

Annex A. Request for information at an inspection of a residential family centre

Name of residential family centre:

Name of person completing the form:

Signature:

Date:

	Information required	Details
1	For organisations and partnerships: Names of the current directors, secretary and other officers of the organisation or names of current partners of the company (please attach details to this form as applicable)	
2	Number of family assessments in progress on the date of inspection	
3	Total number of family assessments completed in the last 12 months Of those assessments how many recommendations were: <ul style="list-style-type: none"> ■ to remove all children from their parents ■ for all children to remain with their parents ■ for some children to remain and for some children to be removed (within the same family) ■ other decisions (please specify below) 	
4	Number of complaints from resident parents in the last 12 months	
5	Number of complaints from others in the last 12 months	
6	Number of allegations made against staff in the last 12 months	
7	Number of child protection referrals in the last 12 months to local authority children's social care team where the centre is located	
8	Number of vulnerable adult referrals in the last 12 months to local authority children's social care team where the centre is located	
9	Number of families requiring use of surveillance in the last 12 months	
10	Number of staff who have left in the last 12 months	
11	Number of new staff employed in the last 12 months	

12	<p>Total number of staff currently employed on the day of the inspection:</p> <ul style="list-style-type: none"> ■ number of qualified staff (please give details below) ■ number of staff undertaking qualifications ■ number of staff at the centre who have a first aid qualification ■ number of auxiliary staff ■ number of volunteers ■ number of agency staff 	
13	Please list staff training completed in the last 12 months	
	Dates of most recent checks and other records	
14	Date of gas installations check	
15	Date of Portable Appliance Testing (PAT) check	
16	Date of health and safety risk assessment	
17	Date of last health and safety check of the premises	
18	Date of fire risk assessment	
19	Date of last fire drill – day and night	
20	Date of public liability insurance policy	
21	Date of employer’s liability insurance policy	
	Further information	
22.	Please provide contact telephone numbers and email addresses for commissioners, children’s social workers and/or guardians, and solicitors	
23.	Please provide details of any actions you have taken as a result of feedback from parents	
24.	Please provide feedback from placing authorities and courts	
25.	Please provide evidence of the residential family centre’s monitoring of the quality of care, support and guidance and the impact of the residential experience for families	