

## **CASE PRACTICE AUDIT REPORT**

### **Nezul Be Hunuyeh Child & Family Services Society (IQE & IQH)**

Fieldwork completed June 3-7 & July 29-August 2, 2013

Audit completed by Darlene Thoen, Quality Assurance Analyst, Office of the PDCW, MCFD

Report completed by Darlene Thoen

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## **CASE PRACTICE AUDIT REPORT**

### **NEZUL BE HUNYEH CHILD & FAMILY SERVICES SOCIETY (IQE & IQH)**

#### **1. PURPOSE**

The purpose of the audit is to improve and support child service, guardianship and family service. Through a review of a sample of cases, the audit is expected to provide a baseline measure of the current level of practice, confirm good practice, and identify areas where practice requires strengthening. This is the second audit for Nezul Be Hunuyeh Child & Family Services Society (NBHCFSS). The first audit of the agency was conducted in July 2009.

The specific purposes of the audit are:

- to confirm good practice and further the development of practice;
- to assess and evaluate practice in relation to existing legislation and the Aboriginal Operational and Practice Standards and Indicators (AOPSI);
- to determine the current level of practice across a sample of cases;
- to identify barriers to providing an adequate level of service;
- to assist in identifying training needs;
- to provide information for use in updating and/or amending practice standards or policy.

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

#### **2. METHODOLOGY**

This was a practice audit of the agency. There was one quality assurance analyst from MCFD Office of the Provincial Director of Child Welfare, Quality Assurance who conducted the practice audit.

The quality assurance analyst conducted field work from June 3-7, 2013. Additional time was required to complete the audit of the family service cases and the files were audited remotely from July 29 – August 2, 2013. The computerized Aboriginal Case Practice Audit Tool (ACPAT) was used to collect the data and generate office summary compliance reports and a compliance report for each file audited. At the time of the audit, there were a total of 21 open resource files, 26 open and closed family service cases and 68 open and closed child service files between the two offices.

A sample size of 12 resource files, 9 family service cases and 14 child service files were audited. The sample size provided a confidence level of 90% with a +- 20% margin of error. The scope of the practice audit was three years for child service and resource files and one year for family service cases.

Upon arrival at the Prince George office of NBHCFSS, the quality assurance analyst met with the Executive Director, team leader and all available delegated staff from all that office to review the audit purpose and process. A similar introductory meeting occurred at the Fort St. James office later in the week. At the completion of the audit, the analyst met with the Executive Director, both team leaders and all available delegated staff to discuss the preliminary findings of the audit. The majority of the interviews with the delegated social workers and team leaders occurred by phone after the fieldwork was completed.

### **3. AGENCY OVERVIEW**

#### **a) Delegation**

Nezul Be Hunuyeh Child & Family Services Society is currently delegated at C4 Guardianship and has been providing C4 services since 2010.

This level of delegation enables the program to provide the following services:

- Permanent guardianship of children in continuing custody;
- Support services to families;
- Voluntary Care Agreements;
- Special Needs Agreements;
- Youth Agreements;
- Establishment of Residential Resources.

The agency's current Delegation Confirmation Agreement expires March 31, 2014.

#### **b) Demographics**

NBHCFSS serves children and families of the Nak'azdli First Nation and Tl'azt'en First Nation. The agency offices are located in the town of Fort St. James, adjacent to the community of Nak'azdli and in the city of Prince George. Tl'azt'en First Nation is comprised of three communities – Binche, Tache and Middle River which are approximately 30 to 90 minutes from Fort St. James. All communities have good road access and are well maintained throughout the year.

Services available in Fort St. James include the RCMP, a small hospital and medical health clinic, School District #91 with K-12 programs, Nechako Valley Community Services Society which offers a number of community services, Northern Interior Health Unit and Fireweed Women's Shelter. The city of Prince George is well serviced by the RCMP, hospital and medical clinics, schools as well as many other support services for children and families.

