**06.1c Confidential safeguarding incident report form**

**New case or Update** (cross out to show correct option)

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| **Section A** Completed on the day of the incident by the designated safeguarding lead and emailed immediately with ‘New Case’ email heading, as an encrypted document to a designated officer/manager. As additional information becomes available this form is updated and re-sent. Updates with ‘Update’ in email heading, continue until the case/incident is resolved. It is important that additional fact-finding reports are included with this form. It is the designated person’s responsibility to carry out a thorough fact finding of the incident in line with procedure 06.1 Responding to safeguarding or child protection concerns.It is the designated officer/manager responsibility to complete additional detail as indicated. | | | | | | |
| **Date & time of report:** | | |  | | | |
| **Name of provider and Ofsted EY Number:** | | |  | | | |
| **Manager’s name:** | | |  | | | |
| **Date and time of incident:** | | |  | | | |
| **Child’s full name, age, gender and date of birth:** | | | | | | |
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| **Safeguarding Incident, does this relate to: (put a cross against most relevant)** | | | | | | |
| a) referral to social care (early help, child protection, or other concern such as radicalisation) | | | | | |  |
| b) it has become known that a family is involved with social care currently (i.e. child is subject to Child Protection plan, child in need plan or other form of early help assessment) | | | | | |  |
| c) a safeguarding incident in the setting, e.g. child left unsupervised, or allegations against a member of staff. | | | | | |  |
| d) other | | | | | |  |
| *Give a full and detailed description of the incident and background information* | | | | | | |
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| **Is there a CPP or any other involvement with children’s social care?** | | | | | | Yes/No |
| **Date and time LADO informed, and advice/instructions given by LADO with date provided:** | | | | | | |
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| **Date and time owners/directors/trustees consulted, prior to informing Ofsted:** | | | |  | | |
| **Date and time Social Care team informed:** | | | |  | | |
| **Date and time Ofsted informed:** | | | |  | | |
| **Date and time parents informed:** | | | |  | | |
| **Provide details on other persons/agencies informed of the incident** (including the designated person on the day of the incident, and note method of communication i.e. telephone, e-mail) | | | | | | |
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| **Planned next steps/actions** | | | | | | |
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| **Any implications for communications** i.e. press enquiries or parents enquiries, complaints etc (if known) | | | | | | |
|  | | | | | | |
| **Issues for registration, insurance, and any other potential legal issues** (if known) | | | | | | |
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| **trustees considers HR implications** (e.g. disciplinary or grievance actions (if known)) | | | | | | |
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| **Update** (brief details and date) | | | | | | |
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| **Update** (brief details and date) | | | | | | |
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| **Update** (brief details and date) | | | | | | |
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| **Report completed by:** | |  | | | | |
| **Section B** – to be completed by the designated officer/manager when the necessary information is available. | | | | | | |
| Follow up action (if required), *e.g. risk assessments, staff training* | | | | | | |
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| **Report of Investigation** (*Full and detailed report of the circumstances and outcome of the investigation. If a disciplinary hearing is held record date and outcome)* | | | | | | |
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| **Outcome of Risk Assessment:**  *List areas at risk and how the risk has been mitigated. Has the risk assessment changed the practise of the staff or setting?* | | | | | | |
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| What has been learnt from the incident? (*What should have been done/could have done, are procedural changes needed?)* | | | | | | |
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| **Section C** to be completed by the designated officer and owners/directors/trustees. | | | | | | |
| Follow up actions: | | | | | | |
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| Learning to be cascaded across the organisation. How will this be done, by who and when? | | | | | | |
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| Date to be reviewed: | | | |  | | |
| Date case closed: | | | |  | | |
| **To be completed by manager where necessary** | | | | | | |
| Please record any follow-up action taken, where relevant: | | | | | | |
|  | | | | | | |
| Manager signature: |  | | | Date: |  | |