|  |  |  |
| --- | --- | --- |
|  | There are **two parts** of the **Household Safety Study**. * **Part 1** is used to assess the mandatory safety requirements that must be met prior to approval, including provisional approval.
* **Part 2** is to assist the assessor to conduct a more comprehensive assessment of the applicant’s household safety. If there are any household safety issues, not related to mandatory requirements, they must either be addressed prior to approval or the CSSC Manager must agree to an action plan for addressing the issues in the near future.
 |  |
|  |  |  |
|  | **OFFICE USE ONLY** |  |
|  |  |  |
|  | ICMS EOI/Application ID number |       | Reference Name |       |  |  |
|  |  |  |  |  |  |  |  |
|  | Study start date  | Enter date | Study completion date  | Enter date |  |  |
|  |  |  |  |  |  |  |  |
|  | Has the applicant completed the Home Safety Checklist? | [ ]  Yes | [ ]  No |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  | **APPLICANTS DETAILS** |  |
|  |  |  |  |  |  |  |  |
|  | Name/s |       |  |  |
|  |  |  |  |  |  |  |  |
|  | Home address |       |  |  |
|  |  |  |  |  |  |  |  |
|  | Applicant 1 contact number |       | Email |       |  |  |
|  |  |  |  |  |  |  |
|  | Applicant 2 contact number |       | Email |       |  |  |
|  |  |  |  |  |  |  |
|  | Other *(if required)* |       |  |  |
|  |  |  |  |  |  |  |  |
|  | *Applicants are responsible for providing information to the department about the extent to which their home, household fittings and utilities comply with relevant health and safety requirements mandated in legislation.**In completing this Household Safety Study with the assessor, you are required to indicate to the assessor whether or not your home complies with local council regulations and that you are committed to maintaining the ongoing safety of your property. Any safety issues identified in this safety study may need to be rectified prior to approval being granted. Failure to comply with safety regulations may affect the decision to grant approval.* |  |
|  |  |  |
|  |  |  |  |  |  |  |  |
|  | **ASSESSORS DETAILS** |  |
|  |  |  |  |  |  |  |  |
|  | Name  |       | Date | Enter date |  |  |
|  |  |  |  |  |  |  |  |
|  | Agency |       |  |  |  |
|  |  |  |  |  |  |  |  |
|  | *Assessors are not expected to determine whether the home complies with council regulations, as they are not qualified to do so (for example, pool safety compliance). However, assessors will undertake a general check of household safety (for example, checking that a pool gate catches).* |  |
|  |  |  |

|  |  |  |
| --- | --- | --- |
|  | **PART 1**Assessment of mandatory safety requirements. These requirements must be met prior to provisional approval and prior to granting foster or kinship carer approval. |  |
|  |  |  |  |  |  |  |  |
|  | 1. **WATER SAFETY**
 |  |
|  |  |  |  |  |  |  |  |
|  | All pools, including spas and some portable pools, must comply with Queensland’s pool safety standards. The standard applies to homes with new or existing pools, including pools in unit complexes.*A swimming pool is defined as an above or below ground structure principally used for swimming or bathing, including some models of portable pools and spas – that is, those pools deeper than 30cm.* *The pool laws don't apply to fishponds.* Under the legislation all aforementioned pools must be registered on the pool safety register. This can be verified on [*https://www.qbcc.qld.gov.au/home-building-owners/pool-safety/registering-your-pool*](https://www.qbcc.qld.gov.au/home-building-owners/pool-safety/registering-your-pool) |  |
|  | Is the pool or spa registered on the pool safety register? |  |
|  |  |  |  |  |  |  |  |
|  |  | [ ]  Yes | [ ]  No | [ ]  N/A – there is no pool *(including portable)* or spa on the premises |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  | *The legislation requires pool owners to ensure that their pool is fenced (with detailed requirements), that fences or barriers are well maintained and that any damage to fences or barriers is fixed immediately.* *Applicants are asked to refer to the* [Pool safety standard | Queensland Building and Construction Commission (qbcc.qld.gov.au)](https://www.qbcc.qld.gov.au/your-property/swimming-pools/pool-safety-standard) *website to ensure their pool meets the swimming pool safety standards.* |  |
|  | Have the applicants referred to the *Pool safety standard* website noted above and advised that their pool meets the swimming pool safety standards? |  |
