

**CASE PRACTICE AUDIT REPORT**  
**Secwepemc Child and Family Services**  
**(IEC, IEF, IEG)**

Fieldwork April 2 - 12/13 & April 29 – May 3/13  
Audit completed by Darlene Thoen & Mary Simpson, Quality Assurance Analysts, Office of the PDCW,  
MCFD  
Report completed by Darlene Thoen

## TABLE OF CONTENTS

|  | PAGE |
|--|------|
| 1. PURPOSE .....                           | 3    |
| 2. METHODOLOGY .....                       | 3    |
| 3. AGENCY OVERVIEW .....                   | 4    |
| a) Delegation.....                         | 4    |
| b) Demographics .....                      | 5    |
| c) Professional Staff Compliment .....     | 5    |
| d) Supervision & Consultation.....         | 5    |
| 4. STRENGTHS OF AGENCY.....                | 6    |
| 5. CHALLENGES FACING AGENCY .....          | 7    |
| 6. DISCUSSION OF THE PROGRAMS AUDITED..... | 7    |
| a) Resources.....                          | 7    |
| b) Child Services .....                    | 8    |
| c) Family Services .....                   | 11   |
| 7. COMPLIANCE TO THE PROGRAMS AUDITED..... | 15   |
| 8. FAMILY SERVICES SUMMARY .....           | 26   |
| 9. ACTION PLAN .....                       | 27   |

## **CASE PRACTICE AUDIT REPORT**

### **Secwepemc Child and Family Services**

#### **1. PURPOSE**

The purpose of the audit is to improve and support child service, guardianship and family service. Through a review of a sample of cases, the audit is expected to provide a baseline measure of the current level of practice, confirm good practice, and identify areas where practice requires strengthening. This is the third audit for Secwepemc Child & Family Services. The last audit of the program was conducted in January 2010.

The specific purposes of the audit are:

- to confirm good practice and further the development of practice;
- to assess and evaluate practice in relation to existing legislation and the Aboriginal Operational and Practice Standards and Indicators (AOPSI) & MCFD *Chapter 3: Child Protection Response of the Child and Youth Safety and Family Support Policies (Chapter 3)*;
- to determine the current level of practice across a sample of cases;
- to identify barriers to providing an adequate level of service;
- to assist in identifying training needs;
- to provide information for use in updating and/or amending practice standards or policy.

The Office of the Provincial Director of Child Welfare, Quality Assurance is conducting the audit using the Aboriginal Case Practice Audit Tool and the MCFD Family Service Practice Audit. Audits of delegated agencies providing child protection, guardianship, family services and resources for children in care are conducted according to a three-year cycle.

#### **2. METHODOLOGY**

This was a practice audit of the agency there were two quality assurance analysts from the MCFD Office of the Provincial Director of Child Welfare, Quality Assurance who conducted the practice audit.

The quality assurance analysts conducted field work from April 2 – 12 and April 29 – May 3, 2013. The computerized Aboriginal Case Practice Audit Tool (ACPAT) was used to collect the data and generate office summary compliance reports and a compliance report for each CS and RE file audited.

Three types of family service records, representing different aspects of child protection process, were audited:

- Service requests and non-protection incidents;
- Protection incidents (investigation and family development response); and
- Cases.

The MCFD Sharepoint site was used to collect the data and generate compliance reports for the service requests and non-protection incidents, protection incidents and cases.

Secwepemc Child & Family Services agreed to be the first C6 DAA to be audited using the MCFD Family Service Audit and in doing so the findings from the FS audit are to be considered as a baseline for measure of the current level of practice and to identify areas where practice requires improvement and strengthening.

At the time of the audit, there were a total of 87 open resource files, 150 open child service files, 133 open and closed family service cases, 63 closed protection incidents, and 74 closed service requests and non-protection incidents. A sample size of 23 resource files, 26 child service files, 25 family service cases, 42 incidents (protection & non-protection) and 10 service requests were audited. The sample size provided a confidence level of 90% with a +- 15% margin of error. The scope of the audit of the child service and resource files was three years and the scope of the audit of the Family service cases, incidents and non-protection incidents and service requests was one year.

Upon arrival at the Kamloops Chilcotin office of Secwepemc Child & Family Services (SCFS), the quality assurance analysts met with the Executive Director, team leaders and all available delegated staff both offices to review the audit purpose and process. At the completion of the audit, the analyst met with the Executive Director, team leaders and available delegated staff from both offices to discuss the preliminary findings of the audit. The majority of the interviews with the delegated social workers and team leaders were in person with the remaining interviews conducted by phone after the fieldwork was completed.

### **3. AGENCY OVERVIEW**

#### **a) Delegation**

Secwepemc Child and Family Services is currently delegated at C6 Child Protection delegation. This level of delegation enables the delegated agency to provide the following services:

- Child protection;
- Temporary custody of children;

- Permanent guardianship of children in continuing custody;
- Support services to families;
- Voluntary Care Agreements;
- Special Needs Agreements; and,
- Establishing Residential Resources

SCFS has a Modification Agreement that extends their Delegation Agreement to March 31, 2014.

### **b) Demographics**

Secwepemc Child & Family Services provides services to seven bands: Adams Lake, Bonaparte, Tk'emlups, Neskonlith, Simpcw, Skeetchestn, and Whispering Pines/Clinton. In 2008, the service was expanded to include all Aboriginal people living in the Kamloops area. The total registered population of the seven communities is approximately 4500 (Source: AANDC Aboriginal Peoples & Communities, First Nations Profiles Registered Population May 2013). The total urban Aboriginal population in Kamloops is unknown. The current agency structure has all on reserve members of the seven bands accessing service through the on reserve office. The urban office provides service to all Aboriginal people and Inuit people residing within the City of Kamloops. The agency does not serve the Métis population or the Little Shuswap Band as they are served by MCFD Aboriginal team in Kamloops.

### **c) Professional Staff Complement**

As stated, SCFS has two offices providing delegated and non-delegated services. The delegated staff at the Chilcotin main office consists of the Executive Director, two team leaders, seven caseworkers, three guardianship workers and three resource workers. Of the seven caseworker positions, four were vacant at the time of the audit. Other staff at the main office are the Assistant to the Executive Director, Office Manager, file clerk, administrative assistant, receptionists and finance department staff. Within the adjoining building, the non delegated support services and staff are housed: Clinical Supervisor, Wellness Counsellor, AFGC Coordinator, AIDP, Cultural Worker and four Family Support Workers.

