



Gordonbrock Primary School

2019/20

Child Protection Record Sheet

These are highly confidential and sensitive legal documents.

They are not to be shared with ANYONE other than the Designated Safeguarding Lead (DSL) or Deputy Designated Safeguarding Lead's (DDSL)

<u>Date:</u>	<u>Child's full name:</u>	<u>Child's D.O.B.:</u>
<u>Your name:</u>	<u>Your role:</u>	<u>Reported to:</u>

Please tick your area of concern:

<input type="checkbox"/>	Child has disclosed information (give details below).	<input type="checkbox"/>	You suspect child has a non-accidental injury.
<input type="checkbox"/>	You believe Social Services should take action immediately.	<input type="checkbox"/>	Other.

Incident/disclosure details:

Describe exactly what happened/was said. Record the child's actual words. Record all witness names. **Initial/sign at the end of your last written word.**

Action taken by DSL/DDSL



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Child Protection Monitoring Record Sheet

Sheet No:

Please record early and ongoing monitoring concerns on this sheet.

<u>Child's full name:</u>	<u>D.O.B:</u>	<u>Class:</u>
		<u>Class teacher's name:</u>

Please inform the person with parental responsibility if you have any of the following concerns and record their response. If your concerns have not been addressed after a reminder and persist, please discuss with the Designated Safeguarding Lead(DSL) or Deputy Designated Safeguarding Leads (DDSL) in order for further action to be taken.

1	Child is dirty/smells/appears uncared for.	2	Child is persistently inappropriately dressed.
3	Child is repeatedly hungry or is not provided with an appropriate breakfast/ lunch.	4	Child is distressed/highly emotive/appears depressed/withdrawn/erratic in their behaviour.
5	Concerns over attendance/patterns of inattendance.	6	Child frequently complains of aches/pains/tummy aches.
7	Child falls asleep in school regularly.	8	Other - please further explain below.
<u>Date:</u>	<u>Concern/s raised 1-8:</u>	<u>Comments: Initial/sign at the end of your last written word.</u>	<u>Action/s you've taken to address this concern(including conversations)</u>



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e-Safety incident Record Sheet

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<u>Date and time of incident:</u>	<u>Name of child/ staff member</u> <i>(delete as appropriate)</i>	<u>Child's D.O.B.</u>
<u>Your name:</u>	<u>Your role:</u>	<u>Reported to:</u>

Please tick as appropriate:

<input type="checkbox"/> An inappropriate website/material has been accessed <u>unintentionally</u> by a child/staff member <i>(delete as appropriate)</i>	<input type="checkbox"/> An inappropriate website/material is accessed <u>intentionally</u> by a child/ staff member <i>(delete as appropriate)</i>
<input type="checkbox"/> A bullying incident has occurred through email or mobile phone technology	<input type="checkbox"/> School equipment has been used inappropriately by a child/staff member <i>(delete as appropriate)</i>
<input type="checkbox"/> Location and identification number of computer/laptop/device if known:	

Incident/disclosure details:

Describe exactly what happened/was said. Record the child's actual words. Record all witness names. **Action/s you've taken to address this concern(including conversations) Initial/sign at the end of your last written word.**

Monitoring <input type="checkbox"/>	Urgent <input type="checkbox"/>
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Record of Review

Name of first reviewing person:	Name of second reviewing person:
Position:	Position:
Signature:	Signature:
Name and location of computer used to review (for inappropriate websites)	
Date and time:	
Actions Taken:	