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| --- |
| The *Child Protection Act 1999*, section 82(1) (f), allows for a child to be placed in the care of another entity (other than an approved carer or licensed care service), **only** when that entity is the most appropriate for meeting the child’s particular protection and care needs. |

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|  | | **ASSESSOR DETAILS** | | | | | | | | | | | | | | |
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|  | Name of officer completing assessment: | | |  | | | | | | | | | | | |  |
|  |  | | | |  |  | | |  | | | |  |  | | |
|  | Officer position: | | |  | | | | | | Date Completed: |  | | | | |  |
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|  | Workgroup / CSSC: | | |  | | | | | | | | | | | |  |
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|  | Name of secondary officer assisting with assessment *(if required)*: | | | | | | |  | | | | | | | |  |
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|  | **CHILD DETAILS** | | | | | | | | | | | | | | | | | | |  |
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|  | Child name: |  | | | | | |  | | | Date of birth: | | | |  | | | | |  |
|  |  | | | | | | | | | | | | | | | | | | |  |
|  | ICMS number: |  |  | CSSC: | | |  | | | | | | | | | | | | |  |
|  |  | | | | | | | | | | | | | | | | | | |  |
|  | Aboriginal and/or Torres Strait Islander identity: | | | | | | | |  | Gender: | | | | | | | | | |  |
|  | Choose an item. | | | | | | | |  |  | | | | | | | | | |  |
|  |  | | | | | | | | | | | | | | | | | | |  |
|  | Intervention type | Choose an item. | | | | | |  | Order Expiry *(if required):* | | | | | | |  |  | | |  |
|  |  | | | | | | | | | | | | | | | | | | |  |
|  | Child safety officer: |  | | | Senior team leader: | | | | | | | |  | | | | | | |  |
|  |  | | | | |  | | | | | | | |  | | | |  |  | |
|  | CSSC manager: |  | | | | | |  | | | |  | | | | | |  | | |
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|  | **ORGANISATION INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | Reason for assessment | | | | Unlicensed organisation | | | | | | | | | | | Licensed organisation – premises not licensed | | | | | | | | | | | | | | | |  |
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|  | Other *(if applicable)* | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | Service location | | Qld | | | | NSW | | NT | | | Vic | | | | | SA | | | WA | | | | Tas | | |  | New Zealand | | | |  |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | Name of organisation: | | | | |  | |  | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | Address: |  | | | | | | | | | | | Postal Address: | | | | | | | | |  | | | | | | | | |  |  |
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|  | State: |  | | | Post Code: | | | | |  | | | State: | | | | | | | | |  | | | | Post Code: | | | |  |  |  |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | Service staff participating in assessment: | | | | | | | | | | Assessment conducted: | | | | | | | | in person | | | | | | by phone | | | | via skype | | |  |
|  |  | | | | | | | | | | | | |  | | | |  | | | | |  | | | | | | | | |  |
|  | Name: | | |  | | | | | | | | | | | Position: | | | | | |  | | | | | | | | | | |  |
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|  | Number: | | |  | | | | | | | | | | | Email: | | | | | |  | | | | | | | | | | |  |
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|  | Name: | | |  | | | | | | | | | | | Position: | | | | | |  | | | | | | | | | | |  |
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|  | Number: | | |  | | | | | | | | | | | Email: | | | | | |  | | | | | | | | | | |  |
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|  | **Is the organisation an entity that is regulated by either** (*if yes, please identify*) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  |  | |  | | | the Department of Child Safety, Seniors and Disability Services (*HSQF –* [*Human Services Quality Framework*](https://www.dcssds.qld.gov.au/our-work/human-services-quality-framework)) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |
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|  |  | | HSQF Status: | | | | | Certified  In progress | | | | | | | | | | Certification Expiry *(if applicable)*: | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  |  |
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|  |  | | Region: | | | |  | | | | | | | | | | | | Other: | | | | | Self-assessable  Other accreditation | | | | | | | | | | | | | | | | | | | | | |  |  |
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|  |  | | NGOIS No *if known*: | | | | | | |  | Other, *provide details*: | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  |  |
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|  |  | |  | | | the [NDIS Quality and Safeguards Commission](https://www.ndiscommission.gov.au/) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |
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|  |  | | | Details: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |
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|  | Do all required care service staff hold a current Blue Card? **(Qld only)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | |  | | | No | | |  | |  |
|  |  | | | | | | | | | | | | | | | | | | |  | | |  | | | | | |  | | | | | | | |  | | | | | | | | | | |
|  | ***If No, this care service is not suitable for an 82(1) (f) assessment*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | If the organisation is located interstate, has a *Working with Children Check or Police Check* been completed for staff who will be working with the child/young person? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | |  | | | No | | |  | | |  |
|  |  | | | | | | | | | |  | |  | | | | | | | | | | | | | | |  | | | | |  | | | | | | | | | | | | | |  |
|  | *Please refer to the following site for further information* [*Working with Children Checks and Police Checks*](https://aifs.gov.au/cfca/publications/pre-employment-screening-working-children-checks-and-police-checks/part-overview) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | ***If No, this care service is not suitable for an 82(1) (f) assessment*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |

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|  | **PREMISES DETAILS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | Name of premises *(if relevant*): | | | | |  | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |  | | |  |
|  |  |  | | | | | | | | | | | | | |  | | | |  | | | | | | | |  | | | | | | | | | | | |  |
|  | Address: |  | | | | | | | | | | | | | | |  | | Postal address: | | | | | | |  | | | | | | | | | | | | | |  |
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|  | State: |  | | | Post code: | | | | | | |  | | | | |  | | State: | | | | | | |  | | | | | | Post code: | | | |  | | | |  |
|  |  | | | | | | | |  | |  | | | | | | | | | |  | | | | | | | | | | | | | | | | |  | |  |
|  | Property type: | | House | | | |  | | | | Unit | | | |  | | | Other…please specify: | | | | | | | | | | | | |  | | | | | | | | |  |
|  |  | | | | | | | |  | |  | | | | | | | | | |  | | | | | | | |  | | | | | | | | | | |  |
|  | Number of bedrooms: | | |  | | | |  | | | Occupancy capacity: | | | | | | | | | | | |  | | Number of bathrooms: | | | | | | | | |  | | | | | |  |
|  |  | | | | | | | |  | |  | | | | | | | | | |  | | | | | | | |  | | | | | | | | | | |  |
|  | Are there any other children, young people or adults currently residing in this premises?  *e.g. a community respite centre (disability).**If yes, please provide further information below.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | No | | | |  |  |
|  |  | | | | | | | | |  | |  | | | | | | | | | |  | | | | | | | |  | | | | | | | | | |  |
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|  | Does the premises have a pool or spa? | | | | | | | | | | | |  | Yes | | | | | No | | | | | ***If yes, complete the Water Safety section below.*** | | | | | | | | | | | | | | | |  |
|  |  | | | | | | | | |  | |  | | | | | | | | | |  | | | | | | | |  | | | | | | | | | |  |
|  | Please provide all additional information where relevant: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | **PREMISES INSPECTION ASSESSMENT** | | | | | | | | | | | | |  |
