



Kootenays Service Delivery Area

Resource Practice Audit

Report Completed: July 2016

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 Kootenays Service Delivery Area (SDA) in April and May, 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 Kootenays SDA was 108 and the total number of RE records in the sample was 42. 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 April - May, 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.

KOOTENAYS SDA RESOURCE PRACTICE AUDIT

This section provides information about the findings of the RE practice audit that was conducted in the Kootenays SDA in April and May, 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 42 records in the sample selected for this audit. However, not all of the measures in the audit tool were applicable to all 42 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. Table 1 has a footnote indicating the number of records for which a particular measure was not applicable and the reason why.

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 Caregivers

Measure	Total	# Achieved	% Achieved	# Not Achieved	% Not Achieved
RE 1: Screening and Assessment of Caregiver	42	21	50%	21	50%
RE 2: Approval of Caregiver	42	17	40%	25	60%
RE 3: Consolidated Criminal Record Check *	41	34	83%	7	17%

*This measure was not applicable to 1 record because 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 checks.

RE 1: Screening and Assessment of Caregiver

The compliance rate for this critical measure was **50%**. The measure was applied to all 42 records in the sample; 21 of the 42 records were rated achieved and 21 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 21 records rated not achieved, 3 did not have prior contact checks for everyone in the home 18 years and over, 1 was missing three reference checks, 1 was missing medical assessments for the caregivers, and the remaining 16 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 **40%**. The measure was applied to all 42 records in the sample; 17 of the 42 records were rated achieved and 25 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 25 records rated not achieved, 19 did not have all of the assessment activities listed in RE 1 completed and documented in the file, 1 did not have an approval that was consistent with the home study/assessment report, 1 did not have documentation confirming that the caregiver had completed pre-service information or orientation sessions, and 4 others were missing a combination of the following: all assessment activities, pre-service orientation sessions, and an approval that was consistent with the home study or assessment report.

RE 3: Consolidated Criminal Record Check

The compliance rate for this critical measure was **83%**. The measure was applied to 41 records in the sample; 34 of the 41 records were rated achieved and 7 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 7 records rated not achieved, 3 had no CCRCs on file and 4 had a criminal record 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)	42	11	26%	31	74%
RE 5: Sharing Placement Information with Caregiver	42	8	19%	34	81%

RE 4: Caregiver Continuing Learning and Education

The compliance rate for this critical measure was **26%**. The measure was applied to all 42 records in the sample; 11 of the 42 records were rated achieved and 31 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 and 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 and or he was approved as a caregiver.

Of the 31 records rated not achieved, 22 did not have documentation confirming that the caregiver had completed the mandatory education program, 4 did not have a documented learning plan for a caregiver that had only partially completed the program, and 5 had confirmation that the caregivers had completed the program, but not within the required two years from the dates on which they were approved as caregivers.

RE 5: Sharing Placement Information with Caregiver

The compliance rate for this critical measure was **19%**. The measure was applied to all 42 records in the sample; 8 of the 42 records were rated achieved and 34 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 the 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 34 records rated not achieved, 23 did not have sufficient documentation to confirm that written information about each CYIC had been shared with the caregivers, and 11 had documentation confirming that information about each CYIC had been shared with the caregiver, but the information that was shared did not meet the criteria listed in the standard.

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 Caregiving Home

Measure	Total	# Achieved	% Achieved	# Not Achieved	% Not Achieved
RE 6: Ongoing Monitoring of Child Safety and Well-being	42	0	0%	42	100%
RE 7: Annual Reviews of Caregiver’s Home	42	5	12%	37	88%
RE 8: Allowable Number of Children in Caregiving Home	42	41	98%	1	2%

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

The compliance rate for this critical measure was **0%**. The measure was applied to all 42 records in the samples and all 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 42 records rated not achieved, 22 did not have sufficient documentation to confirm that the resource worker had in-person contact with the caregiver in the caregiver’s home every 90 days, and 20 did not have any documentation of ongoing monitoring or in-person visits to the caregiver’s home.

RE 7: Annual Reviews of Caregiver’s Home

The compliance rate for this critical measure was **12%**. The measure was applied to all 42 records in the sample; 5 of the 42 records were rated achieved and 37 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 37 records rated not achieved, 11 had none of the required reviews completed, 22 had some but not all of the required reviews completed, and 4 had all of the required reviews completed but not within 30 working days of the anniversary date of the initial approval of the home.

RE 8: Allowable Number of Children in a Caregiving Home

The compliance rate for this critical measure was **98%**. The measure was applied to all 42 records in the sample; 41 of the 42 records were rated achieved and 1 was 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.

