Department of Communities, Child Safety and Dis	sability Services
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## **Organisation Level Licensing**

# **Inspection Tool - Non Family Based Care Services 6 monthly inspection**

### **PURPOSE**

This 6 monthly inspection tool is relevant only to organisations that have been granted a licence to provide care services at one or more premises. The inspection tool should be used by the Community Support Officer (CSO) or equivalent to guide each site inspection (scheduled announced or unannounced) 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" form is available and if non-compliance is revealed during an inspection should complete the first part of the "non-compliance management" form 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).

Before progressing the "non-compliance management" form - 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 (These are 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 in relation to the service which may indicate legislative non-compliance.



2			Department of Communities, Child Safety and Disability Services
	□ Als	or trends have been identified regarding legis so;	
		Have a copy of a blank "non-compliance man compliance concerns.	nagement" template to hand in case the inspection reveals non-
		The CSL team will advise if any matters raise	d 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 is 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.

# Registered Name of Organisation: <Organisation Registered Name> Licence Number: <No.> Licence period: From To Click here to enter a date. 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)> Care Service Address Physical location of the residential Current Number of placements:

premises to be inspected, record a single or multiple addresses if more than 1 location is to be inspected

**Current Number of placements:**Add the number of placements at each location

Location 1: <Address of Service>
Location 2: <Address of Service>
Location 3: <Address of Service>
Location 4: <Address of Service>
Location 5: <Address of Service>
Location 6: <Address of Service>
Location 7: <Address of Service>
Location 8: <Address of Service>
Location 9: <Address of Service>

Location 10: <Address of Service>

Location 1: <No.>
Location 2: <No.>
Location 3: <No.>
Location 4: <No.>
Location 5: <No.>
Location 6: <No.>
Location 7: <No.>
Location 8: <No.>

Location 9: <No.> Location 10: <No.>



### **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.></no.>	Sample of children/young people's files and records:	<no.></no.>
Number of staff:	<no.> Care workers</no.>	Sample of staff files,	<no.></no.>
	<no.> Managers</no.>	records or registers:	<no.></no.>
	<no.> Professional Staff</no.>		<no.></no.>
	<no.> Support workers</no.>		<no.></no.>
CSOs may use attachment 3 to	collect and analyse evidence	or their own regional tool	

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	
Do the records reflect that the following comply/complied with the suitability* requirements of the Child Protection Act 1999:      Persons who are responsible for directly managing the care service     The persons who are engaged in relation to the provision of care services by the service Any Casual/Temporary staff, for example from a personnel agency, used by the service since the last inspection?  *The Licensee decides suitability, see guidance for question 1 for relevant evidence requirements.		<pre><specify location=""></specify></pre>		
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 Child Safety and Personal History Screening Checks?		<pre><specify location=""></specify></pre>		
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" unle provided above to override the rating)	ess additiona	al information	ı is	
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 <b>IS NOT</b> complying with the above legislative requirer	ments			

		Department o	of Communities,	Child Safet	y and Disabilit	y Services
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Managers and staff (includes volunteers) engaged to provide care hold a positive prescribed notice <u>and</u> the organisation has a risk management strategy	(blue card	or exemption	on card)
	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).		<pre><specify location=""></specify></pre>	
4. Does the service maintain records of staff Blue Cards?		<pre><specify location=""></specify></pre>	
<ul> <li>Do the records reflect that the following comply/complied with the blue card/exemption requirements of the CP Act 1999 s129(A)(c):         <ul> <li>Persons who are responsible for directly managing the care service</li> <li>The persons who are engaged in relation to the provision of care services by the service</li> <li>Any Casual/Temporary staff, for example from a personnel agency, used by the service since the last inspection?</li> </ul> </li> </ul>		<pre><specify location=""></specify></pre>	
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?		<pre><specify location=""></specify></pre>	
<ul> <li>If 'no' is indicated for any item please:</li> <li>outline reason/s and provide brief suggestions to achieve legislative compliance; or</li> <li>outline additional information made available that overrides the "no" rating.</li> </ul>			
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" unler provided above to override the rating)	ess additiona	al informatior	n is
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 <b>IS NOT</b> complying with the above legislative requirer	ments		