|  |  |  |  |  | | |  | | | | | | |  |
|  | **Inspection of premises against the Statement of Standards** *section 122 (b) and (k)* | | | | | | | | | | | | |  |
|  |  |  |  |  | | |  | | | | | | |  |
|  | 1. Is the building and physical care environment safe and free from hazards?   (*including any outdoor areas*) | | | | | | | | Yes | No | N/A | | |  |
|  |  |  |  |  | | |  | | | | | | |  |
|  | 1. Is the living environment 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).* | | | | | | | | Yes | No | N/A | | |  |
|  |  |  | | | | | | |  |  |  | | |  |
|  | 1. Is the living environment clean and hygienic? | | | | | | | | Yes | No | N/A | | |  |
|  |  |  | | | | | | |  |  |  | | |  |
|  | 1. Will the care environment appropriately cater for the physical needs of the child or young person?   *(e.g. healthy food present in fridge/cupboards, clothing provided)* | | | | | | | | Yes | No | N/A | | |  |
|  |  |  | | | | | | |  |  |  | | |  |
|  | 1. Is the physical space arranged to provide adequate privacy for the child or young person? *(e.g. sleeping, toilet, bathing facilities)* | | | | | | | | Yes | No | N/A | | |  |
|  |  |  | | | | | | |  |  |  | | |  |
|  | 1. Are sleeping arrangements appropriate for the child or young person?   *(consider number of beds/bedrooms, age, gender)* | | | | | | | | Yes | No | N/A | | |  |
|  |  |  | | | | | | |  |  |  | | |  |
|  | 1. Does the care environment reflect that appropriate recreational opportunities will be provided for child or young person? | | | | | | | | Yes | No | N/A | | |  |
|  |  | | | | |  | | |  |  | | | |  |
|  | 1. Does the property contain a first aid kit? | | | | | | | | Yes | No | N/A | | |  |
|  |  | | | | | | | |  |  |  | | |  |
|  | 1. Has the service provided a secure means for storage of poisons, cleaners, sharp objects, toxic substances, flammable items and other hazardous items | | | | | | | | Yes | No | N/A | | |  |
|  |  | | | |  | | |  | | | |  | |  |
|  | 1. Has the organisation provided a means of storage and access to medications? | | | | | | | | Yes | No | N/A | | |  |
|  |  | | | | | | | |  |  |  | | |  |
|  | 1. Has the organisation provided a secure means for the storage of service and staff vehicle keys and processes to comply with the requirements outlined in the Motor Vehicle Safety guidelines?? | | | | | | | | Yes | No | N/A | | |  |
|  |  | | | | |  | | |  |  | | | |  |
|  | 1. 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 | | | | | | | | Yes | No | N/A | | |  |
|  |  | | | | | | | |  |  |  | | |  |
|  | Additional information regarding the property inspection, *if required*: | | | | | | | | | | | | |  |
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|  | **FIRE SAFETY** | | | | | | | | | | | | |  |
|  |  | | | | | | | |  |  |  | | |  |
|  | *Please refer to the 82(1)(f) assessment guide for legislation information.* | | | | | | | | | | | | |  |
|  |  | | | | | | | |  |  |  | | |  |
|  | 1. Can the organisation confirm that the smoke alarm requirements are met? | | | | | | | | Yes | No | N/A | | |  |
|  |  | | | | | | | |  |  |  | | |  |
|  | 1. Is a Fire Blanket available? | | | | | | | | Yes | No | N/A | | |  |
|  |  | | | | | | | |  |  |  | | |  |
|  | 1. Are doors and windows easily accessible and opened in the event of a fire? | | | | | | | | Yes | No | N/A | | |  |
|  |  | | | | | | | |  |  |  | | |  |
|  | 1. Is a fire safety escape plan and evacuation instructions present and located in a central location? | | | | | | | | Yes | No | N/A | | |  |
|  |  | | | | | | | |  |  |  | | |  |
|  | 1. Are exit signs and fire extinguishers easily identified and accessible? | | | | | | | | Yes | No | N/A | | |  |
|  |  | | | | | | | |  |  |  | | |  |
|  | Any additional comments for Fire Safety or if any of the questions above have been marked No, provide further information below: | | | | | | | | | | | | |  |
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|  |  | | | | | | | |  |  |  | | |  |
|  | **INDOOR SAFETY** | | | | | | | | | | | | |  |
|  |  | | | | | | | |  |  |  | | |  |
|  | *Please refer to the 82(1)(f) assessment guide for additional information.* | | | | | | | | | | | | |  |
