**Licensing Services: Organisational level assessment Tool**

**Instructions**

The Licensing Services: Organisational level assessment Tool (the Tool) is to be completed by the service provider in the first instance and submitted with the Licensing Services: Organisational level assessment application Form. Please complete all *‘Service provider response’* sections and provide relevant copies of requirements as indicated in the *‘Measure’* column via email to [DCPLicensing@sa.gov.au](mailto:DCPLicensing@sa.gov.au)

**Contact**

If you need any assistance completing the Tool, please contact the DCP Licensing team via email [DCPLicensing@sa.gov.au](mailto:DCPLicensing@sa.gov.au).

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| **OVERVIEW** | |
| Name of service provider | \*\*\* |
| Name of existing foster/kinship care agency | \*\*\* |
| Address of service provider or foster/kinship care agency | \*\*\* |
| Contact person name | \*\*\* |
| Contact person Title/Position | \*\*\* |
| Contact person telephone number | \*\*\* |
| Contact person email address | \*\*\* |
| Date submitted | Click or tap to enter a date. |
| Name of Responsible DCP licensing and compliance officer | \*\*\* |
| OFFICE USE ONLY - date of desktop assessment | Click or tap to enter a date. |

**DESKTOP ASSESSMENT (*Documents to be provided by service provider at time of application submission*)**

***Measure Met Key:*** *S = Satisfactory, NS = Not Satisfactory, N/A = Not applicable*

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|  | | | | | **DCP USE ONLY:** | | | | |
| **CATEGORY** | **ITEM** | **MEASURE** | **EVIDENCE** | **SERVICE PROVIDER RESPONSE** | **MEASURE MET** | | | **DCP OBSERVATIONS AND COMMENTS** | **PROPOSED CONDITIONS/ ACTION REQUIRED** |
| **S** | **NS** | **N/A** |
| 1. PEOPLE | 1.1 FIT AND PROPER ASSESSMENT | 1.1.1 CEO and all Directors of the Board assessed by DCP as Fit and proper (if body corporate is licensee) | * DCP Licensing Services Fit and proper certification including date attained and date of expiry | Date attained: Click or tap to enter a date.  Expiry: Click or tap to enter a date.  Choose an item.  Click here to enter additional information |  |  |  |  |  |
| 1.1.2 Licensee assessed by DCP as Fit and proper (if individual/CEO is licensee) | Expiry: Click or tap to enter a date.  Choose an item.  Click here to enter additional information |  |  |  |  |  |

