

CASE PRACTICE AUDIT REPORT
Surrounded by Cedar Child & Family Services
(IKE)

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 May 31, 2017

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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 measure of the level of practice during the scope periods (see below for dates), confirm good practice, and identify areas where practice requires strengthening. This is the third audit for Surrounded by Cedar Child and Family Services (SCCFS). The last audit of the agency was completed in August 2014 as per the regularly scheduled 3 year audit cycle.

The specific purposes of the audit are:

- further the development of practice
- to assess and evaluate practice in relation to existing legislation, the Aboriginal Operational and Practice Standards and Indicators (AOPSI) and the Child Protection Response Policies
- 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

2. METHODOLOGY

There were 3 quality assurance analysts from MCFD's Office of the Provincial Director of Child Welfare, Quality Assurance who conducted the practice audit. The fieldwork was completed from May 15 – May 31st. Upon arrival at the Surrounded by Cedar office 2 analysts met with the executive director and all available staff to review the audit process. A brief audit summary meeting was held during the third week with the executive director. Interviews with the delegated staff occurred during the fieldwork and were completed by phone after the fieldwork was finished. The database Aboriginal Case Practice Audit Tool (ACPAT) was used to collect the data for the child service and resource cases and generate agency compliance tables (see below) and a compliance report for each file audited.

The population and sample sizes were based on data entered into ICM and confirmed with the agency prior to the audit commencing. At the time of the audit, the population sizes were: 111 open and closed child service cases and 55 open and closed resource cases. The sample sizes were: 42 open and closed child service cases and 31 open and closed resource cases. Sample sizes were based on a confidence level of 90% with a margin of error of +/-10%.

The scope of the practice audit was:

- Open and closed child service cases: legal categories of VCA, SNA, CCO and Out of Province, and managed by the agency for at least 6 months, from April 1, 2014 to March 31, 2017
- Open and closed resource cases: placement categories of regular family care, restricted family care, level 1, level 2, and level 3 care, and First Nations foster home, and managed by the agency for at least 3 months, from April 1, 2014 to March 31, 2017.

3. AGENCY OVERVIEW

a) Delegation

SCCFS operates under C4 delegation. This level of delegation enables the agency to provide the following services:

- Permanent guardianship of children in continuing custody
- Support services to families
- Voluntary Care Agreements
- Special Needs Agreements
- Establishing residential resources

In addition to the delegated programs, SCCFS provides the following non-delegated programs/services to urban Aboriginal children and families:

- Cultural Programming
- Child and Youth Counselling Services
- Intensive Youth Support
- Lifelong Connections

SCCFS was established in September 2002 and received C4 delegation on May 24, 2005. The agency currently operates under a five year delegation agreement signed April 1, 2016 through to March 31, 2021.

b) Demographics

SCCFS is located in an urban setting on the traditional territories of the Lkwungen people, also known as the greater Victoria area. SCCFS delivers guardianship, support services and caregiver recruitment to the urban Aboriginal population and does not provide any services on-reserve, to any members of the South Island First Nations, nor to the Metis community. SCCFS does acknowledge the Lkwungen, W̱ SÁNEĆ, T'sou-ke, MÁlexeŁ, and Scia'new people whose unceded traditional territory Surrounded by Cedar provides its services upon. SCCFS provided guardianship and permanency services for 92 children in care in 2016. Ten of these youth participated in the agency's annual Nest to Wings Cultural Ceremony in June 2016 at the Wawaditla, marking their transition from in-care to out-of-care. Almost half of the children and youth served by SCCFS are from the Nuu-Chah-Nulth Nation.

