

Name of Child / Young Person:		Date of Admission:	Room No:	Keyworker:	
Check-list				Date Completed	Signature
1	ROOM:				
	1.1	Cleaned & Prepared			
	1.2	Satisfactory Hazard / Risk Assessment			
2	KEYWORKER APPOINTED: _____				
3	CARE FILE PREPARED				
4	ADMISSION RECORDS:				
	4.1	Admission / Discharge & Fire Registers			
	4.2	Child's Admission Record Form			
	4.3	Personal Property Register			
5	PRE-ADMISSION RECORDS COMPLETED & INSERTED IN CARE FILE:				
	5.1	Child's Personal & Social Profile Form			
	5.2	Child's Preliminary Risk Assessment			
6	RECORD FORMS PREPARED FOR CARE PLAN & INSERTED IN CARE FILE:				
	6.1	Baseline Assessment of Needs for Daily Living			
	6.2	Record of Medical Appointments			
	6.3	Record of G.P. Visits			
	6.4	Daily Report Sheet			
	6.5	Monthly Review			
	6.6	Medication Record Charts			
	6.7	Child's Self-Medication Assessment			
7	INTRODUCTION & ORIENTATION:				
	7.1	Introduction to other Staff Members			
	7.2	Introduction to other Children / Young Persons			
	7.3	<i>Young Person's Guide to the Home (as Policy No 04-3000)</i>			
	7.4	Emergency Exits			
	7.5	Call Points / How to call for help			