|  | | | | | **DCP USE ONLY:** | | | | |
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| **CATEGORY** | **ITEM** | **MEASURE** | **EVIDENCE** | **SERVICE PROVIDER RESPONSE** | **MEASURE MET** | | | **DCP OBSERVATIONS AND COMMENTS** | **PROPOSED CONDITIONS/ ACTION REQUIRED** |
| **S** | **NS** | **N/A** |
| 2. GOVERNANCE AND QUALITY SYSTEMS | 2.1 QUALITY ACCREDITATION | 2.1.1 ASES or QIC Accreditation | * Quality Accreditation Certificate | Expiry: Click or tap to enter a date.  Click here to enter additional information |  |  |  |  |  |
| 2.1.2 NDIS Accreditation *(NDIS providers only)* | * NDIS Certificate of Registration and copy of last compliance report (NDIS providers only) | Expiry: Click or tap to enter a date.  Click here to enter additional information |  |  |  |  |  |
| 2.2 GOVERNANCE | 2.2.1 Insurance   * Professional indemnity * Public liability * Fleet vehicle | * Professional indemnity certificate of currency * Public liability certificate of currency * Fleet vehicle certificate of currency | Expiry: Click or tap to enter a date.  Expiry: Click or tap to enter a date.  Expiry: Click or tap to enter a date.  Click here to enter additional information |  |  |  |  |  |
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| 2.2.2 Reconciliation Action Plan | * Copy of Reconciliation Action Plan or evidence working towards the development of a RAP | Review date: Click or tap to enter a date.  Click here to enter additional information |  |  |  |  |  |
| 2.3 CHILD SAFE ENVIRONMENTS | 2.3.1 Child Safe Environments Compliance Statement | * Copy of current Child Safe Environments Compliance Statement | Date lodged with DHS: Click or tap to enter a date.  Expiry: Click or tap to enter a date.  Click here to enter additional information |  |  |  |  |  |
| 2.4 POLICES AND PROCEDURES  ADMINISTRATIVE | 2.4.1 Child Protection policy/procedure | * Copy of Child Protection policy/procedure   See *Evidence Resource* for further detail re content | Choose an item.  Click here to enter additional information  Review Date: Click or tap to enter a date. |  |  |  |  |  |
| 2.4.2 Duty of Care policy/procedure | * Copy of Duty of Care policy/procedure   See *Evidence Resource* for further detail re content | Choose an item.  Click here to enter additional information  Review Date: Click or tap to enter a date. |  |  |  |  |  |
| 2.5 POLICIES AND PROCEDURES  RISK MANAGEMENT | 2.5.1 Significant incident reporting and care concern investigations and debriefing policy/procedure | * Copy of Significant incident reporting and care concern policy/ procedure   See *Evidence Resource* for further detail re content | Choose an item.  Click here to enter additional information  Review Date: Click or tap to enter a date. |  |  |  |  |  |
| 2.5.2 Emergency response, fire and evacuation policy/procedure | * Copy of Emergency response, fire and evacuation policy/ procedure   See *Evidence Resource* for further detail re content | Choose an item.  Click here to enter additional information  Review Date: Click or tap to enter a date. |  |  |  |  |  |
| 2.5.3 Motor vehicle/CYP transport policy/procedure | * Copy of Motor vehicle/CYP transport policy/procedure   See *Evidence Resource* for further detail re content | Choose an item.  Click here to enter additional information  Review Date: Click or tap to enter a date. |  |  |  |  |  |
| 2.6 POLICIES AND PROCEDURES  STAFFING | 2.6.1 Worker Clearance policy/procedure | * Copy of Worker clearance policy/ procedure   See *Evidence Resource* for further detail re content | Choose an item.  Click here to enter additional information  Review Date: Click or tap to enter a date. |  |  |  |  |  |
| 2.6.2 Ongoing training policy/procedure for staff and carers | * Copy of Ongoing training policy/ procedure for staff and carers   See *Evidence Resource* for further detail re content | Choose an item.  Click here to enter additional information  Review Date: Click or tap to enter a date. |  |  |  |  |  |
| 2.7 POLICIES AND PROCEDURES  CULTURE, DIVERSITY AND INCLUSION | 2.7.1 Cultural Connection policy | * Copy of Cultural Connection policy/ procedure   See *Evidence Resource* for further detail re content | Choose an item.  Click here to enter additional information  Review Date: Click or tap to enter a date. |  |  |  |  |  |
| 2.7.2 Disability, Access and Inclusion plan | * Copy of Disability, Access and Inclusion Plan   See *Evidence Resource* for further detail re content | Choose an item.  Click here to enter additional information  Review Date: Click or tap to enter a date. |  |  |  |  |  |
| 2.8 POLICES AND PROCEDURES  PLACEMENT | 2.8.1 Family contact policy/procedure | * Copy of Family contact policy/procedure   See *Evidence Resource* for further detail re content | Choose an item.  Click here to enter additional information  Review Date: Click or tap to enter a date. |  |  |  |  |  |
| 2.8.2 CRF Placement, referral and movement policy/procedure | * Copy of CRF Placement, referral and movement policy/procedure   See *Evidence Resource* for further detail re content | Choose an item.  Click here to enter additional information  Review Date: Click or tap to enter a date. |  |  |  |  |  |
