Crossroads Family Services

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CAREGIVER HANDBOOK

of Foster Care Policies and Procedures

Revised November 2023

Note to Caregivers:

This handbook will give you a good overview of Crossroads' expectations in areas relating to fostering and the procedures required regarding children in care.

This information is NOT a substitution for direct communication with your Crossroads Support Worker. If you have any questions, please call or e-mail your Support Worker as well.

Policies and procedures do change periodically according to regional and provincial adjustments in foster care. When changes are made caregivers will be notified by e-mail or letter. We suggest that you keep a file with for updated policies and program changes.

Procedures & Declarations:

Because our procedures and declarations are revised annually, the agency maintains a separate document for each procedural item referenced in the manual. Declarations are reviewed and signed off at each foster family's Annual Evaluation. Each foster family is given a copy of the procedures, declarations, and their Annual Evaluation for their own files.

Forms and procedure guidelines can be found at

www.crossroadsfs.ca / Login* / Forms.

*Contact the office for login information.

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HANDBOOK UPDATES

The following changes and additions have been made to the Crossroads Caregiver Handbook. Please read these policies to ensure your information is up to date.

Handbook #	Topic
112.5 April 2019	Non-Critical/Head Injury Reports: Non-Critical and Head Injury report form combined into one document.
101.5, 101.6 February 2021	Home and Vehicle Insurance must carry minimum $2000000.00 in liability.
106.10 July 2022	Progress Reports no longer required from Caregivers. FCSW's to complete quarterly
	Weapons summary enhanced
	Caseworker changed to Child Intervention Practitioner (CI Practitioner or CIP)
	Monitoring equipment procedure added

CONTENTS

ACRONYMS

AC	Alternate Caregiver	**FF**	Foster Family
Bio	Biological or Natural Family of a child	**IC /ICA**	Interim Custody Agreement
CA/CAG	Custody Agreement	**NCCYF**	Neighborhood Centre for Child, Youth & Families
CFS	Crossroads Family Services	**OTC**	Over The Counter Medication (Non-prescription)
Children's Services	Child & Family Services - Alberta	**PCO**	Placement Capacity Override
CIP	Child Intervention Practitioner	**PGO**	Permanent Guardianship Order
DFNA	Designated First Nations Authority	**SIL**	Semi-Independent Living
FCSW	Foster Care Support Worker	**TGO**	Temporary Guardianship Order
		PCR	Placement Concern Response Unit

501. FOSTER HOME CONTRACT REQUIREMENTS

501.1 Licensing / Opening of a Foster Home

The Agency ensures that the applicant foster home meets all regional Children's Services Licensing Unit requirements as laid out in the approval and licensing process. Each new foster home undergoes a Safety Assessment Check completed by a Licensing Officer from the Regional Children's Services Licensing Department.

A new foster home receives a six-month evaluation to ensure the home can meet the requirements in providing foster care. Thereafter, evaluations and licensing are conducted annually, according to the home's opening date. Annual Evaluations and license renewal must be completed prior to the anniversary of the foster home's opening date. Foster Families will be notified of Policy and Procedure changes throughout the year. These must be in place at the Annual Evaluation and license renewal or when specified when the information comes out.

Foster families sign-off in their Service Agreement to commit to 12 months of service delivery with Crossroads before any transfer to another agency/ authority is considered. Should they request to transfer prior to the end of the 12-month period, they agree to reimburse the initial costs of the Family Home Study to Crossroads.

NOTE – The foster home license is not transferable to other individuals or to a changed residence. Caregivers must keep Crossroads informed of changes that may have an impact on their license (e.g., moving to a new home, changes in the family make-up, etc.). When such changes occur, the family's FCSW will conduct a reassessment and an addendum will be added to the foster family's Home Study.

501.2 Conflict of Interest

Caregivers may not accept child placements from another foster care agency during their contract agreement with Crossroads Family Services. Any exemptions to this must be approved by the Executive Director or designate.

Respite/relief (temporary) placements from another agency must be approved by the foster care support worker (FCSW).

501.3 Operation of a Day Home

Families may operate a day home while they are fostering. A day home is defined as regular, ongoing child-care provision outside of foster care. This can be through a licensed day home agency (paid), private child-care provision (paid), or private child-care provision (unpaid – e.g., caring for a grandchild on a regular basis).

Foster families are required to notify Crossroads if they are providing regular childcare outside of fostering. Foster families need to be aware that this may impact the range and number of placements that can be in their home. See Policies 505.5,6,7 for details regarding the number and age of children that may be cared for in a foster home.

Day home children will be counted in that number, along with the foster family's natural children, foster children, and respite/relief provision. See policy 503.03 regarding the provision of respite and relief for children in care.

501.4 Medical Requirements for Caregivers

Initial Medical
Caregiver applicants must provide Crossroads with a medical check prior to commencing fostering, to be completed within 6 months of their application stating the applicant's physical, mental, and emotional ability to successfully meet the demands of fostering.

