan contemplated in direction 4(4)(d) and to ensure adherence to the standards of hygiene and health protocols at an early childhood development programme and/or partial care facility.

8.2.4.3 Guidelines for implementation

8.2.4.3.1 General guidelines

- (a) The procedures mentioned in SOP 8.2.4.2 (a) must be written up.
- (b) Where available, general written procedures that apply to an early childhood development programme and/or partial care facility may be used or adapted, provide that the name of the programme be indicated on the first page.
- (c) These written procedures need to be available when an early childhood development programme and/or partial care facility is visited for the purpose of monitoring.
- (d) It is a good practice to have all staff sign the written procedures.
- (e) The compliance officer needs to be appointed in writing.

8.2.4.3.2 Responsibilities of a compliance officer

The following are some of the key responsibilities of a compliance officer:

- (a) participating in the development and implementation of the COVID-19-ready procedures prior to the reintroduction of employees into the workplace and children to an early childhood development programme and/or partial care facility;
- (b) such development and implementation must take place in accordance with the regulations issued in terms of section 27(2) of the Disaster Management Act and specifically, Annexure E thereof;
- (c) ensure close monitoring of the plan and procedures after re-opening; and
- (d) ensure adherence to health and safety protocols as issued and those identified in the risk assessments.

The work of a compliance officer is in addition to a staff member's normal work.

A standard letter of appointment for a compliance officer is available at:
<http://neasa.co.za/covid-19-return-to-work-toolkit/>

8.4.3.5 Programme specific guidelines (re-design and adjustment)

Type of programme	Suggested practice
ECD centre	Needs a compliance officer if the staff establishment is big enough, otherwise the manager shall be deemed to be the compliance officer.
Childminder/ day mother	Does not need to appoint a compliance officer, person primarily responsible for the programme shall be deemed to be the compliance officer
Playgroup	Does not need to appoint a compliance officer if it does not operate as part of a bigger organisation, person primarily responsible for the programme shall be deemed to be the compliance officer
Mobile ECD programme	Does not need to appoint a compliance officer, person primarily responsible for the programme shall be deemed to be the compliance officer
Toy library	Does not need to appoint a compliance officer if it does not operate as part of a bigger organisation, person primarily responsible for the programme shall be deemed to be the compliance officer
Parent support programme	Does not need to appoint a compliance officer if it does not operate as part of a bigger organisation, person primarily responsible for the programme shall be deemed to be the compliance officer.

8.4.4 Capacity development of staff

Early childhood development educators/practitioners and support staff need to be supported by the management and/or senior staff member through capacity development before the re-opening and thereafter regarding the standard operating procedures (remember to keep social distancing and related measures in mind when staff training is provided). The following capacity development activities are suggested:

- (g) Involve staff in the development of the procedures for the an early childhood development programme and/or partial care facility.
- (h) Staff members can work on the specific procedures that apply to their areas of work, for example, early learning, kitchen, cleaning, etc., based on all the SOP's in this document, and then come together as a group to review, discuss and write up into documents

8.4.6 Check list

8.4.6.1 Pre-opening assessment check list

The following needs to be confirmed as part of the self-assessment prior to re-opening

- Measures are in place for the daily cleaning and santising of the programme space in line with the requirements on the COVID-19 when open
- Measures are in place for the routine and daily cleaning of teaching and learning support materials, equipment and apparatus when open.
- All staff members are aware of the adaptations and/or changes to the daily routines to accommodate the minimum health, safety and social distancing measures on COVID-19.
- Own procedures have been developed and are clearly displayed on the walls.
- Procedures for the drop-off and pick-up of children have been established to ensure that the requirements on the COVID-19 are met and will be communicated to all parents prior to the re-opening.

Procedures are developed and in place for management of basic hygiene practices, including the changing of nappies, use of potties, disposal of the aforementioned, amongst others.

8.4.7 Additional resources and references

This section contains additional resources and references that you can look at:

COVID-19 return to work toolkit: Link:

<http://neasa.co.za/covid-19-return-to-work-toolkit/>

8.3 ARRIVALS AT AND DEPARTURES

8.3.1 Arrival and entry procedures

8.3.1.1 Introduction

This section deals with arrival and entry procedures at an early childhood development programme and/or partial care facility, and in particular takes into account young children's ages and ability to immediately comprehend and internalize some of the requirements. It is important that children (and their parents) experience the return and thereafter the daily arrivals as welcoming and supportive, as it often sets the tone for the rest of day.

8.3.1.2 Standard Operating Procedures

- (a) An early childhood development programme and/or partial care facility shall have separate procedures that all staff shall adhere to when they arrive for duty every day.
- (b) An early childhood development programme and/or partial care facility must have procedures in place for the drop-off/arrival of children that ensure social distancing, avoids crowding at the entrances and allow for an orderly symptom screening process.
- (c) Parents and/or accompanying adults must receive information from an early childhood development programme and/or partial care facility regarding the arrival and entry times and procedures, prior to the re-opening of early childhood development programmes.
- (d) Parents are required to wear masks when they drop off or pick up their children.
- (e) All staff need to be orientated on how to conduct the daily symptom screening in an appropriate and respectful manner.
- (f) An early childhood development programme and/or partial care facility must have a written schedule for the daily arrival, reception and symptom screening of all children, that shall include:
 - (i) Information on staff on duty and their responsibilities
 - (ii) The time that staff must be entrance, prior to the arrival time of the children as communicated to parents in accordance with paragraph (b).
- (g) There must be a sign board at each entrance to the premises that clearly indicates
 - (i) What parents should do when they drop-off or pick-up a child
 - (ii) That no-one may enter the premises without being subjected to a symptom screening;
 - (iii) That every adult entering the premises shall be required to wear a cloth mask and practice social distancing.
- (h) A staff member, or where feasible, more than one staff member, must at all times welcome the children at the entrance during arrival time at school.
- (i) Every adult that enters an early childhood development programme and/or partial care facility shall be required to sanitise or wash his or her hands (see paragraph 8.6.1 on handwashing).
- (j) Every child entering an early childhood development programme and/or partial care facility shall wash his or her hands with soap and clean water, or, where appropriate use hand sanitizers in accordance with SOP 8.6.2 (hand sanitisers).

- (k) Every staff member, child, parent or, where applicable and necessary other persons, that enters or re-enters an early childhood development programme and/or partial care facility during a day shall be subjected to the above provisions as appropriate.

8.3.1.3
8.3.1.3.1

Guidelines for implementation

General guidelines

- (a) Arrange that children arrive in the mornings at different times. The following are some suggestions:
 - (i) Arranging arrival times by age group where practical. Please note that parents may need bring children of different age groups at the same time, and in such cases the aforementioned is not practical and needs to be adjusted to accommodate these types of situations.
 - (ii) By asking parents to choose an arrival time that suits them and their personal circumstances the best.
 - (iii) If possible, arrange that the number of children arriving in the same timeslot can be managed for entry by the staff available so as to avoid crowding at the entrances.
 - (iv) Parents should be asked to wait outside and not to enter the facility
 - (v) If parents and children have to wait for entry to the areas where the early childhood development programmes are, the waiting area needs to be demarcated with social/physical distancing markers of 1.5 meters.
- (b) During the first week after re-opening all early childhood development educators/practitioners and support staff need to be present before the first arrival of children to welcome the children and parents back the early childhood development programme and/or partial care facility. This is important as learners may be anxious, while parents may be worried and have questions.
- (c) Upon entry, every child has to wash his or her hands with clean water and soap for 20 seconds and dry their hands with a paper towel. This will require several handwashing facilities and staff available to assist and support the children directly. Please note:
 - (i) The date of return is during winter, and where possible lukewarm water should be available.
 - (ii) The washing of hands by children in the same bucket containing the same water that was used by another child is prohibited. This may cause cross infection.
 - (iii) Age-appropriate guidance needs to be provided to every child.
- (d) Where hand washing is not feasible or possible, hand-sanitizers needs to be used, provided that this process is well supervised by staff (See SOP 8.6.2).

8.3.1.3.2

Air-dry hands when there are no paper towels

If there are **no paper towels**:

- (a) Learners can be encouraged and supported to 'air-dry' their hands through shaking and waving.
- (b) Combine the air-drying method mentioned above with a song or a rhyme, for example "Lets shake it dry, lets shake it dry, early in the morning".

8.3.1.3.3

Ensure enough hand washing facilities.

- (a) Make Tippy taps (see link) that are make out of no-cost material.
- (b) Fill these before arrival with lukewarm water 5 minutes.
- (c) Hang or place the tippy taps with sufficient space in between i.e. 1.5 metres.
- (d) One 2-liter tippy tap will be sufficient for every six (6) to ten (10) children.

You can find some resources on how to make different types of tippy taps here:

UNICEF:

<https://www.unicef.org/southafrica/media/3386/file/ZAF-ECD-parents-R1-tippy-tap.pdf>

Tippytap.org

<https://www.tippytap.org/the-tippy-tap>

World Economic Forum

<https://www.weforum.org/agenda/2020/04/handwashing-coronavirus-who-advice-tippy-tap-pandemic-covid-19/>

How to make a tippy tap (video)

<https://www.youtube.com/watch?v=6F9jcA8ZAi0>

8.3.1.4 Age-adaptation

Age group	Suggested practice
Birth to 18 months	Children in this age group will need support from staff and parents as part of the re-entry procedures. Hand sanitizers should not be used for children in this age group. Their hands can be gently wiped with a clean soapy cloth, rinses and dried.
19 to 36 months	Children in this age group will need support from staff and parents as part of the re-entry procedures., with children closer to 36 months being able to do handwashing for example by themselves under adult supervision.
3 years and older	Children in this age group can practice for example handwashing independent but will need adult guidance and direct supervision to do it correctly and for 20 seconds.
Children with disabilities and/or barriers to learning	The same age appropriate adaptations as indicated above need to be implemented. The individual capacity and mobility of a child with a physical disability needs to be taken into considerations and adjustments need to be make. Handwashing facilities needs to be adapted to accommodate children with physical disabilities as well.

8.3.1.5 Programme specific guidelines (re-design and adjustment)

These arrival and entry procedures applies to all early childhood development programmes and/or partial care facilities, though some practical adaptations may be required for certain types of programmes.

8.3.1.6 Capacity development of staff

Early childhood development educators/practitioners and support staff need to be supported by the management and/or senior staff member through capacity development before the re-opening and thereafter regarding the standard operating procedures (remember to keep social distancing and related measures in mind when staff training is provided). The following capacity development activities are suggested:

- (a) Involve all staff members to think through and develop the procedures for the drop-off/arrival of children. Allow them to make suggestions on what will work practically, and what needs to be adjusted.
- (b) Discuss practical ideas regarding having different times and how parents will be able to accommodate that.
- (c) Use the time discuss and agree and practice the procedures for the drop-off/arrival of children so that all staff is confident and able to do this in the correct manner and respectful.
- (d) Staff can reflect on how to explain to children in the early childhood development programme and/or partial care facility the drop-off/arrival procedures in an age-appropriate and playful manner.

- (e) Part of the staff's capacity development can include to make tippy taps that can be used as handwashing stations.
- (f) Allow staff, as part of their capacity development, to develop sign boards that can be used at the entrances that explain the drop-off/arrival rules.
- (g) A good learning activity that will also assist to see whether all staff understand what are required with during the drop-off/arrival time, is to let them develop a check list for the an early childhood development programme and/or partial care facility.

