

COKIDSS
ENROLMENT CRF FOR SCHOOL PRINCIPAL

<i>Instructions:</i>		
<i>1. All instructions are in italics.</i>		
1	What is the full name of the school?	
2	What is the school postcode?	
3	How many pupils are registered at your school?	
4	How many teachers are employed in your school (including teaching assistants)?	
5	Which year groups do your school include? <i>(multiple options allowed)</i>	[1] Nursery (before grade 0) [2] Grade 0 [3] Grades 1-2 [4] Grades 3-5 [5] Grades 6-7 [6] Other If other, please specify _____
6	Please provide number of pupils in each grade.	Nursery(before grade 0) _____ Grade 0 _____ Grade 1 _____ Grade 2 _____ Grade 3 _____ Grade 4 _____ Grade 5 _____ Grade 6 _____ Grade 7 _____
7	Please provide the number teachers per grade (including teaching assistants)?	Nursery (before grade 0) _____ Grade 0 _____ Grade 1 _____ Grade 2 _____ Grade 3 _____ Grade 4 _____ Grade 5 _____ Grade 6 _____ Grade 7 _____
8	What is your race (sex) (as assigned at birth)?	[1] Male [2] Female [3] Other, please specify other _____ [4] Prefer not to answer

9	What is your age?	[1] 25 years and under [2] 26-35 years [3] 36-45 years [4] 46-55 years [5] 56 years or over [6] Prefer not to say
10	What is your ethnic group?	[1] Indian [2] Black/African [3] White [4] Any other mixed/ multiple ethnics background [5] Any other ethnic group (<i>please specify</i>): _____ [6] Prefer not to say
11	Please provide contact details for the member of staff at your school that we should contact to make arrangements for the study:	Name: _____ Email Address: _____ Contact number: _____ Alternate contact number: _____

School opening and implementation of preventive measures		
Staff: <i>The following questions pertain to the school staff.</i>		
1 2	Which of the following preventive measures are currently being implemented at your school?	
	Staff stay home if they, or someone in their household, has COVID-19 symptoms	[1] Yes – always [2] Yes – sometimes [3] Never [4] Other If other, please specify _____
	Staff wear facemasks or face coverings in the classroom	[1] Yes – always [2] Yes – sometimes [3] Never [4] Other If other, please specify _____
	Staff wear facemasks or face coverings in corridors or communal areas	[1] Yes – always [2] Yes – sometimes [3] Never [4] Other If other, please specify _____
	Staff wear facemasks or face covering in staff rooms or shared office space	[1] Yes – always [2] Yes – sometimes [3] Never [4] Other

		If other, please specify _____
	No in-person staff meetings are held	[1] Yes – always [2] Yes – sometimes [3] Never [4] Other If other, please specify _____
	Teachers stay at the front of the classroom	[1] Yes – always [2] Yes – sometimes [3] Never [4] Other If other, please specify _____
	Staff regularly wash or sanitize hands	[1] Yes – always [2] Yes – sometimes [3] Never [4] Other If other, please specify _____
	The same teacher/teaching assistants work with a single class throughout the school week	[1] Yes – always [2] Yes – sometimes [3] Never [4] Other If other, please specify _____
1 3	Learners <i>The following questions pertain to the learners.</i>	
	Learners stay home if they, or someone in their household, has COVID-19 symptoms	[1] Yes – always [2] Yes – sometimes [3] Never [4] Other If other, please specify _____
	Learners wear face masks or face coverings in the classroom	[1] Yes – always [2] Yes – sometimes [3] Never [4] Other If other, please specify _____
	Learners wear facemasks or face coverings in corridors or communal areas	[1] Yes – always [2] Yes – sometimes [3] Never [4] Other If other, please specify _____
	Learners are not offered any after-school activities, including after-care	[0] No [1] Yes