Care services provided by the licensee comply with the standard of care in the statement of standard	ds		
	Yes	No	N/A
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,		<pre><specify location=""></specify></pre>	
Positive Behaviour Support Plan, Cultural Plan, Transition from Care Plan.  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?		<pre><specify location=""></specify></pre>	
9. Does the sample of child/young persons' files contain information regarding how staff will provide positive guidance to young people when necessary to help them to change inappropriate behaviour (e.g. – a behaviour support plan, information in Care Plan?)		<pre><specify location=""></specify></pre>	
10. Does the sample of child/young persons' files contain information regarding how staff will support the cultural needs of the child/young person (NB: applicable if Aboriginal and Torres Strait Islander and CALD children/young people are currently placed)?		<pre><specify location=""></specify></pre>	
11. Does the sample of children/young persons' files contain information regarding how staff will support young persons' transition from care/transition to independent living? (NB: applicable only if young people aged 15 or above are currently placed)		<pre><specify location=""></specify></pre>	
12. Does the building and physical care environment (including any outdoor areas) appear to be safe and free from hazards?		<pre><specify location=""></specify></pre>	
13. Does the living environment appear to be appropriately secure? (check windows, doors and other points of entry, check locks do not prevent emergency exit and are not used as a restrictive practice).		<pre><specify location=""></specify></pre>	
14. Does the living environment appear to be clean and hygienic?		<pre><specify location=""></specify></pre>	
15. Does the care environment appear to appropriately cater for the physical needs of the children/young people placed? (e.g. – healthy food present in fridge/cupboards, clothing provided)		<pre><specify location=""></specify></pre>	
16. Is the physical space arranged to provide adequate privacy for children and young people (e.g sleeping, toilet, bathing facilities)?		<pre><specify location=""></specify></pre>	
17. Do sleeping arrangements appear appropriate for the children and young people placed? (consider number of beds/bedrooms, age, gender)		<pre><specify location=""></specify></pre>	
18. Does the care environment reflect that appropriate recreational opportunities are provided for children/young people?		<pre><specify location=""></specify></pre>	
19. Are the utilities and general amenities within the premises working/available?  Hot water  Bath/Shower/Wash basin  Toilet  Kitchen facilities  Fan/air-conditioning/lights  Television		<pre><specify location=""></specify></pre>	



Department of Communities, Child Safety and Disability Services						
<ul> <li>20. Does the service have:</li> <li>A first aid kit on site?</li> <li>Secure means for storage of poisons, cleaners, sharp objects, toxic substances, flammable items, and other hazardous items?</li> <li>Secure means for storage of and access to medications?</li> </ul>		<pre><specify location=""></specify></pre>				
21. Do the service's records of complaints reflect that complaints have been addressed appropriately and that the service has ensured that care is being provided in accordance with the Statement of Standards (i.e., where the complaint relates to quality of service provision)?						
If 'no' is indicated for any item please:						
II 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	i					
☐ This assessment indicates that the service IS NOT complying with the above legislative requirer	ments					

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Suitable selection, training and management of people engaged to provide care (managers, staff ar	nd voluntee	ers)				
Yes No N/A						
22. Are there current records for all staff recruited since the last inspection, showing a merit process was used?						
<pre><specify location=""></specify></pre>						
23. Are there current records demonstrating that all staff have undertaken or are scheduled to undertake service induction?						
		<specify location=""></specify>				
24. Are there current records demonstrating that all relevant staff have undertaken or are scheduled to undertake cultural competence training?						
		<specify location=""></specify>				
25. Are there current records demonstrating that all relevant staff have undertaken or are scheduled to undertake training in positive behaviour support?						
		<specify location=""></specify>				
26. Are there current records demonstrating that all relevant staff have undertaken or are scheduled to undertake training in relation to reporting harm/potential harm?						
<pre><specify location=""></specify></pre>						
27. Are there current records demonstrating that care service staff have been provided with regular supervision?						
<pre></pre>						
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:						
II TVA 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" unle provided above to override the rating)	ess additiona	al informatio	n is			
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	3					
☐ This assessment indicates that the service IS NOT complying with the above legislative require	ments					



