HND Children's Care
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DOCUMENT CONTROL

Document Title: Fire / Arson / Fire-Setting / Fire Safety Incident Reporting Form
Document Reference: HCC-FIRE-INC-001
Implementation Date:
Review Date: Annually or immediately following any serious incident, regulatory change, fire authority recommendation, safeguarding concern, or Ofsted requirement
Authorised By: Registered Manager / Responsible Individual

1. PURPOSE

This document must be completed immediately following any fire-related incident, attempted fire-setting behaviour, suspected arson behaviour, smoke event, ignition attempt, fire alarm activation, unsafe electrical behaviour, deliberate misuse of fire safety equipment, unsafe smoking/vaping behaviour, or any behaviour creating actual or potential fire risk within the home, grounds, vehicle, detached office, community setting, or any location connected with the child's care.

This document forms part of HND Children's Care Ltd's safeguarding, safer care, health & safety, behaviour management, incident reporting, and fire safety governance arrangements.

The purpose of this document is to ensure:

- immediate protection of children and others from harm;
- accurate factual recording;
- prompt safeguarding escalation;
- fire safety compliance;
- behavioural risk monitoring;

- management oversight;
- placement suitability review;
- multi-agency accountability;
- legal and regulatory compliance.

2. REGULATORY FRAMEWORK

This document supports compliance with:

- Children's Homes (England) Regulations 2015
- Quality Standards 2015
- Regulation 12 – Protection of Children Standard
- Regulation 13 – Leadership and Management Standard
- Regulation 14 – Care Planning Standard
- Regulation 40 – Notification of Serious Events
- Regulation 44 – Independent Monitoring
- Regulation 45 – Quality of Care Review
- Regulatory Reform (Fire Safety) Order 2005
- Health and Safety at Work etc. Act 1974
- Working Together to Safeguard Children
- Safeguarding & Child Protection Policy
- Fire Safety Policy
- Behaviour Support Policy
- Missing from Care Procedures
- Safer Care Risk Management Procedures

3. IMPORTANT STAFF INSTRUCTION

Any fire-related incident or fire-risk behaviour must be treated as a safeguarding and health & safety matter.

Staff must:

1. Make the environment safe immediately
2. Protect the child and all persons from immediate danger
3. Initiate evacuation where required
4. Contact emergency services where necessary
5. Inform the Registered Manager / on-call manager immediately
6. Complete this form before the end of shift
7. Ensure safeguarding escalation where intentional or concerning behaviour is suspected

Failure to report or record fire-risk incidents may constitute a safeguarding breach and disciplinary concern.

4. INCIDENT DETAILS

Date of Incident: _____

Time of Incident: _____

Exact Location:
☐ Child bedroom
☐ Kitchen
☐ Lounge
☐ Bathroom
☐ Hallway
☐ Garden
☐ External office / detached garage
☐ Vehicle
☐ Community setting
☐ Other: _____

5. TYPE OF INCIDENT

Tick all applicable.

Actual Fire

☐ Actual fire
☐ Small contained fire
☐ Uncontrolled fire
☐ Smoke event
☐ Burning smell detected
☐ Smouldering item discovered

Deliberate / Suspected Deliberate Behaviour

☐ Suspected fire-setting
☐ Confirmed deliberate fire-setting
☐ Attempted ignition
☐ Suspected arson behaviour
☐ Deliberate damage creating fire risk

Unsafe Behaviour

☐ Playing with matches
☐ Playing with lighter
☐ Igniting paper/fabric/materials
☐ Unsafe smoking behaviour
☐ Unsafe vaping behaviour
☐ Hidden smoking materials
☐ Device charger misuse
☐ Electrical misuse
☐ Heated appliance misuse
☐ Candle / naked flame use

Fire Safety Interference

☐ Alarm tampering
☐ Detector tampering
☐ Fire extinguisher tampering
☐ Fire blanket misuse
☐ Fire door interference
☐ Exit obstruction

Other

☐ Unknown cause
☐ Other: _____

6. PERSON INVOLVED

Name: _____

DOB / Age: _____

Role:
☐ Child
☐ Staff
☐ Visitor
☐ Contractor
☐ Other: _____

7. INCIDENT HISTORY / BEHAVIOURAL PATTERN

Has there been a previous similar incident?

☐ Yes
☐ No
☐ Unknown

If yes:

Date(s): _____

Number of previous incidents: _____

Escalating pattern identified?

☐ Yes
☐ No

Known history of:

☐ Fire-setting
☐ Arson concerns
☐ Smoking risk
☐ Vaping misuse
☐ Deliberate damage
☐ Emotional dysregulation
☐ Self-harm risk
☐ Risk-taking behaviour
☐ Trauma-related behaviour
☐ Curiosity/exploratory behaviour

8. FULL FACTUAL INCIDENT ACCOUNT

Provide a full factual chronology.