	Daily / weekly temperature checks for Learners	[1] Yes – always [2] Yes – sometimes [3] Never [4] Other If other, please specify _____
	One-way systems in school corridors	[1] Yes – always [2] Yes – sometimes [3] Never [4] Other If other, please specify _____
	Hand sanitizers at the school entrance	[1] Yes – always [2] Yes – sometimes [3] Never [4] Other If other, please specify _____
	No large gatherings of Learners e.g., assemblies	[1] Has been implemented [2] Not applicable [3] Not sure
	Team sports is not allowed	[0] No [1] Yes [2] Not sure
	Learners regularly wash or sanitize hands	[0] No [1] Yes – always [2] Yes - occasionally
1 4	Classroom environment: <i>The following questions pertain to the classroom environment.</i>	
	Additional hand sanitizers are provided in classrooms	[0] No [1] Yes
	Learners catch their cough or sneeze with tissue or in their arm	[0] No [1] Yes – always [2] Yes - occasionally
	Seats and desks are spaced apart to maintain distance between Learners	[0] No [1] Yes – in all classrooms [2] Yes – in some classrooms
	Keep all desks facing forward	[0] No [1] Yes – in all classrooms [2] Yes – in some classrooms
	Removing soft furnishings and toys that are hard to clean	[0] No [1] Yes – in all classrooms [2] Yes – in some classrooms

Increased cleaning of frequently touched surfaces	[0] No [1] Yes
Scheduling more outdoor lessons and activities	[0] No [1] Yes
Ensuring learners do not share equipment or learning materials in classrooms	[0] No [1] Yes – in all classrooms [2] Yes – in some classrooms
Ensuring Learners do not carry equipment or learning materials between home and school	[0] No [1] Yes – in all classrooms/grades [2] Yes – in some classrooms/grades
Does your school have a policy about the number of COVID-19 cases that would necessitate closure of <u>a class</u> ?	[0] No [1] Yes, Please enter number of cases_____
Does your school have a policy about the number of COVID-19 cases that would necessitate closure of <u>a grade group</u> ?	[0] No [1] Yes, Please enter number of cases_____
Does your school have any policy about the number of COVID-19 cases that will necessitate closure of <u>the whole school</u> ?	[0] No [1] Yes, Please enter number of cases_____
Have you been given guidance about whether your school will be notified about confirmed cases among staff from any of the following sources?	[1] Department for Education [2] Department of Health [3] Local municipality [4] Other, specify _____ [5] No information received
Have you been given guidance about whether your school will be notified about confirmed cases among <u>learners</u> from any of the following sources?	[1] Department for Education [2] Department of Health [3] Local municipality [4] Other, specify _____ [5] No information received
Have you been given guidance about whether your school will be notified about confirmed cases <u>among household members of Learners</u> from any of the following sources?	[1] Department for Education [2] Department of Health [3] Local municipality [4] Other, specify _____ [5] No information received
Have you so far been directly informed by any government or public health	[1] Yes, staff case(s) [2] Yes, student case(s) [3] Yes, household member(s) of

	agency about confirmed COVID-19 cases in any of the following groups at your school?	student(s) [4] No, we have not received any information directly from public health agencies about confirmed cases at our school
	Has your school so far used the DfE Helpline for advice on COVID-19?	[0] No [1] Yes

15	In your opinion how has COVID-19 affected teachers in your school? <i>(More than one response allowed)</i>	[1] Increased anxiety [2] Increased depression [3] Less interest in the work [4] Hopelessness [5] Less commitment [6] Mood changes [7] Increased absenteeism [8] Difficulty concentrating [9] Difficulty focusing [10] More interest in the work [11] More positive energy [12] More commitment [13] No effect [14] Other (specify)
16	In your opinion how has COVID-19 affected learners in your school?	[1] Increased anxiety [2] Increased depression [3] Less interest in the work [4] Hopelessness [5] Less commitment [6] Mood changes [7] Increased absenteeism [8] Difficulty concentrating [9] Difficulty focusing [10] More interest in the work [11] More positive energy [12] More commitment [13] No effect [14] Other (specify)_____