|  |  |  |  |  |  |  |  |
|  |  | [ ]  Yes | [ ]  No | [ ]  N/A – there is no pool *(including portable)* or spa on the premises |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  | *If the pool owner or someone living with the pool owner has a disability, an exemption can be applied for through their local council for some parts of the pool safety laws related to pool fencing.**Evidence of an exemption must be provided if an exemption has been granted.* |  |
|  | If the applicant has been granted an exemption, have they provided the required evidence? |  |
|  |  |  |  |  |  |  |  |
|  |  | [ ]  Yes | [ ]  No | [ ]  N/A – there is no pool *(including portable)* or spa on the premises |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  | *The legislation requires a cardiopulmonary resuscitation (CPR) sign to be displayed in or near the pool or spa.* |  |
|  | Is a CPR sign displayed in place where it is easily visible to anyone in or near the pool or spa? |  |
|  |  |  |  |  |  |  |  |
|  |  | [ ]  Yes | [ ]  No | [ ]  N/A – there is no pool *(including portable)* or spa on the premises |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |
|  | *The legislation requires a pool safety certificate to be issued when a property owner is selling or leasing their property. Recently built pools are issued with a final inspection notice, which can be used as a pool certificate, for the period of time they are valid.* *These certificates are valid for 2 years for non-shared pools (houses) and 1 year for shared pools (unit complex’s etc.).* |  |
|  | 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  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |
|  | Have you or the applicant identified any risks to the safety associated with the applicant’s pool or spa? |  |
|  |  |  |  |  |  |  |  |
|  |  | [ ]  Yes | [ ]  No | [ ]  N/A – there is no pool *(including portable)* or spa on the premises |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  | What must the applicant/s do to address any identified areas of non-compliance with the pool safety requirements? |  |
|  |       |  |
|  |  |  |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
|  |  |  |
|  | 1. **FIRE SAFETY**
 |  |
|  |  |  |  |  |  |  |  |
|  | *From 1 January 2027 all existing private homes, townhouses and units will require photoelectric interconnected smoke alarms. These must be either a hardwired (e.g., 240v) or non-removable 10-year battery powered type alarm.**From 1 January 2022, landlords must install interconnected smoke alarms in residential rental properties.** *Existing smoke alarms manufactured more than 10 years ago must be replaced with photoelectric smoke alarms which comply with Australian Standards (AS) 3786-2014.*

*(Note: the date should be stamped on the back)** *Smoke alarms that do not operate when tested must be replaced immediately.*
* *Existing hardwired smoke alarms that need replacement, must be replaced with a hardwired photoelectric smoke alarm.*

[*https://www.qfes.qld.gov.au/prepare/fire/smoke-alarms*](https://www.qfes.qld.gov.au/prepare/fire/smoke-alarms) |  |
|  |  |  |  |  |  |  |  |
|  | **Is the home:**  | [ ]  **Owner occupied**[ ]  **a Rental property**  |  |
|  |  |  |  |  |  |  |  |
|  | Can the applicant confirm that smoke alarms are fitted, and that the smoke alarm requirements are met?  |  |
|  |  |  |  |  |  |  |  |
|  |  | [ ]  Yes | [ ]  No |  | If no, detail any fire safety precautions that need to be addressed: |  |  |
|  |  |  |  |       |  |  |
|  | Please check: |  |  |  |  |  |  |
|  |  | [ ]  | Smoke alarms are installed and working and not more than 10 years old |  |  |
|  |  | [ ]  | A Fire Blanket or fire extinguisher is available |  |  |
|  |  | [ ]  | Doors and windows are easily accessible and opened in the event of a fire |  |  |
|  |  | [ ]  | A fire safety home escape plan is visible– *A fire escape plan can either be a written plan or a diagram. To create a fire escape plan please visit* [*Fire Escape | Queensland Fire and Emergency Services (qfes.qld.gov.au)*](https://www.qfes.qld.gov.au/Fire-Escape) *or complete the Fire safety evacuation plan at the end of this form.*  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
|  |  |  |
|  | 1. **INDOOR SAFETY**
 |  |
|  |  |  |  |  |  |  |  |
