

Organisation Level Licensing

Inspection Tool – Family Based Care Services annual inspection

PURPOSE

This annual inspection tool is relevant only to organisations that have been granted a licence to recruit, train, assess and support approved carers. The inspection tool should be used by the Community Support Officer (CSO) or equivalent to guide each site inspection in order to assess the care service's compliance with licensing requirements as set out in the *Child Protection Act 1999* and *Child Protection Regulation 2011*. The inspection tool should form the basis of discussions with care service staff that are present during the inspection. Following the inspection, the CSO should conduct an exit discussion with a service representative to provide an indication of any issues identified during the inspection.

The CSO should ensure that a copy of the "non-compliance management" template is available and if non-compliance is revealed during an inspection should complete the first part of the "non-compliance management" template on site if this is practical. This should include recording the "investigation" part of the "non-compliance management" template, which will reflect the findings of the inspection. After the inspection, the CSO **must** immediately discuss any potential legislative non-compliance identified during the inspection with the Community Support Manager (CS Manager).

Once the CS Manager has endorsed the investigation findings, consult with the Child Safety Licensing (CSL) team to determine if the region will lead the non-compliance management process as a service level issue or the CSL team will lead the process as an organisation wide issue.

This inspection tool must be forwarded to the service with a copy emailed to the CSL team. If any issues are identified a copy of the "non-compliance management" template (or partially completed if the CSL team is leading the non-compliance management process) must be included with the copy to CSL. A copy of the completed tool must be placed on the departmental service file. The inspection details and findings must be recorded on the Licence Information System (LIS).

Where an unscheduled inspection is undertaken following concerns about the whole organisation, relevant regions will be advised by the CSL team of the inspection requirements and whether this inspection tool or another inspection requirement should be used.

AUTHORITY

The authority for CSOs to undertake service site inspections is:

- *Child Protection Act 1999*, sections 145-147
- *Child Protection Regulation 2011*, section 8

PREPARATION

Prior to conducting a scheduled service inspection, the CSO should prepare for the inspection by undertaking a review of relevant service information. The purpose of the review is to identify any specific matters that should be given particular focus during the inspection: This should include:

- any Standards of Care concerns (formally Matters of Concern) that have been raised since the previous inspection/Human Services Quality Framework (HSQF) audit and consideration of potential implications for legislative compliance. These should be cross-referenced with the service's records during the service inspection
- any incident reports, if received, since the previous inspection and consideration of potential implications for legislative compliance. These should be cross-referenced with the service's records during the service inspection.
- any information received about the service from the Commission for Children and Young People and Child Guardian (eg; Community Visitor reports provided to the CSSC and the care service).
- the service file and Licensing Information System to identify any previous non-compliance issues in relation to the service.
- the previous Service Meeting Minutes to identify any issues of concern.
- discussion with the region's Client Relations Officer to determine whether any complaints have been received since the previous inspection which may indicate legislative non-compliance.
- any previous Annual Licence Summary Reports (prepared by the CSL team) to determine whether any themes or trends have been identified regarding legislative compliance during previous years.

Also;

- Have a copy of a blank “non-compliance management” template to hand in case the inspection reveals non-compliance concerns.
- The CSL team will advise if any matters raised in the HSQF audit require a particular focus.

HOW TO USE THIS FORM**Sections to be completed**

- Section 1:** Record the details of the organisation and inspection. This can be completed in advance of the inspection.
- Section 2:** Identify relevant records and files to be sampled. Then record the documents and items inspected and the findings. The documents and items inspected are linked to the inspection findings in section 3. Ensure that when examining a document or item all of the relevant section 3 monitoring requirements are checked. An optional template is attached as attachment 3 for this purpose. Regions can use their own tools for this activity if they prefer.
- Section 3:** Record the findings for the inspection for each of the licensing monitoring requirements. The inspection conducted in section 2 will have provided all of the necessary information to complete this section.
- Section 4:** Summarise the inspection findings. This is used to inform the summary report to the service.
- Section 5:** CSO and CS Managers sign-off on the findings.

Guidance

- Attachment 1:** Guidance for Licensing requirements
- Attachment 2:** Guidance for licence monitoring requirements
- Attachment 3:** Optional template to identify relevant records and files to be sampled.

Section 1: Licensed Care Service Summary Information

Care Service Address: <Address of service> <i>Physical location of the family based care service to be inspected</i>	Registered Name of Organisation: <Organisation Registered Name>
OID (LIS): <Org ID.>	Licence Number: <No.>
Licence period: From Click here to enter a date. To Click here to enter a date.	Current Number of placements: <No.>
Date of Inspection: Click here to enter a date.	
Departmental region: <Select Region>	Name of CSO: <Name>
Care Service Staff providing information during the inspection: <Name(s)>	

Section 2: Inspection worksheet

In planning for and determining the sample, the CSO needs to consider the following:

- For files, the sample should consist of:
 - Up to 10 files = All files are to be reviewed
 - Over 10 files = A minimum of 10 files are to be reviewed.
- The sample will be determined by the type(s) and location(s) of records held by the service. That is, the types of records included in the sample will vary according to the service type as well as their location (i.e. foster care services will keep foster carer files in addition to the children/young people files and staff files kept by residential care services. Whereas specialist foster and direct care services will keep direct care staff files in addition to children/young people files, foster carer files and other staff files);
- Samples must reflect the range of evidence that is available; and
- The records selected for samples are, wherever possible, not to be replicated during the subsequent monitoring visits.