	Department of	Communities	. Child Safety	v and Disabil	ity Services
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Reporting harm and suspected harm immediately, and procedure to report harm and concerns about the standard of care				
	Yes	No	N/A	
<ul> <li>28. Does the service keep records of harm, potential harm, and/or concerns about the standard of care reported to the Department? This refers to: <ol> <li>harm that the staff member has become aware, or reasonably suspects has been caused to a child in the care of the service; or</li> <li>a concern that a staff member has about the standards of the care services provided.</li> </ol> </li> </ul>		<pre><specify location=""></specify></pre>		
<ul> <li>29. Has the Department been notified of all alleged harm, potential harm and or concerns about the standard of care?</li> <li>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.</li> <li>Check Regional SOCR/Harm Report (formally MoC) register (ICMS can be used for this) prior to the inspection and compare with service's records</li> </ul>		<pre><specify location=""></specify></pre>		
30. Does the record of reporting harm and/or concerns about the standard of care detail action taken in response to each matter?		<pre><specify location=""></specify></pre>		
31. Do records reflect that any harm or suspected harm was reported immediately to the Department?		<pre><specify location=""></specify></pre>		
<ul> <li>32. Do records of reporting harm to the Department (eg-registers/incident reports) include the following details in accordance with The Regulation?  the child's name and sex;  the child's age, if known by the responsible person;  details of the basis for the responsible person becoming aware, or reasonably suspecting, that harm has been caused to the child;  details of the harm or suspected harm;  particulars of the identity of the person who caused, or is reasonably suspected of causing, the harm, if known by the responsible person;  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.</li> </ul>		<pre><specify location=""></specify></pre>		
If 'no' is indicated for any item please:				
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 <b>IS NOT</b> complying with the above legislative requirements				



Keeping records				
	Yes	No	N/A	
33. Does the service have records of the following details for each child/young person receiving care from the service?  The name, date of birth and sex of each child  The first and last days of each period during which the child received services  The name and address of the licensed care facility in which the child/young person is residing  Details of any significant event relating to the child/young person that happened during the residency?		<pre><specify location=""></specify></pre>		
34. If the service has received complaints, does it have records that contain:  □ Details of any written complaint received by the licensee in relation to the child's care by the care service?  □ Details of any action taken in relation to the complaint?		<pre><specify location=""></specify></pre>		
If 'no' is indicated for any item please:				
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 <b>IS NOT</b> complying with the above legislative requirements				

Confidentiality of information			
	Yes	No	N/A
<ul> <li>35. Is data:</li> <li>stored securely, and</li> <li>managed in a confidential manner in line with section 187 of the Act?</li> </ul>		<pre><specify location=""></specify></pre>	
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 "y provided above to override the rating)	res" unless additic	onal informatio	n is
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 require	ements		
☐ This assessment indicates that the service <b>IS NOT</b> complying with the above legislative r	equirements		
ADDITIONAL COMMENTS / OBSERVATION	NS		



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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 Informatio	ation (where 'no' is indicated)	
	Yes	No	Issue Identified	Recommendation	
Managers and staff engaged to provide care (includes volunteers) are suitable*  *The Licensee decides suitability, see guidance for question 1 for relevant evidence requirements		<pre><specify location=""></specify></pre>			
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		<pre><specify location=""></specify></pre>			
Care services provided by the licensee comply with the standard of care in the statement of standards		<pre><specify location=""></specify></pre>			
Suitable selection, training and management of people engaged to provide care (managers, staff and volunteers)		<pre><specify location=""></specify></pre>			
Reporting harm and suspected harm immediately, and procedure to report harm and concerns about the standard of care provided		<pre><specify location=""></specify></pre>			
Keeping records		<pre><specify location=""></specify></pre>			
Confidentiality of information		<pre><specify location=""></specify></pre>			
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?  Any inspection items where a "no" is ticked should be on the agenda of the next service meeting					

NB: An "non-compliance management" template 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