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

The delegated staff of the agency consists of an Executive Director, two supervisors and seven social workers. The supervisor for the Fort St. James office supervises three delegated social workers, the Family Group Conference Coordinator, the Family Preservation worker, the team assistant and two contracted support services staff. The supervisor for the Prince George office supervises four delegated social workers and the team assistant.

There are two team assistants who provide administrative support and records management to the delegated staff.

Through regional MCFD contracts, NBHCFSS provides a Family Group Conference Coordinator and a Family Preservation worker in the Fort St. James office.

All of the delegated staff have completed their Aboriginal Social Work delegation training and locally available professional development opportunities are supported as employees of the agency. Further, staff have access to the MCFD mandatory trainings offered throughout the region.

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

The Executive Director of the agency is based in the Fort St. James office and directly supervises the two supervisors and the Finance Manager. The Executive Director has C3 delegation and is able to assist in C3 case matters as needed.

The supervisor for the Fort St. James office maintains an open door policy for all of the staff in the office. In addition, the supervisor schedules 1:1 weekly supervision with the delegated staff however at times, due to work demands, this does not always occur as planned. The supervisor is very familiar with all of the files managed within the office and has developed work plans for each worker which is reviewed together during the scheduled tracking sessions. The supervisor is available by phone when he is out of the office.

Within the office there are weekly staff meetings which staff reported have not always been as effective as planned due to interpersonal conflicts. The agency management is aware of this and has implemented a response within the office to address the concerns.

The supervisor for the Prince George office maintains an open door policy for all of the staff in the office. It was reported that at times, there are so many staff waiting for case consultations and discussions that it can impact the supervisor's ability to complete her own work. The supervisor schedules monthly tracking sessions with each delegated staff member and holds bi-weekly delegated staff meetings as well as weekly staff meetings with all of the office staff. The supervisor is very familiar with all of the files managed within the office and is available by phone when she is out of the office.

The two supervisors provide coverage for each other during holidays or extended time away from the office.

#### **4. STRENGTHS OF THE PROGRAM**

Many of the staff reported as well as it was evident within the file documentation that the agency places a significant focus and emphasis on cultural involvement, community involvement and family connections. Children and youth in care are regularly involved in community and cultural events and are included in extended family gatherings on a frequent basis. Great effort is being made by the staff to ensure siblings and parents are visiting with each other, both inside and outside of the community.

Through the Family Group Conference Coordinator, the agency staff are utilizing youth transition conferences for short and long term planning for youth in care. The agency's goal is to have at least one transition conference for every youth aged 12 and over and if possible, more conferences for all youth in care before they reach 19.

Staff reported that the agency management was responsive to caseload concerns regarding the Family Service/Resource caseloads shared by two social workers in the Prince George office. As a result, the agency has created a dedicated resource position that manages all of the agency's resource needs.

The analyst identified other strengths of the program and of the program's practice over the course of the audit:

- Referrals for service – program social workers are determined to find the appropriate services for the children and families they serve. This was evident throughout the file documentation.

- Organization of physical files – the physical files were in good order with the documents being grouped into sections, in chronological order. Also, filing was up to date.

## **5. CHALLENGES FACING THE PROGRAM**

One of the challenges identified by the staff interviewed is that due to the small size of the agency, there are financial barriers to professional development opportunities for the delegated staff that are outside of the local service area. The agency does support available training as well as training offered via MCFD however staff explained that there are limits to any non-local training requests. While staff reported they understood the agency's financial position, some stated that they would like to attend training offered in other regions in order to gain new knowledge/perspectives and to meet other professionals.

It was reported that funding is a concern for the agency as there is a disparity between funding between AANDC and MCFD and this impacts clinical considerations in terms of the delivery of services. The agency is unable to provide the same off reserve services as Prince George MCFD such as out of care options and voluntary care agreements.

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

The audit reflects the work done by the staff in the agency's delegated programs over the past three years.

### **a) Resource files**

As previously stated, 12 out of 21 open resource files were audited. This program area showed a decline in compliance from the previous audit however the agency has more resources open than previously and until late 2012, two social workers were managing resource/family service caseloads. In November 2012 a dedicated resource social worker position was created and this caseload now manages the resources for both offices.

