**Home and Environment Checklist**

**Family Based Care**

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| NAME OF CARER(S): |  |
| ADDRESS OF PROPERTY: |  |
| NAME OF AGENCY: |  |
| NAME OF AGENCY WORKER(S): |  |
| DATE OF COMPLETION: |  |

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| Questions 1 – 24 must be completed with all family based carers. Subsequent questions, related to infant/young child, vehicle, pet, pool/spa, and farm/rural safety, are to be completed if applicable to the family based carers’ property and/or approval conditions.  PLEASE NOTE: For any questions marked with a ‘NO’ response, a comment outlining a description of the safety issue must be included, and a corresponding action/risk management plan reflected in the ‘Summary of identified safety issues and actions to be completed’ section below. |

| GENERAL SAFETY *(applicable to all carers)* | | YES | NO | N/A | Comment |
| --- | --- | --- | --- | --- | --- |
|  | Is the home a clean and hygienic environment, and in good state of repair? |  |  |  |  |
|  | Is there a working electrical safety switch installed? |  |  |  |  |
|  | Are there working smoke alarms installed? |  |  |  |  |
|  | Is there a fire blanket **or** fire extinguisher within the home? |  |  |  |  |
|  | Are heaters, open fires and candles screened with  a secured guard or inaccessible to children? |  |  |  |  |
|  | Are all household members aware that smoking must occur outside of the home and car/s? |  |  |  |  |
|  | Is there a Bushfire Survival Plan in place if the home is located in a bushfire risk area?  *Please note: Refer to the CFS website (http://www.cfs.sa.gov.au) to determine bushfire risk status. A copy of the Bushfire Survival Plan must be provided to the Carer Approval and Review Unit (CARU).* |  |  |  |  |
|  | Are emergency contact details displayed?  *i.e. 000, crisis care, poisons information.* |  |  |  |  |
|  | Are there basic first aid supplies within the home? |  |  |  |  |
|  | Are glass doors protected by safety film, colourful stickers, or made of safety glass? |  |  |  |  |
|  | Cables and cords secure (no trip hazards)? |  |  |  |  |
|  | Are all poisons, cleaning products, medications and hazardous substances inaccessible to children? |  |  |  |  |
|  | Are knives, scissors, razors, and other dangerous items inaccessible to children? |  |  |  |  |
|  | Are firearms and weapons registered and stored in accordance with state legislation (in a locked safe; ammunition stored separately)? |  |  |  |  |
|  | Is the delivery temperature of hot water regulated to a maximum of 50°C? |  |  |  |  |
|  | Large furniture items are attached to walls to prevent them from being pulled over? |  |  |  |  |

| BEDROOM SAFETY *(applicable to all carers)* | | YES | NO | N/A | Comment |
| --- | --- | --- | --- | --- | --- |
|  | Are beds appropriate to the children’s age and development? *Children under 9 should not sleep in bunk beds* |  |  |  |  |
|  | Is there space for children to store their personal belongings? |  |  |  |  |

| OUTDOOR SAFETY *(applicable to all carers)* | | YES | NO | N/A | Comment |
| --- | --- | --- | --- | --- | --- |
|  | Adequate fencing and area for safe play? |  |  |  |  |
|  | Is access to the street/road restricted? |  |  |  |  |
|  | Is play equipment safe and in good repair? |  |  |  |  |
|  | Is the trampoline in compliance with Australian Safety Standards, in good repair and positioned safely?  *ie positioned over lawn or a soft area.* |  |  |  |  |
|  | Are all garden tools, mowers, chainsaws, pesticides, paints, chemicals, poisons, fuels and other dangerous items inaccessible to children?  *Please note: chemicals and other poisons should be stored in their original, labelled containers.* |  |  |  |  |
|  | Is the backyard free of drowning hazards (eg uncovered ponds, clam shell pools, tanks)? |  |  |  |  |