The delegated staff at the urban office consists of one team leader and five caseworkers. In addition there is a file clerk and receptionist.

#### **d) Supervision and Consultation**

There is a team leader for each team: Chilcotin (on reserve), Urban and Guardianship/Resources. All three team leaders have an open door policy. In addition, the team leaders have made attempts to implement structured 1:1 clinical supervision or tracking time with each delegated social worker. Staff interviewed reported that this plan has not been as successful as the team leaders or staff would like. Many of the staff interviewed reported that their supervision/consultation needs were not met on a regular basis as they identified the need for regular, thorough 1:1 supervision/consultation meetings with their team leader. The team leaders interviewed stated they are aware of this concern. A significant factor impacting the team leaders' ability to address this is the number of staff they have reporting to them which is at the high end or exceeds the AOPSI guidelines for the number of delegated staff they are to supervise.

Each child safety team meets on a weekly basis and the guardianship staff and resource staff meet separately once a month and jointly once a month. There is a larger all agency staff meeting once a month for agency wide announcements and updates.

Interviewed child safety staff from both offices identified that they would like more opportunities for increased collaboration between the teams so that practice strengths/ challenges could be shared and for the workers to feel supported by their team leaders and each other.

The urban and Chilcotin child safety team leaders cover for each other when they are on leave or out of the office for longer periods of time. A senior guardianship social worker provides coverage for the guardianship/resources team leader when she is on leave or out of the office for longer periods of time.

The Executive Director has C6 delegation and is available for consultation with the team leaders when necessary or requested. The ED does not, as a general rule, provide coverage for any of the team leaders when they are away from the office.

#### **4. STRENGTHS OF THE AGENCY**

Many of the staff interviewed reported the value of having the Aboriginal Family Group Conference Coordinator, Aboriginal Infant Development Program, Family Support Workers, Cultural Worker and Mental Health staff located at the Chilcotin office. This has provided simplicity to the referral process, increased accessibility to the services for the community members and increased collaboration in case planning with the delegated staff.

The new Executive Director was recognized as having helped to stabilize the agency following the leaving of the previous long term Executive Director and the subsequent team and workload restructuring. Staff interviewed reported that the ED is knowledgeable, approachable and seen as a source of strength at the agency.

The location of the urban office was reported to be very accessible to clients. Although it is limited in its office space, the children and families served by the urban office attend at the office regularly.

## **5. CHALLENGES FACING THE AGENCY**

One of the significant challenges identified in the 2010 audit and was again reported by staff as a concern is adequate funding to continue the current service levels and expand the services to ensure all the communities' needs are met by the agency. Additionally, budget constraints have resulted in a wage freeze and limited professional development opportunities which was reported to have affected staff retention and morale.

In April 2012, the Integrated Case Management (ICM) computer system became operational and Structured Decision Making (SDM) tools became available. Workers were expected to transition from the former MIS and BCRAM tools to the ICM system and SDM tools. In addition to this, during that time period, SCFS used the Best Practices database system for recording case practice information. All of these changes over the past year has resulted in significant worker stress, workload backlog and additional training and supervision needs. Staff reported feeling overwhelmed by all of the changes and the time it has taken to begin to feel that they have a clear understanding of the ICM system and the requirements of SDM.

Agency staff reported that they also experience work challenges as a result of regular ICM and DTS outages which impact their ability to complete their work in a timely and efficient manner.

Agency management reported significant delays in completing file transfers to recently established team IEG due to delays in the processing and approval of SEC requests for delegated staff.

The agency has experienced considerable staffing challenges due to medical leave, maternity leave, LTD and general position vacancies. As there is no backfill for vacant positions, staff have had to provide coverage for the vacant caseloads in addition to their own caseloads.

Finally, it was reported that there is a need for dedicated team assistants for each team as the social workers are required to complete many administrative

functions, particularly related to documentation in ICM, in addition to their delegated duties.

## **6. DISCUSSION OF THE PROGRAMS AUDITED**

The audit reflects the work done by the staff in the agency's delegated programs.

### **a) Resources**

As previously stated, 23 out of 87 open resource files were audited. This program area showed a decline in overall compliance from the previous audit. During the scope of the audit, the files were registered to IEC however the resource files are now registered to IEG.

Resource standards with higher compliance:

- St. 28 Supervisory approval required for approval for family care home services;
- St. 30 Home Study;
- St.31 Training of Caregivers;
- St. 32 Signed Agreements with Caregivers; and
- St 36 Closure of Family Care Home.

Resource standards with lower compliance:

- St.29 Family Care Home – Applications and Orientation;
- St. 32 Signed Agreements with Caregivers; St.34 Investigation of Alleged Abuse or Neglect in a Family Care Home; and
- St. 35 Quality of Care Review.

Following the completion of the fieldwork, one resource file was flagged for team leader follow up re: the completion of a quality of care review. After discussion with the resource social worker and the team leader, information on the quality of care review protocol/process was provided for their information and reference.

In the fall of 2012 the resource team was relocated to the Chilcotin office and a new team with team leader was formed with the guardianship workers. The addition of this team was a result of a larger team and workload reorganization that took place in order to streamline the service delivery within all program areas. All of the resource workers were relocated into one office for better service and team collaboration.

### **b) Child Services**



As previously stated, 26 of 150 open child service files were audited. Two of the teams are managing children in temporary care (IEC & IEF) while the third team is managing children in continuing care (IEG). One team maintained the same compliance as in 2010, the second team saw a significant decline in compliance and the third team was audited on its own for the first time with lower compliance findings.

Child Service standards with higher compliance:

### **IEC**

- St. 1 Preserving the Identity of the Child in Care and Providing Culturally Appropriate Services;
- St. 3 Monitoring and Reviewing the Child's CPOC;
- St. 4 Supervisory Approval required for Guardianship Services;
- St. 6 Deciding Where to Place the Child;
- St. 7 Meeting the Child's needs for Stability and continuity of relationships;
- St. 10 Providing Initial & Ongoing Medical & Dental Care;
- St. 12 Reportable Circumstances; and
- St. 24 Guardianship agency protocols.

### **IEF**

- St. 4 Supervisory Approval required for Guardianship Services;
- St. 7 Meeting the Child's needs for Stability and continuity of relationships; and
- St. 24 Guardianship agency protocols.

