



East Fraser Service Delivery Area

# Resource Practice Audit

Report Completed: August 2016

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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 East Fraser Service Delivery Area (SDA) in June through August, 2016.

### 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 the MIS system in January of 2016 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 2012 and October 2015
- eligible for payment for at least 1 month since January 1, 2014
- eligible for payment for at least 1 month prior to November 1, 2013
- had a child or youth in care (CYIC) placement for at least 1 month between November 2012 and October 2015

The total number of RE files in the sampling frame for the East Fraser SDA was 174 and the total number of RE records in the sample was 49. This sample size provides a 90% confidence level, with a 10% margin of error.

The sampled 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 measures 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 taken into consideration in applying some of the measures.

The audit sampling method and MIS data extracts were developed and produced with the support of the Modelling, Analysis and Information Management (MAIM) Branch.

In reviewing sampled records, the analysts focused on practice that occurred during a 36-month period (November, 2012 – October, 2015) leading up to the time when the audit was conducted in June - August, 2016.

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

## EAST FRASER SDA RESOURCE PRACTICE AUDIT

This section provides information about the findings of the RE practice audit that was conducted in the East Fraser SDA starting in June through August, 2016.

### 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 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 49 records in the sample selected for this audit. However, not all of the measures in the audit tool were applicable to all 49 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. Tables 1 and 3 have a footnote indicating the number of records for which a measure was not applicable and the reasons why.

#### 3.1 Screening, Assessment and Approval of Caregivers

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 Caregivers**

Measure	Total	# Achieved	% Achieved	# Not Achieved	% Not Achieved
RE 1: Screening and Assessment of Caregiver	49	17	35%	32	65%
RE 2: Approval of Caregiver	49	17	35%	32	65%
RE 3: Consolidated Criminal Records Check*	48	20	42%	28	58%

\*1 record was assessed as “Not Applicable” as the RE file closed during the timeframe of the audit and an updated Consolidated Criminal Record Check (CCRC) was not yet required based on the three year cycle for such record checks.

#### RE 1: Screening and Assessment of Caregiver

The compliance rate for this critical measure was **35%**. The measure was applied to all 49 records in the sample; 17 of the 49 records were rated achieved and 32 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 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 32 records rated not achieved, 5 did not have a completed home study or assessment report prior to a CYIC placement in the home, 1 was missing criminal record checks for everyone in the home 18 years of age and older, 6 were missing prior contact checks for everyone 18 years and over, 2 were missing a medical assessment for one or more caregivers, and 1 was missing one of the three reference checks. The remaining 17 records rated not achieved were missing documentation of two or more of the following screening and assessment activities: a completed home study or assessment report, criminal record checks, prior contact checks, medical assessment of the caregivers, and three reference checks.

### **RE 2: Approval of Caregiver**

The compliance rate for this critical measure was **35%**. The measure was applied to all 49 records in the sample; 17 of the 49 records were rated achieved and 32 were rated not achieved. The records rated achieved had documentation of all the required 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 32 records rated not achieved, 19 did not have all of the required screening and assessment activities listed in RE 1 completed and documented in the file. The remaining 13 records rated not achieved were missing documentation of two or more of the following factors required for the approval of a caregiver: confirmation all required screening and assessment activities had been completed on the caregiver, 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 orientation or information sessions.

### **RE 3: Consolidated Criminal Record Checks**

The compliance rate for this critical measure was **42%**. The measure was applied to 48 of the 49 records in the sample; 20 of the 48 records were rated achieved and 28 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 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 28 records rated not achieved, 15 had no updated CCRCs on file, 11 were missing a CCRC for one or more individuals who were 18 years of age or older, and 2 had a criminal records check 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)	49	17	35%	32	65%
RE 5: Sharing Placement Information with a Caregiver	49	7	14%	42	86%

**RE 4: Caregiver’s Continuing Learning and Education**

The compliance rate for this critical measure was **35%**. The measure was applied to all 49 records in the sample; 17 of the 49 records were rated achieved and 32 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 she or he was approved as a caregiver, or there had to be a learning plan and documentation indicating that the caregiver 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 32 records rated not achieved, 28 did not have documentation confirming that the caregiver had completed the mandatory education program, 3 did not have a documented learning plan for a caregiver that had only partially completed the program, and 1 had confirmation that the caregivers had completed the program, but not within the required two years from the date they were approved as caregivers.

