



**Child, Youth and Family Services
Children and Youth in Care and Custody
Standards and Procedures Manual
For
Staffed Residential Placement Resources**

April 16, 2015



Child, Youth and Family Services

TABLE OF CONTENTS

Acknowledgements

Introduction

Placement of Children and Youth in Care and Custody

Overview: Continuum of Care

Standards and Procedures Manual Format

Glossary

Types of Residential Placements: Overview

Standard 1:	Finances Services
Standard 2:	Human Resources
Standard 3:	Confidentiality
Standard 4:	Record Keeping and Reporting
Standard 5:	Home and Vehicle Safety Standards
Standard 6:	Investigations of Staffed Residential Placements
Standard 7:	Referral Process
Standard 8:	Sharing of Information
Standard 9:	Placement Protocol
Standard 10:	Residential Programming
Standard 11:	Planning and Monitoring for Children and Youth
Standard 12:	Routines and “In House” Rules
Standard 13:	Daily Care and Supervision
Standard 14:	Discipline
Standard 15:	Managing Behaviour, Crisis Intervention and Physical Restraint
Standard 16:	A Child or Youth absent without Permission, Missing or Abducted
Standard 17:	Medical Consent
Standard 18:	Administering Medications
Standard 19:	Family Visitation
Standard 20:	Personal Privacy
Standard 21:	Life Books

Standard 22: Annual Review of Service Provider

Appendices

- A. Vacancy Calculation Form
- B. Core Competencies of Residential Staff

ACKNOWLEDGEMENTS

The development of the Standards and Procedures Manual would not have been possible without the contributions of the following:

- Staff in the Division of Child Protection and In Care for providing leadership, initiative, innovative thinking and tremendous commitment in the development of standards and procedures that guide quality residential programs in support of children and youth and their families.
- Provincial and Regional staff who participated in (or provided feedback to) the working group that was formed to help inform these standards and procedures to ensure residential services are consistent with the principles of the *Children and Youth Care and Protection Act*, and the *Protection and In Care Policy and Procedures Manual* and other CYFS policies.
- Executive of the Department of Child, Youth & Family Services for their leadership and assistance throughout this process.
- Other jurisdictions for sharing their experiences, policies and best practices to assist in developing standards and procedures that are both progressive and representative of current child welfare practice.

INTRODUCTION

In March 2009, the Government of Newfoundland and Labrador announced the establishment of the Department of the Child, Youth and Family Services. A key goal of the Department is to revitalize the child protection system, guided by improved and progressive legislation, as well as to instill a culture of accountability and excellence in all Child, Youth and Family Services program areas.

The *Children and Youth Care and Protection Act SNL 2010, c. C-12.2* (the *Act*) is the legislative authority for the delivery of services to children, youth and families that includes; Protective Intervention Services, the In Care Program, Placement Resources for Children and Youth In Care and the Youth Services Program. The *Act* includes a clear purpose statement which is “to promote the safety and well-being of children and youth who are in need of protective intervention.” All interventions are based on children who are in need of protective intervention and a range of supports and services are provided to children, youth and families. These activities are aimed at reducing risk to children and youth to the point that such interventions are no longer required.

All services provided under the *Act* are the responsibility of the Department of Child, Youth and Family Services and are delivered through four regions which are represented by 13 zones. The Department of Child, Youth and Family Services is responsible for protecting children and youth from maltreatment by their parents, and supporting their well-being and healthy development in families and the community through the provision of services and programs.

The *Act* provides clarification on responsibility for the development of policies, programs and standards and, evaluation and monitoring activities designed to support and enhance the delivery of services in the regions. The Division of Child Protection and In Care has the primary responsibility to oversee development, delivery and monitoring in collaboration with the Quality Division of the Department of Child, Youth and Family Services.

PLACEMENT OF CHILDREN IN CARE

Children usually come into care when a child is removed as a less intrusive course of action that would adequately protect the child is not available and the court makes a legal finding that a child is in need of protective intervention due to concerns for their safety and well-being. Parents may also voluntarily transfer the care of their child to a Manager of Child, Youth and Family Services. While children and youth are in care, the Department of Child, Youth and Family Services works with the family to reduce risk and promote positive change in the family so that the child or youth may eventually be able to safely return home.

The placement of children and youth is guided by the philosophy and principles of the *Child and Youth Care and Protection Act (CYCP)*. The overriding and paramount consideration in decisions made under the *Act* is the best interest of the child or youth.

BEST INTEREST PRINCIPLES

The *Act* outlines the relevant factors that shall be considered in determining a child's/youth's best interest. These factors include:

- The child or youth's safety, health and well being;
- The child or youth's physical, emotional and developmental needs;
- The child or youth's relationship with family or a person significant to the child /or youth;
- The child or youth's identity and cultural and community connections;
- The child or youth's opinion regarding his or her care and custody or the provision of services; and
- The importance of stability and permanency in the context of the child or youth.

PLACEMENT CONSIDERATIONS

In keeping with the best interest principle, every effort should be made to match a child or youth in care with a placement that can:

- Protect and nurture them;
- Support connections to their family and community;
- Respect and cultivate cultural heritage, spiritual beliefs and identity; and
- Meet their emotional, developmental and service needs.

Relatives, non-custodial parents and individuals significant to the child are normally considered first when exploring placement options. If a family member or significant other is unavailable, the child or youth is matched with either an approved foster family or residential setting that best meets that child/youth's needs. Every effort should be made to place siblings together unless for a safety reason this is not in the best interest of individual siblings.

When a child or youth is placed in a foster home or in a residential placement, it is important that the social worker prepare and support the child or youth, the parent(s), the foster parents or the residential Service Provider with the transition. If possible pre-placement visiting should be facilitated. The social worker shall provide the child or youth and the parent(s) with relevant information about the foster family or Service Provider unless it is not deemed in the child or youth's best interest. It is also important for the social worker to provide as much relevant

information as possible about the child or youth to the foster parents or Service Provider.

PLANNING FOR CHILDREN AND YOUTH IN CARE

Planning for a child or youth in care shall be consistent with the goals for the child or youth outlined in *Plan for the Child* submitted to the Court. All decisions made regarding children and youth in care are made in accordance with the best interest of the child as outlined in s.9 of the *CYCP Act*.

Planning for a child or youth in care/custody is an ongoing process and it is the responsibility of the social worker, in consultation with the *In Care Planning Team*, to ensure that:

- The child or youth is the primary focus of all planning;
- Permanency planning for the child or youth is paramount;
- Planning is based on the child or youth's needs, age and developmental stage, and is consistent with the *Plan for the Child* submitted to the Court;
- There is a plan to maintain the child or youth's contact with the parent(s), family or significant others. If a child or youth is not maintaining family contact, the reason why shall be documented;
- There is recognition of the importance of the child or youth's identity and there is a plan to maintain cultural and community connections;
- Identified supports and services are outlined in the *In Care Progress Report (IPR)*;
- Established plans are meeting the child or youth's needs; and
- *IPR* plans are reviewed and updated as necessary but at minimum every six (6) months.

OVERVIEW: CONTINUUM OF CARE

On April 24th, 2012, the Government of Newfoundland and Labrador, in the 2012-13 Budget Release, announced a new Continuum of Care Strategy to enhance placement options for children and youth in need of out-of-home care by better supporting existing foster homes and developing new resources. The goal of the Continuum of Care Strategy is to create more family based placements for children and youth to eliminate the need for Alternate Living Arrangements for children and youth who can be matched with a foster home and to develop a new process for contracted staffed residential services for children and youth with the most complex needs.

To meet this goal the new Continuum of Care Strategy is comprised of a level system with four levels:

- Level 1: Kinship Homes, Relative/Significant Other Foster Homes and Interim Approved Non-relative Foster Homes
- Level 2: Foster Homes who have completed PRIDE pre-service training
- Level 3: Specialized Foster Homes
- Level 4: Contracted Staffed Residential Placement Resources

Level 4: Contracted Staffed Residential Placement Resources

The intent of Level 4 is to ensure that children and youth who cannot be supported in a family based environment due to a range of complex social, emotional, developmental, behavioural, and medical needs are provided with a safe community based staffed living arrangement, where their needs are addressed in a caring and supportive environment. Level 4 also provides short term emergency care when necessary to allow children and youth in care to be matched with a longer term placement.

The Department of Child, Youth, and Family Services is committed to offering children and youth residing in staffed residential placement resources with a high quality of holistic, child and youth centered care within a home-like environment. When it is identified that a staffed residential placement resource is necessary a Request for Proposal (RFP) process is used by the Department to seek proposals from non-profit and for profit organizations. Respondents to the RFP have to demonstrate their ability to meet deliverables and requirements necessary to provide high quality residential care.

The operational standards and procedures contained in this document represent expectations for all Level 4 Service Providers, who are providing care to children and youth in care. The standards and procedures, in this manual, are consistent with the principles of the *Children and Youth Care and Protection Act*, and the *Protection and In Care Policy and Procedures Manual*, other CYFS policies under the authority of the *Children and Youth Care and Protection Act* and Service Agreements signed with the Service Providers.

STANDARDS AND PROCEDUES MANUAL FORMAT

The importance of standards for Residential Care is recognized within the United Nations Declaration on the Rights of Children. Article 3 of the Convention on the Rights of the Child states, “parties shall ensure that the institutions, services, and facilities responsible for the care or protection of children shall conform with standards established by competent authorities,

particularly in the areas of safety, health, in the number and suitability of staff, as well as competent supervision (UNCRC, 1989).

All Standards in the Staffed Residential Standards and Procedures Manual are formatted in a consistent manner. Each standard has an effective and a revised date for tracking and updating purposes and a cross reference to policy from the *Protection and In Care Policy and Procedure Manual* that provides directions to CYFS staff on their roles and responsibilities in relation to that standard.

The standards outlined in this manual provide general expectations and the procedures section provides specific direction (where possible) to support the standard requirements.

This manual outlines standards specific to the type of residential placement (e.g., Emergency Placement Homes, Group Homes and/or Individualized Living Arrangements), as well as general standards for care that apply regardless of the type of residential setting in which a child or youth is placed.

UPDATES TO STANDARDS

A review processes will continue as required through continued consultation with regional staff and stakeholders to ensure standards are well informed, that updates are provided through the monitoring of activities designed to determine the efficiency and effectiveness of standards and continued education on current and best practices in this field.

GLOSSARY OF TERMS

- Abducted Child or youth:** a child or youth who has been led away, in secret or by force, from their residence, school or community.
- Bridging Provision:** allows for an existing supervision or temporary custody order, granted pursuant to Subsection 32(2) of the *CYCP Act*, to remain in effect until an application for a subsequent order is heard in court and an order is granted. For the Bridging Provision to come into effect, the application for a subsequent order must be filed with the court before the expiration of the existing order.
- Care:** the physical daily care and nurturing of a child or youth Subsection (2(1)(b) of the *CYCP Act*).
- Child:** a person actually or apparently under the age of 16 years (Subsection 2(1)(c) of the *CYCP Act*).
- Child Maltreatment:** the non-accidental infliction of injury or harm to a child by a parent, or the injury or harm of a child by another person and the parent does not protect the child. Child maltreatment includes the physical, sexual or emotional abuse of a child.
- Child Protection Referral:** information received under Section 11 of the *CYCP Act* that a child is, or may be, in need of protective intervention.
- Child or Youth Absent Without Permission:** a child or youth who breaks curfew, leaves their placement without permission, or does not return to their placement at the expected time.
- Client File:** an electronic or hard copy of all client documentation and interventions.
- Collateral Source or Contact:** a person, professional or agency that is connected to the child or youth or family that may have information about the alleged

Maltreatment and/or about the family in general. The information can assist in clarifying and collaborating information about significant events or issues which have been provided by parents and children.

Continuous Custody: a custodial arrangement in which a manager becomes the sole custodian of the child or youth and has the right to make all decisions regarding the child or youth including medical decisions. The manager or a social worker may consent to the provision of medical treatment for the child or youth, and the manager may consent to the adoption of the child or youth under the *Adoption Act*.

Court: the Supreme Court of Newfoundland and Labrador Trial Division (Family) or the Provincial Court.

Custody: the rights and responsibilities of a parent with respect to a child or youth (Subsection 2(1)(e) of *CYCP Act*).

Day: every day (except Saturdays, Sundays, and government holidays recognized by field services) unless the time period specified is six (6) days or more in which case “days” means calendar days.

Educational or Rehabilitation Program: includes a post-secondary certificate, diploma or degree program, a high school equivalency program, or pre-employment program; employment, life skills or career development program; mental health and addictions treatment program, day program for youth with developmental disabilities or a physical rehabilitation program prescribed by the youth’s physician.

Emergency Placement Homes (EPH): are staffed living arrangements that offer 24 hour emergency care to children and youth for a specified period to either assess a child or youth’s placement needs, and/or to transition a child or youth to a longer term placement.

Facsimile: a record produced by electronic means, or a written record of a telephone conversation made by both parties to the conversation while it is in progress, and which the parties have confirmed as to its accuracy by reading their record of the conversation to one

another at the end of the conversation (as per Subsection 22(3) of the *CYCP Act*).