The one record rated not achieved exceeded the maximum allowable number of six children in the home at least once during the 36-month time period, and there was no exception documented in the file.

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	42	20	48%	22	52%
RE 10: Reportable Circumstances	42	14	33%	28	67%
RE 11: Caregiver Protocols	42	12	29%	30	71%

RE 9: Supportive Practice

The compliance rate for this critical measure was **48%**. The measure was applied to all 42 records in the sample; 20 of the 42 records were rated achieved and 22 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. Of the 22 records rated not achieved, 8 had documentation showing that the provision of support services was not consistent with the expectations of the caregiver, and 14 did not contain sufficient documentation to determine whether there was ongoing supportive practice with the caregiver.

RE 10: Reportable Circumstance

The compliance rate for this critical measure was **33%**. The measure was applied to all 42 records in the sample; 14 of the 42 records were rated achieved and 28 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.

Of the 28 records rated not achieved 27 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, and 1 contained information provided to the caregiver in writing that did not comply with the criteria listed in policy.

RE 11: Caregiver Protocols

The compliance rate for this critical measure was **29%**. The measure was applied to all 42 records in the sample; 12 of the 42 records were rated achieved and 30 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 30 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 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 **40%**.

4.1 Strengths

There were a high proportion of specialized caregivers in the sample of records randomly selected for this audit. Of the 42 records audited, most (39) pertained to specialized, leveled homes: 2 were Level 1 homes, 13 were Level 2 homes, and 24 were Level 3 homes. The remaining three records pertained to restricted care homes. It was noted that many of the caregivers started fostering as specialized caregivers in leveled 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 from resource workers and close collaboration with guardianship social workers to support the caregivers in managing the needs of the CYICs. Many of these caregivers were established and long-term foster parents in the Kootenays SDA.

In 19 of the 42 records audited, the SAFE assessment framework was used to assess the caregivers prior to being approved. It appears that resource workers are consistently using the SAFE assessment with new caregivers.

There was a high (83%) compliance rate on the critical measure associated with consolidated criminal record checks (RE3). In 34 of the 41 records reviewed there was clear evidence that CCRCs had been completed at least once during the audit period. The CCRCs included were for the caregivers and any person over the age of 18 living in the caregiver's home. It was also positive to note that when some CCRCs indicated that the subject might have a criminal record, the resource worker followed up appropriately with the caregiver and took appropriate steps to remediate the concerns. This remediation included well documented conversations with the caregiver, and documented consultations with a team leader and community services manager, as required by the Criminal Record Check Policy and Procedures.

The critical measure associated with the allowable number of children in a caregiving home (RE 8) had an extremely high (98%) compliance rate. Most (40 out of 42) 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 was only one occurrence when the number of children in a caregiving home surpassed the allowable limits, and it was rated not achieved because there was no written exception documented in the file record. The extremely high compliance rate for this measure can be attributed in part to good resource utilization. In many records, it was apparent that children were being placed based on caregiver ability, while considering the needs of the child or youth and the receptiveness of caregivers. Practice in this area

could be solidified by increasing the sharing of information about CYICs at the time of placement (RE 5).

It was observed that some areas of the SDA have developed good resource management forms for ensuring that a majority of family care homes are reviewed annually by resource workers. The SDA has various types of annual review forms and one was noted to cover the majority of requirements set out in policy for the annual review of family care homes. The SDA could continue to build on this positive work and ensure that all resource workers consistently use the same form for completing annual reviews. Another area of strength was around communication regarding training opportunities for caregivers. Some areas within the SDA had well documented records that indicated caregivers were being advised routinely of relevant training opportunities both locally and provincially. This communication supports an increase in training and the use of best practices among caregivers, helping them effectively manage many of the common challenges faced by children and youth in care, which could lead to improvements in their overall care. The documentation of communication in some areas of the SDA demonstrates that ensuring caregivers stay up-to-date through learning and training opportunities is a priority.

4.2 Challenges

The critical measures associated with screening, assessment and approval of caregivers (RE 1 and RE 2) had either a moderately low (50%) or low (40%) compliance rate. Half of the 42 records rated not achieved on RE 1 were missing documentation of one 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. Moreover, of the 25 records rated not achieved on RE 2, 19 were rated not achieved due to an incomplete screening and assessment of the caregiver (RE1). The approval process associated with RE 2 requires that supervisors ensure that all screening and assessment activities have been completed and documented, the approval is consistent with the findings of the home study, and the caregiver has completed the pre-service orientation and information sessions.

