



North Central Service Delivery Area

Resource Practice Audit

Report Completed: April 2015

Office of the Provincial Director of Child Welfare and Aboriginal Services

Quality Assurance Branch

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INTRODUCTION

This section of the report provides information about the purpose and methodology of the Resource (RE) practice audit that was conducted in the North Central Service Delivery Area (SDA) in January and February, 2015.

1. PURPOSE

The RE Practice Audit is designed to assess achievement of key components of the Caregiver Support Services (CSS) Standards. The CSS Standards were implemented in December 2006, and revised in May 2008, May 2013, and October 2014.

2. METHODOLOGY

The audit is based on a review of RE records for family care homes. Physical files and electronic records in the Ministry Information System (MIS) and the Integrated Case Management (ICM) system were reviewed. A sample of RE records was selected from a list of data extracted (at the SDA level) from MIS in December, 2014, using the simple random sampling technique.

The data list (i.e., sampling frame) consisted of RE records pertaining to family care homes—of the types Regular, Level 1, Level 2, Level 3, Restricted, and Client Service Agreement (CSA) where the provider was a unique family caregiver contracted directly by the Ministry—that met all of the following criteria:

- eligible for payment for at least 13 months between November, 2011, and October, 2014
- eligible for payment for at least 1 month since January 1, 2013
- eligible for payment for at least 1 month prior to November 1, 2012
- had a child or youth in care (CYIC) placement for at least 1 month between November, 2011, and October, 2014

The total number of RE records in the sampling frame for the North Central SDA was 126 and the total number of RE records in the sample was 44. This sample size provides a 90% confidence level, with a 10% margin of error. The audit sampling method and MIS data extracts were developed and produced with the support of the Modelling, Analysis and Information Management (MAIM) Branch.

The selected records were assigned to a practice analyst on the provincial audit team for review. The analyst used the RE Practice Audit Tool to rate the records. The RE Practice Audit Tool contains 11 critical measures designed to assess compliance with key components of the CSS Standards using a scale with achieved and not achieved as rating options for measures RE 1, 2, 4, 5, 8, 9, 10 and 11, and a scale with achieved, not achieved, and not applicable as rating options for RE 3, 6 and 7. The analyst entered the ratings in a SharePoint data collection form that included ancillary questions and text boxes, which were used to enter additional information about the factors that were taken into consideration in applying some of the measures.

In reviewing the records, the analyst focused on practice that occurred during a 36-month period (November, 2011–October, 2014) leading up to the time when the audit was conducted (January/February, 2015).

Quality assurance policy and procedures require that a practice analyst identify for action any record that suggests a child may need protection under section 13 of the *Child, Family and Community Service Act*. During an audit, the practice analyst watches for situations in which the information in the record suggests that a child may have been left in need of protection. When identified, the record is brought to the attention of the responsible team leader (TL) and community services manager (CSM), as well as the executive director of service (EDS), for follow-up, as appropriate.

NORTH CENTRAL SDA RESOURCE PRACTICE AUDIT

This section provides information about the findings of the RE Practice Audit that was conducted in the North Central SDA in January and February, 2015.

3. FINDINGS AND ANALYSIS

The findings are presented in tables that contain counts and percentages of ratings of achieved and not achieved for all of the measures in the RE Practice Audit Tool (RE 1 to RE 11). The tables contain findings for measures that correspond with specific components of the CSS Standards. Each table is followed by an analysis of the findings for each of the measures presented in the table.

There were 44 records in the sample selected for this audit and the measures in the RE Practice Audit Tool were applicable to all of the records in the sample. The “Total” column next to each measure in the tables contains the total number of records to which the measure was applied.

3.1 Screening, Assessment and Approval of Caregiver

Table 1 provides compliance rates for measures RE 1 to RE 3, which relate to screening, assessment and approval of caregivers. These measures correspond with CSS Standard 2 and CSS Standard 3. The rates are presented as percentages of all records to which the measures were applied.

