**Special Out-Of-Home-Care**

Placement Checklist

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| **Special OOHC** |
| A child placed in Special OOHC is either medically frail or they have permanent or complex disability support needs due to an intellectual, psychiatric, sensory or physical impairment. The placement is required to be a home or specialised care environment that is safe and provides a child- friendly environment that meets the individual care needs of the child.  The home will need to:  • Be appropriate for the developmental needs of the child  • Be appropriate to support the child’s disability needs  • Have disability and wheelchair access if required  • Be in close proximity to transport, social and extracurricular activities, and education facilities such as school  Complete an inspection of the Special OOHC placement to ensure the environment is physically safe and the home environment meets the needs of the child by using this ‘Placement Checklist’.  There may be additional recommendations detailed in allied health professional reports that will inform suitability of the placement for the child’s individual needs.  If the placement is a specialised care environment provided by a hospital, mental health facility and/or specialised health setting, caseworker professional judgement is required to complete the placement checklist as not every section of this document may be relevant.  Provide a copy of this ‘Placement Checklist’ to the Special OOHC Service Provider once complete. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Child Person’s Details** | | | | |
| **Name** |  | | | |
| **Gender** |  | | | |
| **Date of Birth** |  | **Age** | Choose an item. | Choose an item. |
| **ChildStory ID** |  | **Legal Status** | Choose an item. | |

**Placement Details**

|  |  |
| --- | --- |
| **Placement Address:** |  |
| **Date of placement inspection:** |  |
| **People present at time of inspection :** |  |

**Inspection Details**

**Does the home meet the child’s needs?**

**Lounge, dining, living, other rooms**

|  |  |
| --- | --- |
| **A dining room area to share home cooked meals together with staff and/or other children?** | Yes  No |
| **A lounge room or communal areas to play, socialise and experience everyday activities** | Yes  No |
| **Access to age-appropriate toys, activities and experiences** | Yes  No |
| **Are there any modifications required to accommodate child’s needs?** | Yes  No |
| **Loose cables, cords or tripping objects?** *(if yes, note risk mitigation*) | Yes  No |
| **Electric socket covers?** | Yes  No |
| **Electric cords in good condition?** *(not frayed)* | Yes  No |
| **Glass doors with safety glass and marking stickers?** | Yes  No |
| **Secured balconies?** (apartments and secondary story properties) | Yes  No |
| **Does the placement present as a home-like environment?** | Yes  No |
| **Other concerns?**  *Details* | |

**Kitchen**

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| --- | --- |
| **Is the kitchen accessible for child to assist with cooking/meal preparations?** | Yes  No |
| **Loose cables, cords or tripping objects?** *(if yes, note risk mitigation*) | Yes  No |
| **Electric socket covers?** | Yes  No |
| **Electric cords in good condition?** *(not frayed)* | Yes  No |
| **Safe storage of utensils, cleaning fluids, medicines?** | Yes  No |
| **Safety locks on lower cupboards?** | Yes  No |
| **Food stored hygienically?** | Yes  No |
| **Access to sharp knives?** *(may need to be removed***)** | Yes  No |
| **Other concerns?**  *Details* | |

**Accessibility**

|  |  |
| --- | --- |
| **Have disability and wheelchair access if required** | **☐ Yes ☐ No** |
| **Is the home appropriate for the developmental needs of the child?** | **☐ Yes ☐ No** |
| **Does the home meet the child’s individual disability needs?** | **☐ Yes ☐ No** |
| **Is the home in close proximity to transport, social and extracurricular activities, and education facilities such as school** | **☐ Yes ☐ No** |
| **Are there any modifications required to the home to support the child’s disability?** | **☐ Yes ☐ No** |
| **Other concerns?**  *Details* | |