When examining service records, the CSO needs to consider the following:

- Prior to conducting the inspection, request and confirm that the inspection site has the data available (applicable to announced site inspections only);
- Use the records obtained as a result of inspecting the records kept in line with requirements of section 7 of the Child Protection Regulation 2011, to randomly select files that will be inspected, and allocate them a code e.g. file Smith is allocated code A1, Jones is allocated code A2, etc.

Number of children/young people placed:	<No.>	Sample of children/young people's files and records:	<No.>
Number of staff:	<No.> Care workers <No.> Managers <No.> Professional Staff <No.> Support workers	Sample of staff files, records or registers:	<No.> <No.> <No.> <No.>

CSOs may use attachment 3 to collect and analyse evidence or their own regional tool.

Section 3: Inspection findings

Managers and staff engaged to provide care (includes volunteers) are suitable

	Yes	No	N/A
1. Do the records reflect that the following comply/complied with the suitability* requirements of the <i>Child Protection (CP) Act 1999</i> : <input type="checkbox"/> Persons who are responsible for directly managing the care service <input type="checkbox"/> The persons who are engaged in relation to the provision of care services by the service <input type="checkbox"/> Any Casual/Temporary staff, for example from a personnel agency, used by the service since the last inspection? <small>*The Licensee decides suitability, see guidance for question 1 for relevant evidence requirements.</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Are the details of all managers/staff/volunteers working at the service at the time of inspection present on the service's register of staff suitability?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If 'no' is indicated for any item please:

- *outline reason/s and provide brief suggestions to achieve legislative compliance; or*
- *outline additional information made available that overrides the "no" rating.*

If "N/A" is indicated for any item, please outline reasoning:

Overall Assessment:

(To achieve compliance with legislative requirements, all applicable inspection items must be rated as "yes" unless additional information is provided above to override the rating)

Based on the sample of records and physical evidence reviewed during the inspection:

- This assessment indicates that the service **IS** complying with the above legislative requirements
- This assessment indicates that the service **IS NOT** complying with the above legislative requirements

Managers and staff (includes volunteers) engaged to provide care hold a positive prescribed notice (blue card or exemption card) and the organisation has a risk management strategy			
	Yes	No	N/A
3. Do all managers/staff/volunteers working at the service at the time of the inspection comply with the screening requirements of the CCYPCG Act? (NB: Volunteers must hold a current Blue Card or Exemption Card, whereas managers/staff may have an application submitted for a Blue Card or Exemption Card).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Does the service maintain records of Blue Cards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Do the records reflect that the following comply/complied with the blue card/exemption requirements of the CP Act 1999 s129(A)(c): <input type="checkbox"/> Persons who are responsible for directly managing the care service <input type="checkbox"/> The persons who are engaged in relation to the provision of care services by the service <input type="checkbox"/> Any Casual/Temporary staff, for example from a personnel agency, used in the provision of the care service since the last inspection?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Are the details of all managers/staff/volunteers working at the service at the time of inspection present on the service's register of Blue/exemption Cards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>If 'no' is indicated for any item please:</p> <ul style="list-style-type: none"> outline reason/s and provide brief suggestions to achieve legislative compliance; or outline additional information made available that overrides the "no" rating. 			
<p>If "N/A" is indicated for any item, please outline reasoning:</p>			
<p>Overall Assessment: (To achieve compliance with legislative requirements, all applicable inspection items must be rated as "yes" unless additional information is provided above to override the rating)</p> <p><u>Based on the sample of records and physical evidence reviewed during the inspection:</u></p> <p><input type="checkbox"/> This assessment indicates that the service IS complying with the above legislative requirements</p> <p><input type="checkbox"/> This assessment indicates that the service IS NOT complying with the above legislative requirements</p>			

Care services provided by the licensee comply with the statement of standards (S122 <i>Child Protection Act 1999</i>)			
	Yes	No	N/A
<i>Services employing direct care staff (eg: youth workers or child support workers)</i>			
7. Does a sample of children's records show the service has a document that describes the care each individual child will receive to meet their needs (Aligned to the standards of care)? For example: an individualised care plan. The service may have, but does not need to have, the following documents to support this: Authority to Care, Placement Agreement, Individual Client Agreement, Departmental Case Plan, Positive Behaviour Support Plan, Cultural Plan, Transition from Care Plan.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Services employing direct care staff (eg: youth workers or child support workers)</i>			
8. Does a sample of children's records show the document that describes how the care will meet the child's needs has been reviewed and updated to reflect the child's changing needs, including changes identified by the organisation or notified by the department, for example to align to a review of the case plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Care service has a copy of the foster carer agreement for each approved foster carer Child Safety Practice Manual stipulates that foster and kinship care services are responsible for negotiating and reviewing carer agreements with carers who are affiliated with the foster and kinship care service.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Carer files or other service records indicate that support visits (home visits) to carers have occurred in the timeframes documented in the service's process documents.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. The care service maintains a current register of carer approvals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Records indicate that all new and renewal foster/kinship carer applications are submitted to the department for approval (where action has been necessary) .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If 'no' is indicated for any item please: <ul style="list-style-type: none"> • outline reason/s and provide brief suggestions to achieve legislative compliance; or • outline additional information made available that overrides the "no" rating. 			
If "N/A" is indicated for any item, please outline reasoning:			
<p>Overall Assessment: (To achieve compliance with legislative requirements, all applicable inspection items must be rated as "yes" unless additional information is provided above to override the rating)</p> <p><u>Based on the sample of records and physical evidence reviewed during the inspection:</u></p> <p><input type="checkbox"/> This assessment indicates that the service IS complying with the above legislative requirements</p> <p><input type="checkbox"/> This assessment indicates that the service IS NOT complying with the above legislative requirements</p>			