|  |  | | | | | | | |  |  |  | | |  |
|  | 1. An electrical safety switch is installed? | | | | | | | | Yes | No | N/A | | |  |
|  |  | | | | | | | |  |  |  | | |  |
|  | 1. Hot water is stored at a minimum of 60°C? | | | | | | | | Yes | No | N/A | | |  |
|  |  | | | | | | | |  |  |  | | |  |
|  | 1. Hot water is delivered at a maximum of 50°C? | | | | | | | | Yes | No | N/A | | |  |
|  |  | | | | | | | |  |  |  | | |  |
|  | Any additional comments for Indoor Safety or if any of the questions above have been marked No, provide further information below: | | | | | | | | | | | | |  |
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|  | **WATER SAFETY** *only complete for properties that have a pool or spa***.** | | | | | | | | | | | | |  |
|  |  | | | | | | | |  |  |  | | |  |
|  | *Please refer to the 82(1)(f) assessment guide for legislation information.* | | | | | | | | | | | | |  |
|  |  | | | | | | | |  |  |  | | |  |
|  | 1. Is the pool or spa registered on the pool safety register? | | | | | | | | Yes | No | N/A | | |  |
|  |  | | | |  | | |  | | | |  | |  |
|  | 1. Has the assessor sighted the completed copy of the [*Does the pool pass the test*](https://www.hpw.qld.gov.au/__data/assets/pdf_file/0021/5952/poolsafetydoesyourpoolpassthetestfactsheet.pdf) checklist? | | | | | | | | Yes | No | N/A | | |  |
|  |  | | | |  | | |  | | |  | | |  |
|  | 1. Is a CPR sign displayed in a place where it is easily visible to anyone in or near the pool? | | | | | | | | Yes | No | N/A | | |  |
|  |  | | | | | | | |  |  |  | | |  |
|  | 1. For properties that have been purchased or leased within the last 2 years, or for pools built or installed in the last 2 years, have you sighted a copy of the current pool safety certificate or final inspection notice? | | | | | | | | Yes | No | N/A | | |  |
|  |  | | | | | | | |  |  |  | | |  |
|  | 1. Has the assessor identified any risks to safety associated with the pool or spa? | | | | | | | | Yes | No | N/A | | |  |
|  |  | | | | | | | |  |  |  | | |  |
|  | If yes, for question 5 – what must the organisation do to address the identified areas on non-compliance with the pool safety requirements? | | | | | | | | | | | | |  |
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|  | Any additional comments for Water Safety or if any of the questions above have been marked ‘No’, provide further information below: | | | | | | | | | | | | |  |
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|  | **WATER SAFETY SUPERVISION** *must be completed even if there is no pool or spa on the property* | | | | | | | | | | | | |  |
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|  | **Please ensure the below is discussed and agreed to by the organisation in regard to water safety supervision.** | | | | | | | | | | | | |  |
|  |  | | | | | | | |  |  |  | | |  |
|  | 1. The organisation will ensure their workers provide constant in-water direct supervision for children in care who are non-swimmers or where their level of swimming ability is not known. | | | | | | | | Yes | No | N/A | | |  |
|  |  | | | | | | | |  |  |  | | |  |
|  | 1. The organisation will ensure their workers do not leave children alone or in the care of an older child when in, on or near swimming pools, rivers, creeks, dams, the beach or any body of water. | | | | | | | | Yes | No | N/A | | |  |
|  |  | | | | | | | |  |  |  | | |  |
|  | 1. The organisation will ensure their workers will supervise older children in care when in on or near water, by providing direct line of sight supervision at all times. | | | | | | | | Yes | No | N/A | | |  |
|  |  | | | | | | | |  |  |  | | |  |
|  | 1. The organisation will ensure their workers do not tie back a pool gate or obstruct the latch from closing automatically. | | | | | | | | Yes | No | N/A | | |  |
|  |  | | | | | | | |  |  |  | | |  |
|  | 1. The organisation will ensure their workers leave no items nearby a pool or spa that a child could use to climb up the fence, such as chairs, pot plants, eskies etc. | | | | | | | | Yes | No | N/A | | |  |
|  |  | | | | | | | |  |  |  | | |  |