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	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	Section 126 (a) to grant a licence	HSQF auditor every 18 months
care services	Condition 8 to maintain a licence	CSL annually
Nominee, Directors,	Section 126 (b) to grant a licence	HSQF auditor every 3 years, and every 18
Managers and staff	Section 129A (b) to maintain a licence	months at the auditor's discretion
engaged to provide care	Conditions 1 and 8 to maintain a licence	Regions during inspection (managers,
are suitable*	Regulation s18-21 to maintain a licence	staff and volunteers only)
*The Licensee decides suitability, see guidance for question 1 for relevant	ŭ	CSL annually
evidence requirements.		,
Nominee and Directors	Section 126 (c) to grant a licence	HSQF auditor every 3 years, and every 18
hold positive prescribed	<ul> <li>Section 129A (c) to maintain a licence</li> </ul>	months at the auditor's discretion
notice (blue card) or	Conditions 1,2 and 8 to maintain a licence	CSL annually
exemption		
Managers and staff	Section 126 (d) to grant a licence	HSQF auditor every 3 years, and every 18
engaged to provide care	<ul> <li>Section 129A (c) to maintain a licence</li> </ul>	months at the auditor's discretion
hold positive prescribed	Conditions 1,2 and 8 to maintain a licence	<ul> <li>Regions during inspection (managers,</li> </ul>
notice (blue card) or		staff and volunteers only)
exemption and the		CSL annually
organisation has a risk		
Care partiage provided by	Cootion 126 (a) to great a linear	LICOT qualitar average 2 versus and average
Care services provided by the licensee comply with	Section 126 (e) to grant a licence     Section 1200 (c) to maintain a licence	HSQF auditor every 3 years, and every 18 months at the auditor's discretion
the standard of care in the	Section 129A (a) to maintain a licence     Section 129A (b) to maintain a licence	
statement of standards	Condition 8 to maintain a licence	Regions during inspection  Columnitary constraints and a series a
	0 ( 100 ( ) )	CSL monitors carer approves only annually
Suitable selection, training	Section 126 (f) to grant a licence     Section 126 (f) to grant a licence	HSQF auditor every 3 years, and every 18 months at the auditor's discretion
and management of people engaged to provide	Condition 8 to maintain a licence	
care (managers, staff and		Regions during inspection
volunteers)		
Primary function to provide	Section 126 (g) to grant a licence	Regions confirm prior to organisation
care to children	Condition 8 to maintain a licence	undertaking HSQF. Regions monitor via
	Condition of to maintain a mooned	service agreement/ICA/number of
		placements
Suitable right to occupy	Section 126 (h) to grant a licence	HSQF auditor every 18 months
accommodation where	Condition 8 to maintain a licence	Regions when organisation applies to add
children are cared for		new premises to a licence
Reporting harm and	Regulation s6 to grant a licence	HSQF auditor every 18 months
suspected harm	Section 148 to maintain a licence	Regions during inspection
immediately, and	<ul> <li>Regulation s10 to maintain a licence</li> </ul>	
procedure to report harm	a negation of the manner of the control	
and concerns about the		
standard of care		
Keeping records	Regulation s7 to maintain a licence	HSQF auditor every 18 months
		Regions during inspection
Contribute to assessing	Section 159B (d) to maintain a licence	HSQF auditor every 3 years, and every 18
and meeting the protection		months at the auditor's discretion
and care needs of children		<ul> <li>Regions during CSSC input</li> </ul>
and supporting families	0 11 107	11005 111
Confidentiality of	Section 187 to grant and maintain a	HSQF auditor every 18 months
information	licence	Regions during inspection
Foster carers/Kinship	Section 135(1) (a) and (b) to maintain a	HSQF auditor every 3 years, and every 18
carers and their families	licence	months at the auditor's discretion
must be suitable and hold	Regulation s22-25	Regions during inspection
positive prescribed notice		
(blue card) or exemption	- None	LICOT guiditor over 12 years and aver 140
Policy requirements	None	HSQF auditor every 3 years, and every 18
		months at the auditor's discretion