Suitable selection, training and management of people engaged to provide care (managers, staff and volunteers)			
	Yes	No	N/A
13. Are there selection records for all staff recruited since the last inspection, showing a merit process was used?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Are there records demonstrating that all staff have undertaken service induction or are scheduled to undertake service induction within the timeframes described in the service process documents?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Are there current records demonstrating that all relevant staff have undertaken training in relation to reporting harm/potential harm or are scheduled to undertake training in relation to reporting harm/potential harm within the timeframes described in the service process documents?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Services employing direct care staff (eg: youth workers or child support workers)</i> 16. Are there records demonstrating that all relevant staff have undertaken cultural competence training or are scheduled to undertake cultural competence training within the timeframes described in the service process documents?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Services employing direct care staff (eg: youth workers or child support workers)</i> 17. Are there current records demonstrating that all relevant staff have undertaken training in positive behaviour support or are scheduled to undertake training in positive behaviour support within the timeframes described in the service process documents?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Services employing direct care staff (eg: youth workers or child support workers)</i> 18. Are there current records demonstrating that care service staff have been provided with regular supervision?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>If 'no' is indicated for any item please:</p> <ul style="list-style-type: none"> outline reason/s and provide brief suggestions to achieve legislative compliance; or outline additional information made available that overrides the "no" rating. 			
<p>If "N/A" is indicated for any item, please outline reasoning:</p>			
<p>Overall Assessment: <i>(To achieve compliance with legislative requirements, all applicable inspection items must be rated as "yes" unless additional information is provided above to override the rating)</i></p> <p>Based on the sample of records and physical evidence reviewed during the inspection:</p> <p><input type="checkbox"/> This assessment indicates that the service IS complying with the above legislative requirements</p> <p><input type="checkbox"/> This assessment indicates that the service IS NOT complying with the above legislative requirements</p>			

Reporting harm and suspected harm immediately, and procedure to report harm and concerns about the standard of care			
	Yes	No	N/A
19. Does the service keep records of harm, potential harm, and/or concerns about the standard of care that have been reported to the Department? This refers to: I. harm that the staff member has become aware, or reasonably suspects has been caused to a child in the care of the service; or II. a concern that a staff member has about the standards of the care services provided.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Has the Department been notified of all alleged harm, potential harm and or alleged concerns about the standard of care? ▪ Check that incidents relating to harm, potential harm or concerns about the standard of care contained within service records (e.g. client files, daily logs, day books) have been reported to the Department. ▪ Check Regional SOCR/Harm Report (formally MoC) register (ICMS can be used for this) prior to the inspection and compare with service's records.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Does the record of reporting harm and/or concerns about the standard of care detail action taken in response to each matter?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Do records reflect that any harm or suspected harm that occurred was reported immediately to the Department?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Do records reporting harm to the Department (eg-registers/incident reports) include the following details in accordance with The Regulation? <input type="checkbox"/> the child's name and sex; <input type="checkbox"/> the child's age, if known by the responsible person; <input type="checkbox"/> details of the basis for the responsible person becoming aware, or reasonably suspecting, that harm has been caused to the child; <input type="checkbox"/> details of the harm or suspected harm; <input type="checkbox"/> particulars of the identity of the person who caused, or is reasonably suspected of causing, the harm, if known by the responsible person; <input type="checkbox"/> particulars of the identity of any other person who may be able to give information about the harm or suspected harm, if known by the responsible person.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If 'no' is indicated for any item please: • outline reason/s and provide brief suggestions to achieve legislative compliance; or • outline additional information made available that overrides the "no" rating.			
If "N/A" is indicated for any item, please outline reasoning:			
<p>Overall Assessment: (To achieve compliance with legislative requirements, all applicable inspection items must be rated as "yes" unless additional information is provided above to override the rating)</p> <p><u>Based on the sample of records and physical evidence reviewed during the inspection:</u></p> <p><input type="checkbox"/> This assessment indicates that the service IS complying with the above legislative requirements</p> <p><input type="checkbox"/> This assessment indicates that the service IS NOT complying with the above legislative requirements</p>			

Keeping records			
	Yes	No	N/A
24. Does the service have records of the following details for each child/young person receiving care from the service? <ul style="list-style-type: none"> <input type="checkbox"/> The name, date of birth and sex of each child <input type="checkbox"/> The first and last days of each period during which the child received services <input type="checkbox"/> The name and address of the licensed care facility in which the child/young person is residing OR the name and address of the carer in whose care the chief executive has placed the child <input type="checkbox"/> Details of any significant event relating to the child/young person that happened during the residency? 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Does the service have records that contain: <ul style="list-style-type: none"> <input type="checkbox"/> Details of any written complaint received by the licensee in relation to the child's care by the care service? <input type="checkbox"/> Details of any action taken in relation to the complaint? 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>If 'no' is indicated for any item please:</i> <ul style="list-style-type: none"> • outline reason/s and provide brief suggestions to achieve legislative compliance; or • outline additional information made available that overrides the "no" rating. 			
<i>If "N/A" is indicated for any item, please outline reasoning:</i>			
<p>Overall Assessment: (To achieve compliance with legislative requirements, all applicable inspection items must be rated as "yes" unless additional information is provided above to override the rating)</p> <p><u>Based on the sample of records and physical evidence reviewed during the inspection:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> This assessment indicates that the service IS complying with the above legislative requirements <input type="checkbox"/> This assessment indicates that the service IS NOT complying with the above legislative requirements 			