Foster Parent:

a person with whom a child or youth (who is in the care or custody of a manager) is placed for care with the approval of a manager and who, by agreement with a manager, has assumed responsibility for the care of the child or youth. A foster parent includes a family member or a person significant to the child or youth but does not include the parent of the child or youth (Subsection 2(1)(h) of the *CYCP Act*).

Government Record:

records created or received by a public body in the conduct of its affairs and include a cabinet record, transitory record or abandoned record (Subsection 2(b.1) of the *Management of Information Act*).

Group Homes:

are staffed residential settings that provide group care for children and youth who have complex social, emotional, behavioural and developmental needs and as a result require a level of residential service that cannot be provided through a less structured, family based setting.

In Care Planning Team:

a team of individuals involved in planning for the child or youth in care. The team must include the social worker for the child or youth and the social worker for the child or youth's parent(s); the child or youth (where developmentally appropriate); the parent(s) of the child or youth (if they are actively involved), foster parent(s) or residential staff person; and may also include other professionals working with the child or youth including extended family, significant others or other community partners.

**In Care Progress
Report (IPR):**

a comprehensive written report developed for each child or youth in care/custody by the social worker in consultation with the child or youth's planning team. The IPR will document the child or youth's progress on a number of developmental dimensions, outline the supports and services the child or youth requires, identify who will be responsible for linking the child or youth to identified supports and services, and monitor the goals and outcomes for the child or youth. The IPR will also monitor and document the implementation of the child or youth's contact with their parent(s), siblings, extended family, significant others, their

community and culture as outlined in the Plan for the Child filed with the Court.

Individualized Living Arrangements (ILAs):

are staffed living arrangements specific to children and youth who have extraordinary social, emotional, behavioral, development and medical needs. Children and youth with these needs cannot be appropriately matched with a foster home or group home.

Information:

personal information obtained under the CYCP Act or a predecessor Act that is held in government records by, or is in the custody of or under the control of the Department, and includes information that is written, photographed, recorded or stored in any manner.

Interim Care:

a care arrangement for a child who is removed under Section 20 of the *CYCP Act*. The manager has interim care of the child until the child is returned, under Section 45, to the parent from whom the child was removed, or until a judge makes an order at a Presentation Hearing under Section 31. While the manager has interim care of the child the manager, or a social worker, may authorize a qualified health practitioner to examine the child and consent to necessary health care for the child where the parent cannot be contacted if, in the opinion of a qualified health practitioner, health care should be provided without delay (as per Section 24 of the *CYCP Act*).

Interim Custody:

an order issued by the court at a Presentation Hearing or in accordance with Subsection 31(1)(e) of the *CYCP Act* where the child is placed in or remains in the custody of a manager until the conclusion of the Protective Intervention Hearing.

Judge:

a judge of the court.

Kinship Caregiver:

members of the extended family or a significant other approved to care for a child or youth under a Kinship Service Program.

Kinship Services:

a program available to provide supportive and financial services to approved kinship caregivers who are willing and capable of providing care to a child who is in need of protective intervention and requires an out of home living arrangement.

Live-in-Model

Vs

Rotational Staff Model:

in Level 4, a Group Home, EPH or ILA may be staffed using a Live-in Model which means that children and/or youth are cared for by an in-house “parent”, who is supported by rotating staff or a Rotational Staff Model which means that children and/or youth are cared for by a rotational staff complement 24 hours per day.

Level 1:

the first level of the continuum of care which includes kinship homes, interim approved regular foster homes, and approved relative/significant other foster homes that have not completed PRIDE Pre-service sessions.

Level 2:

the second level of the continuum of care, which consists of approved relative/significant other and regular foster homes that have completed PRIDE Pre-service sessions.

Level 3:

the third level of the continuum of care, which consists of approved specialized foster homes.

Level 4:

the forth level of the continuum of care which consists of staffed residential placements resources including Emergency Placement Homes, Group Homes, and Individualized Living Arrangements.

Manager:

a person appointed by the Minister of the Department of Child, Youth and Family Services who exercises the powers and performs the duties that are conferred or imposed upon them by the *CYCP Act*.

Missing Child or Youth:

a child or youth who is absent without permission and has not returned to his/her placement within five (5) hours, or has been absent without permission for less than five (5) hours and:

- a) is under 12 years of age;
- b) has a disability (i.e. physical, intellectual, cognitive);
- c) has a recent and repeated history of drug/alcohol/solvent use;

- d) has suspected or known mental health issues;
- e) has a diagnosed mental illness;
- f) has a recent history of suicide attempts or suicidal ideation;
- g) has a recent history self-harming behaviours;
- h) there are severe weather conditions (i.e. blizzard);
- i) has a medical condition that requires monitoring (i.e. diabetes and insulin dependent);
- j) is suspected of or is associating with individuals who pose an immediate safety threat to the child or youth (i.e. violent offenders, pimps); and
- k) any other risk factor that the social worker determines is likely to impact the child or youth's immediate safety.

Missing Youth:

a youth who has signed a Youth Services Agreement and is living independently in the community is considered missing when:

- a) an individual contacts CYFS to report they have not seen or heard from a youth for a specified period of time and the lack of contact is out of character for the youth;
- b) the youth did not arrive for a scheduled CYFS appointment and, concerned for the youth's safety and well-being, the youth's social worker designates the youth as missing; or
- c) the police contact CYFS to report that a missing persons report has been filed on the youth.

Necessary Health Care:

health care that is recommended by a qualified health practitioner. The treatment is such that, in the opinion of the qualified health practitioner, it should be provided without delay.

Necessary Medical Treatment:

medical treatment that is recommended by a qualified health practitioner. The treatment is such that, in the opinion of the qualified health practitioner, treatment should be provided without delay.

Non-Custodial Parent:

a parent of a child or youth who does not have custody but regularly exercises right of access.

Non-Offending Parent:

the parent not alleged to be involved in the maltreatment of the child.

- Ongoing Protective Intervention Services:** Services and interventions provided by CYFS to children (and their families) determined to be in need of protective intervention due to a risk of future maltreatment.
- Order Set Aside:** where a youth's written request to have an order of continuous custody set aside has been approved, the order is no longer in effect and a manager no longer has legal responsibility for the youth. Where an order is set aside the manager does not have a legal right to make decisions or consent to medical treatment on the youth's behalf.
- Parent of a Child or Youth:** includes:
- a) The custodial mother;
 - b) The custodial father;
 - c) A custodial step-parent;
 - d) A non-custodial parent who regularly exercises, or attempts to exercise, right of access to the child or youth;
 - e) A person to whom custody of a child or youth has been granted by a written agreement or by a court order; or
 - f) A person who is responsible for the child or youth's care and with whom the child or youth resides, except a foster parent
- Party:** the person(s) named in the Application as an applicant or respondent in a court proceeding.
- Peace Officer:** a member of the Royal Newfoundland Constabulary or a member of the Royal Canadian Mounted Police, and includes a person approved by the Attorney General to perform the duties of a peace officer (Section 2(n) of the *CYCP Act*).
- Personal Service:** the person who is being served should personally receive the documents.
- Placement:** an approved foster home, group home, EPH or ILA; and also, including an out-of-province residential treatment program in which a child or youth is residing.

Placement Card: a template containing specific information about a child or youth that is given to a foster parent or a residential Service Provider at the time of placement.

Plan for the Child: the plan for the child(ren) (in accordance with Section 29 of the *CYCP Act*) that is filed with the court after a social worker has filed an Application for Protective Intervention Hearing requesting a supervision or custody order. The Plan for the Child outlines prior involvement with the child(ren) and family, the child protection concerns, and the recommended services and interventions to address these concerns. In cases where the child(ren) has been removed and is In Care, the Plan for the Child outlines the efforts planned to maintain the child(ren)'s contact with the parent, family or other person significant to the child(ren) and a description of the arrangements made or being made to recognize the importance of the child(ren)'s identity and cultural and community connections.

Presentation Hearing: an initial hearing held informally before a judge to consider the circumstances surrounding the child(ren)'s removal, and to determine whether there is sufficient evidence to proceed to the Protective Intervention Hearing. The court shall determine what interim order is appropriate until a more comprehensive hearing is held to determine whether the child(ren) are in need of protective intervention. The Presentation Hearing is an important prelude to the Protective Intervention Hearing but may result in the judge making a final order (in accordance with Section 32 of the *CYCP Act*), thus removing the necessity for a Protective Intervention Hearing.

PRIDE: Parent Resources for Information Development and Education. A standardized competency-based model for recruiting, preparing, and assessing foster and adoptive parents. It also refers to ongoing training components for approved foster families.

Proceeding: any appearance in court resulting from a court application.

Protective Intervention Hearing:

a hearing held after a Presentation Hearing if the matter has not been resolved at the Presentation Hearing. At the Protective Intervention Hearing, the judge will hear evidence, determine whether a child is in need of protective intervention and give a final order (in accordance with Subsection 32(2) of the *CYCP Act*) with respect to the application before the court.

Protective Care Agreement:

a written agreement that allows a parent(s) to transfer care and supervision of a child to a manager of CYFS. A Protective Care Agreement does not transfer custody of the child to a manager.

Provincial/Territorial Protocol on Children And Families Moving Between Provinces and Territories:

a framework for the provision of consistent, quality services to children and families moving between provinces and territories.

Qualified Health Practitioner:

a physician, nurse, nurse practitioner, licensed practical nurse, dentist or dental hygienist.

Referral Source:

any individual who reports concerns of alleged abuse or maltreatment of a child to CYFS under Section 11 of the *CYCP Act*. The referral source may be a self-identified person or a person who wishes to remain anonymous.

Relative/Significant Other Foster Parent:

a family member or person significant to the child or youth with whom a child or youth (who is in the care or custody of a manager) is placed for care with the approval of a manager and who, by agreement with a manager, has assumed responsibility for the care of the child or youth.

Relevant Information:	all information pertinent to CYCP court proceedings including information generated by CYFS, statements by experts and other prospective witnesses, and all other evidence required to present the manager's application that is not protected by law from production to third parties.
Removal:	a legal procedure whereby a child or youth, believed to be in need of protective intervention, has been removed from his/her parent's care and placed in the interim care of a manager until a judge makes an order at the Presentation Hearing.
Referral:	information received under Section 11 of the <i>CYCP Act</i> that a child is, or may be, in need of protective intervention.
Request for Proposal:	refers to a competitive, public process inviting proposals for the provision of an identified service based on defined deliverables and requirements. This process is used by CYFS to establish Level 4 staffed residential placement resources.
Residential Placement:	an approved board, lodging and associated supervisory, shelter or group care for a child or youth who is in the care or custody of a manager (Subsection 2(1)(q) of the <i>CYCP Act</i>).
Residential Services:	includes monthly financial and supportive services provided to youth in need of protective intervention who are living outside the parental home and who have signed a Youth Services Agreement.
Risk Management System:	a formalized system for identifying, assessing, responding to and documenting the risk of child maltreatment throughout the life of a protective intervention case.
Severing:	the process of reviewing the client file and removing information that is excepted from release in disclosure.
Service Agreement:	is a signed contract between CYFS and a Service Provider which defines the Services to be provided by the Service Provider and the terms and conditions under which these services are to be provided.

- Social Worker:** a person registered under the *Social Workers Association Act* and employed by the Department of Child, Youth and Family Services.
- Solicitor-Client Privilege:** confidential information/advice intended only for the client. This may include letters, emails, memos, faxes or contact notes that relate to legal opinions, legal strategy, and/or litigation.
- Subsequent Order:** an order granted when an application is filed with the court for another order under Subsection 32(2) of the *CYCP Act*.
- Supervision Order:** an order issued by the court at a Presentation Hearing in accordance with Subsection 31(2)(b)(c) or (d) of the *CYCP Act*, or at a Protective Intervention Hearing in accordance with Subsection 32(2)(a) or (b) of the *CYCP Act*.
- Temporary Custody:** a custodial relationship in which the manager has custody of a child for a period specified by a court order and the manager or a social worker has the right to make all decisions regarding the child with the exception of medical consent. The manager or a social worker may consent to necessary medical treatment for the child as recommended by a qualified health practitioner, where the child's parent is unavailable or refuses to consent to the treatment.
- Temporary Custody Order:** an order issued by the court at a Presentation Hearing or Protective Intervention Hearing in accordance with Subsection 32(b) or (c) *CYCP Act*.
- Timely Manner:** reasonable amount of time so as to allow the solicitor(s) representing the parent(s), or the parents representing themselves if they are not represented by legal counsel, to review the disclosure and be able to prepare for the court proceeding.
- Youth:** a person who is 16 years of age or over but under 18 years of age.
- Youth Screening and Assessment Tool (YSAT):** a tool used by the social worker to complete an initial screening (intake) and assessment of a youth's need for protective intervention.

CHILDREN AND YOUTH IN CARE & CUSTODY

STAFFED RESIDENTIAL PLACEMENT RESOURCES: OVERVIEW

The goal of Staffed Residential Placement Resources (Level 4) is to ensure that children and youth with a range of highly complex social, emotional, developmental, behavioural and medical needs are provided a safe home and an opportunity to live and have their needs addressed in a supportive community based residential setting. Level 4 also provides short term emergency care when necessary to allow children and youth in care to be matched with a longer term placement.

