

 BEDROOM RISK ASSESSMENT -

###  Date of Assessment: Date of Review: ………………………

1.Please give details of the ages and gender of the children and their current established relationship

2.Please give the views of the children and how this was captured

3.Please give details of sleeping routines, special needs of each child and the impact for the other child/ children. *(eg one child struggles to sleep and may wake the other child)*

How will this be managed effectively by the carers to reduce the impact?

4. Please give details of challenging or abusive behaviour and any potential risks? How will this be managed effectively by the carers to reduce the risks?

5. Do the children have sufficient individual space and is there a clear personalised side for each child?

6. How long have the children been sharing and are any steps being taken to alter these arrangements?

5. SUMMARY

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| --- | --- | --- | --- | --- |
| What are the issues of concern | What risks do this pose and to whom | Level of risk Low/ Medium/High | What measures are in place to mitigate the risks | Are their additional measure that need to be put in place |
|  |  | L |  |  |

6. ANALYSIS & conclusion

Signed by assessor………

Team manager…………………...