**Annual Safeguarding Self-Assessment and Contract Audit Checklist**

**To be used instead of the full Safeguarding Self-Assessment Tool with:**

* **Sole Traders**
* **Consultants**
* **Organisations that employ staff but where there is limited or no contact with children and young people as part of their Contract with OCC**
1. **Please confirm the following in the table below by ticking the appropriate box and adding any additional comments where needed.**  As part of your Contract with OCC:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Question** | **Yes** | **No** | **Comments** |
| 1. | Are you a sole trader or consultant that does not employ any staff? |  |  |  |
| 1A. | Do you have any contact with children, young people, vulnerable adults or adults at risk? |  |  |  |
| 1B. | Do you employ any staff (including paid and volunteers) who may have contact with children, young people, vulnerable adults or adults at risk? |  |  |  |
| 1C. | Does your Contract with OCC have any specific requirements around safeguarding requirements? |  |  |  |

**Sole Traders / Consultants that do not employ staff** – If you have answered “Yes” to Questions 1A or 1C, then please complete the following Tables A & C. Please provide any evidence requested and sign and date the end of this document.

**Organizations that employ staff** **with limited or no contact with children, young people, vulnerable adults or adults at risk**– If you have answered “Yes” to either Questions 1A, 1B or 1C, please complete the following Table B & C. Please provide any evidence requested and sign and date the end of this document.

**Table A – For completion by Sole Traders / Consultants that do not employ any staff**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Questions** | **Yes** | **No** | **Comments** |
|  | **Safer Recruitment** |  |  |  |
| 1. | I can confirm that I have a valid enhanced DBS check which has been updated within the last 3 years – *Please provide details of the date this was completed, DBS number and the Organization that verified your identity in the comments section opposite* |  |  |  |
| 2. | I am registered with the DBS update service |  |  |  |
|  | **Safeguarding Training** |  |  |  |
| 3. | I have received the appropriate level of Safeguarding Training within the last two years – *Please check training requirements on* <http://training.oscb.org.uk/>. *Please also provide a copy of the certificate*  |  |  |  |
|  | **Safeguarding Reporting** |  |  |  |
| 4. | I am aware of the safeguarding reporting requirements in Oxfordshire <http://oxfordshirescb.proceduresonline.com/>and can confirm that I have read and understand the attached **Immediate Concerns about a Child** document – *Please return the signed declaration* |  |  |  |
|  | **Insurances** |  |  |  |
| 5. | I have attached copies of all insurance certificates in relation to my Contract with OCC |  |  |  |

**Table B – For completion by Organizations that employ staff that have limited or no contact with children, young people, vulnerable adults or adults at risk**

**The questions below refer to all staff employed in connection with the delivery of your Contract on behalf of Oxfordshire County Council. This includes permanent, voluntary, casual and agency staff.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Questions** | **Yes** | **No** | **Comments** |
|  | **Policies** |  |  |  |
| 1. | I / we can confirm that we have a Safeguarding Policy in place that reflects the Oxfordshire Safeguarding Children’s Board requirements and is reviewed at least annually <http://oxfordshirescb.proceduresonline.com/> |  |  |  |
| 2. | I / we can confirm that we have an up to date Whistleblowing and Complaints Policy in place  |  |  |  |
|  | **Safer Recruitment** |  |  |  |
| 3. | I / we can confirm that our Recruitment & Selection Policy is in line with “Safer Recruitment” guidance and that this is applied at all times in the recruitment of our staff \* |  |  |  |
| 4. | I / we can evidence that DBS checks in line with the vetting and barring legislation, are undertaken on all staff who have contact with children, young people, vulnerable adults or adults at risk  |  |  |  |
| 5. | I / we confirm that we shall inform the Council’s contact of any DBS disclosures within 24 hours of them becoming know |  |  |  |
| 6. | I / we understand that no staff member with DBS Disclosures, should begin work with a child or young person or family member until the Council’s Contact has been notified and approval confirmed by Oxfordshire County Council |  |  |  |
|  | **Training** |  |  |  |
| 7. | I / we confirm that all staff have undertaken the appropriate Oxfordshire Safeguarding Children’s Board (or equivalent) Safeguarding training within the past 2 years \*\* <http://training.oscb.org.uk/> |  |  |  |
|  | **Safeguarding Reporting** |  |  |  |
| 8. | I / we can confirm that all staff are aware of the Safeguarding Reporting requirements in Oxfordshire <http://oxfordshirescb.proceduresonline.com/>and that a copy of the attached **“Immediate Concerns About a Child”** has been shared with all staff – *Please return the signed declaration* |  |  |  |
|  | **Insurances** |  |  |  |
| 9. | I / we have attached copies of all insurance certificates in relation to our Contract with OCC |  |  |  |

**\*Safer Recruitment Guidelines include ensuring:**

* Identity has been confirmed using photo ID
* Name, Address and DOB have been verified
* Validity of Qualification Certificates has been checked
* Right to Work in the UK / Overseas checks have been verified (where applicable)
* At least 2 references have been received and followed up
* Any gaps in employment history have been checked and verified

\*\* **Training**: Please check training requirements and courses available at <http://training.oscb.org.uk/>

**TABLE C – Please complete the information below so that we can ensure our contact details are correct**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name of Lead Contact for your Contract with OCC** | **Address details** | **Telephone Number** | **E-mail address** | **Do you have a Business Continuity Plan in Place?** **Yes / No** | **When was this last reviewed** |
|  |  |  |  |  |  |

Name of Sole Trader / Consultant / Organisation……………………………………………………………………………………………………

Name of person completing this checklist…………………………………………………………………………………………………………….

Job title of person completing this checklist………………………………………………………………………………………………………….

Signature of person completing……………………………………………………………………………………………………………………….

Date…………………………………………………………………………………………………………………………………………………………