8.3.1.7

Parents and guardians

- (a) Parents need to receive information regarding the arrival/entry times and procedures, prior to the re-opening so that they are aware of these and can plan.
- (b) This can be included in the general communication that will be provided to parents before the early childhood development programme and/or partial care facility re-opens.
- (c) It is recommended that parents be advised to explain to their children the 'new' procedures before they return to the an early childhood development programme and/or partial care facility, so that the children know and understand what to expect.

8.3.1.8

Check list

8.3.1.8.1

Pre-opening assessment check list

The following needs to be confirmed as part of the self-assessment prior to re-opening

- Procedures for the drop-off and pick-up of children have been established to ensure that the requirements on the COVID-19 are met and will be communicated to all parents prior to the re-opening
- All staff members received a proper orientation on the measures to be implemented prior to receiving any child back into the programme.
- Own procedures have been developed and are clearly displayed on the walls.
- At the entrance, there is a safe space to to wash hands with soap and clean water or sanitize hands
- Daily screening questions are written or printed out and ready to be used.
- There is a tap, a tippy-tap, a water dispenser or similar for handwashing under clean running water with measures that allow for physical distancing as appropriate

8.3.2

Screening for COVID-19

8.3.2.1

Introduction

This section deals with screening of symptoms upon entry into an early childhood development programme and/or partial care facility

Remember that an early childhood development programme and/or partial care facility is not expected to screen learners or staff to identify cases of COVID-19. The symptom screening is only done as an early risk identification measure.

8.3.2.2

Standard Operating Procedure

- (a) Symptom screening must be conducted at an early childhood development programme and/or partial care facility in accordance with the *Department of Health Guidelines*.
- (b) Any adult or child who enters the premises or location where the early childhood development programme and/or partial care facility operates, including where applicable administration areas, must be screened, to ascertain whether they have any of the observable symptoms associated with COVID19, namely fever, cough, sore throat, redness of eyes, shortness of breath or difficulty in breathing.

- (c) If the symptom screening shows that a child or adult (staff member included) suffers from the symptoms it must be reported immediately to the compliance officer or senior staff member that has responsibilities of a compliance officer.
- (d) An adult, including a staff member, that is found to show symptoms as a result of symptom screening must be send home immediately, or if not possible immediately, be isolated until such time that he or she can go home.
- (e) A child that is found to be show symptoms as a result of symptom screening must be send home immediately with the parent or accompanying adult if feasible and practical. If it is not possible in the case where a parent is not present, that child must be accommodated in an early childhood development programme and/or partial care facility and isolated until such time that a parent is able to fetch the child.
- (f) In the exceptional case where a child arrives at an early childhood development programme and/or partial care facility without a parent or a person designated by a parents and/or without any information that will assist with symptom screening, that child may not be refused entry to early childhood development programme and/or partial care facility, but needs to be subjected to a symptom screening in accordance with paragraph 8.2.2.3 below.
- (g) Every staff member must be subjected to symptom screening prior to entry onto an early childhood development programme and/or partial care facility's premises.
- (h) Every child must be screened using a non-contact thermometer (preferably infra-red), if available, and asked standard questions to establish if COVID-19 symptoms are present.
- (i) Every early childhood development programme and/or partial care facility must make sure, where practical and feasible, that the screening questions are translated in the languages that parents and learners understand.
- (j) Each person conducting screening must wear a face mask and must wash their hands for 20 seconds or use a hand sanitizer (at least 70% alcohol) in-between each screening. Physical distancing must be observed at all times.
- (k) Symptom screening should take place as close to the entrance as possible and preferably before children enter an early childhood development programme and/or partial care facility.
- (l) All equipment and tables used for screening should be thoroughly washed every day
- (m) The screening questions must be communicated to the parents in writing with an explicit request that they should ask these questions to their young child before they take them to school.

8.3.2.3
8.3.2.3.1

Guidelines for implementation

General guidelines

- (a) If a non-contact thermometer is used, always make sure that a back-up set of batteries is available every morning.
- (b) Establish procedures on how to handle adults and children that show symptoms based on the symptom screening questionnaire.
- (c) Upon arrival at an early childhood development programme and/or partial care facility a parent should be asked each of the questions in *Template A.2: Entry Screening Questions*.
- (d) If a child is brought to the programme by someone else, the parent or caregiver should make sure that they are able to provide this information. See SOP 8.2.3.2 (d) and (e).
- (e) Every parent should be asked to screen their child for COVID-19 symptoms before they leave home for the early childhood development programme and/or partial care facility each day, based on the questions in *Template A.1: Home screening questions*.
- (f) If a child is brought to the programme by taxi or public transport the ECD programme should ensure that the child has been screened according to Department of Transport Directions.
- (g) The child directed screening where a child provides information on his or her health status may be used for children in the of a situation as set out in SOP 8.3.2.2 (c), in the following manner:

- (i) for child seven years or older *Template A.2* can be used with adjustments to ensure that the child understands the questions.
- (ii) for a child aged three (3) to six (6) years *Template A.3: Child directed screening tool* may be used.

8.3.2.4 Age-adaptation

Age group	Suggested practice
Birth to 18 months	Symptom screening for this age group requires the presence of a parent or information from a parent.
19 to 36 months	Symptom screening for this age group requires the presence of a parent or information from a parent.
3 years and older	Symptom screening for this age group requires the presence of a parent or information from a parent. The use of the <i>Template A.3: Child directed screening tool</i> is only permitted in exceptional cases.
Children with disabilities and/or barriers to learning	The same age appropriate adaptations as indicated above need to be implemented.

8.3.2.5 Programme specific guidelines (re-design and adjustment)

These symptom screening procedures applies to all early childhood development programmes and/or partial care facilities, though some practical adaptations may be required for certain types of programmes.

8.4.4 Capacity development of staff

Early childhood development educators/practitioners and support staff need to be supported by the management and/or senior staff member through capacity development before the re-opening and thereafter regarding the standard operating procedures (remember to keep social distancing and related measures in mind when staff training is provided). The following capacity development activities are suggested:

- (a) Discuss with staff the reasons and procedures for symptom screening. Focus on practical suggestions to adhere to the standard operating procedures.
- (b) Have hands-on sessions with different scenarios, where staff can practice the symptom screening and the use of the symptom screening questionnaire.
- (c) Part of the staff orientation and training may include the translation of the symptom screening questionnaire.
- (d) List all the symptoms indicated on the symptom screening questionnaire and discuss each symptom with staff. Ask staff to talk about ways how they can make sure that parents understand the screening questions.
- (e) Allow staff to reflect on ideas on how the early childhood development programme and/or partial care facility can make sure that parents do a symptom screening at home already.
- (f) If a non-contact thermometer will be used, staff need to familiarize themselves on how it works and to handle it safely.
- (g) Staff needs to practice how to administer the *Template A.3: Child directed screening tool*. It is important that they have confidence on how implement it when needed. It may a good idea to designated staff members that will do this when needed.
- (h) Staff need to discuss and reflect on the procedures to the following when a child or staff member have symptoms based on the symptom screening questions. (See SOP XX)

8.4.5 Check list

8.4.6.1 Pre-opening assessment check list

The following needs to be confirmed as part of the self-assessment prior to re-opening

Daily screening questions are written or printed out and ready to be used.

All staff members received a proper orientation on the measures to be implemented prior to receiving any child back into the programme.

8.3.3 Engagement of children before starting time

8.4.1 Introduction

This section deals with the manner in which to deal with children before the starting time of an early childhood development programme and/or partial care facility.

8.3.3.1 Standard Operating Procedures

- (a) After entry to the premises of an early childhood development programme, children may be allowed to greet and play with one-another. During this time the early childhood development educators/practitioners and staff must be present, especially on the first few days to provide age appropriate and playful guidance to children per age group.
- (b) Early childhood development educators/practitioners and staff present during this time must observe children closely and observe their existing understanding of the basic hygiene measures and provide age appropriate guidance in a natural manner.
- (c) Where practical and feasible the time between arrival and entry into an early childhood development programme needs to be as short as possible.

8.3.4 First entry into the classroom/learning space

8.3.4.1 Standard Operating Procedures

- (a) Entry procedures into a classroom/learning space should avoid unnecessary crowding and be adapted in an age-appropriate manner for an early childhood development programme.
- (b) Children shall wash their hands before entering the classroom or learning space.
- (c) Each child must have his or her own dedicated space for his or her bag and other belongings
- (d) Staff present during this time must observe children closely to determine and understand their existing understanding of the basic hygiene measures and provide age-appropriate guidance in a natural manner.
- (e) Where practical and feasible the time between arrival and entry into an early childhood development programme and/or partial care facility needs to be as short as possible.
- (f) If hand-sanitizing is used as a method, it shall always be done under the supervision of the adult during the first two weeks for all children, and thereafter for children younger shall be supervised.
- (g) Children three years and younger shall always be supported and supervised when they are required to wash their hands.

8.3.4.2 Guideline

- (a) It is recommended that children do not queue (line-up) for entry into the classrooms, especially in the first few weeks after re-opening, but be escorted by staff to the classroom or learning area in small groups so as to avoid crowding and allow for individualized attention by the early childhood development educators/practitioners to ensure hygiene practices are done before entry into the classroom.
- (b) As far as possible, children, shall rather wash their hands with soap and clean water before entering the classroom rather than using of hand-sanitizers.

- (c) It is strongly recommended that hand-sanitizer not be used for children younger than 3 years of age.

8.3.5 Exit procedures at the end of the Grade R and pre-Grade R school day

8.3.5.1 Standard Operating Procedures

- (a) Departure time should be staggered to help with relieving the traffic due to the children leaving the early childhood development programme.
- (b) Unnecessary crowding of parents and children at the entrances to premises need to be avoided and managed during exit times.
- (c) Parents and/or accompanying adults must receive information from the school regarding the departure and exit procedures prior to the re-opening of an early childhood development programme.
- (d) Children need to wash their hands with soap and clean water immediately prior to departure.
- (e) If parents must wait to receive their children upon exit, the areas where an early childhood development programme is, the waiting area needs be demarcated with social/physical distancing markers of 1.5 meters.

8.4 SOCIAL/ PHYSICAL DISTANCING

8.4.1 Introduction

This section deals with social distancing that is an important measure to prevent the spread of the COVID-19 virus. The concept of social distancing may be difficult for young children to understand due to its abstract nature. Therefore, the term is changed to physical distancing for the purpose of application in early childhood development programmes. Furthermore, it needs to be recognized that the implementation of physical distancing practices may be challenging with young children, and it will not always be possible to implement in the same manner as with older children and adults.

However, the *principle* of practicing social distancing must still be applying with reasonable adaptations, that is, to employ measures, activities and approaches that reduce closeness between individual children, without compromising the quality of the early learning and development activities.

The South African Paediatric Association (SAPA) recommends that for individual children, measures for physical distancing to be at least 1 meter apart¹.

8.4.2 Standard operating procedures

The following must be adhered to with age appropriate adaptations.

- (a) Early childhood development educators and practitioners need to determine the most practical, safe and age-appropriate ways on how to practice the principles associated with physical distancing with young children per age group will be implemented before the re-opening of the programme.
- (b) Physical distancing, where practical, especially in the organizing of learning spaces, areas for dining, among others, should be at least one (1) metre.
- (c) Alternative measures, including creative application of the principles associated with physical distancing, should be implemented as part of the natural routine and approach in the early childhood development programme.
- (d) Physical distancing requirements are NOT a reason to leave children with nothing to do or learn (i.e. no stimulation, activity or interaction).