The types of Staffed Residential Placement Resources that can be approved include:

1. Emergency Placement Homes (EPHs)
2. Group Homes
3. Individualized Living Arrangements (ILAs)

Emergency Placement Homes (EPH)

Emergency Placement Homes are staffed living arrangements that offer 24 hour emergency care to children and youth to assess a child or youth's placement needs, and to transition a child or youth to a longer term placement. Emergency Placement Homes can be staffed using a live-in parent-model, or a rotational staff model. A live-in parent model means that children and/or youth live in a home-like setting with a live-in house parent, who is supported by rotating staff. A rotational staff model residence refers to a setting that requires a rotational staff complement 24 hours a day. Emergency placement homes shall be required to:

- Provide care to males and females, age birth to 18 years of age
- Have the ability to accommodate sibling groups
- Have the ability to provide placement as soon as possible upon referral from CYFS

Group Homes

Group Homes are staffed residential settings that provide group care for children and youth who have complex social, emotional, behavioural and developmental needs and as a result require a level of residential service that cannot be provided through a less structured, family based setting. These complex needs may include, but are not limited to, the following:

Fetal Alcohol Spectrum Disorder	Substance abuse and addiction issues
Attention Deficit Hyperactivity Disorder	Aggressive and defiant behaviour
Depression	Running away and prostitution
Anxiety	Sexualized behaviour
Autism Spectrum Disorder	Parent - child conflict
Psychiatric/Mental Health issues	Assistance with social and life skills development
Conduct Disorder/Oppositional Defiant Disorder	Youth corrections involvement
Self-harming/suicidal ideation	Learning disabilities and/or special education needs
Coping with loss and grief	Speech language delays
Attachment issues	Developmental delays

Group Homes for children and youth can either be staffed by a live in parent-model or a rotational staff model, and are expected to offer support, structure, consistent expectations and planned interventions based on a comprehensive assessment of the child or youth's needs.

Group Homes are required to provide care for the following groups of children and youth:

- Males or females ages 13-18
- Males or females ages 9-12
- Sibling groups
- Children or youth ages 9-18 with treatment needs who require a specialized program designed to target treatment goals and measure outcomes
- Youth over the age of 18 where a group home is an appropriate match and the youth meets the requirements outlined in the Youth Services Policy in the Protection and In Care Policy Manual.

Individual Living Arrangements (ILA)

Individual Living Arrangements (ILAs) are staffed living arrangements specific to children and youth who present with extraordinary social, emotional, behavioural, developmental, and medical needs. Children and youth with these needs cannot be appropriately matched with a foster home or group home. ILAs can be staffed using either a live-in parent-model or a rotational staff model and are required to provide care for:

- Up to a maximum of 2 unrelated children or youth (ages birth to 18 years)
- Males and/or females
- Sibling groups of more than 2 children or youth
- Youth over the age of 18 where an ILA is an appropriate match and the youth meets the requirements outlined in the Youth Services Policy in the Protection and In Care Policy and Procedure Manual.

CHILDREN AND YOUTH IN CARE AND CUSTODY
STAFFED RESIDENTIAL PLACEMENT RESOURCES: FINANCIAL SERVICES

Standard No. 1

Effective Date: April 16, 2015

Date Revised:

Cross Reference:

STANDARDS:

- 1.1 The Service Provider shall receive payments from CYFS in accordance with the Service Agreement.
- 1.2 The Service Provider shall be responsible to cover all operational costs in accordance with a fixed price contract with the exception of vision, dental, prescription medications, and medical equipment.
- 1.3 The Service Provider shall:
 - a) Maintain accounts and records in accordance with generally accepted accounting standards that are applicable to the Service Provider; and
 - b) Maintain copies of contracts, invoices, receipts, vouchers, bank statements, payroll records, and cheques of financial transactions related to the Services and keep such records for the periods required under Federal and Provincial legislation.

PROCEDURES:

Financial Services:

1. The Service Provider shall be responsible for assuming all related costs pertaining to operations, staffing, and resident funding including routine costs such as:
 - a) allowance
 - b) clothing
 - c) all transportation within the contract region for the child or youth, including family access costs

- d) social recreational costs (e.g., birthday gifts, graduation expenses, etc.)
 - e) programming costs
 - f) personal hygiene costs
 - g) non-prescription medications
2. The Service Provider shall receive a MCP card and a Newfoundland and Labrador Prescription Drug Program (NLPDP) card for each child or youth placed in a staffed residential placement resource.
 3. The Service Provider shall contact the child or youth's social worker to request approval for funding for dental, vision, prescription medication or medical equipment expenses not covered by MCP or NLPDP.
 4. Upon approval of a funding for vision, dental, prescription medications, and/or medical equipment, a Service Authorization number shall be provided by the social worker to the Service Provider or other vendor directly (e.g. dental office, optical company) whichever is deemed most appropriate by the social worker in consultation with the Service Provider.
 5. When a Service Provider is issued a Service Authorization number they shall submit an invoice for payment which includes the Service Authorization number and a receipt within 30 days after payment is made.
 6. The Service Provider shall submit any request for required transportation outside the contract region covered by the Service Agreement, in writing to the child or youth's social worker. The Service Provider must receive written approval from the Deputy Minister prior to providing transportation that they are requesting payment for outside the Service Agreement.

Financial Reporting:

7. The Service Provider shall:
 - a) Maintain accounts and records in accordance with generally accepted accounting standards that are applicable to the Service Provider;
 - b) Maintain copies of contracts, invoices, receipts, vouchers, bank statements, payroll records, and cheques of financial transactions related to the Services and keep such records for the periods required under Federal and Provincial legislation; and
 - c) Provide financial reports that may be reasonably requested by CYFS from time to time.

EXCEPTIONS:

CHILDREN AND YOUTH IN CARE AND CUSTODY
STAFFED RESIDENTIAL PLACEMENT RESOURCES: HUMAN RESOURCES

Standard No. 2

Effective Date: April 16, 2015

Date Revised:

Cross Reference: Plan for the Child; Planning: In Care Progress Report; Duty to Report

STANDARDS:

- 2.1 The Service Provider shall employ competent staff and adhere to staff hiring practices consistent with the requirements of CYFS hiring criteria, including CYFS Records Checks, Criminal Records Checks and Vulnerable Sector Checks.
- 2.2 The Service Provider shall be responsible for the recruitment and retention of trained and experienced staff in the field of child and youth care, or a related field and who will be key members of the child or youth's planning team and will participate and engage in case conferences and ongoing in care planning.
- 2.3 The Service Provider shall be responsible for the recruitment and retention of staff who have a commitment to culturally sensitive and appropriate services that recognise and respect cultural identity and diversity.
- 2.4 The Service Provider shall ensure that residential staff are informed of their duty to report immediately to CYFS if they have information that a child is or may be in need of Protective Intervention.

PROCEDURES:

Requirements for Residential Staff:

1. The Service Provider shall ensure that residential staff meet the following requirements:
 - a) Trained and experienced staff in the field of child and youth care or related field;
 - b) Experience working with children or youth in a residential setting;
 - c) Knowledge of child/adolescent development and the impact of maltreatment on children and youth;
 - d) Knowledge and understanding of cultural identity and diversity;

- e) An understanding of and ability to work with children and youth who have challenging, trauma based behaviors and can engage children and youth in daily life events for therapeutic purposes, and have the skills to stabilize volatile situations;
- f) Training and skills in a crisis intervention model approved by CYFS (e.g., Therapeutic Crisis Intervention (TCI), Non Violent Crisis Intervention (CPI), Understanding and Managing Aggressive Behaviour (UMAB));
- g) CYFS records check prior to commencing employment;
- h) Valid Certificate of Conduct including a Vulnerable Sectors Check that is requested as a condition of employment and obtained as soon as possible and renewed every three years;
- i) Valid First Aid Aid/CPR certificate; and
- j) A signed Oath of Confidentiality.

Roles and Responsibilities of Residential Staff:

- 2. The Service Provider shall ensure that residential staff understand their roles and responsibilities in accordance with The *Protection and In Care Policy and Procedure Manual* and the *Residential Standards and Procedures Manual*. This includes but is not limited to, the Service Provider's responsibilities under the Plan for the Child, child or youth's in-care plan and their role as a key member of the In Care Planning Team.

Duty to Report:

- 3. The Service Provider shall develop a process to ensure that residential staff are informed that it is their duty to report immediately to CYFS if they have information that a child is or may be in need of Protective Intervention and that withholding information is an offence under the CYCP Act.

EXCEPTIONS:

CHILDREN AND YOUTH IN CARE AND CUSTODY
STAFFED RESIDENTIAL PLACEMENT RESOURCES: CONFIDENTIALITY

Standard No. 3

Effective Date: April 16, 2015

Date Revised:

Cross Reference: Sharing of Information Relevant to the Care of a Child or Youth

STANDARDS:

- 3.1 The Service Provider and its directors, officers, employees and agents will comply with Service Agreement and with any rules or directions made or given by CYFS with respect to safeguarding or ensuring the confidentiality of CYFS information, data, documents or materials acquired or by which access has been given in the course of or incidental to the performance of this Agreement and provision of the Services.
- 3.2 The Service Provider shall treat all Confidential Information acquired by the Service Provider in the performance of the Services as privileged and confidential and shall not divulge this information to any person or persons at any time without the prior written approval of CYFS, unless required to do so by law, which may include a subpoena or other similar process or in connection with litigation, arbitration or other proceeding or by virtue of an Act or Regulations.
- 3.3 In the event that such disclosure is required, the Service Provider shall give CYFS immediate notice of the requirement upon becoming aware that such disclosure is required. Where circumstances did not permit the Service Provider to provide such notice prior to disclosure, the Service Provider shall provide such notice to CYFS immediately after the required disclosure.
- 3.4 The Service Provider shall immediately notify CYFS of any attempt of or unauthorized possession, use or knowledge of confidential information in the possession of the Service Provider, including but not limited to data processing files, transmission messages or other Confidential Information by any person or entity which may become known to the Service Provider.

3.5 The Service Provider shall refer to and follow the privacy breach protocol of the Government of Newfoundland and Labrador as it exists at the time of the breach and located on the Department of Justice website at:

<http://www.justice.gov.nl.ca/just/CIVIL/atipp/default.htm>.

3.6 The Service Provider shall provide to CYFS, and solely to CYFS, upon completion of the services or upon termination of the Service Agreement, all Confidential Information acquired during the performance of the Services.

3.7 The Service Provider shall only be entitled to retain copies of confidential information as is necessary to discharge its professional responsibilities and legal obligations under the Service Agreement and generally.

3.8 The Service Provider shall ensure the proper storage and security of the retained Confidential Information in accordance with the Service Agreement.

PROCEDURES:

1. Confidential Information means:

- a) All communications and instructions from CYFS to the Service Provider respecting the Services;
- b) All information acquired by the Service Provider, its directors, officers, employees and/or agents, respecting policy consideration and development, business decisions, internal deliberations, discussions and considerations and any other aspect of the decision-making process of CYFS;
- c) All oral, written, electronic, and machine readable information and data and any accompanying supporting materials and documentation, including without limitation, materials, documents, reports, databases, information and data of whatever nature and kind concerning the affairs of CYFS, disclosed directly or indirectly to the Service Provider, its directors officers, employees and/or agents, during the performance of the Services; and
- d) All personal information, as defined from time to time under the *Access to Information and Protection of Privacy Act*, SNL2002 cA-1.1, or the *Personal Health Information Act*, SNL2008 cP-7.01, to mean recorded information about an identifiable individual, including:
 - i. the individual's name, address or telephone number;
 - ii. the individual's race, national or ethnic origin, colour, or religious or political beliefs or associations;

- iii. the individual's age, sex, sexual orientation, marital status or family status;
 - iv. an identifying number, symbol or other particular assigned to the individual;
 - v. the individual's fingerprints, blood type or inheritable characteristics;
 - vi. information about the individual's health care status or history, including a physical or mental disability;
 - vii. information about the individual's educational, financial, criminal or employment status or history;
 - viii. the opinions of a person about the individual; and
 - ix. the individual's personal views or opinions.
2. The Service Provider is responsible for ensuring that residential staff are aware of their responsibilities regarding the use and safeguarding of confidential information and that confidential information is:
 - a) Safely stored and securely protected;
 - b) Not disclosed to anyone other than CYFS (unless otherwise authorized by CYFS), or as may be required by law; and
 - c) Used only for the purposes related to the performance of the Services and shall not permit the use of the Confidential Information for any other purposes.
3. If a Service Provider becomes aware of a breach of confidentiality they shall:
 - a) Notify CYFS immediately;
 - b) Provide CYFS with a detailed written report of the breach;
 - c) Follow the privacy breach protocol of the Government of Newfoundland and Labrador as it exists at the time of the breach and located on the Department of Justice website at:<http://www.justice.gov.nl.ca/just/CIVIL/atipp/default.htm>; and
 - d) Investigate and develop measures to prevent the recurrence of future privacy breaches.
4. The Service Provider shall ensure that all confidential documentation pertaining to a child or youth in care is returned to the child or youth's social worker in a secure manner (e.g., sealed package, password protected electronic document) upon a child or youth's departure from the staffed residential placement resource.

5. The Service Provider shall ensure that retained copies of confidential information that is necessary to perform its professional responsibilities and legal obligations under the Service Agreement are securely stored.

