

Office use only
To be completed by the Designated Safeguarding Lead (DSL)

Details of any previous actions/decisions taken					
Number of previous records of incidents					
Has child been the subject of an Early Help Assessment					
Is child known to other agencies (If so please list)					
Previously on Child Protection Register (Y/N)		Child Protection Plan (Y/N)		Child in Need Plan (Y/N)	
Date of most recent incident and any action taken		By whom		Date & time completed	
Outcome					
Date of incident and any action taken		By whom		Date & time completed	

Outcome			
Date of incident and any action taken		By whom	Date & time completed
Outcome			
Name of Designated Safeguarding Lead		Signature	
Date			