### **IEG**

- St. 4 Supervisory Approval required for Guardianship Services;
- St. 6 Deciding Where to Place the Child;
- St. 7 Meeting the Child's needs for Stability and continuity of relationships;
- St. 10 Providing Initial & Ongoing Medical & Dental Care;
- St. 11 Planning a Move for a Child in Care;
- St. 12 Reportable Circumstances;
- St. 13 When a Child or Youth is missing, lost or runaway;
- St. 15 Transferring continuing Care files;
- St. 20 Preparation for Independence;
- St. 21 Responsibilities of the public Guardian & Trustee; and

- St. 24 Guardianship agency protocols.

Child service standards with lower compliance:

### **IEC**

- St. 3 Monitoring & Reviewing the Child's CPOC;
- St. 5 Rights of Children in Care;
- St. 8 Social worker's Relationship & Contact & contact with a Child in Care; and
- St. 14 Case Documentation for Guardianship Services.

### **IEF**

- St. 1 Preserving the Identity of the Child in Care and Providing Culturally Appropriate Services;
- St. 2 Development of a CPOC;
- St. 3 Monitoring & Reviewing the Child's CPOC;
- St. 5 Rights of Children in Care;
- St. 8 Social worker's Relationship & Contact & contact with a Child in Care;
- St. 9 Providing the Caregiver with Information & Reviewing Appropriate Discipline Standards;
- St. 10 Providing Initial & Ongoing Medical & Dental Care;
- St. 11 Planning a Move for a Child in Care;
- St. 13 When a Child or Youth is missing, lost or runaway;
- St. 14 Case Documentation for Guardianship Services;
- St. 16 Closing Continuing Care Files; and
- St. 19 Interviewing the Child about the Care Experience.

### **IEG**

- St. 2 Development of a CPOC;
- St. 3 Monitoring & Reviewing the Child's CPOC;
- St. 5 Rights of Children in Care;
- St. 8 Social worker's Relationship & Contact & contact with a Child in Care;
- St. 9 Providing the Caregiver with Information & Reviewing Appropriate Discipline Standards;
- St. 14 Case Documentation for Guardianship Services; and

- St. 19 Interviewing the Child about the Care Experience.

It was reported by staff that a significant factor in the low compliance for team IEF was during the scope of the audit, intake and assessment were provided through this office with most of the social workers managing a generalist caseload. Due to the often urgent nature of child safety reports, the guardianship work would often be placed on a lower priority and at other times, documentation of the completion of required tasks did not occur in Best Practices. Another factor identified was vacant caseloads being covered on an urgent basis only.

### c) Family Services

The 24 critical measures in the FS Practice Audit are based on the format of *Chapter 3* and the Child Protection Response Model. The critical measures are as follows:

| Standard/ CP Response | Critical Measure   | Compliance Description  |
|-----------------------|--|---|
| 3.1/R1                | FS1.1 Obtaining a Child Protection (CP) Report or Request for Services | There is a full and detailed description of the reported incident or of the request for services                                    |
| 3.1/R1                | FS1.2 Assessing the child protection Report or Request for Services    | CP report: Section 1 of the Screening Assessment was completed within 24 hours<br><br>Service request: The assessment was completed |
| 3.1/R2, R3            | FS2.1 Timeframe for Assigning the Response Priority                    | CP report: Section 2 of the Screening Assessment was completed and the response priority assigned                                   |
| 3.1/R2, R3            | FS2.2 Determining an Appropriate Response Priority                     | CP report: An appropriate response priority was assigned  |
| 3.1/R2, R3            | FS2.3 Textbox: Rationale for rating of FS2.2                           | Auditor's rationale   |
| 3.1/R2, R3            | FS3.1 Determining the Response   | The response was determined within 5 calendar days of receiving the CP report   |
| 3.1/R2, R3            | FS3.2 Supervisory Approval of the Response                             | The decision about the response was approved by the supervisor within 24 hours and the approval was documented                      |
| 3.1/R2, R3            | FS3.3 Making a Response Decision Consistent                            | The decision about the response was consistent with past information  |

|                       |  |  |
|-----------------------|--|--|
|                       | with Assessment Information  | and reporter information   |
| 3.1/R2, R3            | FS3.4 Textbox: Rationale for rating of FS3.3                         | Auditor's rationale  |
| 3.2/R4                | FS4.1 Completing the Safety Assessment Process                       | The Safety Assessment process was completed during the first in-person meeting with the family                                       |
| 3.2/R4                | FS4.2 Making a Safety Decision Consistent with the Safety Assessment | The Safety Assessment document was completed no later than 24 hours after completion of the process and identified a Safety Decision |
| 3.2, 3.3, 3.6/R4      | FS4.3 Involving the Family in Development of the Safety Plan         | The Safety Plan was developed in collaboration with the family   |
| 3.4/R4                | FS4.4 Collaborative Planning and Decision Making                     | When agreement on the Safety Plan was not reached, efforts were made to engage the family in CPDM                                    |
| 3.2, 3.3/R5           | FS5.1 Completing the Vulnerability Assessment                        | The Vulnerability Assessment (VA) was completed in its entirety  |
| 3.2, 3.3/R5           | FS5.2 Determining a Final Vulnerability Level                        | The Final Vulnerability Level was consistent with the information in the VA  |
| 3.2, 3.3/R5           | FS5.3 Textbox: Rationale for rating of FS5.2                         | Auditor's rationale  |
| 3.2, 3.3/R5           | FS5.4 Timeframe for Completing the Vulnerability Assessment          | The VA was completed within the 30 day timeframe for Family Development Response or Investigation                                    |
| 3.2, 3.3/R6           | FS6.1 Decision on Whether the Child/Youth Needs Protection Services  | The decision regarding the need for FDR/Ongoing Protection Services was consistent with the VA                                       |
| 3.2, 3.3/R6           | FS6.2 Textbox: Rationale for rating of FS6.1                         | Auditor's rationale  |
| 3.2, 3.3, 3.6/R7      | FS7.1 Completing a Family and Child Strengths and Needs Assessment   | The Strengths and Needs Assessment (SNA) was completed in its entirety   |
| 3.2, 3.3, 3.6/R7      | FS7.2 Supervisory Approval of the Strengths and Needs Assessment     | Supervisory approval of the SNA was documented   |
| 3.2, 3.3, 3.6, 3.7/R7 | FS7.3 Developing the Family Plan with the Family                     | The Family Plan was developed in collaboration with the family within the applicable timeframe                                       |

|                                   |   |   |
|-----------------------------------|---|---|
| 3.2, 3.3, 3.6, 3.7/R7             | FS7.4 Integrating the Safety Plan into the Family Plan                                  | Elements of the Safety Plan were integrated into the Family Plan within 30 days of incident closure       |
| 3.2, 3.3, 3.7/R8                  | FS8.1 Completing a Reassessment: Vulnerability Reassessment or Reunification Assessment | The formal reassessment was completed in its entirety   |
| Case Transfer Policy & Procedures | FS9.1 Decision on Transferring a Case   | The transfer decision was approved/documentated by supervisors of the originating and receiving workers   |
| QA Standard 4                     | FS9.2 Supervisory Approval for Transferring a Case                                      | Supervisory approval for transferring a case was documented   |
| 3.9/R9                            | FS9.3 Decision on Closing a Case  | All three minimum criteria were met before deciding to end Ongoing Protection Services and closing a case |
| QA Standard 4                     | FS9.4 Supervisory Approval for Closing a Case   | Supervisory approval was documented   |

