**Logging a concern about a child’s safety and welfare**

**(NB All concerns must be recorded but a Designated Safeguarding Lead must be informed immediately about all disclosures by a child of abuse and any situation where a child may be at immediate risk of harm at the end of their day – this form should then be filled in and passed to the DSL as soon as possible after the DSL has been informed)**

|  |  |  |
| --- | --- | --- |
| **Young Person’s Name:** | **Date of Birth:** | **Year Group:** |
| **Date:** | **Time (of writing this record):** | |
| **Name of person completing this form (please print):  Job Title:   Signature:** | | |
| **Reason(s) for recording the incident/concern (headline):** | | |
| **Record the following factually: When (date & time of incident or concern arising)? Where did your concerns arise? Who else - were any other children or staff present? What exactly did you see/hear/smell that raised your concern?** N.B. Please record any direct disclosures/statements/comments using the child or adult’s exact words in quotation marks. | | |
| **Professional opinion:** Your professional opinions, impressions and worries are important. Facts should be recorded in the box above but please record your opinions, impressions and worries here and state what has led you to form them (e.g. something you have noticed, feel or suspect). | | |
| **Action taken, including names of everyone spoken to about the incident/concern** | | |
| **Name of Designated Safeguarding Lead this form was passed to:** | | |
| **Date and time incident/concern was shared with Designated Safeguarding Lead:** | | |

**Please check to make sure your report is clear; and will be clear to someone else reading it next year**

**NOW PLEASE PASS THIS FORM TO YOUR DESIGNATED SAFEGUARDING LEAD FOR COMPLETION OVERLEAF** *(NB by end of working day at latest if child is not at immediate risk of harm)*

(Following sections to be completed by Designated Safeguarding Lead)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Time & date information received by DSL and from whom** | |  | | |
| **Any advice sought by DSL (date, time, name, role, organisation & advice given)** | |  | | |
| **DSL’s analysis of presenting issues/concerns and advice received** | |  | | |
| **Action taken** (referral to or consultation with MASH or local Children’s Services team/ monitoring advice given to appropriate staff/ Early Help etc.) If decision not to refer, state reason.  **Note time/date/names/ who information shared with and when etc.** | |  | | |
| **Outcome** (include names of individuals/agencies who have given you information regarding outcome of any referral (if made) | |  | | |
| **Parents informed (Yes/no – reasons if no)** | |  | | |
| **Where can additional information regarding child/ incident be found?** (e.g. individual file, serious incident book) | |  | | |
| **Signed** | |  | | |
| **Printed Name** | |  | | |
| **Date** | |  | | |
| **Date/time/how member of staff submitting this form received feedback about action taken from DSL** | | **Date:** | | **Time:** |
| **Face to face** | **Phone call** | | **E Mail (copy retained)** | |
| **Signature** | **Signature** | |