| 2.8.3 FCA Placement referral and movement policy/procedure | * Copy of FCA Placement referral and movement policy/procedure   See *Evidence Resource* for further detail re content | Choose an item.  Click here to enter additional information  Review Date: Click or tap to enter a date. |  |  |  |  |  |
| 2.8.4 KCA Placement referral and movement policy/procedure | * Copy of KCA Placement referral and movement policy/procedure   See *Evidence Resource* for further detail re content | Choose an item.  Click here to enter additional information  Review Date: Click or tap to enter a date. |  |  |  |  |  |
| 2.8.5 Transition to independent living policy/procedure | * Copy of Transition to independent living policy/procedure   See *Evidence Resource* for further detail re content | Choose an item.  Click here to enter additional information  Review Date: Click or tap to enter a date. |  |  |  |  |  |
| 2.8.6 Reunification Planning policy/procedure | * Copy of Reunification Planning policy/ procedure   See *Evidence Resource* for further detail re content | Choose an item.  Click here to enter additional information  Review Date: Click or tap to enter a date. |  |  |  |  |  |
| 2.9 POLICES AND PROCEDURES  CYP WELLBEING AND SAFETY | 2.9.1 Supporting CYP wellbeing (incl. emotional and mental health) policy/procedure/guidelines | * Copy of Supporting CYP wellbeing (incl. emotional and mental health) policy/ procedure   See *Evidence Resource* for further detail re content | Choose an item.  Click here to enter additional information  Review Date: Click or tap to enter a date. |  |  |  |  |  |
| 2.9.2 Supervision of CYP and behaviour management policy/procedure/ guidelines | * Copy of Supervision of CYP and behaviour management policy/ procedure/guidelines   See *Evidence Resource* for further detail re content | Choose an item.  Click here to enter additional information  Review Date: Click or tap to enter a date. |  |  |  |  |  |
| 2.9.3 No Smoking policy | * Copy of No Smoking policy   See *Evidence Resource* for further detail re content | Choose an item.  Click here to enter additional information  Review Date: Click or tap to enter a date. |  |  |  |  |  |
| 2.9.4 Alcohol and Substance Misuse policy | * Copy of Alcohol and Substance misuse policy   See *Evidence Resource* for further detail re content | Choose an item.  Click here to enter additional information  Review Date: Click or tap to enter a date. |  |  |  |  |  |
| 2.9.5 Relationships policy/practice guide | * Copy of Relationships policy/practice guide   See *Evidence Resource* for further detail re content | Choose an item.  Click here to enter additional information  Review Date: Click or tap to enter a date. |  |  |  |  |  |
| 2.9.6 Sexuality and Sexual Health policy | * Copy of Sexuality and Sexual Health policy   See *Evidence Resource* for further detail re content | Choose an item.  Click here to enter additional information  Review Date: Click or tap to enter a date. |  |  |  |  |  |
| 2.9.7 Online/Cyber Safety policy | * Copy of Online/Cyber safety policy   See *Evidence Resource* for further detail re content | Choose an item.  Click here to enter additional information  Review Date: Click or tap to enter a date. |  |  |  |  |  |
| 2.9.8 Infection control, communicable disease management and hygiene policy/procedure | * Copy of Infection control, communicable disease management and hygiene policy/ procedure   See *Evidence Resource* for further detail re content | Choose an item.  Click here to enter additional information  Review Date: Click or tap to enter a date. |  |  |  |  |  |
| 2.9.9 Safe food handling and nutrition policy | * Copy of Safe food handling and nutrition policy   See *Evidence Resource* for further detail re content | Choose an item.  Click here to enter additional information  Review Date: Click or tap to enter a date. |  |  |  |  |  |
| 2.9.10 Dispensing medication and medical emergencies policy/procedure | * Copy of Dispensing medication and medical emergencies policy/ procedure   See *Evidence Resource* for further detail re content | Choose an item.  Click here to enter additional information  Review Date: Click or tap to enter a date. |  |  |  |  |  |
| 2.9.11 Hot weather and sun smart policy/procedure | * Copy of Hot weather and sun smart policy/ procedure   See *Evidence Resource* for further detail re content | Choose an item.  Click here to enter additional information  Review Date: Click or tap to enter a date. |  |  |  |  |  |
| 2.10 HUMAN RESOURCE MANAGEMENT | 2.10.1 Induction program/package for staff AND volunteers *(if not ASES accredited)* | * Copy of Induction program/package * Additional training for FCA/KCA staff if required for example home visiting, carer assessment and review.   See *Evidence Resource* for further detail re content | Choose an item.  Click here to enter additional information  Review Date: Click or tap to enter a date. |  |  |  |  |  |
| 2.10.2 Induction program/package for carers | Choose an item.  Click here to enter additional information  Review Date: Click or tap to enter a date. |  |  |  |  |  |

