Ministry of Children and Family Development

Lalum'utul'Smun'eem Child and Family Services

CASE PRACTICE AUDIT REPORT

Report Completed: February 2021

Office of the Provincial Director of Child Welfare and Aboriginal Services
Quality Assurance Branch
Field Work Completed November 22, 2019

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1. PURPOSE

The purpose of the audit is to improve and support child and youth service, resource and child safety practice. Through the review of samples of records, the audit provides a measure of the quality of documentation during the audit timeframes (see below for dates), confirm good practice, and identify areas where practice requires strengthening. This is the fifth C6 audit for Lalum'utul'Smun'eem Child and Family Services (LSCFS). The last audit was completed in December 2014.

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

There were five quality assurance practice analysts from MCFD's Office of the Provincial Director of Child Welfare who conducted the practice audit. The practice analysts conducted the data collection in two phases: November 5-30, 2018 and November 4-22, 2019. The MCFD Share Point site was used to collect the data for the child service, resource, adoption, and family service practice, generate program compliance tables (see Findings and Analysis section) and a compliance report for each record audited.

The populations for the following four record types used in the 2018 phase of the audit were extracted from the Best Practices (BP) database (see table below). The sample sizes provide a confidence level of 90% with a +/- 10% margin of error. However, some of the standards used for the audit are only applicable to a reduced number of the records that were selected and so the results obtained for these standards have a decreased confidence level and an increased margin of error. The following are the sample sizes for the four record types:

Record Types	Population Sizes	Sample Sizes
Open child service cases	118	44
Closed child service cases	47	28
Open resource cases	72	35
Closed resource cases	24	18

The above samples were randomly drawn from populations with the following parameters:

1. Open child service: CS records in BP that were open in offices IKD and IKF on August 1, 2018 and had been open for at least six months (continuously).
2. Closed child service: CS records in BP that were closed in offices IKD and IKF between March 1, 2016 and August 31, 2018 and had been open at the agency for at least six months (continuously).
3. Open resource: RE records in BP that were open in offices IKD and IKF on August 31, 2018 and had been open for at least six months (continuously).
4. Closed resource: RE records in BP that were closed in offices IKD and IKF between March 1, 2016 and August 31, 2018 and had been open for at least six months (continuously).

The audit of the open child service and open resource records focused on all electronic documentation in BP and the physical documentation in the files during a specific three-year period (September 1, 2015 to August 31, 2018). The audit of the closed child service and closed resource records focused on all electronic documentation in BP and the physical documentation in the files from September 1, 2015 until the dates the records were closed.

Prior to November 2018, populations of records associated with the agency's C6 practice (closed protection and closed non-protection responses, open and closed family service cases) were extracted from the BP and Integrated Case Management (ICM) databases. The agency had been using both BP and ICM to document their C6 practice since April 2018. The practice analysts compared these BP and ICM populations to ensure that every record that met the sampling parameters was identified prior to the random sampling. However, due to inconsistent documentation practices at the agency, valid populations of records associated with the agency's C6 practice could not be determined. Specifically, the analysts found:

- As of April 1, 2018, all protection and non-protection intakes in BP were not consistently entered in ICM.

- Many protection and non-protection intakes were found embedded within open and closed family service cases in BP. Due to the limitations of BP, a list of these embedded intakes could not be isolated nor extracted.
- There were inconsistent approaches to documenting C6 practice. Information was fragmented between ICM, BP, physical files and shared computer drives.
- The list of open family service cases in BP and ICM was not congruent with the list of family services cases being managed at the agency. The numbers of family service cases on caseload management reports were significantly inflated.

The above concerns were brought to the attention of the executive director and the office of the Provincial Director of Child Welfare and Aboriginal Services. It was decided to suspend the C6 component of the audit for 12 months whilst the agency conducted a review of their internal case management procedures and complete the transition of C6 case practice documentation to ICM.

In November 2019, the audit recommenced with the review of the agency's family service and adoption records. Populations of records associated with the agency's C6 practice were again extracted from both BP and ICM and compared to ensure validity. All BP records not reflected in ICM were added to the final samples (see table below). The purpose of these additions was to assess the practice within all BP records that were not managed in accordance with the agency's April 2018 policy to document C6 practice in ICM. Also, in November 2019, the audit included the review of practice during the most recent 12-month timeframe (October 1, 2018 to September 30, 2019) within the 2018 samples of child service and resource case records that were still open on September 30, 2019 (see appendix). The purpose of auditing this 12-month timeframe was to update the data for the child service and resource programs to align with the three-year audit cycle.

During the 2019 phase of the audit, a large population of open incidents that had been open for longer than six months was discovered in ICM. As a result, the audit included random samples of open incidents, open memos and open service requests that had been open for longer than six months. The purpose of auditing these open records was to provide feedback to the agency on all child protection reports that had been open for significant periods.

The population and sample sizes for the following ten record types were extracted from BP and ICM. The sample sizes provide a confidence level of 90% with a +/- 10% margin of error. For the open and closed adoption records, all records were audited providing a confidence level of 100%. Some of the standards used for the audit are only applicable to a reduced number of the records that were selected and so the results obtained for these standards have a decreased confidence

level and an increased margin of error. The following are the sample sizes for the ten record types:

Record Types	Population Sizes in ICM	Sample Sizes	BP Records Not Found in ICM	Total Sample Sizes
Closed incidents	48	29	5	34
Closed service requests	2	2		2
Closed memos	10	10		10
Open incidents (open longer than six months)	249	38	1	39
Open service requests (open longer than six months)	16	14		14
Open memos (open longer than six months)	17	14		14
Open family service cases	51	30		30
Closed family service cases	0	0	1	1
Open adoption cases		10		10
Closed adoption cases		7		7

The above samples were randomly drawn from populations with the following parameters:

1. Closed incidents: incidents in ICM that were closed in office IKD between October 1, 2018 and September 30, 2019 where the type was family development response or investigation.
2. Closed service requests: service requests in ICM that were closed in office IKD between October 1, 2018 and September 30, 2019 where the types were: request service, request for family support, and youth services.
3. Closed memos: memos in ICM that were closed in office IKD between October 1, 2018 and September 30, 2019 where the type was screening and with the resolution of “No Further Action”. Exclude memos that were created in error.
4. Open incidents: incidents in ICM that were open in office IKD on September 30, 2019, and were open for six months or longer, where the type was family development response or investigation.
5. Open service requests: service requests in ICM that were open in office IKD on September 30, 2019, and were open for six months or longer, where the types were: request service, request for family support, and youth services.

6. Open memos: memos in ICM that were open in office IKD on September 30, 2019, and were open for six months or longer, where the type was screening and with the resolution of "No Further Action". Exclude memos that were created in error.
7. Open family service cases: FS cases in ICM that were open in office IKD on September 30, 2019 and had been open for at least six months (continuously) with a service basis listed as protection.
8. Closed family service cases: FS cases in ICM that were closed in office IKD between October 1, 2018 and September 30, 2019 and had been open for at least six months (continuously) with a service basis listed as protection.
9. Open adoption cases: AH cases in BP that were open in office IKD on September 30, 2019.
10. Closed adoption cases: AH cases in BP that were closed in office IKD between October 1, 2016 and September 30, 2019.

The audit of all incidents, service requests, and memos focused on all electronic documentation in BP and ICM. The audit of the open family service cases focused on electronic documentation in BP and ICM and physical documentation in the files during a specific three-year period (October 1, 2016 to September 30, 2019). The audit of the closed family service cases focused on the electronic documentation in BP and ICM and the physical documentation in the files from October 1, 2016 until the dates the records were closed. The audit of the closed adoption records focused on all physical documentation in the files.

3. AGENCY OVERVIEW

a) Delegation

LSCFS is currently operating under a C6 Bilateral Delegation Agreement and an Adoption Enabling Agreement, both expiring on March 31, 2021. The level of delegation enables the agency to provide the following services:

- child protection
- temporary custody of children
- guardianship for children in continuing custody
- support services to families
- Voluntary Care and Special Needs Agreements
- establishing and managing residential resources
- Youth Agreements
- respite services
- Extended Family Program
- Agreements with Young Adults
- adoption

LSCFS also provides the following non-delegated services and events to the children and families of the Cowichan Tribes:

- Daughters of Tradition
- Sons of Tradition
- Youth Engagement Program
- Prevention Program
- Spring Up
- Summer day camps
- Supervised visits
- Journey of Strength
- Family Finders
- Youth mentors
- Parenting coaches
- Mental health counselling services
- Art therapy

b) Demographics

LSCFS is located on Cowichan Tribes territory in Duncan, BC. The agency provides services to Cowichan children and families living within the geographic service area of Cowichan Tribes lands which include:

- Cowichan Indian Reserve 1. This reserve incorporates most of the residences on the Cowichan Tribes lands, which include Clemclemalutz Village, Comeakin Village, Koksilah Village, Khenipsen Village, Quamichan Village, Somena Village and St. Ann's area.
- Theik Indian Reserve 2 – This reserve is located at Cowichan Bay
- Kilphalas Indian Reserve 3
- atrolas Indian Reserve 4. This reserve is in the Dougans Lake area within Cobble Hill.
- Tzartlam Indian Reserve. 5 – This reserve is sometimes referred to as Riverbottom.
- Kakalatza Indian Reserve 6 (no residences)
- Skutz Indian Reserve 7 (no residences)
- Skutz Indian Reserve 8 (no residences)
- Cowichan Indian Reserve 9. This reserve is connected to Cowichan Indian Reserve no. 1.

There are approximately 5,069 registered Cowichan Tribes members (source: *Crown-Indigenous Relations and Northern Affairs Canada, First Nations Profiles, Registered Populations, January 2020)*.

c) Professional Staff Complement and Training

Current staffing at LSFS for the delegated services is comprised of the executive director, an associate director, a quality assurance/policy and practice manager, three managers, three support service/resource workers, three permanency/adoption social workers, nine child safety social workers, a case aide (clerical position that is responsible primarily for filing and administrative duties not related to delegated work), two social work assistants (delegated C1 assistant to the delegated teams that supports both in the field activities for the social worker as well as some tracking and systems work) and a documentation management systems analyst (responsible for the overall delegated systems management). The case aide and one of the social work assistant positions were vacant at the time of the audit.

In addition to the delegated staff, there the following teams and positions (at the time the audit was completed):

- Hulithut group home team – manager and 11 youth workers
- Prevention team – manager, two family development social workers, screener and two intensive prevention social workers
- Family connections team: manager, two family connections workers, youth worker, art therapist, mental health therapist and the transportation support worker
- Family meeting team: programmer, two team assistants and the court supervision worker
- Administration team: office manager, three receptionists, file clerk, team assistant and two janitors
- Family navigator.

The executive director, associate director, managers, child safety social workers, and one of the permanency/adoption social workers are delegated at the C6 level. The remaining two permanency/adoption social workers are delegated at C1 (student) and C4 (guardianship) levels. The support services/resource workers are delegated at the C3 (resource and voluntary service) level. The agency recently hired six new social workers who were in delegation training at the time of the audit. The new social workers will be placed on the prevention team (provides delegated and non-delegated preventative, planned and preservation-based wrap around supports to stabilize the family environment of care around children while children are in their parent's care) once they have C6 delegation. All the delegated staff 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.

d) Supervision and Consultation

The following positions report to the executive director:

- quality assurance manager
- office manager
- family connections manager
- Hulithut group home manager
- support services manager
- permanency manager
- child safety manager.

In addition, the associate director reports to the executive director and provides supervision and support to all Lalum'utul'Smun'eem's delegated and non-delegated staff. As such, this position works "hand in hand" with the executive director. When the executive director is away on leave, the associate director acts as the executive director.

The quality assurance manager supervises the family meeting programmer and the heartstones program coordinator.

All managers meet monthly, and when needed, with the executive director for supervision. All social workers, support services workers and non-delegated and administrative staff report to their respective managers.

Coverage for the delegated managers is provided by identified "acting managers" on each team as assigned by each team's manager on an as-needed basis or the quality assurance manager when necessary.

With respect to the supervision model used for delegated social workers, the managers provide ad hoc case consultations and scheduled supervision. When managers are out of their offices, social workers consult through emails, texts and phone calls.

Scheduled supervision and team meetings were reported to be inconsistent across the teams and most staff, when interviewed, stated a desire for more frequent scheduled supervision, without cancellations, and assistance with tracking case work. Staff described a range of satisfaction levels in the quality of their supervision.