c) Professional Staff Complement

Current staffing at SCCFS for the delegated services is comprised of the executive director, 2 team leaders, 5 guardianship workers, 2 resource workers, 1 executive assistant, 1 office coordinator, 1 guardianship team assistant, 1 resource team assistant and 1 part-time office assistant. The executive director is of Nehiyaw ancestry and first worked with the agency in 2004 for 3 years. She returned to the agency again in 2010 and in the 10 years she has worked for the agency she has practiced in many roles including; resource worker, roots practitioner, guardianship worker, guardianship team leader, acting executive director and now executive director. The resource team leader has been with the agency for 5 years, including 4 years as a team leader. She has extensive MCFD and DAA experience over her career and currently is in the senior team leader role. The guardianship and permanency planning team leader is of Nehiyaw ancestry and has been with the agency for almost 3 years. She is new to the team leader position starting in and acting role in November 2016, and permanently assuming the role in March 2017.

SCCFs also has the following non –delegated program positions that work closely with the delegated staff to provide holistic, cultural services to indigenous people on Lkwungen territory;

- Life Long Connections worker
- Intensive youth support worker
- Cultural support worker
- Float social worker (non-delegated)
- Cultural program coordinator
- Elder in Residence
- Child and Youth Care (CYC) counsellor

Additionally, the agency consists of the following staff in the finance department:

- Finance manager

d) Supervision and Consultation

The 2 team leaders provide supervision to the delegated social workers on their respective teams; resources and guardianship/ permanency. Supervision styles are described as “open door policy” and both teams have separate weekly team meetings every Wednesday. A bi- weekly all staff meeting is held every second Wednesday. Both the resource and guardianship / permanency team leaders schedule bi-weekly 1:1 supervision that includes tracking the progress of required tasks associated with each record on a caseload.

The executive director supervises the senior resource team leader and the guardianship team leader is supervised by the senior team leader. Changing leadership at the agency was reported as positively impacting agency stability and supervision.

To address the leadership change and staffing upheaval in November 2016, the SCCFS staff and board participated in a half day paddling together workshop focusing on staff strengths and dynamics. In January, 2017, staff and board took part in a full-day strategic planning session to refocus the direction of the agency over the course of the next year. That same month, the agency's leadership team took part in a full-day training on managing harassment and bullying in the workplace. All staff, including the leadership team, then took part in two days of training around non-violent communication and lateral violence in the work place.

4. STRENGTHS OF THE AGENCY

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

- Permanency planning continues to be a main focus within the agency, as well as ensuring that cultural programming is strong and meeting the needs of the children and youth.
- The agency has done a very good job in maintaining the connection between those children/youth in care and their families, extended families and communities.
- Connecting children and youth to their home territories remains a priority for Surrounded by Cedar. All children have a right to visit their home territories and SCCFS continues to provide these opportunities as often as possible.
- Staff have developed close relationships with community partners including the local RCMP, Metis Community Services, BC Association of Aboriginal Friendship Centres, Hulitan Family and Community Services Society, M'akola Housing, the Victoria Native Friendship Centre, hospitals, the South Island Wellness Society, health workers, schools and businesses. These relationships assist workers in supporting and advocating for children, youth and families in the community.
- Two new, temporary positions were created towards the end of 2016, including a float social worker and cultural support worker.
- Staff employed by the agency for longer periods of time demonstrate commitment, resilience, and they provide stability to the agency.
- The agency encourages social workers to practice in culturally knowledgeable and creative ways.
- In 2016, SCCFS supported the establishment of a foster parent support group. Several of the agency's caregivers are coming together regularly to provide peer support. The group plans to focus on providing cultural mentorship to non-Aboriginal caregivers.

5. CHALLENGES FACING THE AGENCY

The analysts identified several challenges at the agency and of the agency's practice over the course of the audit:

- Recruiting Aboriginal foster homes is difficult. Childcare during expected caregiver training is often a challenge for foster families.
- There were significant staffing changes in 2016.
- Staff recruitment is a challenge due to inequities in terms of benefits, pensions, post-secondary supports and company vehicles with similar positions within MCFD, and currently the school board and local hospitals are all hiring social workers.
- SCCFS does not receive funding for prevention services. The contract granted for cultural programming was originally developed in 2004 and the deliverables have not been looked at since that time. Under the current contract, cultural programming does not capture children who are not of school age.