¹ South African Paediatric Association (SAPA). 2020. Position statement: Return of South African children to school. (SAPA based this on a World Health Organization recommendation)

- (e) In the context of provision of care and support to the young child, for example, helping a child use the toilet, supporting them to eat, or giving comfort when a child is in distress, it may not be possible or advisable to maintain physical distancing. In these cases, reasonable measures need to be employed at the discretion of a staff member.
- (f) Groups and classes should be kept the same and mixing of children attending the ECD programme during breaks should be avoided if possible.
- (g) During breaks, children need to remain in their class groups and/or age groups in the play area.

8.4.3
8.4.3.1

Guidelines for implementation
General guidelines

- (a) Paragraph 8.4.2 provides the general standard operating procedures. More specific applications are provided in the following paragraphs:
 - (i) 8.3.1: Arrival and entry procedures
 - (ii) 8.6.3: Bathroom routines
 - (iii) 8.9.3: Inside play
 - (iv) 8.9.4: Outside play
 - (v) 8.10.1: Food preparation on premises
 - (vi) 8.10.3: Meal and snack times
 - (vii) 8.11.4: Sickbays and isolation areas, first aid
- (b) An integral part of quality early learning and development is the relationship between the educator/practitioner and the young child as early learning coincide with nurturing and care (which also links to brain development). Thus, in the implementation of physical distancing educators and practitioners should keep in mind the theory, evidence and practice of child development and learning when deciding how to reasonably practice physical distancing between children, and between staff and children.
- (c) The application, practice and importance of physical distancing should be integrated into the early learning programmes of the ECD programme.

8.4.3.2

The early learning space

- (a) *Spacing:* ECD educators and practitioners may need to re-arrange the classroom and learning spaces to accommodate the principles of physical distancing. The programme space should be laid out to support children and adults to keep a distance of at least 1 metre from each other. (for example, by increasing spacing between tables, chairs or spots on the carpet where children sit.)
- (b) *Visible marking:* Tape (masking tape or similar) or chalk can be used to draw lines on the floor to apply some principles of physical distancing.

8.4.3.3

Integration into early learning activities and routines

- (a) Activities and games should be planned that enable physical distancing to be practiced.
- (b) ECD educators and practitioners should think of creative and playful ways to support children while maintaining social/physical distance.
- (c) Each child should have his or her own marked mattress and bedding, if used as part of the programme. When children are required to sleep (younger children), the space should be organized so that children do not share beds, mattresses or mats, and should be at least 1.5 metres apart where feasible. Children can lie head to toe and toe to head on alternate mattresses/mats. Where used, cots may not be shared. Place cots as far from each other as possible.

Practical ideas explaining physical distancing:

a. *Paper ball game*

This game will help young children 3 years and older to understand the concept of physical distancing in a concrete and playful manner.

You need: Make a small paper ball the size of a golf ball for every 2 children.

The paper needs to be small and light enough so that it cannot be thrown far by a child in this age group. The purpose here is to concretely teach and explain physical distancing in a concrete manner. Test the distance that a paper ball can be thrown on average by a child in the particular age group before you start this activity. If it is easy to throw the paper ball about 1 meter, then make the ball lighter (less paper).

How to play:

Each pair of children get one paper ball.

To start, they need to stand about one step (their step size) apart facing each other.

Ask that the child 1 throw the paper ball gently to the child 2 opposite him or her aiming for below the chest.

Child 2 should not catch the paper ball or pick it up. It should be left on the floor (this helps that hygiene)

Explanation: The likelihood with most is that the paper ball will hit the other child. Ask the children to explain what happened. For example, the ball hit the other child.

Next, ask both children to take one step backwards (so they are now 3 steps apart, roughly 1 meter).

Child 1 needs to pick up the paper ball and again throw it gently to the child 2 opposite him or her aiming for below the chest. Again child 2 should not catch or pick-up the paper ball.

Explanation: The likelihood with most is that the paper ball will **not** hit the other child. Ask the children to explain what happened. For example, the ball did not reach/hit the other child. Why not? Because we are too far apart.

Prompting questions and ideas to the children:

When did the ball hit child 2? *When we were close to each other.*

When was it difficult for the ball to hit child 2? *When we were further apart from each other.*

So, if the ball was a virus, when will be able to jump between people? When we are close to each other. Will it still be easy for it to jump to other people when they are not too close to each other? No. explain... because a virus is not strong enough to jump far.

Let's count how far you were from each other when it was difficult for the ball to hit the other child. Let one or more pairs count the 3 steps.

Explain. That is about 3 steps. Or one meter. So we should always practice to try to be 3 keep 3 steps between each other.

Adjustment: the distance may be adjusted for older children.

ELDA's covered: In addition to teaching children physical distancing in a playful and concrete manner, you also cover the following ELDA's in the NCF.

See resources below for other ideas. You can also develop your own activities to teach physical distancing and share with your colleagues.

8.4.3.3 Free play times

- (a) **Playground:** A segregated playground area should be allocated for each age group/class (if practical). ECD educators and practitioners will need to remain with their groups/classes on the playground. Outdoor play times should be rotated between groups of children to reduce contact.
- (b) Activities and games should be planned that enable social/physical distancing to be maintained. Social/physical distancing requirements are NOT a reason to leave children with nothing to do (i.e. no stimulation, activity or interaction).

8.4.3.4 Age-adaptation

Age group	Suggested practice
Birth to 18 months	<p>The principle of physical distancing needs to be adapted for this age group.</p> <p>They will not be able to understand nor practice physical distancing.</p> <p>Organize the spaces within the programme to assist with physical distancing, e.g sleeping areas, potties, etc.</p> <p>Observation and intervention by staff play an important role here.</p>

19 to 36 months	<p>The principle and practice of physical distancing will be difficult for this age group. Children will need some gentle guidance.</p> <p>Adaption to some of the physic features of the learning space will be needed to assist with some form of physical distancing.</p> <p>The routines and participation in early learning activities will need to redesign and adjusted to assist with some form of physical distancing.</p> <p>It is recommended that if children struggle with the above, not to force the principle of physical distancing, but rather find alternative ways that will reduce potential transmission.</p>
3 years and older	<p>Children from aged 3 and older will be able, linked to their particular age, to start to understand the concept of physical distancing if it is explained to them in a playful, nonthreatening and concrete manner.</p> <p>Children in this age group will find it difficult to consistently practise physical distancing and will need continuous support through positive and playful reinforcement.</p> <p>The principles regarding reducing the possible transmission should be applied rather than continually 'forcing' social distancing. (see practice)</p>
Children with disabilities and/or barriers to learning	<p>The same age appropriate adaptations as indicated above need to be implemented.</p> <p>The individual capacity and mobility of a child with a physical disability needs to be taken into considerations and adjustments need to be make.</p> <p>If children are not able to adapt or implement physical distancing, they should not be required to do so.</p>

8.4.3.5 Programme specific guidelines (re-design and adjustment)

Type of programme	Suggested practice
ECD centre	Apply the same principles as above
Childminder/ day mother	Apply the same principles as above
Playgroup	Apply the same principles as above
Mobile ECD programme	Apply the same principles as above
Toy library	Limited number of people inside toy library at a time. Marked distances of 1.5 metre and moving in the same direction
Parent support programme	Include the practice and ideas on how to teach young children physical distancing into the existing parenting support programmes. If parents are attending a physical group programme, physical distancing of at least 1 metre need to be applied for the duration of the session in the seating arrangements.

8.4.4 Capacity development of staff

ECD educators, practitioners and support staff need to be supported by the management and/or senior staff member through capacity development before the re-opening and thereafter regarding the standard operating procedures related to physical distancing. The following capacity development activities are suggested:

(a) *Joint rethinking and planning*

Before the re-opening of an early childhood development programme organised small group, learning and reflect on the following:

- Why physical distancing is important when the programme re-opens?
- How will the children in the programme respond to physical distancing based on the prior knowledge that you have of the children? The staff know the children and their abilities.
- How can you adjust the learning spaces and general activities to practice physical distancing?
- How will you teach young children, per age group, the concept of physical distancing?
- How will I as an adult, apply the principle and measure of physical distancing as part of the programme?
- How will you deal with the challenges that there may be in respect of:
 - Implementation of playful early learning activities
 - The day's routines (list the routines, e.g. breaks, lunch, etc. and come up with suggestions)
 - Inside play
 - Outside play and breaks.

Practice, learn and share

After the reopening of the programme, staff may come together at the end of every day for an hour to reflect from practice. The following questions may guide the discussions:

- How did the practice of physical distancing work today for me and my children?
- What did you observe from the children?
- What worked? What did not work? What did the children struggle with and why?
- What did you struggle with?
- What new ideas did you use that worked and others can learn from?

8.4.5 Parents and guardians

Physical distancing is not something that only needs to be taught and understand in the early childhood development programme. Parents can also assist at home to start to teach their children some of the principles.

It is important to communicate and explain to parents that it is difficult for younger children to understand and practice physical distancing (see above and particular paragraph 8.4.3.4)

8.4.6 Check list

8.4.6.1 Pre-opening assessment check list

The following needs to be confirmed as part of the self-assessment prior to re-opening

All staff members are aware of the adaptations and/or changes to the daily routines to accommodate the minimum health, safety and social distancing measures on COVID-19.

If the programme has more than one group/class, there is a schedule in place for outdoor play time to ensure that different groups/classes do not mix.

The programme area is laid out or adapted to enable children and adults to keep a distance of at least 1 metre, where appropriate.

8.4.7 Additional resources and references

This section contains additional resources and references that you can look at:

South African Paediatric Association (SAPA). Position statement: Return of South African children to school. Link:

https://drive.google.com/file/d/1-ZQIakBKEK7I9rhlemm5FPWSfGbS-Dz5/view?fbclid=IwAR1_uexAOGDb579pqvo05M8Bwhrlb2gRIHw2RQnACdbKeczLDh1Behelbao

8.5 FACE MASKS AND RUBBER GLOVES

8.5.1 Introduction

The wearing of face masks is only effective when it is used correctly. This includes the manner in which a mask is put on and removed, as well as to avoid touching and removing the face mask regularly. If a mask is not worn correctly or touch and removed regular, it reduces its benefit and, in some instances, the 'behaviour' of regular removing and/or fiddling with mask, may increase the risk of infections (as it is touched with hands that may be dirty, that will transfer viruses and germs to the mouth, nose and eyes).

Young children (5 years and younger) in general will find it difficult to cope with the correct practice of wearing a face mask, even when practiced often. This means that there is a real increased risk of them touching their faces when fiddling with a face mask or when they try to adjust it or remove it regularly.

The South African Paediatric Association (SAPA) recommends that "*an individual child older than 4 years should be required to wear a cloth face mask to prevent disease transmission. Use of plastic shield masks or other higher safety category masks is unnecessary, although not discouraged. There is no need for children to routinely put on aprons, gloves or other protective gear*"².

Furthermore, the wearing of masks by children younger than 2 years are strongly discouraged due to the risk of suffocation, whereas the wearing of masks for children 2 to 5 years are years are not recommended due to poor ability to comply with the requirements of correct and safe wearing of a face mask.

These are important factors to be considered regarding the application of standard operating procedures for young children as set out below³.