### **Attachment 2: GUIDANCE FOR LICENCE MONITORING REQUIREMENTS**

Requirement	Guidance
<ul> <li>Do the records reflect that the following comply/complied with the suitability requirements of the CP Act 1999:         <ul> <li>Persons who are responsible for directly managing the care service</li> <li>The persons who are engaged in relation to the provision of care services by the service</li> <li>Any Casual/Temporary staff, for example from a personnel agency, used by the service since the last inspection?</li> </ul> </li> </ul>	<ul> <li>A current record on staff/manager suitability is to include:         <ul> <li>Names of staff, and</li> </ul> </li> <li>Commencement and expiry dates of Child Safety and Personal History Screening Checks, and</li> <li>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).</li> <li>Staff includes all persons, including volunteers and others, engaged in the provision of care services.</li> <li>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.</li> </ul>
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 Child Safety and Personal History Screening Checks?	Ensure that the service's staff suitability records include all staff/volunteers on site.
<ol> <li>Do all managers/staff/volunteers working at the service at the time of the inspection comply with the screening requirements of the CCYPCG Act?</li> <li>(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).</li> </ol>	All staff must hold a blue card or have lodged an application for a blue card at the time of the inspection. All volunteers are to have a current blue card at the time of the inspection.
4. Does the service maintain records of staff Child Safety and Personal History Screening Checks and Blue Cards?	<ul> <li>A current record on staff/manager suitability is to include:         <ul> <li>Names of staff, and</li> </ul> </li> <li>Commencement and expiry dates of Child Safety and Personal History Screening Checks, and</li> <li>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).</li> <li>A current record on staff blue card/exemption is to include:         <ul> <li>Names of staff and dates of commencement and expiry of blue card/exemption and card number.</li> </ul> </li> <li>Directors and Nominees must have a current valid Blue Card and current suitability prior to undertaking their roles.         <ul> <li>All other staff must hold a Blue Card or have lodged an application for a blue card at the time of the inspection.</li> <li>All volunteers are to have a current Blue Card at the time of the inspection.</li> <li>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 suitability.</li> </ul> </li> </ul>
<ul> <li>Do the records reflect that the following comply/complied with the blue card/exemption requirements of the CP Act 1999 s129(A)(c):         <ul> <li>Persons who are responsible for directly managing the care service</li> <li>The persons who are engaged in relation to the provision of care services by the service</li> <li>Any Casual/Temporary staff, for example from a personnel agency, used by the service since the last inspection?</li> </ul> </li> </ul>	Directors and Nominees must have a current valid Blue Card and current Child Safety and Personal History Screening Checks and be determined suitable by the licensee prior to undertaking their roles. All other staff must hold a Blue Card or have lodged an application for a blue card at the time of the inspection. All volunteers are to have a current Blue Card at the time of the inspection.



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
For example a review of the 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.
Where a child has been placed for six months, or the departmental case plan has been reviewed and provided to the care service, or a review has taken place by the service, a reviewed care plan is recorded in the 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.
File records should contain information regarding how staff will provide a coordinated response in order to appropriately manage each child/young person's behaviour in accordance with the Department's Positive Behaviour Support Policy.
File records should contain information regarding the child/young person's cultural needs and how care staff are to go about meeting these needs.  Note: This item is applicable where Aboriginal and Torres Strait Islander and CALD children/young people are currently placed.
File records should contain information regarding the child/young person's transition from care/transition to independent living needs and how staff will respond to these needs.  Note: This item is applicable only if young people aged 15 or above are currently placed.
CSOs are to conduct an inspection of rooms, living spaces and external areas and note any issues that could pose a safety risk to children or young people placed in the environment. The following is not an exclusive checklist, but rather some examples of considerations that may be made during the inspection:  ☑ Whether sharp/broken items are present;  ☑ Do glass areas appear safe?  ☑ Are heating and cooling units (e.g., fans and hot water systems) secured and guarded to prevent injury through contact with hot surfaces, moving parts or flames?  ☑ Are there appropriate safety devices to minimize the risk of electrical shocks resulting from electrical wiring (eg − safety switch)?  ☑ Do any pets appear safe and free from disease?  ☑ Is smoking prohibited within the care environment?  ☑ Is there any evidence that prohibited practices such as mechanical restraint, aversives or confinement have been used in the care environment (refer to Policy 604-2: Positive Behaviour Support)