Confidentiality of information			
	Yes	No	N/A
26. Is data: <ul style="list-style-type: none"> • stored securely, and • managed in a confidential manner in line with section 187 of the Act? 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If 'no' is indicated for any item please: <ul style="list-style-type: none"> • outline reason/s and provide brief suggestions to achieve legislative compliance; or • outline additional information made available that overrides the "no" rating. 			
If "N/A" is indicated for any item, please outline reasoning:			
<p>Overall Assessment: (To achieve compliance with legislative requirements, all applicable inspection items must be rated as "yes" unless additional information is provided above to override the rating)</p> <p><u>Based on the sample of records and physical evidence reviewed during the inspection:</u></p> <p><input type="checkbox"/> This assessment indicates that the service IS complying with the above legislative requirements</p> <p><input type="checkbox"/> This assessment indicates that the service IS NOT complying with the above legislative requirements</p>			

Approved carer suitability and blue/exemption cards			
	Yes	No	N/A
27. Does the service maintain records of Carer suitability and Blue/exemption Cards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Do the records reflect that all Carers have current suitability and Blue/exemption Cards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><i>If 'no' is indicated for any item please:</i></p> <ul style="list-style-type: none"> • <i>outline reason/s and provide brief suggestions to achieve legislative compliance; or</i> • <i>outline additional information made available that overrides the "no" rating.</i> 			
<p><i>If "N/A" is indicated for any item, please outline reasoning:</i></p>			
<p>Overall Assessment: <i>(To achieve compliance with legislative requirements, all applicable inspection items must be rated as "yes" unless additional information is provided above to override the rating)</i></p> <p><u>Based on the sample of records and physical evidence reviewed during the inspection:</u></p> <p><input type="checkbox"/> This assessment indicates that the service IS complying with the above legislative requirements</p> <p><input type="checkbox"/> This assessment indicates that the service IS NOT complying with the above legislative requirements</p>			

ADDITIONAL COMMENTS / OBSERVATIONS

Section 4: INSPECTION SUMMARY

This section is to be used to summarise final inspection outcomes following the CSO's inspection and to inform the discussion with the Regional CS Manager. Where a "no" rating is indicated, the CSO must specify the section of legislation which they have assessed the service to be non-compliant with.

Inspection item	Based on the sample of records and physical evidence reviewed during the inspection does service meet legislative requirements?		Additional Information (where 'no' is indicated)	
	Yes	No	Issue Identified	Recommendation
Managers and staff engaged to provide care (includes volunteers) are suitable* <small>*The Licensee decides suitability, see guidance for question 1 for relevant evidence requirements</small>	<input type="checkbox"/>	<input type="checkbox"/>		
Managers and staff (includes volunteers) engaged to provide care hold a positive prescribed notice (blue card or exemption card) <u>and</u> the organisation has a risk management strategy	<input type="checkbox"/>	<input type="checkbox"/>		
Care services provided by the licensee comply with the statement of standards	<input type="checkbox"/>	<input type="checkbox"/>		
Suitable selection, training and management of people engaged to provide care (managers, staff and volunteers)	<input type="checkbox"/>	<input type="checkbox"/>		
Reporting harm and suspected harm immediately, and procedure to report harm and concerns about the standard of care provided	<input type="checkbox"/>	<input type="checkbox"/>		
Keeping records	<input type="checkbox"/>	<input type="checkbox"/>		
Confidentiality of information	<input type="checkbox"/>	<input type="checkbox"/>		
Approved carer suitability and blue/exemption cards	<input type="checkbox"/>	<input type="checkbox"/>		
Observations: Additional observations about the service which may require the organisation's attention or CSO follow up to ensure ongoing compliance				
Overall Comments:				
Date of next service meeting: Click here to enter a date.	Do the results of this inspection need to be on the agenda of the next service meeting? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>Any inspection items where a "no" is ticked should be on the agenda of the next service meeting</small>			

NB: An "non-compliance management" template Form must be immediately commenced by the CSO where ANY legislative non-compliance has been identified above. Whilst on site complete the first part of the "non-compliance management" template if practical

Section 5: FORM ADMINISTRATION

CSO name:		Date:	
CSO signature:			
CS Manager Name:		Date:	
CS Manager Signature:			

Attachment 1: GUIDANCE FOR LICENSING REQUIREMENTS

The purpose of monitoring is to ensure compliance with the *Child Protection Act 1999* and *Child Protection Regulation 2011*. Specifically to obtain and maintain a licence the organisation must comply with the following:

Requirement	Legislative reference	Who monitors it
Suitable entity to provide care services	<ul style="list-style-type: none"> Section 126 (a) to grant a licence Condition 8 to maintain a licence 	<ul style="list-style-type: none"> HSQF auditor every 18 months CSL annually
Nominee, Directors, Managers and staff engaged to provide care are suitable* <small>*The Licensee decides suitability, see guidance for question 1 for relevant evidence requirements.</small>	<ul style="list-style-type: none"> Section 126 (b) to grant a licence Section 129A (b) to maintain a licence Conditions 1 and 8 to maintain a licence Regulation s18-21 to maintain a licence 	<ul style="list-style-type: none"> HSQF auditor every 3 years, and every 18 months at the auditor's discretion <u>Regions during inspection (managers, staff and volunteers only)</u> CSL annually
Nominee and Directors hold positive prescribed notice (blue card) or exemption	<ul style="list-style-type: none"> Section 126 (c) to grant a licence Section 129A (c) to maintain a licence Conditions 1,2 and 8 to maintain a licence 	<ul style="list-style-type: none"> HSQF auditor every 3 years, and every 18 months at the auditor's discretion CSL annually
Managers and staff engaged to provide care hold positive prescribed notice (blue card) or exemption and the organisation has a risk management strategy	<ul style="list-style-type: none"> Section 126 (d) to grant a licence Section 129A (c) to maintain a licence Conditions 1,2 and 8 to maintain a licence 	<ul style="list-style-type: none"> HSQF auditor every 3 years, and every 18 months at the auditor's discretion <u>Regions during inspection (managers, staff and volunteers only)</u> CSL annually
Care services provided by the licensee comply with the standard of care in the statement of standards	<ul style="list-style-type: none"> Section 126 (e) to grant a licence Section 129A (a) to maintain a licence Condition 8 to maintain a licence 	<ul style="list-style-type: none"> HSQF auditor every 3 years, and every 18 months at the auditor's discretion <u>Regions during inspection</u> CSL monitors carer approves only annually
Suitable selection, training and management of people engaged to provide care (managers, staff and volunteers)	<ul style="list-style-type: none"> Section 126 (f) to grant a licence Condition 8 to maintain a licence 	<ul style="list-style-type: none"> HSQF auditor every 3 years, and every 18 months at the auditor's discretion <u>Regions during inspection</u>
Primary function to provide care to children	<ul style="list-style-type: none"> Section 126 (g) to grant a licence Condition 8 to maintain a licence 	<ul style="list-style-type: none"> Regions confirm prior to organisation undertaking HSQF. Region monitor via service agreement/ICA/number of placements
Suitable right to occupy accommodation where children are cared for	<ul style="list-style-type: none"> Section 126 (h) to grant a licence Condition 8 to maintain a licence 	<ul style="list-style-type: none"> HSQF auditor every 18 months Regions when organisation applies to add new premises to a licence
Reporting harm and suspected harm immediately, and procedure to report harm and concerns about the standard of care	<ul style="list-style-type: none"> Regulation s6 to grant a licence Section 148 to maintain a licence Regulation s10 to maintain a licence 	<ul style="list-style-type: none"> HSQF auditor every 18 months <u>Regions during inspection</u>
Keeping records	<ul style="list-style-type: none"> Regulation s7 to maintain a licence 	<ul style="list-style-type: none"> HSQF auditor every 18 months <u>Regions during inspection</u>
Contribute to assessing and meeting the protection and care needs of children and supporting families	<ul style="list-style-type: none"> Section 159B (d) to maintain a licence 	<ul style="list-style-type: none"> HSQF auditor every 3 years, and every 18 months at the auditor's discretion <u>Regions during CSSC input</u>
Confidentiality of information	<ul style="list-style-type: none"> Section 187 to grant and maintain a licence 	<ul style="list-style-type: none"> HSQF auditor every 18 months <u>Regions during inspection</u>
Foster carers/Kinship carers and their families must be suitable and hold positive prescribed notice (blue card) or exemption	<ul style="list-style-type: none"> Section 135(1) (a) and (b) to maintain a licence Regulation s22-25 	<ul style="list-style-type: none"> HSQF auditor every 3 years, and every 18 months at the auditor's discretion <u>Regions during inspection</u>
Policy requirements	<ul style="list-style-type: none"> None 	<ul style="list-style-type: none"> HSQF auditor every 3 years, and every 18 months at the auditor's discretion