8.5.2 Standard Operating Procedures

- (a) Staff shall be required to wear face masks and/or protective face shields all the time.
- (b) Each staff member shall have at least two cloth masks.
- (c) No child aged birth to 24 months shall be required or allowed to wear a face mask or other form of shielding.
- (d) No child aged 2 to 5 years is required to wear a face mask or other form of shielding, unless under circumstances as described in paragraph (c) below.
- (e) A child aged 2 to 5 years that falls sick or show clear symptoms related to COVID-19 may be required to wear a face mask only for the purpose of his or her movement between the sick-bay area and another areas such as a bathroom or to exit the premises, for the shortest possible duration of time and under the supervision of an adult. A child is not required to wear a face mask while in the sick bay or isolation area.
- (f) Children aged 6 years or older may be required to wear a face mask, provided that it can be ascertained with relative certainty that children in this group are able to comply with the safe practices in the wearing of face masks and/or shields.
- (g) Children age 7 years and older that are attending a partial care facility that provides an afterschool services must wear masks.
- (h) An early childhood development programme and/or partial care facility shall have one (1) clean cloth face mask for every 6 to 10 children to be available when required for children who become sick with COVID-19 symptoms.
- (i) No adult, including a parent, or child six years (not part of the programme), visiting shall be allowed to enter the premises of an early childhood development programme and/or partial care facility without wearing a face mask.

² South African Paediatric Association (SAPA). 2020. Position statement: Return of South African children to school

³ Scientific evidence shows that babies up to the age of two are at risk of suffocation when wearing a mask. Scientific evidence also shows that there is no reason for children under the age of 4 to wear a mask.

- (j) No child shall be required to wear rubber or plastic gloves.

8.5.3
8.5.3.1

Guidelines for implementation

General guidelines

- (a) When children aged birth to six years arrive at an early childhood development programme and/or partial care facility wearing a cloth mask, he or she needs to be assisted by an adult to remove the face mask, and the face mask must be:
- safely stored away for the period not being in used wear no other child can access it; and
 - be returned to the child only at the end of the programme.
- (b) Parents can be encouraged to assist children older than 2 years to practice the wearing of face masks at home, considering the information provided above.
- (c) The Department of Health as well as the World Health Organization indicates that there is no need to wear rubber gloves in general. This is particularly not necessary for young children, as the rubber glove still can get contaminated and will transmit the virus when the child touches for example his or her mouth, nose or face. In addition, rubber gloves pose an additional safety hazard to young children.

8.5.3.2

Integration into early learning activities and routines

Even though children five (5) years and younger are not required to wear a face mask while in early childhood development programme, it is recommended that practice of wearing face masks are included in a playful and supportive manner as part of the early learning activities. The following to be considered:

- (a) Only apply it in early learning activities for children aged three years and older.
- (b) Integrate it into the early learning programme.
- (c) Focus on the following:
- Why people wear face masks?
 - Why is it okay for us (young children) not to wear a face mask while in the early childhood development programme?
 - Practices when wearing a face mask (as examples) :
 - How to put on a face mask correctly.
 - How to take a face mask off correctly
 - Not to touch the face, even while wearing a mask, if your hands are not clean.
 - What to do when a mask is dirty
 - We do not share face masks

Practical idea on learning about mask:

a. Fantasy play or pretend plan

- Explain to young children one concept at a time, for example, *how to put on a mask safely*.
- Then allow them to practice with toy, using an imaginary mask, or a clean piece of tissue paper.
- Continue with this every day and adapt for age.
- Make it a fun learning.
- DO NOT allow children to practice on each other.

8.5.3.3

How the properly use a cloth mask (Department of Health Guidelines)

It is very important that cloth masks are used correctly. Incorrect use might result in users putting themselves at risk of spreading Covid-19.

Guidelines for use are as follows:

- Only use a mask that has been washed and ironed.
- Wash your hands before putting the mask on.
- Place the mask with the correct side facing your face, and ensure that it covers both your nose and mouth properly.
- Tie the strings behind your head, or if you are using elastic bands, make sure these are tight.
- Make sure it fits well. Move it around to get the best fit. Never touch the cloth part.
- Once you have put on the mask, DO NOT TOUCH YOUR FACE again until you take it off.
- When you take it off, undo the ties, and carefully fold the mask inside out, hold it by the strings/elastic and place the mask in a container reserved for washing the cloth mask.
-

9. Wash your hands thoroughly and dry before doing anything else.
10. Wash cloth masks with warm soapy water and iron when dry.
11. You must have at least two cloth masks per person so you will be able to wash one and have a clean one ready for use.
12. Masks should be washed with soap and hot water, rinsed thoroughly and ironed.

8.5.3.4 Programme specific guidelines (re-design and adjustment)

Type of programme	Suggested practice
ECD centre	Apply as above
Childminder/ day mother	Apply as above
Playgroup	Apply as above
Mobile ECD programme	Apply as above
Toy library	Apply as above
Parent support programme	Parents attending a parent support programmer shall wear face masks all the time.

8.5.4 Capacity development of staff

ECD educators, practitioners and support staff need to be supported by the management and/or senior staff member through capacity development before the re-opening and thereafter regarding the standard operating procedures (remember to keep social distancing and related measures in mind when staff training is provided). The following capacity development activities are suggested:

- (a) Discuss as a group the reasons why young children should not be required to wear a face mask as indicated in paragraph 8.5.1. You can also find additional information on this matter (see links under resources)
- (b) Discuss and reflect on the correct manner to wear a face mask (how to put it on, take it off and what not to do while wearing it). See paragraph 8.5.3.3.
- (c) Develop as a group a procedure that can be followed for the storing of face masks of children as indicated in paragraph 8.5.3.1(a).
- (d) Work together and develop an information pamphlet for the parents that explains to them how they can assist young children to learn playfully why people wear masks and how to wear masks correctly.
- (e) Develop a few posters (on cardboard or paper) that will indicate to and remind staff (and visiting adults) to wear a mask correctly at all times.
- (f) Keep an attendance register of all in-service training sessions, as proof that the this took place, if requested to provide proof.

8.5.5 Parents and guardians

Parents need to be informed in a user-friendly manner regarding the standard operating procedures regarding face masks and rubber gloves (see above and particular paragraph 8.5.2).

Also share with parents practical and playful ideas on how they can assist young children (older than 3) to learn playfully why people wear masks and how to wear masks correctly.

8.5.6 Check list

8.5.6.1 Pre-opening assessment check list

The following needs to be confirmed as part of the self-assessment prior to re-opening

Every staff member has at least 2 washable cloth face masks.

There are additional clean face masks (about 1 for every 10 children) that can be used in the case where a child become sick with COVID-19 symptoms. □

8.5.7 Additional resources and references

This section contains additional resources and references that you can look at:

South African Paediatric Association (SAPA). Position statement: Return of South African children to school. Link:

https://drive.google.com/file/d/1-ZQlAkBKEK7I9rhlemm5FPWSfGbS-Dz5/view?fbclid=IwAR1_uexAOGDb579pqyo05M8Bwhrlb2gRIHw2RQnACdbKeczLDh1Behelbao

Department of Health's Guidelines on the wearing of mask. Link:

<https://www.nicd.ac.za/wp-content/uploads/2020/04/Guidelines-Use-of-cloth-face-masks.pdf>

COVID-19 Frequently Asked Questions about masks (NICD). Link:

<https://www.nicd.ac.za/diseases-a-z-index/covid-19/advice-for-the-public/covid-19-frequently-asked-questions-masks/>

Recommended Guidelines Fabric Face Masks Manufactured by South Africa's Clothing and Textile Manufacturing Industry for General Public Use

https://www.nicd.ac.za/wp-content/uploads/2020/04/RSA_Recommended-Guidelines-for-Masks_Summary_FINAL09.04.2020_for_distribution.pdf

8.6 PERSONAL HYGIENE PRACTICES

8.6.1 Handwashing

8.6.1.1 Standard Operating Procedures

- (a) Ensure that children and staff shall have access to clean water on premises or portable water on the premises, for the purpose of the washing of hands with soap and clean water.
- (b) Children shall be taught in a fun and age-appropriate manner about the reasons for and correct way for hand washing.
- (c) Children shall wash their hands before entering the classroom or learning space, and before leaving the classroom or learning space.
- (d) Children three years and younger shall always be supported and supervised when they are required to wash their hands.
- (e) Regular hand washing shall be practiced in-between learning activities
- (f) Hand towels should not be used. Paper towels can be used, or hands should be allowed to thoroughly air-dry after washing.
- (g) Taps, tippy taps and water dispenser taps should be wiped with disinfectant or bleach solution before and after each use.

8.6.1.2 Guideline

- (a) Additional regular hand washing routines need to build into the daily programme and before and after each learning activity, where children had to touch toys or play-equipment.
- (b) All areas in which hand washing takes place should have paper towels in a holder. Do not use hand towels. Make drying of hands fun and a game.

8.6.2 Use of hand-sanitizers

8.6.2.1 Standard Operating Procedures

- (a) As far as feasible and possible, children, shall rather wash their hands with soap and clean water before entering the classroom than the use of hand sanitizers.
- (b) If hand sanitizing is used as a method, it shall always be done under the supervision of the adult during the first two weeks for all children, and thereafter for children younger shall be supervised.
- (c) It is recommended that hand sanitizer not be used for children younger than 3 years.

8.6.3 Bathroom routines

8.6.3.1 STANDARD OPERATING PROCEDURES

- (a) Bathroom routines need to allow for only a few children to use the bathroom at one time.
- (b) Hand washing needs to be done before and after visiting the bathroom.
- (c) Children need to be supported and guided in an age appropriate manner.
- (d) If 'potties' are used for young children, it needs be spaced at least 1.5 meters apart.
- (e) If nappy-changing takes place, there should be a designated nappy changing area that is well away from the food preparation area. Nappies need to be disposed of in a plastic bag, in a container where other children do not have access to it.

8.6.3.2 Guidelines for implementation

8.6.3.2.1 General guidelines

- (a) Staff needs carefully supervise bathroom routines to make sure that children follow the hand washing procedure as specified in 8.6.2.1 above.
- (b) Children should not be refused to go to the bathroom when they indicate a need. Accommodations need to be made for when a child wants to go to the bathroom outside routine visits.

8.6.3.2.2 Free play times

Children need to be encouraged to go to the bathroom prior to free play time and indicate to a practitioner if they need to go to the bathroom during this time. Supervision of handwashing is essential.

8.6.3.3 Capacity development of staff

Staff needs to be supported in developing a bathroom routine that meets the needs of the children within the facilities available.

- (a) Staff can work out a bathroom routine, which is age appropriate and meets the facility's resources.
- (b) Staff has to understand that importance of following the standard operating procedures and be involved in finding the best solutions to facilitate this.

8.6.3.4 Parents and guardians

Parents need to be informed of the procedures that will be followed, should it be different from procedures followed prior to the close of the early childhood development programme and/or partial care facility.

8.6.4 Coughing and sneezing

8.6.4.1 Standing Operating Procedures

- (a) The correct way to cough and sneeze needs to be taught in an age appropriate and playful manner.
- (b) Staff need to be aware and sensitive of possible bullying and/or teasing amongst learners that struggle with the correct way to sneeze or cough.

8.6.4.2 Guidelines for implementation

8.6.4.2.1 General guidelines

- (a) Children need to be taught to sneeze and cough into their elbows in a fun and age appropriate manner.
- (b) Younger children might struggle to reach their elbows but ensure them that they are doing a good job in aiming for the elbow. Do not allow this difficulty to become a source of bullying by other children.
- (c) If a child sneezed or coughed into a tissue, the tissue must be disregarded immediately, where other children will not have access to the tissues.

- (d) Do not share the same tissue between different children. It is important for the children to understand this as well.

8.6.4.3 Capacity development of staff

ECD practitioners and staff needs to understand the basic principles of the spread of Covid-19, especially through droplets released through coughing and sneezing. With support from the manager and/or senior staff member the following capacity development activities are suggested:

- (a) Discuss and reflect on the correct manner of sneezing and coughing into the elbow and how to teach the children in an age appropriate and fun manner.
- (b) Discuss and find solutions for the disposal of used tissues in and around the facility
- (c) Work together and develop an information pamphlet for the parents that explain to them how they can assist young children to learn to sneeze and cough correctly.
- (d) Develop a few posters (on cardboard or paper) that will indicate to and remind staff (and visiting adults) to sneeze correctly
- (e) Keep an attendance register of all in-service training sessions, as proof that this took place, if required to provide proof.