**ADDITIONAL ASSESSMENT REQUIRED FOR FOSTER CARE AGENCY LICENSE APPLICATIONS ONLY**

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| **CATEGORY** | **ITEM** | **MEASURE** | **EVIDENCE** | **SERVICE PROVIDER RESPONSE** | **MEASURE MET** | | | **DCP OBSERVATIONS AND COMMENTS** | **PROPOSED CONDITIONS/ ACTION REQUIRED** |
| **S** | **NS** | **N/A** |
| 3. PEOPLE | 3.1 CARER SELECTION, RECRUITMENT AND ASSESSMENT | 3.1.1 Foster Carer Recruitment Policy | * Copy of Foster Carer Recruitment policy   See *Evidence Resource* for further detail re content | Choose an item.  Click here to enter additional information  Review Date: Click or tap to enter a date. |  |  |  |  |  |
| 3.1.2 Foster Carer Assessment Policy | * Copy of Foster Carer Assessment policy   See *Evidence Resource* for further detail re content | Choose an item.  Click here to enter additional information  Review Date: Click or tap to enter a date. |  |  |  |  |  |
| 3.1.3 Foster Carer Appointment and Cancellation Policy | * Copy of Foster Carer Appointment and Cancellation policy   See *Evidence Resource* for further detail re content | Choose an item.  Click here to enter additional information  Review Date: Click or tap to enter a date. |  |  |  |  |  |
| 3.1.4 Foster Carer Support, Supervision and Debriefing policy | * Copy of Foster Carer Support, Supervision and Debriefing policy   See *Evidence Resource* for further detail re content | Choose an item.  Click here to enter additional information  Review Date: Click or tap to enter a date. |  |  |  |  |  |
| 3.1.5 Notification of change in circumstances policy | * Copy of Notification of change in circumstances policy   See *Evidence Resource* for further detail re content | Choose an item.  Click here to enter additional information  Review Date: Click or tap to enter a date. |  |  |  |  |  |

**ADDITIONAL ASSESSMENT REQUIRED FOR KINSHIP CARE AGENCY LICENSE APPLICATIONS ONLY**

|  | | | | | **DCP USE ONLY:** | | | | |
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| **CATEGORY** | **ITEM** | **MEASURE** | **EVIDENCE** | **SERVICE PROVIDER RESPONSE** | **MEASURE MET** | | | **DCP OBSERVATIONS AND COMMENTS** | **PROPOSED CONDITIONS/ ACTION REQUIRED** |
| **S** | **NS** | **N/A** |  |
| 4. PEOPLE | 4.1 CARER SELECTION, RECRUITMENT AND ASSESSMENT | 4.1.1 Kinship Carer Family Scoping and Finding policy | * Copy of Kinship Carer Family Scoping and Finding policy   See *Evidence Resource* for further detail re content | Choose an item.  Click here to enter additional information  Review Date: Click or tap to enter a date. |  |  |  |  |  |
| 4.1.2 Kinship Carer Assessment | * Copy of Kinship Carer Assessment policy   See *Evidence Resource* for further detail re content | Choose an item.  Click here to enter additional information  Review Date: Click or tap to enter a date. |  |  |  |  |  |
| 4.1.3 Kinship Carer Support, Supervision and Debriefing | * Copy of Kinship Carer Support, Supervision and Debriefing policy   See *Evidence Resource* for further detail re content | Choose an item.  Click here to enter additional information  Review Date: Click or tap to enter a date. |  |  |  |  |  |

*\*A Responsible Person/Responsible Officer should be an individual with a degree of responsibility within an organisation, who has been delegated the authority to act on behalf of an organisation. For example the Chief Executive Officer or Chief Operating Officer, or for smaller organisations, this could be the Business Manager or Business Owner.*

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| ***CERTIFIED BY RESPONSIBLE PERSON/OFFICER\* (SERVICE PROVIDER)*** | |
| *I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, declare the information contained in this document is true and correct.* | |
| **Full Name:** | **Signature:** |
| **Title:** | **Date:** |

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| ***OFFICE USE ONLY*** | | |
| **Reviewed by DCP Licensing and Compliance Officer** | | |
| **Name:** | **Signature:** | **Date:** |
| **Endorsed by Manager, Licensing Quality and Compliance** | | |
| Endorsed  Not Endorsed | | |
| Recommendation to Panel: | | |
| **Name:** | **Signature:** | **Date:** |
| **Assessed by DCP Licensing and Compliance Panel** | | |
| **Assessment Date:** | | |
| Requirements met  Requirements not met | | |
| Recommendation to Delegate: | | |
| **Approved by Authorised DCP Delegate** | | |
| Approved  Not Approved | | |
| **Name:** | **Signature:** | **Date:** |