Service Requests: Family Service critical measures with higher achievement:

- FS1.1 Obtaining a Child Protection Report or Request for Services
- FS1.2 Assessing the Child Protection Report or Request for Services

Incidents: Family Service critical measures with higher achievement:

- FS1.1 Obtaining a Child Protection Report or Request for Services
- FS3.1 Determining the response
- FS 3.2 Supervisory Approval of the Response
- FS3.3 Making a Response Decision Consistent with Assessment Information
- FS4.1 Completing the Safety Assessment Process
- FS4.3 Involving the Family in Development of the Safety Plan
- FS6.1 Decision on Whether the Child/Youth Needs Protection Services

Family Service critical measures with lower achievement:

- FS1.2 Assessing the Child Protection Report or Request for Services
- FS2.1 Timeframe for Assigning the Response Priority

- FS4.2 Making a Safety Decision Consistent with the Safety Assessment
- FS4.4 Collaborative Planning and Decision Making
- FS5.1 Completing the Vulnerability Assessment
- FS5.2 Determining a Final Vulnerability Level
- FS5.4 Timeframe for Completing the Vulnerability Assessment

Family Service Cases: Family Service Critical Measures with higher achievement:

- FS1.1 Obtaining a Child Protection Report or Request for Services
- FS2.2 Determining an Appropriate Response Priority
- FS3.1 Determining the response
- FS 3.2 Supervisory Approval of the Response
- FS3.3 Making a Response Decision Consistent with Assessment Information
- FS4.1 Completing the Safety Assessment Process
- FS4.2 Making a Safety Decision Consistent with the Safety Assessment
- FS4.3 Involving the Family in Development of the Safety Plan
- FS4.4 Collaborative Planning and Decision Making
- FS5.1 Completing the Vulnerability Assessment
- FS5.2 Determining a Final Vulnerability Level
- FS6.1 Decision on Whether the Child/Youth Needs Protection Services
- FS9.3 Decision on Closing a Case
- FS9.4 Supervisory Approval for Closing a Case

Family Service critical measures with lower achievement:

- FS2.1 Timeframe for Assigning the Response Priority
- FS7.1 Completing a Family and Child Strengths and Needs Assessment
- FS7.2 Supervisory Approval of the Strengths and Needs Assessment
- FS7.3 Developing the Family Plan with the Family
- FS7.4 Integrating the Safety Plan into the Family Plan
- FS8.1 Completing a Reassessment: Vulnerability Reassessment or Reunification Assessment

## **7. COMPLIANCE TO PROGRAMS AUDITED**

Two auditors audited the resource, child service and family service files at Secwepemc Child & Family Services. The 'not applicable' scores were not included in the total.

**a) Compliance to Resource File Practice**

The files were audited for compliance to the Aboriginal Operational and Practice Standards and Indicators, C6 resources including:

- Application and orientation of caregiver;
- Home study of caregiver;
- Training of caregiver;
- Signed Agreements with caregiver;
- Providing caregiver with written information regarding child; and,
- Monitoring and reviewing homes.

**IEC (IEG)** – Twenty three (23) files were audited. The overall compliance to the resource standards was **54%**

The following provides a breakdown of the compliance ratings:

| <b>AOPSI – Voluntary Services Standards</b>                             | <b>IEC</b>   |
|---|--|
| Standard 28 Supervisory Approval Required for Family Care Home Services | 17 files compliant<br>6 files non-compliant                            |
| Standard 29 Family Care Homes – Application and Orientation             | 2 files compliant<br>11 files non-compliant<br>10 files not applicable |
| Standard 30 Home Study  | 7 files compliant<br>3 files non-compliant<br>13 files not applicable  |
| Standard 31 Training of Caregivers                                      | 14 files compliant<br>7 files non-compliant<br>2 files not applicable  |
| Standard 32 Signed Agreement with Caregivers                            | 15 files compliant<br>8 files non-compliant                            |

|   |   |
|---|---|
| Standard 33 Monitoring and Reviewing the Family Care Home                   | 4 files compliant<br>14 files non-compliant<br>5 files not applicable |
| Standard 34 Investigation of Alleged Abuse or Neglect in a Family Care Home | 1 file non-compliant<br>22 files not applicable                       |
| Standard 35 Quality of Care Review  | 2 files non-compliant<br>21 files not applicable                      |
| Standard 36 Closure of the Family Care Home                                 | 2 files compliant<br>1 file non-compliant<br>20 files not applicable  |

### b) Compliance to Child Service Practice

The files were audited for compliance to the Aboriginal Operational and Practice Standards and Indicators, C6 Guardianship Child Service including:

- The quality and adequacy of the plan of care;
- The frequency and adequacy of the care plan review;
- The level of contact with the child;
- Placement stability and deciding when and where to move a child;
- The degree of stability and continuity provided to the child while in care;
- Informing the child and caregiver of the rights of children in care;
- Informing the child and caregiver of appropriate discipline policy; and,
- The level of file documentation.

**IEC** – Three (3) open child service files were audited. The overall compliance to the child service standards was **60%**.

**IEF** – Eleven (11) open child service were audited. The overall compliance to the child service standards was **30%**.

