

## **CASE PRACTICE AUDIT REPORT**

### **Northwest Inter-Nation Family and Community Services Society (IQD, IQM, IQT)**

Audit completed by the Quality Assurance Branch of the Office of the Provincial Director of Child Welfare and Aboriginal Services, Ministry of Children and Family Development  
Field Work Completed November 29, 2013

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## **1. PURPOSE**

The purpose of the audit is to improve and support resource and guardianship services. Through a review of a sample of cases, the audit is expected to provide a baseline measure of the current level of practice, confirm good practice, and identify areas where practice requires strengthening. This is the third audit for Northwest Inter-Nation Family and Community Services Society (NIFCS). The last audit of the agency was conducted in November 2010.

There were no family service (FS) files audited in the 2013 audit. Subsequent to the 2010 practice audit, the agency reviewed their service delivery model and no longer manages family service files.

The specific purposes of the audit are:

- to 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.

Two analysts from the Quality Assurance Branch of the Office of the Provincial Director of Child Welfare conducted the audit using the Aboriginal Case Practice Audit Tool (ACPAT). Audits of delegated Aboriginal agencies (DAA) providing child protection, guardianship, family services and resources for children in care are conducted according to a three-year cycle.

## **2. METHODOLOGY**

Two quality assurance analysts conducted field work from Nov 25-Nov 29, 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.

A representative sample of child welfare records within the agency was prepared for the audit using the simple random sampling technique. Representative random samples were drawn and then audited from two populations: resource files and child service files. At the time of the audit there were 24 open resource files and 39 open child service files at the agency. A sample size of 17 resource files and 22 child service files were audited. The scope of the audit covers the agency's practice over the past three years (Oct 2010-Sept 2013).

Given that not every single child welfare record within each Service Delivery Area (SDA) or DAA is audited, the results obtained from an audit will depend on the particular set of child welfare records that happened to be selected for auditing and the results would change had a different set of child welfare records been randomly selected.

For this audit, the number of child welfare records in the sample ensures (at the 85% confidence level) that the results are within plus or minus 10% percentage points (the margin of sampling error) from the results that would be obtained if the ministry audited every child welfare record within the agency.

More specifically, the 85% confidence level and 10% margin of sampling error means that if the ministry conducted 100 audits in the same SDA or DAA using the same sampling procedure it currently uses, then in 90 of the 100 audits the results would be within plus or minus 10% percentage points from the results that would be obtained if the ministry audited every child welfare record within that SDA or DAA.

However, some of the standards/critical measures that are audited only applicable to a subset (or reduced number) of the records and so the results obtained for these critical measures may differ by more than plus or minus 10% percentage points from the results that would be obtained if the ministry audited every child welfare record within the agency.

Upon arrival at the agency, an analyst met with the team leader and staff at the Terrace office and reviewed the purpose of the audit and answered questions. The following day both analysts met with the executive director (ED) and staff at the Prince Rupert office to review the audit purpose and process. At the completion of the audit, the quality assurance analysts met with the team leader and staff from Prince Rupert office and separately with the team leader in the Terrace office to discuss the preliminary findings. At these meetings, the next steps of the audit process were reviewed including the report and the development of an action plan. The ED was unable to attend the preliminary finding meeting due to a conflicting commitment. At the completion of the audit, the quality assurance analysts conducted voluntary telephone interviews with some of the staff of Northwest Inter-Nation Family and Community Services Society.

### **3. AGENCY OVERVIEW**

#### **a) Delegation**

Northwest Inter-Nation Family and Community Services Society was formed in 1999 and received C4 guardianship delegation in 2003. This audit was conducted based on the C4 guardianship work of the agency. This level of delegation enables the agency to provide the following services:

- Guardianship of children in continuing custody;
- Support services to families;
- Voluntary Care Agreements;
- Special Needs Agreements;
- Establishment of residential resources.

