



Gitxsan Child and Family Services Society (IQG)

# CASE PRACTICE AUDIT REPORT

Report Completed: August 2019

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## 1. PURPOSE

The purpose of the audit is to improve and support child service, resource and family service practice. Through a review of a sample of records, the audit provides a measure of the current level of practice, confirm good practice, and identify areas where practice requires strengthening. This is the fifth C4 audit for Gitxsan Child and Family Services Society (GCFSS). The last audit at the agency was completed in March 2016.

The specific purposes of the audit are to:

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

## 2. METHODOLOGY

A quality assurance analyst from MCFD's Office of the Provincial Director of Child Welfare conducted the practice audit. The analyst conducted the data collection from February 19-22, 2019. The MCFD SharePoint site was used to collect the data for the child service and resource records and generate office summary compliance reports and a compliance report for each record audited.

The population and sample sizes were based on data entered in Integrated Case Management (ICM) for office code IQG and confirmed with the agency prior to the audit commencing. The practice audit included the following record types and sample sizes. Given the small number of files, it is a census audit providing a confidence level of 100%.

Types	Population Sizes	Sample Sizes
Open child service cases	6	6
Closed child service cases	3	3
Open and closed resource cases	5	5
Open voluntary family service cases	0	0
Closed voluntary family service cases	0	0

The scope of the practice audit was:

1. Open child service: CS records open in the IQG office on December 31, 2018, with the legal categories of VCA, SNA, CCO and Out of Province, and managed by the agency for at least six months.
2. Closed child service: CS records that were closed in the IQG office between August 1, 2016 and December 31, 2018 and had been open at the agency for at least six months.
3. Open and closed resource: RE records relating to foster homes that had children or youth in care for at least three months between April 1, 2016, and December 3, 2018. Children or youth in care had to have one of the following placement or service types: Regular Family Care, Restricted Family Care, Level One Care, Level Two Care, Level Three Care, and First Nations Foster Home.

### **3. AGENCY OVERVIEW**

#### **a) Delegation**

Gitxsan Child and Family Services Society was formed in 1999, incorporated as a society and received C3 Voluntary Services delegation in 2002. In 2004, the agency moved to C4 Guardianship delegation and began providing guardianship services in 2006. The agency is operating under a Bilateral Delegation Agreement and the current 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
- establishment of residential resources.

GCFSS has four key areas of operations: social work, family support worker programs, Wilp-based programs, planning and administration. These services include, but are not limited to:

- family group conferencing
- counselling and in-home support
- parenting workshops
- traditional feasts and celebrations of honor
- culture camps to reconnect Gitxsan children and youth to their heritage
- 3D Project
- cultural support for children/youth in care and in community
- suicide prevention
- workshops for sexually exploited youth

- bullying prevention
- HIV/AIDS workshop
- Honouring our Babies gatherings
- mothers and grandmothers' gatherings
- fathers and grandfathers' gatherings
- family fun nights
- support groups for men, women, youth, elders and children.

## **b) Demographics**

GCFSS is located on Gitxsan traditional territory in the two provincial municipalities of Hazelton and New Hazelton, BC. The agency provides child and family services to the following five communities: Glen Vowell, Kispiox, Gitwangak, Gitsegukla, and Gitanyow. These communities cover 33,000 square kilometres and all are accessible by road. There are approximately 6,805 registered members among the 5 communities (source: <http://www.bctreaty.ca/gitxsan-hereditary-chiefs>).

## **c) Professional Staff Complement**

Current staffing at GCFSS for the delegated services is comprised of the executive director, assistant director, a team leader, three generalist social workers, and two social work assistants. There is a finance officer, receptionist/finance assistant, and receptionist/administrative assistant. The family group conference coordinator position was vacant at the time of the audit. In addition to the delegated staff, there are three family wellness workers providing non-delegated services. In the satellite office there is a family enhancement program coordinator, four family enhancement workers and a family preservation worker.

The executive director has been with the agency for six years in this position. She has worked for GCFSS on and off since 2002 in various positions. The team leader has been with the agency for four years. The executive assistant is a new position created in February 2018, to support the executive director at GCFSS and includes oversight of the housing department, human resources, finance and board liaison. All agency staff are Indigenous with the majority being Gitxsan.