8.6.4.4 Parents and guardians

Parents need to be informed in a user-friendly manner regarding the standard operating procedures regarding sneezing and coughing.

Also share with parents practical and playful ideas on how they can assist young children to learn playfully how to sneeze and cough correctly.

8.6.4.5 Check list

8.6.4.5.1 Pre-opening assessment check list

The following needs to be confirmed as part of the self-assessment prior to re-opening

There is a sufficient supply of clean tissues or toilet paper (in separate pieces) for wiping children's noses



8.7 GENERAL HYGIENE AND INFECTION CONTROL

8.7.1 Daily practices

8.7.1.1 Standard Operating Procedures

- (a) There needs to be sufficient ventilation (even in winter) to allow for fresh air in an early childhood development programme and/or partial care facility.
- (b) An early childhood development programme and/or partial care facility needs to be cleaned daily as per the prescribed protocols.
- (c) Baby and toddler units, if provided, need require special attention with regard nappy changing and feeding practices.
- (d) Ensure that each child's belongings, including bedding, utensils etc. are kept and stored separately.

8.7.1.2 Capacity development of staff

Please refer to the pre-opening capacity development of staff

8.7.1.3 Check list

8.7.1.3.1 Pre-opening assessment check list

The following needs to be confirmed as part of the self-assessment prior to re-opening

- There is a sufficient supply of soap, hand sanitizers, cleaning agents that kills germs, such as bleach or disinfectant, cloths/cleaning brushes.
- There is natural ventilation (windows or doors that can open) where this early childhood development programme and/or partial care facility
- Procedures are developed and in place for management of basic hygiene practices, including the changing of nappies, use of potties, disposal of the aforementioned, amongst others

8.7.2 LTSM, toys, equipment

8.7.2.1 Introduction

This section deals with learning and teaching support materials, toys and equipment used at an early childhood development programme and/or partial care facility.

8.7.2.2 Standard Operating Procedures

- (a) Learning and Teaching Support Materials (LTSM) such as toys, play resources, books, manipulatives, equipment and similar, both inside and outside, must be washed at least two times daily with soap and clean water. This should be done during times where children are not in the learning space.
- (b) Children may not be given the responsibility to wash the toys or equipment, even as part of an early learning activity, as increase the risk of exposure to the individual child.
- (c) No toys, books or play resources brought from home are allowed to be brought onto premises for the duration of all alert levels.
- (d) LTSM that cannot be cleaned according to the instructions must be stored away for the duration of all alert levels.
- (e) If tablets, computers or similar is used, it should be cleaned before and after each use, and if possible, avoid children sharing tablets or ensure that only a few children share the same tablet.
- (f) All sandpits or ball pits shall be cleaned and not refilled for the duration of all alert levels.

8.7.2.3 Guideline

- (a) LTSM that are not used for an activity must be stored away (not lying around).
- (b) After use, toys must be cleaned and left to air-dry (not left out on the grass to dry).
- (c) Children's books, like other paper-based materials such as mail or envelopes, are not considered a high risk for transmission and do not need additional cleaning or disinfection procedures. If possible and practical storybooks can be wiped down regularly.
- (d) As far as possible, reduce the use of soft toys (no need to eliminate their use) depending of the ages of the learners. When used, it should be washed regularly.
- (e) Sort LTSM into different batches and then rotate toys/equipment to ensure they can be cleaned regularly and between groups and daily
- (f) All sandpits or ball pits shall be closed and only opened again when there are no risk level. Before use they must be first cleaned and refilled.
- (g) Practitioners and staff should develop age- and context-appropriate posters for learners regarding COVID-19 and precautionary measures.

8.7.2.4 Capacity building of staff

Early childhood development educators/practitioners and staff needs to understand the basic principles of the spread of COVID-19. With support from the manager and/or senior staff member the following capacity development activities are suggested:

- (a) Discuss and reflect on the need for cleaning and sanitizing LTSM.

- (b) Discuss and find solutions for the cleaning and storage of LTSM within the capacity of the facility
- (c) Work together in building a routine to comply with the standard operating procedures and guidelines.
- (d) Work together and develop an information pamphlet for the parents that explain to them why toys cannot be brought from home and measures taken to clean LTSM at the facility.
- (e) Keep an attendance register of all in-service training sessions, as proof that this took place, if required to provide proof.

8.7.2.5 Check list

8.7.2.5.1 Pre-opening assessment check list

The following needs to be confirmed as part of the self-assessment prior to re-opening

All teaching and learning support materials, including toys, equipment and apparatus have been thoroughly cleaned and disinfected in line with the requirements on the COVID-19 in preparation for re-opening

Measures are in place for the routine and daily cleaning of teaching and learning support materials, equipment and apparatus when open.

8.7.3 Items brought from home

8.7.3.1 Standard Operating Procedures

- (a) No items other than the following may be brought from home to an early childhood development programme:
 - (i) Clothing items that a learner wear;
 - (ii) Stationary and writing books;
 - (iii) Food containers, including for drinks; and
 - (iv) School bag.
- (b) The bringing of 'waste materials' to be used as part of the learning is not permitted until all risk levels are lifted. If is brought to the class or learning space after the aforementioned date, it needs to be cleaned.
- (c) Each child must have his or her own dedicated space for his or her bag and other belongings (see guidelines for ideas).

8.7.3.2 Check list

8.7.4 Items returning to home

8.7.4.1 Standard Operating Procedures

- (a) No items, including artwork, to be send home with children for the duration of risk level.

8.7.4.2 Guideline

- (a) Where possible, educators and teachers can take pictures of the artwork to keep a record and send via social media to parents.

8.8 PROTECTIVE ENVIRONMENT

8.8.1 Everyday preparations at home before going to an early childhood development programme by children and their families

8.8.1.1 STANDARD OPERATING PROCEDURES

- (a) Parents need to be provided with age-appropriate information and guidelines on how to prepare their children every day before going to an early childhood development programme.

- (b) Children, who can wear masks, should practise at home and get used to it.

8.8.1.2 Guideline

- (a) The following basic preparatory activities that parents need to do must be communicated:
 - (i) General personal morning hygiene routines such as washing, brushing teeth.
 - (ii) Before departure to an early childhood development programme and/or partial care facility, parents and child to wash their hands.
 - (iii) Parent to remind the child regularly on basic hygiene practices, such as washing of hands and not touching your eyes, mouth and nose if your hands are not clean.
 - (iv) Parents need to observe the child for any symptoms of illness and if there any symptoms not to send the child to school.

8.8.1.3 Check list

8.8.1.3.1 Pre-opening assessment check list

The following needs to be confirmed as part of the self-assessment prior to re-opening

A standard letter/ communication to be send to parents have been drawn up (ready to be sent) regarding the procedures, conditions and other matters with regard to returning their child to the programme

8.8.2 Access control for parents

8.8.2.1 Standard Operating Procedures

- (a) Parents may, in exceptional circumstances, subject to the permission of the early childhood development educators/practitioners or other designated staff member, be allowed to enter the early childhood development programme and/or partial care facility premises, provided that all the health and safety requirements are followed.
- (b) Any access by a parent shall be limited to specific areas and not the whole premises of an early childhood development programme and/or partial care facility.
- (c) No parent shall be allowed on the premises without a face mask and without being subjected to a symptom screening.

8.8.3 Access control for other visitors

8.8.3.1 Standard Operating Procedures

- (a) No visitors are allowed on the premises or in the building, unless for the purpose of providing an immediately required essential service such as maintenance, health care, or similar.
- (b) Any access by a visitor shall be limited to specific areas and not the whole premises of an early childhood development programme and/or partial care facility.
- (c) No visitor shall be allowed on the premises without a face mask and without being subjected to a symptom screening.
- (d) If an early childhood development programme and/or partial care facility is run as part of a private home (for example child minders/ day mothers / some playgroups/after school service) or any other space that is shared (for example play groups / mobile ECD programmes) it can be confirmed that these programmes will be implemented in a dedicated space where other persons (including adults and children) cannot access, walk through or sit in for the full duration of the programme). (ONLY COMPLETE IF APPLICABLE) (see paragraph XX of DSD SOP for more information)

8.8.3.2 Check list

8.8.3.2.1 Pre-opening assessment check list

The following needs to be confirmed as part of the self-assessment prior to re-opening

If an early childhood development programme and/or partial care facility is run as part of a private home (for example child minders/ day mothers / some playgroups/after school service) or any other space that is shared (for example play groups / mobile ECD programmes) it can be confirmed that these programmes will be implemented in a dedicated space where other persons (including adults and children) cannot access, walk through or sit in for the full duration of the programme).
(ONLY COMPLETE IF APPLICABLE, mark not applicable if it does not apply)

8.8.4 Access control to children and staff

8.8.4.1 Standard Operating Procedures

- (a) Children from other classes or attending other parts of an early childhood development programme and/or partial care facility should as a general principle not be allowed in the classes, learning spaces or play areas of children.
- (b) Staff not directly involved with an early childhood development programme and/or partial care facility, should only enter the classes, learning spaces or play areas in exceptional cases and practise the required hygiene procedures upon entry and exit.
- (c) Children should not move between different classrooms and learning spaces, unless under the supervision of a staff member.
- (d) Restricted areas should be available for children's use only as far as it is feasible and practical.

8.9 ADAPTION OF THE CURRICULUM AND PROGRAMME CONTENT 15

8.9.1 Daily routine

8.9.1.1 Standard Operating Procedures

- (a) The normal daily routines for an early childhood development programme that forms part of the early learning programme need to be adjusted to accommodate additional hygiene practices and age appropriate learning activities in relation to COVID-19 measures.
- (b) Ensure that children and staff have access to clean water on premises or portable water on the premises, for the purpose of the washing of hands with soap and clean water.
- (c) Before children leave or enter the class or learning space, their hands need to be cleaned.
- (d) Separate break times for each class/age group will be advisable so that on the playground there is more space for children to be spaced out.

8.9.1.2 Guideline

- (a) Children should be reminded of the four important behaviours at the start of each day and randomly in a planned manner during the day:
 - Hand washing
 - social/ physical distancing
 - avoiding touching the face if hands are not clean
 - coughing/ sneezing into the elbow.

8.9.1.2 Check list

8.9.1.2.1 Pre-opening assessment check list

The following needs to be confirmed as part of the self-assessment prior to re-opening

All staff members are aware of the adaptations and/or changes to the daily routines to accommodate the minimum health, safety and social distancing measures on COVID-19.

Measures are in place for the routine and daily cleaning of teaching and learning support materials, equipment and apparatus when open.

8.9.2 Learning activities

8.9.2.1 Standard Operating Procedures

- (a) The content of the curriculum needs to be adjusted to integrate content into the existing learning areas in relation to
 - (i) COVID-19;
 - (ii) health and hygiene practices;
 - (iii) help children to deal with issues such as sadness and anxiety, bereavement, and others areas linked to dealing with the COVID-19 pandemic.
- (b) All learning activities shall remain rooted in play-based learning.