**IEG** – Twelve (12) open child service files were audited. The overall compliance to the child service standards was **56%**

The following provides a breakdown of the compliance ratings:

|   |            |            |            |
|---|------------|------------|------------|
| <b>AOPSI – Guardianship and Voluntary Services (VS) Standards</b> | <b>IEC</b> | <b>IEF</b> | <b>IEG</b> |
|---|------------|------------|------------|



|   |  |   |   |
|---|--|---|---|
| Standard 1 Preserving the Identity of the Child in Care and Providing Culturally Appropriate Services (VS 11) | 2 files compliant<br>1 file non-compliant  | 1 file compliant<br>9 files non-compliant<br>1 file not applicable  | 7 files compliant<br>1 file non-compliant with factors<br>4 files non-compliant |
| Standard 2 Development of a Comprehensive Plan of Care (VS 12)  | 1 file compliant<br>2 files non-compliant  | 11 files non-compliant  | 1 file non-compliant<br>11 files not applicable                                 |
| Standard 3 Monitoring and Reviewing the Child's Comprehensive Plan of Care (VS 13)                            | 1 file compliant<br>2 files not applicable | 6 files non-compliant<br>5 files not applicable                     | 2 files compliant<br>10 files non-compliant                                     |
| Standard 4 Supervisory Approval Required for Guardianship Services (Guardianship 4)                           | 2 files compliant<br>1 file non-compliant  | 7 files compliant<br>4 files non-compliant                          | 10 files compliant<br>2 files non-compliant                                     |
| Standard 5 Rights of Children in Care (VS 14)   | 1 file compliant<br>2 files non-compliant  | 2 files compliant<br>8 files non-compliant<br>1 file not applicable | 1 file compliant<br>1 file non-compliant with factors<br>10 files non-compliant |
| Standard 6 Deciding Where to Place the Child (VS 15)  | 3 files compliant                          | 4 files compliant<br>6 file non-compliant<br>1 file not applicable  | 12 files compliant  |
| Standard 7 Meeting the Child's Need for Stability and continuity of Relationships (VS 16)                     | 3 files compliant                          | 9 files compliant<br>2 files non-compliant                          | 10 files compliant<br>1 file non-compliant with factors<br>1 file non-compliant |

|  |  |   |   |
|--|--|---|---|
| Standard 8 Social Worker's Relationship & contact with a Child in Care (VS 17)                             | 3 files non-compliant                      | 11 files non-compliant  | 1 file compliant<br>1 file non-compliant with factors<br>10 files non-compliant |
| Standard 9 Providing the Caregiver with Information and Reviewing Appropriate Discipline Standards (VS 18) | 1 file compliant<br>2 files non-compliant  | 11 files non-compliant  | 4 files compliant<br>8 files non-compliant                                      |
| Standard 10 Providing Initial and ongoing Medical and Dental Care for a Child in Care (VS 19)              | 2 files compliant<br>1 file non-compliant  | 4 files compliant<br>6 files non-compliant<br>1 file not applicable | 8 files compliant<br>1 file non-compliant with factors<br>3 files non-compliant |
| Standard 11 Planning a Move for a Child in Care (VS 20)  | No files applicable                        | 2 files non-compliant<br>9 files not applicable                     | 3 files compliant<br>9 files not applicable                                     |
| Standard 12 Reportable Circumstances (VS 21)   | 1 file compliant<br>2 files not applicable | No files applicable   | 3 files compliant<br>1 file non-compliant<br>8 files not applicable             |
| Standard 13 When a Child or Youth is Missing, Lost or Runaway (VS 22)                                      | No files applicable                        | 1 file non-compliant<br>10 files not applicable                     | 2 files compliant<br>10 files not applicable                                    |
| Standard 14 Case Documentation (Guardianship 14)   | 1 file compliant<br>2 files non-compliant  | 10 files non-compliant<br>1 file not applicable                     | 3 files compliant<br>9 files non-compliant                                      |
| Standard 15 Transferring Continuing Care Files (Guardianship 15)   | No files applicable                        | No files applicable   | 4 files compliant<br>8 files not applicable                                     |

|   |                     |   |   |
|---|---------------------|---|---|
| Standard 16 Closing Continuing Care Files (Guardianship 16)                       | No files applicable | 1 file compliant<br>2 files non-compliant<br>8 files not applicable | 1 file compliant<br>11 files not applicable                         |
| Standard 17 Rescinding a Continuing Custody Order (Guardianship 17)               | No files applicable |   |   |
| Standard 19 Interviewing the Child about the Care Experience (Guardianship 19)    | No files applicable | 2 files non-compliant<br>9 files not applicable                     | 3 files non-compliant<br>9 files not applicable                     |
| Standard 20 Preparation for Independence (Guardianship 20)                        | No files applicable | No files applicable   | 4 files compliant<br>8 files not applicable                         |
| Standard 21 Responsibilities of the Public Guardian and Trustee (Guardianship 21) | No files applicable | No files applicable   | 2 files compliant<br>1 file non-compliant<br>9 files not applicable |
| Standard 22 Investigation of Alleged Abuse or Neglect in a Family Care Home       | No files applicable | No files applicable   | 1 file non-compliant<br>11 files not applicable                     |
| Standard 23 Quality of Care Review  | No files applicable | 1 file compliant<br>10 files not applicable                         | No files applicable   |
| Standard 24 Guardianship Agency Protocols (Guardianship 24)                       | 3 files compliant   | 10 files compliant<br>1 file non-compliant                          | 11 files compliant<br>1 file non-compliant                          |

### c) Compliance to Family Services

The Family Service Practice Audit is designed to assess achievement of key components of the family service process based on *Chapter 3: Child Protection Response*.

Three types of family service records were audited:

- Service requests and non-protection incidents;
- Protection incidents (investigation and family development response); and
- Cases.

The following provides a breakdown of the compliance ratings:

The audit report provides separate tables for the service request, incident, and case data. The data is presented as weighted percentages for “Achieved”, “Partially Achieved” (where applicable), and “Not Achieved”; the “Not Applicable” ratings are listed numerically and have been excluded from the percentage calculations.

