**Safeguarding Checklist Model Pro-forma – Alternative Provision**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of Provision |  | No of students currently attending |  | **Actions Identified and suggested completion date.** |
| Name and contact number of Safeguarding Lead/Deputy |  |  |
| Current Child Protection Policy in line with Keeping Children Safe in Education & LSCP protocols. |  |  |
| Any Safeguarding concerns regarding our students on site? |  |  |
| Process for non-attendance of students |  |  |
| Process for students absconding from site – in keeping with LSCP protocols |  |  |
| Process for students on reduced timetables in keeping with LSCP protocols |  |  |
| Process for Behaviour Management/Risk Assessment including reporting and recording of RPI |  |  |
| Procedure for managing concerns about students |  |  |
| Online-safety for students including ICT acceptable use agreement, filtering and monitoring |  |  |
| PSHCE for students *including relevant policies (Relationship and Sex Education, Drug Education) curriculum used and if perception data is collected and used to influence the curriculum* |  |  |
| Procedures for Ed visits/ trips |  |  |
| Procedures for Meds on site / Health issues |  |  |
| Safer Recruitment processes for Staff and Volunteers? |  |  |
| Checks for Staff / Regular VolunteersIdentityDBSBarred ListProhibition from Teaching WorkOverseas Checks (including EEA)Right to Work in UKDisqualification by association  |  |  |
| Procedure for managing allegations about staff/ visitors |  |  |
| Date/Frequency of last whole staff CP training |  |  |
| Name of designated safeguarding lead officer |  |  |
| Designated safeguarding lead officer has completed the Local authority 3 day designated staff training. |  |  |
| Implementation of Prevent Duty, and Prevent Training for staff |  |  |
| All staff - KCSiE part 1 and annexe A |  |  |
| All Staff - Code of conduct? Safer Working Practice Guidance? |  |  |
| Online-safety guidance and Acceptable Use Policy for staff  |  |  |

Date Audit carried out. ------------------------------

**Name of Alternative Provider ----------------------------**

**Name of School/College-------------------------------------**

**Name of alternative provider officer presenting evidence --------------------------**

**Name of school officer verifying evidence presented ­­­­­­­­­­­­­­---------------------------**

**Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please note that all observations, recommendations and feedback are based solely upon the evidence presented on the day.**