Table 1: Screening, Assessment and Approval of Caregiver

Measure	Total	# Achieved	% Achieved	# Not Achieved	% Not Achieved
RE 1: Screening and Assessment of Caregiver	44	36	82%	8	18%
RE 2: Approval of Caregiver	44	23	52%	21	48%
RE 3: Consolidated Criminal Record Check	44	23	52%	21	48%

RE 1: Screening and Assessment of Caregiver

The compliance rate for this critical measure was **82%**. The measure was applied to all 44 records in the sample; 36 of the 44 records were rated achieved and 8 were rated not achieved. To receive a rating of achieved, the following activities had to have been completed and documented in the file:

- an assessment or home study conducted through a series of questionnaires, interviews, and visits to the caregiver’s home
- criminal record checks for everyone in the home 18 years of age and over
- prior contact checks (PCC) for everyone in the home 18 years of age and over
- medical assessment(s) of the caregiver(s)
- three reference checks conducted by letter, questionnaire or interview

Of the 8 records rated not achieved, 3 did not have a completed home study or assessment report, 3 did not have PCCs for everyone in the home 18 years of age and over, 1 did not have the medical assessment of a caregiver and was missing a reference check, and 1 did not have any documentation

of the following assessment activities: home study, medical assessment of a caregiver, and three reference checks.

RE 2: Approval of Caregiver

The compliance rate for this critical measure was **52%**. The measure was applied to all 44 records in the sample; 23 of the 44 records were rated achieved and 21 were rated not achieved. The records rated achieved had documentation of all the screening and assessment activities listed in RE 1, the approval of the caregiver was consistent with the outcomes and recommendations in the home study or assessment report, and the caregiver had successfully completed pre-service information or orientation sessions.

Of the 21 records rated not achieved, 7 did not have an approval that was consistent with the home study/assessment report, 4 did not have documentation confirming that the caregiver had completed pre-service information or orientation sessions, 3 did not have all the assessment activities listed in RE 1 completed and documented in the file, and 7 were missing a combination of assessment and approval activities.

RE 3: Consolidated Criminal Record Check

The compliance rate for this critical measure was **52%**. The measure was applied to all 44 records in the sample; 23 of the 44 records were rated achieved and 21 were rated not achieved. To receive a rating of achieved, there had to be documentation indicating that the foster caregiver and/or relief care provider, and any person 18 years of age or older associated with the foster caregiver and/or relief care provider, had had a CCRC completed at least once during the 36-month period leading up to the time when the audit was conducted, and the CCRC had to have been completed according to the Criminal Record Check Policy and Procedures in Appendix B of the CSS Standards.

Of the 21 records rated not achieved, 19 did not have a completed CCRC for one or more individuals who were 18 years of age or older and 2 had a CCRC that did not meet policy requirements.

3.2 Caregiver Continuing Learning and Sharing Placement Information with Caregiver

Table 2 provides compliance rates for measures RE 4 and RE 5. These measures correspond with CSS Standard 7 and CSS Standard 9. The rates are presented as percentages of all records to which the measures were applied.

Table 2: Caregiver Continuing Learning and Sharing Placement Information with Caregiver

Measure	Total	# Achieved	% Achieved	# Not Achieved	% Not Achieved
RE 4: Caregiver Continuing Learning and Education (including mandatory education)	44	16	36%	28	64%
RE 5: Sharing Placement Information with Caregiver	44	9	20%	35	80%

RE 4: Caregiver Continuing Learning and Education

The compliance rate for this critical measure was **36%**. The measure was applied to all 44 records in the sample; 16 of the 44 records were rated achieved and 28 were rated not achieved. To receive a rating of achieved, there had to be a learning plan and documentation confirming that the caregiver had completed the mandatory caregiver education program within two years of the date on which he or she was approved as a caregiver, or there had to be a learning plan and documentation indicating that the caregiver had partially completed the mandatory education program and it had not yet been two years since she or he was approved as a caregiver.

Of the 28 records rated not achieved, 19 did not have documentation confirming that the caregiver had completed the mandatory education program, 6 had confirmation that the caregiver had completed the mandatory education program, but not within two years of the date on which the caregiver was approved, and 3 did not have a documented learning plan and completion of mandatory education did not meet policy requirements.

RE 5: Sharing Placement Information with Caregiver

The compliance rate for this critical measure was **20%**. The measure was applied to all 44 records in the sample; 9 of the 44 records were rated achieved and 35 were rated not achieved. To receive a rating of achieved, there had to be documentation confirming that the caregiver had received relevant written information for each CYIC placed in the caregiver's home during the 36-month period leading up to time when the audit was conducted and throughout the time that the CYIC stayed in the home. This information had to include written referral information from each CYIC's guardianship or protection social worker and a written copy of the caregiver's responsibilities, as outlined in each CYIC's plan of care.