#### **SERVICE REQUESTS**

| Critical Measure   | Responses<br>(Total 10) | Percentage<br>of<br>applicable<br>Responses | Secwepemc<br>CFS Overall FS<br>Compliance<br>(Service<br>Requests(10),<br>Incidents(42),<br>Cases(25)) | MCFD Provincial FS<br>Pilot Overall<br>Compliance<br>Averages (Service<br>Requests (25),<br>Incidents (110)&<br>Cases (65)) |
|--|-------------------------|---|--|---|
| <b>FS1.1 Obtain Child Protection Report/ Request for Service</b>       |                         |   |  |   |
| Achieved   | <b>6</b>                | <b>60%</b>                                  | <b>86%</b>   | <b>90%</b>  |
| Not achieved   | <b>4</b>                | <b>40%</b>                                  |  |   |
| <b>FS1.2 Complete Screening Assessment/Obtain Request for Services</b> |                         |   |  |   |
| Achieved   | <b>7</b>                | <b>70%</b>                                  | <b>44%</b>   | <b>36%</b>  |

|                                     |          |            |            |            |
|-------------------------------------|----------|------------|------------|------------|
| Not achieved                        | <b>3</b> | <b>30%</b> |            |            |
| <b>FS3.3 Make Response Decision</b> |          |            |            |            |
| Achieved                            | <b>5</b> | <b>50%</b> | <b>72%</b> | <b>63%</b> |
| Not achieved                        | <b>5</b> | <b>50%</b> |            |            |

## **INCIDENTS**

| <b>Critical Measure</b>  | <b>Responses (Total 42)</b> | <b>Percentage of applicable Responses</b> | <b>Secwepemc CFS Overall FS Compliance (Service Requests(10), Incidents(42), Cases(25))</b> | <b>MCFD Provincial FS Pilot Overall Compliance Averages (Service Requests (25), Incidents (110)&amp; Cases (65))</b> |
|--|-----------------------------|---|---|--|
| <b>FS1.1 Obtain Child Protection Report/ Request for Service</b>       |                             |   |   |  |
| Achieved   | <b>41</b>                   | <b>98%</b>                                | <b>86%</b>  | <b>90%</b>   |
| Not achieved   | <b>1</b>                    | <b>2%</b>                                 |   |  |
| <b>FS1.2 Complete Screening Assessment/Obtain Request for Services</b> |                             |   |   |  |
| Achieved   | <b>16</b>                   | <b>38%</b>                                | <b>44%</b>  | <b>36%</b>   |
| Partially Achieved   | <b>5</b>                    | <b>12%</b>                                |   |  |
| Not achieved   | <b>21</b>                   | <b>50%</b>                                |   |  |
| <b>FS2.1 Time-frame for Screening Assessment</b>                       |                             |   |   |  |
| Achieved   | <b>9</b>                    | <b>23%</b>                                | <b>20%</b>  | <b>31%</b>   |
| Not Achieved   | <b>31</b>                   | <b>78%</b>                                |   |  |
| Not Applicable   | <b>2</b>                    |   |   |  |
| <b>FS2.2 Determine Response Priority</b>                               |                             |   |   |  |
| Achieved   | <b>21</b>                   | <b>51%</b>                                | <b>55%</b>  | <b>45%</b>   |

|   |           |            |            |            |
|---|-----------|------------|------------|------------|
| Not Achieved  | <b>20</b> | <b>49%</b> |            |            |
| Not Applicable  | <b>1</b>  |            |            |            |
| <b>FS3.1 Determine Response</b>                         |           |            |            |            |
| Achieved  | <b>25</b> | <b>61%</b> | <b>60%</b> | <b>71%</b> |
| Partially Achieved                                      | <b>7</b>  | <b>17%</b> |            |            |
| Not Achieved  | <b>9</b>  | <b>22%</b> |            |            |
| Not Applicable  | <b>1</b>  |            |            |            |
| <b>FS3.2 Supervisory Approval of Response</b>           |           |            |            |            |
| Achieved  | <b>26</b> | <b>63%</b> | <b>65%</b> | <b>72%</b> |
| Not Achieved  | <b>15</b> | <b>37%</b> |            |            |
| Not Applicable  | <b>1</b>  |            |            |            |
| <b>FS3.3 Make Response Decision</b>                     |           |            |            |            |
| Achieved  | <b>34</b> | <b>83%</b> | <b>72%</b> | <b>63%</b> |
| Not achieved  | <b>7</b>  | <b>17%</b> |            |            |
| Not Applicable  | <b>1</b>  |            |            |            |
| <b>FS4.1 Complete Safety Assessment</b>                 |           |            |            |            |
| Achieved  | <b>24</b> | <b>80%</b> | <b>77%</b> | <b>80%</b> |
| Not Achieved  | <b>6</b>  | <b>20%</b> |            |            |
| Not Applicable  | <b>12</b> |            |            |            |
| <b>FS4.2 Make Safety Decision</b>                       |           |            |            |            |
| Achieved  | <b>1</b>  | <b>3%</b>  | <b>3%</b>  | <b>46%</b> |
| Partially Achieved                                      | <b>10</b> | <b>34%</b> |            |            |
| Not Achieved  | <b>18</b> | <b>62%</b> |            |            |
| Not Applicable  | <b>13</b> |            |            |            |
| <b>FS4.3 Develop Safety Plan with Family</b>            |           |            |            |            |
| Achieved  | <b>13</b> | <b>62%</b> | <b>72%</b> | <b>58%</b> |
| Not Achieved  | <b>8</b>  | <b>38%</b> |            |            |
| Not Applicable  | <b>21</b> |            |            |            |
| <b>FS4.4 Collaborative Planning and Decision Making</b> |           |            |            |            |

|   |           |             |            |            |
|---|-----------|-------------|------------|------------|
| Achieved  |           |             | <b>0%</b>  | <b>42%</b> |
| Not Achieved  | <b>4</b>  | <b>100%</b> |            |            |
| Not Applicable  | <b>38</b> |             |            |            |
| <b>FS5.1 Completing Vulnerability Assessment</b>      |           |             |            |            |
| Achieved  | <b>9</b>  | <b>33%</b>  | <b>47%</b> | <b>48%</b> |
| Not Achieved  | <b>18</b> | <b>67%</b>  |            |            |
| Not Applicable  | <b>15</b> |             |            |            |
| <b>FS5.2 Determining Level of Vulnerability</b>       |           |             |            |            |
| Achieved  | <b>11</b> | <b>39%</b>  | <b>50%</b> | <b>59%</b> |
| Not Achieved  | <b>17</b> | <b>61%</b>  |            |            |
| Not Applicable  | <b>14</b> |             |            |            |
| <b>FS5.4 Time-frame for Vulnerability Assessment</b>  |           |             |            |            |
| Achieved  | <b>7</b>  | <b>25%</b>  | <b>33%</b> | <b>26%</b> |
| Partially Achieved                                    | <b>5</b>  | <b>18%</b>  |            |            |
| Not Achieved  | <b>16</b> | <b>57%</b>  |            |            |
| Not Applicable  | <b>14</b> |             |            |            |
| <b>FS6.1 Decision on Need for Protection Services</b> |           |             |            |            |
| Achieved  | <b>19</b> | <b>66%</b>  | <b>78%</b> | <b>69%</b> |
| Not Achieved  | <b>10</b> | <b>34%</b>  |            |            |
| Not Applicable  | <b>13</b> |             |            |            |