The compliance rate for the critical measure associated with caregiver learning and education (RE 4) was very low (26%). Almost three quarters of the records rated not achieved (31 out of 42) did not meet the requirement of both a learning plan and completion of the mandatory education program. Most (22) of these records were missing file documentation that confirmed the full completion of the mandatory caregiver education program for one or both designated caregivers on the resource file record. Five of the remaining 9 records were rated not achieved because the mandatory education had not been completed within the two-year timeframe, and 4 were rated not achieved because the learning plan did not meet policy requirements and the mandatory education was only partially completed. In several records there appeared to be some confusion about whether the mandatory training had or had not been completed by the caregiver. Ensuring that caregiver certificates of completed training are on the record could assist in resolving this issue.

The critical measure associated with sharing placement information (RE 5) also had a very low (19%) compliance rate. In 23 of the 34 records rated not achieved for RE 5, there was no evidence that relevant written information about CYICs had been shared with the caregiver. In the other 11 records there was evidence the information about CYICs that was shared did not meet the

requirements set out in policy. In some of these records, external assessments for CYICs were found on the resource record and often indicated the CYICs placed have a high level of special needs or behavioral concerns, but this information alone did not fully meet policy requirements.

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 the 42 records rated not achieved, 22 had some documentation on the record indicating that in-person monitoring had occurred, although in most of these records the actual number of in-person visits was substantially below the amount required for the 36-month time period leading up to this audit. In the remaining 20 records rated not achieved, there was no evidence that any in-person ongoing monitoring was occurring. While there was generally insufficient documentation of in-person visits to family care homes, nearly all of the records in the sample had some evidence of other monitoring activities, such as phone calls, emails, texts, office visits, and meetings in the hospital and schools with the caregiver and CYICs. The compliance rate for ongoing monitoring could be improved by using a system to track the dates of home visits and when these visits are due, and by incorporating these dates consistently into the worker's calendar and running file records, along with annual reviews.

The critical measure associated with annual reviews of the caregiving home (RE 7) had an extremely low (12%) compliance rate. This was largely because 22 out of the 37 records rated not achieved had some, but not all, annual reviews on the record, and 11 had no evidence that annual reviews were completed. Finally, 4 other records rated not achieved had the required number of annual reviews completed, but they were not aligned with the timeline requirements set out in CSS Standard 11. The compliance rate for this measure could be significantly increased by scheduling and completing annual reviews within 30 days of the anniversary date of the initial approval of the home.

The critical measure used to assess whether resource workers are using supportive practice in their work with caregivers (RE 9) had a moderately low (48%) compliance rate. The records rated not achieved for RE 9 (22 of 42) lacked sufficient documentation to assess whether the practice with caregivers was supportive or consistent with the expressed expectations of the caregivers. Incomplete file documentation in this area likely contributed to the moderately low compliance rate for this measure.

The critical measures associated with caregivers being informed of their obligation to report all reportable circumstances (RE 10) and about what is expected of them under the caregiver protocols (RE 11) had low (33% and 29% respectively) compliance rates. Of the records rated not achieved on both of these measures, a lack of documentation confirming that resource workers had at some point properly informed the caregiver in writing was evident. In cases where achieved ratings were given, it was evident from the annual reviews that information associated with both CSS Standard 18 and 19 had been provided. Not all of the forms for documenting annual reviews in use by the SDA specifically identified this policy requirement. Furthermore, the extremely low (12%) compliance rate for annual reviews (RE 7) likely contributed to the low compliance rates for critical measures RE 10 and 11.

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 East Kootenays LSA recently hired a new Team Leader to be the dedicated supervisor for all of the Resource and Adoption Workers. Similarly, the West Kootenays LSA has recently recruited a full-time, dedicated Team Leader to supervise all of their Resource and Adoption Workers.

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.	Wendy Wiens, EDS	September 30, 2016
2. The CSMs will ensure that the RE files of all approved and open caregivers in the SDA be reviewed to ensure that 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.	Wendy Wiens, EDS	October 31, 2016
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	Wendy Wiens, EDS	October 31, 2016

<p>program by caregivers, the updating of criminal record checks (CCRCs), and the conduct of annual reviews for all family care homes.</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>Wendy Wiens, EDS</p>	<p>October 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>Wendy Wiens, EDS</p>	<p>December 30, 2016</p>
<p>6. Resource files in each LSA will be formally reviewed by the CSM responsible to ensure that there are consistent improvements in compliance to standards and that any practice issues are identified and addressed. Reviews will cover a minimum</p>	<p>Wendy Wiens, EDS</p>	<p>Initial reviews to be completed by February 26, 2017. Ongoing reviews conducted annually.</p>

<p>of 3 files per worker, will be chosen by the CSM and will be conducted annually until such a time as compliance rates are at a satisfactory level.</p>		
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