The executive director, the team leader, and all the social workers are delegated to a C4 level. All the delegated staff have completed their delegation training through Indigenous Perspectives Society or through the Justice Institute of British Columbia. Additional training/professional development opportunities are supported by the agency and staff reported they have received much training recently.

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

Currently, the executive director supervises the team leader and the supervision of the delegated social workers is completed by the team leader.

Given the small size of the delegation team most supervision is conducted through ad hoc consultations and daily morning team meetings. There are team meetings every week where the delegated and non-delegated staff participate.

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

Through staff interviews, the analyst identified the following strengths at the agency and of the agency's guardianship and resource practice:

- Families and youth are more willing to engage with the agency because all employees are of First Nations decent. Most staff are knowledgeable of language, culture and resources to support families.
- The agency is in the process of becoming accredited.
- A home coming event took place during the summer of 2018 and 22 children in care were brought back to their communities. Staff reported that it was a significant event for the children, youth, their families and the Nation.
- There is a significant amount of outreach and direct service in all five communities.
- Many staff feel valued and appreciated by the agency.

#### **5. CHALLENGES OF THE AGENCY**

Through staff interviews, the analyst identified the following challenges at the agency and of the agency's guardianship and resource practice:

- There is always a need for additional residential resources, particularly for their children/youth with specialized care needs.
- Internet connectivity is an ongoing problem for social workers. As a result, completing documentation in ICM can be time consuming.
- Generational trauma continues to impact the communities GCFSS serves.

## 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 three 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 Care Plan	When assuming responsibility for a child in care the social worker develops a care plan. The care plan is completed within the required timeframes.
St. 3: Monitoring and Reviewing the Child's Care Plan	The 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 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 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 regard 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:

- **St. 1 Preserving the Identity of the Child in Care:** Documentation of children/youth in care being involved in cultural events, ceremonies and culturally appropriate services was found in 9 of the 9 records (**100%** compliance).
- **St. 2 Development of a Care Plan:** There were no applicable records for this standard.
- **St. 3 Monitoring and Reviewing the Child’s Care Plan:** Completed annual care plans over the three-year audit scope were not found in any of 9 records (**0%** compliance). Of the 9 records rated not achieved, 5 did not contain any care plans and 4 contained care plans, but they were not completed annually as required. but not annually. Of the records rated not achieved, 4 open records required current 2018/19 care plans.
- **St. 4 Supervisory Approval Required for Guardianship Services:** Documentation of supervisory approvals and consults were found in 5 of the 9 records (**56%** compliance). In the 4 records rated not achieved, 3 were closed without supervisory approval and 1 youth independence plan was not signed by the supervisor.
- **St 5 Rights of Children in Care:** The section 70 rights were not reviewed annually with the children and youth in care or with significant persons to the children and youth if there were capacity concerns or the children were of a young age (**0%** compliance). Of the 9 records rated not achieved, 3 did not contain confirmation that the section 70 rights were ever reviewed and 6 contained confirmation that the section 70 rights had been reviewed at least once, but not reviewed each year during the audit scope period. Of the 9 records rated not achieved, 4 open records required updated reviews of the section 70 rights.
- **St 6 Deciding Where to Place the Child:** Rationales for placement selections were well documented and efforts were made to involve family members as options for placements in 8 of 9 records (**89%** compliance). Most of the children/youth in care were placed with siblings in extended family placements.
- **St 7 Meeting the Child’s Needs for Stability and Continuity of Relationships:** Efforts made by the social workers to support and maintain contacts between the children/youth in care and their siblings, parents, extended families and significant others were documented in 8 of 9 records (**89%** compliance).