6. DISCUSSION OF THE PROGRAMS AUDITED

a) Child Service

The audit reflects the work done by the staff in the agency's guardianship program over the past 3 years. The 23 standards in the CS Practice Audit are based on the AOPSI Guardianship Practice Standards. The standards are as follows:

AOPSI Guardianship Practice Standard	Compliance Description
St. 1: Preserving the Identity of the Child in Care and Providing Culturally Appropriate Services	The social worker has preserved and promoted the cultural identity of the child in care and provided services sensitive to the child's views, cultural heritage and spiritual beliefs.
St. 2: Development of a Comprehensive Plan of Care	When assuming responsibility for a child in care the social worker develops a Comprehensive Plan of Care/Care Plan. The comprehensive plan of care/care plan is completed within the required timeframes.
St. 3: Monitoring and Reviewing the Child's Comprehensive Plan of Care/Care Plan	The Comprehensive Plan of Care/Care Plan is monitored to determine progress toward goals, the continued safety of the child, the effectiveness of services, and/or any barrier to services. The comprehensive plan of care/care plan is reviewed every six months or anytime there is a change in circumstances.

St 4: Supervisory Approval Required for Guardianship Services	The social worker consults with the supervisor and obtains the supervisor's approval at key points in the provision of Guardianship Services and ensures there is a thorough review of relevant facts and data before decisions are made. There is documentation on file to confirm that the social worker has consulted with the supervisor on the applicable points in the standard.
St 5: Rights of Children in Care	The social worker has reviewed the rights with the child on a regular basis. The social worker has discussed the advocacy process with the child. Given the age of the child, the rights of the child or advocacy process has not been reviewed with the child but they have been reviewed with the caregiver or a significant adult to the child.
St. 6: Deciding Where to Place the Child	Documented efforts have been made to place the child as per the priority of placement.
St 7: Meeting the Child's Needs for Stability and Continuity of Relationships	There are documented efforts to support continued and ongoing attachments.
St 8: Social Worker's Relationship and Contact with a Child in Care	There is documentation that the social worker meets with the child when required as per the frequency of visits listed in the standard. Meetings are held in person and in private, and in a manner that allows the child and the social worker to communicate freely.
St 9: Providing the Caregiver with Information and Reviewing Appropriate Discipline Standards	There is documentation that written information on the child has been provided to the caregiver as soon as possible at the time of placement, and the social worker has reviewed appropriate discipline standards with the caregiver and the child.
St 10: Providing Initial and Ongoing Medical and Dental Care for a Child in Care	The social worker ensures a child in care receives a medical and, when appropriate, dental examination when coming into care. All urgent and routine medical services, including vision and hearing examinations, are provided for the child in care.
St. 11: Planning a Move for a Child in Care	The social worker has provided an explanation for the move to the child and has explained who his/her new caregiver will be.
St. 12: Reportable Circumstances	The agency Director and the Provincial Director of Child Welfare have been notified of reportable circumstances and grievous incidents.
St 13: When a Child or Youth is Missing, Lost or Runaway	The social worker in cooperation with the parents has undertaken responsible action to locate a missing, lost or runaway child or youth, and to safeguard the child or youth from harm or the threat of harm.