**RE 5: Sharing Placement Information with a Caregiver**

The compliance rate for this critical measure was **14%**. The measure was applied to all 49 records in the sample; 7 of the 49 records were rated achieved and 42 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. 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 42 records rated not achieved, 40 did not have sufficient documentation to confirm that written information about each CYIC had been shared with the caregivers; and generally, written documentation about each CYIC placement was largely absent. The remaining 2 records rated not achieved had documentation confirming that information about each CYIC had been shared with the caregiver, but the information shared did not meet the criteria listed in the standard.

**3.3 Ongoing Monitoring, Annual Reviews and Allowable Number of Children**

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 a Caregiving Home**

Measure	Total	# Achieved	% Achieved	# Not Achieved	% Not Achieved
RE 6: Ongoing Monitoring of the Child’s Safety and Well-being*	48	0	0%	48	100%
RE 7: Annual Reviews of the Caregiver’s Home	49	0	0%	49	100%
RE 8: Allowable Number of Children in a Caregiving Home	49	36	73%	13	27%

\*1 record was assessed as “Not Applicable” as there were no children in care residing in the caregiver’s home longer than 90 days during the timeframe of the audit.

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

The compliance rate for this critical measure was **0%**. The measure was applied to 48 of the 49 records in the sample; 0 of the 48 records were rated 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 48 records rated not achieved, 23 had insufficient documentation to confirm that the resource worker had in-person contact with the caregiver in the caregiver’s home every 90 days, while 25 records had no documentation of any ongoing monitoring or in-person visits to the caregiver’s home.

### **RE 7: Annual Reviews of the Caregiver’s Home**

The compliance rate for this critical measure was **0%**. The measure was applied to all 49 records in the sample; 0 of the 49 records were rated 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 49 records rated not achieved, 31 had no reviews completed during the 36-month period leading up to time when the audit was conducted, and 18 records had some but not all of the required reviews completed during this time period.

### **RE 8: Allowable Number of Children in a Caregiving Home**

The compliance rate for this critical measure was **73%**. The measure was applied to all 49 records in the sample; 36 of the 49 records were rated achieved and 13 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 documented in the file.

All 13 records rated not achieved exceeded the maximum allowable number of CYICs, based on the level of the home, at least once during the 36-month period leading up to when the audit was conducted and there were no exceptions documented in any of these files.

### 3.4 Supportive Practice, Reportable Circumstances and Caregiver Protocols

Table 4 provides compliance rates for measures RE 9 to 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	49	46	94%	3	6%
RE 10: Reportable Circumstances	49	43	88%	6	12%
RE 11: Caregiver Protocols	49	32	65%	17	35%

#### RE 9: Supportive Practice

The compliance rate for this critical measure was **94%**. The measure was applied to all 49 records in the sample; 46 of the 49 records were rated achieved and 3 were 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, Standards for Foster Homes, and the contractual agreement.

The 3 records rated not achieved had documentation showing that the provision of support services was not consistent with the expectations of the caregiver.

#### RE 10: Reportable Circumstance

The compliance rate for this critical measure was **88%**. The measure was applied to all 49 records in the sample; 43 of the 49 records were rated achieved and 6 were 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.

The 6 records rated not achieved contained no 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 **65%**. The measure was applied to all 49 records in the sample; 32 of the 49 records were rated as achieved and 17 were rated as 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 17 records rated not achieved contained no documentation confirming that the director had informed the caregiver about expectations of the director's delegate to respond in accordance with the protocols.

**Records Identified for Action**

Quality assurance policy and procedures require practice analysts to identify for action any record that suggests a child may need protection under section 13 of the Child, Family and Community Service Act. No records were identified for action during the course of this audit.

## 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 **44%**.

### 4.1 Strengths

There were a high proportion of specialized caregivers found in the sample of records randomly selected for this audit. Of the 49 records audited, most (41) were designated at a specialized level: 5 were Level 1 homes, 16 were Level 2 homes, and 20 were Level 3 homes. The 8 remaining records were all designated as restricted family care homes. Specialized family care homes have CYIC placements with greater medical, emotional, behavioural, and mental health needs. These needs and the challenges they present require increased case management support by resource workers and collaboration with guardianship social workers to support caregivers in managing the needs of the CYICs. There were many examples in the records of referrals made for caregivers to access behavioural consultants, medical specialists, mental health consultants, and foster care support services. A number of these records had CYIC placements many years in length and were indicative of nurturing, stable and caring homes for CYICs.