8.9.2.2 Guideline

- (a) Adjust and/or develop learning play-based learning activities through drama/role play, movement, dance, songs, rhymes etc. on factual information on COVID-19 as well as what children are experiencing and how they are feeling.
- (b) Use fun and playful learning activities and display posters (self-made or made by the learners) to help children understand and practice new hygiene measures.
- (c) ELDA 1 and 2 of the NCF can be used to incorporate COVID-19 awareness and measures, hygiene practices and for psycho-social support.
- (d) Grade R and pre-Grade R educators and practitioners need to be especially conscious of checking how children are feeling; what they are experiencing; what they are noticing; what they are sad/happy about; what's happening at home or in the community; what they miss, among others, and adjust learning activities to deal with these.
- (e) Learning activities can be moved outdoors if possible, weather permitting. Young learners enjoy being outside and the ventilation outside reduce the risk of transmission.
- (f) Split children in a class/learning space into smaller groups for two to three support interaction between learners while limiting large group activities; and
- (g) Learners make up their own way of greeting their friends and peers on arrival at school that is done with social/physical distancing.

8.9.2.3 Check list

8.9.2.3.1 Pre-opening assessment check list

The following needs to be confirmed as part of the self-assessment prior to re-opening

Staff members responsible for the early learning, development and care of children have received an orientation on the adaptation and implementation of the early learning programme to accommodate the requirements for re-opening.

8.9.3 Inside play

8.9.3.1 Standard Operating Procedures

- (a) Inside play is an integral part of early learning and development programmes and needs to continue with practical adjustments.
- (b) All resources, including educational equipment, apparatus and toys, need to be cleaned before class and ready for access.
- (c) Play and learning materials need to be cleaned regularly during the day, especially if children are going to rotate between areas.
- (d) No water play or group sensory play areas are permitted until further notice.

8.9.3.2 Guideline

- (a) Adjust play-based activities to shorter periods at a time, but more frequently during the day.
- (b) Organise the learning activities in such a manner that there is sufficient time in-between to clean the play and learning materials.

8.9.4 Outside play

8.9.4.1 Standard Operating Procedures

- (a) All outside play equipment should be cleaned before the arrival of children each day.
- (b) All outside play equipment should be cleaned after each break when children have used it.
- (c) Limit the taking of inside play and learning materials to the outside, and if necessary, for the purpose of early learning activities, ensure that it is thoroughly cleaned before being returned to the classroom/learning space.
- (d) Sandpits and similar play-areas (including 'ball-pits) shall be closed and not used.
- (e) Outdoor play should be staggered where possible and practical so that only small groups of children are outdoors at any time and that there is no overlap with other classes.

8.9.4.2 Guideline

- (a) Place a number of Tippy taps outside before outside play commences and assist children to wash their hands before outside commences and before they return to the classroom/learning space. See paragraph 8.3.1.3 on Tippy Taps

8.9.5 Outings and excursions

8.9.5.1 Standard Operating Procedures

- (a) No excursions or outings are permitted during the time where any risk level in terms of the Regulations to the Disaster Management Act, 2002.
- (b) Excursions and outings after the lifting of all risk levels must at all times be considered against the risks associated with COVID-19.

8.9.5.2 Guideline

- (a) Use videos, pictures or similar methods to substitute or simulate excursions and outings.

8.9.6 Psychosocial support

8.9.6.1 Standard Operating Procedures

- (a) All staff should be trained or have a dedicated person for parent support.
- (b) Ensure that fears with regards to COVID-19 are appropriately addressed to those who need it.
- (c) Provide necessary information on psycho-social matters with regards to children have to be addressed including:
 - (i) Fear;
 - (ii) Anxiety;
 - (iii) Depression;
 - (iv) Effects of change and uncertainty;
 - (v) Gender based violence;
 - (vi) Abuse and neglect of children (protective behaviors); and
 - (vii) How to deal with loss of life.

8.9.7 Inclusion

8.9.7.1 Introduction

This section deals with including all children at early childhood development programme and/or a partial care facility. Do not try and be a hero and include children at your centre or programme, if it is not safe for them.

8.9.5.1 Standard Operating Procedures

- (a) No child who has been registered with the early learning development programme and/or partial care facility prior to closure, should be excluded from returning.
- (b) An early childhood development programme and/or partial care facility shall make the required adjustment with regard to the health and safety measures related to COVID-19 to accommodate children with disabilities. .

8.9.5.2 Capacity development of staff

Early childhood development educators/practitioners and staff needs to understand the basic principles of inclusion of all children and the spread of COVID-19. With support from the manager and/or senior staff member the following capacity development activities are suggested:

- (a) Identify any and all children previously registered with the early childhood development programme and/or partial care facility, who has a disability or at high risk of contracting Covid-19.
- (b) Discuss and find solutions for how these children will be included in all activities safely.
- (c) Work together in finding ways to support the more vulnerable children in dealing with abuse, neglect and subsequent anxiety and fear.
- (d) Keep an attendance register of all in-service training sessions, as proof that this took place, if required to provide proof.

8.9.5.3 Parents and guardians

- (a) Parents need to be informed that their child will not be excluded for any reason when the early childhood development programme and/or partial care facility reopens.
- (b) They need to understand that they have a right not to send their child back as well.
- (c) Discuss the identified children's needs with the parent and decide together which will be the best way to include their child.

8.9.8 Involving parents

8.9.8.1 Standard Operating Procedures

- (a) Strengthen communication with parents: regular information to parents on COVID-19 and changes that they will need to adhere to with regard to school centre policies and protocols, including transport, admission & pick up.
- (b) Send out information to parents pertaining the opening of Grade R and pre-Grade R, this comprises of:
 - (i) Making caregivers aware that the returning of their child to the programme or school is voluntarily and if the parent decides not to return a child to an early childhood development programme then they shall bear no financial or other consequences.
 - (ii) The precautions that parent needs to take before the child returns to an early childhood development programme.
 - (iii) Measures that will be implemented by the school.
 - (iv) How the parent needs to prepare their child for returning to an early childhood development programme.
- (c) Keep parents informed of the plans to be implemented, as well as and any changes to these plans.
- (d) Encourage parents to make sure that their children's early learning continues in the home while learners are still awaiting their phased return to the classroom.

8.9.9 Early learning at home

8.9.9.1 Standard Operating Procedures

- (a) For children in early childhood development programme who are unable to return to school, age appropriate measures should be implemented to support parents for their children's learning at home.
- (b) Parents need to be provided with practical play-based activities and ideas that will support the continuation of the child's learning linked to the curriculum at home.

8.9.9.2 Guideline

- (a) Department of Social Development, Department of Basic Education, UNICEF and the LEGO Foundation (in partnership with the National Early Childhood Development Alliance (NECDA) and the South African Congress for Early Childhood Development) develop and distribute the

Tshwaragano ka Bana: Let's play, learn and grow together materials for parents of children birth to 5 years based on the NCF and can be downloaded here to support learning at home.
<https://www.unicef.org/southafrica/reports/tshwaragano-ka-bana-lets-play-learn-and-grow-together-11>

8.10 FOOD PREPARATION AND SERVING

8.10.1 Food preparation on premises

8.10.1.1 Standard Operating Procedures

- (a) If food (including snacks) is prepared on the premises of an early childhood development programme, all the prescribed and additional precautions need to be taken.
- (b) If food cannot be prepared safely, alternative arrangements need to be made as appropriate and practical.

8.4.3.1.1 General guidelines

- (a) Transmission of COVID-19 through food could occur if a person infected with the virus prepares or handles food with dirty hands and contaminates it. Cooking food thoroughly and observing good hygiene practices when handling and preparing food are effective at preventing contamination. Food handlers must:
 - (i) Wash their hands with soap and water before and after touching any food during preparation.
 - (ii) Wash their hands with soap and water before serving food to learners.
 - (iii) Clean and sanitize all work surfaces (i.e. tables, stoves and other resources) sinks and floors regularly.
 - (iv) Keep all appliances, equipment and utensils clean.
 - (v) Wear clean kitchen attire at all times.
 - (vi) Wear head gear and masks to cover their mouths and noses.
 - (vii) Wear closed shoes to protect feet.
 - (viii) Ensure proper food storage practices.
 - (ix) Rinse all foodstuffs thoroughly before cooking before serving to learners.
 - (x) Ensure that learners do not share utensils, food or drinks.
 - (xi) Ensure appropriate distance between learners when during break-times.
 - (xii) Extra care should be taken during preparing and serving food to prevent cross-contamination with germs.
 - (xiii) Grocery packaging should be thoroughly wiped with disinfectant or similar as soon as groceries are brought into the facility.

8.10.2 Food brought from home

8.10.2.1 Standard Operating Procedures

- (a) Children bring their own food from home, lunchboxes must be removed from the schoolbags and disinfected on the outside before it is returned to an individual child.
- (b) The consumption of food brought from home must always be done under supervision of a staff member as to ensure healthy and safe practices.
- (c) If parents provide crockery and cutlery, they need to be advised on proper precautions

8.10.3 Meal and snack times

8.10.3.1 Standard Operating Procedures

- (a) If meals (breakfast and/ or lunch) are consumed on the premises it needs to take place under the supervision of a staff member as to ensure that food sharing (often a natural behaviour of children in this age group) does not take place.
- (b) Ensure relevant staff are trained on proper food handling.
- (c) If an early childhood development programme and/or partial care facility provides food, proper precautions needs to be taken to provide all crockery and cutlery is clean.

- (d) Crowding in the dining areas needs to be managed and avoided through staggered mealtimes and spacing between children when they are seated. Where possible and practical, a 1.5 meter spacing between children is recommended.

8.10.3.2 Guidelines for implementation

- (a) Explain to children in an age appropriate manner that any food or snacks brought from home should not be shared with other children. ECD educators and practitioners should integrate this into the learning programme and activities linked to hygiene and health practices.
- (b) Each child should have their own utensils that get washed immediately & stored in that child's storage space.

8.11 HEALTH OF CHILDREN

8.11.1 General observations

8.11.1.1 Standard Operating Procedures

- (a) Early childhood development educators/practitioners should continuously observe children for symptoms such as fever, cough, shortness of breath, sore throat, loss of taste/smell. If a learner develops any of these symptoms while at an early childhood development programme and/or partial care facility and should immediately follow the procedure as specified in the SOPs.
- (b) If an early childhood development educator/practitioner shows any of the symptoms mentioned above, the procedures as specified in the *SOP* should also be followed.
- (c) The following procedures need to be followed:
 - (i) immediately isolate the adult or child, and require that adult or in the case of a child, advise the parent or guardian to make arrangements to be transported in a manner that does not place any other adult or child or members of the public at risk, either to be self-isolated or for a medical examination or testing;
 - (ii) assess the risk of transmission, disinfect the area and any staff member's workstation or area where the child participated in learning activities, refer those persons who may be at risk for screening and take any other appropriate measure to prevent possible transmission; and
 - (iii) Inform the parent or legal guardian of a child without delay

8.11.2 Children with underlying health conditions.

8.11.2.1 Introduction

Children who are most at risk of COVID-19 are as follows:

- Chronic severe respiratory tract diseases (Inherited/genetic conditions, e.g. Cystic Fibrosis, Acquired, e.g. chronic lung diseases).
- Well-controlled Asthma and Allergic rhinitis in children is NOT considered a risk factor based on the current literature.
- Congenital Cardiac disease (pre-corrective surgery)
- Severe immunodeficiency (Inherited, e.g. Severe combined immunodeficiency diseases, Acquired, e.g. HIV infection with a low CD4 count, Malignancy, Immunosuppressive drugs)
- Severe Neurodevelopmental Disability

8.11.2.2 Standard Operating Procedures

- (a) A child with a known underlying health condition(s) that may place that child at a higher than normal risk category as defined by the Department of Health may not return to an early childhood development programme, unless a medical practitioner has given written authorization that it will be safe for such a child to return to and participate in the early childhood development programme and/or partial care facility.