Of the 35 records rated not achieved, 29 did not have sufficient documentation to confirm that relevant written information about each CYIC had been shared with the caregiver and that the information met the criteria listed in the standard, and 6 had no documentation confirming that the caregiver had received relevant written information about each CYIC in the home.

3.3 Ongoing Monitoring, Annual Reviews, and Allowable Number of Children in Home

Table 3 provides compliance rates for measures RE 6 to RE 8. These measures correspond with CSS Standard 17 and CSS Standard 11. The rates are presented as percentages of all records to which the measures were applied.

Table 3: Ongoing Monitoring, Annual Reviews, and Allowable Number of Children in Home

Measure	Total	# Achieved	% Achieved	# Not Achieved	% Not Achieved
RE 6: Ongoing Monitoring of Child Safety and Well-being	44	1	2%	43	98%
RE 7: Annual Reviews of Caregiver’s Home	44	1	2%	43	98%
RE 8: Allowable Number of Children in Caregiving Home	44	29	66%	15	34%

RE 6: Ongoing Monitoring of the Child’s Safety and Well-being

The compliance rate for this critical measure was **2%**. The measure was applied to all 44 records in the sample; 1 of the 44 records was rated achieved and 43 were rated not achieved. To receive a rating of achieved, there had to be for each CYIC residing in the caregiver’s home (during the 36-month period leading up to the time when the audit was conducted) file documentation of ongoing monitoring of the safety and well-being of the CYIC and the CYIC’s progress in relation to his or her plan of care, compliance of the caregiving home with requirements in relevant standards (including the requirement of in-person visits by the resource worker at least once every 90 days) and any changes that had occurred in the physical environment and experience of the CYIC in the caregiving home.

Of the 43 records rated not achieved, 42 had insufficient documentation to confirm that the resource worker had in-person contact with the caregiver in the caregiver’s home every 90 days, and 2 had no documentation of any home visits during the time there were CYICs placed in the caregiver’s home.

RE 7: Annual Reviews of the Caregiver’s Home

The compliance rate for this critical measure was **2%**. The measure was applied to all 44 records in the sample; 1 of the 44 records was rated achieved and 43 were rated not achieved. To receive a rating of achieved, there had to be file documentation confirming that annual reviews had been conducted with the caregiver within 30 working days of the anniversary date of the initial approval of the home.

Of the 43 records rated not achieved, 34 had some, but not all, required annual reviews completed, 6 had all required annual reviews completed, but not within 30 days of the anniversary date of the initial approval of the home, and 3 had no annual reviews completed.

RE 8: Allowable Number of Children in a Caregiving Home

The compliance rate for this critical measure was **66%**. The measure was applied to all 44 records in the sample; 29 of the 44 records were rated achieved and 15 were rated not achieved. To receive a rating of achieved, the number of all children living in the caregiving home (during the 36-month period leading up to the time when the audit was conducted) could not have exceeded six, and the number of CYICs residing in the home (during the same period) could not have exceeded the maximum allowable number based on the level of the home, or there had to be exceptions granted by the director (i.e., the responsible CSM) documented in the file.

Of the 15 records rated not achieved, 13 exceeded the maximum allowable number of CYICs based on the level of the home and 2 exceeded the maximum allowable number of 6 children in the home, and there were no exceptions documented in any of the files.

3.4 Supportive Practice, Reportable Circumstances, and Caregiver Protocols

Table 4 provides compliance rates for measures RE 9 to RE 11. These measures correspond with CSS Standard 15, CSS Standard 18, and CSS Standard 19. The rates are presented as percentages of all records to which the measures were applied.

Table 4: Supportive Practice, Reportable Circumstances and Caregiver Protocols

Measure	Total	# Achieved	% Achieved	# Not Achieved	% Not Achieved
RE 9: Supportive Practice	44	43	98%	1	2%
RE 10: Reportable Circumstances	44	43	98%	1	2%
RE 11: Caregiver Protocols	44	25	57%	19	43%

RE 9: Supportive Practice

The compliance rate for this critical measure was **98%**. The measure was applied to all 44 records in the sample; 43 of the 44 records were rated achieved and 1 was rated not achieved. To receive a rating of achieved, there had to be documentation of supportive practice with the caregiver and the provision of support services had to be consistent with the expectations of the caregiver, as outlined in each CYIC’s plan of care, the Standards for Foster Homes, and the contractual agreement.

