

## Child Welfare and Child Protection Concern Record

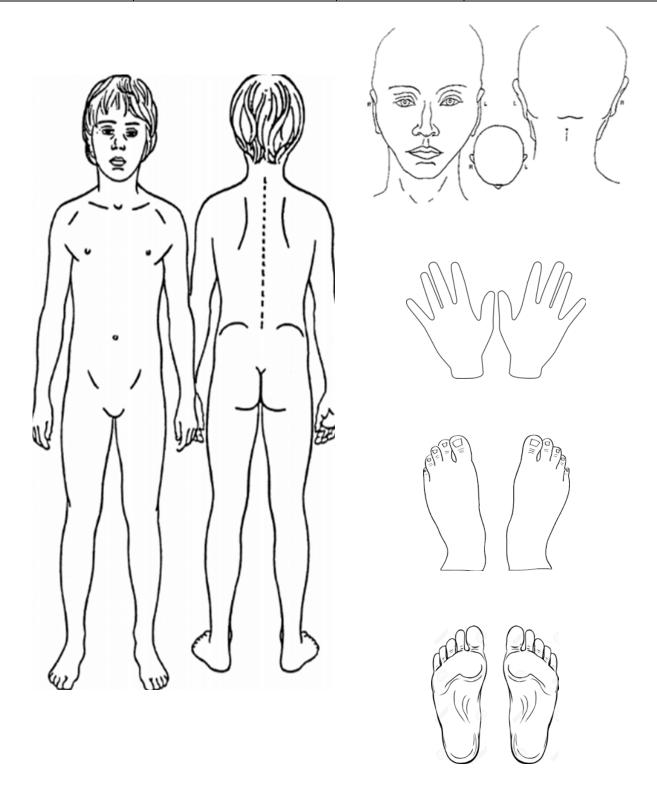
For completion where child welfare or child protection concerns are identified in accordance with the agency child protection policy. This record should be completed by the adult who first observed the concern and reported to the agency safeguarding lead without delay. The agency Safeguarding lead will review and report concerns where appropriate to Children's Social Care if a child is deemed to be in need or at risk of significant harm or in need. **This information will be disclosed only to those staff who need to know for the purposes of child protection.** Where there is no agency safeguarding lead available or in place consult with /refer to MASH where there are concerns about a child being at risk of harm.

## Please note that a new form is required for each new concern

Date of alleged						Date/ti					
incident/disclosure/concern							repo	ort			
Name of child/ren						DO	В				
Child's address											
Name of person	on making						Role	in			-
this record							Ager				
(PLEASE PRINT)							•				
Signed as a true record						Dat DD/MI					
Nature of concern											
Attach additional sheet(s) if											
necessary											
(include observa	tions. child's c	wn									
words where possible; exact											
words must be i		ey									
offend)											
Please write legibly and do not											
use acr	onyms.										
Body map	Υ										
used:	N										
Any other relevant information											
(previous concern, other professionals involved/SEN details etc.)											
Current status with Early Help		None	CAF	Υ	Known	Υ	Allocated	Υ	Child	Υ	
or Children's Social Care				N	to	N	social	N	Protection	N	
(please tick & a		е				Social		worker		Plan	
known)		Care Care Care Care Care Care Care Care									
Name of Safeguarding Lead			is to be	comple	tea b	y tne agei	ncy Sar	eguarding Le	ead	Date:	
reviewing the concern											
Concerns should be shared with parent/child, unless to do so may place a child/ren at increased risk of harm (if in doubt consult with children's social care).											
Further action taken			(				<u> </u>	<u> </u>		Date:	
Please also record whether											
concerns were shared with:											
<ul><li>parents/carers</li><li>MASH</li></ul>											
and if not outline reason(s)											
and it not dumino reason(e)											
Final outcome										Date:	

Review date: September 2017

Body Map to be completed by the person raising the concern or observing injuries										
PLEASE NOTE: CHILDREN ARE NOT TO BE UNDRESSSED OR PHOTOGRAPHS TAKEN OF ANY MARKS										
OR INJURIES										
Date concern noted	Date/time of									
	report									
Name of child	DOB									
Name of person making this record (PLEASE PRINT)	Role in agency									
Signed as a true record	Date DD/MM/YY									



Review date: September 2017