



South Vancouver Island Service Delivery Area

Resource Practice Audit

Report Completed: June 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 South Vancouver Island Service Delivery Area (SDA) in January – 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 records in the sampling frame for the South Vancouver Island SDA was 282 and the total number of RE records in the sample was 55. This sample size provides a 90% confidence level, with a 10% margin of error.

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

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 the records, the analyst focused on practice that occurred during a 36-month period (November, 2012 – October, 2015) leading up to the time when the audit was conducted (February – April, 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 an audit, the practice analyst watches for situations in which the information in the records suggests that a child may have been left at risk of harm. When identified, these records are 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.

SOUTH VANCOUVER ISLAND SDA RESOURCE PRACTICE AUDIT

This section provides information about the findings of the RE Practice Audit that was conducted in the South Vancouver Island SDA during February – April, 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 RE Practice Audit Tool (RE 1 to RE 11). The tables contain findings for measures that correspond with specific components of the CSS Standards. Each table is followed by an analysis of the findings for each of the measures presented in the table.

There were 55 records in the sample selected for this audit. However, not all of the measures in the audit tool were applicable to all 55 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 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 Caregiver

| Measure | Total | # Achieved | % Achieved | # Not Achieved | % Not Achieved |
|---|-------|------------|------------|----------------|----------------|
| RE 1: Screening and Assessment of Caregiver | 55 | 44 | 80% | 11 | 20% |
| RE 2: Approval of Caregiver | 55 | 27 | 49% | 28 | 51% |
| RE 3: Consolidated Criminal Records Check* | 52 | 26 | 50% | 26 | 50% |

*This measure was not applicable to 3 records, 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 record checks.

RE 1: Screening and Assessment of Caregiver

The compliance rate for this critical measure was **80%**. The measure was applied to all 55 records in the sample; 44 of the 55 records were rated achieved and 11 were rated not achieved. To receive a rating of achieved, the following activities had to have been completed and documented in the file:

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

Of the 11 records rated not achieved, 3 did not have a completed home study or assessment report, 3 did not have the medical assessment of the caregivers, and 5 were missing a combination of the following assessment activities: a completed home study or assessment report, criminal record checks, prior contact checks, medical assessment of the caregivers, and reference checks.

RE 2: Approval of Caregiver

The compliance rate for this critical measure was **49%**. The measure was applied to all 55 records in the sample; 27 of the 55 records were rated achieved and 28 were rated not achieved. The records rated achieved had documentation of all the screening and assessment activities listed in RE 1, the approval of the caregiver was consistent with the outcomes and recommendations in the home study or assessment report, and the caregiver had successfully completed pre-service information or orientation sessions.

Of the 28 records rated not achieved, 10 did not have documentation confirming that the caregiver had completed pre-service information or orientation sessions, 5 did not have an approval that was consistent with the home study or assessment report, 7 did not have all the assessment activities listed in RE 1 completed and documented in the file, and 6 were missing a combination of the following: all assessment activities, pre-service information or orientation session, and 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 **50%**. The measure was applied to all 55 records in the sample; 26 of these 52 records were rated achieved, 26 were rated not achieved, and 3 were rated not applicable. 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 26 records rated not achieved, 24 did not have a completed CCRC for one or more individuals who were 18 years of age or older and 2 had a criminal record check that did not meet policy requirements.

The 3 records rated not applicable were closed during the three-year timeframe of the audit and therefore an updated CCRC was not required.

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) | 55 | 14 | 25% | 41 | 75% |
| RE 5: Sharing Placement Information with a Caregiver | 55 | 3 | 5% | 52 | 95% |

RE 4: Caregiver Continuing Learning and Education

The compliance rate for this critical measure was **25%**. The measure was applied to all 55 records in the sample; 14 of the 55 records were rated achieved and 41 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 41 records rated not achieved, 24 did not have documentation confirming that the caregiver had completed the mandatory education program and 17 did not have a documented learning plan for a caregiver that had not completed or had only partially completed the mandatory education program.