EXCEPTIONS:

**CHILDREN AND YOUTH IN CARE AND CUSTODY
STAFFED RESIDENTIAL PLACEMENT RESOURCES: PROGRAM RECORD
KEEPING AND REPORTING**

Standard No. 4

Effective Date: April 16, 2015

Date Revised:

Cross Reference: Sharing of Information Relevant to the Care of a Child or Youth

STANDARDS:

- 4.1 The Service Provider shall provide program record keeping and reporting as outlined in the Service Agreement.
- 4.2 The Service Provider shall maintain program records in a form consistent with CYFS Policies and in accordance with applicable professional standards.
- 4.3 The Service Provider shall ensure that each child or youth has an individual file containing all documentation pertaining to that child or youth.
- 4.4 The Service Provider shall develop a protocol for log recordings.
- 4.5 The Service Provider shall provide monthly statistical reports and quarterly outcome reports in accordance with the Service Agreement.

PROCEDURES:

Record Keeping:

The Service Provider shall ensure:

1. That all documents pertaining to a child or youth are kept in a secure location (e.g., locked cabinet, password protected computer program, etc.).
2. Daily recordings specific to the child or youth are dated and signed by residential staff, and are kept in the child or youth's electronic or paper file.

3. All documentation related to the child or youth is kept in the child or youth's individual file which may include, but is not limited to:
 - a) Consent forms where required
 - b) Incident reports
 - c) Daily recordings
 - d) Court documents
 - e) Medical information
 - f) Family information
 - g) School records
 - h) General correspondence
 - i) Other confidential documentation

Log Recording:

4. Log recordings, written or electronic, are detailed and specific, dated and accurate.
5. In the absence of electronic documentation, any written entries are to be written in ink and in the case of an error, employees are to draw a line through the entry and initial it. All pages of the log book must be numbered in consecutive order and pages are not to be removed.
6. Log recordings and all pertinent information for each child or youth is completed by staff during each shift; and all information is shared with the incoming staff person(s) prior to the start of the next shift.
7. Employees sign full name or initial the log entries to confirm they have read and are aware of the information shared.
8. All log books/recordings are provided to the social worker upon request.
9. There are three types of log recordings that shall be maintained:
 - a) **Resident Log:**
 - i. Resident log recordings shall include information regarding the daily activities and interactions of the child/youth, including details relating to his or her behaviour and mood, medical, dental, counseling and other appointments, family contact and any significant events/incidents.

b) **Communication Log:**

- i. A communication log is used to convey general information to all employees and significant information relevant to the child or youth's care that must be shared upon shift change.

c) **Medication Log:**

- i. A medication log is used to monitor the administration of prescription and non-prescription medications to a child or youth. The log must include the child or youth's name, type of medication, how and when it is administered, and the signature of the employee who administered the medication; and
- ii. Employees must document and initial the log if a medication (s) is missed or taken in error or if the child or youth refuses to take it.

Monthly and Quarterly Reporting to CYFS

10. The Service Provider will provide monthly reports to the Provincial Director of Child Protection and In Care and to the respective Regional Director(s) to include:

- a) Number of placements;
- b) Age and gender of children and youth placed;
- c) Length of stay;
- d) Vacancy rate per month (see appendix A); and
- e) Number of incident reports.

11. The Service Provider will provide quarterly reports to the Provincial Director of Child Protection and In Care and copied to the Zone Manager(s) responsible for the children/youth placed with the Service Provider to include:

- a) Suitability of placement;
- b) Child or youth's engagement in programming;
- c) Assessment of child or youth's needs;
- d) Child or youth's involvement in programming and/or activities at the residential placement and in the community;
- e) Child or youth's relationships and interactions with family, siblings and others who may be significant;
- f) Successful transition for the child or youth to a foster home, other placement, or independent living; and
- g) Child or youth's successful engagement in school or employment.

12. The Service Provider shall ensure quarterly reports reflect current and emerging best practices that are specific to programs and services in the field of child and youth care.
13. Monthly and quarterly reports will be shared with applicable regional staff who, where necessary, will discuss with the Service Provider any questions or concerns resulting from information contained in these reports particularly as it relates to outcomes for children and youth.

EXCEPTIONS:

**CHILDREN AND YOUTH IN CARE AND CUSTODY
STAFFED RESIDENTIAL PLACEMENT RESOURCES: HOME AND VEHICLE
SAFETY STANDARDS**

Standard No. 5

Effective Date: April 16, 2015

Date Revised:

Cross Reference: Foster Home Safety Checklist

STANDARDS:

- 5.1 The Service Provider shall ensure that home safety policies and procedures are developed and accessible for all residential staff and CYFS staff.
- 5.2 The Service Provider shall ensure that the residential placement resource is maintained in accordance with community standards acceptable for the community in which the home is located, and the physical space is sufficient to assure a degree of comfort which will provide a home-like environment for the safety and well-being of the children/youth.
- 5.3 The Service Provider shall ensure that the residential placement resource has an evacuation plan. This plan must be posted in a public area, shared with residents upon admission where age and developmentally appropriate, and practiced at regular intervals.
- 5.4 The Service Provider shall ensure that the residence is in compliance with all up to date regulations for home and safety standards including fire extinguishers, fire alarms, bunk beds, high chairs, seat belts, etc.
- 5.5 The Service Provider shall ensure maintenance of a comprehensive General Liability Insurance package plus a Home Owners Insurances Policy and an Automobile Insurance Police as outlined in the Service Agreement.
- 5.6 The Service Provider shall notify CYFS immediately of any significant information in relation to home and safety standards as it relates to the safety and well-being of children and youth placed in the home.

PROCEDURES:

Household Safety:

The Service Provider shall ensure:

1. All medications, chemicals and other harmful products are locked in a secure cupboard out of the reach of children/youth;
2. Smoke detectors are installed outside each bedroom and on each level of the home in accordance with provincial and municipal fire and safety regulations. Smoke detectors shall have the ULC's stamp of approval and testing. The Service Provider must follow the manufacturer's recommendation regarding testing, cleaning and the changing of batteries in the smoke detectors;
3. A CSA approved carbon monoxide detector is in the residence if there is fuel fired appliances (e.g., natural gas, propane, oil) and must be installed in accordance with manufacturer's specifications. CMHC guidelines for CO detectors can be found at <http://www.cmhcschl.gc.ca/en/co/maho/yohoyohe/inaiqu/inaiqu002.cfm>;
4. There is a five pound ABC fire extinguisher in the kitchen and basement area that is tested regularly to ensure it is fully charged and operable;
5. There is a posted list of emergency contact numbers and a well maintained first aid kit;
6. Baby walkers are not used for infants and younger children;
7. Safety gates meet current safety standards; and should be selected on the child's age and the area in which they are going to be used;
8. Safety covers that are secure are used over electrical outlets;
9. Cords from blind and curtains are kept out of the reach of children; and
10. Lighters and matches are secured and out of the reach of children and youth.

Bedroom Safety:

The Service Provider shall ensure that:

11. Each child or youth has their own bedroom unless it is deemed appropriate, in consultation with CYFS, that they share with a sibling;
12. All bedrooms have a door and at least one exterior window that meet egress standards and city/community building codes;
13. The child or youth's bedroom, at a minimum, is big enough to accommodate the child or youth's individual needs, and include a dresser or an appropriate space to store clothing and display personal belongings;
14. Each child or youth has their own bed with a mattress and bedding that is in good condition;
15. Bunk beds are not be used for children under 6 years of age. When bunk beds are used for age appropriate children, the Service Provider shall follow the conditions outlined by Health Canada. Refer to Health Canada's website at www.hc-sc.gc.ca for more information; and
16. Crib and Cradles comply with the current standards outlined by Health Canada. Refer to Health Canada's website at www.hc-sc.gc.ca for more information.

Vehicle Safety:

The Service Provider shall ensure:

17. That all automobiles used in connection with the Services carry Automobile Liability Insurance with a minimum limit of \$2,000,000 and include business use coverage;
18. That staff who provide transportation for children and youth are up-to-date with the latest regulations regarding car seat safety and regulations. This includes car seats, booster seats and seat belt use. Updated information is available on the Transportation Canada website at www.tc.gc.ca; and
19. That vehicles used to transport children must meet Motor Vehicle Act requirements and be maintained in safe working condition. The vehicle must be insured and operated by a person with a valid NL driver's license.

Home Owner's Insurance:

The Service Provider shall:

20. Maintain proof of a Comprehensive Home Owner's Insurance package, or where applicable, tenants and/or content insurance package as agreed upon in the Service Agreement.
21. Maintain a Comprehensive General Liability policy with a minimum limit of \$2,000,000. This policy shall include Premises and Operations coverage applicable to the operation of a staffed residential placement and include:
- a) Bodily Injury and Property Damage;
 - b) Personal Injury;
 - c) Medical Payments;
 - d) Tenants Legal Liability;
 - e) Non-Owned Automobile;
 - f) Broad Form Property Damage;
 - g) Employees as additional Named Insured;
 - h) Professional Liability ;
 - i) Cross Liability; and
 - j) Directors and Officers Liability.
22. The Service Provider shall notify the manager responsible for a placement resource immediately if the safety and well-being of a child(ren) or youth is impacted due to home or vehicle safety concerns.

EXCEPTIONS:

CHILDREN AND YOUTH IN CARE AND CUSTODY
STAFFED RESIDENTIAL PLACEMENT RESOURCES: INVESTIGATIONS OF
STAFFED RESIDENTIAL PLACEMENT RESOURCES

Standard No. 6

Effective Date: April 16, 2015

Date Revised:

Cross Reference: Investigation of Staffed Residential Placement Resources

STANDARDS:

- 6.1 The Service Provider shall immediately report to CYFS any alleged or observed misconduct, or failure by any staff member to properly perform his or her duties in relation to the provision of the services, including any disciplinary action taken by the Service Provider against a staff member as a result of misconduct related to the provision of care under the Service Agreement.
- 6.2 Upon receipt of any information reported by the Service Provider to CYFS or any information reported to CYFS through other means CYFS shall, at its discretion, conduct an investigation and make a determination of risk of harm or maltreatment of a child or youth in accordance with the statutory mandate of CYFS.
- 6.3 Where the Service Provider reports or CYFS becomes aware of allegations of physical or sexual abuse in a residential placement resource, CYFS will refer these allegations to the local police.
- 6.4 Upon the request of CYFS, the Service Provider shall remove any staff member from duties related to the provision of the services while an investigation into the conduct of that staff member is ongoing by CYFS.
- 6.5 The investigation shall be completed **within 60 calendar days**.
- 6.6 The Service Provider shall be notified by CYFS of the outcome of the investigation as soon as possible after the completion of the investigation by CYFS.
- 6.7 Upon completion of an investigation by CYFS that a child or youth may have been maltreated or placed at unreasonable risk of harm, and upon the notification and request of CYFS, the Service Provider shall remove the staff member from the provision of the services.

DEFINITIONS:

Maltreatment in a staffed residential placement resource includes physical, sexual or emotional harm of a child or youth that is non-accidental and is as a result of an action, inaction or lack of appropriate action by a Service Provider or one its employees. Examples include, but are not limited to, the following:

- a) deliberately using force against a child or youth in such a way that the child/youth is injured or at risk of being injured;
- b) hitting, shaking, pushing, kicking and dangerous or harmful use of restraint;
- c) verbal threats, social isolation, intimidation, exploitation, and unreasonable demands; and
- d) sexual assault including kissing, touching, intercourse, exposure to or involvement in pornography, etc.

Quality of Care in a staffed residential placement resource refers to the provision of a level of daily care which ensures that a child or youth's basic and developmental needs are addressed by competent staff in a safe and supportive environment. Examples of quality of care concerns include, but are not limited to, the following:

- a) lack of age and developmentally appropriate supervision;
- b) absence of an adequate and healthy diet (including nutritious meals, snacks and school lunches, etc.);
- c) lack of adequate and seasonally appropriate clothing;
- d) insufficient or unexplained delays in access to education, health and medical services; and
- e) absence or lack of support for children and youth to maintain family, community, social and cultural connections.

PROCEDURES:

Allegations of Maltreatment by a Residential Staff Person(s)

1. Where the Service Provider receives a report alleging that a child or youth has been maltreated by a staff person, this information shall immediately be referred to CYFS.
2. The Service Provider shall be advised by CYFS, where CYFS receives a report from another source alleging that a child or youth has been maltreated by a staff person, unless the safety of the child or youth or the integrity of the investigation will be jeopardized.

3. The Service Provider will be notified in writing by a manager if an investigation is required based upon an assessment of the allegations of maltreatment (including quality of care concerns) by CYFS.
4. The Service Provider shall remove any staff member from duties related to the provision of services while an investigation is ongoing if it is determined by CYFS that this action is necessary to ensure the safety and well-being of a child(ren) or youth residing in the residential placement.
5. The Service Provider shall be notified in writing by a manager of any plan to interview one of its employees.
6. When the investigation is complete, a manager will meet with the Service Provider to discuss the outcome of the investigation including if it is necessary to remove a staff person(s) from the provision of services to children and/or youth in care.
7. The manager shall also provide written notification to the Service Provider of the outcome of the investigation within 7 days of the meeting with the Service Provider.

