



LCS

Tel:
Fax:**Supervised Contact Activity Recording****Details of Child: CLA Child (Ref: 2002118)**

Family Name	Child	Given Names	CLA
		Case Number	2002118

Contact Detail

Date:	16-Aug-2019
Venue:	Venue:
Day:	Monday
Name of parent(s):	

Name
Free Text

Persons present during contact:

Name	Designation
Free Text	Free Text

Supervisor 1:	ICS Administrator 5
Supervisor 2:	ANDREW GRANT-SOULSBY
Social Worker:	ICS Administrator 5
Locality:	LCS
Session booked from:	Session booked from:
Session booked to:	Session booked to:
Child/children time of arrival:	13:00
Parent(s) time of arrival:	13:00

Level of Supervision

Level of supervision:	Full supervision
Reasons for delay:	Reasons for delay:
Child/children time of departure:	Child/children time of departure:
Parent(s) time of departure:	Parent(s) time of departure:

Accidents/Incidents

Any incidents during contact?	Yes
If yes, accident form completed on:	16-Aug-2019
Social Worker advised on:	16-Aug-2019
Please provide any further details:	Please provide any further details:

Contact Record

Parents advised a copy of contact record can be requested directly from Social Worker:	Yes
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Performance

Contact time:	123456
Travel time:	123456

Transport time:	123456
Other time:	123456
Total time used:	493824

Details of Any Accidents/Incidents During Contact

Details of any accidents/incidents during contact:	Details of any accidents/incidents during contact:
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Summary of Activity Based Contact

Contact Summary

Greetings:	Greetings:
Interaction/play:	Interaction/play:
Safety:	Safety:
Meals/snacks:	Meals/snacks:
Basic needs:	Basic needs:
Departure:	Departure:

Comments

Give details of any advice/guidance/support given to parents:	Give details of any advice/guidance/support given to parents:
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