The current delegation agreement with Northwest Inter-Nation Family and Community Services Society is dated April 1, 2007 – March 31, 2012. A modification agreement was in effect from April 1, 2012 to Mar 31, 2013. A further modification agreement was entered from April 1, 2013 March 31, 2014.

Subsequent to the 2010 audit, the community of Iskut moved to withdraw their affiliation with NIFCS through a Band Council Resolution (BCR), dated February 8, 2012 to take effect April 1, 2013. A further BCR was received by the director dated Mar 14, 2013, documenting their decision to rescind the BCR of Feb 8, 2012 and have the Iskut band council continue to be a standing member of NIFCS.

### **b) Demographics**

Northwest Inter-Nation Family and Community Services Society provide services to nine communities, which are located in the Terrace/Kitimat, Prince Rupert, and Iskut areas. These communities form the Ts'msyen, Haisla and Tahltan nations. The communities in the Terrace/Kitimat area are Kitimaat, Kitselas and Kitsumkalum. The communities in Prince Rupert are Hartley Bay, Kitkatla, Lax Kw'alaams (Port Simpson), and Metlakatla. The communities in Iskut area are Iskut and Tahltan. Tahltan consists of two reserves – Dease Lake and Telegraph Creek.

#### **Bands of NIFCSS:**

Gitga'at First Nation (formerly known as 'Hartley Bay Indian Band'),  
 Iskut First Nation  
 Haisla Nation (formerly known as 'Kitamaat Indian Band'),  
 Gitxaala Nation (formerly known as 'Kitkatla Indian Band'),  
 Kitselas Indian Band,  
 Kitsumkalum Indian Band,  
 Lax Kw'alaams Indian Band  
 Metlakatla Indian Band, and  
 Tahltan Indian Band "

The total membership of the member communities is approximately 12,599 including the on-reserve population of approximately 3,101 (*Indian and Northern*

*Affairs Canada, Aboriginal Peoples and Communities, Registered Population March 2012).*

The Terrace office serves as the head office for the agency. The agency has had three offices located in Terrace (IQT), Iskut Dease Lake, (IQD) and Prince Rupert (IQM) for a number of years. The communities served by the Terrace office are in relatively close proximity. In Iskut, greater distance is involved in reaching communities served. In Prince Rupert, all of the communities are a distance away and can only be reached by air or sea.

The Northwest Inter-Nation Family and Community Services Society is able to utilize the services of Child and Youth Mental Health, which is provided through the MCFD offices in Terrace, Prince Rupert and Dease Lake. Alcohol and drug services are available to each community from the nearby urban centers. Public health and some mental health services are also provided in the communities. Agency staff works in conjunction with the social development workers from each of the communities. The communities are serviced by local hospitals/health units, public schools and RCMP detachments.

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

At the time of the audit, NIFCS delegated staff included an executive director, two team leaders and five generalist social workers (guardianship, family services and resources). The Roots and FGC programs are included as part of one generalist caseload. Additional staffing includes two file managers (Prince Rupert and Terrace) who provide administrative support to the delegated staff and file management, one finance manager and one executive assistant. The Terrace file manager provides administrative support to both the Terrace and Iskut offices.

At the time of the audit, the Dease Lake (IQD) office was not staffed. It has been the agency's intention to staff this office. At the time of the audit, the executive director advised that the agency was in the process of hiring a part time social worker to be assigned to the communities of Dease Lake and Iskut commencing in January 2014. In the interim, the Dease Lake and Iskut communities were being serviced by the Terrace office. In addition, the ED advised funding is available to hire a worker for the family connections contract in Kitamaat, Telegraph Creek and Iskut. These communities submit quarterly reports to the agency. The agency has also offered this contract to Hartley Bay and Lax Kw'alaams, but they have been unable to staff the position at this time.

