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| --- | --- |
| Internal reference:  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Child: |  | Date of Incident: |  |
| Children’s Home:  |  | Time of incident: |  |
| Other related records:  |  | Location of incident: |  |

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| --- |
| What happened (brief summary of incident): |
|  |
| What led up to the incident (describe any factors or events that may have led to the incident taking place) |
|  |
| Name of person completing section  |  | Signature  |  | Role / Position  |  | Date  |  |

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| Date | Time  | Chronological account of actions taken: | Staff name & signature  |
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| Please complete the body map and identify the area of an injury using a red mark: | Description of any injuries:  |
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|  |
| Medical treatment sought:  |
|  |
| Medical treatment provided/offered:  |
|   |

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| --- | --- | --- | --- |
| Person completing the above section: |  | Date & time report written:  |  |

|  |
| --- |
| Child’s views and comments:  |
|  |
| Signature:  |  | Date:  |  |

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| --- |
| Section to be completed by a manager |
| Manager’s initial review and comments: |
|  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Print name |  | Signature |  | Role / Position |  | Date |  |

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| --- |
| Outcome of Strategy Discussion:  |
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| --- |
| Manager’s final review and sign off: |
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| --- | --- | --- | --- | --- | --- | --- | --- |
| Print name |  | Signature |  | Role / Position |  | Date |  |
| Print name |  | Signature |  | Role / Position | Reg 44 visitor  | Date |  |

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| **This section to be completed by Keyworker** |
| **Action taken or considered**  | **Yes / No**  | **Date**  | **Time**  | **Person completing action**  |
| Safeguarding referral to SW and/or PM (**office hours**) |  |  |  |  |
| Safeguarding referral to MASH (**out of hours**) |  |  |  |  |
| Reg 40 notification to Ofsted  |  |  |  |  |
| Debrief meeting arranged/held (delete) |  |  |  |  |
| HSW3 completed (if injured) |  |  |  |  |
| Police /Paramedics/Fire Brigade contacted (if needed) |  |  |  |  |
| Other (please state) |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Agencies contacted/updated** | **Named person**  | **Date**  | **Time**  | **Person completing action** |
| Social Worker  |  |  |  |  |
| IRO  |  |  |  |  |
| LAC Nurse (if injured) |  |  |  |  |
| Police link worker  |  |  |  |  |
| CAMHS link worker  |  |  |  |  |
| Parent/Carer |  |  |  |  |
| Advocate /Independent Visitor  |  |  |  |  |
| LADO |  |  |  |  |
| Youth Offending Service  |  |  |  |  |
| Keyworker & staff team  |  |  |  |  |
| Other (please state) |  |  |  |  |

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| **Name of document reviewed** | **Date updated**  | **Date sent**  | **Person completing the update**  |
| Safety Plan  |  |  |  |
| Support Plan  |  |  |  |
| Positive Handling Plan  |  |  |  |
| Missing plan  |  |  |  |
| Other (please state)  |  |  |  |