|  | 1. The organisation will ensure their workers empty wading pools that do not require permanent fencing/barriers after use and store them in a vertical position. | | | | | | | | Yes | No | N/A | | |  |
|  |  | | | | | | | |  |  |  | | |  |
|  | 1. Are there are bodies of water on the premises that pose a risk to children – for example, water features, dams, fishponds, troughs, pet water containers? | | | | | | | | Yes | No | N/A | | |  |
|  |  | | | | | | | |  |  |  | | |  |
|  | If yes, for question 12 please provide additional information below: | | | | | | | | | | | | |  |
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|  | Any additional comments for Water Safety supervision or if any of the questions above have not been agreed to, provide further information below: | | | | | | | | | | | | |  |
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|  | | **ASSESSMENT of ORGANISATION TO MEET THE STATEMENT OF STANDARDS** *only complete for a new or unlicensed organisation* | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | | | | |  |  | | | | | | |  | | | | |  | | | |  |
|  | | Is this organisation new or unlicensed? | | | | | | | | | | Yes | | | | | *Please complete the section below.* | | | | | | | |  |
|  | |  | | | | | | | | | |  | | | | |  | | | | | | | |  |
|  | |  | | | | | | | | | | No | | | | | *Go to* [***Care Arrangement Agreement by organisation***](#CARE) | | | | | | | |  |
|  | |  | | |  | |  | | | | | | | |  | | | | |  | | | | |  |
|  | | In order for an organisation to be considered for an 82(1) (f) assessment they must be able to meet the **statement of standards section 122** as outlined in the *Child Protection Act (1999)* to ensure the safety and wellbeing of the child in the care arrangement.  The application of the standards to the child/young person’s care must take into account what is reasonable having regard to: -   1. the length of the time the child/young person is in care of the carer or organisation; and 2. the child/young person’s age and development | | | | | | | | | | | | | | | | | | | | | | |  |
|  | |  | |  | |  | | | | | | | |  | | | | |  | | | | | |  |
|  | | Is the organisation willing to comply with the **Statement of Standards** as outlined in the *Child Protection Act 1999*, section 122? | | | | | | | | | | | | | | | | | | | | **Yes** | **No** | |  |
|  | |  | |  | |  | | | | | | | |  | | | | |  | | | | | |  |
|  | | ***If No, the care service is not suitable for an 82(1) (f) assessment*** | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | | 1. **The chief executive must take reasonable step to ensure a child placed in care under section 82 is cared for in a way that meets the following standards (the statement of standards)** | | | | | | | | | | | | | | | | | | | | | | |  |
|  | |  | |  | |  | | | | | | | |  | | | | |  | | | | | |  |
|  | | Provide a brief assessment on the organisations ability to meet the Statement of Standards: | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | | 1. ***The child’s dignity and rights will be respected.***   *(e.g. children: favourite toys, books and safety; young people: privacy and safety)* | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | | 1. ***The child’s need for physical care will be met, including adequate food, clothing and shelter***   *(e.g. nutritional food, special dietary needs, privacy and space, safety of household)* | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | | 1. ***The child will receive emotional care that allows him or her to experience being cared about and valued and that contributes to the child’s positive self-regard***   *(e.g. warm, caring and responsive language, conflict resolution)* | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | | 1. ***The child’s needs relating to his or her culture and ethnic grouping will be met***   *(e.g. contact with extended family, contact with culturally appropriate services, participating in cultural events)* | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | | 1. ***The child’s needs relating to his or her schooling, physical and mental stimulation, recreation and general living will be met.