- **St 8 Social Worker’s Relationship and Contact with the Child:** Documentation of the social workers’ private contacts with children and youth in care did not meet the standard in all 9 records (**0%** compliance). While there was documentation of the social workers’ contacts 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 made in private.
- **St 9 Providing the Caregiver with Information and Reviewing the Appropriate Discipline Standards:** Documentation confirming that information about the children and youth had been provided to the caregivers at the times of placements, and that the discipline standards were reviewed annually with the caregivers, met the standard in 1 of the 9 records (**11%** compliance). Of the 8 records rated not achieved, 6 did not contain confirmation that the discipline standards were ever reviewed with the caregivers, 1 contained confirmation that the discipline standards were reviewed but not at the time of placement, and 1 contained confirmation that the discipline standards were reviewed but not every year during the audit scope period.
- **St 10 Providing Initial and Ongoing Medical and Dental Care:** Documentation of annual medical, dental and optical appointments, speech, occupational and physical therapies and other assessments was found in 6 of the 9 records (**67%** compliance). In the 3 records rated not achieved, there was no documentation of required dental, vision or hearing appointments.
- **St 11 Planning a Move for a Child in Care:** Documentation of pre-placement planning was found in 3 of the 6 applicable records (**50%** compliance). In the 3 records rated not achieved, all had placement changes during the audit timeframe without pre-placement visits documented or confirmation that the reasons for the moves were provided to the children and youth in care.
- **St 12 Reportable Circumstances:** Required reportable circumstances reports were not found in 1 of the 2 applicable records (**50%** compliance). For the record rated not achieved, a reportable circumstance occurred, and a report was not submitted to the director of the CFCSA.
- **St 13 When a Child or Youth is Missing, Lost or Runaway:** Documentation of the social worker’s efforts to locating the youth in care when missing, lost or runaway was not found in the 1 applicable record (**0%** compliance). For the record rated not achieved, there was no documentation that once the youth was located, a safety plan was developed.
- **St 14 Case Documentation:** Care plan reviews and review recordings over the three-year audit scope period were not found in any of the 9 records (**0%** compliance). Of the 9 records rated not achieved, all did not contain care plan reviews or review recordings.
- **St 15 Transferring Continuing Care Files:** Complete internal transfer recordings were documented in the 1 applicable record (**100%** compliance).

- **St 16 Closing Continuing Care Files:** Complete closing documentation was not found in the 3 applicable records (**0%** compliance). Of the records rated not achieved, all did not contain closing recordings and 1 also did not have confirmation that the social worker met with the child/youth in care prior to the closure.
- **St 17 Rescinding a CCO and Returning the Child to the Family Home:** Complete rescindment documentation, including the required child protection assessments for reunifications, was not found in the 1 applicable record (**0%** compliance).
- **St 19 Interviewing the Child about the Care Experience:** Interviews with children and youth in care about their care experiences when leaving their placements or when leaving care was not documented in the 6 applicable records (**0%** compliance). Of the 6 records rated as not achieved, there was no documentation confirming that the children/youth were interviewed after the placement changes between 2016-2018.
- **St 20 Preparation for Independence:** Documentation of Independent Living Plans, Youth Transition Conferences, 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 was found in 1 of the 4 applicable records (**25%** compliance).
- **St 21 Responsibilities of the PGT:** Documentation of the notification/involvement of the Public Guardian and Trustee (PGT) was found in 6 of the 9 records (**67%** compliance). Of the 3 records rating not achieved, 2 did not contain confirmation that the PGT was notified after CCO orders were granted and 1 did not contain confirmation that the PGT was notified of an event that may affect the youth's legal/financial circumstances (youth transitioned out of care).
- **St 22 Investigation of Alleged Abuse or Neglect in a Family Care Home:** Documentation of protocol investigations were not found in the 2 applicable records (**0%** compliance). Of the records rated not achieved, both did not have documentation of the summary protocol investigation reports.
- **St 23 Quality of Care Review:** There were no applicable records for this standard.
- **St 24 Guardianship Agency Protocols:** 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 9 records (**100%** compliance).

## b) Resources

The audit reflects the work done by the staff in the agency’s delegated programs over the past three years. The nine 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	A 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:

- St. 28 Supervisory Approval for Family Care Home Services:** Documentation of supervisory approvals and consults were found throughout 3 of the 4 records (75% compliance). In the 1 record rated not achieved, the home study, agreements, and annual reviews were not signed by the supervisor.