4. STRENGTHS OF THE AGENCY

Through the review of documentation and staff interviews the practice analysts identified the following strengths at the agency and of the agency's guardianship, support services/resource, family service and adoption practice:

- Promoting, encouraging and teaching the Cowichan culture to the children/youth in care is of primary importance. Prevention workers provide one to one support to many of the children/youth in care as a means of increasing access to, and participation in, their culture.
- Emphasis is placed on maintaining contacts between the children/youth in care and their family members. Family visits, placements with relatives and in community homes are the methods used to support and preserve these relationships.
- Increased proficiency in ICM as well as improvements in case management and documentation were observed between the two phases of this audit (November 2018 to November 2019).
- As of July 1, 2019. child service practice is documented in ICM.
- Team building training conducted by the Indigenous Community for Leadership and Development (ICLD) was provided to all full-time staff in 2019. Staff reported that the training helped improve the communication and collaboration between the teams.
- The strong and collaborative connection with the Cowichan Tribes was described as valuable and helpful to accessing services for the children/youth in care and the families they serve.

5. CHALLENGES OF THE AGENCY

Through the review of documentation and staff interviews, the MCFD practice analysts identified the following challenges at the agency and of the agency's guardianship, support service/resource, family service and adoption practice:

- BP continues to be used as the primary database for family service cases opened prior to May 2018. ICM is now used as the primary database for family service cases opened from May 2018 onwards. This creates two vulnerabilities for the agency: confusion for staff when working in two systems and inconsistent use in the Structured Decision Making tools that are embedded in ICM but not in BP.
- There is a backlog of incidents open longer than six months in ICM which has created a workload issue for the child safety team and manager who are trying to complete the older incidents while managing a full caseload of current incidents, cases and memos. The agency management are aware of the backlog and are working on completing these incidents.

- Prior to May 2018, there were some exceptions to policy for placing children in homes prior to the completion of home studies due to the lack of SAFE practitioners which eventually led to a moratorium on home studies. From May 2018 onwards, all home studies are conducted using the SAFE model.
- Staff identified a need for a focused effort on resource recruitment.
- The SAFE model is not used for foster home studies.
- Staff identified a need for formal orientation for new employees.

6. FINDINGS AND ANALYSIS

The findings are presented in tables that contain counts and percentages of ratings of achieved and not achieved for all the measures in the audit tools. The tables present findings for measures that correspond with specific components of the policies within the Aboriginal Operational and Practice Standards and Indicators (AOPSI), the Child Safety and Family Support Policies, Chapter 3, and the Adoption Practice Standards and Guidelines (2001). Each table is followed by an analysis of the findings for each of the measures presented in the table. Please note that some records received ratings of not achieved for more than one reason.

a) Child Service

The overall compliance rate for the AOPSI Guardianship Practice Standards was **50%.** The audit reflects the work done by the staff in the guardianship program over a three-year period (see Methodology section for details). There was a combined total of 72 records in the two samples for this audit. However, not all 23 measures in the audit tool were applicable to all 72 records. The notes below the table describe the records that were not applicable.

Standards	Total Applicable	Total Achieved	Total Not Achieved	% Achieved
Standard 1 Preserving the Identity of the Child in Care and Providing Culturally Appropriate Services	72	46	26	64%
Standard 2 Development of a Comprehensive Plan of Care	33*	0	33	0%
Standard 3 Monitoring and Reviewing the Child's Comprehensive Plan of Care	66*	7	59	11%
Standard 4 Supervisory Approval Required for Guardianship Services	72	57	15	79%
Standard 5 Rights of Children in Care	72	25	47	35%
Standard 6 Deciding Where to Place the Child	72	56	16	78%

Standard 7 Meeting the Child's Need for Stability and continuity of Relationships	72	65	7	90%
Standard 8 Social Worker's Relationship & contact with a Child in Care	72	6	66	8%
Standard 9 Providing the Caregiver with Information and Reviewing Appropriate Discipline Standards	72	13	59	18%
Standard 10 Providing Initial and ongoing Medical and Dental Care for a Child in Care	72	53	19	74%
Standard 11 Planning a Move for a Child in Care (VS 20)	23*	9	14	39%
Standard 12 Reportable Circumstances	11*	2	9	18%
Standard 13 When a Child or Youth is Missing, Lost or Runaway	0	0	0	N/A
Standard 14 Case Documentation	72	10	62	14%
Standard 15 Transferring Continuing Care Files	40*	27	13	68%
Standard 16 Closing Continuing Care Files	24*	17	7	71%
Standard 17 Rescinding a Continuing Custody Order	0*	0	0	N/A
Standard 19 Interviewing the Child about the Care Experience	33*	3	30	9%
Standard 20 Preparation for Independence	7*	1	6	14%
Standard 21 Responsibilities of the Public Guardian and Trustee	39*	36	3	92%
Standard 22 Investigation of alleged Abuse or Neglect in a Family Care Home	4*	0	4	0%
Standard 23 Quality of Care Review	1*	1	0	100%
Standard 24 Guardianship Agency Protocols	72	71	1	99%

Standard 2: 39 records did not involve initial care plans completed within the audit timeframe
Standard 3: six records did not have an annual care plan due
Standard 11: 49 records did not involve children/youth moving from their care homes
Standard 12: 61 records did not involve reportable circumstances
Standard 13: 72 records did not involve children missing, lost or run away
Standard 15: 32 records did not involve file transfers
Standard 16: 48 records did not involve file closures
Standard 17: 72 records did not involve rescinding continuing custody orders
Standard 19: 39 records did not involve changing placements
Standard 20: 65 records did not involve youth planning for independence
Standard 21: 33 record did not involve notifying the Public Guardian and Trustee
Standard 22: 68 records did not involve investigations of abuse or neglect in family care homes
Standard 23: 71 records did not involve quality of care reviews

St. 1: Preserving the identity of the Child or Youth in Care: The compliance rate for this measure was **64**%. The measure was applied to all 72 records in the samples; 46 were rated achieved and 26 were rated not achieved. To receive a rating of achieved:

- efforts were made to identify and involve the child/youth's Indigenous community
- efforts were made to register the child when entitled to a Band or Aboriginal community or with Nisga'a Lisims Government
- a cultural plan was completed if the child/youth was not placed within their extended family or community
- the child/youth was involved in culturally appropriate resources
- if the child/youth was harmed by racism, the social worker developed a response
- if the child/youth was a victim of a racial crime, the police were notified.

Of the 26 records rated not achieved, 12 did not contain cultural plans for children/youth not placed within their extended families or communities, 12 did not document that the children/youth in care had access to culturally appropriate resources and two did not document that the children/youth in care were registered and no efforts to register the children/youth was documented.

St. 2 Development of a Comprehensive Plan of Care: The compliance rate for this standard was **0**%. The measure was applied to 33 of the 72 records in the samples; all were rated not achieved. To receive a rating of achieved, the record, if it was opened during the three-year audit timeframe, contained:

- an initial care plan completed within 30 days of admission
- an annual care plan completed within six months of admission.

Of the 33 records rated not achieved, nine did not contain annual care plans completed within six months of admissions, three did not contain initial care plans completed within six months of admissions and 21 did not contain initial care plans nor annual care plans completed within six months of admissions.

St. 3 Monitoring and Reviewing the Child or Youth's Plan of Care: The compliance rate for this measure was **11**%. The measure was applied to 66 of the 72 records in the samples; seven were rated achieved and 59 were rated not achieved. To receive a rating of achieved:

- care plans were completed annually throughout the audit timeframe
- efforts were made to develop the care plan(s) with youth over the age of 12
- efforts were made to develop the care plan(s) with the family
- efforts were made to develop the care plan(s) with the service providers
- efforts were made to develop the care plan(s) with the caregiver(s)
- efforts were made to develop the care plan(s) with the Indigenous community.

Of the 59 records rated not achieved, 37 did not contain any care plans throughout the audit timeframe, 21 contained care plans but they were not completed annually throughout the audit timeframe and one did not document efforts to develop a care plan with the child/youth's community or service providers. Of the 59 records rated not achieved, 31 were open and required annual care plans in 2018.

St. 4 Supervisory Approval Required for Guardianship Services: The compliance rate for this measure was **79**%. The measure was applied to all 72 records in the samples; 57 were rated achieved and 15 were rated not achieved. To receive a rating of achieved, the following key decisions and documents were approved by a supervisor;

- care plan
- placement change
- placement in a non-Indigenous home
- restricted access to significant others
- return to the parent(s) prior to CCO rescindment
- transfer of guardianship
- plan for independence
- case transfer
- case closure.

Of the 15 records rated not achieved, three care plans were not signed by supervisors, two placement changes were not approved by supervisors, two plans for independence for youth in continuing care were not approved by supervisors, one placement in a non-Indigenous home was not approved by a supervisor, one case closure was not approved by a supervisor and seven contained minimal documentation of supervisory consults and approvals throughout the audit timeframe. The total adds to more than the number of records rated not achieved because one record had a combination of the above noted reasons.

St. 5 Rights of Children and Youth in Care: The compliance rate for this measure was **35**%. The measure was applied to all 72 records in the samples; 25 were rated achieved and 47 were rated not achieved. To receive a rating of achieved:

- the rights of children in care, including the advocacy process, was reviewed annually with the child/youth or with a significant person if there were capacity concerns or the child was of a young age throughout the audit timeframe
- in instances when the child's rights were not respected, the social worker took appropriate steps to resolve the issue.

Of the 47 records rated not achieved, 11 did not confirm that the rights of children in care, including the advocacy process, were reviewed within the audit timeframe and 36 confirmed that the rights of children in care, including the advocacy process, were reviewed within the audit timeframe, but these reviews were not conducted annually. Of these 47 records, 22 were open and required the annual reviews of rights in 2018.

St. 6 Deciding Where to Place the Child or Youth: The compliance rate for this measure was **78**%. The measure was applied to all 72 records in the samples; 56 were rated achieved and 16 were rated not achieved. To receive a rating of achieved, efforts were made to place the child in an out of home living arrangement that was in accordance with section 71 of the Child, Family and Community Services Act. The practice analysts noted that most of the children/youth in care were placed with their siblings in the homes of extended family members.

Of the 16 records rated not achieved, all involved children/youth placed in out of home living arrangements that were not in accordance with section 71 of the Child, Family and Community Services Act. Specifically, the children/youth were not placed with extended family members or within their communities and there were no documented efforts to resolve the issues.

St. 7 Meeting the Child or Youth's Needs for Stability and Continuity of Relationships: The compliance rate for this measure was **90**%. The measure was applied to all 72 records in the samples; 65 were rated achieved and seven were rated not achieved. To receive a rating of achieved, a plan was in place to support and maintain contacts between the child/youth in care and their siblings, parents, extended families and significant others.

The seven records rated not achieved, all did not contain plans to support the significant relationships to the children/youth in care.

St. 8 Social Worker's Relationship and Contact with the Child or Youth: The compliance rate for this measure was **8**%. The measure was applied to all 72 records in the samples; six were rated achieved and 66 were rated not achieved. To receive a rating of achieved, the social worker conducted a private visit with the child/youth:

- every 30 days
- at time of placement
- within seven days after placement
- when there was a change in circumstance
- when there was a change in social worker.

Of the 66 records rated not achieved, 14 did not document visits of any kind throughout the audit timeframe, 48 documented private visits but not every 30 days throughout the audit timeframe, five documented visits but some or all were not conducted in private (often with

sibling groups), one did not document a private visit at the time of placement, two did not document private visits within seven days after placements, and one did not document a private visit when there was a change in social worker. The total adds to more than the number of records rated not achieved because four records had combinations of the above noted reasons (two or more).

Of the 14 records that did not document visits of any kind between the children/youth and their social workers throughout the three-year audit timeframe, 13 were still open as of November 2019. Of the 62 records that did not document visits of any kind or documented private visits, but these visits were not conducted every 30 days, 337 private visits were documented during the audit timeframe, with an average of three private visits per child/youth per year.

St. 9 Providing the Caregiver with Information and Reviewing the Appropriate Discipline Standards: The compliance rate for this measure was **18**%. The measure was applied to all 72 records in the samples; 13 were rated achieved and 59 were rated not achieved. To receive a rating of achieved:

- information about the child/youth was provided to the caregiver(s) at time of placement
- information about the child/youth was provided to the caregiver(s) as it became available
- information about the child/youth was provided to the caregiver(s) within seven days of an emergency placement
- discipline standards were reviewed with the caregiver(s) at the time of placement
- discipline standards were reviewed annually with the caregiver(s).

Of the 59 records rated not achieved, 13 did not confirm that information about the children/youth was provided to the caregivers at times of placements, 22 did not confirm that the discipline standards were reviewed with the caregivers at any time throughout the audit timeframe, 32 confirmed that the discipline standards were reviewed with caregivers but these reviews were not conducted annually, and three did not confirm that the discipline standards were reviewed with caregivers at times of placements. The total adds to more than the number of records rated not achieved because ten records had combinations of the above noted reasons (two or more).

Of the 59 records rated not achieved, 28 were open and required the disciplinary standards to be reviewed with the care givers in 2018.