There was evidence in nearly all of the records audited of supportive and collaborative practice, as evidenced by an extremely high (94%) compliance rate for RE 9. There were many examples of efforts by social workers, team leaders, community services managers, and the executive director of service to support caregivers. Ongoing support for a caregiver was demonstrated by providing a support worker through the Caregiver Support Program to enhance caregiver skills, technology training, and report writing. The resource team regularly provided extra relief, support and reimbursement of mileage and medical expenses when required and sought approval for caregivers to attend special training to care for infants and children with exceptional needs.

There was a very high (88%) compliance rate for the critical measure associated with the caregivers being informed of their obligation to report all reportable incidents involving CYICs (RE 10). There was evidence in nearly all of the records audited, that as part of at least one annual review since becoming an approved caregiver, resource workers had provided the caregiver with a copy of the Standards for Foster Homes. These Standards clearly outline the responsibilities of the caregiver when a reportable incident involving a CYIC occurs.

There were two other areas of practice worth noting for their achievement, although there is still room for improvement. The critical measure associated with the allowable number of children in a caregiving home (RE 8) had a moderately high (73%) compliance rate. A majority (36 out of 49) of the family care homes in the sample did not have any occurrences of overcapacity during the 36-month period leading up to the time when the audit was conducted. In the sample as a whole, there were 44 occurrences when the number of children in a caregiving home surpassed the allowable limits, but only 3 written exceptions for these occurrences were documented in the files.

The compliance rate for this measure could be improved by consistently reviewing and documenting exceptions for any over-capacity placements, as required in CSS Standard 11.

Another area of achievement with a moderate (65%) compliance rate was the critical measure associated with caregiver protocols (RE 11). A majority of the records in the sample (32 out of 49) had documentation on the file confirming that caregivers had been informed about what was expected of them during a protocol investigation, quality of care review, or reported concern. The compliance rate for this critical measure could be improved by including information about caregiver protocols when conducting annual reviews or when the Standards for Foster Homes are reviewed with family caregivers.

## 4.2 Challenges

There was a low (35%) compliance rate for the critical measure associated with the screening and assessment of caregivers (RE 1), where a majority (32 out of 49) of the records audited were missing complete documentation of one or more of the screening and assessment activities. The compliance rate for approval of caregivers (RE 2) was also low at 35%. More than half of the records rated not achieved on RE 2 (19 out of 32), were missing full documentation of the screening and assessment activities required in RE 1. The remaining 13 records rated not achieved on RE 2 had documentation missing from two or more areas required for the approval of a caregiver: 7 were missing documentation of screening and assessment activities as well as documentation confirming the caregiver had completed the pre-service orientation sessions, 4 were missing documentation of screening and assessment activities along with an approval of a caregiver that was consistent with the recommendations in the home study, and 2 were missing documentation in all three areas: full documentation of the screening and assessment activities, successful completion of pre-service orientation sessions, and an approval for a caregiver that was consistent with the outcomes of the home study report. The compliance rates for the screening, assessment and approval of caregivers (RE1 and RE2) could be improved by ensuring all screening and assessment information about a caregiver is carried forward into the caregiver's current RE file, whenever a new RE file needs to be opened in the caregiver's name. There were at least 13 records in this audit where it appears that not all of this information was carried forward from a previous RE file record into the current RE file for the caregiver.

The critical measure associated with completing CCRCs (RE 3) had a low (42%) compliance rate. Of the records rated not achieved, a vast majority (26 out of 28) were missing either updated or subsequent CCRCs (i.e., during the 36-month period leading up to the time when the audit was conducted) for the caregiver(s), relief caregiver or other individual 18 years of age or older. The compliance rate for completing CCRCs could be improved by the use of a mechanism for documenting and tracking the date of the last CCRC for caregivers, active relief care providers, and other adults associated with the caregiving home.

The compliance rate for the critical measure associated with caregiver learning and education (RE 4) was low (35%).

Most (28 out of 32) of the records rated not achieved were missing file documentation that confirmed the completion of the mandatory caregiver education program for one or both designated caregivers named on the resource file record. The compliance rate for this measure may be increased by ensuring all active family caregivers complete the mandatory education training within two years of being approved as caregivers, and that all historical information concerning the caregivers is carried forward into the current RE file record.

The critical measure associated with sharing placement information (RE 5) had a very low compliance rate (14%). Among the vast majority (40 out of 42) of the records rated not achieved, there was evidence that some kind of relevant written information had been shared for a portion, but not for all of the CYICs, placed in the caregiver's home during the 36-month period leading up to when the audit was conducted.