|  | ***Electrical Safety***An electrical safety switch is installed to prevent electric shock. Safety switches have been compulsory in new homes built or extended since 1992 but before 2000 and homes built or extended since 2000 following a change in Wiring Rules.*For more information, please refer to* [*Frequently asked questions | Electrical Safety Office*](https://www.electricalsafety.qld.gov.au/frequently-asked-questions) |  |
|  |  |  |  |  |  |  |  |
|  | Can the applicant confirm that there is an electrical safety switch installed in the home? |  |
|  |  |  |  |  |  |  |  |
|  |  | [ ]  Yes | [ ]  No |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  | ***Water Temperature**** *Minimum hot water storage temperature: Hot water is heated to a minimum of 60°C to prevent growth of bacteria such as Legionella (compulsory in homes built since 1998 or in homes renovated/had hot water replacement). Instantaneous water heaters with a volume <10L are exempt as the water is heated and used immediately.*
* *Maximum hot water delivery temperature: Hot water (in bathrooms as a minimum) is delivered at a maximum of 50°C (in homes built or renovated since 1990) i.e., by use of a tempering valve identified by a blue, green (best for gas systems), orange (solar systems) or black plastic cap fitted as part of the system’s piping. If these devices are not present the use of a thermometer is acceptable to test if required, only 1 hot water tap is required to be tested.*

[*Hot water systems | Business Queensland*](https://www.business.qld.gov.au/industries/building-property-development/building-construction/laws-codes-standards/sustainable-housing/hot-water-systems#:~:text=Hot%20water%20systems%20In%20hot%20water%20storage%20systems,to%20taps%20at%20a%20maximum%20of%2050%C2%B0%20Celsius.)***I****t is important to ensure water temperature is checked prior to placing a baby or young child into the bath, the time for a third degree burn to occur is 1 second at 60°C, 10 seconds at 55°C and 5 minutes at 50°C.**The safe temperature for a warm (not hot) bath for a baby or young child is between 37 and 38°C refer to the link below – Washing your baby - for more information.*[*Tips for new parents | Parents and families | Queensland Government (www.qld.gov.au)*](https://www.qld.gov.au/families/babies/new-parents/tips) |  |
|  |  |  |  |  |  |  |  |
|  | Can the applicant confirm that the hot water is stored at a minimum of 60°C? |  |
|  |  |  |  |  |  |  |  |
|  |  | [ ]  Yes | [ ]  No |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  | Can the applicant confirm that the hot water in the premises is delivered at a maximum of no more than 50°C? |  |
|  |  |  |  |  |  |  |  |
|  |  | [ ]  Yes | [ ]  No |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  | If no to any of the above, detail any indoor safety precautions that need to be addressed |  |
|  |       |  |
|  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |
|  | 1. **FIREARMS**
 |  |
|  |  |  |  |  |  |  |  |
|  | *Guns and ammunition are stored safely in accordance with the Weapons Regulation 2016.* |  |
|  |  |  |  |  |  |  |  |
|  | Are there any firearms on the property? |  |
|  |  |  |  |  |  |  |  |
|  |  | [ ]  Yes … *complete the section below* | [ ]  No …. *progress to next section* |  |  |
|  |  |  |  |  |  |  |  |
|  | Can the applicant confirm that guns and ammunition are stored in accordance with the *Weapons Regulation 2016?* |  |
|  |  |  |  |  |  |  |  |
|  |  | [ ]  Yes | [ ]  No |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |
|  | Has the applicant’s firearm licence been sighted by the assessor? |  |
|  |  |  |  |  |  |  |  |
|  |  | [ ]  Yes | [ ]  No |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  | Detail any firearm and ammunition safety requirements that need to be addressed? |  |
|  |       |  |
|  |  |  |  |  |  |  |  |
|  | Attach a photo of the storage location.  |  | Provide comments on storage location below. *(i.e., which area in the home it is located)* |  |
|  |  |  |       |  |
|  |  |  |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
|  | **TO BE COMPLETED BY THE ASSESSOR** |  |
|  |  |  |  |  |  |  |  |
|  | **Are the mandatory safety requirements met?** |  | [ ]  Yes | [ ]  No |  |  |
|  |  |  |  |  |  |  |  |
|  | If no, outline actions and timeframes for addressing concerns: |  |
|  |       |  |
|  |  |  |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
|  | **Disclosure statement and privacy notice** |  |
