**FORM B - Notification of ICR**

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| **Form completion by CPC or mandated sub-group** | |
| **Date** |  |
| **Name** |  |
| **Position** |  |
| **Telephone No** |  |
| **Child Protection Committee area** |  |
| **ICR information** | |
| **Child identifier / initials**  Note – only redacted information with no identifiable information/child’s initials is all we require |  |
| **Gender** |  |
| **Age of child at decision to carry out an ICR** |  |
| **Reason for decision to carry out an ICR** |  |
| **Brief summary of ICR findings** |  |
| **Recommendation and rationale whether or not to proceed to SCR** |  |
| **If not proceeding to SCR, any improvement actions identified and arrangements for oversight and implementation** |  |
| **Date of CPC Decision** |  |
| **Date of chief officers’ final decision** |  |
| **Note of any comments/discussion by chief officers:** |  |

**Please complete and return to secure mailbox:**

[cistrategicteamnotification@careinspectorate.gov.scot](mailto:cistrategicteamnotification@careinspectorate.gov.scot)

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| **Care Inspectorate Contact Details** | |
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