17	In your opinion how has COVID-19 affected parents in your school?	[1] Increased anxiety [2] Increased depression [3] Less interest in the work [4] Hopelessness [5] Less commitment [6] Mood changes [7] Increased absenteeism [8] Difficulty concentrating [9] Difficulty focusing [10] More interest in the work [11] More positive energy [12] More commitment [13] No effect [15] Other (specify)_____
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COKIDSS
FOLLOW-UP CRF FOR SCHOOL PRINCIPAL

1	What is the full name of the school?	
2	How many pupils are currently registered at your school?	
3	How many teachers are currently employed in your school (including teaching assistants)?	
4	Have there been any changes regarding the grades that your school currently has (including teaching assistants)?	[1] Yes [2] No
5	Please provide number of pupils in each grade.	Nursery _____ Grade 0 _____ Grade 1 _____ Grade 2 _____ Grade 3 _____ Grade 4 _____ Grade 5 _____ Grade 6 _____ Grade 7 _____
6	Please provide the number of teachers per grade (including teaching assistants)?	Nursery _____ Grade 0 _____ Grade 1 _____ Grade 2 _____ Grade 3 _____ Grade 4 _____ Grade 5 _____ Grade 6 _____ Grade 7 _____
7	Please provide contact details for the member of staff at your school that we should contact to make arrangements for the study:	Name: _____ Email Address: _____ Contact number: _____ Alternate contact number: _____

School opening and implementation of preventive measures		
Staff: <i>The following questions pertain to the school staff.</i>		
8	Which of the following preventive measures are currently being implemented at your school?	
	Staff stay home if they, or someone in their household, has COVID-19 symptoms	[1] Yes – always [2] Yes – sometimes [3] Never [4] Other

		If other, please specify _____
	Staff wear facemasks or face coverings in the classroom	[1] Yes – always [2] Yes – sometimes [3] Never [4] Other If other, please specify _____
	Staff wear facemasks or face coverings in corridors or communal areas	[1] Yes-always [2] Yes-sometimes [3] Never [4] Other If other, please specify _____
	Staff wear facemasks or face covering in staff rooms or shared office space	[1] Yes – always [2] Yes – sometimes [3] Never [4] Other If other, please specify _____
	No in-person staff meetings are held	[1] Yes – always [2] Yes – sometimes [3] Never [4] Other If other, please specify _____
	Teachers stay at the front of the classroom	[1] Yes – always [2] Yes – sometimes [3] Never [4] Other If other, please specify _____
	Staff regularly wash or sanitize hands	[1] Yes – always [2] Yes – sometimes [3] Never [4] Other If other, please specify _____
	The same teacher/teaching assistants work with a single class throughout the school week	[1] Yes – always [2] Yes – sometimes [3] Never [4] Other If other, please specify _____

9	Learners: <i>The following questions pertain to Learners.</i>	
	Learners stay home if they, or someone in their household, has COVID-19 symptoms	[1] Yes – always [2] Yes – sometimes

		[3] Never [4] Other If other, please specify_____
	Learners wear face masks or face coverings in the classroom	[1] Yes – always [2] Yes – sometimes [3] Never [4] Other If other, please specify_____
	Learners wear facemasks or face coverings in corridors or communal areas	[1] Yes – always [2] Yes – sometimes [3] Never [4] Other If other, please specify_____
	Not providing after-school activities	[0] No [1] Yes
	Daily / weekly temperature checks for learners	[1] Yes – always [2] Yes – sometimes [3] Never [4] Other If other, please specify_____
	One-way systems in school corridors	[1] Yes – always [2] Yes – sometimes [3] Never [4] Other If other, please specify_____
	Hand sanitizers at the school entrance	[1] Yes – always [2] Yes – sometimes [3] Never [4] Other If other, please specify_____
	No large gatherings of Learners e.g., assemblies	[1] Has been implemented [2] Not sure [99] Not applicable
	Stop team sports	[1] Yes [2] No [3] Not sure
	Learners regularly wash or sanitize hands	[1] Yes – always [2] Yes - occasionally [3] No