EXCEPTIONS: If there are extenuating circumstances that interfere with the completion of an investigation within the 60 day timeframe an extension may be granted with the approval of a manager. This extension shall outline the reason for the extension and the anticipated timeframe for completion. The Service Provider shall be notified in writing of the extension, the rationale and the new timeframes for completion of the investigation. Exceptions may include, but are not limited to, delays as a result of a police investigation or locating a person(s) who formerly resided in the home who has critical information in relation to the investigation.

CHILDREN AND YOUTH IN CARE & CUSTODY
STAFFED RESIDENTIAL PLACEMENT RESOURCES: REFERRAL PROCESS

Standard No. 7

Effective Date: April 16, 2015

Date Revised:

Cross Reference: Placement Resources (Level 4): Admission Protocol

STANDARDS:

- 7.1 The Service Provider shall develop a referral process consistent with the Service Agreement and the standards, procedures and requirements of CYFS.
- 7.2 The Service Provider shall review referrals for vacancies at an Emergency Placement Home (EPH) immediately upon receipt of the referral and placements shall occur as soon as possible.
- 7.3 The Service Provider shall review the referral information provided by CYFS for Group Home and Individualized Living Arrangement (ILA) vacancies and place the child or youth within (5) five business days following receipt of the referral.
- 7.4 The Service provider shall be consulted with respect to the suitability of the placement of a child or youth, however, the final decision rests with CYFS.
- 7.5 If a Service Provider refuses to accept a referral deemed appropriate by CYFS, this refusal shall constitute a breach of the Service Agreement.

PROCEDURES:

1. The Service Provider shall review the referral information and accept the child or youth as soon as possible into an EPH and within (5) business days following receipt of a referral for a Group Home or ILA.
2. The Service Provider will be provided with all relevant referral information that is available pertaining to a child or youth determined by CYFS to be a suitable match for a vacancy.

3. During the referral process, the Service Provider will be consulted with respect to the suitability of the placement of the child or youth. All relevant factors will be considered, however, the final decision with respect to placement will rest with CYFS.

EXCEPTIONS:

CHILDREN AND YOUTH IN CARE AND CUSTODY
STAFFED RESIDENTIAL SERVICES: SHARING OF INFORMATION

Standard No. 8

Effective Date: April 16, 2015

Date Revised:

Cross Reference: Placement Resources: Sharing of Information Relevant to the Care of a Child or Youth

STANDARDS:

- 8.1 The Service Provider will be provided information by the social worker relevant to the care of the child or youth as part of the placement process and when required thereafter.
- 8.2 The Service Provider shall document/place all information with respect to the child or youth in his/her residential file.

PROCEDURES:

Information to be shared with the Service Provider:

1. The Service Provider shall be provided with a *Placement Card* and the following information where available when a child or youth is being placed if it has not already been provided as part of the referral process.
 - a) The child or youth's full name, date of birth and legal status;
 - b) The name of the social worker, location, telephone number and the name and telephone number of the social worker's supervisor, as well as information on how to reach a social worker out of hours;
 - c) Name, Address, and contact numbers for parent(s), sibling(s), and significant others;
 - d) MCP number, hospital cards;
 - e) Reasons for removal and relevant history including history of maltreatment;
 - f) Information that will assist the Service Provider in ensuring the health and safety of any other person in the home, including any health and safety risks posed by the child/youth towards the staff or any other children or youth in the home;

- g) The child or youth's medical history, including the name and telephone number of their family doctor and other physicians/health professionals involved with the child or youth's medical care;
- h) The child or youth's immediate health needs such as allergies (particularly life threatening), required medication, and medical conditions like diabetes, and epilepsy;
- i) Special needs of the child or youth;
- j) School information;
- k) Information that will assist the residential placement resource in ensuring the child or youth's safety, including the need to protect the child or youth from contact with another person;
- l) Information about the day to day care of the child or youth, including sleeping habits and bed time routines, food preferences and meal time routines;
- m) Description of the child or youth's personality and behaviour, including coping strategies, fears, likes/dislikes;
- n) Family visiting/contact schedule;
- o) Cultural heritage;
- p) Any family nicknames;
- q) Habits, extra-curricular and special interests;
- r) The child or youth's developmental information including physical, social and emotional development;
- s) Specific behaviour management approaches that will benefit the child or youth's development based on the child/youth's individual needs;
- t) Any allegations of abuse or neglect involving the child or youth in previous placement settings, whether or not the allegations were investigated and the outcome;
- u) Dental and vision information and any outstanding needs; and
- v) List of upcoming appointments (e.g., medical, school, etc.).

EXCEPTIONS: When a child or youth is placed, some of this information may not be immediately or readily available. The social worker shall compile the intake/referral form and provide as much information as possible upon placement and provide any additional information to the Service Provider as soon as possible after the child or youth is placed.

CHILDREN AND YOUTH IN CARE AND CUSTODY
STAFFED RESIDENTIAL PLACEMENT RESOURCES: PLACEMENT PROTOCOL

Standard No. 9

Effective Date: April 16, 2015

Date Revised:

Cross Reference: Placement Procedures: Sharing Placement Information with a Child, Youth and Parent(s)

STANDARDS:

- 9.1 The Service Provider shall develop placement protocols for a child or youth upon admission to their residential program.

- 9.2 The Service Provider shall ensure that a key worker is assigned for each child or youth upon placement.

PROCEDURE:

- 1. Prior to or upon admission, and where age and developmentally appropriate, the Service Provider shall ensure the child or youth is given information about the residential placement and that he/she is provided an orientation to the placement resource where he or she has been placed.

- 2. The Service Provider shall ensure a child or youth is provided information about placement rules and expectations, which shall include a specific list of non-negotiable, non-permitted items (e.g., lighters, matches, weapons, etc.) and any other information that has been prepared to assist with a child or youth's orientation to the placement.

- 3. The Service Provider shall ensure a child or youth is assigned a key worker who will familiarize themselves with the plan for the child or youth, and is actively involved with the In Care Planning Team. The child or youth shall be informed of who his or her key worker will be.

- 4. The Service Provider shall develop age and developmentally appropriate methods of informing a child or youth of his or her rights while in the residential placement.

5. Upon admission, and where possible, a photograph should be taken of the child or youth if one is not provided. The hard copy shall be placed on the child or youth's file and dated. If a digital copy is made the electronic file should be maintained on a computer that is in a secure setting and inaccessible to residents and/or any other person not authorized to have access to the child or youth's file.

6. In addition to the photograph, the resident file should also include a physical description of the child or youth that includes information on height, approximate weight, eye-hair color, and any distinguishing features (including tattoos and body piercings).

EXCEPTIONS:

**CHILDREN AND YOUTH IN CARE AND CUSTODY
STAFFED RESIDENTIAL PLACEMENT RESOURCES: RESIDENTIAL
PROGRAMMING**

Standard No. 10

Effective Date: April 16, 2015

Date Revised:

Cross Reference: Monitoring Placement Resources: Social Work Contact

STANDARDS:

- 10.1 The Service Provider shall provide a high quality of optimal service and care to a child or youth who is in the care or custody of a Manager of Child, Youth and Family Services.
- 10.2 The Service Provider shall provide programs and services that reflect current and emerging best practices in the field of child and youth care.
- 10.3 The Service Provider shall provide a range of services consistent with the principles of the *Children and Youth Care and Protection Act*, and the *Protection and In Care Policy and Procedure Manual* and other CYFS policies.
- 10.4 The Service Provider shall work collaboratively with CYFS and other Departments including, the Department of Education and the Department of Health and Community Services, as well as, community based programs and services that support children and youth.

PROCEDURES:

1. The Service Provider shall develop and implement policies, procedures and programming that will ensure the following:
 - a) Twenty-four (24) hour supervision, guidance and support by trained staff for all aspects of the child/youth's life including, but not limited to; personal care, meals, administering of medication/injections, day-to-day decision making, life skills, leisure activities, and community based activities;

- b) A safe, nurturing environment for children and youth with complex needs;
- c) A model of care that addresses the physical, psychological, social, developmental, emotional, cultural and spiritual needs of children and youth;
- d) Services to engage children and youth in daily life events for therapeutic purposes;
- e) Programming that is specialized, structured and focused on objectives and goals that meet the needs of children and youth with complex and/or trauma-based behaviours;
- f) Services in collaboration with existing community resources that provide services to children and youth such as Speech Therapy, Public Health, Janeway Family Center, Community Mental Health and Addictions, Family Services, etc.;
- g) Interventions, planning and programming that is based on individual assessments unique to the needs of each child and youth;
- h) Programming that recognizes that children, youth and their families have unique strengths, resiliencies and capacities that must be encouraged;
- i) Services, where required, that include working with the biological family to maintain relationships, and to facilitate and/or provide supervised access for parents, siblings and others significant to the child or youth;
- j) Educational supports in accordance with the guidance and direction from the child/youth's school district;
- k) Services and programming to address situations that require crisis intervention and the stabilization of volatile situations;
- l) Programming for children and youth in the areas of relationships, communication, social skills, life skills and assertiveness;
- m) Transportation for children and youth to attend programs, activities, medical appointments, etc., as per the in care plan for the child or youth; and
- n) Programming that is culturally sensitive, and recognizes and respects aboriginal cultural identity and diversity.

EXCEPTIONS:

**CHILDREN AND YOUTH IN CARE AND CUSTODY
STAFFED RESIDENTIAL PLACEMENT RESOURCES: PLANNING AND
MONITORING FOR CHILDREN/YOUTH**

Standard No. 11

Effective Date: April 16, 2015

Date Revised:

Cross Reference: Planning: In Care Progress Report

STANDARDS:

- 11.1 The Service Provider shall have trained and experienced staff in the field of child and youth care, or a related field, and who will be key members of the child or youth's in care planning team and will participate and engage in case conferences and ongoing in care planning.
- 11.2 Planning and monitoring of a child or youth in care and custody is an ongoing process, and it is the responsibility of the Service Provider to ensure residential staff work with and update the child or youth's social worker and other members of the in care planning team to assist the social worker in ensuring that:
- a) The child or youth is the primary focus of all planning;
 - b) Permanency planning for the child or youth is paramount;
 - c) Planning is based on the child or youth's needs, age and developmental stage, and is consistent with the *Plan for the Child* submitted to the Court;
 - d) There is a documented plan for maintaining the child or youth's contact with the parent(s), family or significant other(s). If a child or youth is not maintaining family contact, the reason why shall be documented;
 - e) There is recognition of the importance of the child or youth's identity and there is a plan to maintain cultural and community connections;
 - f) Identified supports and services outlined in the *In Care Progress Report* (IPR) are provided and if not, the reason shall be documented;
 - g) Established plans are meeting the child or youth's needs; and
 - h) *IPR* plans are reviewed and updated as necessary but **at minimum every six (6) months.**

PROCEDURES:

1. The IPR shall be reviewed with the Service Provider when a child or youth is placed and they shall be provided a copy of the IPR work plan.
2. The Service Provider shall ensure their staff are key members of the child or youth's in care planning team and participate and engage in case conferences and ongoing planning including informing and following through on the goals and tasks outlined in the IPR.
3. The Service Provider, in consultation with the social worker, and other members of the in care planning team, shall develop and implement interventions and programming unique to each child or youth's individual needs.
4. If a child or youth presents with a particular identified need or diagnosis, the Service Provider is expected to explore, implement and provide specific programming required to ensure the child or youth's needs are addressed within the placement setting.
5. The Service Provider, in consultation with the social worker, is expected to conduct regular program meetings to review progress and plan for the child or youth.
6. Where the In Care Plan for a child or youth is to transition to another placement, return home or live independently, the Service Provider shall support the child or youth with his or her transition based on the plan that is developed by the In Care Planning Team.

EXCEPTIONS:

CHILDREN AND YOUTH IN CARE AND CUSTODY
STAFFED RESIDENTIAL PLACEMENT RESOURCES: ROUTINES AND “IN HOUSE” RULES

Standard No. 12

Effective Date: April 16, 2015

Date Revised:

Cross Reference:

STANDARDS:

- 12.1 The Service Provider shall develop policies and procedures to ensure that daily routines and “in-house” rules are developed and are clear, consistently applied, and determined based on age, developmental level, and individual needs.

PROCEDURES:

The Service Provider shall:

1. Ensure that upon the child or youth’s entry into the program, and, where age and developmentally appropriate, he or she has an opportunity to read, or if necessary have read and explained to him or her, information about the staffed residential program and its rules and expectations.
2. Ensure house rules are readily accessible for both staff and residents.
3. Ensure any changes to the daily routine/schedule, or to “in-house” rules, are clearly communicated to residents in the most effective way possible.
4. Give consideration to the age, maturity, developmental level, reliability, and physical and intellectual abilities of the child or youth when setting expectations and assigning household tasks.
5. Impose a ban on the use of scented products by residents, within the setting where it has been identified that a child or youth has an allergy, asthma, or other health issues exacerbated by scented products. This ban will remain in effect for the duration of the affected child or youth’s placement.

EXCEPTIONS:

**CHILDREN AND YOUTH IN CARE AND CUSTODY
STAFFED RESIDENTIAL PLACEMENT RESOURCES: DAILY CARE AND
SUPERVISION**

Standard No. 13

Effective Date: April 16, 2015

Date Revised:

Cross Reference: Health Services for the Child or Youth; Monitoring Placement Resources; Social Work Contact

STANDARDS:

13.1 The Service Provider shall provide a safe, nurturing environment for children and youth.

13.2 The Service Provider shall provide twenty-four (24) hour supervision, guidance and support by trained staff for all aspects of the child/youth's life including, but not limited to; personal care, meals, day-to-day decision making, leisure activities, community based activities, and life skills.

