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| **Educational setting Contact Details** | |
| Name |  |
| Position |  |
| Tel number |  |
| Email |  |
| Premise name |  |
| Address |  |
| Type of setting (Nursery, School, etc) |  |
| **Details of setting (including breakfast and after school clubs)** | |
| Number of staff in total in setting? |  |
| Number of pupils in school |  |
| Number of positive cases and year bubble |  |
| Number of symptomatic cases awaiting tests and year bubble |  |
| Date of onset in first case |  |
| Date of onset in most recent case |  |
| Identification of areas where contact is/ could be made |  |
| Size and Layout of setting in affected classroom / Office   (Including number of rooms, desk space areas 2m apart, number of floors facilities |  |
| Details of toilet/bathroom/ details of handwashing facilities |  |
| communal areas accessed |  |
| Considerations to identify contacts |  |
| Access to and from school (travel arrangements) |  |
| Access to others at mealtimes/ break times? |  |
| Access to other staff/ support workers? |  |
| Access to breakfast/ afterschool clubs? |  |
| If child - Looked after by another family unit out of school/ close friendship groups? |  |
| Siblings / children accessing different classes/ schools/ nurseries? |  |
| If child- and old enough, do they work anywhere out of school time? |  |
| Do they access any out of school activities? (either teaching or attending if a child) |  |
| Do they have any thoughts on where they may have been exposed to the virus? |  |
| If staff - further considerations  Travel arrangements/ car sharing  Additional employment  Break times  Close contacts out of work  Working between bubbles  Links to external groups / activities |  |