|  | The Department of Children, Youth Justice and Multicultural Affairs (Child Safety) is collecting the personal information on this form for the purpose of assessing your application to become a foster or kinship carer. This is authorised under the *Child Protection Act 1999* and the *Child Protection Regulation 2011*. Your personal information will be managed in accordance with the *Information Privacy Act 2009*.Under the Childrens Court Rules 2016 and the *Director of Child Protection Litigation Act 2016*, Child Safety is required to provide relevant information to the Director of Child Protection Litigation (DCPL) in relation to child protection proceedings, and the DCPL has a duty to disclose documents relevant to the proceedings to each other party. Therefore, any information provided to Child Safety that may be relevant to current or future court proceedings may be provided to the parties, including the parent. This may include applications for future child protection orders for children already in your care as an approved foster or kinship carer, such as long-term Child Protection Orders. |  |
|  |  |  |
|  |  |  |  |  |  |  |  |
|  | **Assessors signature for PART 1 of the Household Safety Study** |  |
|  |  |  |  |  |  |  |  |
|  | *The information provided in this safety study is true and correct at the time of completion of the study.* |  |
|  |  |  |  |  |  |  |  |
|  | Signature |  |  |  |
|  |  |  |  |  |  |  |  |
|  | Date | Enter date |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |
|  | **Applicants signature for PART 1 of the Household Safety Study** |  |
|  |  |  |  |  |  |  |  |
|  | *I have read and understand the disclosure statement and the privacy notice above and agree that the information provided in this safety study is true and correct at the time of completion of the study.* |  |
|  |  |  |  |  |  |  |  |
|  | Signatures |  | Applicant 1 |  |
|  |  |  |  |  |  |  |  |
|  |  |  | Applicant 2 |  |
|  |  |  |  |  |  |  |  |
|  | Date | Enter date |  |  |  |  |
|  |  |  |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
|  | **PART 2**Household safety study continued. Where risks or concerns are identified in Part 2, a plan to address any issues may be appropriate depending on their nature and may not necessarily be grounds for refusing the person’s application to become a carer. |  |
|  |  |  |  |  |  |  |  |
|  | 1. **WATER SAFETY**
 |  |
|  |  |  |  |  |  |  |  |
|  | *Drowning is one of the leading causes of death in Queensland for children under the age of 4 years old.* *Drownings can occur in places other than the backyard swimming pool, such as at aquatic centres and water parks, irrigation channels, dams, rivers, creeks, streams, drains, spas, water fountains, fishponds, and at the beach.* *For very young children, drownings can also occur in bathtubs, buckets, eskies, inflatable pools and pet bowls.* |  |
|  |  |  |  |  |  |  |  |
|  | 1. The assessor has provided [Tips to make your pool safer](https://www.hpw.qld.gov.au/__data/assets/pdf_file/0022/6079/tipstomakeyourpoolsafer.pdf) to the applicant/s and discussed water safety with them.
 | [ ]  Yes | [ ]  No |  |
|  |  |  |  |  |  |  |  |
|  | 1. The applicant/s will provide constant direct in-water supervision for children in care who are non-swimmers or where their swimming ability is unknown.
 | [ ]  Yes | [ ]  No |  |
|  |  |  |  |  |  |  |  |
|  | 1. The applicant/s will not leave children alone or in the care of an older child when in, on or near pools, rivers, creeks, dams, the beach or any body of water.
 | [ ]  Yes | [ ]  No |  |
|  |  |  |  |  |  |  |  |
|  | 1. The applicant/s will supervise and/or arrange another adult to supervise when children in care are in or near water areas.
 | [ ]  Yes | [ ]  No |  |
|  |  |  |  |  |  |  |  |
|  | 1. The applicant/s will regularly check that the pool safety gates continue to self-close, and latch securely and not tie back or obstruct the latch from self-closing.
 | [ ]  Yes | [ ]  No |  |
|  |  |  |  |  |  |  |  |
|  | 1. For premises where there are pools or spas, the applicant will ensure that there are no items left nearby that the child could use to climb the fence, such as chairs, pot plants, eskies etc.
 | [ ]  Yes | [ ]  No |  |
|  |  |  |  |  |  |  |  |
|  | 1. The applicant/s will empty inflatable pools, buckets, eskies and other items that contain water and place them out of reach of children.
 | [ ]  Yes | [ ]  No |  |
|  |  |  |  |  |  |  |  |
|  | 1. The applicants will regularly check for water dangers in and around their surroundings, such as drains, dams, rivers and creeks when children in care are near.