10	Classroom environment
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<i>The following questions pertain to the classroom environment.</i>	
Additional hand sanitizers are provided in classrooms	[0] No [1] Yes
Learners catch their cough or sneeze with tissue or in their arm	[0] No [1] Yes – always [2] Yes - occasionally
Seats and desks are spaced apart to maintain distance between Learners	[0] No [1] Yes – in all classrooms [2] Yes – in some classrooms
Keep all desks facing forward	[0] No [1] Yes – in all classrooms [2] Yes – in some classrooms
Removing soft furnishings and toys that are hard to clean	[0] No [1] Yes – in all classrooms [2] Yes – in some classrooms
Increased cleaning of frequently touched surfaces	[0] No [1] Yes
Scheduling more outdoor lessons and activities	[0] No [1] Yes
Ensuring learners do not share equipment or learning materials in classrooms	[0] No [1] Yes – in all classrooms [2] Yes – in some classrooms
Ensuring learners do not carry equipment or learning materials between home and school	[0] No [1] Yes – in all classrooms/grades [2] Yes – in some classrooms/grades
Does your school have a policy about the number of cases that would necessitate closure of <u>a class</u> ?	[0] No [1] Yes, Please enter number of cases _____
Does your school have a policy about the number of cases that would necessitate closure of <u>a Grade group</u> ?	[0] No [1] Yes, Please enter number of cases _____
Does your school have a policy about the number of cases that would necessitate closure of <u>the whole school</u> ?	[0] No [1] Yes, Please enter number of cases _____

	Have you been given guidance about whether your school will be notified about confirmed cases among staff from any of the following sources?	[1] Department for Education [2] Department of Health [3] Local municipality [4] Other, specify _____ [5] No information received
	Have you been given guidance on whether your school will be notified about confirmed cases among learners from any of the following sources?	[1] Department for Education [2] Department of Health [3] Local municipality [4] Other, specify _____ [5] No information received
	Have you been given guidance about whether your school will be notified about confirmed cases <u>among household members of learners</u> from any of the following sources?	[1] Department for Education [2] Department of Health [3] Local municipality [4] Other, specify _____ [5] No information received
	Have you so far been directly informed by any government or public health agency about confirmed COVID-19 cases in any of the following groups at your school?	[1] Yes, staff case(s) [2] Yes, student case(s) [3] Yes, household member(s) of student(s) [4] No, we have not received any information directly from public health agencies about confirmed cases at our school
	Has your school so far used the DfE Helpline for advice on COVID-19?	[0] No [1] Yes
11	In your opinion how has COVID-19 affected teachers in your school? <i>(More than one response allowed)</i>	[1] Increased anxiety [2] Increased depression [3] Less interest in the work [4] Hopelessness [5] Less commitment [6] Mood changes [7] Increased absenteeism [8] Difficulty concentrating [9] Difficulty focusing [10] More interest in the work [11] More positive energy [12] More commitment [13] No effect [14] Other (specify)_____

12	In your opinion how has COVID-19 affected learners in your school?	[1] Increased anxiety [2] Increased depression [3] Less interest in the work [4] Hopelessness [5] Less commitment [6] Mood changes [7] Increased absenteeism [8] Difficulty concentrating [9] Difficulty focusing [10] More interest in the work [11] More positive energy [12] More commitment [13] No effect [14] Other (specify)_____
13	In your opinion how has COVID-19 affected parents in your school?	[1] Increased anxiety [2] Increased depression [3] Less interest in the work [4] Hopelessness [5] Less commitment [6] Mood changes [7] Increased absenteeism [8] Difficulty concentrating [9] Difficulty focusing [10] More interest in the work [11] More positive energy [12] More commitment [13] No effect [15] Other (specify)_____