Changes in Health
If there is a significant change in a caregiver's physical, emotional, mental, or financial wellbeing, the caregiver must inform their FCSW. Potential impacts on the entire family (biological children and foster children) are to be discussed. Supports will be offered to ensure that the foster family and the foster children are provided with appropriate care. For example, in the case of a serious illness in the foster home, supports may include regular respite, reducing the number of children in the home, taking medical leave, etc.

To continue fostering, the caregiver may be required to consult their physician to obtain a positive recommendation for fostering. This request will be made at the discretion of a Crossroads Supervisor/Manager/Director.

Return to Fostering after a Medical Leave of Absence
Any caregiver who has experienced a serious illness (e.g., cancer, surgery) while fostering, must provide a positive medical check prior to having their home reopened for further placements. The physician must confirm that the caregiver is now able to successfully meet the physical, mental, and emotional demands of fostering.

In addition, the physician must specifically identify the illness, prognosis, and clinical opinion as to the effects fostering might have on the individual, and barriers that the medical condition might create for fostering.

501.5 Home Insurance

It is recommended that caregivers carry higher levels of insurance. However, the minimum insurance carried by a foster family is to be $2,000,000.00 liability. The caregiver is responsible for obtaining their own insurance to cover property and third-party liability. Should a caregiver fail to carry sufficient insurance, the caregiver is not eligible for any payment for damages after the fact. Proof of current home insurance is kept on the foster home's file.

501.6 Driver's Requirements – Insurance, Vehicle Safety

Prior to any caregiver transporting a child in care, the agency must have on file each of the following documents for each regular driver, and for each vehicle:

- Current Alberta vehicle insurance – verification to be renewed annually
- Current Alberta vehicle registration – verification to be renewed annually
- Valid Alberta driver's license
- Transportation Declaration – to be renewed annually
- Vehicle safety inspection – if requested by Crossroads (cost is reimbursable)
- Driver's Abstract – if requested by Crossroads (cost is reimbursable)

Vehicle Insurance:
Crossroads requires caregivers to carry a minimum of $2,000,000.00 liability coverage, and any other requirements as stated by their insurance company, to allow them to transport a foster child legally and safely.

Vehicle Safety and Maintenance:
Caregivers must ensure that all vehicles being used to transport children in care are properly maintained and meet safety requirements. If requested by Crossroads, the family will obtain a Vehicle Safety Inspection and submit this to Crossroads. (Cost is reimbursable upon opening the home.) Caregivers will also carry the *Crossroads Emergency Contact Card in each vehicle.

**The Emergency Contact Card replaces the Portable Record that our Accreditation Standards require us to have with us for each of our foster children.*

For more information, see Transportation *of Children in Care* and *Car Seats.*

501.7 Training Action Plan and Requirements

Upon opening as a foster home, and thereafter while completing each annual caregiver evaluation, a summary is compiled of all courses completed by both the primary and secondary caregiver in the family, and a plan is made of training goals for the upcoming year. If there is an alternate caregiver in the home (e.g., Nanny, Grandparent) a training plan may be compiled for this individual as well.

The summary will verify that both Children's Services and CAC requirements have been and continue to be met. Additional training that may be required will also be noted on the Training Action Plan, to be followed up within a time frame set by the FCSW and noted in the summary.

Caregiver Responsibilities

- Review and sign off on the Training Action Plan, one copy for the family and one to be kept on their file (One parent may sign for the family)
- Register and attend the required training
- Submit copies of training certificates to the Agency who will keep these on file as proof of training completed
- Record and report Supplemental Training and activities as they are completed, to be kept on file by the Agency

Training Levels

Level 1 Training Complete (L1 TC): Each caregiver is required to complete core training within 48 months of opening as a foster home. Core training will include completing the following courses in the first 9 months of fostering:

- **Indigenous Awareness –** renewed annually
- **Cultural Diversity –** renewed annually
- **Suicide Awareness –** renewed every 3 years
- **Self-Harm Training –** renewed every 3 years
- **First Aid –** renewed every 3 years

- Other renewable training required include:
  - Medication Administration – renewed annually
  - Behaviour Management/Restrictive Procedures – renewed annually
  - Restraint Training (if applicable) – renewed annually

Upon completion of Core Training the caregiver will begin Supplemental training.

- **Supplemental Training Overview:** L1 TC status is attached to the individual caregiver. When each parent completes Level I Training, that caregiver's supplemental training will begin to be tracked in the following calendar year.
- **Supplemental Training for all Caregivers**: 12 hours annually

SUPPLEMENTAL TRAINING:

Supplemental Training hours will begin to be tracked and banked to be counted in the following calendar year. In some instances, hours may be carried forward beyond one year, if authorized by the Executive Director. Any courses, cultural events, training, learning, and co-learning with children may be counted, if the content is relevant to fostering, human relationships, personal development, etc. Training that would not qualify includes such things as a course in Rap Music or Hair Cutting.