One record was rated not achieved because the provision of support services was not consistent with the expectations of the caregiver.

RE 10: Reportable Circumstances

The compliance rate for this critical measure was **98%**. The measure was applied to all 44 records in the sample; 43 of the 44 records were rated achieved and 1 was rated not achieved. To receive a rating of achieved, the director had to have informed the caregiver in writing of his or her obligation to report all information of significance about the safety and well-being of a CYIC in his or her care, the information provided to the caregiver in writing had to comply with the criteria listed in the policy related to CSS Standard 18, and a copy of the information provided in writing to the caregiver had to be in the file.

One record was rated not achieved because it did not have documentation confirming that the director had informed the caregiver in writing of his or her obligation to report all information of significance about the safety and well-being of CYICs in his or her care.

RE 11: Caregiver Protocols

The compliance rate for this critical measure was **57%**. The measure was applied to all 44 records in the sample; 25 of the 44 records were rated achieved and 19 were rated not achieved. To receive a rating of achieved, there had to be file documentation confirming that the director had informed the

caregiver about expectations for caregivers during a protocol investigation and/or review and the obligations of the director's delegate to respond in accordance with the protocols.

The 19 records rated not achieved contained no documentation confirming that the director had informed the caregiver about expectations for caregivers during a protocol investigation and/or review and the obligations of the director's delegate to respond in accordance with the protocols.

Records Identified for Action

Quality assurance policy and procedures require that a practice analyst identify for action any record that suggests a child may need protection under section 13 of the *Child, Family and Community Service Act*. None of the records that were reviewed by the analyst during the course of this audit were identified for action.

4. OBSERVATIONS AND THEMES

This section summarizes the observations and themes arising from the record reviews and audit findings and analysis. The observations and themes relate to identified strengths and areas needing improvement. Some relate to specific critical measures and corresponding standards and policy requirements, while others are informed by themes that emerged across several measures. The purpose of this section is to inform the development of an action plan to improve practice.

The SDA overall compliance rate was **51%**.

4.1 Strengths

There was a high compliance rate (82%) for the critical measure associated with screening and assessment of caregivers (RE 1) as these tasks were largely thorough and complete. North Central SDA's strength in consistent screening and assessment practice was also reflected in how long caregivers had been fostering; nearly half of the records reviewed for this audit involved caregivers who began fostering before 2005, including four who began fostering in the 1980's and one who began fostering in 1968.

The critical measure associated with the allowable number of children in a caregiving home (RE 8) had a moderate (66%) compliance rate. During the 36-month period leading up to the time when the audit was conducted, in the sample as a whole, there were 102 times when the number of children in a caregiving home surpassed the allowable limits, but only 47 exceptions were documented in the files. The compliance rate for this measure could be improved by consistently reviewing and documenting exceptions, as required in CSS Standard 11. In one of the records, the resource worker demonstrated good practice by increasing home visits, monitoring and support during a period in which the caregiving home was over capacity.

There was evidence in nearly all of the records of supportive and collaborative practice, as evidenced by a 98% compliance rate for RE 9. An example is resource workers following up with their MCFD colleagues on caregiver concerns about CYICs. There were also efforts by social workers, team leaders, community services managers, and the executive director of service to support caregivers in

other ways. This was evidenced by advocacy and seeking approval for exceptional child care support for a palliative CYIC, providing relief to support a caregiver during a marital breakdown, facilitating arrangements for out-of-country travel, approving housekeeping services for a caregiver who was recovering from surgery, and respecting a caregiver's need to take a pause from new placements. There were many other examples in the audited records that demonstrated ongoing support to caregivers with the goal of nurturing stable and caring homes for CYICs.

More than half of the records (25 out of 44) involved Level 2 and Level 3 homes, which require increased support for both the caregivers and CYICs. Illustrative of the type of supportive and collaborative practice reflected in these records is the example of a Level 2 caregiver who identified challenges in managing a CYIC's behaviours. The caregiver was referred by the resource and guardianship social workers to a community agency for support. The caregiver then became engaged in follow up and planning with the youth. As a result, both the caregiver and youth felt supported and the youth's placement in the home continued.