Attachment 2: GUIDANCE FOR LICENCE MONITORING REQUIREMENTS

Requirement	Guidance
<p>1. Do the records reflect that the following comply/complied with the suitability* requirements of the <i>CP Act 1999</i>:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Persons who are responsible for directly managing the care service <input type="checkbox"/> The persons who are engaged in relation to the provision of care services by the service <input type="checkbox"/> Any Casual/Temporary staff, for example from a personnel agency, used by the service since the last inspection? <p><small>*The Licensee decides suitability, see guidance for question 1 for relevant evidence requirements.</small></p>	<p>A current record on staff/manager suitability is to include:</p> <ul style="list-style-type: none"> • Names of staff, and • Commencement and expiry dates of Child Safety and Personal History Screening Checks, and • Determination by the licensee that the person is suitable as required by CP Act s129(A)(b) according to the definitions in the CP Regulation 2011 (Managers s18, Persons engaged s21). <p>Staff includes all persons, including volunteers and others, engaged in the provision of care services.</p> <p>Note: Where Child Safety and Personal History Screening Checks dates have expired, the register is to record what action the service has taken to renew the person's Child Safety and Personal History Screening Checks.</p>
<p>2. Are the details of all managers/staff/volunteers working at the service at the time of inspection present on the service's register of staff suitability?</p>	<p>Ensure that the service's staff suitability records include all staff/volunteers on site.</p>
<p>3. Do all managers/staff/volunteers working at the service at the time of the inspection comply with the screening requirements of the CCYPCG Act?</p> <p>(NB: Volunteers must hold a current Blue Card or Exemption Card, whereas managers/staff may have an application submitted for a Blue Card or Exemption Card).</p>	<p>All staff must hold a blue card or have lodged an application for a blue card at the time of the inspection.</p> <p>All volunteers are to have a current blue card at the time of the inspection.</p>
<p>4. Does the service maintain records of Blue Cards?</p>	<p>A current record on staff suitability is to include:</p> <ul style="list-style-type: none"> • Names of staff and dates of commencement and expiry of suitability. <p>Staff includes all persons, including volunteers and others, engaged in the provision of care services.</p> <p>Note: Where suitability dates have expired, the register is to record what action the service has taken to renew the person's suitability.</p> <p>A current record on staff suitability is to include:</p> <ul style="list-style-type: none"> • Names of staff and dates of commencement and expiry of suitability. <p>Directors and Nominees must have a current valid Blue Card and current suitability prior to undertaking their roles.</p> <p>All other staff must hold a Blue Card or have lodged an application for a blue card at the time of the inspection.</p> <p>All volunteers are to have a current Blue Card at the time of the inspection.</p> <p>Note: Where suitability dates have expired, the register is to record what action the service has taken to renew the person's suitability.</p>
<p>5. Do the records reflect that the following comply/complied with the blue card/exemption requirements of the <i>CP Act 1999</i> s129(A)(c):</p> <ul style="list-style-type: none"> <input type="checkbox"/> Persons who are responsible for directly managing the care service <input type="checkbox"/> The persons who are engaged in relation to the provision of care services by the service <input type="checkbox"/> Any Casual/Temporary staff, for example from a personnel agency, used by the service since the last inspection? 	<p>Directors and Nominees must have a current valid Blue Card and current suitability prior to undertaking their roles.</p> <p>All other staff must hold a Blue Card or have lodged an application for a blue card at the time of the inspection.</p> <p>All volunteers are to have a current Blue Card at the time of the inspection.</p>

6. Are the details of all managers/staff/volunteers working at the service at the time of inspection present on the service's register of Blue Cards?	Ensure that the service's staff suitability records include all staff/volunteers on site.
<p><u>Services employing direct care staff (eg: youth workers or child support workers)</u></p> <p>7. Does a sample of children's records show the service has a document that describes the care each individual child will receive to meet their needs (Aligned to the standards of care)? For example: an individualised care plan.</p> <p>The service may have, but does not need to have, the following documents to support this: Authority to Care, Placement Agreement, Individual Client Agreement, Departmental Case Plan, Positive Behaviour Support Plan, Cultural Plan, Transition from Care Plan.</p>	A current service care plan is recorded in case file. CSO to complete a check as to whether basic details on the Care Plan appear to be accurately completed, especially that they cover the standards of care. The CSO may cross-reference information from the client register
<p><u>Services employing direct care staff (eg: youth workers or child support workers)</u></p> <p>8. Does a sample of children's records show the document that describes how the care will meet the child's needs has been reviewed and updated to reflect the child's changing needs, including changes identified by the organisation or notified by the department, for example to align to a review of the case plan?</p>	Where a child has been placed for six months, or the departmental case plan has been reviewed, or a review has taken place, a reviewed care plan is recorded in case file covering how the service will meet the child's needs. The review should adjust goals and outcomes as part of the review process.
9. Care service has a copy of the foster carer agreement for each approved foster carer.	The Child Safety Practice Manual stipulates that foster and kinship care services are responsible for negotiating and reviewing carer agreements with carers who are affiliated with the foster and kinship care service.
10. Carer files or other service records indicate that support visits (home visits) to carers have occurred in the timeframes documented in the service's process documents.	<p>The CSO should review service documentation to determine:</p> <ul style="list-style-type: none"> <input type="checkbox"/> The frequency of support visits as agreed between the carer and service. <input type="checkbox"/> Whether records show that support visits/activities have occurred as agreed. <input type="checkbox"/> If they have not occurred as agreed, was there an appropriate reason for this?
11. The care service maintain a current register of carer approvals	<p>A current register of carer approvals is to include:</p> <ul style="list-style-type: none"> • Names and approval dates for all carers associated with the service; <p>Note: Prior to inspecting the register, the service is to provide a list of all current carers associated with the service.</p> <p>The CSO should identify any expired approvals. For these, prior to expiry, the service must undertake assessments and progress paperwork to the department for approval or otherwise in time for a decision to be made. If the department has not made a decision this is not the service's non-compliance.</p>
12. Records indicate that all new and renewal foster/kinship carer applications are submitted to the department for approval (where action has been necessary).	<ul style="list-style-type: none"> • Where approval has expired, service records should include details of whether a application has been made (prior to expiration of the approval), or if the carer has surrendered /withdrawn their authority.
13. Are there current selection records for a staff recruited since the last inspection, showing a merit process was used?	'Selection on merit' is a process of determining which job seeker has the skills, abilities and knowledge deemed to be most suitable for the job. In a merit based system, applicants effectively compete for a job. The written application, the selection interview and any testing of applicants is all part of the competition process.