Caregivers can discuss possible training with their FCSW who will verify if it qualifies for supplemental hours. Examples include:

- Agency Self Study
- CASA and YYC Program involvement
- Other specialized program involvement (e.g., sign language)
- Documentaries regarding relevant areas or issues
- Post-Secondary courses
- In-services or workshops on professional topics
- Training required for your work position (e.g., a computer course)
- Experiential Training and Cultural events (e.g., Pow Wows, Heritage days)
- Relevant reading of articles, books, etc.
- Online courses (e.g., Foster Parent College)

501.8 Children Attending Training

Edmonton and Area Training:

Childcare expenses for both your own and your foster children are reimbursable for all required training with the submission of the babysitter receipts signed by the babysitter. To ensure that all attendees are

able to learn without distraction, Edmonton and Area has directed that no children, including infants, are to be brought to training.

Crossroads In-House Training and Other General Agency Meetings:
Unless cleared with the individual running the meeting, children ARE NOT allowed to attend Crossroads' training sessions and general agency meetings. However, when program funds allow, caregivers may be notified that they will be reimbursed for the cost of babysitting. This will be decided and announced on a year-to-year basis.

Crossroads Support Meetings:
Babysitting is provided at monthly Support Meetings unless parents are otherwise notified.

501.9 Confidentiality & Information Storage

All Crossroads caregivers are exposed to confidential information. As such, they will be required to sign a Declaration of Confidentiality as a condition of their Service Agreement.
Such confidential information includes, but is not limited to:

- Information about foster care clients
- Financial information about any of these clients
- Financial information about Crossroads
- Information about other Agency caregivers
- Confidential business discussions related to Crossroads

GUIDELINES:
Information regarding foster children may be shared with Crossroads caregivers and the Child Intervention Practitioner and other relevant Authority caregivers on an as needed basis.

Limited information regarding foster children may be shared with such Service Team members as teachers, doctors, respite parents, etc.

Confidential information regarding caregivers may be shared with relevant Crossroads caregivers. Caregivers should always discuss the sharing of information with their Support Worker if they have any question as to confidentiality.
Caregivers will safeguard all confidential information as it applies to the transportation of records, use of the internet, phone calls, etc.

Crossroads will also hold all caregivers' information in the strictest confidence and information resources will be restricted to authorized personnel.

ALL Crossroads caregivers are expected to respect the confidentiality of information that they receive through their association with Crossroads Family Services. Caregivers who improperly use or disclose confidential information will be subject to disciplinary action. Disciplinary action may include termination of contract and legal action, even if the caregivers do not actually benefit from the disclosed information.

Caregivers who become aware of any disclosure of sensitive information on the part of others (e.g., peer caregivers, staff) are to report it immediately to their FCSW or the Foster Care Manager.

Caregivers are required to safeguard personal information regarding the children in their care. This will require the utilization of locked storage, and the professional management of documentation.

Written Documentation: Crossroads keeps all reports and documentation which are submitted to the FCSW. Children's files are always kept and stored by Crossroads after the child has been discharged. It is not necessary for caregivers to keep copies after a child has left the home.

Computers: Files, reports, health records, etc. should be password protected. The province recommends that all files be deleted when a child leaves your home.

Portable Record: A PORTABLE RECORD information card will be made available for caregivers to carry in their purse, wallet, and car. The card notes Agency and Children's Services contact information to ensure 24/7 access to details regarding the children. It is imperative that this portable record be in your vehicle.

Internet and Social Media (Facebook, Twitter, etc.): With the increasing popularity of social media sites, Crossroads has created specific policy regarding Caregivers posting information about children in care. See Policy 501.10 on *Social Media* for more details.

Family Newsletters: As per the caregiver Confidentiality Declaration, caregivers must not post pictures, names or details regarding foster children. Exceptions may apply only in the case of written CI Practitioner permission recorded on the service plan (e.g., a long-term child whose status is PPA – Permanency Placement Agreement).

E-mail: Correspondence with the Agency or the CI Practitioner should be written in such a way as to not identify more about the child than necessary. Standard identification of the child would be "Jimmy S."

501.10 Social Media

Caregivers and agency staff are directed that it is NOT acceptable to post pictures or information regarding foster children on either personal Social Media Sites or the agency Facebook account without written permission from the CI Practitioner, and this exemption being included in the child in care's service plan.

Regarding personal details or discussion on Social Media sites, caregivers are advised that the internet is considered to be a public forum of communication. They are to be reminded that their work as a professional parent, and the issues related to individual foster children, are confidential. Sharing confidential information or opinions about their foster child is prohibited.

In this time of electronic social networking, there exist increasing opportunities for families to enjoy instant communication and photograph sharing. In some cases where the child is a long-term permanent part of the home, the agency can request for the CI Practitioner to grant an exception. This exception must be received in written form and also reviewed by the agency. For younger children, with the written permission of your CI Practitioner and inclusion in the service plan, an individualized Facebook account may be set up to create an opportunity for foster families to share pictures of the child easily with the biological family. In the case of older foster children, many have chosen to set up Social Media for themselves (TikTok, Instagram, Snap Chat, etc.). The existence of these accounts is to be recorded on the service plan and shared with the service team.