St. 10 Providing Initial and Ongoing Medical and Dental Care: The compliance rate for this measure was **74**%. The measure was applied to all 72 records in the samples; 53 were rated achieved and 19 were rated not achieved. To receive a rating of achieved:

- a medical exam was conducted upon entering care

- dental, vision and hearing exams were conducted as recommended
- medical follow up was conducted as recommended
- in instances when the youth had chosen not to attend recommended appointments, the social worker made efforts to resolve the issue.

Of the 19 records rated not achieved, 13 did not confirm that medical exams were conducted upon the children/youth entering care, five did not confirm medical follow ups as recommended (immunizations may not be up to date), two did not confirm dental, vision or hearing exams as recommended. The total adds to more than the number of records rated not achieved because one record had a combination of the above noted reasons.

St. 11 Planning a Move for a Child or Youth in Care: The compliance rate for this measure was **39**%. The measure was applied to 23 of the 72 records in the samples; nine were rated achieved and 14 were rated not achieved. To receive a rating of achieved, the record, if it involved a placement move, confirmed that:

- the child/youth was provided with an explanation prior to the move
- the social worker arranged at least one pre-placement visit
- if the child/youth requested the move, the social worker reviewed the request with the caregiver, resource worker and the child to resolve the issue.

Of the 14 records rated not achieved, all did not confirm that orientations and pre-placement visits were arranged prior to the moves and no efforts were documented and seven did not confirm that explanations were provided to the children/youth prior to the moves. The total adds to more than the number of records rated not achieved because seven record had a combination of the above noted reasons.

St. 12 Reportable Circumstances: The compliance rate for this measure was **18**%. The measure was applied to 11 of the 72 records in the samples; two were rated achieved and nine were rated not achieved. To receive a rating of achieved, a report about a reportable circumstance was submitted to the director within 24 hours from the time the information about the incident became known to the social worker.

Of the nine records rated not achieved, four contained documentation describing reportable circumstances but submitted reports were not found in the records and six contained reportable circumstance reports but they were not submitted within 24 hours (the time it took was between three and 15 days). The total adds to more than the number of records rated not achieved because one record had a combination of the above noted reasons. Of the four records that described reportable circumstances but submitted reports were not found in the records, one was still open in November 2019. This record was brought to the attention of the executive director for follow up.

St. 13 When a Child or Youth is Missing, Lost or Runaway: There were no applicable records for this measure. To receive a rating of achieved, the record, if it involved a missing, lost or runaway child/youth who may have been at high risk of harm, confirmed that:

- the police were notified
- the family was notified
- once found, the social worker made efforts to develop a safety plan to resolve the issue.

St. 14 Case Documentation: The compliance rate for this measure was **14**%. The measure was applied to all 72 records in the samples; ten were rated achieved and 62 were rated not achieved. To receive a rating of achieved, the record contained:

- an opening recording
- review recordings or care plan reviews every six months throughout the audit timeframe
- a review recording or care plan review when there was a change in circumstance.

Of the 62 records rated not achieved, 20 did not contain opening recordings, 49 did not contain review recordings nor care plan reviews, seven contained review recordings or care plan reviews but they were not completed every six months, and one did not contain a review recording or care plan review when a change in circumstances occurred. The total adds to more than the number of records rated not achieved because 15 records had combinations of the above noted reasons.

St. 15 Transferring Continuing Care Files: The compliance rate for this measure was **68**%. The measure was applied to 40 of the 72 records in the samples; 27 were rated achieved and 13 were rated not achieved. To receive a rating of achieved, the record, if it involved a case transfer, confirmed that:

- a transfer recording was completed
- the social worker met with the child/youth prior to the transfer or, in instances when the youth had chosen not to meet, the social worker made efforts to resolve the issue
- efforts were made to meet with the caregiver(s) prior to the transfer
- efforts were made to meet with the service providers prior to the transfer
- the social worker met with the child/youth within five days after the transfer or, in instances when the youth had chosen not to meet, the social worker made efforts to resolve the issue
- efforts were made to meet with the child/youth's family within five days after the transfer.

Of the 13 records rated not achieved, five did not contain transfer recordings, eight did not confirm that the social workers met with the caregivers prior to the transfers, eight did not

confirm that the social workers met with the children and youth prior to the transfers and no efforts were documented, seven did not confirm that the social workers met with the service providers prior to the transfers and no efforts were documented, six did not confirm that the social workers met with the children and youth within five days of the transfers and no efforts were documented and seven did not confirm that the social workers met with the families within five days of the transfers and no efforts were documented. The total adds to more than the number of records rated not achieved because 10 records had combinations of the above noted reasons (two or more).

St. 16 Closing Continuing Care Files: The compliance rate for this measure was **71**%. The measure was applied to 24 of the 72 records in the samples; 17 were rated achieved and seven were rated not achieved. To receive a rating of achieved, the record, if it involved a case closure, confirmed that:

- a closing recording was completed
- the social worker met with the child/youth prior to the closure or, in instances when the youth had chosen not to meet, the social worker made efforts to resolve the issue
- efforts were made to meet with the caregiver(s) prior to the closure
- service providers were notified of the closure
- the Indigenous community members were notified, if appropriate
- support services for the child/youth were put in place, if applicable.

Of the seven records rated not achieved, six did not contain closing recordings and one did not document the social worker's efforts to meet the youth nor the caregiver(s) prior to the closure.

St. 17 Rescinding a CCO and Returning the Child or Youth to the Family Home: There were no applicable records for this measure. To receive a rating of achieved, the record, if it involved a rescindment of a continuing custody order, confirmed that:

- the risk of return was assessed by delegated worker
- a safety plan, if applicable, was put in place prior to placing the child/youth in the family home
- the safety plan, if applicable, was developed with required parties
- the safety plan, if applicable, addressed the identified risks
- the safety plan, if applicable, was reviewed every six months until the rescindment.

St. 19 Interviewing the Child or Youth about the Care Experience: The compliance rate for this measure was **9**%. The measure was applied to 33 of the 72 records in the samples; three were rated achieved and 30 were rated not achieved. To receive a rating of achieved, the record, if it

involved a move from a placement, confirmed the child/youth was interviewed about their care experience.

Of the 30 records rated not achieved, all did not confirm that interviews were conducted with the children and youth after placement changes.

St. 20 Preparation for Independence: The compliance rate for this measure was **14**%. The measure was applied to seven of the 72 records in the samples; one was rated achieved and six were rated not achieved. To receive a rating of achieved, the record, if it involved a youth about to leave care and enter an independent living situation, confirmed that;

- efforts were made to assess the youth's independent living skills
- efforts were made to develop a plan for independence.

Of the six records rated not achieved, all six did not contain plans for independence and two did not contain assessments of the youths' skills. The total adds to more than the number of records rated not achieved because two records had combinations of the above noted reasons.

St. 21 Responsibilities of the Public Guardian and Trustee (PGT): The compliance rate for this measure was **92**%. The measure was applied to 39 of the 72 records in the samples; 36 were rated achieved and three were rated not achieved. To receive a rating of achieved:

- the PGT was provided a copy of the continuing custody order
- the PGT was notified of events affecting the child/youth's financial or legal interests.

Of the three records rated not achieved, all did not confirm that the PGT was notified when the continuing custody orders were granted.

St. 22 Investigation of Alleged Abuse or Neglect in a Family Care Home: The compliance rate for this measure was **0**%. The measure was applied to four of the 72 records in the samples; four were rated not achieved. To receive a rating of achieved, the record, if it involved a report of abuse and/or neglect of a child/youth in a family care home, confirmed that:

- a protocol investigation response was conducted
- efforts were made to support the child/youth.

Of the four records rated not achieved, three did not contain the summary reports related to the completed protocol investigations and one required a protocol investigation, but it had not occurred. The record that required a protocol investigation was closed.

St. 23 Quality of Care Review: The compliance rate for this measure was **100**%. The measure was applied to one of the 72 records in the samples; one was rated achieved.

To receive a rating of achieved, the record, if it involved a concern about the quality of care received by a child/youth in a family care home, confirmed that a quality of care response was conducted.

St. 24 Guardianship Agency Protocols: The compliance rate for this measure was **99**%. The measure was applied to all 72 records in the samples; 71 were rated achieved and one was rated not achieved. To receive a rating of achieved, all protocols related to the delivery of child services that the agency has established with local and regional agencies have been followed.

Of the one record rated not achieved, there was minimal documentation to confirm that the social worker had followed all protocols.

b) Resources

The overall compliance rate for the AOPSI Resource Practice Standards was **46%.** The audit reflects the work done by the staff in the agency's resource program over a three-year period (see Methodology section for details). There was a total of 53 records in the one sample selected for this audit. However, not all nine measures in the audit tool were applicable to all 53 records. The notes below the table describe the records that were not applicable.

Standards	Total Applicable	Total Achieved	Total Not Achieved	% Achieved
Standard 28 Supervisory Approval Required for Family Care Home Services	53	37	16	70%
Standard 29 Family Care Homes – Application and Orientation	53	7	46	13%
Standard 30 Home Study	50*	16	34	32%
Standard 31 Training of Caregivers	53	48	5	91%
Standard 32 Signed Agreement with Caregivers	53	29	24	55%
Standard 33 Monitoring and Reviewing the Family Care Home	53	1	52	2%
Standard 34 Investigation of Alleged Abuse or Neglect in a Family Care Home	10*	4	6	40%
Standard 35 Quality of Care Review	5*	4	1	80%
Standard 36 Closure of the Family Care Home	17*	13	4	76%

Standard 30: three records did not involve home studies during the audit timeframe
Standard 34: 43 records did not involve investigations of alleged abuse or neglect in family care homes
Standard 35: 48records did not involve quality of care reviews
Standard 36: 36 records were not closed

St. 28 Supervisory Approval for Family Care Home Services: The compliance rate for this measure was **70**%. The measure was applied to all 53 records in the sample; 37 were rated achieved and 16 were rated not achieved. To receive a rating of achieved, the record confirmed that the social worker consulted a supervisor at the following key decision points:

- a criminal record was identified for a family home applicant or any adult person residing in the home
- approving a family home application and home study
- signing a Family Home Care Agreement
- approving an annual review
- determining the level of a family care home
- placing a child/youth in a family care home prior to completing a home study
- receiving a report about abuse or neglect of a child/youth in a family care home
- receiving a concern about the quality of care received by a child/youth living in a family care home.

Of the 16 records rated not achieved, 11 contained applications/home studies that were not signed by supervisors (eight open), six contained criminal records without documented consultations with supervisors (five open), one child was placed prior to the home study being completed without a documented consultation with the supervisor (open) and two contained annual reviews that were not signed by supervisors. The total adds to more than the number of records rated not achieved because four records had combinations of the above noted reasons.

St. 29 Family Care Homes – Application and Orientation: The compliance rate for this measure was **13**%. The measure was applied to all 53 records in the sample; seven were rated achieved and 46 were rated not achieved. To receive a rating of achieved, the record confirmed the completion of the following:

- application form
- prior contact check(s) on the family home applicant(s) and any adult person residing in the home
- criminal record check(s)
- Consent for Release of Information form(s)
- medical exam(s)
- three reference checks
- an orientation to the applicant(s).

Of the 46 records rated not achieved, five did not contain completed application forms, four did not document prior contact checks, 44 did not contain one or both required criminal record checks (28 open), six did not contain signed consent forms, nine did not contain completed

medical exam forms, seven did not document some or all of the required reference checks and ten did not confirm that the caregivers were provided with orientations. The total adds to more than the number of records rated not achieved because 14 records had combinations of the above noted reasons. Of the 28 open records without all the required criminal record checks, the practice analysts notified the executive director for follow up.

St. 30 Home Study: The compliance rate for this measure was **32**%. The measure was applied to 50 of the 53 records in the sample; 16 were rated achieved and 34 were rated not achieved. To receive a rating of achieved:

- the social worker met the applicant in the family care home
- a physical check of the home was conducted to ensure the home meets the safety requirements
- a home study, including an assessment of safety, was completed in its entirety.

Of the 34 records rated not achieved, 30 did not contain home studies (21 open), three contained home studies but assessments of safety were not completed (two open), two did not confirm the social workers met with the applicants in their homes and three did not confirm that physical checks of the homes were conducted. The total adds to more than the number of records rated not achieved because three records had combinations of the above noted reasons (two or more). Of the 23 open records without home studies or had home studies without assessments of safety, the practice analysts notified the executive director for follow up.

St. 31 Training of Caregivers: The compliance rate for this measure was **91**%. The measure was applied to all 53 records in the sample; 48 were rated achieved and five were rated not achieved. To receive a rating of achieved, the training needs of the caregiver was assessed or identified, and training opportunities were offered to, or taken by, the caregiver.