Resource standards with higher compliance:

### **IQH**

- St. 28 Supervisory approval required for approval for family care home services;
- St. 30 Home Study;
- St.31 Training of Caregivers;

- St. 32 Signed Agreements with Caregivers; and
- St. 32 Signed Agreements with Caregivers.

Resource standards with lower compliance:

- St.29 Family Care Home – Applications and Orientation.

## **b) Family Service**

As previously stated, 9 of 26 open family service files were audited. This program area showed good work being done. There were more family service files open at the agency for this audit which is an improvement from 2009. Both offices provide voluntary family services.

Family service standards with higher compliance:

### **IQE**

- St. 1 Receiving requests for service;
- St. 2 Supervisory approval required for voluntary services;
- St. 3 Information and referral for voluntary services;
- St. 4 Involving the Aboriginal community in the provision of voluntary services;
- St. 5 Family Service Plan requirements and Support Services, Voluntary Care and Special Needs Agreements;
- St. 26 Closing voluntary family service files; and
- St. 27 Voluntary services protocols.

### **IQH**

- St. 1 Receiving requests for service;
- St. 2 Supervisory approval required for voluntary services;
- St. 3 Information and referral for voluntary services;
- St. 4 Involving the Aboriginal community in the provision of voluntary services;
- St. 5 Family Service Plan requirements and Support Services, Voluntary Care and Special Needs Agreements;
- St. 9 Case documentation for voluntary family services; and
- St. 27 Voluntary services protocols.

Family Service standards with lower compliance:

**IQE**

- St. 6 Support Services Agreements; and
- St. 9 Case documentation for voluntary family services.

**IQH**

- St. 6 Support Services Agreements; and
- St. 26 Closing voluntary family service files.

**c) Child Service**

As already stated, 14 out of 69 open child service files were audited. This is the first audit of the agency's guardianship work since moving to C4 delegation in 2010.

Child Service standards with higher compliance:

**IQE**

- St. 1 Preserving the identity if the child in care and providing culturally appropriate services;
- St. 3 Monitoring and reviewing the child's comprehensive plan of care;
- St. 4 Supervisory approval required for guardianship services;
- St. 5 Rights of children in care;
- St. 6 Deciding where to place the child;
- St. 7 Meeting the child's needs for stability and continuity of relationships;
- St. 8 Social worker's relationship and contact with a child in care;
- St. 10 Providing initial and ongoing medical and dental care for a child in care;
- St. 11 Planning a move for a child in care;
- St. 12 reportable Circumstances;
- St. 14 Case documentation for guardianship services;
- St. 19 Interviewing the child about the care experience;
- St. 20 Preparation for independence; and
- St. 24 Guardianship agency protocols.

## **IQH**

- St. 1 Preserving the identity of the child in care and providing culturally appropriate services;
- St. 3 Monitoring and reviewing the child's comprehensive plan of care;
- St. 4 Supervisory approval required for guardianship services;
- St. 6 Deciding where to place the child;
- St. 7 Meeting the child's needs for stability and continuity of relationships;
- St. 8 Social worker's relationship and contact with a child in care;
- St. 10 Providing initial and ongoing medical and dental care for a child in care;
- St. 11 Planning a move for a child in care;
- St. 14 Case documentation for guardianship services;
- St. 19 Interviewing the child about the care experience; and
- St. 24 Guardianship agency protocols.

Child Service standards with lower compliance:

## **IQE**

- St. 9 Providing the caregiver with information and reviewing appropriate discipline standards.

## **IQH**

- St. 5 Rights of children in care; and
- St. 9 Providing the caregiver with information and reviewing appropriate discipline standards.

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

One analyst audited the resource, family service and child service files at Nezul Be Hunuyeh Child & Family Services Society. The 'not applicable' scores were not included in the total.