	<p>If jobs are awarded to individuals on the basis of friendship or relationship, then the selection process is not Merit Based. Similarly, if a position is awarded on seniority or plain proximity of an individual i.e. working in the same office as the person who previously held the position, then the selection process is also not merit based.</p>
14. Are there records demonstrating that all staff have undertaken service induction or are scheduled to undertake service induction within the timeframes described in the service process documents?	<p>Service records must demonstrate:</p> <ul style="list-style-type: none"> • That all staff have completed induction training; or • For new staff, that they are scheduled to undertake induction training within timeframes stipulated in the service's policies/procedures.
15. Are there current records demonstrating that all relevant staff have undertaken training in relation to reporting harm/potential harm or are scheduled to undertake training in relation to reporting harm/potential harm within the timeframes described in the service process documents?	<p>Service records must demonstrate that all staff:</p> <ul style="list-style-type: none"> • Have completed training in relation to reporting harm/potential harm (updated to reflect SoCR/Harm Reports process if needed); or • For new staff, that they are scheduled to undertake training in relation to reporting harm/potential harm within timeframes stipulated in the service's policies/procedures.
<p><u>Services employing direct care staff (eg: youth workers or child support workers)</u></p> <p>16. Are there records demonstrating that all relevant staff have undertaken cultural competence training or are scheduled to undertake cultural competence training within the timeframes described in the service process documents?</p>	<p>Service records must demonstrate that all staff:</p> <ul style="list-style-type: none"> • Have completed cultural competence training; or • For new staff, that they are scheduled to undertake cultural competence training within timeframes stipulated in the service's policies/procedures.
<p><u>Services employing direct care staff (eg: youth workers or child support workers)</u></p> <p>17. Are there current records demonstrating that all relevant staff have undertaken training in positive behaviour support or are scheduled to undertake training in positive behaviour support within the timeframes described in the service process documents?</p>	<p>Service records must demonstrate that all staff:</p> <ul style="list-style-type: none"> • Have completed positive behaviour support training, consistent with departmental policy; or • For new staff, that they are scheduled to undertake positive behaviour support training within timeframes stipulated in the service's policies/procedures.
<p><u>Services employing direct care staff (eg: youth workers or child support workers)</u></p> <p>18. Are there current records demonstrating that care service staff have been provided with regular supervision?</p>	<p>The CSO should obtain a copy of the services supervision policy and check that supervision has occurred as required.</p>
<p>19. Does the service have records of harm, potential harm, and/or concerns about the standard of care reported to the Department? This refers to:</p> <ol style="list-style-type: none"> harm that the staff member has become aware, or reasonably suspects has been caused to a child in the care of the service; or a concern that a staff member has about the standards of the care services provided. 	<p>When examining this element, it is essential that the records reflect the reporting of any use of reactive responses or prohibited practices as required by the departmental Positive Behaviour Support Policy (604-1).</p>
<p>20. Has the Department been notified of all alleged harm, potential harm and or concerns about the standard of care?</p> <ul style="list-style-type: none"> ▪ Check that incidents relating to harm, potential harm or concerns about the standard of care contained within service records (e.g. client files, daily logs, day books) have been reported to the Department. ▪ Check Regional SOCR/Harm Report (formally MoC) register (ICMS can be used for this) prior to the inspection and compare with service's records. 	<p><i>Under section 148(1) of the Child Protection Act 1999 the service has an obligation to report harm to children in departmental and licensed care services.</i></p>

21. Does the record of reporting harm and/or concerns about the standard of care detail action taken in response to each matter?	When examining this item consider the following: <ul style="list-style-type: none"> Critical incident registers and advice to Child Safety Services of incidents, including actions taken in response to each matter.
22. Do records reflect that any harm or suspected harm that occurred was reported immediately to the Department?	Section 148(1) of the Child Protection Act 1999 indicates that if a responsible person becomes aware, or reasonably suspects, that harm has been caused to a child placed in the care of an entity conducting a departmental care service or a licensee, the person must, unless the person has a reasonable excuse, report the harm, or suspected harm to the chief executive immediately and in accordance with the Regulation.
23. Do records reporting harm to the Department (eg- registers/incident reports) include the following details in accordance with The Regulation? <ul style="list-style-type: none"> <input type="checkbox"/> the child's name and sex; <input type="checkbox"/> the child's age, if known by the responsible person; <input type="checkbox"/> details of the basis for the responsible person becoming aware, or reasonably suspecting, that harm has been caused to the child; <input type="checkbox"/> details of the harm or suspected harm; <input type="checkbox"/> particulars of the identity of the person who caused, or is reasonably suspected of causing, the harm, if known by the responsible person; <input type="checkbox"/> particulars of the identity of any other person who may be able to give information about the harm or suspected harm, if known by the responsible person. 	When examining this item the CSO should ensure that the Department has been provided with complete information as required by Section 10 of The Regulation.
24. Does the service have records of the following details for each child/young person receiving care from the service? <ul style="list-style-type: none"> <input type="checkbox"/> The name, date of birth and sex of each child <input type="checkbox"/> The first and last days of each period during which the child received services <input type="checkbox"/> The name and address of the licensed care facility in which the child/young person is residing <input type="checkbox"/> Details of any significant event relating to the child/young person that happened during the residency? 	Ensure that all details are recorded for each child/young person placed with the service.
25. Does the service have records that contain: <ul style="list-style-type: none"> <input type="checkbox"/> Details of any written complaint received by the licensee in relation to the child's care by the care service? <input type="checkbox"/> Details of any action taken in relation to the complaint? 	Ensure that all details are recorded for each child/young person placed with the service. Complaints about care of a child should be recorded on the child's file and complaints register, and must be recorded in line regulation (s7). Other complaints, for example about the noise from a neighbour, do not need to be on a child's file, but should be recorded in the complaints register.
26. Is data: <ul style="list-style-type: none"> • stored securely, and • managed in a confidential manner in line with section 187 of the Act? 	When examining this element consider the following: <ul style="list-style-type: none"> How client data is stored; Where electronic data storage is used, how is data entry achieved; How is security and confidentiality of sensitive client data (both hard copy and electronic) maintained; and How filing cabinets or other devices storing information are not accessible to the public.
27. Service maintain records of Carer suitability and Blue/exemption Cards	In accordance with the Child Protection Act 1999, carers must have a current Blue Card and suitability in order to be an approved carer.
28. Records reflect that all Carers have current suitability and Blue/exemption Cards	In accordance with the Child Protection Act 1999, carers must have a current Blue Card and suitability in order to be an approved carer.