Of the five records rated not achieved, two did not confirm that the training needs of the caregivers were assessed or identified and four did not confirm that offers of training were provided to the caregivers. The total adds to more than the number of records rated not achieved because one record had a combination of the above noted reasons.

The agency does not require their caregivers to take the pre-service training (PRIDE).

St. 32 Signed Agreement with Caregiver: The compliance rate for this measure was **55**%. The measure was applied to all 53 records in the sample; 29 were rated achieved and 24 were rated not achieved. To receive a rating of achieved, there were consecutive Family Care Home Agreements throughout the audit timeframe and they were signed by all the participants.

Of the 24 records rated not achieved, six did not contain Family Care Home Agreements throughout the audit timeframe (two open) and 18 contained Family Care Home Agreements but they were not consecutive throughout the audit timeframe (13 open). Of the 13 open records that were rated not achieved because the Family Home Agreements were not consecutive, three did not have 2018 Family Care Home Agreements.

St. 33 Monitoring and Reviewing the Family Care Home: The compliance rate for this measure was **2**%. The measure was applied to all 53 records in the sample; one was rated achieved and 52 were rated not achieved. To receive a rating of achieved:

- annual reviews of the family care home were completed throughout the audit timeframe
- the annual review reports were signed by the caregiver(s)
- the social worker visited the family care home at least every 90 days throughout the audit timeframe.

Of the 52 records rated not achieved, 24 did not contain annual reviews throughout the three-year audit timeframe, 24 contained annual reviews but they were not completed for each year in the three-year audit timeframe, 15 did not document home visits throughout the three-year audit timeframe, and 12 documented home visits but they were not completed every 90 days as required. The total adds to more than the number of records rated not achieved because 23 records had combinations of the above noted reasons. Of the 49 records that did not contain all required annual reviews, 31 were open. Of these 31 open records, 20 required annual reviews in 2018.

St. 34: Investigation of Alleged Abuse or Neglect in a Family Care Home: The compliance rate for this measure was **40**%. The measure was applied to ten of the 53 records in the sample; four were rated achieved and six were rated not achieved. To receive a rating of achieved, the record, if it involved to a report of abuse and/or neglect of a child/youth in a family care home, confirmed that:

- a protocol investigation response was conducted
- efforts were made to support the caregiver.

Of the six records rated not achieved, four did not contain the summary reports related to the completed protocol investigations and two required protocol investigations but the documentation did not confirm that they were conducted.

St. 35: Quality of Care Review: The compliance rate for this measure was **80**%. The measure was applied to five of the 53 records in the sample; four were rated achieved and one was rated not achieved. To receive a rating of achieved, the record, if it involved to a concern about the quality of care received by a child/youth in a family care home, confirmed that:

- a response was conducted
- efforts were made to support the caregiver.

Of the one record rated not achieved, it did not contain the summary report related to the completed response.

St. 36: Closure of the Family Care Home: The compliance rate for this measure was **76**%. The measure was applied to 17 of the 53 records in the sample; 13 were rated achieved and four were rated not achieved. To receive a rating of achieved, the record, if it involved a case closure, contained a written notice to the caregiver indicating the intent of the agency to close the family care home.

Of the four records rated as not achieved, three did not contain written notices to the caregivers and one contained a written notice to the caregivers but not within 14 days of closure.

c) Adoption

The overall compliance rate for the Adoption Practice Standards and Guidelines was **65%.** The audit reflects the work done by the staff in the guardianship program over a three-year period (see Methodology section for details). There was a combined total of 17 records in the sample for this audit. However, not all measures in the audit tool were applicable to all 17 records. The notes below the table describe the records that were not applicable.

Measures	Total Applicable	Total Achieved	Total Not Achieved	% Achieved
Planning with Prospective Adoptive Parents				
ACM 1: Providing Adoption Information	17	0	17	0%
ACM 2: Accepting the Application to Adopt	17	9	8	53%
ACM 3: Completing the Adoption Education Program (AEP) Component of the Home Study Process	13*	13	0	100%
ACM 4: Completing the Structured Family Assessment Component of the Home Study Process	9*	9	0	100%
ACM 5: Keeping the Written Family Assessment Current	9*	8	1	89%
Adoption Planning for the Child and with Birth Parents				
ACM 6: Selecting Prospective Parent(s) for a Child in Continuing Custody	0*			
ACM 7: Proposing the Adoption Placement of a Child to Prospective Adoptive Parent(s)	0*			
ACM 8: The Adoption Proposal and Preparing for Placement	7*	5	2	71%

ACM 9: The Timing of the Adoption Placement	7*	7	0	100%
ACM 10: Transferring Care and Custody with a Birth Parent Pre-Placement Agreement (Voluntary Relinquishments only)	0*			
Consents, Post-Placement Services and Adoption Completion				
ACM 11: Obtaining Required Consents	7*	7	0	100%
ACM 12: Post-Placement Responsibilities of the Adoption Worker	6*	0	6	0%
ACM 13: Preparing the Report on a Younger Child's Views	4*	4	0	100%
ACM 14: Preparing the Summary Recording	6*	4	2	67%

ACM 3: four records did not progress beyond the applications
ACM 4: eight records did not progress beyond the AEP
ACM 5: eight records did not progress beyond the AEP
ACM 6: Documentation for this standard is found in the CS records.
ACM 7: After consultation and agreement with the agency, this critical measure was not applied.
ACM 8: ten records did not involve children/youth being proposed to prospective adoptive parents
ACM 9: ten records did not involve children/youth being proposed to prospective adoptive parents
ACM 10: 17 records did not involve transferring care and custody with birth parents
ACM 11: ten records did not involve children/youth who had been proposed and accepted by adoptive parents
ACM 12: ten records did not involve children/youth being proposed and accepted by adoptive parents and one record involved a placement disruption
ACM 13: ten records did not involve children/youth being proposed and accepted by adoptive parents, one record involved a placement disruption and two records involved children too youth to interview
ACM 14: ten records did not involve children/youth being proposed and accepted by adoptive parents and one record involved a placement disruption

ACM 1: Providing Adoption Information: The compliance rate for this critical measure was **0%**. The measure was applied to all 17 records in the samples and all were rated not achieved. To receive a rating of achieved, the adoption worker responded to the prospective adoptive parent(s) within seven working days and provided the prospective adoptive parent(s) with all the information listed in Standard 43.

Of the 17 records rated not achieved, 15 confirmed that all the information listed in Standard 43 was provided to the prospective adoptive parents but the dates of the initial contacts were not documented and the analyst could not determine whether the information was provided within seven working days and two confirmed that all the information listed in Standard 43 was provided to the prospective adoptive parents but not within seven days of the initial contacts. Of the two records that did document the dates, the required information was provided to the prospective care givers in 17 and 85 working days.

It is important to note that most of the adoption records in the sample involved "foster to adopt" arrangements where the children/youth in care had resided in foster homes at the times of the applications. Therefore, information sharing may have occurred prior to the opening of the records. Documenting when the initial conversations and information sharing occurred would increase compliance in this area.

ACM 2: Accepting the Application to Adopt: The compliance rate for this critical measure was **53%**. The measure was applied to all 17 records in the samples; nine of the 17 records were rated achieved and eight were rated not achieved. To receive a rating of achieved, the adoption worker provided the prospective adoptive parent(s), within ten working days of receiving the application, the forms and information required for the Structured Family Assessment (SFA) component of the home study process, and then interviewed each applicant (in-person) to determine eligibility and other relevant factors.

Of the eight records rated not achieved, five did not confirm that the prospective adoptive parents were provided the required forms and information for the SFA within ten working days of receiving the applications and eight did not document in-person interviews with the prospective adoptive parents. Of the five records that did not provide the prospective adoptive parents with the required forms and information for the SFA within ten working days, four did not record the dates the required forms were provided. The remaining record confirmed that the required forms were provided in 31 working days. The total adds to more than the number of records rated not achieved because five records had combinations of the above noted reasons.

ACM 3: Completing the Adoption Education Program (AEP) Component of the Home Study Process: The compliance rate for this critical measure was **100%**. The measure was applied to 13 of the 17 records in the samples; 13 were rated achieved. To receive a rating of achieved, the prospective adoptive parent(s) completed the ministry-approved adoption education program (AEP) prior to the home study being completed and a certificate of completion is in the file, or in the case of a second adoption, the previous AEP was reviewed and any training deficiencies identified for the proposed adoptive parent(s) were upgraded.

ACM 4: Completing the Structured Family Assessment Component of the Home Study Process: The compliance rate for this critical measure was **100%**. The measure was applied to nine of the 17 records in the samples; nine were rated achieved. To receive a rating of achieved, the SFA contained all the required components and it was completed within the four-month timeframe, or supervisory approval for an extension to the timeframe and the reasons for the extension are documented in the record.

ACM 5: Keeping the Written Family Assessment Current: The compliance rate for this critical measure was **89%**. The measure was applied to nine of the 17 records in the samples; eight were rated achieved and one was rated not achieved. To receive a rating of achieved, all the required annual updates to the SFA included the required information and supervisory approvals.

The one record rated not achieved did not contain annual updates to the SFA.

ACM 8: The Adoption Proposal and Preparing for Placement: The compliance rate for this critical measure was **71%**. The measure was applied to seven of the 17 records in the samples; five were

rated achieved and two were rated not achieved. To receive a rating of achieved, the adoption proposal contained all the required information and that this was shared with the prospective adoptive parent(s), and a letter of acknowledgement was signed by the prospective adoptive parent(s).

Of the two records rated not achieved, both did not contain letters of acknowledgement signed by the prospective adoptive parents.

ACM 9: The Timing of the Adoption Placement: The compliance rate for this critical measure was **100%.** The measure was applied to seven of the 17 records in the samples; seven were rated achieved. To receive a rating of achieved, the adoption placement occurred within six months of signing the letter of acknowledgement, or if the adoption placement occurred more than six months after signing the acknowledgement letter, the reasons for the extension and supervisory approval of the extension are documented.

ACM 11: Obtaining Required Consents: The compliance rate for this critical measure was **100%**. The measure was applied to seven of the 17 records in the samples; seven were rated achieved. To receive a rating of achieved, all the required consents had been obtained prior to placement.

ACM 12: Post-Placement Responsibilities of the Adoption Worker: The compliance rate for this critical measure was **0%**. The measure was applied to six of the 17 records in the samples; six were rated not achieved. To receive a rating of achieved, the adoption worker contacted the adoptive family within one working day after the adoption placement, visited the child/youth and adoptive family in the home within seven days after the adoption placement, conducted at least two subsequent home visits during the placement period

Of the six records rated not achieved, all did not confirm that the adoption workers visited the children/youth and adoptive families in their homes within the required timeframes during the placement periods.

ACM 13: Preparing the Report on a Younger Child's Views: The compliance rate for this critical measure was **100%**. The measure was applied to four of the 17 records in the samples; four were rated achieved. To receive a rating of achieved, the adoption worker met with the child in private and gathered the required information, completed a full report, and the report was approved by the supervisor.

ACM 14: Preparing the Summary Recording: The compliance rate for this critical measure was **67%**. The measure was applied to six of the 17 records in the sample; four were rated achieved and two were rated not achieved. To receive a rating of achieved, a prior contact check (PCC) was conducted and a Summary Recording was completed after the six-month placement period expired.

Of the two records rated not achieved, two did not contain PCCs after the placement periods expired and one did not contain a Summary Recording. The total adds to more than the number of records rated not achieved because one record had a combination of the above noted reasons.

d) Family Service

The overall compliance rate for the Child Protection Response Model set out in Chapter 3 of the Child Safety and Family Support Policies was **55%.** The audit reflects the work done by the staff in the agency's family service program over various time periods (see Methodology section for details). There was a total of 46 records in the closed memo, closed service request, and closed incident samples and 31 records in the open and closed FS case samples selected for this audit. Not all 23 measures in the audit tool were applicable to all the records. The notes below the table describe the records that were not applicable.

Records Identified for Action
Quality assurance policy and procedures require practice analysts to identify for action any record that suggests a child may need protection under section 13 of the Child, Family and Community Service Act. During this audit, three records were identified for action and brought to the attention of the executive director for follow up.

d.1 Report and Screening Assessment

FS 1 to FS 4 relate to obtaining and assessing a child protection report. The records included the selected samples of two closed service requests, ten closed memos and 29 closed incidents augmented with the addition of five closed protection intakes in BP that did not have corresponding ICM numbers.