**CASES**

| <b>Critical Measure</b> | <b>Responses (Total 25)</b> | <b>Percentage of applicable Responses</b> | <b>Secwepemc CFS Overall FS Compliance (Service Requests(10),</b> | <b>MCFD Provincial FS Pilot Overall Compliance Averages (Service Requests (25), Incidents (110)&amp; Cases</b> |
|-------------------------|-----------------------------|---|---|--|
|-------------------------|-----------------------------|---|---|--|

|  |           |             | Incidents(42),<br>Cases(25)) | (65))      |
|--|-----------|-------------|------------------------------|------------|
| <b>FS1.1 Obtain Child Protection Report/ Request for Service</b>       |           |             |                              |            |
| Achieved   | <b>12</b> | <b>100%</b> | <b>86%</b>                   | <b>90%</b> |
| Not applicable   | <b>13</b> |             |                              |            |
| <b>FS1.2 Complete Screening Assessment/Obtain Request for Services</b> |           |             |                              |            |
| Achieved   | <b>3</b>  | <b>25%</b>  | <b>44%</b>                   | <b>36%</b> |
| Partially Achieved   | <b>3</b>  | <b>25%</b>  |                              |            |
| Not Achieved   | <b>6</b>  | <b>50%</b>  |                              |            |
| Not Applicable   | <b>13</b> |             |                              |            |
| <b>FS2.1 Time-frame for Screening Assessment</b>                       |           |             |                              |            |
| Achieved   | <b>2</b>  | <b>17%</b>  | <b>20%</b>                   | <b>31%</b> |
| Not Achieved   | <b>10</b> | <b>83%</b>  |                              |            |
| Not Applicable   | <b>13</b> |             |                              |            |
| <b>FS2.2 Determine Response Priority</b>                               |           |             |                              |            |
| Achieved   | <b>7</b>  | <b>58%</b>  | <b>55%</b>                   | <b>45%</b> |
| Not Achieved   | <b>5</b>  | <b>42%</b>  |                              |            |
| Not Applicable   | <b>13</b> |             |                              |            |
| <b>FS3.1 Determine Response</b>  |           |             |                              |            |
| Achieved   | <b>7</b>  | <b>58%</b>  | <b>60%</b>                   | <b>71%</b> |
| Partially Achieved   | <b>3</b>  | <b>25%</b>  |                              |            |
| Not Achieved   | <b>2</b>  | <b>17%</b>  |                              |            |
| Not Applicable   | <b>13</b> |             |                              |            |
| <b>FS3.2 Supervisory Approval of Response</b>                          |           |             |                              |            |
| Achieved   | <b>8</b>  | <b>67%</b>  | <b>65%</b>                   | <b>72%</b> |
| Not Achieved   | <b>4</b>  | <b>33%</b>  |                              |            |
| Not Applicable   | <b>13</b> |             |                              |            |
| <b>FS3.3 Make</b>  |           |             |                              |            |



|   |           |             |            |            |
|---|-----------|-------------|------------|------------|
| <b>Response Decision</b>                                |           |             |            |            |
| Achieved  | <b>10</b> | <b>83%</b>  | <b>72%</b> | <b>63%</b> |
| Not achieved  | <b>2</b>  | <b>17%</b>  |            |            |
| Not Applicable  | <b>13</b> |             |            |            |
| <b>FS4.1 Complete Safety Assessment</b>                 |           |             |            |            |
| Achieved  | <b>8</b>  | <b>73%</b>  | <b>77%</b> | <b>56%</b> |
| Not Achieved  | <b>2</b>  | <b>27%</b>  |            |            |
| Not Applicable  | <b>14</b> |             |            |            |
| <b>FS4.2 Make Safety Decision</b>                       |           |             |            |            |
| Achieved  | <b>7</b>  | <b>64%</b>  | <b>3%</b>  | <b>46%</b> |
| Partially Achieved                                      | <b>4</b>  | <b>36%</b>  |            |            |
| Not Achieved  | <b>14</b> |             |            |            |
| Not Applicable  |           |             |            |            |
| <b>FS4.3 Develop Safety Plan with Family</b>            |           |             |            |            |
| Achieved  | <b>9</b>  | <b>82%</b>  | <b>72%</b> | <b>58%</b> |
| Not Achieved  | <b>2</b>  | <b>18%</b>  |            |            |
| Not Applicable  | <b>14</b> |             |            |            |
| <b>FS4.4 Collaborative Planning and Decision Making</b> |           |             |            |            |
| Achieved  |           |             | <b>0%</b>  | <b>42%</b> |
| Not Achieved  | <b>2</b>  | <b>100%</b> |            |            |
| Not Applicable  | <b>23</b> |             |            |            |
| <b>FS5.1 Completing Vulnerability Assessment</b>        |           |             |            |            |
| Achieved  | <b>6</b>  | <b>60%</b>  | <b>47%</b> | <b>48%</b> |
| Not Achieved  | <b>4</b>  | <b>40%</b>  |            |            |
| Not Applicable  | <b>15</b> |             |            |            |
| <b>FS5.2 Determining Level of Vulnerability</b>         |           |             |            |            |

|   |           |            |            |            |
|---|-----------|------------|------------|------------|
| Achieved  | <b>7</b>  | <b>70%</b> | <b>50%</b> | <b>59%</b> |
| Not Achieved  | <b>3</b>  | <b>30%</b> |            |            |
| Not Applicable  | <b>15</b> |            |            |            |
| <b>FS5.4 Time-frame for Vulnerability Assessment</b>                  |           |            |            |            |
| Achieved  | <b>4</b>  | <b>40%</b> | <b>33%</b> | <b>26%</b> |
| Partially Achieved  | <b>3</b>  | <b>30%</b> |            |            |
| Not Achieved  | <b>3</b>  | <b>30%</b> |            |            |
| Not Applicable  | <b>15</b> |            |            |            |
| <b>FS6.1 Decision on Need for Protection Services</b>                 |           |            |            |            |
| Achieved  | <b>9</b>  | <b>90%</b> | <b>78%</b> | <b>69%</b> |
| Not Achieved  | <b>1</b>  | <b>10%</b> |            |            |
| Not Applicable  | <b>15</b> |            |            |            |
| <b>FS7.1 Complete Strengths &amp; Needs Assessment</b>                |           |            |            |            |
| Achieved  | <b>4</b>  | <b>20%</b> | <b>20%</b> | <b>29%</b> |
| Not Achieved  | <b>16</b> | <b>80%</b> |            |            |
| Not Applicable  | <b>5</b>  |            |            |            |
| <b>FS7.2 Supervisory Approval of Strengths &amp; Needs Assessment</b> |           |            |            |            |
| Achieved  | <b>4</b>  | <b>20%</b> | <b>20%</b> | <b>31%</b> |
| Not Achieved  | <b>16</b> | <b>80%</b> |            |            |
| Not Applicable  | <b>5</b>  |            |            |            |
| <b>FS7.3 Develop Family Plan with Family</b>                          |           |            |            |            |
| Achieved  | <b>2</b>  | <b>10%</b> | <b>10%</b> | <b>16%</b> |
| Partially Achieved  | <b>2</b>  | <b>10%</b> |            |            |
| Not Achieved  | <b>16</b> | <b>80%</b> |            |            |