- (b) The early childhood development programme and/or partial care facility may provide the required support to the parents of these children in terms of their learning for children at home and the responsible educator shall keep regular contact with the parents and the child.
- (c) If parents require additional support for the care of their child, the an early childhood development programme and/or partial care facility shall refer the parents to the necessary support services in the immediate community.

8.11.2.3 **Check list**

8.11.2.3.1 **Pre-opening assessment check list**

The following needs to be confirmed as part of the self-assessment prior to re-opening

A standard letter/ communication to be send to parents have been drawn up (ready to be sent) regarding the procedures, conditions and other matters with regard to returning their child to the programme.

8.11.3 **Staff with underlying health conditions**

8.11.3.1 **Standard Operating Procedures**

- (a) Staff with comorbidities (pre-existing medical conditions such as acute asthma, diabetes, hyper-tension) should be identified and should be advised not to return.
- (b) Employees with comorbidities must submit relevant medical reports to the manager/ for consideration. Employees who are over 60 and have mild comorbidities but wish to report for duty must be allowed to work at an early childhood development programme and/or partial care facility if they voluntarily sign an indemnity or waiver.

8.11.3.2 **Check list**

8.11.3.2.1 **Pre-opening assessment check list**

The following needs to be confirmed as part of the self-assessment prior to re-opening

Staff members who fall into high risk categories have been advised not to return unless they have a letter from a doctor.

8.11.4 **Sickbays and isolation areas, first aid**

8.11.4.1 **Standard Operating Procedures**

- (a) A sickbay, or in the absence of such a facility, as separate area must be available where children who feel ill or show any symptoms can be kept separate and receive support.
- (b) A child that are in a sickbay (or separate area) may not be left alone for a period longer than 15 minutes at a time, and if possible, it is recommended that he or she not be left alone.
- (c) The symptoms and health complaints of the learner must be recorded.
- (d) The beds/ rest areas, including all lined, in a sickbay (or separate area) must be cleaned and sanitized each time immediately after it has been used.
- (e) All equipment in a sickbay (or separate area) must be cleaned and sanitized each time after the area was in use, whether the equipment was used or not.
- (f) Entry into a sickbay (or separate area) by any other child, other than those who are not well, is strictly prohibited
- (g) No other staff member, other than those directly required for the care of the sick child, is permitted to enter a sickbay (or separate area).
- (h) Staff attending to a sick child in a sickbay (or separate area) shall adhere to all health and safety measures required.
- (i) Ensure protocols and support on return to an early childhood development programme for any staff member or child that's been sick, in quarantine or in hospital.

8.6.3.2 **Guidelines for implementation**

- (a) Ensure that the first aid kits are well stocked. Contact the local primary health care facility for guidance, if needed.

- (b) Additional masks should be available as part of the sickbay (or separate area).
- (c) Getting sick during this time when the country and world deals with COVID-19, may be scary for a child in this age group, whether the symptoms are related to COVID-19 or not. It is important to provide ample emotional support to the learner as to manage fear, anxiety and undue stress.
- (d) It is also important to support the other children in the specific class, as they have noticed that one of their fellow learners is ill and get support.
- (e) Ensure that there is thermometer available.
- (f) Bed needs to be cleaned daily or when sick child leaves the bed needs to be cleaned immediately.
- (g) Every child's symptoms need to be recorded.
- (h) Qualified first aid personal should deal with child.
- (i) Ensure that that there is an isolation space for anyone who falls sick.

8.6.3.3

Check list

8.6.3.3.1

Pre-opening assessment check list

The following needs to be confirmed as part of the self-assessment prior to re-opening

There is an isolation space for temporarily containing learners/staff identified with possible COVID-19 symptoms.

There is a basic first aid kit, which includes rubber gloves

8.12

RECORD KEEPING

8.12.1

Standard Operating Procedures

- (a) Strict records of:
 - (i) attendance (children and staff);
 - (ii) reasons for absenteeism;
 - (iii) daily medical documentation.
- (b) Daily screening records for each child will need to be kept.
- (c) Child health records will need to include health information regarding screening, testing, quarantine, illness & hospitalization for COVID-19.
- (d) Records in the form of attendance registers or similar shall be kept as proof of staff training and capacity develop.
- (e) Visitors book that will signed and indicate the time of entry and exit, that shall include the ID number, full names and contact telephone number of the person (contact tracing)

Template A

SCREENING FOR COVID-19: Children birth to 6 years

Template A. 1

Home questionnaire

- (i) Parents should be provided with a copy of this questionnaire and be advised to:
- (ii) Go through it every morning before they bring their child to an early childhood development programme and/or partial care facility.
- (iii) Follow the instructions related to each question that is linked to a specific answer.

Dear Parent

Your child's health and safety are as important to us as it is to you. This is why it is important that you go through these questions every morning and answer them truthfully. This will help you to make a decision whether it is fine for your child to go to early childhood development programme on that day, or whether he or she needs to stay home.

1. **Does your child have a high temperature of fever?**
NO YES If yes, please let your child stay at home.
2. **Does your child have a new cough?**
NO YES If yes, please let your child stay at home.
3. **Does your child complain about having a sore throat?**
NO YES If yes, please let your child stay at home.
4. **Does your child have a new difficulty to breathe normally, for example shortness of breath?**
NO YES If yes, please let your child stay at home.
5. **Does your child complain about feeling weak or tired?**
NO YES If yes, please let your child stay at home.
6. **Did your child indicate to you that food or drinks taste different than usual?**
NO YES If yes, please let your child stay at home.
7. **Are there any signs that your child's smell is affected?**
NO YES If yes, please let your child stay at home.

If all the answers are **NO** to all the questions, then start to get ready for the early childhood development programme and/or partial care facility .

Thank you for assisting us to keep your child and the other children in early childhood development programme safe and healthy.

Template A.2

ENTRY SCREENING QUESTIONS

To be administered with parents by staff

Explanation to parent or caregiver

Your child's health and safety are as important to us as it is to you. This is why it is important that we go through these questions every morning and answer them truthfully before we can allow your child to come on the premises. We understand that you have checked your child before coming to early childhood development programme, but we have to screen again, to help you and your child to be safe. This will help us to make a sure whether it is fine for your child to come to early childhood development programme today, or whether he or she needs to stay home.

1. **Does your child have a high temperature of fever?**
NO YES

2. **Does your child have a new cough?**
NO YES

3. **Does your child complain about having a sore throat?**
NO YES

4. **Does your child have a new difficulty to breathe normally, for example shortness of breath?**
NO YES

5. **Does your child complain about feeling weak or tired?**
NO YES

6. **Did your child indicate to you that food or drinks taste different than usual?**
NO YES

7. **Are there any signs that your child's smell is affected?**
NO YES

8. **Have you had close contact with someone suspected to have COVID-19 or has been diagnosed positive with COVID-19?**
NO YES

Record in the register

Temperature reading

√ : for all answers NO

X : for >1 answer YES

If the answer to all the questions is “No”, the session will end and the learner can enter the early child hood development programme and /or partial care facility. The information should be recorded on the class register i.e. record temperature and ✓ for all answers NO)

NB. If the temperature taken is 38°C or higher or any 1 of the questions are answered “yes” the learner will become a “person under investigation” (PUI) and must be referred for triage and possible testing (record temperature and X for >1 answer YES).

Template A.3

CHILD DIRECTED QUESTIONNAIRE (for self-report by a child)

This questionnaire should only be used in **exceptional cases** where it was not possible to obtain information from a parent or caregiver of child upon entry onto the premises.

Parents need to be informed in advanced that if their child arrives unaccompanied (without someone that knows the child well enough to answer the questions) that an early childhood development programme and/or partial care facility will administer this questionnaire.

Preparation for the staff member administering the questions with the child.

1. Please note that this questionnaire is quite long, and it will take quite some time to answer all the questions. Young children will not be able to concentrate for such a long time. Therefore, it is important that you are well prepared and follow the instructions.
2. You do not have to ask all the questions.
3. Find a private place to engage with the young child. Remember you are asking personal health-related questions which are private.
4. Make sure that the child is comfortable before you start the engagement.

Instructions:

When **not to use** this questionnaire or process:

- (a) If the **Entry Screening Questionnaire (A.2)** was done with a parent and child, then this questionnaire must not be done again.
- (b) If you observe **two or more obvious physical signs of illness**, there is no need to administer this questionnaire. These signs need to be noted down and reported.
- (c) Not to be used with a child younger than 3 years.

How to use the questions:

- (a) Firstly, the questions are a guide. You may adapt it for the specific context and age of a child.
- (b) Ask/ translate the question into a *language that a child understands*.
- (c) Please note that the questionnaire should be done in a **conversational manner** with the child, adjusting the language to be *age appropriate* and *non-threatening*. Expect that it may take longer than usual. Do **not** rush through the questions.
- (d) *Change the order* of the questions every morning.
- (e) This questionnaire may not be administered in a group (with two or more children).
- (f) Remember it remains a **self-report questionnaire** (adapted for a child to self-report) and should not be used as health diagnosis.

How to select the questions:

- (a) Young children will simply not be able to concentrate long enough for you to ask all the questions. Therefore, you need to select questions based on your observations of the child and the responses that the child gives.
- (b) Remember, you are doing a simple screening, and **not a diagnosis**.
- (c) Use the following guide for asking the key questions
General Question **Required:** Always start with this question, as it may assist to direct you to the follow-up questions to ask

Section B: Fever	Required only if the child's temperature is NOT taken with a thermometer upon arrival.	Fever is one of the most <i>common symptoms</i> associated with COVID-19. Thus, it is important to screen. (Source: WHO)
Section C: Coughing	Required	Dry cough is Fever is one of the most <i>common symptoms</i> associated with COVID-19. (Source: WHO)
Section D: Tiredness	Required	Tiredness is Fever is one of the most <i>common symptoms</i> associated with COVID-19. (Source: WHO)
Section E: Sore throat	Only ask if: (a) You observe symptoms related to a sore throat; or (b) If the child's response in General Question indicated symptoms of a sore throat; or (c) If the child's response in Sections B, C or D, indicated symptoms of a sore throat.	
Section F: Difficulty breathing	Only ask if: (a) You observe symptoms related to difficulty breathing; or (b) If the child's response in General Question indicated symptoms of difficulty breathing; or (c) If the child's response in Sections B, C or D, indicated symptoms of difficulty breathing.	Please note that this remains a serious symptom. So please be observant for any signs.
Section G: Loss of taste	Only ask if: (a) You observe symptoms related to a loss of taste; or (b) If the child's response in General Question indicated symptoms of a loss of taste; or (c) If the child's response in Sections B, C or D, indicated symptoms of a loss of taste.	
Section H: Loss of smell including nasal congestion	Only ask if: (a) You observe symptoms related to a loss of smell; or	

- (b) If the child's response in **General Question** indicated symptoms of a loss of smell; or
- (c) If the child's response in Sections B, C or D, indicated symptoms of a loss of smell.

The following is a child-friendly adaption of the Department of Health's suggested questions.

BEFORE YOU START, please read the following carefully:

- It is important that you keep in mind the age and abilities of the young child, particularly with regards to the questions and content.
- Adjust and repeat questions and concepts **until you are certain that the child comprehends the question(s)**. Because, if the child does not understand what is being asked or interpret the questions incorrectly, the response of that child may lead to an **unintended false response**. If under any circumstances you believe, based on your experience working with young children, that child's answer is not correct, because he or she is not able to understand the question and respond to it, *do not weigh that question's answer as a YES* (positive for a risk). Rather move to the next question.
- Observe and keep in mind the context and situation in the period before you start questioning the child. For example, if a child had to run, even a short distance to an early childhood development programme and/or partial care facility, he or she may answer questions about fever or being tired 'correctly', but his or her answer(s) has no relevance to the symptoms associated with COVID-19, because he or she may be tired, and warm and sweating because of the running.