St 14: Case Documentation for Guardianship Services	There are accurate and complete recordings on file to reflect the circumstances and admission on the child to care, the activities associated with the Comprehensive Plan of Care/Care Plan, and documentation of the child's legal status.
St. 15: Transferring Continuing Care Files	Prior to transferring a Continuing Care file, the social worker has completed all required documentation and followed all existing protocol procedures.
St. 16: Closing Continuing Care Files	Prior to closing a Continuing Care file, the social worker has completed all required documentation and follows all existing protocol procedures.
St. 17: Rescinding a Continuing Care Order and Returning the Child to the Family Home	When returning a child in care of the Director to the parent entitled to custody, the protection social worker and the guardianship social worker develop a plan to ensure the child's safety. The plan is developed prior to placing a Continuing Care ward in the family home and reviewed prior to rescinding the Continuing Care Order.
St. 19: Interviewing the Child About the Care Experience	When a child leaves a placement and has the capability to understand and respond, the child is interviewed and his/her views are sought about the quality of care, service and supports received in the placement. There is documentation that the child has been interviewed by the social worker in regards to the criteria in the standard.
St. 20: Preparation for Independence	The social worker has assessed the youth's independent living skills and referred to support services and involved relevant family members/caregivers for support.
St. 21: Responsibilities of the Public Guardian and Trustee	The social worker has notified the Public Guardian and Trustee as required in the standard.
St. 22: Investigation of Alleged Abuse or Neglect in a Family Care Home	The social worker has followed procedures in Protocol Investigation of a Family Care Home.
St. 23: Quality of Care Reviews	The social worker has appropriately distinguished between a Quality of Care Review and Protocol Investigation. The social worker has provided a support person to the caregiver.
St. 24 Guardianship Agency Protocols	The social worker has followed all applicable protocols.

Findings from the audit of the child service records include:

- There was excellent documentation of children/youth in care involvement in cultural events and culturally appropriate services was found in 41 of the 42 records (**98%** compliance).

- Completed initial care plans were found in all 3 of the 3 applicable records (**100%** compliance).
- Very low compliance was found to the standard related to monitoring and reviewing care plans. Specifically, only 7 of the 40 applicable records contained care plans over the 3 year audit scope period (**18%** compliance). Of the 33 records rated non-compliant; 4 did not contain care plans over the 3 year audit scope period; 1 did not have a care plan for 2014; 5 did not have care plans for 2015; 14 did not have care plans for 2016; 3 did not have care plans for 2014 and 2015; 5 did not have care plans for 2015 and 2016; and 1 did not have care plans for 2014 and 2016.
- Good documentation of supervisory approvals and consults was found throughout 41 of the 42 records (**98%** compliance).
- The review of rights of children in care were not completed regularly with the child/youth in care or significant person to the child or youth if there are capacity concerns or child is of a young age in only 8 of the 40 records (**20%** compliance).
- Rationales for placement selections were well documented and efforts were made to involve family members as options for placements in all 42 of the records (**100%** compliance).
- Significant efforts are being made by the social workers to support and maintain contact between the children/youth in care and their siblings, parents, extended families and community members in all 42 of the records (**100%** compliance).
- Documentation of the social workers' private contact with children/youth in care met the standard in 10 of the 42 records (**24%** compliance). While there was evidence in the records of regular social worker contact with the children and youth in care, it was difficult to determine the frequency of contacts (required every 30 days) and whether the contacts were in private.
- Documentation that information about the children and youth had been provided to the caregivers at the time of placements or that the appropriate discipline standards were reviewed with the caregivers met the standard in 7 of the 40 applicable records (**18%** compliance).
- Good documentation of annual medical, dental and optical appointments, speech, occupational and physical therapy as well as other assessments was found in 40 of the 42 records (**95%** compliance).
- Documentation about planning a move of a child or youth in care, including the reasons for the move, met the standard in 18 of the 18 applicable records (**100%** compliance).
- Documentation on the follow up to reportable circumstances was found in all 14 applicable records (**100%** compliance).
- Excellent documentation of the social workers' collaborative responses to locating missing, lost or runaway youth was evident in all 5 applicable records (**100%** compliance).
- Overall, case documentation was negatively impacted by the lack of care plans and review recordings over the 3 year scope period with only 10 of the 42 records having the required documentation to meet the standard (**24%** compliance);