ALBERTA ENHANCEMENT ACT Excerpt:

Children in Care: Facebook, Twitter and other Social Media sites – Prohibited Content Consequences (The Child, Youth and Family Enhancement Act - Section 126.2)
The Act specifically states that no person shall publish any information serving to identify a child who has come to the Minister's or a director's attention under this act or information that could identify the guardian of the child. The Act further notes that an individual in violation of this directive could be fined up to $10,000 and in default of payment, a term of imprisonment of up to six months.

The Regional Child and Family Services Comments and Discussions state:
As a professional parent, foster parents are to be aware that at no time is it acceptable to post comments or initiate discussions of a critical nature regarding the Child & Family Services system. Posting comments regarding issues with either the system of care or CI Practitioners (either specifically or generally) in a public forum such as Facebook or Twitter may result in disciplinary action.

NOTE: All internet usage by children in care is to be supervised by a foster parent or a designated responsible individual.

501.11 Professional Relationships for Caregivers and Clients

The obligation to maintain appropriate and healthy professional boundaries lies with all Crossroads service providers, including caregivers. Personal social relations do not establish a healthy professional base environment for caregiving and are not guided by professional standards or codes of ethics. All caregivers are responsible for ensuring that professional care is not confused with social relationships.

Setting appropriate relationship boundaries is NOT the responsibility of the foster child, the foster child's relatives, or other individuals with whom the child maintains a personal relationship.

Crossroads caregivers are responsible for setting clear, appropriate, and culturally sensitive boundaries during the time the child is in the care of the Agency, and after they have been discharged.

RELATIONSHIP BOUNDARIES - Foster Family, Children in Care and Bio-Families
a) When a child is being served by the agency caregivers must ensure that interactions with the child's bio family are positive and supportive but do not cross the boundary into being a primarily friendship-based relationship.

A caregiver's pre-existing personal relationship with a child's family should not interfere with meeting the client's therapeutic needs. Where such a prior relationship exists, the caregiver must declare the relationship to their FCSW and take steps to determine whether the personal relationship could interfere with the provision of care. If there is any question about the personal relationship interfering with the professional relationship, arrangements for alternate placement should be made.

Typically, the foster child's family is not allowed to stay as overnight guests in the foster family's home, and the foster family is not allowed to stay at the bio family's home. There might be a specialized situation where this is integrated into the child's Service Plan by the team, but in these cases, it would be discussed ahead of time, agreed to by the caregivers and the agency, and signed off by the appropriate individuals.

b) When a child has been discharged by the agency a balance of power differential still exists between the caregivers and the foster child's biological family. Caregivers must continue to ensure that they

consistently demonstrate respectful interactions with their former foster children's birth families, while maintaining professionally appropriate boundaries between their personal and professional life.

Caregivers are to ensure that all interactions with the child/child's family consistently reflect a professional therapeutic relationship.

c) When a caregiver no longer fosters for the agency, they are still bound by the ethical and moral constraints of their former role as a professional parent. Caregivers are not to become involved in any relationship with prior foster children or their biological families which might be perceived as a Boundary Violation. If the caregiver is unclear about whether an involvement or interaction is potentially inappropriate or a violation, they should seek clarification from the agency.

SEXUAL RELATIONSHIPS IN THE CAREGIVERS/CLIENT RELATIONSHIP
Romantic or sexually intimate relationships are NEVER appropriate during or after the course of a professional relationship.

Caregivers (staff, volunteers, students, etc.) should NEVER engage in sexual activities or sexual contact with current or former children in care, under any circumstances, whether such contact might be considered legally consensual or not.

Caregivers (staff, volunteers, students, etc.) should NEVER engage in sexual activities or sexual contact with clients' relatives or other individuals with whom clients maintain a close personal relationship when there is a risk of exploitation or potential harm to the client.

CAREGIVER RELATIONSHIP WITH FORMER FOSTER CHILDREN
When the foster child is no longer in the care of the caregiver, the caregiver must ensure that all continuing interactions are positive and supportive but do not cross the boundary into being an unprofessional relationship. They are responsible for setting clear and appropriate boundaries with the child and their family.

A child who is still in care may wish to maintain or re-establish contact with their former foster family. This must be approved by their CI Practitioner. If a child in care returns to visit a former caregiver and indicates that they wish to return to that placement, the caregiver should refer the request to the agency FCSW and the child's CI Practitioner.

501.12 Child Access To Supports ~ Home Phone

Children in care have the right to ongoing access to their CI Practitioner, a Cultural Resource Person, and to the Child & Youth Advocate. To ensure children can contact these supports as needed, all foster homes will always maintain a home phone available to children, in addition to any cellular phones they may own.

501.13 Taking Children on Vacation ~ Travel Authorization

Vacation requirements vary according to the type of activity. Please note that travel arrangements may not interfere with the child's scheduled family visits or professional appointments without written CI

Practitioner approval. As well, there may be occasions when a trip must be cut short (e.g.: court-directed parental access is required, or TGO/ PGO is overturned in court).