Attachment 3: OPTIONAL DATA SHEET

Records inspected and findings Inspection requirements 7-10, 13-18, 25					
Name of data/file	Code <i>(provide each file with an individual identifier)</i>	Location	Relevant inspection tool item	Assessed as meeting requirements	
				Yes	No
<i>e.g . John Smith (yp file)</i>	A1	<i>Helpdesk house</i>	<i>Inspection Items 7-11,13-18,25</i>	<input type="checkbox"/>	<input type="checkbox"/> <i>Describe issue</i>
				<input type="checkbox"/>	<input type="checkbox"/> <i>Describe issue</i>
				<input type="checkbox"/>	<input type="checkbox"/> <i>Describe issue</i>
				<input type="checkbox"/>	<input type="checkbox"/> <i>Describe issue</i>
				<input type="checkbox"/>	<input type="checkbox"/> <i>Describe issue</i>
				<input type="checkbox"/>	<input type="checkbox"/> <i>Describe issue</i>
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				<input type="checkbox"/>	<input type="checkbox"/> <i>Describe issue</i>
				<input type="checkbox"/>	<input type="checkbox"/> <i>Describe issue</i>
				<input type="checkbox"/>	<input type="checkbox"/> <i>Describe issue</i>

Environment and findings					
Inspection requirements 26					
Name of data/file	Code <i>(provide each file with an individual identifier)</i>	Location	Relevant inspection tool item	Assessed as meeting requirements	
				Yes	No
<i>e.g. physical inspection of Helpdesk Services</i>	D1	<i>Helpdesk Services</i>	<i>Inspection Item 26</i>	<input type="checkbox"/>	<input type="checkbox"/> <i>Describe issue</i>
				<input type="checkbox"/>	<input type="checkbox"/> <i>Describe issue</i>
				<input type="checkbox"/>	<input type="checkbox"/> <i>Describe issue</i>
				<input type="checkbox"/>	<input type="checkbox"/> <i>Describe issue</i>
				<input type="checkbox"/>	<input type="checkbox"/> <i>Describe issue</i>
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				<input type="checkbox"/>	<input type="checkbox"/> <i>Describe issue</i>

Registers and findings					
Inspection requirements 1-6, 11,12,24,27,28					
Name of data/file	Code (provide each file with an individual identifier)	Location	Relevant inspection tool item	Assessed as meeting requirements	
				Yes	No
e.g. Child Safety and Personal History Screening Check and blue/exemption card register	E1	Helpdesk house	Inspection Item 1-6	<input type="checkbox"/>	<input type="checkbox"/> Describe issue
e.g. Complaints register	E2	Helpdesk house	Inspection Item 24	<input type="checkbox"/>	<input type="checkbox"/> Describe issue
				<input type="checkbox"/>	<input type="checkbox"/> Describe issue
				<input type="checkbox"/>	<input type="checkbox"/> Describe issue
				<input type="checkbox"/>	<input type="checkbox"/> Describe issue
				<input type="checkbox"/>	<input type="checkbox"/> Describe issue
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				<input type="checkbox"/>	<input type="checkbox"/> Describe issue
				<input type="checkbox"/>	<input type="checkbox"/> Describe issue

Reporting harm and findings Inspection requirements 19-23					
Name of data/file	Code <i>(provide each file with an individual identifier)</i>	Location	Relevant inspection tool item	Assessed as meeting requirements	
				Yes	No
<i>Incident register</i>	E3	<i>Helpdesk house</i>	<i>Inspection Items 19-23</i>	<input type="checkbox"/>	<input type="checkbox"/> <i>Describe issue</i>
				<input type="checkbox"/>	<input type="checkbox"/> <i>Describe issue</i>
				<input type="checkbox"/>	<input type="checkbox"/> <i>Describe issue</i>
				<input type="checkbox"/>	<input type="checkbox"/> <i>Describe issue</i>
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