- Internal transfer recordings were documented in 28 of the 30 applicable records (**93%** compliance);
- Closing documentation was completed in all 10 applicable records (**100%** compliance).
- Documentation of the rationales, assessments and approvals regarding the rescindment of a continuing care order and returning the child/youth to their families was found in the 1 applicable record (**100%** compliance).
- Interviews with children and youth in care about their care experiences when leaving their placements was documented in only 5 of the 14 applicable records (**36%** compliance).
- Excellent documentation of Independent Living Plans, referrals for 1:1 support, transitioning to adult CLBC services, Persons with Disabilities applications, budget planning, job searches and preparation of youth for participation in skills/trades training met the standard in all 14 applicable records (**100%** compliance).
- Detailed documentation of the involvement of the Public Guardian and Trustee (PGT) was found in 38 of 40 applicable records (**95%** compliance). There was also evidence of involvement of the PGT for financial planning assistance for youth turning 19.
- Complete documentation of protocol investigations was found in 2 of 2 applicable records (**100%**).
- Social workers are familiar with and follow all protocols related to the delivery of child and family services that the agency has established with local and regional agencies in all 42 records (**100%** compliance).

b) Resources

The audit reflects the work done by the staff in the agency’s resources program over the past 3 years. The 9 standards in the Resource Practice Audit are based on the AOPSI Voluntary Service Practice Standards. The standards are as follows:

AOPSI Voluntary Service Practice Standards	Compliance Description
St. 28: Supervisory Approval Required for Family Care Home Services	The social worker consults with the supervisor and obtains the supervisor’s approval at key points in the provision of Family Care Home Services and ensures there is a thorough review of relevant facts and data before decisions are made.
St. 29: Family Care Homes – Application and Orientation	People interested in applying to provide family care, restricted care, or specialized care complete an application and orientation process. The social worker provides an orientation for applicants re: the application process and the agency’s expectations of caregivers when caring for children.

St. 30: Home Study	Family Care Homes are assessed to ensure that caregivers understand and meet the Family Care Home Standards.
St 31: Training of Caregivers	Upon completion of the application, orientation and home study processes, the approved applicant(s) will participate in training to ensure the safety of the child and to preserve the child's cultural identity.
St 32: Signed Agreement with Caregiver	All caregivers have a written Family Care Home Agreement that describes the caregiver's role, responsibilities, and payment level.
St. 33: Monitoring and Reviewing the Family Care Home	The social worker will monitor the family care home regularly and formally review the home annually to ensure the standards of care and the needs of the child(ren) placed in the home continue to be met.
St 34: Investigation of Alleged Abuse or Neglect in a Family Care Home	Allegations of abuse and neglect in family care homes are investigated by the Child Protection delegated social worker according to the Protocol Investigation of a Family Care Home.
St 35: Quality of Care Review	Quality of Care Review of a Family Care Home is conducted by a delegated social worker whenever a quality of care concern arises where the safety of the child is not an issue.
St 36: Closure of the Family Care Home	When a Family Care Home is closed, the caregivers are notified of the reasons for closure verbally and in writing.

Findings from the audit of the resource records include:

- There are a large number of levelled resources caring for the children/youth in care of the agency. Of the 31 open and closed resource records audited, 9 were restricted caregivers and 22 were levelled caregivers;
- Strong documentation was found related to supervisory approvals and consults in 30 of the 31 records (**97%** compliance). These included supervisory approvals on key documents such as the home studies, exceptions to policy and family care home agreements;
- Complete application and orientation documentation was found in 20 of the 31 records (**65%** compliance). Of the 11 records rated not achieved; 2 records were missing criminal record checks on both caregivers; 4 records did not have completed caregiver orientations documented; 1 record did not have medicals and criminal record checks documented for both caregivers; 3 records did not have updated criminal record checks on one or both caregivers and did not have an initial application documented; and 1 record did not have medicals, references, PCCs and consent documented;
- Completed home studies were found in 10 of the 21 applicable records (**48%** compliance).

