

## Log of Concern About a Child's Welfare

Setting name:	Setting address:
Child's full name:	Child's date of birth:
Any other relevant information (e.g. ethnicity, additional needs, English as an additional language/EAL, etc.):	
Today's date and time:	
Name and role of person completing the log:	
Date and time of the incident / concern:	
<p>Description of the incident / concern <b>(if there is an injury, bruise or mark: describe the size, shape, colour and location and complete a body map):</b>  <i>Remember to include the wishes, feelings, voice of the child; what do they want to happen?</i></p>	
Any additional relevant documentation ie: Existing Injury form:	
Signature of person completing log:	
Body map completed?	<b>YES / NO</b> (If YES, please attach securely)

***Please pass this form immediately to the Designated Person for Child Protection, who should complete the section overleaf.***



## To be completed by the Designated Person for Child Protection

Name of Designated Person:

Initial action taken by the Designated Person including verbal discussion with Staff member logging the concern and with other DP's, include **your rationale for your decision**

Has the parent/carer been informed of the concern?

**YES / NO** (please circle, as appropriate)

If YES, state name of parent/carer informed and date/time:

If YES, please state who informed the parent /carer, the action taken and the outcome:

If NO, please provide the reason why not:

**Date:**

**Time:**

**Signature of Designated Person:**

Details of any further action taken or relevant information (this may include follow-up calls, feedback from other professionals, etc. and should include details.) A separate sheet can be used, if required.

***Designated Person - please ensure a record of this log is added to the child welfare chronology and added to the child's welfare file. Remember to cross reference to and check any other relevant information for the child such as existing injury forms, and attendance records.***

***If you need to make an urgent referral to Children's Social Care call 0345 045 5203***



# Body map

Full name of child:

Date of birth:

Date and time body map completed :

Name of person  
completing body map:

Role:

**Important - remember to attach the body map to the Log of Concern About a Child's Welfare.**