Include:

- what happened;
- what was seen/heard;

- who was present;
- what item/material was involved;
- exact behaviours observed;
- exact words spoken;
- how incident was discovered;
- escalation behaviour;
- whether intent appeared deliberate, accidental, or unknown.

Incident Narrative:

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9. WITNESSES

Staff / others present:

Name	Role	Witness Statement Attached
		☐ Yes ☐ No
		☐ Yes ☐ No
		☐ Yes ☐ No

10. FIRE SAFETY RESPONSE

Alarm activated?

☐ Yes
☐ No

If no, why?

Evacuation initiated?

☐ Yes
☐ No

All persons accounted for?

☐ Yes
☐ No

Assembly point reached?

☐ Yes
☐ No

Any refusal to evacuate?

☐ Yes
☐ No

If yes:

Emergency services called?

☐ Fire Service
☐ Police
☐ Ambulance
☐ None

Time called: _____

11. IMMEDIATE ACTION TAKEN

Tick all applicable.

☐ Child removed from danger
☐ Others evacuated
☐ Area isolated
☐ Electrical supply isolated
☐ Extinguisher used
☐ Fire blanket used
☐ Emergency first aid

☐ Continuous supervision
☐ Manager informed immediately
☐ Dynamic risk assessment completed
☐ Environment made safe

Other:

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12. PHYSICAL INTERVENTION

Was physical intervention used?

☐ Yes
☐ No

If yes:

Reason:

Cross-reference incident form:

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13. INJURY / DAMAGE

Any injuries?

☐ Yes
☐ No

Details:

Property damage?

☐ Yes
☐ No

Details:

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14. CHILD DEBRIEF / CHILD ACCOUNT

Child's account:

What did the child say happened?

Any explanation / disclosure?

Apparent motivation:

☐ Curiosity
☐ Emotional distress
☐ Anger
☐ Deliberate behaviour
☐ Attention-seeking
☐ Self-harm concern
☐ Unknown

15. SAFER CARE / ENVIRONMENTAL CHECKS

Following incident, were checks completed?

☐ Bedroom search (policy compliant)
☐ Removal of ignition sources
☐ Lighter confiscated
☐ Matches confiscated
☐ Charger/device safety checked
☐ Smoking materials removed
☐ Fire equipment checked
☐ Environmental hazards removed
☐ Exit routes checked
☐ Additional supervision implemented

16. SAFEGUARDING RISK ASSESSMENT

Does this incident indicate:

☐ Safeguarding concern
☐ Deliberate fire-setting behaviour
☐ Arson concern
☐ Criminal damage concern
☐ Risk to others
☐ Self-harm concern
☐ Emotional dysregulation
☐ Escalating behaviour
☐ Unsafe environmental behaviour

Immediate safeguarding action:

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17. NOTIFICATIONS

Tick all completed.

☐ Registered Manager informed
Time: _____

☐ On-call manager informed
Time: _____

☐ Responsible Individual informed
Time: _____

☐ Social Worker informed
Time: _____

☐ Placing Authority informed
Time: _____

☐ Parent / person with PR informed
Time: _____

☐ Fire Service informed
Time: _____

☐ Police informed
Time: _____

☐ Safeguarding referral considered
☐ LADO considered (if applicable)

18. REGULATION 40 CONSIDERATION

Registered Manager to determine whether incident meets Regulation 40 notification threshold.

☐ Yes
☐ No
☐ Under review

Details:

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19. PLACEMENT SUITABILITY REVIEW

Did this incident contradict placement compatibility / risk assessment?

☐ Yes
☐ No

Emergency placement review required?

☐ Yes
☐ No

Higher staffing required?

☐ 1:1
☐ 2:1
☐ Waking night
☐ Enhanced supervision

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20. FOLLOW-UP ACTION REQUIRED

☐ Risk assessment review
☐ Behaviour plan review
☐ Fire safety review
☐ Key work session
☐ Child support intervention
☐ Mental health review
☐ Multi-agency strategy discussion
☐ Professional meeting
☐ Staff debrief
☐ Training review
☐ Fire equipment inspection
☐ Safeguarding strategy meeting

Other:

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21. MANAGER REVIEW

Manager review:

Manager decision:

☐ No further action
☐ Monitoring required
☐ Safeguarding escalation
☐ Placement review
☐ Ofsted consideration
☐ Professional escalation

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22. RECORD RETENTION / GOVERNANCE

Record to be stored within:

☐ Child file
☐ Incident log
☐ Safeguarding chronology
☐ Fire safety log
☐ Regulation 44 evidence
☐ Regulation 45 governance review

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23. STAFF DECLARATION

I confirm this record is factual, accurate, and completed immediately following the incident.

Staff Name: _____

Role: _____

Signature: _____

Date: _____

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24. REGISTERED MANAGER AUTHORISATION

Registered Manager Name: _____

Signature: _____

Date: _____