RE 5: Sharing Placement Information with Caregiver

The compliance rate for this critical measure was **5%**. The measure was applied to all 55 records in the sample; 3 of the 55 records were rated achieved and 52 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 the CYIC’s plan of care.

Of the 52 records rated not achieved, 44 did not have sufficient documentation to confirm that written information had been shared about each CYIC and 8 had information shared about each CYIC, but the information 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

| Measure | Total | # Achieved | % Achieved | # Not Achieved | % Not Achieved |
|---|-------|------------|------------|----------------|----------------|
| RE 6: Ongoing Monitoring of the Child’s Safety and Well-being | 55 | 5 | 9% | 50 | 91% |
| RE 7: Annual Reviews of the Caregiver’s Home | 55 | 5 | 9% | 50 | 91% |
| RE 8: Allowable Number of Children in a Caregiving Home | 55 | 44 | 80% | 11 | 20% |

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

The compliance rate for this critical measure was **9%**. The measure was applied to all 55 records in the sample; 5 of the 55 records were rated achieved and 50 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 50 records rated not achieved, 43 had insufficient documentation to confirm that the resource worker had in-person contact with the caregiver in the caregiver’s home every 90 days, and 7 had no 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 **9%**. The measure was applied to all 55 records in the sample; 5 of the 55 records were rated achieved and 50 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 50 records rated not achieved, 32 had some but not all required annual reviews completed, 13 had no annual reviews completed, and 5 had all required annual reviews completed during the 36-month period preceding the audit, but not within 30 days of the anniversary date of the initial approval of the home.

RE 8: Allowable Number of Children in Caregiving Home

The compliance rate for this critical measure was **80%**. The measure was applied to all 55 records in the sample; 44 of the 55 records were rated achieved and 11 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.

Of the 11 records rated not achieved, 10 exceeded the maximum allowable number of CYICs based on the level of the home and 1 exceeded the maximum allowable number of six children in the home, and there were no exceptions documented in any of the files.

3.4 Supportive Practice, Reportable Circumstances, and Caregiver Protocols

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

Table 4: Supportive Practice, Reportable Circumstances and Caregiver Protocols

| Measure | Total | # Achieved | % Achieved | # Not Achieved | % Not Achieved |
|---------------------------------|-------|------------|------------|----------------|----------------|
| RE 9: Supportive Practice | 55 | 44 | 80% | 11 | 20% |
| RE 10: Reportable Circumstances | 55 | 54 | 98% | 1 | 2% |
| RE 11: Caregiver Protocols | 55 | 39 | 71% | 16 | 29% |

RE 9: Supportive Practice

The compliance rate for this critical measure was **80%**. The measure was applied to all 55 records in the sample; 44 of the 55 records were rated achieved and 11 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.

All 11 records rated not achieved had no documentation of supportive practice with the caregiver.

RE 10: Reportable Circumstances

The compliance rate for this critical measure was **98%**. The measure was applied to all 55 records in the sample; 54 of the 55 records were rated achieved and 1 was rated not achieved. To receive a rating of achieved, the director had to have informed the caregiver in writing of his or her obligation to report all information of significance about the safety and well-being of a CYIC in his or her care, the information provided to the caregiver in writing had to comply with the criteria listed in the policy related to CSS Standard 18, and a copy of the information provided in writing to the caregiver had to be in the file.

The 1 record 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 **71%**. The measure was applied to all 55 records in the sample; 39 of the 55 records were rated achieved and 16 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.

All 16 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 **51%**.

4.1 Strengths

There was a high (80%) compliance rate for the critical measure associated with screening and assessment of caregivers (RE 1) as these tasks were largely thorough and complete. A majority (44 out of 55) of the records audited had full documentation of screening and assessment activities and 7 of the 55 records had comprehensive assessments using the SAFE framework.

The critical measure associated with the allowable number of children in a caregiving home (RE 8) also had a high (80%) compliance rate. A majority (44 out of 55) of the records 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, however, there were 51 occurrences when the number of children in the caregiving homes surpassed the allowable limits, but only 9 had written exceptions in the file.

