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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: |  |

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

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

|  |  |  |  |  |
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| **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) |  |  |  |