		easy access to any child/young person?  ② Do bedrooms have unrestricted access to common rooms?  ③ Smoke detectors
13.	Does the living environment appear to be appropriately secure? (check windows, doors and other points of entry, check locks do not prevent emergency exit and are not used as a restrictive practice).	CSOs should check all points of entry to the property/premises to ensure safety from intruders and that they allow appropriate exit for children, young people and staff in case of emergency. CSOs should ensure that locks have not been used as a prohibited practice (confinement) within the care environment (refer to Policy 604-2: Positive Behaviour Support).
14.	Does the living environment appear to be clean and hygienic?	CSOs may consider the following when assessing whether the environment appears clean and hygienic:  Does the care environment appear to be clean and hygienic, free from garbage, and generally tidy both inside and outside?  Is garbage stored in covered bins/containers?  Do food preparation and storage areas appear safe and hygienic?  Do furnishing, equipment and appliances appear clean?  Does the care environment appear to be free of pests?  Are there appropriate laundry facilities provided within the care environment?  Are products and equipment for cleaning facilities present within the care environment?  Do mattresses and bed clothing appear to be clean?
15.	Does the care environment appear to appropriately cater for the physical needs of the children/young people placed? (e.g. – healthy food present in fridge/cupboards, clothing provided)	The following is not an exclusive checklist, but rather some examples of considerations that may be made when assessing this inspection item:  Does the environment appear to appropriately cater for the nutritional needs of children/young people? Do any children/young people present at the time of inspection appear to be adequately clothed? Is there adequate lighting in the care environment (natural and artificial) to provide good visibility and comfort? Does the care environment appear to be adequately ventilated? Does the care environment appear to be adequately sized for the number of persons within it? Does each child/young person have individual bed linen/blankets which are appropriate to the climate?
16.	Is the physical space arranged to provide adequate privacy for children and young people (e.g sleeping, toilet, bathing facilities)?	CSOs may consider the following when assessing this inspection item:  Do toileting and bathing facilities provide adequate privacy for children and young people Do children and young people have their own rooms as appropriate? Has the CSO confirmed that children/young people do not share bedrooms with staff or any other adult?
17.	Do sleeping arrangements appear appropriate for the children and young people placed? (consider number of beds/bedrooms, age, gender)	CSOs may consider the following when assessing this inspection item:  Are there an adequate number of bedrooms and beds for children/young people placed?  Do beds/bedrooms appear to be of adequate size for children/young people placed?  Do sleeping arrangements appear appropriate to the children/young people's age and gender?
18.	Does the care environment reflect that appropriate recreational opportunities are provided for children/young people?	CSOs may consider the following when assessing this inspection item:  Does the environment have age appropriate activities for



		children/ young people placed?
19.	Are the utilities and general amenities within the premises working/available?  Hot water  Bath/Shower/Wash basin  Toilet  Kitchen facilities  Fan/air-conditioning/lights  Television	CSOs should check that items are available and working as appropriate within the care environment.
20.	Does the service have:  ☐ A first aid kit on site?  ☐ Secure means for storage of poisons, cleaners, sharp objects, toxic substances, flammable items, and other hazardous items?  ☐ Secure means for storage of and access to medications?	CSOs should view first aid kits and secure means of storage available on the premises. Items within the first aid kit should not be expired.  When examining this element ensure that there are appropriate means taken to ensure that occupational health and safety requirements are met.
21.	Do the service's records of complaints reflect that complaints have been addressed appropriately and that the service has ensured that care is being provided in accordance with the Statement of Standards (i.e., where the complaint relates to quality of service provision)?	CSOs to ensure that complaints and associated actions are recorded in accordance with the Regulation (s7).  The CSO should take note of the content of any complaints in case they have relevance to the standard of care that is being provided by the service which might warrant further follow-up. In these circumstances, CSOs should cross-reference information contained within the complaint with the service's incident reporting records to ensure that the Department has been notified where appropriate.
22.	Are there current 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.  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.
23.	Are there current records demonstrating that all staff have undertaken or are scheduled to undertake service induction?	Service records must demonstrate:  That all staff have completed induction training; or  For new staff, that they have scheduled to undertake induction training within timeframes stipulated in the service's policies/procedures.
	Are there current records demonstrating that all relevant staff have undertaken or are scheduled to undertake cultural competence training?	<ul> <li>Service records must demonstrate that all staff:</li> <li>Have completed cultural competence training; or</li> <li>For new staff, that they are scheduled to undertake cultural competence training within timeframes stipulated in the service's policies/procedures.</li> </ul>
	Are there current records demonstrating that all relevant staff have undertaken or are scheduled to undertake training in positive behaviour support?	<ul> <li>Service records must demonstrate that all staff:</li> <li>Have completed positive behaviour support training, consistent with departmental policy; or</li> <li>For new staff, that they are scheduled to undertake positive behaviour support training within timeframes stipulated in the service's policies/procedures.</li> </ul>
26.	Are there current records demonstrating that all relevant staff have undertaken or are scheduled to undertake training in relation to reporting harm/potential harm?	<ul> <li>Service records must demonstrate that all staff:</li> <li>Have completed training in relation to reporting harm/potential harm (updated to reflect SoCR/Harm Reports process if needed); or</li> <li>For new staff, that they are scheduled to undertake training in relation to reporting harm/potential harm within timeframes</li> </ul>