***   *(e.g. school materials, library materials, access to libraries, computer resources, exhibitions)* | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | | 1. ***The child will receive education, training or employment opportunities relevant to the child’s age and ability***   *(e.g. play group, pre-school, school, TAFE, university, employment, career days)* | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | | 1. ***The child will receive positive guidance when necessary to help him or her to change inappropriate behaviour***   *(e.g. Child Protection Act, 1999, section 122(2), requires that corporal punishment is not to be used nor punishment that involves humiliation or fear)* | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | | 1. ***The child will receive dental, medical and therapeutic services necessary to meet his or her needs***   *(regular dental appointments, medical attention in response to sickness, inoculations, specialist services)* | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | | 1. ***The child will be given the opportunity to participate in positive social and recreational activities appropriate to his or her developmental level and age***   *(e.g. birthday parties, visiting friends, sport, hobbies)* | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | | 1. ***The child will be encouraged to maintain family and other significant personal relationships***   *(e.g. contact visits, telephone calls, e-mails, life book, photos)* | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | | 1. ***If the child has a disability – the child will receive care and help appropriate to the child’s special needs*** *(attending specialist appointments, implementing care strategies recommended by specialists, ensuring the child has appropriate aides or equipment necessary to managing their disability)* | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | | 1. **For subsection (1)(g), techniques for managing the child’s behaviour must not include corporal punishment or punishment that humiliates, frightens or threatens the child in a way that is likely to cause emotional harm.** *(e.g. discussion and implementation of consequences, time out, positive reinforcement, use of behaviour charts or rewards)* | | | | | | | | | | | | | | | | | | | | | | |  |
|  | |  | |  | |  | | | | | | | |  | | | | |  | | | | | |  |
|  | Does the organisation understand and agree to provide care that aligns with point (2) subsection (1) (g)? | | | | | | | | | | | | | | | | | | | | | **Yes** | **No** | |  |
|  |  | | | | | | | | | |  | |  | | | | | | | | | | |  |  |
|  | Comments *(if required)*: | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | **RESOURCES** | | | | | | | | | | | | |  |
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|  | Please ensure the following resources are provided to new and/or unlicensed organisations | | | | | | | | | | | | |  |
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|  | [Charter of Rights for children in care](https://www.legislation.qld.gov.au/view/html/inforce/current/act-1999-010#sch.1) | | | | | | Yes | No | | | | N/A | |  |
|  |  | | | |  |  | |  | | | | | |  |
|  | [Standards of care](https://cspm.csyw.qld.gov.au/getattachment/d35fa478-3610-4ff6-89a6-397cc068498f/standards-care.pdf) - handout | | | | | | Yes | No | | | | N/A | |  |
|  |  | | | | | |  |  | | | |  | |  |
|  | [Positive behaviour support policy](https://www.csyw.qld.gov.au/resources/dcsyw/child-family/foster-kinship-care/positive-behaviour-support-604.pdf) 604 | | | | | | Yes | No | | | | N/A | |  |
|  |  | | | | | |  |  | | | |  | |  |
|  | [Managing high risk behaviour policy 646](https://www.csyw.qld.gov.au/resources/dcsyw/child-family/foster-kinship-care/managing-high-risk-behaviour-646.pdf) | | | | | | Yes | No | | | | N/A | |  |
|  |  | | | | | |  |  | | | |  | |  |
|  | [Residential care policy](https://www.csyw.qld.gov.au/resources/dcsyw/child-family/foster-kinship-care/residential-care-606.pdf) | | | | | | Yes | No | | | | N/A | |  |
|  |  | | | | | |  |  | | | |  | |  |
|  | [Critical incident Types](https://www.dcssds.qld.gov.au/resources/dcsyw/about-us/partners/child-family/cir-types.pdf) | | | | | | Yes | No | | | | N/A | |  |
