**6.1c 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 person and emailed immediately with ‘New Case’ email heading, as an encrypted document to designated officer. 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’s responsibility to complete additional detail as indicated. | | | | | | |
| **Date & time of report:** | | |  | | | |
| **Name of setting 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 has involvement 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 nursery, 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) | | | | | | |
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| **Issues for registration, insurance and any other potential legal issues** (if known) | | | | | | |
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| **Owners/directors/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 dat) | | | | | | |
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| **Report completed by:** | |  | | | | |
| **Section B** – to be completed by the designated officer 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: |  | |