North Central's demonstrated supportive practice with caregivers was also reflected in the number of years the caregivers had been fostering and the number of caregiving homes that were also adoptive homes. Nearly half of the records audited (21 out of 44) involved family care homes that were also adoptive homes. There was also evidence of caregivers who facilitated workshops, and news articles about caregivers promoting fostering in their communities. Additionally, there was one caregiver nominated for the Lieutenant Governor Foster Families Award and another caregiver who received the Queen's Jubilee Medal.

Another area of achievement was demonstrated in the extremely high compliance rate (98%) for the critical measure associated with reportable circumstances (RE 10). There was evidence in nearly all of the audited records that, as part of their annual reviews, resource workers provided caregivers with a copy of the Standards for Foster Homes, which outlines the responsibilities of the caregiver when a reportable incident occurs.

Finally, the critical measure associated with caregiver protocols (RE 11) had a 57% compliance rate. Of the 25 records rated achieved, 17 involved homes that had had a protocol investigation, quality of care review, or reported concern, and there was documentation confirming that the caregivers had been informed about what was expected of them during the investigation or review. The other 8 records rated achieved each contained a letter that was sent to the caregivers in June, 2014, informing them about expectations for caregivers during a protocol investigation and/or review. The compliance rate for this critical measure could be improved if a similar letter were provided to all caregivers actively caring for CYICs.

4.2 Challenges

The compliance rate for approval of caregivers (RE 2) was moderately low (52%) and this was primarily due to misaligned timelines for completion of the screening, assessment and approval activities, and CYIC placements. Of the 21 records rated not achieved, 12 had had a home study and approval that occurred after a CYIC placement. Additionally, 2 records were rated not achieved because pre-service caregiver information or orientation had occurred after the approval, or following a CYIC placement. Several other records were rated not achieved because the home had

two approved caregivers and there was no documentation confirming that both caregivers had completed pre-service orientation sessions and the mandatory education program (RE 4).

The critical measure associated with CCRCs (RE 3) also had a moderately low compliance rate (52%). Of the 21 records rated not achieved, 11 were missing updated and subsequent CCRCs, although an initial CCRC had been completed. Also, in 8 records rated not achieved there were no CCRCs for one or more persons 18 years of age and over. These missing CCRCs were primarily for a caregiver's adult child or a CYIC who had aged out of care and continued to reside in the home. Good practice was demonstrated by the use of tracking sheets to document the last CCRC and *Criminal Record Review Act* (CRRRA) check for caregivers, relief care providers, and other adults associated with the caregiving home. Also, the use of reminder letters to caregivers about updating the list of active relief care providers and updating criminal record checks worked well to support the achievement rate for this measure. It appeared that administrative staff were involved and provided support with some of these activities.

In a few records, when a caregiver or relief care provider had a CCRC result that indicated there may or may not be a record, the resource social worker accessed the criminal record information using section 96 of the *Child, Family and Community Service Act*. However, it was unclear whether the subject had provided consent to have his or her confidential information disclosed to MCFD by the RCMP or the local police department. The compliance rate for RE 3 could be improved by focussing efforts on just the criminal record checks that are required by policy. The CRRRA check applies only to approved caregivers before a contract is offered and every 5 years thereafter. The CRRRA check is not required for relief care providers, and this check was conducted in several records for one or more relief care providers. There were several records that had up to a dozen relief care providers. In one record, there were 27 relief care providers listed for the 36-month period leading up to the time when this audit was conducted.

The critical measure associated with sharing placement information (RE 5) had a very low compliance rate (20%). In the records rated not achieved, there was some evidence that relevant written information had been shared for some, but not all, CYICs. In some instances, there was a high level of information sharing when the CYIC was medically fragile or had special needs. There was also evidence of collaborative practice by involving the caregiver in service planning meetings, meetings with medical and school professionals, and integrated case management meetings.