1. **Day Trips:** Caregiver will note the activity in an email to their FCSW for the Quarterly Progress Report.
2. **Overnight Trips:** Any time a child will be away from the foster home overnight, even if with the caregivers, the FCSW and CI Practitioner must be notified in writing (e-mail) prior to the trip.
3. **Out of Province Travel:** If a caregiver wants to take a child out of province, they are required to carry a Travel Authorization Letter written by the child's CI Practitioner (guardian) and signed by the CI Practitioner's manager prior to leaving. **Allow a minimum of two weeks' notice** to ensure you receive the letter prior to leaving.
4. **Out of Country:** Prior to leaving the country, the child's CI Practitioner must gather several required documents, including birth certificate, passport, trip itinerary, and a Travel Authorization Letter from the Regional Director of Children's Services. This letter must be carried by the caregiver at all times during the trip. **Allow a minimum of two months' notice** to arrange for a trip out of country.

502. FOSTER HOME STATUS

502.1 License Renewal and Annual Evaluation

Foster home facility licenses are renewed on an annual basis. Beginning approximately eight weeks before the license renewal date, the foster home's FCSW completes the family's annual evaluation according to regional practice in conjunction with the foster family, the Agency compiles and provides all required documentation to the Licensing Unit within the required time frame, generally one month before the renewal date. A Licensing Officer then books an appointment to visit the home and conduct an annual Safety Assessment Check. When the renewal is complete and all documents are approved by the Licensing Unit, a new license covering the next twelve months will be issued. The Agency will place this license on the foster family's file.

A formal annual evaluation and safety assessment of each foster home will be completed on or before the anniversary of the date the home was first opened.

Timeframe
To meet Regional licensing criteria for all foster homes, the annual evaluation is begun two months prior to the licensing anniversary date to ensure that documentation will be processed and submitted prior to expiry of the current license.

Environmental Safety Assessment (Safety Assessment)
The FCSW and caregiver will go through the foster home and review the facility against the Safety Assessment checklist. Any issues to be addressed must be completed before the Licensing officer's visit. The Licensing officer will complete the official Safety Assessment. Once completed, the Safety Assessment will be considered valid for the time period of the License.

502.2 Reassessment of a Foster Home

When there has been a significant change in the foster family or home circumstances, a reassessment is required to ensure the family is able to provide continuing quality care to foster children and determine if any additional supports may be required. The FCSW will conduct the reassessment in conjunction with their supervisor and the foster care manager.

Licensing
The Licensing Unit will be notified of any foster home changes and the results of the re-assessment according to requirements of the Licensing Unit.

A reassessment may include, but is not limited to the following:

- Reassessment of the caregiver's skills
- Reassessment of any physical changes to the residence (*A Safety Assessment must occur following any structural renovations of the home and will be filed as an addendum to the Annual Evaluation.)
- Reassessment due to sleeping arrangements (i.e., Bedrooms in the basement)
- Reassessment of the type of child that should be placed in the home
- Reasons for a Reassessment: Changes in circumstances requiring reassessment may include but are not limited to:
- Disruption in family composition – birth, death, marriage breakdown, separation, divorce, etc. *
- Significant change in finances
- Significant change in health (Doctor's certificate will be required)
- Relocation of family
- Addition to family composition **

* Family Composition: After a significant change in family composition, the agency may require that there be stability of at least one year prior to taking new placements. In some cases, changes to status are a formality only. The family's ability to take new placements will be determined on a case-by-case basis.

** New adults coming into the home must meet Alternate Caregiver requirements, depending on their status. Individuals will include, but not be limited to:

- Relatives moving into the home for a period of one month or more
- Exchange students
- Boarders
- Nanny / Live in babysitter
- Stepchildren coming for regular stays
- Former foster children coming for regular stays
- Children living in the home who turn 18 years of age are considered "new adults" in the home:
- Current foster child who turns 18 years of age and remains in the home
- Bio-child who turns 18 years of age and remains in the home

Guests in the Home: Short term guests do not constitute the need for a reassessment as long as the guest maintains their own address elsewhere and there is an end date for their visit. E.g., An overseas relative may visit for several months. The guest MAY NOT provide childcare for foster children, however, unless they provide a CRC and IRC.

502.3 Leave of Absence

A foster family who is unable to accept placements for a period of 3 months will be considered inactive. When inactive, a foster family's requirements such as training renewals and requirements may fall behind, resulting in non-compliance. Consequently, a decision must be made regarding the status of the foster home.

Upon discussion, the Agency and the Foster Family may agree on a short leave of absence if the family agrees to ensure that all compliance requirements are kept up to date. During the leave of absence, time will not be counted as active service time. This might extend the time frame that a family has for completion of courses. For example, if a family fosters for 1 year, takes a 1-year break, and then reopens as a home, they are considered to only have one year service. Accordingly, they have another 3 years in which to complete their training requirements. All licensing requirements must be met, including renewals, prior to reopening the home. NOTE: CRC and IRC must be updated and current within 6 months prior to reopening the home.

Re-activation of the Foster Home: In addition to renewal and licensing requirements, the following will also be required for re-activation:

Medical Leave of Absence:
The caregiver of concern will produce a doctor's report stating the caregiver is physically and mentally fit to return to the responsibilities of fostering. This medical certificate will identify the medical issue, the prognosis, and any barriers which might exist for fostering.