- **St. 29 Family Care Homes – Application and Orientation:** Complete application and orientation documentation was found in 1 of the 4 records (**25%** compliance). For the 3 records rated not achieved, there was no confirmation of the following: orientations, caregiver medical assessments, references, consent forms, and criminal record checks. The analyst noted that 1 open record requires updated criminal record and CRRA checks.
- **St. 30 Home Study:** A completed home study was not found in the 1 applicable record (**0%** compliance). The analyst noted that 1 open record requires a SAFE home study.
- **St. 31 Training of Caregivers:** Training offered to, and taken by, the caregivers was documented in 1 of the 4 records (**25%** compliance). Overall, there was a lack of documentation of training offered to, or completed by, the caregivers within the audit timeframe. The agency needs to remind their restricted caregivers to take the PRIDE pre-service training as required.
- **St. 32 Signed Agreement with Caregiver:** Completed, signed and consecutive Family Care Home Agreements over the three-year audit scope period were found in 3 of the 4 records (**75%** compliance). Of the 1 record rated not achieved, it was open, and no agreements were found in the file.
- **St. 33 Monitoring and Reviewing the Family Care Home:** Completed annual reviews throughout the three-year scope period of the audit and documented home visits by the resource social worker every 90 days were not found in the 4 records (**0%** compliance). Of the 4 records rated not achieved, 2 did not contain any annual reviews and 2 contained annual reviews but they were not completed annually as required. The analyst noted that 2 open records require updated annual reviews. In all 4 records rated not achieved, home visits by the resource worker were documented, but not every 90 days.
- **St 34: Investigation of Alleged Abuse or Neglect in a Family Care Home:** Protocol investigation reports of alleged abuse or neglect in the family care homes were not found in the 2 applicable records (**0%** compliance). Of the 2 records rated not achieved, protocol investigations took place, but the final reports were not found in the records.
- **St 35: Quality of Care Review:** Quality of care reviews did not meet the standard in the 3 applicable record (**0%** compliance). There was documentation that a quality of care review occurred however the summary report was not found in the file and there was no evidence that support to the caregiver was provided.
- **St 36: Closure of the Family Care Home:** Complete closing documentation, including closing recordings with the reasons for closures and closing notification letters to the caregivers, was not found in the 1 applicable record (**0%** compliance). In the 1 record rated as not achieved, there was no documentation of written notification of the closure to the caregiver.

## 7. COMPLIANCE TO PROGRAMS AUDITED

### a) Child Service

There were a total of nine open and closed child service records audited. The overall compliance rate to the child service standards was **43%**. The notes below the table provide the numbers of records for which the measures were assessed as not applicable and explain why.

Standard	Total Applicable	Total Achieved	Total Not Achieved	% Achieved
Standard 1 Preserving the Identity of the Child in Care and Providing Culturally Appropriate Services	9	9	0	100%
Standard 2 Development of a Care Plan	0*	0	0	
Standard 3 Monitoring and Reviewing the Child's Care Plan	9	0	9	0%
Standard 4 Supervisory Approval Required for Guardianship Services	9	5	4	56%
Standard 5 Rights of Children in Care	9	0	9	0%
Standard 6 Deciding Where to Place the Child	9	8	1	89%
Standard 7 Meeting the Child's Need for Stability and continuity of Relationships	9	8	1	89%
Standard 8 Social Worker's Relationship & contact with a Child in Care	9	0	0	0%
Standard 9 Providing the Caregiver with Information and Reviewing Appropriate Discipline Standards	9	1	8	11%
Standard 10 Providing Initial and ongoing Medical and Dental Care for a Child in Care	9	6	3	67%
Standard 11 Planning a Move for a Child in Care	6*	3	3	50%
Standard 12 Reportable Circumstances	2*	1	1	50%

Standard 13 When a Child or Youth is Missing, Lost or Runaway	1*	0	1	0%
Standard 14 Case Documentation	9	0	9	0%
Standard 15 Transferring Continuing Care Files	1*	1	0	100%
Standard 16 Closing Continuing Care Files	3*	0	3	0%
Standard 17 Rescinding a Continuing Custody Order	1*	0	1	0%
Standard 19 Interviewing the Child about the Care Experience	6*	0	6	0%
Standard 20 Preparation for Independence	4*	1	3	25%
Standard 21 Responsibilities of the Public Guardian and Trustee	9	6	3	67%
Standard 22 Investigation of alleged Abuse or Neglect in a Family Care Home	2*	0	2	0%
Standard 23 Quality of Care Review	0*	0	0	
Standard 24 Guardianship Agency Protocols	9	9	0	100%

Standard 2: 9 records involved children who entered care prior to December 1, 2015.

