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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 considerationsTravel arrangements/ car sharing Additional employmentBreak times Close contacts out of workWorking between bubbles Links to external groups / activities   |   |