|  |  |  |  |
| --- | --- | --- | --- |
| Mosaic Number |  | Name  |  |
| Date of Approval |  | Date of Panel |  |
| Supervising Social Worker |  | Team |  |
| Auditor |  | Date of Audit |  |
|  |
| **Subject** | **Yes** | **No** | **Notes** |
| Photo of Foster Carers |  |  |  |
| Signed and dated application to foster |  |  |  |
| Completed fostering assessment |  |  |  |
| Recommendation and terms of approval |  |  |  |
| Panel Minutes |  |  |  |
| Independent Review Mechanism minutes (if applicable) |  |  |  |
| ADM Decision including reasons |  |  |  |
| Letter from ADM to carers |  |  |  |
| Signed Foster Carers agreement reflecting current approval |  |  |  |
| Current DBS checks and risk assessment where appropriate for all residents in household aged 18+ |  |  |  |
| Other appropriate risk assessments (eg Pet) |  |  |  |
| Supervision visit records signed by both FC and SSW |  |  |  |
| Unannounced visits in last 12 months (x2) |  |  |  |
| Is supervision at required frequency |  |  |  |
| Annual review completed in time, Comprehensive, clear decisions. Please state if panel or non panel |  |  |  |
| Number, age and gender of children in placement in line with current terms of approval |  |  |  |
| Variation or Exemption in place if over placement Numbers. |  |  |  |
| Safer caring plan – for household (dated) inc Covid arrangements |  |  |  |
| Safer Caring plan for placed Children (dated) inc covid arrangements |  |  |  |
| Covid-19 Risk Assessment |  |  |  |
| Placement plan for all placed children |  |  |  |
| Delegated Authority for all placed children |  |  |  |
| Evidence of Management oversight |  |  |   |
| Additional Comments |  |  |  |
| Summary |  |  |  |
| Any remedial actions required in timescales |  |  |  |
| Chronology of events |  |  |  |
| Foster carer weekly recording. (Daily Diaries) |  |  |  |

Signed Auditor ……………………………….. Date…………………………………..