

Notification form for providers of children's homes

Notifying Ofsted

Providers of children's homes must notify us of any events or incidents.¹ We ask that you use this form to do so. When notifying us please make sure that you always include your URN and full postal address.

Urgent situations

In urgent situations, particularly if there is significant media interest, you may telephone us first on 0300 123 1231 and then complete and return this form.

Completing the form

You can complete the form by hand or on your computer but you must print, sign, and return the form in hard copy to us at:

Notifications
Ofsted National Business Unit
Piccadilly Gate
Store Street
Manchester
M1 2WD.

You can use the box on the last page if you need more space. We will also accept notifications by letter or on other forms currently being used by providers.

Please consider sending your form by registered mail if it contains sensitive/personal information.

¹ Regulation 40 of The Children's Homes (England) Regulations 2015.

Section A. Personal details

Please add any additional details in Section F

1. Name of children's home	2. URN SC
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3. Address
Postcode

4. Telephone	5. Fax
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6. Email

7. Details of child(ren) if applicable Please use initials only, and insert more rows if needed.	8. Date of birth
Child 1	
Child 2	
Child 3	
Child 4	

9. Placing authority(ies) if applicable Please insert more rows if needed.	
Child 1	
Child 2	
Child 3	
Child 4	

Section B. Incident details

10. Date of incident	
11. Time of incident	am <input type="checkbox"/> pm <input type="checkbox"/>
12. Location	
13. Cause of death (if applicable/known)	
14. Date of death (if different from above)	
15. Time of death (if different from above)	am <input type="checkbox"/> pm <input type="checkbox"/>
16. Will there be an inquest or post-mortem?	yes <input type="checkbox"/> unknown <input type="checkbox"/> no <input type="checkbox"/> not applicable <input type="checkbox"/>

17. Details of staff on duty Please use initials only, and insert more rows if needed.	18. Job title

19. Witness names (if applicable) Please use initials only, and insert more rows if needed.	20. Job title or role/relationship/other For example, neighbour/shop assistant/social worker/parent.

Section C. Description of incident

21. Please provide details of the incident or matter

Section D. Notifications²

22. Reason for notification – tick as appropriate (✓)	
(a) Death of a child	<input type="checkbox"/>
(b) Referral of a person working in a home pursuant to section 35 of the Safeguarding Vulnerable Groups Act 2006	<input type="checkbox"/>
(c) Child involved in or subject to, or is suspected of being involved in or subject to, sexual exploitation	<input type="checkbox"/>
(d) Incident requiring police involvement has occurred in relation to a child which the registered person considers to be serious	<input type="checkbox"/>
(e) Allegation of abuse against the home or a person working there	<input type="checkbox"/>
(f) Child protection enquiry involving a child has been instigated	<input type="checkbox"/>
(g) Child protection enquiry involving a child has concluded	<input type="checkbox"/>
(h) Other incident relating to a child which the registered person considers to be serious.	<input type="checkbox"/>

23. Is this an update to a previous notification? Tick if yes and provide further information in the outcome of the incident section.	<input type="checkbox"/>
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24. Was the GP called?	yes <input type="checkbox"/>	no <input type="checkbox"/>	not applicable <input type="checkbox"/>
25. Date	26. Time		am <input type="checkbox"/>
			pm <input type="checkbox"/>

27. Were the emergency services called?				yes <input type="checkbox"/>	no <input type="checkbox"/>	not applicable <input type="checkbox"/>
28. Service name	29. Date		30. Time		am <input type="checkbox"/>	
					pm <input type="checkbox"/>	

² See the *Guide to the children's homes regulations including the quality standards* for guidance on the reasons to notify events.

Other notifications³

31. Placing authority (required for 22(a) and 22(b) and where a relevant person)	
32. Date	33. Time am <input type="checkbox"/> pm <input type="checkbox"/>

34. Secretary of State (required for 22(a) only if the Secretary of State is not the placing authority)	
35. Date	36. Time am <input type="checkbox"/> pm <input type="checkbox"/>

37. Local authority in whose area the home is located (required for 22(a) and where a relevant person, if the local authority is not the placing authority)	
38. Date	39. Time am <input type="checkbox"/> pm <input type="checkbox"/>

40. Clinical commissioning group (required for 22(a) and where a relevant person)	
41. Date	42. Time am <input type="checkbox"/> pm <input type="checkbox"/>

43. Other relevant persons (list here the other relevant persons who have been notified, as well as their role and the date and time)

³ Regulation 40 of The Children's Homes (England) Regulations 2015 sets out who must be notified for each event.

Section E. Outcomes and future actions

44. Outcome of incident and action taken (if notifying about the conclusion of a child protection enquiry include the enquiry's outcome)

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45. Actions to prevent further occurrence

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Signed	Print name
Job title	Date

Section F. Further information

46. Use this box if you need more space to provide us with any additional information. Please use people's initials only.

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