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

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| --- | --- | --- | --- | --- |
| 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 Volunteers  Identity  DBS  Barred List  Prohibition from Teaching Work  Overseas Checks (including EEA)  Right to Work in UK  Disqualification 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.**