### **a) Compliance to Resource Practice**

The files were audited for compliance to the Aboriginal Operational and Practice Standards and Indicators, C4 Guardianship resources including:

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

**IQH** – Twelve (12) open resource files were audited. Overall compliance to the resource standards was **78%**.

The following provides a breakdown of the compliance ratings:

| <b>AOPSI</b>  | <b>IQH</b>   |
|---|--|
| Standard 28 Supervisory Approval Required for Family Care Home Services     | 12 files (100%) compliant  |
| Standard 29 Family Care Homes – Application and Orientation                 | 2 files (40%) compliant<br>3 files (60%) non-compliant<br>7 files not applicable |
| Standard 30 Home Study  | 4 files (80%) compliant<br>1 file (20%) non-compliant<br>7 files not applicable  |
| Standard 31 Training of Caregivers  | 11 files (92%) compliant<br>1 file (8%) non-compliant                            |
| Standard 32 Signed Agreement with Caregivers                                | 8 files (67%) compliant<br>4 files (33%) non-compliant                           |
| Standard 33 Monitoring and Reviewing the Family Care Home                   | 8 files (67%) compliant<br>4 files (33%) non-compliant                           |
| Standard 34 Investigation of Alleged Abuse or Neglect in a Family Care Home | No files applicable  |
| Standard 35 Quality of Care Review  | No files applicable  |
| Standard 36 Closure of the Family Care Home                                 | No files applicable  |

## b) Compliance to Child Service Practice

The files were audited for compliance to the Aboriginal Operational and Practice Standards and Indicators, C4 Guardianship child service including:

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

**IQE** - Seven (7) open child service files were audited. The overall compliance to the child service standards was **87%**.

**IQH** – Seven (7) open child service were audited. The overall compliance to the child service standards was **82%**.

The overall agency compliance to the child service standards was **85%**.

The following provides a breakdown of the compliance ratings:

| <b>AOPSI – Guardianship and Voluntary Services (VS) Standards</b>                                     | <b>IQE</b>   | <b>IQH</b>   |
|---|--|--|
| Standard 1 Preserving the Identity of the Child in Care and Providing Culturally Appropriate Services | 7 files (100%) compliant                               | 7 files (100%) compliant                               |
| Standard 2 Development of a Comprehensive Plan of   | No files applicable                                    | No files applicable                                    |
| Standard 3 Monitoring and Reviewing the Child’s Comprehensive Plan of Care                            | 5 files (71%) compliant<br>2 files (29%) non-compliant | 7 files (100%) compliant                               |
| Standard 4 Supervisory Approval Required for Guardianship Services                                    | 7 files (100%) compliant                               | 7 files (100%) compliant                               |
| Standard 5 Rights of Children in  | 7 files (100%) compliant                               | 2 files (29%) compliant<br>5 files (71%) non-compliant |
| Standard 6 Deciding Where to Place the Child (VS 15)  | 7 files (100%) compliant                               | 7 files (100%) compliant                               |

|  |   |  |
|--|---|--|
| Standard 7 Meeting the Child's Need for Stability and continuity of Relationships                  | 7 files (100%) compliant                              | 7 files (100%) compliant                               |
| Standard 8 Social Worker's Relationship & contact with a Child in Care                             | 6 files (86%) compliant<br>1 file (14%) non-compliant | 5 files (71%) compliant<br>2 files (29%) non-compliant |
| Standard 9 Providing the Caregiver with Information and Reviewing Appropriate Discipline Standards | 7 files (100%) non-compliant                          | 7 files (100%) non-compliant                           |
| Standard 10 Providing Initial and ongoing Medical and Dental Care for a Child in Care (VS 19)      | 7 files (100%) compliant                              | 7 files (100%) compliant                               |
| Standard 11 Planning a Move for a Child in Care  | 3 files (100%) compliant<br>4 files not applicable    | 1 file (100%) compliant<br>6 files not applicable      |
| Standard 12 Reportable Circumstances   | 3 files (100%) compliant<br>4 files not applicable    | No files applicable                                    |
| Standard 13 When a Child or Youth is Missing, Lost or Runaway )                                    | No files applicable                                   | No files applicable                                    |
| Standard 14 Case Documentation   | 6 files (86%) compliant<br>1 file (14%) non-compliant | 7 files (100%) compliant                               |
| Standard 15 Transferring Continuing Care Files   | No files applicable                                   | No files applicable                                    |
| Standard 16 Closing Continuing Care Files  | No files applicable                                   | No files applicable                                    |
| Standard 17 Rescinding a Continuing Custody Order  | No files applicable                                   | No files applicable                                    |
| Standard 19 Interviewing the Child about the Care Experience                                       | 2 files (100%) compliant<br>5 files not applicable    | 1 file (100%) compliant<br>6 files not applicable      |
| Standard 20 Preparation for  | 1 file (100%)   | No files applicable                                    |