Bed Hold related to Medical Issues:
In some cases, even if a caregiver becomes ill with a serious illness the family might continue to foster the children already placed in their home. In this case any of the open beds in the home will be placed on hold. As with a medical leave of absence, prior to the beds being reactivated for service, the caregiver will produce a doctor's report stating the caregiver is physically and mentally fit to assume an increased level of fostering responsibilities. This medical certificate will identify the medical issue, the prognosis, and any barriers which might exist for fostering. The agency reserves the right to request more information.

Renovations:
A new Safety Assessment will be done by the FCSW and the foster home facility will be reassessed by the Licensing Unit.

Change in Family – Birth, death, marriage, move, etc.:
The home study reassessment or addendum will be carried out by Crossroads or an associated Home Study writer. The reassessment will be submitted to the Licensing Unit according to the Licensing Unit's requirements.

If the foster home meets all criteria for an active home, the foster family will be reinstated at the same level as when the Leave of Absence began. If all criteria are not met, the home may be closed by Crossroads as Inactive, or may be left to be re-evaluated at a later date.

502.4 Transfer of a Foster Family

Occasions may arise where a foster family transfers between Crossroads and another Foster Care Agency or the Authority. All transfers will follow procedures outlined by Children's Services.

NOTE: When a foster family is transferring, the receiving agency is not responsible for monitoring the foster family and the children in their care until all terms of the transfer are officially completed. As well, no new children will be placed with the foster family until all the terms of the transfer are met.

Sharing of Information:
As part of the foster care application process, transferring caregivers sign a "Sharing of Information Consent Form", valid for 90 days from the date of signing, providing their consent for the release of the following written information:

- An addendum to the Home study assessment/Self Study must be completed before opening a transferring family with Crossroads Family Services.
- Criminal Record checks and Intervention Record Checks are valid only if completed within the past six (6) months.

502.5 Consents – Sharing of Caregiver Information

Accreditation – Peer Review Process
Crossroads will take part in the Accreditation Process every three to four years. A consent form ("Confidentiality and Access to Information - Peer Review Process") must be signed by Agency staff, Caregivers and foster children or the child's guardian if under 12 years. Their signature provides consent to being a part of the peer review process, acknowledging that they may be interviewed, and that their files may be reviewed.

Foster Home Investigations
In cases involving an investigation by the Children's Services Placement Concern Response Unit (PCR), Crossroads may be requested to release documents on the caregiver file. In such cases, it is Crossroad's practice to NOT release any documentation without the caregiver's knowledge and written consent unless directed to do so by the court, or when seized by Officers of the Law.

502.6 Probation of a Foster Home

The decision to implement "Probationary Status" for a foster home will be made in the following instances:

Non-Compliance
A foster family who does not maintain compliance areas or is chronically non-compliant in certain areas may be placed on probationary status, until the concern areas are satisfactorily addressed.

Quality of Care or Breach of Caregiver Agreement
All foster homes are required to provide a positive and safe environment for the children in their care. Some examples of failure to do so may include:

- Negative annual performance review

- Negative outcome in an investigation
- Failure to take corrective action following a Critical Incident (as above)
- Chronic failure to meet requirements regarding health appointments, rights of children in care, appropriate behavior management, reporting and documentation, compliance with case plan, etc.

A foster home that is placed on probation will be taken off "Direct Deposit" payment of their stipend. A manual cheque will be made available to the foster family on the usual pay dates in exchange for all up-to-date documentation, training, etc. as required.

The family's compliance will be reassessed after three months. See *Reassessment of a Foster Home*

502.7 Closure of a Foster Home / Contract Termination

The decision to implement the process for closure of a foster home (termination of Crossroads Caregiver Service Agreement) will be made in two instances:

Inactive Foster Family
A foster family who is unable to accept placements for a period of 3 months will be considered inactive. When inactive, foster family requirements such as training renewals and requirements fall behind, resulting in non-compliance. Consequently, a decision must be made regarding the status of the foster home. The family may be designated as taking a Leave of Absence (see 502.03) or the Service Agreement may be terminated, resulting in the closure of the home.

Breach of Contract / Quality of Care / Investigation
The decision to implement the closure process is made at the Crossroads Senior Management level. Reasons for closure may include, but are not limited to:

- Discrepancy in information in initial application and/or home study.
- Contracting Agency (Children's Services) refuses to place children in home
- Negative annual review
- Negative outcome in an investigation
- Failure to maintain adequate contact information and documentation
- Failure to complete training in a timely manner
- Substandard housekeeping serious enough to result in a risk to the child i.e., Health/safety issue
- Poor parenting skills
- Poor judgment
- Release of confidential information
- Substance abuse – alcohol or drug
- Addictions issues – substance or other (e.g., gambling, pornography)
- Any occupant of the home exposing children to inappropriate lifestyle activities (e.g., pornography, type of guests in the home, domestic violence, extra-marital affairs, etc.)
- Lack of corrective follow-through in response to a negative Review or Investigation

503. ALTERNATE CARE – Respite, Relief, Babysitting

503.1 Alternate Care – Definitions

CONTEXT
Adults who are in close relationship with the foster children and are taking a major role in providing discipline and assistance in child rearing require additional training to equip them for this responsibility. The training will provide these caregivers with a better understanding of the needs of the foster children and allows for consistency in the behavior management approaches used in the home.