**Bathroom, toilet and laundry**

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| --- | --- |
| **Safe storage of medicines, cleaners, razors, electrical appliances?** | **☐ Yes ☐ No** |
| **Benches and tiles lack sharp edges?** | **☐ Yes ☐ No** |
| **There is adequate space for required equipment in line with child’s needs? E.g. *Safety rail, shower chair*** | **☐ Yes ☐ No** |
| **Required equipment is installed in line with child’s needs? E.g. *Safety rail, shower chair*** | **☐ Yes ☐ No** |
| **Non slip matting used within bathroom** | **☐ Yes ☐ No** |
| **Other concerns?**  *Details* | |

**Bedroom for child**

**Note:** Each child should have their own bed

|  |  |
| --- | --- |
| **Their own room that can be personalised (or shared bedroom for siblings if appropriate)?** | **☐ Yes ☐ No** |
| **Required equipment in line with child’s disability needs?** | **☐ Yes ☐ No** |
| **Adequate space for appropriate furniture, equipment and storage** | **☐ Yes ☐ No** |
| **Adequate privacy available?** | **☐ Yes ☐ No** |
| **Adequate light and ventilation?** | **☐ Yes ☐ No** |
| **Does the bedroom door have a lock?**  **If yes, do the staff have a master key for safety reasons?** | **☐ Yes ☐ No**  **☐ Yes ☐ No** |
| **Other concerns?**  *Details* | |

**Health and Safety**

|  |  |
| --- | --- |
| **Does the child have a BSP that identifies restrictive practices that need to be considered in the care environment?** | **☐ Yes ☐ No**  *If yes provide details:* |
| **Are all direct care staff familiar and trained to implement the BSP?** | **☐ Yes ☐ No**  *If no provide details* |
| **Is the child prescribed psychotropic medications?** | **☐ Yes ☐ No** |
| **Is the psychotropic medications stored securely? (please state how and where in details)** | **☐ Yes ☐ No**  *Details:* |
| **Does the child have prescribed equipment to meet their needs? (ie medical, health and/or safety)** | **☐ Yes ☐ No**  *Details:* |
| **Is the prescribed equipment within the home?** | **☐ Yes ☐ No**  **Details:** |
| **Accommodation is clean and hygienic?** | **☐ Yes ☐ No** |
| **First aid kit in accommodation?** | **☐ Yes ☐ No** |
| **Adequate indoor space for play?** | **☐ Yes ☐ No** |
| **Windows secure (apartment or secondary story properties)?** | **☐ Yes ☐ No** |
| **Other concerns?**  *Details* | |

**Fire Safety**

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| --- | --- |
| **Smoke detectors are installed and working? Are there fire sprinkler, portable fire extinguishers, and map of fire escape route installed and working?** | **☐ Yes ☐ No** |
| **Access doors and windows easily opened in event of fire?** | **☐ Yes ☐ No** |
| **Are exits unobstructed?** | **☐ Yes ☐ No** |
| **Other concerns?**  *Details* | |

**Garden, garage and outdoor areas**

|  |  |
| --- | --- |
| **Safe storage of garden equipment, tools, and chemicals?** | **☐ Yes ☐ No** |
| **Adequate outdoor space for play?** | **☐ Yes ☐ No** |
| **Adequate fencing for safe play?** | **☐ Yes ☐ No** |
| **Suitable fencing of pools, spas, ponds and dams?**   |  | | --- | |  | | **☐ Yes ☐ No ☐ N/A** |
| **Pool is council registered and compliant?** | **☐ Yes ☐ No** |
| **Other concerns or comments? (***Are pets located at the accommodation, any risk etc.?)* | |

**Assessor Details**

|  |  |
| --- | --- |
| **Name** | **Title:** |
| **Signature:** | **Date:** |
| **Attached to child placement record on ChildStory?** | **☐ Yes ☐ No**  *Placement record number:* |
| **Copy provided to Service Provider** | **☐ Yes ☐ No**  **Details:** *Who was this provided to? When? How is this documented within ChildStory?* |