There was an extremely low compliance rate (2%) for the critical measure associated with ongoing monitoring of a CYIC's safety and well-being (RE 6). This was largely due to the requirement that resource workers have in-person contact with the caregiver and CYICs every 90 days in the caregiver's home. Of the 43 records rated not achieved, 15 had at least half of the required number of in-person contacts (i.e., every 90 days in the caregiver's home). There were 3 records that illustrated challenges to conducting home visits for the purpose of monitoring: Two pertained to caregivers who travelled regularly with the CYICs out of province, and one pertained to a caregiver who did not respond to the resource worker's attempts to conduct a home visit. While there was not sufficient documentation of home visits, nearly all of the records had evidence of other monitoring activities, such as phone calls, emails, texts, office visits, meetings in the hospital with the caregiver and CYIC, caregiver reports about the CYICs, and reports on the caregiving home from community agencies,

such as the Nechako Valley Community Services Quarterly Care Parent Support and Report. One of the services that Nechako Valley Community Services offers is support for caregivers, including home visits and 90 day reports that go to resource social workers. Although this does not replace the requirement of in-person contact by resource workers every 90 days, as stipulated in CSS Standard 17, it suggests that there is a level of monitoring occurring. The compliance rate for ongoing monitoring could be improved by using a system to record and track the dates of home visits, and incorporating these dates consistently in running records and annual reviews.

The critical measure associated with annual reviews of the caregiver's home (RE 7) also had an extremely low compliance rate of 2%. This was largely explained by 34 records that had some, but not all, of the required annual reviews completed, and another 6 records that had all annual reviews completed, but not within 30 days of the anniversary date of the initial approval of the home, as required. Overall, only 3 records had no annual reviews on file.

Finally, there was documentation in two RE records about a ban on overtime and approval not being given for resource social workers to conduct home visits or annual reviews outside of core business hours. Although the reference to a ban on overtime was observed in only two records, it raised questions about the extent to which this may have contributed to very low compliance rates for ongoing monitoring (RE 6) and annual reviews (RE 7), along with workload pressures, staffing issues, and the vast geographic area that this SDA encompasses.

5. ACTIONS TAKEN TO DATE

Phase 4 of ICM was launched on November 24, 2014. As part of Phase 4, the ICM profile for resource social workers changed to allow the same access to information that child protection and guardianship social workers had. This means that resource workers now have access to information about CYICs entered on child service case records. Another change that has impacted resource workers is an improved referral document for CYICs. The new referral document can be viewed, updated and printed by guardianship, protection or resource social workers. Also, the new referral document includes a section for the caregiver to sign to indicate that she or he received and reviewed the document.

In addition, in the spring of 2015, three new resource social workers were recently hired for the Prince George office, and one new resource social worker was hired for the Quesnel office. This is expected to improve the SDA's capacity to provide resource support services for all family care homes, and to conduct monthly visits to 11 contracted residential resources (i.e., group homes) in the Prince George LSA, which provide 74 CYIC placements for the SDA as a whole.

6. ACTION PLAN

The Executive Director of Service (EDS) will, by December 4, 2015, provide written confirmation that the following actions have been completed.

Action	Person responsible	Date to be completed by
<p>1. The Community Services Managers (CSMs) will meet with each of the team leaders (TLs) who supervise resource workers in the SDA to review the findings of this practice audit and the applicable CSS standards, and to reaffirm policies and expectations for caregiver support services.</p>	<p>Kim Chartrand, EDS</p>	<p>October 1, 2015</p>
<p>2. The CSMs will define and implement a process for TLs to routinely track resource workers' documentation of casework activities, such as annual reviews being completed within 30 working days of the caregiver's anniversary date as an approved caregiver, as well as ongoing monitoring of family care homes through in-person visits by resource workers at least once every 90 days.</p>	<p>Kim Chartrand, EDS</p>	<p>November 30, 2015</p>
<p>3. The CSMs will provide in writing the expectation that TLs will confirm that resource workers are regularly reviewing RE file records for family care homes to verify and ensure that the 53-hour mandatory caregiver education program is completed within two years of the caregiver's approval date, and that the records include consistent documentation of how and when caregivers receive referral information about each CYIC placed in the caregiving home.</p>	<p>Kim Chartrand, EDS</p>	<p>November 30, 2015</p>
<p>4. The CSMs will define a process with TLs for resource workers to identify any person 18 years of age or older associated with a family care home and/or providing care to a CYIC, and will track the requirement that CCRCs be updated every three years.</p>	<p>Kim Chartrand, EDS</p>	<p>November 30, 2015</p>