**A picture containing logo

Description automatically generated**

**SGF9a –** Quality Assurance post-visit risk assessment

**Date completed:**

**Visit completed by:**

**Risk assessment completed by:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Area** | **Evidence base** | **What we are worried about** | **Mitigation** | **RISK** |
| **Leadership and Management** |  |  |  |  |
| **Site Security** |  |  |  |  |
|  |
|  |
|  |
| **Identification and Management of Visitors** |  |  |  |  |
| **Safer Recruitment** |  |  |  |  |
|  |
| **Safeguarding Training** |  |  |  |  |
|  |
| **Teaching about safeguarding and the curriculum** |  |  |  |  |
| **COVID – arrangements** |  |  |  |  |
| **Response to Pupil absence** |  |  |  |  |
|  |
|  |
|  |
|  |
| **Safeguarding incidents** |  |  |  |  |

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| --- | --- | --- | --- |
| **Outcome** | | | |
| Overall risk level |  | Overall compliance |  |
| **Comments** | | | |
|  | | | |
| **Decision** | | | |
|  | | | |
| **Sign off** | | | |
| Principal |  | Designated Safeguarding Lead |  |
| Date: |  |  | |
| Signed |  | Signed |  |
| Name |  | Name |  |