		stipulated in the service's policies/procedures.
27.	Are there current records demonstrating that care service staff have been provided with regular supervision?	The CSO should obtain a copy of the services supervision policy and check that supervision has occurred as required.
28.	Does the service keep records of reported harm, potential harm, and/or concerns about the standard of care 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.	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).
29.	Has the Department been notified of all alleged harm, potential harm and or 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	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.
30.	Does the record of reporting harm and/or concerns about the standard of care detail action taken in response to each matter?	<ul> <li>When examining this item consider the following:</li> <li>Critical incident registers and advice to Child Safety Services of incidents, including actions taken in response to each matter.</li> </ul>
31.	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.
	Do records reporting harm to the Department (egregisters/incident reports) include the following details in accordance with The Regulation?  the child's name and sex; the child's age, if known by the responsible person; details of the basis for the responsible person becoming aware, or reasonably suspected, that harm has been caused to the child; details of the harm or suspected harm; particulars of the identity of the person who caused, or is reasonably suspected of causing, the harm, if known, by the responsible person; 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.  Does the service have records of the following details for each child/young person receiving care from the service?	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.  Ensure that all details are recorded for each child/young person placed with the service.
	<ul> <li>The name, date of birth and sex of each child</li> <li>The first and last days of each period during which the child received services</li> <li>The name and address of the licensed care facility in which the child/young person is residing</li> <li>Details of any significant event relating to the child/young person that happened during the residency?</li> </ul>	
34.	If the service has received complaints, does it have records that contain:  Details of any written complaint received by the licensee	Ensure that all details are recorded for each child/young person placed with the service.



in relation to the child's care by the care service?  Details of any action taken in relation to the complaint?	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.
<ul> <li>35. Is data:</li> <li>stored securely, and</li> <li>managed in a confidential manner in line with section 187 of the Act??</li> </ul>	<ul> <li>When examining this element consider the following:</li> <li>How client data is stored;</li> <li>Where electronic data storage is used, how is data entry achieved;</li> <li>How is security and confidentiality of sensitive client data (both hard and electronic) is maintained; and</li> <li>How filing cabinets or other devices storing information are not accessible to the public.</li> </ul>

### **Attachment 3: OPTIONAL DATA SHEET**

Records inspected and findings
Inspection requirements 7-11, 23-27, 33

Name of data/file	Code (provide each file	Location	Relevant inspection tool item	Asses	ssed as meeting rements
	with an individual identifier)			Yes	No
e.g . John Smith (yp file)	A1	Helpdesk house	Inspection Items 7-11,23,33		☐ Describe issue
e.g. Flo Jones (staff file).	B1	Helpdesk house.	Inspection Items 23-27		☐ Describe issue
					☐ Describe issue
					☐ Describe issue
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Environment and findings	
Inspection requirements 12-21, 35	

Name of data/file	Code (provide each file	Location	Relevant inspection tool item	Asses require	sed as meeting ements
	with an individual identifier)			Yes	No
e.g. physical inspection of Helpdesk House	D1	Helpdesk House	Inspection Item 12-21, 35		☐ Describe issue
					☐ Describe issue
					☐ Describe issue
					☐ Describe issue
					☐ Describe issue
					☐ Describe issue
					☐ Describe issue
					☐ Describe issue
					☐ Describe issue
					☐ Describe issue
					☐ Describe issue

 Department of Communities,	Child Safety and Disability Services

Registers and findings Inspection requirements 1-6, 22,34					
Name of data/file	Code (provide each file	Location	Relevant inspection tool item		sed as meeting ements
	with an individual identifier)			Yes	No
e.g. Child Safety and Personal History Screening Check and blue/exemption card register	E1	Helpdesk house	Inspection Item 1-6		Describe issue
e.g. Complaints register	E2	Helpdesk house	Inspection Item 22		☐ Describe issue
					☐ Describe issue
					☐ Describe issue
					☐ Describe issue
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					☐ Describe issue
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					☐ Describe issue
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					☐ Describe issue



☐ Describe issue

 Department of Communities,	, Child Safety and Disability Services	

Reporting harm and findings
Inspection requirements 28-32

Name of data/file	Code (provide each file	Location	Relevant inspection tool item	Assessed as meeting requirements					
	with an individual identifier)			Yes	No				
Incident register	E3	Helpdesk house	Inspection Items 28-32		☐ Describe issue				
					☐ Describe issue				
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