|  |  | | | | | |  |  | | | |  | |  |
|  | [Joint agency response protocol](https://cyjmaintranet.root.internal/resources/dcsywintranet/governance/agreements/child-safety-memoranda/protocol-joint-missing-child.pdf) – When a child in care is missing | | | | | | Yes | No | | | | N/A | |  |
|  |  | | | | | |  |  | | | |  | |  |
|  | [Reporting missing children: guidelines for approved carers and care services](https://www.csyw.qld.gov.au/resources/dcsyw/child-family/foster-kinship-care/reporting-missing-childrens-guidelines.pdf) | | | | | | Yes | No | | | | N/A | |  |
|  |  | | | | | |  |  | | | |  | |  |
|  | [Incident reporting – Residential care](https://www.csyw.qld.gov.au/resources/dcsyw/about-us/partners/incident-reporting-residential-care.pdf) | | | | | | Yes | No | | | | N/A | |  |
|  |  | | | | | |  |  | | | |  | |  |
|  | [Complaints management policy](https://www.csyw.qld.gov.au/resources/dcsyw/contact-us/complaints/complaints-management-policy.pdf) | | | | | | Yes | No | | | | N/A | |  |
|  |  | |  |  | | | | |  | | | | |  |
|  | [Transition to adulthood policy](https://www.csyw.qld.gov.au/resources/dcsyw/child-family/foster-kinship-care/transitioning-from-care-into-adulthood-349.pdf) | | | | | | Yes | No | | | | N/A | |  |
|  |  | | | | | |  |  | | | |  | |  |
|  | Confidentiality of information obtained by persons involved in administration of the Act - *Child Protection Act 1999* section [187](https://www.legislation.qld.gov.au/view/html/inforce/current/act-1999-010#sec.187) and [188](https://www.legislation.qld.gov.au/view/html/inforce/current/act-1999-010#sec.188) | | | | | | Yes | No | | | | N/A | |  |
|  |  | | | | | |  |  | | | |  | |  |
|  | [Pool safety standard](https://www.qbcc.qld.gov.au/your-property/swimming-pools/pool-safety-standard) – for properties that contain a pool or spa. | | | | | | Yes | No | | | | N/A | |  |
|  |  | |  |  | | | | | | |  | | |  |
|  | Provide any addition information, if required: | | | | | | | | | | | | |  |
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|  | **ORGANISATION TRAINING - DIRECT CARE** | | | | | | | | | | | | |  |
|  |  | |  |  | | | | | | | | |  |  |
|  | Include all information relative to the training provided by the organisation to their direct care staff? This training can include all internal and external training that demonstrates the organisation’s ability to meet the Statement of Standards and provide care to the child or young person consistent with Child Safety requirements. | | | | | | | | | | | | |  |
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|  | **CARE ARRANGEMENT REQUIREMENTS** *(as per the CSPM requirements)* | | | | | | | | | |  |
|  |  |  |  |  |  | | | | | |  |
|  | **Care requirements** | | | | | | | | | |  |
|  |  |  |  |  |  | | | | | |  |
|  | The organisation is willing to act in line with the reasonable directions from Child Safety and work cooperatively to meet the child’s case plan goals and actions as per subsection (1)(j) of the *Child Protection Act 1999*. | | | | | Yes | | No | | N/A |  |
|  |  |  | | | |  | |  | |  |  |
|  | The care arrangement for an Aboriginal or Torres Strait Islander child or young person can provide for the optimal retention of the child’s relationships with parents, siblings and other people of significance to the child under Aboriginal tradition or Island custom. | | | | | Yes | | No | | N/A |  |
|  |  |  | | | |  | |  | |  |  |
|  | The care arrangement is able to facilitate family and cultural contact for an Aboriginal or Torres Strait Islander child. | | | | | Yes | | No | | N/A |  |
|  |  |  | | | |  | |  | |  |  |
|  | The care arrangement will assist the child or young person to gain positive life skills and a sense of wellbeing | | | | | Yes | | No | | N/A |  |
|  |  |  | | | |  | |  | |  |  |
|  | Other people residing at the premises are an appropriate peer group for the child or young person taking into account the child’s circumstances, age and gender. | | | | | Yes | | No | | N/A |  |
|  |  | | | | |  | |  | |  |  |
|  | The care arrangement will meet the needs of the child or young person in regard to their age and development as well as the length of time required in the care arrangement. | | | | | Yes | | No | | N/A |  |
