|  |  |  |
| --- | --- | --- |
| Some elements need amending and updating  | Some elements are missing/ need updating soon  | Complete and up to date  |

**Key:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Child  |  | Completed by  |  |
| Children’s Home  |  | Role/Designation |  |
| Date completed |  | Date to be reviewed  |  |

|  |  |
| --- | --- |
| Area of file | Notes / R-A-G rating |
| New file format in place (Main/Working files)  |  |
| Old documents archived (3 months) |  |
| Residential chronology up to date  |  |
| Daily records – personalised  |  |
| Copies of all incidents reports present (Sanctions, PI’s, Reg 40’s etc)  |   |
| Quarterly file audits present  |  |
| Keyworker monthly reports present (6 months) |  |
| Supervision records present  |  |
| **Documents to be updated every month** | Please ensure all documents are signed and dated and sent to Social Worker, and parents (as necessary) |
| Summary Sheet  |  |
| Support Plan  |  |
| Safety Plan  |  |
| Behaviour Support Plan  |  |
| PEEP  |  |
| 3 SMART goals in Support Plan  |  |
| **Documents to be updated every 6 months** | Please ensure all documents are signed and dated and sent to Social Worker and parents (as necessary) |
| CSE Screening Risk Assessment present  |  |
| Radicalisation and Extremism Risk Assessment present |  |
| Missing Plan on file signed and circulated  |  |
| Template Missing Person form on file with recent photo attached  |  |
| One Page Profile updated  |  |
| Clothing/personal belongings list up to date |  |
| **Documents to be updated every 12 months** | Please ensure all documents are signed and dated and sent to Social Worker and parents (as necessary) |
| Combined LAC Medical & Health Care Plan on file  |  |
| Date LAC review due |  |
| **For children staying over 75 nights per year:**  |  |
| Delegated Authority Form or Universal Consent form present (updated every 2 yrs) |  |
| Date of last CLA review: |  |
| Date for next CLA review: |  |
| IRO’s Record of Meeting on file:  |  |
| Keyworker report for review:  |  |
| Date of last PEP meeting: |  |
| Date for next PEP meeting (every term) |  |
| Copy of current PEP on file  |  |
| Weight/Height recorded monthly  |  |
| CLA medical - dates due |  |
| Health care plan recommendations added to Support Plan |  |
| **For children who stay full time:** |  |
| Record of SDQ on file and recently reviewed |  |
| Last appointment – Doctors |  |
| Last appointment – Dentist |  |
| Last appointment – Opticians  |  |
| **Misc. documents** |  |
| Memory book/box started |  |
| Legal information up to date |  |
| Personal Events Calendar on file  |  |
| Bowel Chart (as required) |  |
| Copy of EHCP on file (as appropriate)  |  |
| Other  |  |