Measures	Total Applicable	Total Achieved	Total Not Achieved	% Achieved
FS 1: Gathering Full and Detailed Information	46	43	3	93%
FS 2: Conducting an Initial Record Review (IRR)	46	30	16	65%
FS 3: Assessing the Report about a Child or Youth's Need for Protection (Completing the Screening Assessment)	46	31	15	67%
FS 4: Determining Whether the Report Requires a Protection or Non-protection Response	46	46	0	100%

FS 1: Gathering Full and Detailed Information: The compliance rate for this critical measure was **93**%. The measure was applied to all 46 records in the samples; 43 were rated achieved and three were rated not achieved. To receive a rating of achieved, the information gathered from the caller was full, detailed and sufficient to determine an appropriate pathway.

Of the three records rated not achieved, all lacked detailed and sufficient information from the callers to determine the appropriate pathways.

FS 2: Conducting an Initial Record Review (IRR): The compliance rate for this critical measure was **65**%. The measure was applied to all 46 records in the samples; 30 were rated achieved and 16 were rated not achieved. To receive a rating of achieved:

- the IRR was conducted from electronic databases within 24 hours of receiving the report
- the IRR identified previous issues or concerns and the number of past service requests, incidents or reports
- if the family had recently moved to BC, or there was reason to believe there may have been prior child protection involvement in one or more jurisdictions, the appropriate child protection authorities were contacted, and information was requested and recorded.

Of the 16 records rated not achieved, five did not have IRRs documented, five IRRs were not documented within 24 hours, four IRRs contained insufficient information about previous issues or concerns, three IRRs did not indicate that BP was checked, and one IRR did not indicate that ICM was checked. Of the five IRRs that were not documented within 24 hours, the range of time it took to complete the IRRs was between two and five days, with the average time being three days. The total adds to more than the number of records rated not achieved because two records had a combination of the above noted reasons.

FS 3: Completing the Screening Assessment: The compliance rate for this critical measure was **67**%. The measure was applied to all 46 records in the samples; 31 were rated achieved and 15 were rated not achieved. To receive a rating of achieved, a Screening Assessment was completed immediately if the child/youth appeared to be in a life-threatening or dangerous situation or within 24 hours in all other situations.

Of the 15 records rated not achieved, one did not contain a Screening Assessment, two contained incomplete Screening Assessments and 12 Screening Assessments were not completed within the required 24-hour timeframe. Of the 12 Screening Assessments that were not completed within the 24-hour timeframe, one did not record the date the Screening Assessment was completed and the range of time it took to complete the remaining 11 Screening Assessments was between two and 1421 days, with the average time being 259 days.

FS 4: **Determining Whether the Report Requires a Protection or Non-Protection Response**: The compliance rate for this critical measure was **100**%. The measure was applied to all 46 records in the samples; all were rated achieved. To receive a rating of achieved, the decision to provide a protection or non-protection response was appropriate and consistent with the information gathered.

d.2 Response Priority, Detailed Records Review and Safety Assessment

FS 5 to FS 9 relate to assigning a response priority, conducting a detailed record review (DRR) and completing the safety assessment process and Safety Assessment form. The records included the selected sample of 29 closed incidents augmented with the addition of five closed protection intakes in BP that did not have corresponding ICM numbers.

Measures	Total Applicable	Total Achieved	Total Not Achieved	% Achieved
FS 5: Assigning an Appropriate Response Priority	34	32	2	94%
FS 6: Conducting a Detailed Record Review (DRR)	34	13	21	38%
FS 7: Assessing the Safety of the Child or Youth	34	26	8	76%
FS 8: Documenting the Safety Assessment	34	3	31	9%
FS 9: Making a Safety Decision Consistent with the Safety Assessment	34	22	12	65%

FS 5: **Determining the Response Priority**: The compliance rate for this critical measure was **94**%. The measure was applied to all 34 records in the augmented sample; 32 were rated achieved and two were rated not achieved. To receive a rating of achieved, the response priority was appropriate and if there was an override it was approved by the supervisor.

Of the two records rated not achieved, one did not contain a Screening Assessment and one response priority was assigned as within five days, but the nature of the reported concerns required a response that was immediate or within 24 hours.

The audit also assessed whether the families were contacted within the timeframes of the assigned response priorities. Of the 34 records in the augmented sample, 16 documented face-to-face contact with the families within the assigned response priorities and 18 did not. Of the 18 records that did not document face-to-face contact with the families within the assigned response priorities, 16 were assigned the response priority of within five days and two were assigned the response priority of immediate or within 24 hours. Of the 16 records assigned the response priority of within five days, five did not document any contact with the families and the range of time it took to contact the remaining 11 families was between eight and 499 days with the average time being 110 days. Of the two records assigned the response priority of immediate or within 24 hours, both families were contacted within two days.

FS 6: **Conducting a Detailed Record Review (DRR)**: The compliance rate for this critical measure was **38**%. The measure was applied to all 34 records in the augmented sample; 13 were rated achieved and 21 were rated not achieved. To receive a rating of achieved, the DDR:

- was conducted in electronic databases and physical files
- contained any information that was missing in the IRR
- described how previous issues or concerns had been addressed, the responsiveness of the family in addressing the issues and concerns and the effectiveness of the last intervention
- was not required because there were no previous MCFD/DAA histories
- was not required because the supervisor approved ending the protection response before the DRR was conducted and the rationale was documented and appropriate.

Of the 21 records rated of not achieved, 16 did not have DRRs documented, one DRR did not contain the information missing in the IRR, one DRR did not indicate the family's responsiveness to previous issues or concerns, three DRRs did not indicate how the previous issues/concerns were addressed, and two DRRs did not indicate the effectiveness of the last intervention. The total adds to more than the number of records rated not achieved because two records had a combination of the above noted reasons.

FS 7: **Assessing the Safety of the Child or Youth**: The compliance rate for this critical measure was **76**%. The measure was applied to all 34 records in the augmented sample; 26 were rated achieved and eight were rated not achieved. To receive a rating of achieved:

- the safety assessment process was completed during the first significant contact with the child/youth's family
- if concerns about the child/youth's immediate safety were identified and the child/youth was not removed under the CFCSA, a Safety Plan was developed, and the Safety Plan was signed by the parents and approved by the supervisor
- the supervisor approved ending the protection response before the safety assessment process was completed and the rationale was documented and appropriate.

Of the eight records rated not achieved, all did not confirm that safety assessment processes were completed with the families.

FS 8: **Documenting the Safety Assessment**: The compliance rate for this critical measure was **9**%. The measure was applied to all 34 records in the augmented sample; three were rated achieved and 31 were rated not achieved. To receive a rating of achieved, the Safety Assessment form was documented within 24 hours after the completion of the safety assessment process or the supervisor approved ending the protection response before the Safety Assessment was documented and the rationale was documented and appropriate.

Of the 31 records rated not achieved, 12 did not contain Safety Assessment forms and 19 Safety Assessment forms were not completed within 24 hours of completing the safety assessment processes. Of the 19 Safety Assessment forms that were not completed within 24 hours of the safety assessment processes, the range of time it took to complete the forms was between two and 427 days, with the average time being 97 days.

FS 9: **Making a Safety Decision Consistent with the Safety Assessment**: The compliance rate for this critical measure was **65**%. The measure was applied to all 34 records in the augmented sample; 22 were rated achieved and 12 were rated not achieved. To receive a rating of achieved, the safety decision was consistent with the information documented in the Safety Assessment form or the supervisor approved ending the protection response before the Safety Assessment form was documented and the rationale was documented and appropriate.

Of the 12 records rated not achieved, all did not contain Safety Assessment forms.

d.3 Steps of the FDR Assessment or Investigation

FS 10 to FS 13 relate to meeting with or interviewing the parents and other adults in the family home, meeting with every child or youth who lives in the family home, visiting the family home and working with collateral contacts. The records included the selected sample of 29 closed incidents augmented with the addition of five closed protection intakes in BP that did not have corresponding ICM numbers.

Measures	Total Applicable	Total Achieved	Total Not Achieved	% Achieved
FS 10: Meeting with or Interviewing the Parents and Other Adults in the Family Home	34	18	16	53%
FS 11: Meeting with Every Child or Youth Who Lives in the Family Home	34	23	11	68%
FS 12: Visiting the Family Home	34	23	11	68%
FS 13: Working with Collateral Contacts	34	5	29	15%

FS 10: **Meeting or Interviewing the Parents and Other Adults in the Family Home**: The compliance rate for this critical measure was **53**%. The measure was applied to all 34 records in the augmented sample; 18 were rated achieved and 16 were rated not achieved. To receive a rating of achieved, the social worker met with or interviewed the parent(s) and other adults in the home (if applicable) and gathered sufficient information about the family to assess the safety and vulnerability of all children/youth living or being cared for in the family home or the supervisor approved ending the protection response before the social worker met with or interviewed the parents and other adults in the home and the rationale was documented and appropriate.

Of the 16 records rated not achieved, seven did not confirm that the social workers had met with or interviewed the parents, three confirmed that only one of two parents was met with or interviewed, five did not confirm that the social workers had met with or interviewed the other adults in the homes, and one documented a parental interview but insufficient information was gathered about the family to assess child safety.

FS 11: **Meeting with Every Child or Youth Who Lives in the Family Home**: The compliance rate for this critical measure was **68**%. The measure was applied to all 34 records in the augmented sample; 23 were rated achieved and 11 were rated not achieved. To receive a rating of achieved, the social worker had a private, face-to-face conversation with every child/youth living in the family home according to their developmental level, or the supervisor granted an exception and the rationale was documented or the supervisor approved ending the protection response before the social worker had a private, face-to-face conversation with every child/youth living in the family home and the rationale was documented and appropriate.

Of the 11 records rated not achieved, six did not confirm that the social workers had conversations of any kind with any children/youth living in the homes, four confirmed that the social workers interviewed some, but not all, of the children living in the homes, and two confirmed that the social workers interviewed the children living in the family homes but these interviews were not private. The total adds to more than the number of records rated not achieved because one record had a combination of the above noted reasons.

FS 12: **Visiting the Family Home**: The compliance rate for this critical measure was **68**%. The measure was applied to all 34 records in the augmented sample; 23 were rated achieved and 11 were rated not achieved. To receive a rating of achieved, the social worker visited the family home before completing the FDR assessment or the investigation or the supervisor granted an exception and the rationale was documented, or the supervisor approved ending the protection response before the social worker visited the family home and the rationale was documented and appropriate.

Of the 11 records rated not achieved, all did not confirm that the social workers visited the family homes. These 11 records are the same records rated not achieved at FS 11.

FS 13: **Working with Collaterals**: The compliance rate for this critical measure was **15**%. The measure was applied to all 34 records in the augmented sample; five were rated achieved and 29 were rated not achieved. To receive a rating of achieved, the social worker obtained information from individuals who may have relevant knowledge of the family and/or the child/youth before completing the FDR assessment or the investigation or the supervisor approved ending the protection response before the social worker obtained information from

individuals who may have relevant knowledge of the family and/or the child/youth and the rationale was documented and appropriate.

Of the 29 records that received ratings of not achieved, nine did not have any collaterals documented, 19 had collaterals documented but failed to complete necessary collaterals with designated representatives of the First Nations, Treaty First Nations or Metis community, and one had collaterals documented but failed to complete a necessary collateral with the police.

The audit also assessed whether the social workers, if the records were incidents with FDR protection responses, contacted the parents prior to initiating the FDR responses and whether the social workers had discussions about which collateral contacts could provide the necessary information and reached agreements about the plans to gather information from specific collaterals. Of the 34 records in the augmented sample, 30 required FDR responses. Of these 30 FDR responses, 18 documented that the social workers contacted the parents prior to contacting collaterals and 12 did not. Furthermore, of these 30 FDR responses, four documented discussions with the parents about which collateral contacts could provide the necessary information and reached agreements about the plans to gather information from specific collaterals.

d.4 Assessing the Risk of Future Harm and Determining the Need for Protection Services:

FS 14 to FS 16 relate to assessing the risk of future harm, determining the need for protection services and the timeframe for completing the FDR assessment or investigation. The records included the selected sample of 29 closed ICM incidents augmented with the addition of five closed protection intakes in BP that did not have corresponding ICM numbers.

Measures	Total Applicable	Total Achieved	Total Not Achieved	% Achieved
FS14: Assessing the Risk of Future Harm	34	19	15	56%
FS 15: Determining the Need for Protection Services	34	29	5	85%
FS 16: Timeframe for Completing the FDR Assessment or Investigation	34	7	27	21%

FS 14: **Assessing the Risk of Future Harm**: The compliance rate for this critical measure was **56**%. The measure was applied to all 34 records in the augmented sample; 19 were rated achieved and 15 were rated not achieved. To receive a rating of achieved, the Vulnerability Assessment was completed in its entirety and approved by the supervisor or the supervisor approved ending the protection response before the Vulnerability Assessment was completed in its entirety and the rationale was documented and appropriate.

Of the 15 records rated not achieved, 10 did not contain Vulnerability Assessments, two Vulnerability Assessments were incomplete, and three Vulnerability Assessments were not approved by supervisors.