Similarly, there was a high (80%) compliance rate for the critical measure associated with supportive practice (RE 9). A majority (44 out of 55) of the records had documentation of supportive and collaborative practice. There were numerous examples of efforts by resource social workers to support caregivers in various ways, including advocacy, support with seeking approval for exceptional payments for relief caregiving, transportation, support services, and daycare. In some records, the resource social worker continued to provide support to caregivers even during times when there were no CYICs actively placed in the home. For example, when a caregiver was unable to provide care for a short period of time due to medical reasons, the resource social worker transported the caregiver to attend training. Some annual reviews had documentation reflecting sensitivity to personal stressors caregivers experience as a result of providing care to CYICs. The South Vancouver Island SDA's strength in supportive practice was also reflected in how long caregivers had been fostering; more than half (26 out of 55) of the records reviewed for this audit

involved caregivers who have been fostering for more than ten years. Furthermore, a fifth (11 out of 55) of the records had caregivers who began fostering in the 1980's and 1990's. Nearly all of these long-term caregivers continued to provide active family care homes during the three year period covered by this audit.

There was a very high proportion of skilled caregivers found among the RE records that were randomly selected for this sample. Of the 55 records audited, a large proportion (42) were designated at a specialized level: 5 pertained to Level 1 caregiving homes, 15 pertained to Level 2 caregiving homes, and 22 pertained to Level 3 caregiving homes. Of the remaining records, 11 were designated as restricted family care homes and 2 were homes with a Client Service Agreement. Specialized caregiving 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 guardianship social workers for both the caregivers and the CYICs. Several records had documentation reflecting that caregivers provided long term care and stability for CYICs. Many records reflected a positive relationship with the resource social worker and support for the caregiver during life transitions over the years. The positive relationship with the resource social worker likely supported these caregivers in their long-term commitment to fostering.

There was an extremely high (98%) compliance rate for the critical measure associated with informing caregivers of their obligation to report all information of significance about the safety and well-being of CYICs in their care (RE 10). The information complied with the criteria listed in the policy related to CSS Standard 18. A copy of the information provided in writing to the caregiver was in the file, and in most records, it had been provided to the caregiver during at least one of the annual reviews completed since the family care home was approved.

4.2 Challenges

The critical measure associated with the approval of caregivers (RE 2) had a moderately low (49%) compliance rate. In nearly a third (16 out of 55) of the records audited there was no documentation confirming that the caregiver had completed pre-service orientation. Of the records missing documentation for completion of pre-service orientation, half (8 out of 16) were for restricted family care homes. In several other records (7 out of 55) the placement of CYICs occurred prior to the completion of all screening, assessment and approval activities.

The critical measure associated with completing CCRCs (RE 3) had a moderately low (50%) compliance rate. Of the records rated not achieved, the vast majority (24 out of 26) were missing updated and subsequent CCRCs for the caregiver, relief caregiver, or one or more individuals who were 18 years of age or older. Although some of the missing CCRCs were for a caregiver's adult child or a relief caregiver, more than half (15 out of 26) pertained to a primary caregiver. In the 2 records rated not achieved because the CCRC did not meet policy requirements, the CCRC revealed relevant criminal offences, but there was insufficient documentation in these records to confirm that the risk had been mitigated.

The compliance rate for the critical measure associated with caregiver learning and education (RE 4) was very low (25%). Of the records rated not achieved, a quarter (10 out of 41) was missing file

documentation confirming completion of the mandatory caregiver education program for both caregivers. Furthermore, all 11 records designated as restricted family care homes were rated not achieved on this critical measure because there was no documentation confirming that the caregiver(s) had completed the mandatory education program, and in some of these records, there was also no learning plan.

The critical measure associated with sharing placement information (RE 5) had an extremely low (5%) compliance rate. This was largely due to the requirement in the standard that the sharing of placement information is documented, and includes the written referral information provided to the caregiver for each CYIC residing in the family care home. In most (44 of 52) of the records rated not achieved, it was evident that some kind of written referral information had been shared about some CYICs (i.e., during the 36-month period leading up to when the audit was conducted), but not for all of the CYICs. There was generally a high level of information sharing when the CYIC had complex needs, and there was also evidence of collaborative practice and information sharing by involving the caregiver in service planning meetings, meetings with medical and school professionals, and integrated case management meetings.