13.3 The Service Provider shall have a model of care that addresses the physical, psychological, social, behavioural, developmental, emotional, cultural and spiritual needs of children and youth.

PROCEDURE:

1. Daily living and routines shall model family norms as much as possible including meal times, homework times, age appropriate rules and expectations, curfew, and involvement in activities within the home and with the child/youth's family, friends, school, community and culture.

Meals:

The Service Provider shall ensure that:

- a) There is a meal plan that follows the Canada Food Guide;
- b) There are variety of nutritious meals and snacks that also include traditional foods specific to a child or youth's diet and/or culture; and
- c) Staff are familiar with any special dietary or medical needs of a child or youth placed in the home (e.g., allergies, diabetes, etc.)

Supervision:

The Service Provider shall:

- a) Ensure that all children are adequately supervised based on their age and development as mutually agreed upon by the in care planning team;
- b) Establish age and developmentally appropriate curfews that address any safety risks to the child or youth (e.g., significant mental health concerns, recent history of suicide attempts or suicidal ideation, etc.);
- c) Establish procedures to address the concern that a child or youth may have articles or substances in his or her room that are illegal or that may place them or someone else at risk that include, but are not limited to the following:
 - i. Talk with the child or youth and ask that they give the item(s) to staff;
 - ii. If a room search is necessary the child or youth and two staff should be present;
 - iii. Ask the child or youth to empty his/her pockets for staff if they are concerned about non permitted items (clothing or frisk searches are not permitted); and
 - iv. Document all room searches in a child or youth's file.

Illegal or non-permitted articles may include:

- i. Guns, knives, sharp objects, and other weapons;
- ii. Alcohol;
- iii. Unauthorized non-prescription/prescription drugs or illegal drugs;
- iv. Sexually explicit or pornographic material;
- v. Matches or lighters;
- vi. Tobacco and tobacco products;

- vii. Glues/especially those of volatile oil base/including contact cement, household/model cement, plastic wood, acetone, lacquer thinner, mineral spirits, gasoline, etc.; and
- viii. Other items identified based on the individual needs of a particular child/youth.

Social/Recreational Activities:

The Service Provider shall:

- a) Ensure a child or youth receives a weekly allowance based on their age and developmental stage;
- b) Provide toys, games, books and activities, etc., that are age and developmentally appropriate; and
- c) Involve a child or youth in a reasonable level of age and developmentally appropriate social recreational activities based on the needs and wishes of the child or youth and the In Care Plan. This should include a combination of activities with the Service Provider (e.g., a movie night, hike) and extracurricular/community activities (e.g., swimming, soccer, music lessons, etc.).

Health/Hygiene:

The Service Provider shall:

- a) Be familiar with any special medical needs of a child or youth placed in the home (e.g., allergies, diabetes, etc.);
- b) Ensure that a child or youth is provided with timely health care including medical, dental and vision care;
- c) If a child/youth becomes ill he or she shall be taken his or her doctor or to the nearest medical facility; and
- d) Based on a child or youth's age and developmental level, provide them opportunities to develop and practice skills in self-sufficiency (e.g., dressing, personal care, meal preparation, etc.).

Education:

The Service Provider shall ensure:

- a) That the child or youth's attendance in an education or alternative program is arranged, encouraged and supported.

- b) In the event that a child or youth requires additional support with school work or is not attending school, arrange educational supports in accordance with the guidance and direction from the child's or youth school district, and in consultation with the child or youth's social worker and other members of the in care planning team.

Culture:

The Service Provider shall:

- a) In consultation with the social worker, child or youth, and the child/youth's family, provide programming that is culturally sensitive and recognizes aboriginal cultural identity and diversity.

Family Involvement:

The Service Provider shall:

- a) Where required, support the child or youths involvement with his or her family, including working with the biological family to maintain relationships, and to facilitate and/or provide supervised access for parents, siblings and other significant to the child or youth.

EXCEPTIONS:

**CHILDREN AND YOUTH IN CARE AND CUSTODY
STAFFED RESIDENTIAL PLACEMENT RESOURCES: DISCIPLINE**

Standard No. 14

Effective Date: April 16, 2015

Date Revised:

Cross Reference: Monitoring Placement Resources: Discipline

STANDARDS:

- 14.1 The Service Provider shall not use any form of discipline which infringes on the basic rights of a child or youth to proper care, protection, safety, and security.
- 14.2 The Service Provider shall never use fundamental rights as a reward or consequence.
- 14.3 The Service Provider shall not use physical punishment with a child or youth in the care and custody of a Manager of Child, Youth and Family Services.
- 14.4 The Service Provider shall ensure all residential staff shall receive crisis management training as well training on appropriate behaviour management and discipline techniques to be used with children and youth.

DEFINITIONS:

Discipline: Discipline offers structure and guidance and is instilled in children. It encourages desired behaviour by promoting positive behaviour, promoting self-control and when necessary responding to a child's lack of self-control. The intent of discipline is to be preventative and teach children the right way to prevent or solve problems. Discipline is perceived as an educational process by which residential staff guide young people's experience and direct them toward desirable and acceptable behaviour. The underlying goal of the use of discipline is to progressively help the young person apply self-control and learn effective problem solving skills, rather than relying on external pressure.

Punishment: Punishment is imposed on children, and involves implementing negative consequences in order to decrease an undesirable behaviour. Physical punishment often includes the infliction of physical pain for the purpose of disciplining, and can also include threats. The use of physical or corporal punishment increases a child's feelings of fear and avoidance and violates a child's right to feel safe. Physical Punishment does not teach new adaptive skills, rather, it teaches fear, anxiety, avoidance and frequently reinforces violence as an acceptable response.

PROCEDURES:

The Service Provider shall ensure:

1. That residential staff understand the impact of maltreatment, trauma and loss and grief on a child or youth's behaviour, the importance of understanding the reasons/meaning behind behaviour and are familiar with a range of effective disciplinary techniques.
2. That residential staff understand fundamental rights such as food, shelter, family visiting, etc., shall not be used as a consequence for behavior.
3. Before a consequence is imposed, the child or youth will have the reason/s for it explained to him/her with reference to the specific behaviour(s) that gave rise to the consequence. The child or youth shall be given the opportunity to explain their behaviour. The staff who are involved in administering a consequence to a resident are expected to respond in a calm manner.
4. The use of aggressive or assaultive behaviours, either physical or verbal intimidation, by anyone providing care and supervision to the child or youth is not acceptable. Physical punishment, in any form, **shall not** be used as a form of discipline.
5. Any conditions attached to a particular form of discipline should be noted in the daily log to ensure consistency in application among all staff.

Acceptable Disciplinary/Skill Teaching Techniques:

6. The withholding of privileges can be a useful and appropriate form of discipline. Privilege is defined as, "A program activity beyond the basic rights to regular meals, clothing, sleep, health care services, school, exercise, correspondence privileges, contact/visit with parents or legal assistance." The following are examples of appropriate forms of discipline, including skill teaching techniques that can help the young person learn new adaptive behaviours:

- a) Positive reinforcement and praise, use of rewards for positive behaviours;
- b) Modeling;
- c) Establishing routines and limits;
- d) Establishing clear expectations and consistent follow through;
- e) Redirection/distraction;
- f) Withholding or granting privileges;
- g) Reasonable grounding;
- h) Age appropriate time out;
- i) Logical consequences which are directly related to the behaviour;
- j) Negotiating, choices;
- k) Using an appropriate level of physical guidance and direction, (e.g., removing the child from the situation);
- l) Reinforcing alternate behaviour/acceptable behaviour;
- m) Prompting;
- n) Removing the situation from the child (e.g., reverse non-exclusionary time out)
- o) Safeguarding the home environment (e.g., installing a shatter proof mirror in the bedroom of a child or youth who has an increased risk of cutting);
- p) Ignoring selected maladaptive behaviour while reinforcing adaptive behaviour;
- q) Fading;
- r) Shaping;
- s) Generalization;
- t) Schedules of reinforcement;
- u) Task analysis;
- v) ABC model of behaviour; and
- w) Functional behavioural assessment.

Unacceptable Behavior Management Techniques:

The Service Provider shall ensure that none of the following unacceptable techniques are applied when disciplining a child or youth. Residential staff are **not allowed** to use the following:

- a) Using harsh or degrading responses that could result in the humiliation of a child or the undermining of a child's self-respect;
- b) Punching, shaking, shoving, or other forms of aggressive physical contact;
- c) Placing child/youth in an uncomfortable or degrading position (e.g., put child in the corner);
- d) Forced repetition of physical movements;
- e) Forced feeding;
- f) Ignoring and/or failure to provide for the child/youth's basic needs;

- g) Placing a child/youth in a locked room;
- h) Threatening the removal of a child or youth in care from the residence as a form of behaviour control;
- i) Extensive and prolonged withholding of emotional response or stimulation after the undesirable behaviour of the child or youth has stopped;
- j) Any action which impinges upon the basic rights of children and youth in care, protection, safety, and security;
- k) The use of mechanical restraints (e.g., securing child or youth to a chair/using a helmet, etc.);
- l) Threats (e.g., physical or verbal).
- m) Use of physical restraint without it being part of a behaviour support plan/in care plan;
- n) Use of exclusionary time out without it being part of a behaviour support plan/in care plan; and
- o) Ignoring the child.

EXCEPTIONS:

CHILDREN AND YOUTH IN CARE AND CUSTODY
**STAFFED RESIDENTIAL PLACEMENT RESOURCES: MANAGING BEHAVIOUR,
CRISIS INTERVENTION AND PHYSICAL RESTRAINT**

Standard No. 15

Effective Date: April 16, 2015

Date Revised:

Cross Reference: Monitoring Placement Resources: Discipline

STANDARDS:

- 15.1 The Service Provider shall establish services and programming to address situations that require crisis intervention and the stabilization of volatile situations.
- 15.2 The Service Provider shall establish policies giving comprehensive guidance on responding to, and managing challenging behaviours.
- 15.3 The Service Provider shall ensure that all staff have successfully completed a crisis prevention model approved by CYFS, and are recertified to meet that model's standards.
- 15.4 The Service Provider shall ensure that physical restraint shall only be used by residential staff as a last resort where there is a serious risk of harm, and where it is assessed that the existing range of interventions cannot be used to effectively de-escalate the danger.
- 15.5 The Service Provider shall ensure that only staff trained in an approved crisis prevention program intervene when physical restraint is utilized.
- 15.6 The Service Provider shall only use exclusionary time out and/or physical restraint under the guidance and direction of a BMS, or as part of a behaviour management plan that has been developed in consultation with CYFS and used by staff who are certified in a CYFS approved crisis prevention and intervention program.

15.7 The Service Provider shall ensure that the use of physical restraint shall only be used as a last resort under two specific circumstances:

- a) To protect a child or youth from immediate risk of self-injury or other people from physical harm; and
- b) To prevent serious property damage that will pose a risk to the child or youth or others in the home.

15.8 The Service Provider shall ensure that any use of a physical restraint by a residential staff person, must be documented in an incident report and submitted to the social worker and where applicable the BMS (where applicable) **within one (1) day**.

15.9 The Service Provider shall ensure where a child or youth is supported by the services of a BMS, and the BMS continues to be involved as part of the in care plan for the child or youth when placed with the Service Provider, that the behaviour support plan that has been developed is shared with program staff and the program is implemented for that child or youth.

PROCEDURES:

Assessment of the Child or Youth's Behaviour:

1. The Service Provider shall ensure that individualized intervention, planning and programming is developed for each child or youth based on an individual assessment unique to the needs of each child and youth. A functional behavioural assessment will be conducted which includes identifying any known triggers/situations that may escalate the child or youth's behaviour and outline the most appropriate and effective way to respond. The intent of this plan is to avoid the use of physical intervention by using proactive strategies, and it shall be developed in consultation with other members of the in care planning team.
2. Behaviour displayed by a child or youth over which they appear to have no internal control, may require staff to intervene to assist the child or youth to regain control of the situation. The type of intervention should be assessed giving consideration to the following factors:

- a) The child or youth's in care plan and behavioural support plan;
 - b) The current situation (e.g., location where acting out behaviour occurs);
 - c) Staffing model (e.g., the number of trained staff present);
 - d) Any medical, psychological or other safety warnings to the use of physical intervention with the child or youth in question (e.g., heart condition);
 - e) His or her cognitive ability;
 - f) Is there an alternative strategy that carries fewer risks than physical restraint, such as, supervision of the child from a safe distance or distraction or diversion;
 - g) Is this intervention appropriate to the developmental stage of the child or youth;
 - h) Physical traits of the child or youth;
 - i) What has been learned from previous functional behavioural assessments (e.g. past experience/triggers); and
 - j) Physical competencies of staff.
3. Residential staff must use their professional judgment when assessing the type of intervention required and are accountable for any action they choose to take.
 4. When a staff person determines that physical intervention is necessary, they shall always be required to explain the rationale behind their decision.