All staff have C4 delegation and Caring For First Nations Society Aboriginal Social Worker training. The ED, who has been with the agency since 2006 under a secondment from the Ministry of Children and Family Development, has retained her C4 delegation from the Ministry. With the exception of the ED, most of the delegated staff have been with the agency for six years or less. Two new

team leaders have joined the agency within the last six months. Both have Aboriginal ancestry and work experience in child welfare.

The agency was unionized in 2012. This change provided the agency with opportunities to restructure, engage in strategic planning and develop new policies as required by the governing collective agreement.

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

The ED directly supervises the two team leaders, the executive assistant and the finance manager. The ED's office is located in Prince Rupert; however she travels regularly to the Terrace office and attends meetings, as needed, in the Iskut office. The Terrace team leader supervises the guardianship and resource social workers and the file manager in Terrace as well as the clinical practice within the catchment areas associated with the unstaffed offices of Dease Lake and Iskut. The Prince Rupert team leader supervises the generalist social workers based in the office, including the family group conference / Roots coordinator and the file manager.

The staff from both offices meet once a month and alternate the meeting between the Prince Rupert and Terrace offices. The purpose of the monthly meeting is to provide the staff with agency updates and an opportunity to hear guest speakers/presentations. No case discussion occurs at these meetings. There are separate weekly team meetings with staff and their respective team leaders.

Northwest Inter-Nation Family and Community Services Society has developed a holistic supervision/consultation policy for delegated staff. This policy outlines the objectives, procedures, and responsibility of staff as well as the complaints process. In addition, the agency has developed a supervision contract between the employees and team leaders. Staff interviews confirmed that team leaders are scheduling times for clinical supervision and case tracking. The team leaders maintain an open door policy and use electronic methods for consultation including phone, email and texting. Staff confirmed the supervision model has been working well and no concerns were identified. When the team leader is unavailable, the team leader from the other office is the alternate for consultations. In situations when both team leaders are unavailable, staff contact the ED for urgent matters. The ED does not, as a general rule, provide coverage for the team leaders when they are away from the office.

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

Northwest Inter-Nation Family and Community Services Society is committed to serving their clients and the communities using a culturally sensitive approach. They are knowledgeable of the services available in the communities. They recognize and attempt to work with the communities' strengths and support the communities in the challenges they face. The majority of the staff are First

Nations, many being members of the bands served by the agency and have knowledge of the history and culture of the member nations. Staff reported that the work environment is supportive and effective. Interviews confirmed good working relationships focused on helping one another to support the clients and caregivers.

Interviews with the staff confirmed that children and youth in care are given opportunities to visit their affiliated bands, meet their extended family members and engage in cultural learning. Agency staff collaborate with community elders to develop programs which include cultural camps. These programs have been well received by the communities.

The auditors identified several strengths of the agency and of the agency's practice over the course of the audit:

- Collaborative working relationship with MCFD. Staff provide advocacy/liaison for families who are involved with MCFD;
- Organization of physical files. Files were in good order with the documents being grouped into sections, in chronological order. Filing was also up to date;
- Service referrals. Social workers were determined to find the appropriate services for children and families they serve;
- Physical office space. The move to the new office building in Prince Rupert provides a better work space for the staff and their clients, spare offices and room for growth;
- Training. The agency embraces opportunities for collaboration with MCFD through staff joint training.

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

Some staff identified the challenge of attending the isolated communities on a frequent basis. Transportation barriers were cited as the key issue. Some of these communities have stated they would like to see more frequent visits by social workers.

Some of the challenges that face the communities include drug and alcohol abuse, unemployment, shortage of housing, difficulty recovering from historic abuse and high occurrence of Fetal Alcohol Spectrum Disorder.

Over the past year, unionization of the agency and restructuring have resulted in some staff turnover and downsizing.

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

### **a) Resources**

This program area showed improvement from the previous audit for both the IQM and IQT offices. Completed annual reviews and training certificates for courses by caregivers were located in physical files. The offices consistently documented caregiver registration with the Aboriginal Federation of Foster Parents. Additionally, Family Care Home Agreements in the physical files were signed and up to date.