|   |   |                          |
|---|---|--------------------------|
| Independence  | compliant<br><br>6 files not applicable |                          |
| Standard 21 Responsibilities of the Public Guardian and Trustee | No files applicable                     | No files applicable      |
| Standard 24 Guardianship Agency Protocols                       | 7 files (100%) compliant                | 7 files (100%) compliant |

### c) Compliance to Family Service Practice

The files were audited for compliance to the Aboriginal Operational and Practice Standards and Indicators, C4 Guardianship family service including:

- Information and referral for service;
- Supervisors approval regarding voluntary service;
- Family Service Plan and components for support;
- Review of Family Service Plan;
- Support Service Agreements with families;
- Voluntary and Special Needs Agreements; and,
- File Documentation.

**IQE** – Four (4) family service files were audited. The overall compliance to the family service standards was **69%**.

**IQH** – Five (5) family service files were audited. The overall compliance to the family service standards was **85%**.

The overall agency compliance to the family service standards was **77%**.

The following provides a breakdown of the compliance ratings:

| <b>AOPSI – Voluntary Services Standards</b>                     | <b>IQE</b>  | <b>IQH</b>               |
|---|---|--------------------------|
| Standard 1 Receiving Requests for Services                      | 4 files (100%) compliant                                  | 5 files (100%) compliant |
| Standard 2 Supervisory Approval Required for Voluntary Services | 3 files (75%) compliant<br><br>1 file (25%) non-compliant | 5 files (100%) compliant |
| Standard 3 Information and Referral for Voluntary Services      | 3 files (75%) compliant                                   | 5 files (100%) compliant |

|   |  |  |
|---|--|--|
|   | 1 file (25%) non-compliant   |  |
| Standard 4 Involving the Aboriginal community in the Provision of Services                                    | 3 files (75%) compliant<br>1 file (25%) non-compliant                          | 4 files (100%) compliant<br>1 file not applicable                              |
| Standard 5 Family Service Plan Requirements and Support Services, Voluntary Care and Special Needs Agreements | 2 files (67%) compliant<br>1 file (33%) non-compliant<br>1 file not applicable | 4 files (100%) compliant<br>1 file not applicable                              |
| Standard 6 Support Service Agreements   | 3 files (100%) non-compliant<br>1 file not applicable                          | 3 files (100%) non-compliant<br>2 files not applicable                         |
| Standard 7 Voluntary Care Agreements  | No files applicable  | No files applicable  |
| Standard 8 Special Needs Agreement  | No files applicable  | No files applicable  |
| Standard 9 Case Documentation   | 2 files (50%) compliant<br>2 files (50%) non-compliant                         | 5 files (100%) compliant   |
| Standard 24 Transferring Voluntary Services Files   | No files applicable  | No files applicable  |
| Standard 26 Closing Voluntary Services Files  | 2 files (100%) compliant<br>2 files not applicable                             | 1 file (25%) compliant<br>3 files (75%) non-compliant<br>1 file not applicable |
| Standard 27 Voluntary Services Protocols  | 3 files (75%) compliant<br>1 file (25%) non-compliant                          | 5 files (100%) compliant   |