 | [ ]  Yes | [ ]  No |  |
|  |  |  |  |  |  |  |  |
|  | If the applicant/s have answered ‘no’ to any of the above, detail any water safety precautions that need to be addressed: |  |
|  |       |  |
|  |  |  |
|  | 1. Are there any bodies of water on the premises that may pose a risk to children i.e., dams, creeks, rivers, water features, fish ponds or troughs?
 | [ ]  Yes | [ ]  No |  |
|  |  |  |  |  |  |  |  |
|  | If yes, then document the risks that need to be address. |  |
|  |       |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  | 1. **INDOOR SAFETY**
 |  |
|  |  |  |  |  |  |  |  |
|  | Are medicines, poisons, cleaning products, sharp objects locked and out of reach of young children? | [ ]  Yes | [ ]  No |  |
|  |  |  |  |  |  |  |  |
|  | Are there heavy pieces of unsecured furniture or appliances that pose a risk to small children by tipping over and causing life threatening injury? | [ ]  Yes | [ ]  No |  |
|  | Detail any indoor safety precautions that need to be addressed? |  |
|  |       |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  | 1. **SUN SAFETY**
 |  |
|  |  |  |  |  |  |  |  |
|  | *The exposure children have to UV radiation during the hottest part of the day (10am to 3pm) should be limited so as to reduce the risk of sun burn/damage.**Sun safety tips include slip on clothes, slap on SPF 50+ sunscreen (20 minutes before exposure) and slap on a broad brim hat.* |  |
|  |  |  |  |  |  |  |  |
|  | Is the applicant aware of sun safety practices? | [ ]  Yes | [ ]  No |  |
|  | Comments |  |
|  |       |  |
|  |  |  |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
|  |  |  |
|  | 1. **VEHICLE SAFETY**
 |  |
|  |  |  |  |  |  |  |  |
|  | *A parked car can be a dangerous environment for a child.**Depending on age, children left unsupervised in a car can suffer strangulation on loose harnesses or choking, but the major risk is associated with the effects of heat such as heatstroke, dehydration, hyperthermia and even death. It doesn’t take long for distress and dehydration to occur. On a typical Australian summer day, the temperature inside a vehicle can rise by 30-40 degrees Celsius within 15 minutes.**Leaving window open a few inches does not help as it only causes a slight drop in temperature. The only way to ensure children will be safe is to take them with you.*  |  |
|  |  |  |  |  |  |  |  |
|  | 1. Is the applicant’s vehicle/s registered?
 | [ ]  Yes | [ ]  No |  |
|  |  |  |  |  |  |  |  |
|  | 1. Does the applicant’s vehicle/s have enough seats to safely and legally transport all passengers?
 | [ ]  Yes | [ ]  No |  |
|  |  |  |  |  |  |  |  |
|  | 1. Is there room and a bolt fitted for a car seat if young children are to be transported?
 | [ ]  Yes | [ ]  No |  |
|  |  |  |  |  |  |  |  |
|  | 1. Are child locks fitted on rear doors of the vehicle/s?
 | [ ]  Yes | [ ]  No |  |
|  |  |  |  |  |  |  |  |
|  | 1. Is driver visibility unobstructed?
 | [ ]  Yes | [ ]  No |  |
|  |  |  |  |  |  |  |  |
|  | 1. Is the interior of the vehicle/s free of objects that may become hazardous in the event of an accident?
 | [ ]  Yes | [ ]  No |  |
|  |  |  |  |  |  |  |  |
|  | 1. Does the applicant/s have an awareness of driveway safety?
 | [ ]  Yes | [ ]  No |  |
|  |  |  |  |  |  |  |  |
|  | 1. The applicant/s is aware that children should never be left alone in a vehicle?
 | [ ]  Yes | [ ]  No |  |
|  |  |  |  |  |  |  |  |
|  | If no to any of the above, detail any vehicle safety issues that need to be addressed: |  |
|  |       |  |
|  |  |  |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
|  |  |  |
|  | 1. **SUDDEN INFANT DEATH SYNDROME**
 |  |
|  |  |  |  |  |  |  |  |
|  | Identify if the applicant is applying as a Foster or kinship carer, if the applicant is applying to become a kinship carer and will not be caring for children under 12 months of age, this section can be marked as N/A, for all other applicants this section must be completed. |  |
|  |  |  |  |  |  |  |  |
|  | 1. Is the applicant applying as a: |  |  |  |
|  | 1. [ ]  Foster Carer – complete section below
 |  |  |  |
|  | 1. [ ]  Kinship Carer
	1. Will the kinship carer be caring for children under 12 months of age?
 | [ ]  Yes[ ]  No | Complete section below[ ]  **Section N/A go to question 10** |  |
|  |  |  |  |  |  |
|  | 1. Is the applicant aware of the three main ways to reduce the risks of SIDS?