Areas where there is room for improvement included adding documentation in annual reviews with respect to strategies and planning to support caregivers in meeting the needs of children in care.

#### **Resource standards with higher compliance:**

- St. 28 Supervisory Approval Required for Family Care Home Services (IQT & IQM)
- St. 29 Family Care Homes – Application and Orientation (IQM & IQT)
- St. 30 Home Study (IQM & IQT)
- St. 31 Training of Caregivers (IQT)
- St. 32 Signed Agreement with Caregivers (IQT & IQM)
- St. 33 Monitoring and Reviewing the Family Care Home (IQM & (IQT)
- St. 34 Investigation of Alleged Abuse or Neglect in a Family Care Home (IQT)

### **b) Child Service**

A number of positive aspects were found in the documentation including: efforts to preserve the Aboriginal identity of children and to provide culturally appropriate services; completed plans of care were thorough and informative; adequate documentation of supervisory approvals for guardianship services; discussions with children and caregivers about the rights of children in care; the involvement of families and communities when deciding where to place children; meeting children's needs for stability by ensuring there is continuity in their relationships; planning moves for children in care; preparation for independence and documentation of the social workers' knowledge of the existing interagency protocols in the communities.

The audit results show an overall decrease in compliance from the 2010 practice audit of this program area. Documentation regarding the social workers' relationships and contact with children and youth in care was found to be lacking. Although there were many contacts with children in care by service providers and agency staff, the requirement for 30 day visits by the guardianship workers was difficult to locate in the documentation. In addition, many of the files were missing plans of care over the three year scope of the audit which negatively impacted the compliance ratings for many of the standards.

### **Child Service standards with higher compliance:**

- St. 1 Preserving the Identity of the Child in Care and Providing Culturally Appropriate Services (IQT & IQM)
- St. 4 Supervisory Approval Required for Guardianship Services (IQT & IQM)
- St. 5 Rights of Children in Care (IQT & IQM)
- St. 6 Deciding Where to Place the Child (IQM)
- St. 7 Meeting the Child's Need for Stability and Continuity of Relationships (IQM & IQT)
- St 10 Providing Initial and ongoing Medical and Dental Care for a Child in Care (IQM & IQT)
- St. 11 Planning a Move for a Child in Care (IQM)
- St. 12 Reportable Circumstances (IQM)
- St. 13 When a Child or Youth is Missing, Lost or Runaway (IQM)
- St. 15 Transferring Continuing Care Files (IQM)
- St. 19 Interviewing the Child about the Care Experience (IQM))
- St.20 Preparation for Independence (IQM & IQT)
- St. 24 Guardianship Agency Protocols (IQM & IQT)

### **.Child Service standards with lower compliance**

- St. 3 Monitoring and Reviewing the Child's Comprehensive Plan of Care (IQM & IQT)
- St. 6 Deciding Where to Place the Child (IQT)
- St. 8 Social Worker's Relationship & contact with a Child in Care (IQM & IQT)
- St. 9 Providing the Caregiver with Information and Reviewing Appropriate Discipline Standards (IQM & IQT)
- St.14 Case Documentation (Guardianship 14) (IQM & IQT)
- St.16 Closing Continuing Care Files (IQT)
- St.19 Interviewing the Child about the Care Experience (IQT)
- St.21 Responsibilities of the Public Guardian and Trustee (IQM)

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

### **a) Resources**

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 the Child; and,

- Monitoring and Reviewing Homes.

**IQM (Prince Rupert)** – Twelve open/closed resource files were audited. Overall compliance to the resource standards was **80%**.

**IQT (Terrace)** – Five open/closed resource files were audited. Overall compliance to the resource standards was **79%**.

**IQD (Dease Lake)** - There were no resource files audited.

The following provides a breakdown of the compliance ratings. Compliance ratings noted as “not applicable” were not included in compliance calculations.