## 8. ACTION PLAN:

On December 13, 2013, the following action plan was developed in collaboration between Nezul Be Hunuyeh Child & Family Services Society and MCFD Office of the Provincial Director of Child Welfare & Aboriginal Services:

| Actions   | Person Responsible | Completion date |
|---|--------------------|-----------------|
| <p><b>Resources:</b></p> <p>1. St. 32 Signed Agreement with caregivers- to ensure all files have signed agreements:</p> <ul style="list-style-type: none"> <li>• Resource Worker to conduct review of all files to ensure signed agreements are in place</li> <li>• Resource Worker to notify Manager when files have been reviewed and are compliant</li> <li>• Resource Worker to renew agreements when annual review is conducted</li> <li>• Manager to develop new tracking forms which indicate when annual agreements are due and ensure compliance during tracking sessions</li> <li>• Procedure manual to be revised / updated to reflect changes</li> <li>• Manager to provide staff with training re updated procedure and new tracking forms.</li> </ul> | NBH CFSS           | April 30, 2014  |
| <p>2. St. 33 Monitoring &amp; Reviewing Family Care Homes: - to ensure all files have completed annual reviews:</p> <ul style="list-style-type: none"> <li>• Resource Worker / Team Assistant to conduct review of all files to determine when annual reviews are due.</li> <li>• Resource Worker to conduct</li> </ul>   | NBH CFSS           | April 30, 2014  |

|  |                 |                       |
|--|-----------------|-----------------------|
| <p>annual reviews that are overdue</p> <ul style="list-style-type: none"> <li>• Resource Worker to notify Manager when reviews are complete</li> <li>• Manager/Team Assistant to develop new tracking form which indicates when annual home reviews are due and ensure compliance during tracking sessions</li> <li>• Resource Workers to conduct regular 90 day home visits to ensure standards of care and needs of children placed in the home continue to be met - Ongoing</li> <li>• Procedure manual to be revised / updated to reflect changes</li> <li>• Manager to provide staff training re: updated procedure and new tracking forms.</li> </ul>  |                 |                       |
| <p><b><u>Child Service:</u></b></p> <p>1. St 5 Rights of Children in care – to ensure rights are reviewed annually:</p> <ul style="list-style-type: none"> <li>• Guardianship Workers will ensure rights are reviewed when they are completing annual CPOC</li> <li>• Guardianship Workers will ensure documentation is on the file – school age children will sign a form confirming rights have been reviewed. In the event that age/capacity is a factor, a significant other will be included in the review and sign off</li> <li>• Manager will ensure documentation on CPOC prior to signing off - Ongoing</li> <li>• Manager/Team Assistant will develop monthly tracking form which indicates when CPOC's are due and ensure compliance</li> </ul> | <p>NBH CFSS</p> | <p>April 30, 2014</p> |

|   |                 |                       |
|---|-----------------|-----------------------|
| <p>during tracking sessions</p> <ul style="list-style-type: none"> <li>• Procedure Manual to be revised/updated to reflect changes</li> <li>• Manager to provide training to staff re updated procedure and new tracking forms.</li> </ul>  |                 |                       |
| <p>2. St 9 Providing the caregiver with information &amp; reviewing appropriate discipline standards - to ensure information on child is provided to caregiver &amp; discipline standards are reviewed annually:</p> <ul style="list-style-type: none"> <li>• Guardianship Workers will review standards with caregivers annually when they are updating child's Plan of Care</li> <li>• Caregivers to sign form to confirm standards have been reviewed</li> <li>• Form will be attached to child's CPOC</li> <li>• Manager will ensure form is attached to CPOC prior to signing off CPOC</li> <li>• Manager/Team Assistant will develop monthly tracking form which indicates when CPOC's are due and ensure compliance during tracking sessions</li> <li>• Procedure Manual to be revised/updated to reflect changes</li> <li>• Manager to provide training to staff re: updated procedure and new tracking forms.</li> </ul> | <p>NBH CFSS</p> | <p>April 30, 2014</p> |

**PRACTICE AUDIT SIGNATURE PAGE: NEZUL BE HUNUYEH CHILD & FAMILY SERVICES SOCIETY**

|   |                             |
|---|-----------------------------|
|  <p>Alex Scheiber<br/>Deputy Director of Child Welfare, MCFD</p> | <p>Date: April 22, 2014</p> |
|---|-----------------------------|