**Appendix I** Admission Checklist

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| **CHILDREN’S RESIDENTIAL HOMES ADMISSION CHECKLIST** |

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| **LAC DOCUMENTATION** | **DEADLINE** | **SIGN** |
| CIN AssessmentAny Assessment reportsICS Care planChronologies Placement Risk Assessment available  | Pre-admission information sharing meetingBy Admission |  |
|  |  |  |
| PEP if availableIndependent health plan (IHP) if availablePermission to smoke, to have first aid, medical treatment and to attend outings to be signedBedroom door alarm consent to be signed  | PAM |  |
| **INITIAL DISCUSSION WITH YOUNG PERSON** |  |  |
| Young person’s copy of SOP & complaints procedure | 1st Day |  |
| Young person’s copy of drug & alcohol policy | 1st Day |  |
| Young person’s copy of bullying policy for the home | 1st Day |  |
| Young person’s copy of policy on how to access their records | 1st Day |  |
| Clothing List -assessment of clothing need | 1st Day |  |
| List valuables (including serial numbers) and explain how to keep belongings safe | 1st Day |  |
| Fire & emergency procedures & drills | 1st Day |  |
| **SUBSEQUENT DISCUSSIONS WITH YOUNG PERSON** |  |  |
| Induction checklist | 1– 5 Days |  |
| **HEALTH** |  |  |
| Has the young person undergone a health assessment in the last 12 months? Yes/NoYes – IHP (Individual Health Plan) copy required on fileIf no, please contact designated nurse (LAC) to arrange an IHA. (Initial health Assessment) | Within 21 Days |  |
| Does the young person wish to, and is it possible for them to remain with his/her own:GP Yes/NoDentist Yes/NoOptician Yes/NoIf yes, please inform all of change of address.If no, please make appointments at local practices.Consent form for young person to have homely medication to be signed by GP and parents. | Within 21 Days |  |