|  |  |  | | |  | |  | |  | |  |
|  | **Management and support** *relative policies and handouts are to be provided to the organisation to support these agreements.* | | | | | | | | | |  |
|  |  |  | | |  | |  | |  | |  |
|  | The organisation will use appropriate behaviour support strategies consistent with the statement of standards and Child Safety Positive Behaviour Support policy. | | | | | Yes | | No | | N/A |  |
|  |  |  | | | |  | |  | |  |  |
|  | The organisation is aware of the requirements for reporting harm to a child in care to Child Safety. | | | | | Yes | | No | | N/A |  |
|  |  |  | | | |  | |  | |  |  |
|  | The organisation agrees to the confidentiality requirements in the *Child Protection Act 1999*, sections [187](https://www.legislation.qld.gov.au/view/html/inforce/current/act-1999-010#sec.187) and [188](https://www.legislation.qld.gov.au/view/html/inforce/current/act-1999-010#sec.188). | | | | | Yes | | No | | N/A |  |
|  |  |  | | | |  | |  | |  |  |
|  | The premises where the child is to be placed is safe and suitable for their needs. | | | | | Yes | | No | | N/A |  |
|  |  | | | | |  | |  | |  |  |
|  | Appropriate strategies and interventions will be implemented for a child who has been sexually abused or has demonstrated sexually reactive behaviours (SRB). *(direct the care service to the CSPM practice kit* [*Child Sexual Abuse*](https://cspm.csyw.qld.gov.au/practice-kits/child-sexual-abuse)*)* | | | | | Yes | | No | | N/A |  |
|  |  | | | | |  | |  | |  |  |
|  | Care will be provided by staff who:   * pose no risk to the child’s safety * have a current blue card * are able and willing to protect the child from harm * are able to provide care that is consistent with the principles of the *Child Protection Act 199*, [section 5](https://www.legislation.qld.gov.au/view/html/inforce/current/act-1999-010#sec.5) | | | | | Yes | | No | | N/A |  |
|  |  |  |  |  |  | | | | | |  |
|  | Provide any additional contextual information for this section here, if required: | | | | | | | | | |  |
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|  | **PROPERTY PHOTOS** *(if obtained)* | | | | |  |
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|  | **ADDITIONAL INFORMATION PROVIDED FOR ASSESSMENT** *only complete if required* | | | | |  |
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|  | Any additional information deemed relevant for this assessment please provide below: | | | | |  |
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|  | **RECOMMENDATION BY ASSESSOR** | | | | | | | | | |  |
|  |  | |  |  | |  |  | | | |  |
|  | Based on the information provided above, does the assessment indicate that the organisation’s property **meets the Statement of Standards** as required by Child Safety? | | | | | | | Yes | No |  |  |
|  |  | |  |  | |  |  | | | |  |
|  | Provide any additional information for your recommendation, if required: | | | | | | | | | |  |
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|  | Name of assessor completing assessment: | | | |  |  | | | | |  |
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|  |  | Date of recommendation: | | |  |  |  | | | |  |
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|  | Name of secondary officer *(if applicable)*: | | | |  |  | | | | |  |
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|  | Secondary officer’s additional information for recommendation, if required: | | | | | | | | | |  |
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|  | **CSSC MANAGER APPROVAL** | | | | | | | | |  |
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|  | I am supportive of the 82(1)(f) assessment based on the information provided in the above assessment. | | | | |  | Yes | No |  |  |
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|  | Name of CSSC manager providing approval: | | |  |  | | | | |  |
|  |  |  |  | |  |  | | | |  |
|  | Date of approval: | | |  |  |  | | | |  |
|  |  |  |  | |  |  | | | |  |
|  | CSSC Manager comments, if required: | | | | | | | | |  |
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