<b>AOPSI – Voluntary Services Standards</b>	<b>IQM</b>	<b>IQT</b>
Standard 28 Supervisory Approval Required for Family Care Home Services	12 files (100%) compliant	5 files (100%) compliant
Standard 29 Family Care Homes – Application and Orientation	7 files (78%) compliant 2 files (22%) non-compliant 3 files not applicable	1 file (50%) compliant 1 file (50%) non-compliant 3 files not applicable
Standard 30 Home Study	6 files (86%) compliant 1 file (14%) non-compliant 5 files not applicable	1 file (50%) compliant 1 file (50%) non-compliant 3 files not applicable
Standard 31 Training of Caregivers	7 files (58%) compliant 5 files (42%) non-compliant	5 files (100%) compliant
Standard 32 Signed Agreement with Caregivers	11 files (92%) compliant 1 file (8%) non-compliant	4 files (80%) compliant 1 file (20%) non-compliant

Standard 33 Monitoring and Reviewing the Family Care Home	8 files (80%) compliant  2 files (20%) non-compliant  2 files not applicable	3 files (60%) compliant  2 files (40%) non-compliant
Standard 34 Investigation of Alleged Abuse or Neglect in a Family Care Home	1 file (100%) compliant  11 files not applicable	No files applicable
Standard 35 Quality of Care Review	No files applicable	No files applicable
Standard 36 Closure of the Family Care Home	1 file (33%) compliant  2 files (67%) non-compliant  9 files not applicable	No files applicable

## b) Child Service

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.

**IQM (Prince Rupert)** – Seventeen open/closed child service were audited. The overall compliance to the child service standards was **69%**.

**IQT (Terrace)** – Five open child service files were audited. The overall compliance to the child service standards was **61%**.

**IQD (Dease Lake)** – There were no child service files audited.

The following provides a breakdown of the compliance ratings. Compliance ratings noted as “not applicable” were not included in compliance calculations.

<b>AOPSI – Guardianship and Voluntary Services (VS) Standards</b>	<b>IQM</b>	<b>IQT</b>
Standard 1 Preserving the Identity of the Child in Care and Providing Culturally Appropriate Services (VS 11)	17 files (100%) compliant	5 files (100%) compliant
Standard 2 Development of a Comprehensive Plan of Care (VS 12)	No files applicable	No files applicable
Standard 3 Monitoring and Reviewing the Child’s Comprehensive Plan of Care (VS 13)	6 files (35%) compliant 11 files (65%) non-compliant	1 file (20%) compliant 4 files (80%) non-compliant
Standard 4 Supervisory Approval Required for Guardianship Services (Guardianship 4)	17 files (100%) compliant	5 files (100%) compliant
Standard 5 Rights of Children in Care (VS 14)	12 files (71%) compliant 6 files (29%) non-compliant	6 files (100%) compliant
Standard 6 Deciding Where to Place the Child (VS 15)	15 files (88%) compliant 2 files (12%) non-compliant	2 files (40%) compliant 3 files (60%) non-compliant
Standard 7 Meeting the Child’s Need for Stability and continuity of Relationships (VS 16)	17 files (100%) compliant	5 files (100%) compliant
Standard 8 Social Worker’s Relationship and Contact with a Child in Care (VS 17)	3 files (18%) compliant 1 file (6%) non-compliant with factors 13 files (76%) non-compliant	5 files (100%) non-compliant