Government Directive 3168-9 details the province's policy and direction.

Relief care is informal alternate child care generally arranged by the foster family, in conjunction with their FCSW, and is generally overnight.

Respite care is set up through a support plan and paid through the agency. Respite care is defined by Children's Services as alternate care in a licensed foster home required to maintain a foster care placement and is generally overnight.

Why Alternate Care?
Alternate care beds are available in the Agency to allow for caregivers to take a short break from the demands of caring for foster children. In some cases, alternate care is provided on an ongoing basis to maintain the placement of a challenging child. In other cases, alternate care may be required for a weekend or vacation away.

Who Provides Alternate Care?
Alternate care is generally provided by another foster family. While it is not a requirement that the other foster family have an open foster care bed in order to provide temporary care, it is important that they not exceed the recommended number restrictions for infants and toddlers. When the agency is notified of alternate care plans, they will check the ages of all the children who will be in the foster home to assess that the respite parent can provide adequate care and supervision.

Number of Children Allowed
* NOTE: Generally, a foster home should have no more than 3 children under the age of 3. Of those 3 children, no more than 2 can be under the age of 2.

* NOTE: If the additional relief/respite children will overload the foster home, the FCSW Supervisor must approve the arrangement. As well, Crossroads will contact the CI Practitioners of each current placement to notify them of the temporary overload.

503.2 Alternate Care Arrangements: Respite & Babysitting

Caregivers must always remember that the child's CI Practitioner is the legal guardian and as such **must** know who is responsible for caring for the child at all times or have access to that information (as with babysitter contact numbers). If caregivers make their own childcare/vacation arrangements, they **must** notify the FCSW or Crossroads administrative assistant of the arrangements at least 24 hours prior. Authorization will be requested from the CI Practitioner, and the On-Call worker will be notified.

Details regarding arranging alternate care, financial arrangements, hours, etc. can be found at www.crossroadsfs.ca / login / forms/ foster-care

- *Guidelines for Short-Term Alternate Care*
- *Guidelines for Babysitters, Non-Foster Home Alternate Caregivers and Nannies.*

NOTE: If an older child is interested in babysitting, refer to 509.02 *Babysitting by a Foster Child* in the Caregiver Manual.

503.3 Respite/Relief Family Responsibilities

Foster families providing alternate care are required to provide documentation giving an overview of the child's time in the respite home. Complete daily notes including:

- The child's general activities
- Child's general behavior
- Visits and the child's response
- Medication administration
- Specific notes detailing any Incidents

These notes can be submitted with the respite family's regular month-end paperwork (Highlight the name of the child and his/her foster family). They may also be sent back to the foster family for submission. **Critical Incidents are to be immediately submitted to the agency.**

503.4 Sleepovers

Definition

The child is away from the foster family overnight, sleeping at a friend's house. The family providing the sleepover does not make key decisions and does not take a major role in childrearing. Caregivers, while apart from the child, are still responsible for the child and must be available by phone should any problems arise.

Requirements

In a sleepover arrangement, money does not change hands. The family providing the sleepover must meet the caregiver's own requirements for suitability and skills so as to provide adequate care for the foster child. This type of informal care does NOT require a CRC and IRC being obtained by the caregiver. The Agency does not need to be involved as the caregiver is still responsible to know where the child is at all times and remains available by phone should any problems occur.

Sleepovers in Other Foster Homes

In some cases, a foster child may be friends with other foster children and be invited for a sleepover as part of the friendship. This is not considered a "provision of a bed night" or alternate care, and no money is changing hands. The sleepover is intended for the social development of the children and responsibility for the child remains with the child's own caregivers who remain available by phone should any problems arise.

504. FINANCIAL – CAREGIVERS

504.1 Caregiver Stipend (Rate of Pay)

Upon hire, caregivers will be paid the rate of pay (also referred to as the 'stipend') in accordance with amounts set by the Children's Services. This amount is non-taxable.

Caregivers who are caring for a child classified at a higher level than the home (i.e., a Level II child in a Level I foster home) may qualify for additional supports in the form of a Support Plan. Stipend rates will remain the same. Children with exceptional needs may qualify for Specialized Rates, which will be added to the caregiver's stipend, however the base Stipend rate remains the same. The need for support plans and specialized rates is reviewed on a regular basis.

The stipend received by the caregivers is broken down into two sections: Skill fee – based on the caregiver's training level, and Basic Maintenance, to cover the child's needs.

Basic Maintenance is expected to cover all the child's day-to-day costs which includes but is not limited to:

- Food
- Clothing (amounts as set out by Children's Services)
- Personal care items (i.e., Toiletries, hair care products etc.)
- Spending allowance (amounts as set out by Children's Services)
- Family recreation costs (i.e., movie night, amusement park, and associated mileage)
- Birthday gifts
- Christmas gifts
- Halloween costumes

Billing for Foster Child "Bed Nights"
Caregivers will be paid for the day the child is placed and for the day the child leaves the Agency.
Exit nights will be paid in all situations, including when:

- A family transfers out of the Agency and the child remains with the family.
- A child transfers from one Agency foster home to another Agency foster home.