|   |    |     |     |     |
|---|----|-----|-----|-----|
| Not Applicable                                      | 5  |     |     |     |
| <b>FS7.4 Integrate Safety Plan in Family Plan</b>   |    |     |     |     |
| Achieved  | 3  | 15% | 15% | 13% |
| Partially Achieved                                  | 1  | 5%  |     |     |
| Not Achieved  | 16 | 80% |     |     |
| Not Applicable                                      | 5  |     |     |     |
| <b>FS8.1 Completing Vulnerability Re-assessment</b> |    |     |     |     |
| Achieved  | 7  | 35% | 35% | 13% |
| Not Achieved  | 13 | 65% |     |     |
| Not Applicable                                      | 5  |     |     |     |
| <b>FS9.1 Decision on Case Transfer</b>              |    |     |     |     |
| Achieved  |    |     |     | 86% |
| Not Applicable                                      | 25 |     |     |     |
| <b>FS9.2 Supervisory Approval for Case Transfer</b> |    |     |     |     |
| Achieved  |    |     |     | 86% |
| Not Applicable                                      | 25 |     |     |     |
| <b>FS9.3 Decision on Case Closure</b>               |    |     |     |     |
| Achieved  | 5  | 20% | 20% | 43% |
| Not Applicable                                      | 20 |     |     |     |
| <b>FS9.4 Supervisory Approval for Case Closure</b>  |    |     |     |     |
| Achieved  | 4  | 67% | 67% | 54% |
| Not Achieved  | 2  | 33% |     |     |
| Not Applicable                                      | 19 |     |     |     |

## 8. FAMILY SERVICES SUMMARY

There is direct evidence that the issues with implementing *Chapter 3* and ICM affected the audit results. When auditing the sample of service requests and incidents, the practice analysts examined only electronic information on MIS/ICM,

not the physical file; whereas, for cases, analysts examined information on MIS/ICM and the physical file. Compliance rates on cases were significantly higher than on service requests and incidents for the same critical measures. This suggests that physical filing of information had a significant effect on compliance rates, especially with assessment forms.

- Compliance rates on cases were significantly higher than on service requests and incidents for the same critical measures.
- The compliance to standards appeared to decrease as the critical measures progressed through the child protection process. Compliance rates were relatively high during initial activities, moved to moderate levels during family development/investigation assessment and planning, and were low for provision of ongoing protection services.

In addition to the findings from the audit of the incidents, service requests, staff interviewed identified the following factors that may have affected their compliance to the new SDM tools, Chapter 3 and the Child Protection Response Model:

- Limited to no training on the use of the SDM tools;
- Introduction of ICM combined with the agency's use of Best Practices created confusion re: documentation requirements of both systems;
- Caseload composition and number of files per caseload impacted the social worker's ability to complete all of the work within the required order timeframes;
- Lack of administrative support resulted in the social worker having to spend time on administrative duties related to ICM i.e. scanning of documents.

## **9. ACTION PLAN:**

On October 21, 2013, the following action plan was developed in collaboration between Secwepemc Child & Family Services and MCFD Office of the Provincial Director of Child Welfare & Aboriginal Services:

### **Actions to Date:**

1. SCFS ED established a new separate Intake Team to increase operational efficiency and streamline child protection responses to reports.
2. SCFS ED created a specialized RE and CS team with a dedicated team leader, separate from the FS and CP teams.
3. SCFS completed SDM refresher training provided by ASB in September 2013.

4. SCFS ED is currently working with Gateway Consulting to schedule ICM refresher training. Target date: January 2014.
5. SCFS ED hired 2 new Team Assistants to provide administrative support to the child protection teams and help enter data into ICM.
6. SCFS staff completed Care Plan training with MCFD in September 2013.

**ACTION PLAN**

| Actions   | Person Responsible   | Completion Date   |
|---|----------------------|-------------------|
| <b>RESOURCES:</b>   |                      |                   |
| 1. SCFS will ensure that all RE files have current Criminal Record Checks, references, and medicals. NOTE: there are currently no outstanding CRC issues that require immediate attention for safety reasons. | Resource Team Leader | March 31, 2014.   |
| 2. SCFS will review the requirements for documentation and consultation with all staff.   | Resource Team Leader | December 31, 2013 |
| 3. SCFS will create and implement a tracking and monitoring system to review exceptions to policy for caregivers.   | Resource Team Leader | December 31, 2013 |
| 4. SCFS will develop and implement an RE file check list.   | Resource Team Leader | December 31, 2013 |
| <b>CHILD SERVICE/FAMILY SERVICE:</b>  |                      |                   |
| 1. SCFS will develop and  | Child Services Team  | December 31, 2013 |

|  |   |                   |
|--|---|-------------------|
| implement a CS file checklist.   | Leader                                      |                   |
| 2. SCFS will review and implement the Discipline Policy form.  | Child Service & Family Service Team Leaders | December 31, 2013 |
| 3. SCFS will review and implement the Rights of CIC form.  | Child Service & Family Service Team Leaders | December 31, 2013 |
| 4. SCFS will review AOPSI Guardianship Standard 1 Preserving the Identity of the Child in Care and Providing Culturally Appropriate Services, including the requirements for documentation,. | Child Service & Family Service Team Leaders | December 31, 2013 |

**PRACTICE AUDIT SIGNATURE PAGE: SECWPEMC CHILD & FAMILY SERVICES**

The following recommendations have been added by the Deputy Director of Child Welfare:



Alex Scheiber  
Deputy Director of Child Welfare, MCFD

Date: November 20, 2013