Standard 9 Providing the Caregiver with Information and Reviewing Appropriate Discipline Standards (VS 18)	17 files (100%) non-compliant	5 files (100%) non-compliant
Standard 10 Providing Initial and Ongoing Medical and Dental Care for a Child in Care (VS 19)	14 files (82%) compliant 3 files (18%) non-compliant	5 files (100%) compliant
Standard 11 Planning a Move for a Child in Care (VS 20)	10 files (83%) compliant 2 files (17%) non-compliant -5 files not applicable	No files applicable
Standard 12 Reportable Circumstances (VS 21)	7 files (100%) compliant 10 files not applicable	No files applicable
Standard 13 When a Child or Youth is Missing, Lost or Runaway (VS 22)	4 files (100%) compliant 13 files not applicable	1 file (100%) compliant 4 files not applicable
Standard 14 Case Documentation (Guardianship 14)	5 files (29%) compliant 12 files (71%) non-compliant	1 file (20%) compliant 4 files (80%) non-compliant
Standard 15 Transferring Continuing Care Files (Guardianship 14)	5 files (100%) compliant 12 files not applicable	No files applicable
Standard 16 Closing Continuing Care Files (Guardianship 16)	No files applicable	1 file (100%) non-compliant 4 files not applicable
Standard 17 Rescinding a Continuing Custody Order (Guardianship 17)	No files applicable	No files applicable

Standard 19 Interviewing the Child about the Care Experience (Guardianship 19)	4 files (67%) compliant 2 files (33%) non-compliant 11 files not applicable	1 file (100%) non-compliant 4 files not applicable
Standard 20 Preparation for Independence (Guardianship 20)	7 files (100%) compliant 10 files not applicable	2 files (67%) compliant 1 file (33%) non-compliant 2 files not applicable
Standard 21 Responsibilities of the Public Guardian and Trustee (Guardianship 21)	1 file (14%) compliant 6 files (86%) non-compliant 10 files not applicable	No files applicable
Standard 24 Guardianship Agency Protocols (Guardianship 24)	17 files (100%) compliant	5 files (100%) compliant

## 8. ACTION PLAN

Actions	Person Responsible	Completion date
<p><b>Child Service</b></p> <p>1. The agency will release a practice directive to all guardianship social workers outlining the expectations of AOPSI Standard 3, Completion of Care Plans. This directive will also include the St. 8 and 9 requirements to document social worker contact and the annual review of expectations, including appropriate discipline, with caregivers. This practice directive will be provided to the practice analyst, Office of the Provincial Director of Child Welfare, Aboriginal Services Branch.</p> <p>2. The agency will release a practice directive to all guardianship social workers outlining the expectations of AOPSI St.14, Case Documentation. The agency will also provide Opening and Review Recording template to all guardianship social workers. This practice directive and template will be provided to the practice analyst, Office of the Provincial Director of Child Welfare, Aboriginal Services Branch.</p>	<p>Kathleen Bennett, Carol McCorrister Rachel Hewer, NIFCAS</p> <p>Kathleen Bennett, Carol McCorrister Rachel Hewer, NIFCAS</p>	<p>Sept. 1, 2014</p> <p>Sept. 1, 2014</p>
<p><b>Resources</b></p> <p>3. The agency will release a practice directive to all resource social workers outlining the file documentation expectations of AOPSI St.36, Closure of Family Care Homes. This practice directive will be provided to the practice analyst, Office of the Provincial Director of Child Welfare, Aboriginal Services Branch.</p>	<p>Kathleen Bennett, Carol McCorrister Rachel Hewer, NIFCAS</p>	<p>Sept. 1, 2014</p>

<p>4. The agency will review with all resource social workers the expectations of AOPSI St. 31, Training of Caregivers. The agency will develop a tracking sheet to document all training offered and completed annually for each caregiver. The agency will provide the date of the St. 31 review and a copy of the tracking document to the practice analyst, Office of the Provincial Director of Child Welfare, Aboriginal Services Branch.</p>	<p>Kathleen Bennett, Carol McCorrister Rachel Hewer, NIFCAS</p>	<p>Sept. 1, 2014</p>
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**PRACTICE AUDIT SIGNATURE: NORTHWEST INTER-NATION FAMILY AND COMMUNITY SERVICES SOCIETY**

 <p>Alex Scheiber Deputy Director of Child Welfare</p>	<p>Date: May 4, 2015</p>
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