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| INFANT/YOUNG CHILD SAFETY *(applicable to all carers who want to care for children aged 0 – 4 years)* | | |
| Applicable: | Not Applicable: | Comment: |

| INFANT/YOUNG CHILD SAFETY | | YES | NO | N/A | Comment |
| --- | --- | --- | --- | --- | --- |
|  | Do all cots (including portable cots), and infant care equipment (high chairs and strollers/prams) comply with Australian Safety Standards? |  |  |  |  |
|  | Is the cot mattress firm, flat and snug fitting? |  |  |  |  |
|  | Is the cot positioned safely away from potential hazards (eg windows, curtain cords)? |  |  |  |  |
|  | Are there barrier gates on steps, stairs, and changes in floor levels to prevent falls, and are barriers/railings free of footholds to prevent children from climbing? |  |  |  |  |
|  | Are sharp edges on tables and furniture padded? |  |  |  |  |
|  | Electric socket covers in place? |  |  |  |  |
|  | Are batteries (particularly lithium button batteries) stored out of reach and disposed of safely? |  |  |  |  |

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| PET SAFETY *(applicable to all carers with pets)* | | |
| Applicable: | Not Applicable: | Comment: |

| PET SAFETY | | YES | NO | N/A | Comment |
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|  | Hygienic feeding, sleeping and waste disposal? |  |  |  |  |
|  | Pets are child friendly and have no history of harming children or others? |  |  |  |  |
|  | Are fish tanks securely placed and covered? |  |  |  |  |

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| VEHICLE SAFETY *(applicable to all carers who own vehicles)* | | |
| Applicable: | Not Applicable: | Comment: |

| VEHICLE SAFETY | | YES | NO | N/A | Comment |
| --- | --- | --- | --- | --- | --- |
|  | Do all caregivers, who provide transport to children, have a current driver’s licence? |  |  |  |  |
|  | Are all vehicles in use registered? |  |  |  |  |
|  | Do all vehicles have car seats and restraints appropriate to children’s age and size (in accordance with Australian Safety Standards)? |  |  |  |  |
|  | First aid kit in car? |  |  |  |  |
|  | Are all vehicles locked and the keys inaccessible to children? |  |  |  |  |
|  | Are child-proof locks used in all vehicles (appropriate to children’s needs and behaviours)? |  |  |  |  |
|  | Are all caregivers aware that transportation of children in care on motorbikes is not permitted? |  |  |  |  |

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| POOL/SPA SAFETY *(applicable to all carers with in-ground pools, above ground pools, or spas)* | | |
| Applicable: | Not Applicable: | Comment: |

| POOL/SPA SAFETY | | YES | NO | N/A | Comment |
| --- | --- | --- | --- | --- | --- |
|  | Is the pool and/or spa fully enclosed by a safety fence with a functioning self-closing and self-latching gate that opens outwards, away from the pool (in accordance with South Australian Legislation)? |  |  |  |  |
|  | Is the area surrounding the pool and/or spa free of climbable objects (eg BBQs, tables, chairs)? |  |  |  |  |
|  | Is there any floatation devices (foam noodles, floaties) or life jackets available to children if required? |  |  |  |  |

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| FARM/RURAL SAFETY *(applicable to all carers residing in rural areas or on large properties)* | | |
| Applicable: | Not Applicable: | Comment: |

| FARM/RURAL SAFETY | | YES | NO | N/A | Comment |
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|  | Is there a safe, fenced play space outside? |  |  |  |  |
|  | Are children always supervised around farm animals? |  |  |  |  |
|  | Do all caregivers ensure that children are at a safe distance before starting, and while using, any farm machinery or equipment? |  |  |  |  |
|  | Are dams and bodies of water inaccessible to children? |  |  |  |  |
|  | Do all caregivers supervise children when around quad and farm bikes? *Refer to http://www.kidsafesa.com.au/home-safety/quad-bike-safety.* |  |  |  |  |

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| SUMMARY OF IDENTIFIED SAFETY ISSUES AND ACTIONS TO BE COMPLETED  *Please note: All items indicated as ‘No’ in the above sections must be listed and addressed below.* |

| No. | Description of Safety Issue | Description of action to be completed and/or risk management plan | Person responsible | Date action to be completed by |
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| SIGNATURES OF CARER/S AND AUTHORISED AGENCY PERSONNEL | | | Please forward the Home and Environment Checklist, including any additional documentation, to the Carer Approval and Review Unit (CARU) general email inbox, DCPCarerRegistrationGeneral@sa.gov.au.  For any queries regarding the Home and Environment Checklist, please contact CARU on 1800 065 246 or via the aforementioned general email inbox. |
|  | **SIGNITURE** | **PRINT NAME** |
| CARER 1: |  |  |
| CARER 2: |  |  |
| AGENCY WORKER(S): |  |  |
| DATE: |  | |