**CHILDREN’S SERVICES**

 **THE CHILDREN ACT 1989**

**The Children (Private Arrangements for Fostering Regulations 1991)**

**Social Workers Check List**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of child** |  | **DoB** |  |
| **Name of foster carer** |  | **DoB** |  |
| **Name of foster carer** |  | **DoB** |  |
| **Address** |  |
|  |  |
| **Postcode** |  |

|  |  |  |
| --- | --- | --- |
|  | **Satisfactory** | **Unsatisfactory** |
| Safety of fires, electrical socket, windows, floor coverings and glass doors |  |  |
| Cooking facilities and safety in kitchen or cooking area |  |  |
| Equipment such as cots - British Standard Approved |  |  |
| Stair gates installed |  |  |
| Safe storage of medicines and dangerous household substances |  |  |
| Pets and their control |  |  |
| Qualify of transport, car seats, safety belts, etc |  |  |
| Washing and toilet facilities |  |  |
| Outside play space |  |  |
| Fire safety eg smoke detectors installed, matches stored in a secure place |  |  |
| Access to garden, safety within it and access to road |  |  |
| Condition of premises child is to live in (state if overcrowded, insanitary, or so unfit as to endanger the child's life) |  |  |

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No** |
| Are the premises damp |  |  |
| Are the premises warm and comfortable |  |  |
| Are there any special requirements (if yes please state below) |  |  |
| Sleeping arrangements: |  |  |
| Child has own bedroom |  |  |
| Sharing a bedroom |  |  |

|  |  |  |
| --- | --- | --- |
|  | **Male** | **Female** |
| Number of family |  |  |
| Number of lodgers |  |  |

|  |  |  |
| --- | --- | --- |
|  | **Bedroom** | **Living** |
| Total number of rooms |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Rooms used as bedrooms** | **No of beds** | **Occupants - Family** | **Occupants - Lodgers** |
|  | **Male****Age** | **Female****Age** | **Male****Age** | **Female****Age** |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |

|  |
| --- |
| **Any particular comments or observations**  |
|  |

|  |  |
| --- | --- |
| **Date of visit** |  |
| **Name of social worker** |  |
| **Signed** |  |