The audit also assessed the length of time it took to complete the Vulnerability Assessments. Of the 19 records rated achieved, the range of time it took to complete the Vulnerability Assessments was between 23 days and 503 days, with the average time being 203 days.

FS 15: **Determining the Need for Protection Services**: The compliance rate for this critical measure was **85**%. The measure was applied to all 34 records in the augmented sample; 29 were rated achieved and five were rated as not achieved. To receive a rating of achieved, the decision regarding the need for FDR protection services or ongoing protection services was consistent with the information obtained during the FDR assessment or the investigation or the supervisor approved ending the protection response before the decision was made regarding the need for

FDR protection services or ongoing protection services and the rationale was documented and appropriate.

Of the five records rated not achieved, all decisions to not provide ongoing protection services were inconsistent with the information obtained during the FDR assessments or investigations. Of these five records, one was brought to the attention of the executive director for follow up because the documentation suggested that a child may have needed protection at the time the record was audited. Of the four remaining records, further information was collected by the social workers and/or supports were subsequently provided to the families which adequately addressed the risk factors presented in the initial reports and documented family histories.

FS 16: **Timeframe for Completing the FDR Assessment or Investigation:** The compliance rate for this critical measure was **21**%. The measure was applied to all 34 records in the augmented sample; seven were rated achieved and 27 were rated not achieved. To receive a rating of achieved, the FDR assessment or investigation was completed within 30 days of receiving the report or the FDR assessment or investigation was completed in accordance with the extended timeframe that had been approved by the supervisor.

Of the 27 records rated not achieved, 26 FDR assessments or investigations were not completed within 30 days and one FDR assessment or investigation was not completed in accordance with the extended timeframe and plan approved by the supervisor. Of the 26 FDR assessments or investigations that were not completed within 30 days, the range of time it took to complete was between 48 and 1206 days, with the average time being 343 days. Of the FDR assessment or investigation that was not completed in accordance to the extended timeframe approved by the supervisor, the time it took to complete was 101 days.

d.5 Strength and Needs Assessment and Family Plan

FS 17 to FS 21 relate to the completion of the Family and Child Strengths and Needs Assessment and the Family Plan. The records included the selected samples of 30 open FS cases and one closed FS case.

Measures	Total Applicable	Total Achieved	Total Not Achieved	% Achieved
FS 17: Completing a Family and Child Strengths and Needs Assessment	31	9	22	29%
FS 18: Supervisor Approval of the Strengths and Needs Assessment	31	8	23	26%
FS 19: Developing the Family Plan with the Family	31	16	15	52%
FS 20: Timeframe for Completing the Family Plan	31	10	21	32%
FS 21: Supervisor Approval of the Family Plan	31	14	17	45%

FS 17: **Completing a Family and Child Strengths and Needs Assessment:** The compliance rate for this critical measure was **29**%. The measure was applied to all 31 records in the samples; nine were rated achieved and 22 were rated not achieved. To receive a rating of achieved, the Family and Child Strength and Needs Assessment completed in its entirety.

Of the 22 records rated not achieved, 17 did not contain Family and Child Strengths and Needs Assessments and five contained incomplete Family and Child Strengths and Needs Assessments.

The audit also assessed whether the Child and Family Strengths and Needs Assessment was completed within the most recent six-month practice cycle. Of the nine records rated achieved, five Family and Child Strengths and Needs Assessments were completed within the most recent six-month practice cycle and four did not (these four were completed within the 12-month timeframe of the audit).

FS 18: **Supervisor Approval of the Strengths and Needs Assessment**: The compliance rate for this critical measure was **26**%. The measure was applied to all 31 records in the samples; eight were rated achieved and 23 were rated not achieved. To receive a rating of achieved, the Family and Child Strength and Needs Assessment was approved by the supervisor.

Of the 23 records rated not achieved, 17 did not contain Family and Child Strengths and Needs Assessments and six Family and Child Strengths and Needs Assessments were not approved by supervisors.

FS 19: **Developing the Family Plan with the Family:** The compliance rate for this critical measure was **52**%. The measure was applied to all 31 records in the samples; 16 were rated achieved and 15 were rated not achieved. To receive a rating of achieved, the Family Plan form or its equivalent was developed in collaboration with the family. An equivalent to the Family Plan form can be the plan developed during a facilitated meeting, such as at a Family Case Planning Conference, Traditional Family Planning Meeting, or Family Group Conference. The equivalent plan must have the following key components:

- the priority needs to be addressed
- the goals described in clear and simple terms regarding what the family would like to change in their lives in relation to the identified need
- indicators that described in clear and simple terms what will appear different when the need is met (from the viewpoint of the family or from the viewpoint of others)
- strategies to reach goals, where the person responsible for implementing the strategy is also noted
- a review date, when progress towards the goal will be reviewed and a determination made on whether the goal has been met.

Of the 15 records rated not achieved, 14 did not contain Family Plans or equivalents and one Family Plan or equivalent was not developed in collaboration with the family.

The audit also assessed whether the Family Plans or equivalents were completed after the Family and Child Strengths and Needs Assessments. Of the 16 records that received ratings of achieved, seven contained Family Plans or equivalents that were completed after the Family and Child Strengths and Needs Assessments and nine Family Plans or equivalents were completed without first completing the Family and Child Strengths and Needs Assessments.

FS 20: **Timeframe for Completing the Family Plan:** The compliance rate for this critical measure was **32**%. The measure was applied to all 31 records in the samples; ten were rated achieved and 21 were rated not achieved. To receive a rating of achieved, a Family Plan or its equivalent was created within 30 days of initiating ongoing protection services and revised within the most recent six-month practice cycle.

Of the 21 records rated not achieved, 14 did not contain Family Plans or equivalents, five contained Family Plans or equivalents within the 12-month timeframe of the audit but they were not revised within the most recent six-month practice cycle and two contained Family Plans or equivalents within the most recent six-month practice cycle but they did not contain Family Plans or equivalents created within 30 days of initiating ongoing protection services.

FS 21: **Supervisors Approval of the Family Plan:** The compliance rate for this critical measure was **45**%. The measure was applied to all 31 records in the samples; 14 were rated achieved and 17

were rated not achieved. To receive a rating of achieved, the Family Plan or its equivalent was approved by the supervisor.

Of the 17 records rated not achieved, 14 did not contain Family Plans or equivalents and three Family Plans or equivalents were not approved by supervisors.

d.6 Reassessment

FS 22 relates to the completion of the Vulnerability Reassessment or Reunification Assessment. The records included the selected samples of 30 open FS cases and one closed FS case.

Measures	Total Applicable	Total Achieved	Total Not Achieved	% Achieved
FS 22: Completing a Vulnerability Reassessment or a Reunification Assessment	31	2	29	6%

FS 22: Completing a Vulnerability Reassessment OR a Reunification Assessment: The compliance rate for this critical measure was **6**%. The measure was applied to all 31 records in the samples; two were rated achieved and 29 were rated not achieved. To receive a rating of achieved, a Vulnerability Reassessment or Reunification Assessment was completed within the most recent six-month practice cycle and a Reunification Assessment completed within three months of the child's return or a court proceeding regarding custody and the assessment(s) was approved by the supervisor.

Of the 29 records rated not achieved, 12 did not contain Vulnerability Reassessments, ten did not contain Reunification Assessments, four contained incomplete Vulnerability Reassessments, one contained an incomplete Reunification Assessment, two contained Vulnerability Reassessments within the 12-month audit timeframe but they were not revised within the most recent six-month practice cycle, and three did not contain Reunification Assessments completed within three months of the children's return or court proceedings regarding custody. The total adds to more than the number of records rated not achieved because three records had combinations of the above noted reasons.

d.7 Decision to End Protection Services

FS 23 relates to making the decision to end ongoing protection services. The records included the selected sample of one closed FS case.

Measures	Total Applicable	Total Achieved	Total Not Achieved	% Achieved
FS 23: Making the Decision to End Ongoing Protection Services	1	0	1	0%

FS 23: Making the Decision to End Ongoing Protection Services: The compliance rate for this critical measure was **0**%. The measure was applied to the one applicable record in the sample; it was rated not achieved. To receive a rating of achieved:

- the decision to conclude ongoing protection services was made in consultation with a supervisor
- there were no unaddressed reports of abuse or neglect
- there were no indications of current or imminent safety concerns
- the family demonstrated improvements as identified in the Family Plan
- a recent Vulnerability Reassessment or Reunification Assessment confirmed that factors identified as contributing to high vulnerability no longer existed or have been sufficiently addressed
- the family demonstrated the ability to access and use formal and informal resources and the family had the ability to parent without MCFD support.

Of the one record rated not achieved, ongoing protection services ended without completing a Vulnerability Re-assessment within the most recent six-month practice cycle.

e) Incidents, Memos and Service Requests Open for Longer Than Six Months

The overall compliance rate for the Child Protection Response Model set out in Chapter 3 of the Child Safety and Family Support Policies was **45**%. The audit reflects the work done by the staff in the agency's family service program and focused all electronic documentation in BP and ICM from the times the records were opened until the times they were audited. There was a total of 67 records in the open memo, open service request, and open incident samples selected for this audit. Not all 23 measures in the audit tool were applicable to all the records. The notes below the table describe the records that were not applicable.

e.1 Report and Screening Assessment

FS 1 to FS 4 relate to obtaining and assessing a child protection report. The records included the selected samples of 39 incidents, 14 memos and 14 service requests that were open on September 30, 2019 and had been open for longer than six months.

Measures	Total Applicable	Total Achieved	Total Not Achieved	% Achieved
FS 1: Gathering Full and Detailed Information	67	61	6	91%
FS 2: Conducting an Initial Record Review (IRR)	67	24	43	36%
FS 3: Assessing the Report about a Child or Youth's Need for Protection (Completing the Screening Assessment)	67	42	25	63%
FS 4: Determining Whether the Report Requires a Protection or Non-protection Response	67	63	4	94%

FS 1: Gathering Full and Detailed Information: The compliance rate for this critical measure was **91**%. The measure was applied to all 67 records in the sample; 61 were rated achieved and six were rated not achieved.

Of the six records rated not achieved, all lacked detailed and sufficient information from the callers to determine appropriate pathways.

FS 2: Conducting an Initial Record Review (IRR): The compliance rate for this critical measure was **36**%. The measure was applied to all 67 records in the samples; 24 were rated achieved and 43 were rated not achieved.

Of the 43 records rated not achieved, 12 did not have IRRs documented, 10 IRRs were not completed within 24 hours, 17 IRRs contained insufficient information, and 14 IRRs did not indicate that BP was checked. Of the 10 records that did not document the IRRs within 24 hours, the range of time it took to complete the IRRs was between two and 50 days, with the average time being 13 days. The total adds to more than the number of records rated not achieved because nine records had combinations of the above noted reasons (two or more).

FS 3: Completing the Screening Assessment: The compliance rate for this critical measure was **63**%. The measure was applied to all 67 records in the samples; 42 were rated achieved and 25 were rated not achieved.

Of the 25 records rated not achieved, eight did not contain Screening Assessments, two contained incomplete Screening Assessments and 15 Screening Assessments were not completed within the required 24-hour timeframe. Of the 15 Screening Assessments that were not completed within the 24-hour timeframe, the range of time it took to complete the Screening Assessments was between two and 1065 days, with the average time being 109 days.

FS 4: **Determining Whether the Report Requires a Protection or Non-Protection Response**: The compliance rate for this critical measure was **94**%. The measure was applied to all 67 records in the samples; 63 were rated achieved and 4 were rated not achieved.

Of the four records rated not achieved, all were memos but the nature of the reported concerns warranted child protection responses. The four memos were added to the incident sample from FS5 to FS16 and received ratings of not achieved for these measures because the required protection responses were not provided. Within these records, further information was collected by the social workers and/or supports were subsequently provided to the families which adequately addressed the risk factors presented in the initial reports and the family histories documented in ICM.

e.2 Response Priority, Detailed Records Review and Safety Assessment

FS 5 to FS 9 relate to assigning a response priority, conducting a detailed record review (DRR) and completing the safety assessment process and form. The records included the selected samples of 39 incidents that were open on September 30, 2019 and had been open for longer than six months augmented with the records described in the note below the table.

Measures	Applicable	Total Achieved	Total Not Achieved	% Achieved
FS 5: Assigning an Appropriate Response Priority	43*	39	4	91%
FS 6: Conducting a Detailed Record Review (DRR)	43*	7	36	16%
FS 7: Assessing the Safety of the Child or Youth	43*	25	18	58%
FS 8: Documenting the Safety Assessment	43*	5	38	12%
FS 9: Making a Safety Decision Consistent with the Safety Assessment	43*	23	20	53%

*Total applicable includes 39 open incidents augmented with the addition of four open memos with inappropriate non-protection responses.