There was no (0%) compliance with the standard for ongoing monitoring of a CYIC's safety and well-being, as reflected in critical measure 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. Among all 48 records rated not achieved, 25 did not have any documentation of ongoing monitoring of the CYIC's safety and well-being, and 23 had some, but not all of the required number of in-person visits during the 36-month time period leading up to when the audit was conducted. While there was generally insufficient documentation of in-person home visits, nearly all of the records in the sample had some 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. The compliance rate for ongoing monitoring could be improved significantly by using a system to track the dates of home visits and when these visits are due, and by incorporating these dates consistently into running file records and annual reviews.

There was also no (0%) compliance with the critical measure associated with annual reviews of the caregiver's home (RE 7). This was largely because 31 of the 49 records rated not achieved did not have any annual reviews on file for the 36-month period preceding the conduct of the audit. The remaining records rated not achieved (18), had at least one, but not all of the required reviews completed or the dates of the annual reviews were not aligned with the timeline requirements set out in CSS Standard 11. The compliance rate for this measure could be improved significantly by consistently scheduling and completing reviews every 12 months, and within 30 days of the anniversary date of the caregiver's initial approval.

Finally, many of the records in the sample did not have sufficient and complete file documentation. For example, there were several records that had incomplete documentation of the resource worker's contacts and communications with caregivers; as a result, the practice analyst was often unable to determine the date and type of contact between the resource worker and the caregiver. There were also a number of records (13 out of the 49 audited) where it appears that not all of the screening and assessment information about a caregiver was carried forward from a previous RE file record into the caregiver's current physical RE file. Some records had CCRC results occasionally filed incorrectly in the correspondence section, rather than in the section for approval and licensing or in the section for relief care provider documentation.

Therefore, it appears file documentation issues may have contributed to the very low or extremely low compliance rates for several of the critical measures in this audit.

## 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.

The Resource Teams in the Fraser/Cascades and Chilliwack LSAs were understaff with RSWs through most of the 3-year audit time period (November 2012 - October 2015) and did not become fully staffed until April 2015 and May 2016 respectively. The Chilliwack LSA implemented a Caregiver Support Network as a pilot project in 2015/16 to connect family caregivers in the community and promote mutual support among its members. Finally, the East Fraser SDA established an expense approval committee to oversee and expedite the reimbursement for special/exceptional expenses by family caregivers and other service providers.

## 6. ACTION PLAN

Action	Person responsible	Date to be completed by
1. The Community Service Managers for Resources (CSMs) will meet with each of the Team Leaders (TLs) who supervise Resource Social Workers (RSWs) in the SDA to review the findings of this practice audit, and the applicable Caregiver Support Services (CSS) Standards, to reaffirm policies and general practice expectations for caregiver support services.	Holden Chu, EDS	November 30, 2016
2. The CSMs will ensure that the RE files for all approved and active caregivers in the SDA be reviewed to ensure these caregivers have been screened, assessed and approved, as required by CSS Standards 2 and 3 and that the required documentation of these checks is stored on the files. A system will also be developed to ensure that newly opened RE files contain all required documentation for the screening, assessment and approval of caregivers.	Holden Chu, EDS	January 31, 2017

<p>3. The CSMs will work with the TLs to ensure the consistent use by RSWs (per CSS Standards 7, 8 and 17) of the “To Do List” function with RE files in MIS to track the completion of the mandatory education program by caregivers, the updating of criminal record checks (CCRCs), and the conduct of annual reviews for all family care homes.</p>	<p>Holden Chu, EDS</p>	<p>December 31, 2016</p>
<p>4. The CSMs will ensure those TLs responsible for supervising RSWs review with their staff the expectations for consistent documentation of resource practice, per CSS Standard 8, and using the “Good Recording Guide”, as well as the expectation that all family caregivers are provided a copy of the Standards for Foster Homes.</p>	<p>Holden Chu, EDS</p>	<p>December 15, 2016</p>
<p>5. The CSMs will ensure that TLs and RSWs are identifying caregivers who have not yet fully completed the mandatory education program in accordance with CSS Standard 7. Written learning plans will be developed to support these caregivers in identifying any equivalent training already completed (if applicable) and fulfilling the remaining components of the mandatory education program. The RSWs will also identify caregivers who indicate they have completed the mandatory education program, but do not have a certificate of completion in their open RE file. For these caregivers, the RSWs will attempt to identify supporting documentation from any previous/closed RE files in their name that confirms the successful completion of the program. Finally, with all newly approved caregivers, written learning plans will be developed to ensure the completion of the mandatory education program within two years of the date on which they were approved as caregivers.</p>	<p>Holden Chu, EDS</p>	<p>February 15, 2017</p>