Method of Intervention:

5. It is important that staff utilize methods of intervention safely that are appropriate for the situation, by providing opportunities to first resolve the situation without the use of physical restraint.
6. In circumstances where a decision has been made to use a physical restraint, and where staff conclude they are not capable of providing the intervention safely on their own, they shall request additional assistance from trained residential staff.
7. Whenever possible, after an incident involving a physical restraint, staff shall meet with the child or youth to debrief the incident when appropriate and as soon as is reasonably practicable. The child or youth will be provided an opportunity to discuss the precipitating factors leading to the incident and how to problem solve in similar circumstances. (Exceptions may include individuals with severe cognitive challenges who may not comprehend the impact of their actions).

Physical Restraint:

8. The use of any form of physical restraint must be used as a last resort and be restricted to situations of absolute necessity that is; where the risk of not physically intervening with a child or youth is greater than the risk of using a physical restraint. Such situations should only occur when a child or youth is causing, or is likely to cause, serious harm to self or others, or serious damage to property that poses a risk to the child or youth or others in the home (e.g., restraining successfully avoids a child being cut by broken glass).
9. The physical restraint used must be the least restrictive intervention that is most likely to be effective in resolving the incident as quickly as possible.
10. Physical restraint shall never be used as punishment; rather it is interim safety measure.
11. With the exception of life threatening situations, or where there is a clear risk of severe physical harm to the child or youth, or others, residential staff **will not** attempt to restrain a child or youth without the assistance or presence of at least one other worker.
12. The following practices in restraint, as indicated by the CWLA "Best Practice" Guidelines, **are prohibited**:
 - a) Pain compliance, trigger points or any pain inducing techniques (whether for brief or extended periods);
 - b) Hyper extension of any part of the body (pushing or pulling of the knees, elbow, shoulder, limbs, joints, fingers, thumbs or neck) beyond normal limits;
 - c) Putting the person at significant risk of hyper extension by placing any part of the person's body in a position that is beyond normal limits (e.g., holding one or both arms behind the back and applying pressure, pulling or lifting);
 - d) Joint or skin torsion (twisting/turning in the opposite directions);
 - e) Pressure or weight on head, chest, lungs, sternum, diaphragm, back, or abdomen, causing chest compression;
 - f) Any maneuver that puts pressure, weight or leverage into or on the neck, throat, on any artery, or on the back of the person's head or neck, or otherwise obstructs or restricts circulation of blood and/or the obstruction of an airway;
 - g) Any type of choking, hand chokes, arm bar, sleeper hold; any type of neck or head hold where the head is used as a lever to control movement of other body parts or any type of full or half nelson or head lock;

- h) Any technique that involves mouth, nose, eyes, or any part of the face, or covering the face or body;
- i) Any maneuver that involves punching, hitting, poking, pinching, or shoving; and
- j) Straddling or sitting on any part of the body.

Notification of Physical Restraint Incident:

13. Following every incident involving a physical restraint, the Service Provider shall:

- a) Notify the Department of CYFS within **one (1) working** day; and
- b) Ensure each staff person witnessing the incident provides a written report to the child or youth's social worker regarding the circumstances leading to the restraint, length of time of the restraint and the outcome/resolution following the restraint. (The Service Provider may choose to submit one written report signed by all staff, as long as there is general consensus among staff regarding the details of the incident).

14. Following the use of a physical intervention, the Service Provider shall develop an "Incident Review Process" to review the following:

- a) Explore the incident;
- b) Explore its impact on all involved;
- c) Review the outcome;
- d) Consider any learning that can be achieved;
- e) Consider any implications for service delivery;
- f) Consider any reporting requirements under the legislative requirements; and
- g) Review frequency and intensity of incidents.

Supporting a Child or Youth after a Physical Restraint:

15. Depending on the severity of the incident, the child or youth and other children/youth in the residential placement may be affected by the incident. The Service Provider shall ensure that there is a stress management/debriefing process in place for a child or youth impacted by such an incident.

EXCEPTIONS:

**CHILDREN AND YOUTH IN CARE AND CUSTODY
STAFFED RESIDENTIAL PLACEMENT RESOURCES: A CHILD OR YOUTH
ABSENT WITHOUT PERMISSION, MISSING OR ABDUCTED**

Standard No. 16

Effective Date: April 16, 2015

Date Revised:

Cross Reference: Planning: A Child or Youth Absent Without Permission; Planning: A Child or Youth Missing or Abducted

STANDARDS:

- 16.1 The Service Provider shall notify a social worker (or on call social worker, if after regular office hours) when a child or youth is absent without permission, missing or abducted in accordance with the timeframes outlined by CYFS.
- 16.2 When a child or youth is absent without permission, the Service Provider shall adhere to the following procedures and also refer to the **Planning: A Child or Youth Absent without Permission Policy** in the Protection and In Care Policy and Procedures Manual.
- 16.3 When a child or youth is missing or abducted, the Service Provider shall adhere to the following procedures and also refer to **Planning: A Child or Youth Missing or Abducted Policy** in the Protection and In Care Policy and Procedures Manual.

DEFINITIONS:

Child or Youth Absent Without Permission: a child or youth who breaks curfew, leaves their placement without permission, or does not return to their placement at the expected time.

Missing Child or Youth: a child or youth who is absent without permission and has not returned to his/her placement within five (5) hours, or has been absent without permission for less than five (5) hours and:

- a) Is under 12 years of age;
- b) Has a disability (e.g., physical, intellectual);
- c) Has a recent and repeated history of drug/alcohol/solvent use;
- d) Has suspected or known mental health issues;
- e) Has a diagnosed mental illness;
- f) Has a recent history of suicide attempts or suicidal ideation;
- g) Has a recent history self-harming behaviours;
- h) There are severe weather conditions (e.g., blizzard);
- i) Has a medical condition that requires monitoring (e.g., diabetes and insulin dependent);
- j) Is suspected of or is associating with individuals who pose an immediate safety threat to the child or youth (e.g., violent offenders, pimps); and
- k) Any other risk factor that the social worker determines is likely to impact the child or youth's immediate safety.

Abducted Child or youth: a child or youth who has been led away, in secret or by force, from their residence, school or community.

PROCEDURES:

1. Child or Youth **Absent** Without Permission:

- a) The Service Provider shall immediately notify a social worker (or on call social worker, if after regular office hours) when a child or youth is absent without permission.
- b) The Service Provider shall collaborate with the social worker to:
 - i. Share information known about the child or youth;
 - ii. Determine what steps may be taken to locate him/her (this may include looking around the neighborhood/community or contacting friends and family for information); and
 - iii. Determine who will be responsible for each step.
- c) The Service Provider shall immediately notify the social worker if circumstances change (e.g., child calls, returns home, etc.) or new information becomes available.

- d) When an absent child or youth returns home, the Service Provider shall immediately contact the social worker to discuss the following:
 - i. The child or youth's demeanor since his or her return;
 - ii. The circumstances surrounding the child or youth absence; and
 - iii. If a social worker should follow up with the child or youth to discuss the absence or if the residential staff person will discuss the absence with the child or youth.

2. Child or Youth **Missing or Abducted:**

- a) The Service Provider shall immediately notify a social worker (or on call social worker if after regular office hours) when a child or youth is missing or abducted.
- b) The Service Provider shall collaborate with the social worker to:
 - i. Share information known about the child or youth;
 - ii. Determine what steps to take to locate the child or youth (this may include residential staff calling the police to file the missing persons report or contacting the parents); and
 - iii. Identify who shall complete each step.
- c) There shall be ongoing communication between the Service Provider and the social worker, and if after hours, the on call social worker, to ensure that CYFS staff involved in decisions about a missing/abducted child or youth have pertinent and up to date information.
- d) Once a child or youth has been located or returned to a placement, the Service Provider shall be contacted by the social worker to discuss the missing/abducted episode to:
 - i. Assess if additional supports are needed in the short term;
 - ii. Discuss the circumstances regarding the child or youth's missing/abducted episode;
 - iii. Obtain information about the child or youth's demeanor since his/her return; and
 - iv. Discuss what factors may increase or reduce the likelihood of future episodes.

- e) In situations where a child or youth is frequently missing the Service Provider shall be requested to participate in a case conference to:
 - i. Determine if additional supports are required to assist the child or youth, such as a referral to counselling or other community supports;
 - ii. Develop a plan to prevent or reduce episodes of running; and
 - iii. Develop a safety plan with the child or youth to reduce the likelihood of harm should a future missing/abducted episode occur.

Media Releases:

- 3. A Service Provider shall not issue a media release regarding a missing youth. Media releases regarding missing persons are conducted by the RCMP/RNC, on a case-by-case basis and must be approved by a CYFS Manager.

Amber Alerts:

- 4. Amber Alerts can only be released by the RCMP/RNC and requires consultation with a CYFS Manager and with the written permission of a parent.

EXCEPTIONS:

CHILDREN AND YOUTH IN CARE AND CUSTODY
STAFFED RESIDENTIAL PLACEMENT RESOURCES: MEDICAL CONSENT

Standard No. 17

Effective Date: April 16, 2015

Cross Reference:

Date Revised: Consents: Medical Consent

STANDARDS:

- 17.1 The Service Provider **does not** have the legal authority to provide medical consent for a child or youth in the care or custody of a manager of Child, Youth and Family Services.
- 17.2 The Service Provider shall contact the child or youth's social worker to arrange all necessary medical consent; and if after hours, the on call social worker shall be contacted.
- 17.3 The Service Provider shall ensure that all staff are familiar with, and adhere to the policy and procedures for medical consent as outlined in this Standard and *Protection and In Care Policy and Procedure Manual*.

PROCEDURE:

1. The Service Provider or residential staff person shall contact the social worker responsible for the child or youth or the after-hours social worker if medical consent is required.

EXCEPTIONS:

**CHILDREN AND YOUTH IN CARE & CUSTODY
STAFFED RESIDENTIAL PLACEMENT RESOURCES: ADMINISTERING
MEDICATIONS**

Standard No. 18

Effective Date: April 16, 2015

Date Revised:

Cross Reference:

STANDARDS:

- 18.1 The Service Provider shall provide twenty-four (24) hour supervision, guidance and support by trained staff for all aspects of the child/youth's life including, but not limited to, administering of medication/injections.
- 18.2 The Service Provider shall develop policies and procedures, governing the distribution, administration, storage, and discarding of both prescription and non-prescription medications.
- 18.3 The Service Provider shall ensure that all prescription and non-prescription medication is clearly labelled and stored in a locked, secure location except in circumstances where, in consultation with the social worker, it is determined that the child or youth is required to have medication on his or her person (e.g., EpiPen or inhaler).
- 18.4 The Service Provider shall maintain a medication log on each child or youth's individual file.
- 18.5 The Service Provider shall ensure that any expired or unused medication is disposed of in a secure manner.
- 18.6 The Service Provider shall ensure that if routine non-prescription medications (e.g., cough medicine, aspirin, and acetaminophen) are kept at the placement resource and administered, that this shall be done in consultation with a child or youths' social worker, physician or pharmacist.

18.7 The Service Provider shall ensure that if a child or youth is taking prescription medication, the residential staff shall not give him/her any non-prescribed medication unless they consult with a pharmacist, nurse or physician.

18.8 The Service Provider shall ensure that when a child or youth is administered medication, the date, time and dosage administered is recorded in the child or youth's medication log. Any concerns including the child or youth taking too much medication, taking the wrong medication or refusal to take the medication should also be noted and reported immediately to the child or youth's social worker.

PROCEDURES:

The Service Provider shall ensure that:

1. A designated staff person will be responsible for purchasing, storing and recording the administering schedule for any prescribed medication.
2. When a child or youth is administered a non-prescription medication the date, time, dosage administered and the name of nurse/physician/pharmacist consulted, is recorded in the child or youth's log.
3. If a child or youth refuses medication and it is considered vital to their health or if it appears that a child or youth is having a reaction to the medication, a physician must be contacted immediately.
4. If medication is administered incorrectly (dosage or schedule) it is noted in the log and a physician is consulted for advice, an incident report is completed, and the child or youth's social worker is immediately contacted for any follow up deemed necessary.

EXCEPTIONS:

CHILDREN AND YOUTH IN CARE & CUSTODY
STAFFED RESIDENTIAL PLACEMENT RESOURCES: FAMILY VISITATION

Standard No. 19

Effective Date: April 16, 2015

Date Revised:

Cross Reference:

STANDARD:

19.1 The Service Provider shall provide services where required, that includes working with the biological family to maintain relationships, and to facilitate and/or provide supervised access for parents, siblings and others significant to the child or youth.

PROCEDURES:

Family Visiting:

1. The Service Provider shall ensure that residential staff are part of the planning team that will develop and monitor the family visiting plan.
2. The Service Provider shall ensure residential staff where required, facilitate and/or supervise visiting between children and youth and their parents, siblings and significant others.
3. The Service Provider shall ensure residential staff provide any necessary support to children and youth with feelings of loss, sadness or anger after a visit with family members.

Family Access Reporting:

4. Where a residential staff person supervises a family visit, he/she shall note in the child or youth's log that a visit occurred including a brief description of the details of the visit, and document any noted concerns or reactions by the child or youth during or following the visit.

5. If, after a family visit, residential staff observe any significant concerns or reactions from the child or youth, he/shall report the noted concerns to the child or youth's social worker in a timely manner.

