

# Childcare Provider Incident of Concern Form



Name of provision / childminder:	
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Child details	
Name:	Date of Birth:
Address:	

Incident details	
Date of incident:	Time of incident:
Exact location of incident:	

Made aware of incident by: (please ✓)

Telephone  Home visit  observation  third party  email

Other agency  Disclosure  other (please specify): \_\_\_\_\_

Details of incident or concern

Name of parent / carer: \_\_\_\_\_ Date: \_\_\_\_\_

Parent / carer signature: \_\_\_\_\_

Previous incidents concerns (please ✓ all that apply): **DSL to Complete**

Injury  Health  Developmental  Safeguarding

Other (please specify) \_\_\_\_\_

**Details of person reporting or observing the incident**

Full name:

Job role:

Work Address:

Work telephone:

Work email:

Date of recording:

Time of recording:

Signature:

Please tick if the details of the person recording are the same as for the person reporting or observing the incident **Only complete this section** if someone other than the person reporting or observing has completed the record

Full name of person recording:

Contact details of person recording

Telephone:

Email:

Address if different from provision/childminder:

Signature of person recording:

Signature from the person reporting, to confirm this is an accurate record of the incident of concern

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

**Information passed to Designated Safeguarding Lead (DSL)**

Full name of DSL:

Contact details of DSL:

Date and time information shared with DSL

Designated Safeguarding Lead signature:

Contact to be made with other professionals: Yes  No 

If yes, please complete and attach the relevant sections of contact form - Appendix 1 If no, this form is complete.

If at any time in the future this incident of concern is shared with other professionals, please complete the relevant sections of Appendix 1. Date completed: \_\_\_\_\_