There was an extremely low (9%) compliance rate for the critical measure associated with ongoing monitoring of CYIC safety and well-being (RE 6). This was largely due to the requirement that resource workers have in-person contact with the caregiver and CYICs at least once every 90 days in the caregiver's home. Only 5 of the 55 records sampled had documented all of the required home visits during the 36-month timeframe of the audit and were rated as achieved. Of the 50 records rated not achieved, 22 showed that resource workers had made more than half of the required visits, 21 had less than half of the required visits, and 7 did not have any in-person visits to the caregiver's home. While there were generally insufficient numbers of home visits documented, nearly all of the records audited had some evidence of other monitoring activities, such as phone calls, emails, office visits, integrated case conferences, and the receipt of caregiver reports about the CYICs. The compliance rate for ongoing monitoring could be improved by using a system to record, track and complete home visits at 90 day intervals, as well as incorporating the dates of home visits consistently into running file records and annual reviews.

The critical measure associated with annual reviews of the caregiving home (RE 7) also had an extremely low (9%) compliance rate. This was largely because among the records rated not achieved nearly two-thirds (32 of 50) had some but not all of the required annual reviews. Of the records that had some annual reviews, over half (17 out of 32) had two of the required annual reviews completed and about a quarter (13 out of 50) had no annual reviews on file. Overall, the annual reviews were largely misaligned with the timeframe specified 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, as stipulated in the standard.

Finally, many of the records audited did not have sufficient and complete file documentation. For example, many records had minimal file documentation of ongoing monitoring, annual reviews, and sharing placement information with caregivers. The level of compliance is measured by examining documentation of practice in the records and insufficient documentation often results in moderately low to extremely low compliance rates for some critical measures. Low compliance does not

necessarily indicate that resource social work practice was not appropriate or adequate. In some areas, such as the measure for supportive practice, the documentation indicated that resource social workers and guardianship social workers were working collaboratively to support caregivers. Resource social workers play a key role in promoting resilience and developing the capacity of caregivers to manage the needs and behaviours of CYICs.

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 SDA is an early implementation site for the new Centralized Services Hub, and as of June 2016 all initial screening of new caregivers is being conducted by SW staff in the HUB, including the receipt of applications, conducting prior contact checks, initial Criminal Record Review Act checks, and obtaining reference letters and medical assessments.

All active Family Care Homes in the SDA where the caregiver(s) has not completed the 53-hour mandatory education program were sent a letter in June 2016 advising them of the policy requirement that all family caregivers complete this training within two years of being approved as a caregiver. The letter outlined steps the caregiver needs to take to meet these requirements.

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 Standards, to reaffirm policies and general practice expectations for caregiver support services. | Lise Erikson, EDS | September 30, 2016 |
| 2. The CSMs will work with the TLs to ensure the consistent use by RSWs 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 | Lise Erikson, EDS | November 1, 2016 |

| | | |
|--|--------------------------|-------------------------|
| <p>criminal record checks (CCRCs), and the conduct of annual reviews for all family care homes.</p> | | |
| <p>3. The Director of Practice (DoP) will arrange in-service training for Resource Workers in the SDA on the use of the Integrated Case Management (ICM) system to access and print information about CYICs, which can and should be shared with approved caregivers at the time of placement in family care homes.</p> | <p>Lise Erikson, EDS</p> | <p>October 1, 2016</p> |
| <p>4. The CSMs will ensure that TLs and RSWs are identifying caregivers who have not yet fully completed the mandatory education program. 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>Lise Erikson, EDS</p> | <p>December 1, 2016</p> |
| <p>5. The CSMs will ensure that every individual aged 18 or older living in a caregiver's home has a completed and up to date criminal record check as per policy.</p> | <p>Lise Erikson</p> | <p>December 1, 2016</p> |