Of the 11 records rated not achieved; 5 contained incomplete SAFE home studies as only questions and answers were documented, the assessment and suitability pieces were not completed, 3 had no home study; 1 home study was completed by a contractor and the home study was not on file; and 2 home studies were completed but were not approved by a supervisor;

- The agency is using the SAFE model for home studies but need to complete them fully by including an assessment of suitability;
- Training offered to and taken by the caregivers was documented in 14 of the 31 records (**45%** compliance);
- Signed and consecutive family care home agreements were documented in 23 of 31 records (**74%** compliance);
- Completed annual reviews were found in 19 of the 31 records (**61%** compliance). Of the 12 records rated non-compliant; 2 did not have a 2014 annual review; 3 did not have a 2015 annual review; 3 did not have a 2016 annual review; 1 did not have 2014 and 2016 annual reviews; 1 did not have annual reviews completed for 2015 and 2016; 2 did not have annual reviews completed for 2014, 2015 and 2016;
- There was documentation of the quality of care review of a family care home in the 1 applicable record (**100%** compliance); and
- In 7 of the 12 closed records, complete closing documentation was found and the reasons for closures were documented in closing recordings (**58%** compliance).

7. COMPLIANCE TO PROGRAMS AUDITED

a) Child Service

In total, 42 open and closed child service records were audited. The overall compliance to the child service standards was **70%**. The following table provides a breakdown of the compliance ratings. For those files that were not applicable to specific standards, explanations are provided in the footnotes:

Standard	Applicable	Compliant	Not Compliant	Compliance Rate
Standard 1 Preserving the Identity of the Child in Care and Providing Culturally Appropriate Services (VS 11)	42	41	1	98%
Standard 2 Development of a Comprehensive Plan of Care (VS 12)*	3	3	0	100%
Standard 3 Monitoring and Reviewing the Child's Comprehensive Plan of Care (VS 13) *	40	7	33	18%

Standard 4 Supervisory Approval Required for Guardianship Services (Guardianship 4)	42	41	1	98%
Standard 5 Rights of Children in Care (VS 14)*	41	8	33	20%
Standard 6 Deciding Where to Place the Child (VS 15)	42	42	0	100%
Standard 7 Meeting the Child's Need for Stability and continuity of Relationships (VS 16)	42	42	0	100%
Standard 8 Social Worker's Relationship & contact with a Child in Care (VS 17)	42	10	32	24%
Standard 9 Providing the Caregiver with Information and Reviewing Appropriate Discipline Standards (VS 18) *	40	7	33	18%
Standard 10 Providing Initial and ongoing Medical and Dental Care for a Child in Care (VS 19)	42	40	2	95%
Standard 11 Planning a Move for a Child in Care (VS 20) *	18	18	0	100%
Standard 12 Reportable Circumstances (VS 21) *	14	14	0	100%
Standard 13 When a Child or Youth is Missing, Lost or Runaway (VS 22) *	5	5	0	100%
Standard 14 Case Documentation (Guardianship 14)	42	10	32	24%
Standard 15 Transferring Continuing Care Files (Guardianship 14) *	30	28	2	93%

Standard 16 Closing Continuing Care Files (Guardianship 16) *	10	10	0	100%
Standard 17 Rescinding a Continuing Custody Order (Guardianship 17) *	1	1	0	100%
Standard 19 Interviewing the Child about the Care Experience (Guardianship 19) *	14	5	9	36%
Standard 20 Preparation for Independence (Guardianship 20) *	14	14	0	100%
Standard 21 Responsibilities of the Public Guardian and Trustee (Guardianship 21) *	40	38	2	95%
Standard 22 Investigation of alleged Abuse or Neglect in a Family Care Home *	2	2	0	100%
Standard 23 Quality of Care Review *	0	0	0	0%
Standard 24 Guardianship Agency Protocols (Guardianship 24)	42	42	0	100%