Explanation to the child

Welcome to the early childhood development programme today. I have to check whether you are ok. we need to know more about your health and that it is okay for you to be playing with your friends today. We usually check this information with your mom or dad [or other person that usually brings the child to the early childhood development programme – staff member should know who this is]. Is it ok if I ask you the questions?

Engagement with the child	Guidance and prompt	Cross reference to DoH guideline questions
<p>A. GENERAL</p> <p>Required</p> <p>Always start with this question</p>		
<p>Now, tell me, how are your body feeling this morning?</p> <p>Important:</p>	<p>Await response.</p> <p>Listen carefully to the response as he or she already indicate other symptoms now, if it is present.</p>	

Engagement with the child	Guidance and prompt	Cross reference to DoH guideline questions
<p>If the child responds that he or she feels ok, proceed with the questions.</p> <p>However, if the child indicates any of the following, go to that Section of questioning first, and then return to A.</p> <ol style="list-style-type: none"> 1. Indication of fever, go to Section B. 2. Indication of coughing, go to Section C, and then return to other areas. 3. Indication of sore throat, go to Section D, and then return to other areas. 4. Indication of difficulty breathing, go to Section E, and then return to other areas. 5. Indication of feeling weak or tired, go to Section F, , and then return to other areas. 6. Indication of loss of taste, go to Section G, and then return to other areas. 7. Indication of loss of smell, go to Section H, , and then return to other areas. 	<p>Also note if the child refers to symptoms that such as:</p> <ul style="list-style-type: none"> • Having a tummy ache • Feeling nauseous/ sick • Runny tummy / diarrhea • headache • Generally, not feeling well <p>These are not the symptoms that are being screened but may be symptoms associated with COVID-19.</p> <p>If any of the above is present in isolation, then Risk = NO</p> <p>Do inform the class teacher or practitioner to continue to observe the child during the day.</p>	<p>Do not ask the questions as they appear in this column.</p>

B. FEVER

Required only if the child's temperature is NOT taken with a thermometer upon arrival.

<p>Does it your body feel warmer than usually?</p>	<p>Also observe how warmly the child is dressed, as it may influence the answer, for example additional layers of clothing may result in them saying they feel warm, or lack thereof that they feel cold.</p>	<p>Do you have a high temperature?</p>
<p>PROMPT:</p> <p>Does your body feel warmer because your clothes help you not be cold or is there another reason why your body feels warmer?</p>	<p>If NO , proceed to Section C</p> <p>If YES (<i>possible risk</i>), prompt the child to elaborate, for example</p>	
<p>What type of warm? These pictures will may help to explain. Choose one.</p>	<p>Show the card B.1 with the 3 pictures</p>	
<p>Little warm standing in the sun for a short while</p>	<p>Risk = NO</p>	<p>RISK (mark with X)</p>
<p>Warm like when you have run around, and you are sweating</p>	<p>Risk = YES</p>	<p>YE _____ NO _____ S</p>

Engagement with the child	Guidance and prompt	Cross reference to DoH guideline questions
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Do not ask the questions as they appear in this column.

Very warm, like standing too close to a fire or a heater. Risk = YES

Proceed to Section C

C. COUGH

Required

Show me how you cough and sneeze into your elbow. Well done!

If child struggles, show him or her and help to practice it.

Do you have a cough?

Are you coughing? Do you have a new cough since yesterday? Or that started this morning?

If NO, proceed to Section D

If YES (*possible risk*), prompt the child to elaborate, for example

PROMPT:

Are you coughing a lot?

If answer is:

How many times have you coughed since you woke up this morning?

1. **not a lot** (less than 2 times) Risk = NO
2. **a lot**. Risk present – proceed to next part of prompting

PROMPT:

How does the cough feel like for you?

RISK (mark with X)

YES _____ NO _____
S

Is wet and slimy?

If YES, it is a sign associated with a **wet cough** Risk = **NO** or **LOW**.

This may be changed to a YES response only if there are other symptoms present (*The recommendations are that a wet cough is not indicative*)

or

Is it a cough that feels as if there is a tickle at the back of your throat and it burns when you cough?

If YES, it is a sign associated with a **dry cough** Risk = **YES**

Prompt for more detail to confirm

Proceed to Section D

Engagement with the child	Guidance and prompt	Cross reference to DoH guideline questions		
D. WEAK AND TIRED				
Required				
How strong do you feel today?	Await response	Do you feel weak and tired today?		
Did you feel just as strong yesterday?	If YES (<i>means no risk</i>), proceed to Section E PROMPT: If NO, prompt			
Do you feel stronger or a bit tired?	If STRONGER (<i>means no risk</i>), proceed to Section E . PROMPT: If TIRED (<i>possible risk</i>), prompt as this may not be related to illness or symptoms			
Now I wonder why you feel a bit tired this morning	Listen to response and if it is due to external factors such as baby crying in the house, noise, struggle to sleep, having nightmares. Risk = NO . Proceed to Section E PROMPT: If not, and related more to the body, prompt further.			
How tired does your body feel?	Show the card with the 4 pictures for the child to indicate			
It feels like after you have been running around a lot and cannot run anymore	If YES, Risk = YES			
I feel so heavy it is like I am dragging my legs and body <u>around with heavy bricks</u> I just don't want to walk, talk or do anything.	If YES, Risk = YES			
RISK (mark with X)				
A little nap would make me feel better	If YES, Risk = NO	<table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 50%;">YES</td> <td style="width: 50%;">NO</td> </tr> </table>	YES	NO
YES	NO			
Having some food will make me feel stronger	If YES, Risk = NO			
<i>Proceed to Section E</i>				
E. SORE THROAT				
<p>Only ask if: (a) You observe symptoms related to a sore throat; or</p>				

Engagement with the child	Guidance and prompt	Cross reference to DoH guideline questions
(b) If the child's response in General Question indicated symptoms of a sore throat; or (c) If the child's response in Sections B, C or D, indicated symptoms of a sore throat.		
Show me where your throat is?	This is important to ask as to ascertain whether child knows what you refer to when you continue with the questions. If child does not know, show him or her by pointing towards your own throat	Do you have a sore throat?
How is your throat feeling this morning?	Show the card with the 5 pictures for the child to indicate	
<i>Just like yesterday</i>	If YES, Risk = NO	
<i>It will feel better if I had a drink of water</i>	If YES, Risk = NO . Some children would not have had breakfast before coming to the ECD programme and could just have a dry throat that can hurt until they have a drink	
Feels as if I drank a hot drink like tea ... that was too warm.	If YES, Risk = YES	
RISK (mark with X)		
It hurts a when I swallow [you can prompt. a little or a lot]	If YES, Risk = YES	YE _____ NO _____ S
It burns like a hot fire	If YES, Risk = YES	
<i>Proceed to Section F</i>		

F. DIFFICULTY BREATHING

Only ask if:

- (a) You observe symptoms related to difficulty breathing; or
- (b) If the child's response in **General Question** indicated symptoms of difficulty breathing; or
- (a) If the child's response in Sections B, C or D, indicated symptoms of difficulty breathing.

Let's take a deep breath and fill our body with fresh air. When I count to three the two us are going to blow out all the air. Breath in all the way, 1-2-3... and blow out. Wasn't that nice to breathe in some fresh morning air.

Do with child.
 observe breathing of child.
 Please do this with the masks on.
If the child starts coughing directly after breathing out, it indicates respiratory difficulties and the rest of the questions doesn't have to be

Do you have difficulty breathing (shortness of breath)?

Engagement with the child	Guidance and prompt	Cross reference to DoH guideline questions
Do not ask the questions as they appear in this column.		
	asked. This will be a high-risk indication	
<p>How does it feel when you breathe?</p> <hr/> <p style="text-align: right;">PROMPT:</p> <p>Look at the pictures and tell me how it feels to breath</p>	<p>Pictures of thumb up and thumb down. If thumb down (<i>possible risk</i>) or the observation with breathing indicates concern, prompt further</p> <p>NOTE – THE CHILD CAN CHOOSE MORE THAN ONE OPTION</p>	
<p><i>It is hard to breath, as if someone has put a pillow over my nose and mouth makes it difficult to breath</i></p> <hr/> <p><i>It feels as if I have no breath. The air doesn't want to go into my chest just like something is closing my throat.</i></p>	<p>Show the card with the 4 pictures for the child to indicate</p> <p>Difficult breathing. Risk = YES</p> <p>Pressure on chest. Risk = YES</p>	
<p><i>It feels as if someone is sitting on my chest</i></p>	<p>Shortness of breath. Risk = YES</p>	<p>RISK (mark with X)</p> <p>YES _____ NO _____</p> <p>S</p>
<p><i>My chest feels sore when I breathe</i></p>	<p>Chest pain. Risk = YES</p>	
<i>Proceed to Section G</i>		

G. LOSS OF TASTE

Only ask if:

- (a) You observe symptoms related to a loss of taste; or
- (a) If the child's response in **General Question** indicated symptoms of a loss of taste; or
- (c) If the child's response in Sections B, C or D, indicated symptoms of a loss of taste.

<p>What is your favourite food?</p>	<p>Await response</p>	<p>Can you taste food and drinks normally?</p> <p>RISK (mark with X)</p>
<p>What does/ did it taste like?</p>	<p>Await response</p>	
<p>Do things taste the same this morning as it always does?</p>	<p>If YES, Risk = NO</p>	

Engagement with the child	Guidance and prompt	Cross reference to DoH guideline questions
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Do not ask the questions as they appear in this column.

PROMPT: If **NO** (*possible risk*), prompt further

YES **NO**
S

Tell me more...

Ascertain whether the ability to taste has reduced

Determine risk based on the information that child shares in relation to change in taste.

Proceed to Section H

H. SMELL

Only ask if:
 (a) You observe symptoms related to a loss of smell (nasal congestion); or
 (b) If the child's response in **General Question** indicated symptoms of a loss of smell; or
 (c) If the child's response in Sections B, C or D, indicated symptoms of a loss of smell.

What part of our body do we use to smell with?	Await response	Can you smell normally?
Yes, the nose. Now what is the nicest thing that your nose has smelled?	Await response and respond to answer of the child	
Now, will that nose of yours be able to smell that [refer to child's answer] this morning?	If YES , Risk = NO If NO (<i>possible risk</i>), prompt further	RISK (mark with X)

PROMPT:

YES **NO**
S

Why not, what is wrong with the nose that can't smell so good?

Ascertain risk depending on the answer.

If simply because nose is blocked. Risk = NO

but if child indicate a loss in smell: Risk = **YES**

Prompt for more detail to confirm

End of SCREENING

If all the responses were negative (no risk), thank the child and tell him or her that you are glad that his or her body is strong and health. Explain that you or someone else will again do the check-up the next day.

Engagement with the child

Guidance and prompt

Cross reference to DoH guideline questions

Do not ask the questions as they appear in this column.

If **only ONE ANSWER** was YES (positive for a risk), it may be because of a misunderstanding, then do the following:

- Go back to that question and re-ask the questions in the different manner.
- If the final response remains YES (positive for a risk), ask at least two more questions before a final decision is made

This part can be skipped if it can be observed that a child is ill.

If there are confirmed YES (positive for risk) responses, proceed with the protocols and standard operating procedures

Developed by A Viviers and A Mouton in consultation with medical practitioners, early childhood development experts and a small sample of 3 to 6-year-old children.