Annex A. Request for information on notification of an inspection of a residential family centre (2024–25)

**Important note:** Unless specified otherwise, all information provided should cover the period since the centre’s last inspection.

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| **No.** | **Item** | **Answer** |
| 1 | Name of residential family centre |  |
| 2 | Unique reference number (URN) |  |
| 3 | All addresses where the centre operates from. |  |
| 4 | Name of person completing this form |  |
| 5 | Date completed |  |

| Section 1. Information about families | | |
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| **No.** | **Item** | **Answer** |
| 6 | Number of family assessments in progress on the date of inspection |  |
| 7 | Number of families **not** subject to assessment currently being accommodated |  |
| 8 | Total number of family assessments completed |  |
| 9 | Number of assessments that have taken longer to complete than the timescale agreed at the beginning of the assessment |  |
| 10 | Number of family assessments where the family left the centre before the assessment was completed |  |
| 11a | Number of families that remained in the centre after the assessment was completed. |  |
| 11b | Please provide the dates between the court judgement and when the family left the centre |  |
| 12a | Number of families accommodated who were **not** subject to family assessment |  |
| 12b | Please explain the reason for placement |  |
| 13 | Number of complaints from parents living in the centre |  |
| 14 | Number of complaints from, or on behalf of, children living in the centre |  |
| 15 | Number of complaints from others |  |
| 16 | Number of allegations made against staff |  |
| 17 | Number of child protection referrals to local authority children’s social care team where the centre is located |  |
| 18 | Number of vulnerable adult referrals to local authority children’s social care team where the centre is located |  |
| 19 | Does your centre use surveillance? | Yes:  No: |
| 19.1 | If ‘yes’ how many families have you used surveillance for? |  |

| **Section 2. Information about staff** | | |
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| **No.** | **Item** | **Answer** |
| 20 | Initials of the social worker who carries out the family assessments |  |
| 20.1 | Social worker’s registration number with Social Work England |  |
| 21 | Qualifications of the registered manager, and date achieved |  |
| 22 | Number of staff who have left |  |
| 23 | Number of new staff employed |  |
| 24 | How many **times** have agency or other non-permanent staff been used in a care role. |  |
| 25 | How many **different members** of agency staff or other non-permanent staff have been used in a care role? |  |
| Please answer the questions below referring only to **current** staff at the time of inspection. | | |
| **No.** | **Item** | **Answer** |
| 26 | Total number of permanent care staff currently employed |  |
| 27 | Total number of other professionals currently employed (please specify) |  |
| 28 | Number of qualified staff (Level 3 Children and Young People’s Workforce Diploma) |  |
| 29 | Number of staff working towards the diploma. |  |
| 30 | Number of staff with level 3 award or certificate in Work with Parents or level 4 award in Work with Parents. |  |
| 31 | Number of staff at the centre who have a first-aid qualification |  |
| 32.1 | Please list staff training completed: online training |  |
| 32.2 | Please list staff training completed: face to face training |  |

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| Section 3. Dates of most recent checks and other records | | |
| **No.** | **Item** | **Answer** |
| 33 | Date statement of purpose was last updated |  |
| 34 | Date families’ guide was last updated |  |
| 35 | Name any policies that have been updated |  |
| 36 | Date of last gas installations check |  |
| 37 | Date of last portable appliance testing (PAT) check |  |
| 38 | Date of last health and safety risk assessment |  |
| 39 | Date of last health and safety check of the premises |  |
| 40 | Date of last two fire drills – day and time |  |
| 41 | Public liability insurance – valid until: |  |

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| **Section 4. Information about education provision for school-age children currently living in the centre** | | | | | | |
| 42. Please list the placing authority and education placement for all school-age children. | | | | | | |
| Child’s initials | Age | Date admitted to the home | Name of placing local authority | Name of educational provision (the main provision if there is more than one) | Postcode of educational provision | If no education provision please enter ‘Y’ below |
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**Please continue on an additional copy of this sheet if required.**

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| **Section 4 continued. Information about education provision for school-age children currently living in the centre** | | | | | | |
| Child’s initials | Age | Date admitted to the home | Name of placing local authority | Name of educational provision (the main provision if there is more than one) | Postcode of educational provision | If no education provision please enter ‘Y’ below |
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| Section 5. Information on key professionals for each family | | | | | | | |
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| 43. Please provide contact details of just the key professionals for each family currently on roll. This includes, for example, social worker, looked after children nurse, missing coordinator for the police, youth offending service/youth offending team workers, health visitors, child and adolescent mental health service worker, independent advocate, drug and alcohol worker.  Note that this does not need to be an exhaustive list of everyone in the family’s life. | | | | | | | |
| Child/ family’s  initials | Name | Role | Organisation | Office phone number | Mobile number | Email address |
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| Section 5 continued. Information on key professionals for each family | | | | | | | |
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| Child/ family’s  initials | Name | Role | Organisation | Office phone number | Mobile number | Email address |
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| Section 6. Further information | | |
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| **No.** | **Item** | **Answer** |
| 44 | Please provide details of any actions you have taken as a result of feedback from parents and/or children |  |
| 45 | Please provide the dates of all Regulation 25 registered provider visits in the last 12 months |  |
| 46 | Example of changes made as a result of the Regulation 25 visit |  |

| Section 7. Organisational details | | |
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| No. | Item | Answer |
| 47 | Has there been any change to the name or status of the organisation since the last full inspection? | Yes:  No: |
| 48 | If ‘yes’, please give details |  |

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| 49. For organisations and partnerships, please give the names of the current directors, secretary and other officers of the organisation or names of current partners of the company below. | |
| **Role** | **Name** |
| Responsible individual (RI) |  |
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| **Section 8: Additional information** |
| If needed, use this section to provide additional information |
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