Standard 2: 39 records included initial Care Plans completed prior to December 1, 2013.
Standard 3: 2 records did not require the annual Care Plans because they were not due.
Standard 5: 1 record did not require rights review because they were not due.
Standard 9: 2 records involved a youth who was living independently.
Standard 11: 24 records involved children who were not moved from their care home.
Standard 12: 28 records did not contain information regarding reportable circumstances.
Standard 13: 37 records did not contain information regarding children missing, lost or run away.
Standard 15: 12 records were not transferred.
Standard 16: 32 records were not closed continuing care files
Standard 17: 41 records did not include rescindment of a continuing custody order.
Standard 19: 28 records did not include an interview with the child or youth regarding a change in placement.
Standard 20: 28 records did not include planning for independence.
Standard 21: 2 records did not include the involvement of the Public Guardian & Trustee.
Standard 22: 40 records did not include an investigation of abuse or neglect in a family care home.
Standard 23: 42 records did not include a quality of care review.

b) Resources

In total, 31 open and closed resource records were audited. Overall compliance to the resource standards was **65%**. The following provides a breakdown of the compliance ratings. For those files that were not applicable to specific standards, explanations are provided in the footnotes:

Standard	Applicable	Compliant	Not Compliant	Compliance Rate
Standard 28 Supervisory Approval Required for Family Care Home Services	31	30	1	97%
Standard 29 Family Care Homes – Application and Orientation	31	20	11	65%
Standard 30 Home Study *	21	10	11	48%
Standard 31 Training of Caregivers	31	14	17	45%
Standard 32 Signed Agreements with Caregivers	31	23	8	74%
Standard 33 Monitoring and Reviewing the Family Care Home	31	19	12	61%
Standard 34 Investigation of Alleged Abuse or Neglect in a Family Care Home *	0	0	0	0%
Standard 35 Quality of Care Review *	0	0	1	100%
Standard 36 Closure of the Family Care Home *	12	7	5	58%

Standard 30: 10 records included home studies completed prior to April 1, 2014.

Standard 34: 31 records did not include an investigation of alleged abuse or neglect in a family care home.

Standard 35: 31 records did not include a quality of care review.

Standard 36: 19 records were not closed.

8. ACTIONS COMPLETED TO DATE

Prior to the development of the Action Plan on October 6th, 2017, the following actions were implemented by the agency:

- On August 16th, 2017, agency staff were trained on the updated care plan policies and related standards and documentation requirements including; review of rights, 30 day private visits, 6 month care plan reviews, review of discipline standards with caregivers and expectations with respect to the use of ICM. Another care plan training session is scheduled for October 2017.
- In August, 2017, all open resource files were searched for up to date criminal record checks (CRC) and the criminal record review program (CRRP). All outstanding CRC's and CRRP's were requested.

9. ACTION PLAN

Actions	Person Responsible	Completion date
1. The agency will review all open child service files and complete all overdue plans of care for the most recent 12 month period. Confirmation of completion will be provided, via email, to, and verified in ICM by, the manager of Quality Assurance, Office of the Provincial Director of Child Welfare (PDCW)	Jennifer Chuckry, Executive Director	April 1, 2018
2. The agency will review all open resource files and complete all overdue annual reviews for the most recent 12 month period. Confirmation of completion will be provided, via email, to, and verified in ICM by, the manager of Quality Assurance, the Office of the PDCW.	Jennifer Chuckry, Executive Director	April 1, 2018
3. The agency will create and implement a tracking system to monitor and document the future completion dates of the following: annual care plans and 6 month reviews; social workers' contacts with children in care; annual reviews of foster homes; training offered to, and taken by, caregivers; and the review of discipline standards with caregivers. This tracking system will be provided to the manager of Quality Assurance, Office of the PDCW.	Jennifer Chuckry, Executive Director	January 31, 2018