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

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

|  |
| --- |
| Give a brief summary of the incident that requires a sanction: |
|  |
| What sanction has been selected? (please refer to the child’s ‘Rewards & Consequences log’). Please include any reparation or restorative work that is being initiated. |
|  |
| How long will the sanction be in place? If over a period of time, when will this be reviewed? |
|  |
| Child’s views on the sanction |
|  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Name of Person completing report |  | Signature |  | Role / Position |  | Date |  |
| Was the young person involved | Yes / No / Partly | Signature |  |  |  | Date |  |

Please state if the child declined to sign/contribute

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Section to be completed by a manager** | | | | | |
| Manager’s initial review and comments | | | | | |
|  | | | | | |
| Print Name & Role /Position |  | Signature |  | Date |  | |

|  |
| --- |
| What impact did the sanction have? (ie was it effective?) |
|  |

|  |
| --- |
| Follow up actions: |
|  |

|  |
| --- |
| Manager’s final review and sign off: |
|  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Print name |  | Signature |  | Role / Position | Registered Manager | Date |  |
| Print name |  | Signature |  | Role / Position | Reg 44 Visitor | Date |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **This section to be completed by Keyworker** | | | |
| **Action taken** | **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 |  |  |  |
| YP Debrief meeting arranged/held (delete) |  |  |  |
| Staff debrief meeting arranged/held (delete) |  |  |  |
| HSW3 completed (if injured) |  |  |  |
| Police /Paramedics/Fire Brigade contacted (if needed) |  |  |  |
| Other (please state) |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Agency updates** | **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 |  |  |  |  |
| Ofsted (via Reg 40) |  |  |  |  |
| LADO |  |  |  |  |
| Youth Offending Service |  |  |  |  |
| Keyworker & staff team |  |  |  |  |
| Other (please state) |  |  |  |  |

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