EXCEPTIONS:

**CHILDREN AND YOUTH IN CARE AND CUSTODY
PLANNING FOR THE CHILD: PERSONAL PRIVACY**

Standard No. 20

Effective Date: April 16, 2015

Date Revised:

Cross Reference: Planning: Personal Privacy

STANDARDS:

- 20.1 The Service Provider shall ensure that a child or youth placed in a staffed residential placement is entitled to personal privacy.

- 20.2 The Service Provider shall develop age and developmentally appropriate policies and procedures for the use of mobile devices and computer and internet access (e.g., cell phones, email, internet and social media sites, etc.)

- 20.3 The Service Provider shall ensure that personal information or pictures of a child or youth in the care or custody of a manager shall not be posted on social media outlets by residential staff providing care to the child or youth.

PROCEDURES:

1. The Service Provider shall ensure that a child or youth is entitled to a reasonable measure of privacy and it is the responsibility of the Service Provider to take specific steps to ensure that the child or youth's entitlement is recognized and that their privacy is protected. Decisions made on privacy should be based on the child or youth's best interests, safety and well-being. The degree of privacy will vary depending on the child or youth's age, needs and level of maturity. The degree of privacy may also depend on safety considerations.

2. The Service Provider can demonstrate a child or youth's right to privacy by:
 - a) Knocking before entering his/her room;
 - b) Providing storage space for his/her belongings;
 - c) Requesting permission to have access to his/her space;
 - d) Allowing the child or youth to remove himself/herself from the group living situation for quiet moments in his/her room;
 - e) Permitting and encouraging the child or youth to have personal belongings in the home that reflect his/her individuality, culture, and continuity with his or her past;
 - f) Providing the child or youth privacy when making/receiving telephone calls. The child or youth has the right to know any limitations placed on telephone or cell phone usage by the Service Provider. This may include times when routine telephone calls cannot be made, (e.g., after 10:30 pm) and the frequency and time for long distance telephone calls; and
 - g) Allowing the child or youth to send and receive mail or email (where age appropriate) that is not read or examined by another person unless there is reasonable grounds to suspect prohibited articles or material are being sent/received through the mail. In this situation it may be opened by staff or the child or youth's social worker in his/her presence.

3. The Service Provider shall ensure that opening correspondence from the child or youth's solicitor shall only be done by the child or youth.

Internet Safety:

4. The Service Provider shall ensure that residential staff are aware of the importance of monitoring a child or youth's usage of technology and providing age and developmentally appropriate expectations regarding computer and internet access and the use of mobile devices (e.g., cell phones) Information about internet safety can be found at at Cyber Tip (www.thedoorthatsnotlocked.ca). Some safety tips include:
 - a) Provide a high level of supervision during activities offline and online;
 - b) Explain to children and youth that the Internet is a public place, like the store, the neighborhood, the playground or going to someone's house. Set the expectation that you will monitor them online to increase their safety;
 - c) Explain to children and youth what the Internet is and what it can be used for;

- d) Use security controls on the computer;
- e) Limit the amount of time children and youth spend online;
- f) Encourage children and youth to always get your permission before sharing personal information or accepting anything while on or offline. Teach them what is meant by personal information and where on the Internet they may be asked for it;
- g) Be careful not to overreact to mistakes, as children/youth may interpret the reaction literally, feeling shame and worry;
- h) Model appropriate boundaries and re-establish boundaries when they are broken;
- i) Caution should be given to age appropriate children/youth who are joining instant messaging (MSN, Yahoo!, AIM, etc.), or social networking sites (Facebook, MySpace, etc.). A high level of adult supervision is necessary. Keep in mind that most games have an interactive chat component;
- j) If possible know all resident's passwords and screen names;
- k) Discuss appropriate and inappropriate material. This could lead into a review of the difference between respecting and breaking boundaries;
- l) Reinforce household guidelines for Internet use and set limits on the amount of time spent online; and
- m) Monitor use of webcams, cell phones, and the posting and exchanging of pictures online.

Internet and Social Media:

- 5. The Service Provider shall ensure that residential staff are aware that they **shall not** post information or pictures of children or youth in the care or custody of a manager on social media outlets (e.g., Facebook, Twitter).

EXCEPTIONS:

**CHILDREN AND YOUTH IN CARE AND CUSTODY
STAFFED RESIDENTIAL PLACEMENT RESOURCES: LIFE BOOKS**

Standard No. 21

Effective Date: April 16, 2015

Date Revised:

Cross Reference: Planning: Life Books

STANDARDS:

- 21.1 The Service Provider shall ensure that a Life Book is maintained for every child and youth residing in a residential placement resource.
- 21.2 The Service Provider shall advise residential staff that a Life Book is the property of the child or youth, and upon exiting the program, or transitioning, the life book must accompany the child or youth. In the case where it is not age appropriate, the life book is to be provided to the child or youth's social worker.

PROCEDURES:

1. The Service Provider shall ensure that a life book is created and/or maintained on each child/youth and where possible the child or youth should be part of creating this life book.
2. The life book should be in a format that the child or youth can have access to and look through freely and should contain where possible the following:
 - a) Birth information;
 - b) Infancy/toddler developmental and milestone information;
 - c) Any pertinent health facts;
 - d) A description/picture of the child or youth's birth parents;
 - e) An honest and sensitive description about why the child or youth came into care;
 - f) Record of significant family visits;
 - g) Names/pictures of caregivers and residences;
 - h) Feelings/observations that child or youth wants to include;
 - i) Positive achievements, records or mementos;

- j) Records of important anniversaries;
- k) Photographs (school and others); and
- l) Any other thing that the child or youth feels is important.

EXCEPTIONS:

**CHILDREN AND YOUTH IN CARE AND CUSTODY
STAFFED RESIDENTIAL PLACEMENT RESOURCES: ANNUAL REVIEW**

Standard No. 22

Effective Date: April 16, 2015

Date Revised: July 10, 2015

Cross Reference: Staffed Residential Placement Resources: Annual Review

STANDARDS:

- 22.1 The Service Provider shall permit representatives of CYFS to enter the premises used by the Service Provider in connection with the provision of the Services at all reasonable times, for purposes that include, but are not limited to, the following:
- a) To observe and evaluate the services being provided;
 - b) To inspect all records related to the services being provided; and
 - c) For any other purpose deemed necessary by CYFS to verify compliance with this Agreement.
- 22.2 All Staffed Residential Placement Resources shall be reviewed annually by CYFS to assess the quality of care being provided in accordance with the Service Agreement, applicable legislation and CYFS Policies, and the standards, procedures and requirements of CYFS.

PROCEDURES:

1. The Service Provider or designate shall be available to meet with the social worker who shall complete at minimum one site visit of the staffed residential placement resource as part of the annual review. This visit shall include a “walk through” of the home to observe the general condition of the home to and to ensure that:
 - a) Each child has their own bedroom (unless approved for siblings to share a room) with age and developmentally appropriate furniture and adequate space for their belongings;
 - b) There are age and developmentally toys, games, etc. available;
 - c) There is a secure storage area for medications, any dangerous objects and confidential information; and
 - d) Any obvious safety concerns are noted (e.g., loose railings, medications not safely stored, etc.).
2. The Service Provider shall make accessible to CYFS any records relating to the services being provided to children and youth in care as part of the Service Agreement (e.g.,

medications logs, child or youth's residential file, incident reports, etc.) that can inform the annual review process.

3. The Service Provider shall provide to CYFS:
 - a) Verification of house and vehicle insurance (where applicable);
 - b) Summary of staff qualifications and training provided to staff including the provision of culturally sensitive and appropriate services; and
 - c) Written confirmation that CYFS checks, Criminal Record Checks and Vulnerable Sector Checks have been completed on all staff working with children and youth in care.
4. The completed annual review shall be approved by a manager.
5. The Provincial Program Consultant responsible for Level 4 shall finalize an annual report of each Service Provider using the approved annual reviews and any other information required.
6. The Service Provider will be notified by CYFS of the outcome of the annual report including any concerns with the provision of service within 30 calendar days of the completion of the annual report.

EXCEPTIONS:

APPENDIX B
Core Competencies of Residential Staff

1. To meet the needs of children and youth in care in staffed residential settings, staff employed to work in residential care should possess the following knowledge and competencies:

Knowledge of the:

- Stages of normal human growth and development, including knowledge of the stages, processes and milestones of normal physical, emotional, cognitive, social, sexual, and spiritual development of children and youth.
- Importance of peer relationships on the child or youth's developmental stage.
- Conditions and experiences that may cause developmental lags and is able to identify the major behavioural indicators and dynamics of child and youth development.
- Indicators and possible effects of maltreatment on child or youth development.
- Impact of maltreatment on attachment and behaviour.
- Importance of helping children/youth to develop a positive self-image.
- Elements of, and barriers to, effective communication.
- Use of relationship-building techniques with children/youth.
- Importance of communicating to children/youth in a clear and consistent manner.
- Goals of effective discipline, as well as developmentally appropriate, non-physical disciplinary methods used to meet these goals.
- Importance of assisting children/youth in maintaining good physical health.
- Value of basic life-skill development.

- Policies and procedures of the EPH, Group Home or ILA, including safety and security requirements of all facilities.
- Where age appropriate, to use basic techniques and effectiveness of group work to address issues (e.g., sexual development; child abuse; substance misuse/addictions; life skills; etc).

Skills/Ability to:

- Act as a positive role model for children and youth in a residential care environment.
- Recognize where difficulties may exist, (e.g., suicidal tendencies; depression; substance abuse; sexual dysfunction; illiteracy; etc.) and is able to work independently, or with other significant individuals, to devise and implement plans to address identified needs.
- Respond in a supportive and open manner when confronted with a child or youth's disclosure of physical, emotional and/or sexual abuse and is able to ensure appropriate follow-up (e.g., referral to CYFS).
- Assess self-esteem and have an understanding of how to create necessary conditions which serve to enhance self-esteem of children/youth.
- Assist children/youth in the identification of personal strengths and encourage the child/young person's participation in activities that build upon these strengths.
- Implement effective discipline, employing natural and logical consequences as appropriate, and in accordance with established policies, standards and techniques.
- Communicate effectively, including the use of terminology which children/youth can understand and can confirm each child or youth's undertaking of expectations and rules.
- Utilize basic counseling skills (e.g. listening, responding, paraphrasing, clarifying, summarizing, etc.)
- Recognize situations of escalating aggression and is able and willing to take appropriate action, in accordance with established policies, standards and techniques, to diffuse or limit negative outcomes.

- Respond appropriately in the event of an emergency/crisis situation involving children/youth (e.g., fire evacuation procedures, suicide risks, contraband articles, incidents of aggression, etc.)
- Take appropriate action to seek medical attention for children/youth, when it is warranted.
- Model and teach basic life skills to children/youth where age appropriate (e.g., food storage and preparation, menu planning, nutrition, personal hygiene, laundry, budgeting, interpersonal relations, etc.).
- Keep the physical environment clean and in good condition and engage residents in cooperating to maintain a clean physical environment, while being sensitive to differences in opinion and standards of cleanliness.
- Observe and interpret the behaviour and events of residents and then select and clearly record the significant, applicable information, in a comprehensive and objective manner (e.g., refrains from opinionated, biased and judgmental remarks) and as per reporting procedures.
- Work as part of a team to identify the support needs of a child or youth to develop and implement a plan to address their needs.

2. Supporting Relationships with a Child or Youth's Family, Community and Culture

Knowledge of the:

- Importance of promoting a child or youth's sense of identity, history, culture and values.
- Importance of being non-judgmental in caring for children/youth and working with their families.
- Importance of respecting an child or youth's connections with his/her family (which may include extended family or foster family environments).
- Importance of regular visits and other types of contact with family/significant others.

- Impact family contact can have on the feelings and behaviour of a child or youth.
- Resources available to support a child/young person's transition back to family or to independent living.

Skills/Ability to:

- Recognize and effectively intervene with a resident who is experiencing difficulty due to issues of separation from family.
- To prepare residents for contact/visits with family and help them manage feelings in response to family contact.
- Utilize effective communication skills in interactions with family members of residents and articulate facility policies, guidelines and expectations.
- Arrange and support an appropriate level of contact between children/youth, and their families, which may include supervision on site, and/or accompanying children/youth on community visits.
- Utilize contacts with a child or youth's family to model relationship building, communication and appropriate behavioural intervention techniques.
- Assist and support children/youth with their transition planning (e.g., moving to a foster home, leaving the in-care program, etc.).

3. Working as a Professional Team Member

Knowledge of the:

- Role with the In Care Planning Team
- Need for open and ongoing communication with other program staff and members of the in care planning team.
- Confidentiality requirements of information pertaining to children and youth and their families, as defined by policy and applicable legislation.

- Value of maintaining accurate records regarding residents.

Skills/Ability to:

- Articulate the fundamental philosophy of the service system and reflect this in his/her interactions with the general public.
- Participate as a team member in the in-care planning process.
- Implement applicable aspects of individual service plans, consulting with other members of the in-care planning team, as appropriate.
- Demonstrate effective communication and problem-solving skills with children/youth, co-workers and other team members involved in the in-care planning process.
- Establish and maintain effective working relationships with a broad range of individuals and organizations.
- Maintain and safeguard confidential information according to policy and applicable legislation.