	1. Put baby on their back to sleep
	2. Sleep baby with face uncovered
	3. Cigarette smoke is harmful to babies
 | [ ]  Yes | [ ]  No |  |
|  |  |  |  |  |  |  |  |
|  | 1. Do cots meet the Australian Standard requirements?
 | [ ]  Yes | [ ]  No |  |
|  | Comments |  |
|  |       |  |
|  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |
|  | 1. **PETS**
 |  |
|  |  |  |  |  |  |  |  |
|  | *Are there any pets on the premises? (If no, proceed to question 11)* | [ ]  Yes | [ ]  No |  |
|  |  |  |  |
|  | 1. Animals are non-aggressive?

*(Compliance with Local Council By-Laws for dangerous or menacing dogs)* | [ ]  Yes | [ ]  No |  |
|  |  |  |  |  |  |  |  |
|  | 1. Applicant/s adheres to health and safety aspects with regard to pets, including feeding, sleeping, waste and disposal routines?
 | [ ]  Yes | [ ]  No |  |
|  |  |  |  |  |  |  |  |
|  | 1. Fish tanks are secure?

*i.e., tank is on a secure stand, supplies are out of reach of young children, a tight-fitting lid is on the tank?* | [ ]  Yes | [ ]  No | [ ]  N/A |  |
|  |  |  |  |  |  |  |  |
|  | If concerns are identified in relation to the points above, detail any issues that need to be addressed? |  |  |
|  |       |  |
|  |  |  |  |  |  |  |  |
|  |  |  |
|  | **11. SMOKING** |  |
|  |  |  |  |  |  |  |  |
|  | *Passive smoking is a proven health hazard. The breathing of tobacco smoke by non-smokers can lead to harmful health effects in unborn children and middle ear infections, bronchitis, pneumonia, asthma and other chest conditions in children. It is also linked to SIDS.**Smoking in cars carrying children under the age of 16 years in Queensland is banned. Police enforce this law and on-the-spot fines apply to anyone caught smoking in a vehicle where a child is present.**Foster and kinship carers are asked not to smoke inside the home, within confined spaces, or generally in the presence of children. Smoking in the presence of children in care may also be considered a breach of the Standards of Care and will considered as part of a carer’s ongoing renewal of approval.* |  |
|  |  |  |  |  |  |  |  |
|  | Is the applicant/s a smoker? | [ ]  Yes | [ ]  No |  |
|  |  |  |  |  |  |  |  |
|  | Will smoking be allowed inside the house and/or around children? | [ ]  Yes | [ ]  No |  |
|  |  |  |  |  |  |  |  |
|  | Detail any issues that need to be addressed: |  |  |
|  |       |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  | **12. OUTDOOR SAFETY** |  |
|  |  |  |  |  |  |  |  |
|  | Use information provided by the applicant in the *Your Home Safety Checklist* (self-assessment). |  |
|  |  |  |  |  |  |  |  |
|  | Are there any risks to safety in the outdoor area? | [ ]  Yes | [ ]  No |  |
|  | Detail any issues that need to be addressed: |  |
|  |       |  |
|  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |
|  | **13. SURVEILLANCE DEVICES** |  |
|  |  |  |  |  |  |  |  |
|  | *Surveillance devices are technologies or devices that are developed specifically for surveillance purposes and those that are capable of being used for surveillance. These may include:* |  |
|  | * *listening and audio*
* *optical or visual*
 | * *tracking or location, and*
* *biometric surveillance.*
 |  |
|  | *Ensure you go through the below information with the applicant and ensure they are aware of their requirements when using surveillance devices within their home.**Provide a copy of the* [*Camera surveillance, video and audio recording – a community guide*](https://www.oic.qld.gov.au/__data/assets/pdf_file/0007/38383/info-sheet-Camera-surveillance-video-audio-recordinga-guide-for-the-community.pdf) *handout to the applicant. More information regarding Surveillance devices can be found at* [*Information for existing carers – Everyday caring*](https://www.qld.gov.au/community/caring-child/foster-kinship-care/information-for-carers/everyday-caring/safety/household-surveillance-devices) |  |
|  |  |  |  |  |  |  |  |
|  | Are there any surveillance devices in the home? | [ ]  Yes | *Please complete the section below* |  |
|  |  |  |  |  |
|  |  | [ ]  No | *Please progress to* ***Outcome of Part 2*** |  |
|  |  |  |  |  |
|  | *Provide below the surveillance device type, its intended purpose/s and its location in the home:* |  |  |  |