FS 5: **Determining the Response Priority**: The compliance rate for this critical measure was **91**%. The measure was applied to all 43 records in the augmented sample; 39 were rated achieved and four were rated not achieved.

Of the four records rated not achieved, all were memos with inappropriate non-protection responses.

The audit also assessed whether the families were contacted within the timeframes of the assigned response priorities. Of the 39 incidents in the sample, 23 contained documentation confirming that the families were contacted within the assigned response priorities and 16 did not. Of these 16, all were given the response priority of within 5 days. Of these 16 records, five did not confirm that the families were contacted and the range of time it took to contact the remaining 11 families was between five days and 512 days, with the average time being 76 days.

FS 6: **Conducting a Detailed Record Review (DRR)**: The compliance rate for this critical measure was **16**%. The measure was applied to all 43 records in the augmented sample; seven were rated achieved and 36 were rated not achieved

Of the 36 records rated of not achieved, 28 had no DRRs documented, two DRRs did not contain the information missing in the IRRs, two DRRs did not indicate the effectiveness of the last interventions, two DRRs did not indicate the families' responsiveness to previous issues, one DRR did not indicate how the previous issues/concerns were addressed, and four were memos with inappropriate non-protection responses. The total adds to more than the number of records rated not achieved because two records had combinations of the above noted reasons (two or more).

FS 7: **Assessing the Safety of the Child or Youth**: The compliance rate for this critical measure was **58**%. The measure was applied to all 43 records in the augmented sample; 25 were rated achieved and 18 were rated not achieved.

Of the 18 records rated not achieved, five did not confirm that the families were contacted, six safety assessment processes were not completed during the first significant contacts with the families, three did not have safety plans developed when there were safety concerns identified and the children/youth were not removed, and four were memos with inappropriate non-protection responses. Of the 18 records rated not achieved, two were brought to the attention of the executive director for follow up because the documentation suggested that children/youth may have needed protection at the time the records were audited. Of the 16 remaining records, further information was collected by the social workers and/or supports were subsequently provided to the families which adequately addressed the risk factors presented in the initial reports and documented family histories.

FS 8: **Documenting the Safety Assessment**: The compliance rate for this critical measure was **12**%. The measure was applied to all 43 records in the augmented sample; five were rated achieved and 38 were rated not achieved.

Of the 38 records rated not achieved, 14 did not contain Safety Assessment forms, one Safety Assessment form was incomplete, 19 Safety Assessment forms were not completed within 24 hours of completing the safety assessment processes, and four were memos with inappropriate

non-protection responses. Of the 19 Safety Assessment forms that were not completed within 24 hours of the safety assessment processes, the range of time it took to complete the forms was between three days and 279 days, with the average time being 109 days.

FS 9: **Making a Safety Decision Consistent with the Safety Assessment**: The compliance rate for this critical measure was **53**%. The measure was applied to all 43 records in the augmented sample; 23 were rated achieved and 20 were rated not achieved.

Of the 20 records rated not achieved, 14 did not contain Safety Assessment forms, one Safety Assessment form did not indicate a safety decision, one safety decision was not consistent with the information in the Safety Assessment form and four were memos with inappropriate non-protection responses.

e.3 Steps of the FDR Assessment or Investigation

FS 10 to FS 13 relate to meeting with or interviewing the parents and other adults in the family home, meeting with every child or youth who lives in the family home, visiting the family home and working with collateral contacts. The records included the selected samples of 39 incidents that were open on September 30, 2019 and had been open for longer than six months augmented with the records described in the note below the table.

Measures	Applicable	Total Achieved	Total Not Achieved	% Achieved
FS 10: Meeting with or Interviewing the Parents and Other Adults in the Family Home	43*	23	20	53%
FS 11: Meeting with Every Child or Youth Who Lives in the Family Home	43*	20	23	47%
FS 12: Visiting the Family Home	43*	21	22	49%
FS 13: Working with Collateral Contacts	43*	4	39	9%

*Total applicable includes 39 open incidents augmented with the addition of four open memos with inappropriate non-protection responses.

FS 10: **Meeting or Interviewing the Parents and Other Adults in the Family Home**: The compliance rate for this critical measure was **53**%. The measure was applied to all 43 records in the augmented sample; 23 were rated achieved and 20 were rated not achieved.

Of the 20 records rated not achieved, seven did not confirm that the social workers met with or interviewed the parents, seven confirmed that the social workers met with or interviewed one parent but not the other, one record did not document sufficient information about the family from the interview to assess the child's safety, three did not confirm that the social workers met with or interviewed the other adults in the homes, and four were memos with inappropriate non-

protection responses. The total adds to more than the number of records rated not achieved because two records had combinations of the above noted reasons.

FS 11: **Meeting with Every Child or Youth Who Lives in the Family Home**: The compliance rate for this critical measure was **47**%. The measure was applied to all 43 records in the augmented sample; 20 were rated achieved and 23 were rated not achieved.

Of the 23 records rated not achieved, 17 did not confirm that the social workers met with any children/youth living in the homes, two confirmed that the social workers interviewed some, but not all, of the children living in the homes, and four were memos with inappropriate non-protection responses.

FS 12: **Visiting the Family Home**: The compliance rate for this critical measure was **49**%. The measure was applied to all 43 records in the augmented sample; 21 were rated achieved and 22 were rated not achieved.

Of the 22 records rated not achieved, 18 did not confirm that the social workers visited the family homes and four were memos with inappropriate non-protection responses.

FS 13: **Working with Collaterals**: The compliance rate for this critical measure was **9**%. The measure was applied to all 43 records in the augmented sample; four were rated achieved and 39 were rated not achieved.

Of the 39 records rated not achieved, 18 did not have any collaterals documented, 17 had collaterals documented but failed to complete necessary collaterals with designated representatives of the First Nations, Treaty First Nations or Metis community, one failed to complete a necessary collateral with the police, and four were memos with inappropriate non-protection responses. The total adds to more than the number of records rated not achieved because one record had a combination of the above noted reasons.

The audit also assessed whether the social workers, if the records were incidents with FDR protection responses, contacted the parents prior to initiating the FDR responses and whether the social workers had discussions about which collateral contacts could provide the necessary information and reached agreements about the plans to gather information from specific collaterals. Of the 39 incidents in the sample, 36 required FDR responses. Of these 36 FDR responses, 19 confirmed that the social workers contacted the parents prior to contacting collaterals. Furthermore, of these 36 FDR responses, two confirmed that the social workers had discussions with the parents about which collateral contacts could provide the necessary information and reached agreements about the plans to gather information from specific collaterals.

e.4 Assessing the Risk of Future Harm and Determining the Need for Protection Services

FS 14 to FS 16 relate to assessing the risk of future harm, determining the need for protection services and the timeframe for completing the FDR assessment or investigation. The records included the selected samples of 39 incidents that were open on September 30, 2019 and had been open for longer than six months augmented with the records described in the note below the table.

Measures	Applicable	Total Achieved	Total Not Achieved	% Achieved
FS14: Assessing the Risk of Future Harm	43*	9	34	21%
FS 15: Determining the Need for Protection Services	43*	15	28	35%
FS 16: Timeframe for Completing the FDR Assessment or Investigation	43*	0	43	0%

*Total applicable includes 39 open incidents augmented with the addition of four open memos with inappropriate non-protection responses.

FS 14: **Assessing the Risk of Future Harm**: The compliance rate for this critical measure was **21**%. The measure was applied to all 43 records in the augmented sample; nine were rated achieved and 34 were rated not achieved.

Of the 34 records rated not achieved, 18 did not contain Vulnerability Assessments, 12 Vulnerability Assessments were not approved by supervisors, and four were memos with inappropriate non-protection responses.

The audit also assessed the length of time it took to complete the Vulnerability Assessments. Of the nine records rated achieved, the range of time it took to complete the Vulnerability Assessments was between 10 days and 528 days, with the average time being 124 days.

FS 15: **Determining the Need for Protection Services**: The compliance rate for this critical measure was **35**%. The measure was applied to all 43 records in the augmented sample; 15 were rated achieved and 28 were rated as not achieved.

Of the 28 records rated not achieved, 23 did not documentation decisions about whether to provide ongoing protection services, one decision to not provide ongoing protection services was inconsistent with the information in the incident, and four were memos with inappropriate non-protection responses.

FS 16: **Timeframe for Completing the FDR Assessment or Investigation:** The compliance rate for this critical measure was **0**%. The measure was applied to all 43 records in the augmented sample; all were rated not achieved.

Of the 43 records rated not achieved, 39 FDR assessments or investigations were not completed within 30 days and four were memos with inappropriate non-protection responses. Of the 39 FDR assessments or investigations not completed within 30 days, the range of time the FDR assessments or investigations had remained open (as of the date the audit was conducted) was between 35 and 1153, with the average time being 411 days.

7. ACTIONS COMPLETED TO DATE

Prior to the action plan meeting on July 7, 2020, the agency implemented the following strategies:

1) The Thorough Review and Case Consultation (TRACC) model for clinical supervision was adopted for all delegated staff.
2) All delegated social worker vacancies have been filled and delegation training is underway or completed for new staff.
3) All delegated social workers have received ICM training from MCFD contractor Danielle Griffiths.
4) Tracking systems for delegated social workers have been implemented to monitor the compliance to the following standards: Private visits with children and youth in care every 30 days; reviews of the Rights of Children in Care; all SDM tools associated with child protection responses, Quality Assurance case reviews, and annual care plans.
5) Family Meetings Process (the agency's traditional decision-making process) was implemented in May 2018 to ensure consistent compliance with the Aboriginal Policy and Practice Framework and to ensure the consistent attention on creating permanency plans for all children and youth in care.

8. ACTION PLAN

On July 7, 2020, the following Action Plan was developed in collaboration between Lalum'utul'Smun'eem Child and Family Services and MCFD Office of the Provincial Director of Child Welfare (Quality Assurance & Aboriginal Services).

Following final approval of the report the agency requested changes to the Supervision and Consultation section. Following the updating of that section the agency also requested new completion dates for actions 2, 3, 4, and 6. The new agreed upon date is March 31, 2021.

Actions	Person Responsible	Date to be completed
1. Review with all delegated social workers and supervisors the standards and key supervisory consultation points and the timelines within their respective programs for completing in-person contacts with families, children and youth in care, caregivers and prospective adoptive parents. Specifically, these reviews will emphasize the importance of completing and documenting the required in-person contacts found within the following standards: a. Child Safety and Family Support Policies (Chapter 3) Standard 3.2(3) and 3.3(4)**:** Assess the safety of the child/youth for every FDR during the first significant contact with the child/youth's family members and develop a Safety Plan if there are concerns about the child/youth's immediate safety. b. Chapter 3 Standard 3.2(1) and 3.3(1)**:** Conduct an in-person interview with the parent(s) and other adults living in the family home. c. Chapter 3 Standard 3.2(2) and 3.3(3)**:** Meet with every child/youth who lives in the family home and conduct, to the extent possible according to the child's developmental level, a private, face-to-face conversation with each child/youth, unless a supervisor grants an exception, with the rationale for the exception documented. d. Chapter 3 Standard 3.2(4) and 3.3(5)**:** Visit the family's home unless a supervisor grants an exception, with the rationale for the exception documented. e. Chapter 3 Standard 3.6(2) and 3.7(2): Within 30 days of initiating ongoing protection services, and at least every six months, collaborate with the family to create a Family Plan or its equivalent. f. Aboriginal Operational and Practice Standards and Indicators (AOPSI) Standard 2: Developing a comprehensive plan of care. g. AOPSI Standard 3: Monitoring and reviewing the child's comprehensive plan of care. h. AOPSI Standard 5: Reviewing the Rights of Children in Care. i. AOPSI Standard 8: Social Worker's Relationship and contact with a child in care. j. AOPSI Standard 30: Completing the home study. k. AOPSI Standard 32: Signing agreements with caregivers. l. AOPSI Standard 33: Monitoring and reviewing the family care home.	Executive Director	Completed January 31, 2021

m. Adoption Practice Standard 57: Post-placement responsibilities of the adoption worker to the child and the adoptive parent(s). n. Reviewing and clarifying that tasks associated with Adoption Standard 26 Selecting Prospective Parent(s) for a Child in Continuing Custody and Adoption Practice Standard 27 Proposing the Adoption Placement of a Child to Prospective Adoptive Parent(s) for "foster to adopt" placements. Confirmation that these reviews have been completed will be sent, via email, to the Manager of Quality Assurance.		
2. The agency will review and provide training, supported by Aboriginal Services Branch staff, with all delegated social workers and supervisors the standard and key documentation, notification and timeline requirements of AOPSI Standard 12: Reportable Circumstances.	Executive Director	March 31, 2021
3. The agency will review all open resources cases and complete all outstanding criminal record checks on caregivers and other adults living in the caregivers' homes. Confirmation of completion will be sent, via email, the manager of Quality Assurance, MCFD.	Executive Director	March 31, 2021
4. The agency will review all open resources cases and complete all outstanding home studies and annual reviews. Confirmation of completion will be sent, via email, the manager of Quality Assurance, MCFD.	Executive Director	March 31, 2021
5. The agency will provide confirmation that reportable circumstances are being submitted as per policy and any investigations of alleged abuse/neglect are completed.	Executive Director	Completed February 9, 2021
6. The permanency planning social worker(s) and supervisor will review the audit report. A tracking system will be established to ensure the adoption critical measures are discussed in ongoing structured supervision sessions. Confirmation of completion will be sent, via email, the manager of Quality Assurance, MCFD. Confirmation of completion will be sent, via email, the manager of Quality Assurance, MCFD.	Executive Director	March 31, 2021

APPENDIX

A. Supplementary Findings for Child Service and Resources Practice

On November 4, 2019, the practice analysts returned to the agency to complete the audit which also included the review of the child service and resource cases that were audited in 2018 and remained open on September 30, 2019. The following methodology was developed:

- audit the child service and resource records from the original samples that were currently open
- assess the documentation within the most recent 12-month period from October 1, 2018 to September 30, 2019
- collect the data in the Share Point site and generate program compliance tables for the 12-month timeframe (see below) and a compliance report for each record audited.

