

APPENDIX 5

RECORDING PROCEDURE

	Who	Action	Detail
1.	Person with concern	Complete a recording form	Any member of staff, volunteer or visitor who identifies or receives a concern about the safety or welfare of a child should complete a Safeguarding Children Recording Form (unless the concern is of an urgent nature in which case appropriate action should be taken immediately and the form completed afterwards).
2.	Person with concern	Take the form to the Designated safeguarding Person	On completion of the form the person should take it to the setting's Designated Senior Member of Staff for Child Protection. If this person is unavailable the form should be taken to whoever acts in his or her absence. Important: The form is designed to facilitate a discussion about the concern or incident. The form <u>must not</u> be left for the Designated Person to access at a later date, for example in their pigeonhole or post tray. This may cause a critical delay in dealing with the concern and impact on confidentiality
3.	Person with concern and Designated CP Person	Discuss concern with the Designated Person and agree actions	The person who has made the recording should discuss the concern with the Designated Person. They should agree together, in conjunction with the LSCB Inter-Agency Safeguarding Procedures and Thresholds Framework what action should be taken and by whom (see Suggested Actions). These actions should be recorded on the Concerns Chronology Form, and all parties should agree how and when the actions will be reviewed.
4.	Designated CP Person	Add a summary to the Child Concerns Chronology	A summary of the concern and the actions agreed should be added to the chronology of concerns sheet and the recording form placed behind this chronology
5.	Person with concern and Designated CP Person	Review the actions	The review discussion should consider if the previously agreed actions have been completed and if further action or review is required. The key points of this discussion should be recorded on the back of the original Safeguarding Recording Form.

Appendix 6

CYCD Safeguarding Recording Form

Child name:		Child date of birth	
Name of Adult reporting:		Position held by adult reporting	
Date of concern/disclosure		Time of concern/disclosure	

Describe the incident/reason for concern (describe the incident, reason for concern, any identifiable impact on child):

Does the child have any bruises, marks or injury? If yes, please describe what and where

Take this form to the CYCD Director (Designated Safeguarding Person)

Notes from the meeting must be recorded.

Actions to be taken	Timescales	Completed

Signed by adult reporting _____ Date _____

Signed by CYCD Director _____ Date _____