

Notification of serious childcare incident for local authorities



Tell us about a serious childcare incident, such as a serious injury or the death of a child.

This form is for local authority staff.

You should read this introduction before filling in this form.

Please use this form to record the details of any serious childcare incident that must be notified to the Secretary of State. In urgent situations, particularly if there is a significant media interest, telephone us on 0300 123 1231 and then complete and return the form. You may also call this number if you have problems completing the online form.

You can fill in the sections of the online form in any order you want. You can move around the form using the navigation menu on the left-hand side of the screen or by using the 'Next' and 'Back' buttons at the top and bottom of each screen. Sections automatically save as you move from screen to screen.

As you move through the form, icons will appear on the left hand menu:

symbol shows you have filled in all of the questions on the page

symbol shows that there are questions you still have to answer

Please press 'Submit' when you have filled in the form. You must answer all the questions before you send the form. Once you have sent us the form you will not be able to make any changes.

Access keys

The following access keys are available throughout the site to aid users. Other access keys are available, but only apply to specific pages. How to use the access keys can vary between browsers. If you are using Internet Explorer, press and hold the 'Alt' key and then press the letter of the access key.

b - previous page

c - cancel button

n - next page

o - OK button

space bar - to activate any highlighted button

Notifying Local Authority

Date of notification

First name of person notifying

Surname of person notifying

Role of person notifying

Telephone number

Email Address

(This is where an acknowledgement email will be sent.)

Linked cases

Incident LA (Local Authority where incident took place)	<input type="text" value="Nottinghamshire"/>
Responsible Local Authority	<input type="text" value="Nottinghamshire"/>
Incident date	<input type="text" value="21/12/2017"/>
Media interest	<input type="text" value="None"/>
Does the incident relate to the death of a child?	<input type="text" value="No"/>
Does the alleged incident involve the conduct of a member of staff?	<input type="text" value="No"/>
Is there to be a Serious Case Review?	<input type="text" value="No"/>
Panel date (if known)	<input type="text"/>

Child's last name

Child's forename

Child's middle names

Other names used

Date of birth

Age at time of incident

Gender

Ethnicity

Nationality

Please provide us with details of the child's Parents or Guardians

Parent's last name	Parent's first name	Date of birth	Relationship to child
Names Redacted		DPA 1975	Mother
		1983	Father

Please provide us with details of the child's Siblings

siblings

Sibling's last name	Sibling's first name	Date of birth	Relationship to child	Gender	Ethnicity	Other Ethnicity	Nationality (if known)
Names Redacted		/2012	Full Sibling	Female	DPA		
		DPA /2007	Half Sibling	Male			
		/2016	Full Sibling	Female			

What is the main cause of incident?

Other

Other - please specify

What are the characteristics of the case?

- | | | |
|---|---|--|
| <input type="checkbox"/> Domestic violence | <input checked="" type="checkbox"/> Sexual abuse | <input type="checkbox"/> Emotional abuse |
| <input type="checkbox"/> Alcohol abuse | <input type="checkbox"/> Parent is in care | <input type="checkbox"/> Recent neglect |
| <input type="checkbox"/> Drug abuse | <input type="checkbox"/> More than one child abused | <input type="checkbox"/> Long-standing neglect |
| <input type="checkbox"/> Parental mental health | <input type="checkbox"/> Child of teenage pregnancy | <input type="checkbox"/> Physical abuse |
| <input type="checkbox"/> Fabricated illness | <input type="checkbox"/> Parent is care leaver | <input type="checkbox"/> Not yet known |
| <input type="checkbox"/> Shaken baby syndrome | <input type="checkbox"/> Serious illness | |

Please provide a short outline of the case and the serious incident including any action taken after the incident to safeguard the child / siblings.

On the 21st December 2017 at 11:30 am, **NO-A626** made a disclosure to one of the teaching assistances at **DPA** School. He disclosed that he had touched and kissed his foster carer, **NO-F292**'s penis. The details were reported to social care on the afternoon of the 22nd December 2017.

LA actions:

- A CP strategy discussion took place and the outcome was for the case to progress to S47 investigation (joint investigation between SC and Police).
- Achieving best evidence interview undertaken.
- Protective action was taken **NO-A626** did not return to the family home.
- **NO-F292** was suspended by the Fostering Team Manger pending the outcome of the investigation.
- LADO was notified and AAP process commenced.
- AAP process has concluded and outcome is that the allegation is unsubstantiated.
- A referral was made to MASH in respect to the FC own children.
- Fostering process is on-going a review (following concerns) is to be held and case will be presented to Fostering panel.

Was the child on Child Protection Plan (CPP) at the time of the incident?

No

Was the child on a Child Protection Plan (CPP) at any time prior to the incident?

Yes

Date CPP commenced: 04/06/2013

Date CPP ended: 04/02/2014

CP Category

Physical abuse

Sexual abuse

Emotional abuse

Neglect

Were any siblings on a Child Protection Plan (CPP) at the time of the incident?

No

Were any siblings on a Child Protection Plan (CPP) at any time prior to the incident?

Yes

Name of sibling	Date CPP commenced	Date CPP ended	Physical abuse	Sexual abuse	Emotional abuse	Neglect
Names Redacted	Names Redacted /2014	Names Redacted /2015				✓
Names Redacted	Names Redacted /2014	Names Redacted /2015				✓

What was the legal status of the child / young person at the time of incident?

Placement Order

Did the child have a disability prior to the incident occurring, which affected any of the following?

Yes

Please choose:

- Behaviour
- Communication
- Consciousness
- Hand Function
- Hearing
- Incontinence
- Learning
- Mobility
- Personal Care
- Vision

Please give details here:

NO-A626 is a **DPA** male child who has a number of significant physical needs which have an impact on his health and development.

Active problems - 12/10/2017

Irrelevant

Where was the child resident / placed at time of incident?

With foster carers (long term)

Placement name

Fostering Household

Address line 1

Address line 2

Town/city

County

Postcode

DPA	

Placement sector

Local Authority

Did the child attend a college, school, child minder, nursery or other early years provision at the time of the incident?

Yes

Name of establishment

DPA	
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Address line 1

Address line 2

Town/city

County

Postcode

DPA	

Ofsted Unique Reference Number (if known)

Was the child known to Social Care or other agencies prior to the incident?

Yes

Please provide Agency names:

Agency Name	Start Date	End Date
Nottinghamshire County Council	04/07/2005	

Is the case linked to a complex abuse investigation?

No

Alleged abuser(s) and relationship to the child

Name	Relationship

Name of any person(s) charged and relationship to the child

Name	Relationship

Have Criminal Proceedings been instigated?

No

Please submit your notification using the Submit button at the bottom of this page. Please note you will not be able to amend any information once the form has been submitted so please review your answers before doing so.

The form will automatically close after it has been submitted and you will see a page that advises you to browse away. You will also receive email confirmation to the address supplied in the Notifier Details section.

We recommend that you print and keep a copy or save a PDF of this notification for your records before submitting the form. It is your responsibility to ensure the information is securely stored and this will be checked on inspection. To print the notification, please open the PDF and print it.

Please enter the text from the image below as an anti-spam measure:

On submission your notification will be securely delivered to Ofsted for review by an inspector.