Standard 11: 3 records involved children who were not moved from their care homes

Standard 12: 7 records did not contain information regarding reportable circumstances

Standard 13: 8 records did not contain information regarding children missing, lost or run away

Standard 15: 8 records were not transferred

Standard 16: 6 records were not closed continuing care files

Standard 17: 8 records did not include rescindments of a continuing custody order

Standard 19: 3 records did not involve changes in placements

Standard 20: 5 records did not involve youth requiring planning for independence

Standard 22: 7 records did not involve investigations of abuse or neglect in family care homes

Standard 23: 9 records did not involve quality of care reviews

## b) Resources

There were a total of four open and closed Resource records audited. The overall compliance rate to the resource standards was **30%**. The notes below the table provide the numbers of records for which the measures were assessed as not applicable and explain why.

Standard	Total Applicable	Total Achieved	Total Not Achieved	% Achieved
Standard 28 Supervisory Approval Required for Family Care Home Services	4	3	1	75%
Standard 29 Family Care Homes Application and Orientation	4	1	3	25%
Standard 30 Home Study	1*	0	1	0%
Standard 31 Training of Caregivers	4	1	3	25%
Standard 32 Signed Agreement with Caregivers	4	3	1	75%
Standard 33 Monitoring and Reviewing the Family Care Home	4	0	0	0%
Standard 34 Investigation of Alleged Abuse or Neglect in a Family Care Home	2*	0	2	0%
Standard 35 Quality of Care Review	3*	0	3	0%
Standard 36 Closure of the Family Care Home	1*	0	1	0%

Standard 30: 3 records had home studies completed prior to December 1, 2015

Standard 34: 2 records did not involve investigations of alleged abuse or neglect in family care homes

Standard 35: 1 record did not involve a quality of care review

Standard 36: 3 records were not closed



## 8. ACTION PLAN

Actions	Persons Responsible	Outcomes	Completion Dates
1. The Rights of Children and Youth in Care, section 70, will be reviewed in person with all children and youth in care with the agency. Confirmation of completion will be sent to the manager of Quality Assurance, MCFD.	Executive Director	Children and youth in care know their rights according to their developmental levels.	December 31, 2019
2. The agency will review all open child service cases and complete all outstanding care plans. These care plans will be completed in collaboration with the children and youth in care according to their developmental abilities. Confirmation of completion will be sent, via email, to, and verified in ICM by, the manager of Quality Assurance, MCFD.	Executive Director	Children and youth in care have their needs assessed each year and their care plans are implemented in ways that promote their overall well-being the best possible outcomes.	December 31, 2019
3. ICM training will be provided to all delegated staff at the agency. Confirmation of completed will be sent, via email, to the Manager of Quality Assurance, MCFD.	Executive Director	Staff will have knowledge of best practices in documentation.	December 31, 2019
4. The agency will review all open resource cases and complete all outstanding criminal record checks and CRRAs reviews on caregivers and other adults living in the homes. Confirmation of completion will be sent, via email, to the manager of Quality Assurance, MCFD.	Executive Director	Children and youth in care will be safe in their foster homes.	December 31, 2019
5. The agency will review all open resource cases and complete with caregivers all outstanding annual reviews. Confirmation of completion will be sent, via email, to the manager of Quality Assurance, MCFD.	Executive Director	Caregivers will be supported in promoting the best possible outcomes for children and youth in care.	December 31, 2019

<p>6. The agency will review all open resource cases and complete with caregivers all outstanding Family Care Home Agreements. Confirmation of completion will be sent, via email, to the manager of Quality Assurance, MCFD.</p>	<p>Executive Director</p>	<p>The agency and their caregivers will be accountable for deliverables through signed agreements.</p>	<p>December 31, 2019</p>
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