The audit included the following records from the original samples;

Record Types	2018 Sample	Still Open on September 30, 2019
Open child service cases	44	39
Open resource cases	35	28

A.1 Child Service

The overall compliance rate for the AOPSI Child Service Standards was **61%.** The audit reflects the work done by the staff in the agency's guardianship program over the 12-month period from October 1, 2018 to September 30, 2019. The audit included 39 records from the original sample that were still open on September 30, 2019. Not all 23 measures in the audit tool were applicable to the remaining 39 open records. The notes below the table describe the records that were not applicable.

Standards	Total Applicable	Total Achieved	Total Not Achieved	% Achieved
Standard 1 Preserving the Identity of the Child in Care and Providing Culturally Appropriate Services	39	33	6	85%
Standard 2 Development of a Comprehensive Plan of Care	0*			
Standard 3 Monitoring and Reviewing the Child's Comprehensive Plan of Care	39	18	21	46%
Standard 4 Supervisory Approval Required for Guardianship Services	39	21	18	54%

Standard 5 Rights of Children in Care	39	28	11	72%
Standard 6 Deciding Where to Place the Child	39	32	7	82%
Standard 7 Meeting the Child's Need for Stability and continuity of Relationships	39	38	1	97%
Standard 8 Social Worker's Relationship & contact with a Child in Care	39	0	39	0%
Standard 9 Providing the Caregiver with Information and Reviewing Appropriate Discipline Standards	39	8	31	21%
Standard 10 Providing Initial and ongoing Medical and Dental Care for a Child in Care	39	38	1	97%
Standard 11 Planning a Move for a Child in Care (VS 20)	8*	7	1	88%
Standard 12 Reportable Circumstances	7*	2	5	29%
Standard 13 When a Child or Youth is Missing, Lost or Runaway	1*	0	1	0%
Standard 14 Case Documentation	39	6	33	15%
Standard 15 Transferring Continuing Care Files	8*	3	5	38%
Standard 16 Closing Continuing Care Files	1*	1	0	100%
Standard 17 Rescinding a Continuing Custody Order	1*	1	0	100%
Standard 19 Interviewing the Child about the Care Experience	7*	0	7	0%
Standard 20 Preparation for Independence	5*	3	2	60%
Standard 21 Responsibilities of the Public Guardian and Trustee	20*	19	1	95%
Standard 22 Investigation of alleged Abuse or Neglect in a Family Care Home	3*	0	3	0%
Standard 23 Quality of Care Review	0*			
Standard 24 Guardianship Agency Protocols	39	39	0	100%

Standard 2: 39 records did not involve initial care plans completed within the timeframe
Standard 11: 31 records did not involve children who were moved from their care homes
Standard 12: 32 records did not contain information regarding reportable circumstances
Standard 13: 38 records did not contain information regarding children missing, lost or run away
Standard 15: 31 records did not involve case transfers
Standard 16: 38 records were not closed continuing care cases
Standard 17: 38 records did not include rescindments of continuing custody orders
Standard 19: 32 records did not involve changes in placements
Standard 20: 34 records did not involve youth requiring planning for independence
Standard 21: 19 records did not involve the Public Guardian and Trustee
Standard 22: 36 records did not involve investigations of abuse or neglect in family care homes
Standard 23: 39 records did not involve quality of care reviews

St. 1: Preserving the identity of the Child in Care: Of the six records rated not achieved, all did not document that the children/youth in care had access to culturally appropriate resources.

St. 3 Monitoring and Reviewing the Child's Plan of Care: Of the 21 records rated not achieved, all did not contain care plans within the 12-month audit timeframe.

St. 4 Supervisory Approval Required for Guardianship Services: Of the 18 records rated not achieved, all contained care plans that were not approved by supervisors, one did not document supervisory approval for a placement change, and one did not document supervisory approval of a plan for independence for a youth. The total adds to more than the number of records rated not achieved because two records had a combination of the above noted reasons.

St. 5 Rights of Children in Care: Of the 11 records rated not achieved, all did not contain confirmations that the rights of children in care, including the advocacy process, were reviewed with the children/youth within the 12-month audit timeframe.

St. 6 Deciding Where to Place the Child: Of the seven records rated not achieved, all involved children/youth placed in out of home living arrangements that were not in accordance with section 71 of the Child, Family and Community Services Act. Specifically, the children/youth were not placed with extended family members or within their communities and there were no efforts documented to resolve the issues.

St. 7 Meeting the Child's Needs for Stability and Continuity of Relationships: Of the one record rated not achieved, there was no documented plan to support the continuity of relationships with siblings.

St. 8 Social Worker's Relationship and Contact with the Child: Of the 39 records rated not achieved, five did not document any visits in the 12-month audit timeframe, 16 documented private visits but they were not conducted every 30 days, 24 documented visits but some or all were not conducted in private (often with sibling groups), one did not document a private visit at the time of placement and one did not document a private visit within seven days after a placement. The total adds to more than the number of records rated not achieved because eight records had a combination of the above noted reasons.

Of the 16 records that documented private visits but these were not conducted every 30 days, the number of private visits documented within the 12 month audit timeframe ranged from one to eight, with an average of four private visits documented per child/youth within the 12-month audit timeframe.

St. 9 Providing the Caregiver with Information and Reviewing the Appropriate Discipline Standards: Of the 31 records rated not achieved, 27 did not document that the discipline

standards were reviewed with the caregivers within the 12-month audit timeframe, two did not document that the discipline standards were reviewed with the caregivers at the times of placements, and four did not document that information about the children/youth was provided to the caregivers at times of placements. The total adds to more than the number of records rated not achieved because two records had combinations of the above noted reasons.

St. 10 Providing Initial and Ongoing Medical and Dental Care: Of the one record rated not achieved, there was no documentation of medical and dental follow up as recommended.

St. 11 Planning a Move for a Child in Care: Of the one record rated not achieved, it did not document that explanations, orientations nor pre-placement visits were provided to the child/youth prior to a move.

St. 12 Reportable Circumstances: Of the five records rated not achieved, four required reportable circumstance reports but they were not submitted, and one reportable circumstance report was not submitted within the required 24 hours. The practice analysts notified the agency of the four outstanding reportable circumstances that required follow up.

St 13 When a Child or Youth is Missing, Lost or Runaway: Of the one record rated not achieved, a safety plan was not developed after a missing youth was found.

St. 14 Case Documentation: Of the 33 records rated not achieved, 32 did not contain review recordings nor care plan reviews during the 12-month audit timeframe and one did not contain a review recording nor care plan review following a change in circumstances for the child/youth in care.

St. 15 Transferring Continuing Care Files: Of the five records rated not achieved, four did not confirm that the social workers met with the caregivers prior to the transfers, five did not confirm that the social workers met with the children and youth prior to the transfers and no efforts were documented, two did not confirm that the social workers met with the service providers prior to the transfers and no efforts were documented, three did not confirm that the social workers met with the children and youth within five days of the transfers and no efforts were documented and two did not confirm that the social workers met with the families within five days of the transfers and no efforts were documented. The total adds to more than the number of records rated not achieved because all five records had combinations of the above noted reasons.

St. 19 Interviewing the Child about the Care Experience: Of the seven records rated not achieved, all did not confirm that interviews were conducted with the children/youth after placement changes.

St. 20 Preparation for Independence: Of the two records rated not achieved, one did not contain a plan for independence, and one contained an incomplete plan for independence.

St. 21 Responsibilities of the Public Guardian and Trustee: Of the one record rated not achieved, it did not document that the Public Guardian and Trustee was notified of a CCO rescindment.

St. 22 Investigation of Alleged Abuse or Neglect in a Foster Home: Of the three records rated not achieved, all did not contain the summary reports related to completed protocol investigations.

A.2 Resources

The overall compliance rate for the AOPSI Resource Service Standards was **39%.** The audit reflects the work done by the staff in the agency's resource program over the 12-month period from October 1, 2018 to September 30, 2019. The audit included 28 records from the original sample that were still open on September 30, 2019. However, not all nine measures in the audit tool were applicable to all 28 records. The notes below the table describe the records that were not applicable.

Standards	Total Applicable	Total Achieved	Total Not Achieved	% Achieved
Standard 28 Supervisory Approval Required for Family Care Home Services	28	17	11	61%
Standard 29 Family Care Homes – Application and Orientation	28	2	26	7%
Standard 30 Home Study	17*	0	17	0%
Standard 31 Training of Caregivers	28	25	3	89%
Standard 32 Signed Agreement with Caregivers	28	15	13	54%
Standard 33 Monitoring and Reviewing the Family Care Home	28	2	26	7%
Standard 34 Investigation of Alleged Abuse or Neglect in a Family Care Home	5*	2	3	40%
Standard 35 Quality of Care Review	1*	1	0	100%
Standard 36 Closure of the Family Care Home	0*			

Standard 30: 11 records did not involve home studies during the audit timeframe
Standard 34: 23 records did not involve investigations of alleged abuse or neglect in family care homes
Standard 35: 27 records did not involve quality of care reviews
Standard 36: 28 records were not closed

St. 28 Supervisory Approval Required for Family Care Home Services: Of the 11 records rated not achieved, four contained applications/home studies that were not signed by supervisors, five

contained criminal records without documented consultations with supervisors, two involved children/youth placed prior to the home studies being completed without documented consultations with supervisors, one contained an annual review that was not signed by a supervisor, and one contained documentation of abuse of a child/youth in care and without a documented consultation with a supervisor (the agency and police were actively investigating). The total adds to more than the number of records rated not achieved because two records had combinations of the above noted reasons.

St. 29 Family Care Homes – Application and Orientation: Of the 26 records rated not achieved, 26 did not contain one or both required criminal record checks, four did not contain completed medical exam forms, two did not document some or all of the required reference checks and two did not confirm that the caregivers were provided with orientations. The total adds to more than the number of records rated not achieved because four records had combinations of the above noted reasons (two or more). Of the 26 records without all the required criminal record checks, the practice analysts notified the executive director for follow up.

St. 30 Home Study: Of the 17 records rated not achieved, ten did not contain home studies and seven contained home studies but assessments of safety were not completed. Of the 10 records without home studies, the practice analysts notified the executive director for follow up.

St. 31 Training of Caregivers: Of the three records rated not achieved, three did not document any training offered to, or taken by, the caregivers within the 12-month audit timeframe and two did not document the training needs of the caregiver nor any training offered to, or taken by, the caregivers within the 12-month audit timeframe. The total adds to more than the number of records rated not achieved because two records had combinations of the above noted reasons.

St. 32 Signed Agreement with Caregiver: Of the 13 records rated not achieved, nine did not contain any Family Care Home Agreements and four contained Family Care Home Agreements but they were not consecutive throughout the 12-month audit timeframe.

St. 33 Monitoring and Reviewing the Family Care Home: Of the 26 records rated not achieved, 11 did not contain annual reviews within the 12-month audit timeframe, 14 did not document home visits throughout the 12-month audit timeframe, and 12 documented home visits but they were not completed every 90 days as required. The total adds to more than the number of records rated not achieved because 11 records had combinations of the above noted reasons.

St. 34: Investigation of Alleged Abuse or Neglect in a Family Care Home: Of the three records rated not achieved, one did not contain the summary report related to a protocol investigation completed within the 12-month audit timeframe and two required protocol investigations within the 12-month audit timeframe but the documentation did not confirm that they were conducted.