Annex A. Request for information on notification of an inspection of a residential holiday scheme for disabled children

| **No.** | **Item** | **Answer** |
| --- | --- | --- |
| 1 | Name of holiday scheme event and dates of operation: |  |
| 2 | Name of any additional holiday events and dates of operation: |  |
| 3 | Registered provider name and unique reference number (URN): |  |
| 4a | Name of person who will be in charge of the holiday event: |  |
| 4b | Is this the same person as the registered manager: | Yes:  No: |
| 5 | Name of person completing Annex A: |  |
| 6 | Date Annex A completed: |  |

The holiday scheme must provide the information below in relation to the holiday event that it has been notified will be inspected.

| Section 1. Information about staff and volunteers working at the holiday scheme | | |
| --- | --- | --- |
| **No.** | **Item** | **Answer** |
| 7 | Qualifications (if any) of the person in charge of the holiday event |  |
| 8 | Number of staff |  |
| 9 | Number of volunteers |  |
| 10 | Number of staff and volunteers who have a first-aid qualification |  |
| 11 | List the relevant qualifications and experience of the staff and volunteers |  |
| 12 | List the induction sessions and training carried out for staff and volunteers |  |
| 13 | List all staff and volunteers who have joined the holiday scheme since April this year |  |

| **Section 2. Details of the children and any adults attending the holiday scheme** | | |
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| **No.** | **Item** | **Answer** |
| 14 | Number of children |  |
| 15 | Number of adults |  |
| 16 | Summary of significant needs of children who will attend |  |

| **Section 3. Checks for the venue being inspected** | | |
| --- | --- | --- |
| Please attach a copy of all relevant documents | | |
| **No.** | **Item** | **Date of assessment or its last review** |
| 17 | Health and safety risk assessment and management plan |  | |
| 18 | Fire risk assessment and management plan |  | |
| 19 | Details of the insurances you have that cover this holiday event and employees and/or volunteers who work for the scheme generally |  | |

| **Section 4. Policies for the venue being inspected.** | | |
| --- | --- | --- |
| Please attach the document if it is new or has been updated | | |
| **No.** | **Item** | **Date of policy** |
| 20 | Protocol with the police force local to this holiday event regarding missing children |  | |
| 21 | Child protection policy and procedure |  | |
| 22 | Behaviour support policy |  | |
| 23 | Medication management policy and procedure |  | |

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| **Section 5. Additional information** | | | | |
| Please tick for any documents you include | | | | |
| **No.** | **Item** | **Answer** | |
| 24 | A copy of the programme of activities for the holiday |  | | |
| 25 | Any Regulation 29 and 30 reports not already provided to Ofsted |  | | |
| 26 | Any improvement plan for the operation of the holiday scheme |  | | |
| 27 | For charities, organisations and partnerships: please provide, as applicable, the names of any trustees, secretaries and other officers of the organisation who have been appointed since the last inspection |  | | |
| 28 | Information about children and adults attending the scheme. – please complete the form on the following page.  Once children’s details are received, the inspector will ask for electronic case records for a small number of children that they will choose to case sample. If you do not use electronic records, the inspector will identify the children whose paper records they will want to see on site. They will ask you to include any individual risk, health or care plans. |  | | |

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| Section 6. Information about children and adults attending the scheme | | |
| 29. For each child, please provide their initials, and contact details for their parent(s) or carer(s), and any key professionals who support them. | | |
| Child’s initials | Parent or carer’s name and contact details | Key professionals supporting the attendee |
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| Section 6 continued. Information about children and adults attending the scheme | | |
| Child’s initials | Parent or carer’s name and contact details | Key professionals supporting the attendee |
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