**CIN PLAN SOS**

**Form Details**

**Form start date: Worker name:**

**CareFirst ID:**

**Gender:**

**Tell no:**

**Person details**

**Name:**

**D.O.B/EDD:**

**Address:**

|  |
| --- |
| **Meeting details** |
| **Type of Plan:**  |
| **Date of next CIN meeting:** |
| **Venue:** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Number** | **Name** | **Relationship to child/YP** | **Consulted Y/N** | **Invited Y/N** | **Attended Y/N** |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
| 5 |  |  |  |  |  |
| 6 |  |  |  |  |  |
| 7 |  |  |  |  |  |
| 8 |  |  |  |  |  |
| 9 |  |  |  |  |  |
| 10 |  |  |  |  |  |

**Plan**

|  |
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| **Contingency plan** |
| **Danger statement 1** |
| **Safety goal 1** |
| **Actions to achieve Safety goal 1** |
| **No.** | **Action** | **By whom** | **By when** | **Updated** | **Goal Achieved** | **Completion date** | **Notes** |
| 1 |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |
| **Additional information 1 (if required)** |
| **Danger statement 2** |
| **Safety goal 2** |
| **Actions to achieve Safety goal 2** |
| **No.** | **Action** | **By whom** | **By when** | **Updated** | **Goal Achieved** | **Completion date** | **Notes** |
| 1 |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |
| **Additional information 2 (if required)** |
| **Danger statement 3** |
| **Safety goal 3** |
| **Actions to achieve Safety goal 3** |
| **No.** | **Action** | **By whom** | **By when** | **Updated** | **Goal Achieved** | **Completion date** | **Notes** |
| 1 |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |
| **Add1itional information 3 (if required)** |
| **Danger statement 4** |
| **Safety goal 4** |
| **Actions to achieve Safety goal 4** |
| **No.** | **Action** | **By whom** | **By when** | **Updated** | **Goal Achieved** | **Completion date** | **Notes** |
| 1 |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |
| **Additional information 4 (if required)** |
| **Danger statement 5** |
| **Safety goal 5** |
| **Actions to achieve Safety goal 5** |
| **No.** | **Action** | **By whom** | **By when** | **Updated** | **Goal Achieved** | **Completion date** | **Notes** |
| 1 |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |
| **Additional information 5 (if required)** |

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| **Review of Plan and Update Discussion** |
| **What’s Working Well?** |
| **The Child (voice/choice)** |
| **The Family (voice/choice)** |
| **What are we worried about?** |
| **The Child (voice/choice)** |
| **The Family (voice/choice)** |
| **Signs of Safety (0-10) (to record SW analysis of situation)**  |

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| **Recommendations** |
| **Recommendations of CIN Plan** |
| **If any of the CIN Meeting members disagree about the Plan, give details** |

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| **Next Meeting** |
| **Details of the next meeting** |
| **Date of next meeting** |
| **Time of next meeting** |
| **Venue** |
| **Assessment Completed? Y/N** |
| **Significant in Chronology? Y/N** |

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| **Completion and Authorisation** |
| **Completed By Date:** **Worker:** **Tel:** **Address:**  |
| **Authorised By Date:****Manager:****Tel:** |
| **Authorisation Comment:** |