|  |  |  |  |  |  |
|  | **Device** |  | **Purpose** | **Location** |  |  |
|  |       |  |       |  |       |  |
|  |  |  |  |  |  |  |  |
|  |       |  |       |  |       |  |
|  |  |  |  |  |  |  |  |
|  |       |  |       |  |       |  |
|  |  |  |  |  |  |  |  |
|  | Does the applicant/s agree to explain the use of surveillance devices within the home to the child/children in, or who come into their care where developmentally and age appropriate, including information about?* the type of surveillance in use
* the specific locations of surveillance device/s
* the purpose of the surveillance device/s
* who has responsibility for the surveillance device/s
* what happens to the footage captured
 | [ ]  Yes | [ ]  No |  |
|  |  |  |  |  |  |  |  |
|  | Has the applicant been advised that Child Safety will be informed of any surveillance devices being used in the household which may impact on the rights of a child placed in their care under the *Child Protection Act 1999*, section 82? | [ ]  Yes | [ ]  No |  |
| *Child Safety is to be informed of the following:* |  |  |
| * any identified risk to a child or young person in care i.e., any risk to their privacy
* the type of surveillance device utilised – *as stated above*
* the views of the child/children in their care
* where it is positioned and its purpose – *as stated above*
* who will be responsible for the surveillance device, including the storage, retention, use and disclosure of the recordings?
* what will happen to the footage?
 |
|  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |
|  | Has the applicant/s been advised that it is an offense to *audio record* a private conversation that they are not involved in.? A person is involved in the conversation if they are part of it. i.e., having a face to face or phone conversation with someone or involved in a group discussion. *(Invasion of Privacy Act 1971 Qld).* | [ ]  Yes | [ ]  No |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |
|  | Has the applicant/s been advised that recordings must be kept secure, and the information recorded by the surveillance device must only be used for the purpose for which it was intended, or as required by – or permitted, under the law *(Invasion of Privacy Act 1971 Qld)?* | [ ]  Yes | [ ]  No |  |
|  |  |  |  |  |  |  |  |
|  | Has the applicant been advised it is an offense for them to video record people without their consent, in places where they would expect to be private, such as a bedroom or bathroom? (*Criminal Code section 227A*) | [ ]  Yes | [ ]  No |  |
|  |  |  |  |  |  |  |  |
|  | Detail any issues that need to be addressed or provide additional comments below if required. |  |
|  |  |  |  |  |  |  |  |
|  |       |  |
|  |  |  |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
|  | **OUTCOME OF PART 2 - TO BE COMPLETED BY THE ASSESSOR** |  |
|  |  |  |  |  |  |  |  |
|  | **Are the safety requirements outlined in Part 2 of the Household Safety Study met?** | [ ]  Yes | [ ]  No |  |
|  |  |  |  |  |  |  |  |
|  | *If no, outline how the safety risks will be addressed, for consideration by the CSSC Manager, should the application proceed.* |  |
|  |       |  |
|  |  |  |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
|  | **Assessors signature for PART 2 of the Household Safety Study** |  |
|  |  |  |  |  |  |  |  |
|  | *The information provided in this safety study is true and correct at the time of completion of the study.* |  |
|  |  |  |  |  |  |  |  |
|  | Signature |  |  |  |
|  |  |  |  |  |  |  |  |
|  | Date | Enter date. |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |
|  | **Applicants signature for PART 2 of the Household Safety Study** |  |
|  |  |  |  |  |  |  |  |
|  | *I have read and understand the disclosure statement and the privacy notice above (Part 1) and agree that the information provided in this safety study is true and correct at the time of completion of the study.* |  |
|  |  |  |  |  |  |  |  |
|  | Signatures |  | Applicant 1 |  |
|  |  |  |  |  |  |  |  |
|  |  |  | Applicant 2 |  |
|  |  |  |  |  |  |  |  |
|  | Date | Enter date |  |  |  |  |
|  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |