

Chronology

Child's Name:	CHILD A
Date of Birth:	00/00/0000
UPN:	A000000000000
School	XXXXXXXXXXXX

Date/Time	Event/incident	Brief description	Action taken or not	Source of information/ documentation	Initials
	ROC/Phone call/Consultation/ Referral/ Meeting (Type) etc	A brief description of the event/incident should be recorded here. Children, young people and families may request to see this information and may be asked for informed consent to share where this is in their best interests to do so. Language should be in plain English, non-judgemental, clear and concise, so that the chronology improves understanding and supports good decision making.	Record what action has been taken, what support has been offered, referrals that have been made, who information has been shared with and if no action taken then this needs to also be recorded.	Record where the information has come from and where the detailed information is stored	In line with good practise and to ensure follow up is possible with the correct person.

Date/Time	Event/incident	Brief description	Action taken or not	Source of information/ documentation	DSL
01/02/2017 10.00am	ROC	CT – explicit sexualised behaviour	Reviewed by DSL (Mrs J) 10.45am. DSL to consult with CPSLO	Mrs Howard (CT) Child A	Mrs James
01/02/2017 11.00 am	Phone Call	Mrs James (DSL) to CPSLO. Details left await call	Await call back	Mrs James	Mrs James
01/02/2017	Consultation	Consultation	Referral	ROC	Mrs James

Reviewed 05/2020

11.44 am					
01/02/2017 12.20 am	Referral	Child Protection Contact Referral verbally made and followed up by completion of Online Contact Referral form	Await CS decision following Contact Referral	Referral Form	Mrs James