Clare House Nursery

Safeguarding Record of Concern Form

Confidential Document

This form should be completed as soon as possible after a safeguarding concern arises. Record factual information only. Do not include opinions or assumptions unless clearly identified as professional judgement.

Child's Name:	DOB:
Person Reporting:	Job Title:
Date when observation, Event, disclosure was made:	Witness/s:

Concern: *in the space below describe what was observed/conversation; use the body map if necessary. If recording a child's own disclosure use the child's own words exactly as you remember.*

- exactly what you observed and conversation had
- the child's own words wherever possible
- who was present
- date and time
- factual observations only

(Continue on additional sheets if required.)

Child's Voice: If the child spoke to you, record their words exactly as they were said. How did the child present? What were their wishes or feelings?

Use this diagram to indicate where any injury or mark was noted.

Record:

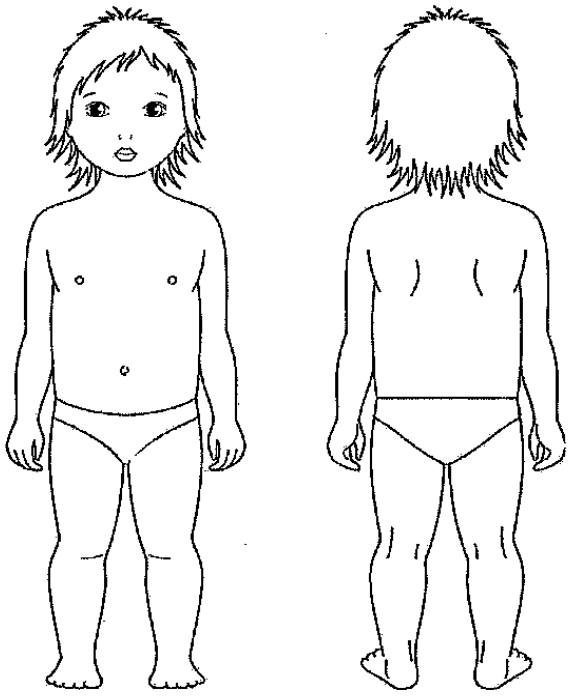
•Location of injury on body map with a **X**

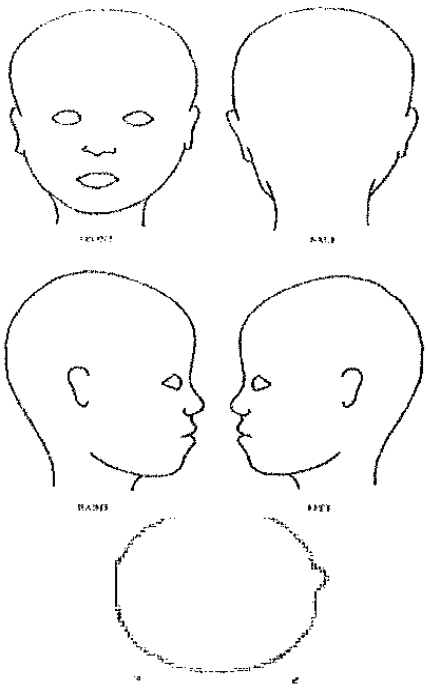
• Please add Size of injury (refer to money for sizing guide):

• Shape and length:

• Colour of bruising:

Was any Emergency medical treatment sought or advised:





☐ **Settings Designated Safeguarding Lead was informed Jayne /Karen (Please circle)**

Time: _____

By Name: _____

Designated safeguarding lead to complete:

Immediate Risk Assessment

Is the child safe today?

Are there any immediate medical concerns?

Are any other children or adults at risk?

Impact: *what are your main concerns about how this might impact on the child.*

Supportive documents used to help judgement:

☐ Effective support for children and families

☐ Families strengths and needs toolkit

☐ Other type of publication used to support family need.

Immediate Action Taken

☐ Parent/Carer informed

Time: _____

Name: _____

Explanation of injury/incident from Parents: Parents Voice:

Who needs contacting: Did family consent YES/NO

☐ Family front door Consultation line 03001233078

☐ Somerset Direct 03001232224

☐ Police contacted

☐ Emergency medical treatment sought

☐ Advice sought from another professional

☐ No immediate action required

Other Please specify:

Outcome

☐ Monitor

☐ Continue observations

☐ Family support (Clare house)

☐ Early Help Assessment

☐ Team around the family meeting (TAF)

☐ Referral to Children's Social Care

☐ DASH risk toolkit

☐ Police Referral: Crime ref number _____

☐ Prevent Referral: Crime ref number _____

☐ LADO Referral

Other Please specify:

☐ No Further Action

Reason for decision:

Designated Safeguarding Lead

Name

Signature

Date

Confidentiality

This document contains confidential safeguarding information and must be stored securely in accordance with the **Data Protection Act 2018**, **UK GDPR**, Clare House Nursery's **Safeguarding and Child Protection Policy**, and local safeguarding procedures.