Youth who turn 18 while in the home: Discharge date will be the day before their birthday, and no exit night will be paid.

Children who are adopted by the foster family: Family will be paid to the end of the month the papers are received. Permanency Supports begin in the following month. (2012 Edmonton and Area Directive)

Respite Payment
In addition to the stipend, caregivers receive an additional $2.60 per child per bednight, paid on the 15th of each month. This amount is to be used by the caregiver to ensure that breaks and self-care can be addressed. This may be used in the following ways:

- Respite (2 days / month), which allows the foster family a weekend break to recharge
- Babysitting
- Housekeeping
- Any other service that allows the caregiver to relax and recharge.

You will not be required to account for your use of these funds; however, if your FCSW feels you are in need of a break, they will recommend you access respite with the funds.

Held Bed Payment
If a child is absent (i.e., runs away, is in hospital, on an extended home visit) the bed may be held for 24-48 hours, following which the CI Practitioner will decide if the bed is to be held. CI Practitioner written authorization to hold a bed allows for billing of the bed and payment to the caregiver, despite the fact that the bed is empty.

Payment for Pre-Placement Nights:
In a pre-placement process, if the CI Practitioner wants the bed held, they will be informed that:

- If the bed is currently open, and the match appears to be appropriate, the bed may be held at no charge; however, the bed will remain on the OPEN BED list and the opening for this placement will not be guaranteed.
- If another appropriate placement match comes available for this caregivers' home, the FCSW will have a discussion with the CI Practitioner regarding the status of the placement.

504.2 Income Tax

Stipends received for care of foster children are not considered to be "income". Therefore, no deductions are made by the Crossroads accounting department and no T4s are issued to caregivers.

Foster children may NOT be claimed as dependents on a caregiver's income tax form.

504.3 Expenses - Reimbursement of Foster Family Expenses

A number of expenses are reimbursed to caregivers over and above the stipend they receive. This can include such things as Vacation, Recreation Programs, School supplies and fees, etc. You will find current details and guidelines regarding items that can or cannot be reimbursed on Crossroads Website **www.crossroadsfs.ca** / Login / Forms / foster-care, in the Guide ~ ***Reimbursable Expenses***

Timeframe: Expense and Mileage forms are submitted with your month end paperwork. They must be received by the 3rd day of the month to be reimbursed on the 15th.

Crossroads Authorization: In cases where the costs are exceptional or seem to be unreasonable the claim will be referred to the FCSW / Supervisor for approval.

504.4 Expenses – Legal Costs

If a caregiver is charged with a Criminal offense related to his/her role as a caregiver and is **found not guilty**, he/she may request reimbursement from Alberta Children & Family Services for legal costs after the appeal period expires.

The Caregiver is to notify the FCSW to make a request for reimbursement of legal costs. The FCSW will notify the CI Practitioner of the request.

Receipts for the legal costs will be submitted to Crossroads office and the Foster Care Support Worker will forward them to the CI Practitioner.

In some cases, there is legal assistance available through the Alberta Caregiver Association for assistance with legal costs during a legal proceeding.
This may be determined by discussion with AFPA and/or an Agency Manager.

504.5 Recruitment/Referral Bonus

RECRUITMENT INCENTIVE PROGRAM:
Contracted Crossroads families will receive a $500 bonus when a family they referred is successful in opening, and receiving a placement, as a foster home.

NEW FOSTER HOME CRITERIA:

1. The home must be new to fostering, not just new to Crossroads.
2. The home is licensed.
3. The home has taken their first placement

Once these criteria have been met, Crossroads will arrange for the referring foster home to receive their bonus.

- **Edmonton and Area Region -** half of the bonus ($250) is paid by Crossroads, and the other $250 is paid through the regional recruitment office.
    - *Crossroads Recruitment* – the referring foster family will receive an email from Crossroads notifying them that they will be receiving a $250 bonus from our office on their next expense payment.
    - *Regional Recruitment* - The email from Crossroads Recruiter will contain an attachment - an honorarium application form – for the family to complete and then forward to the regional recruitment office for processing. After it is processed, the region will issue a $250 honorarium.
- **Central Region** - the full $500 referral bonus is paid by Crossroads.

NOTE: Recruitment bonuses are considered "taxable income". Edmonton Region will issue a T4A for their half of the bonus. Crossroads' accounting department will issue a T4A to foster families receiving more than $500 in Recruitment bonuses from Crossroads per calendar year.

505. AGENCY RESPONSIBILITIES

505.1 Foster Care Support Worker (FCSW) Role

The FCSW provides ongoing assistance and support to the caregivers and the children in their care. Supports include, but are not limited to the following:

The FCSW will connect the family with appropriate community resources for the children in their home: cultural and spiritual information and activities, community resources, as well as parenting, behavior management, and self-care information and teaching, and will provide support should the family undergo an investigation.

FCSW Contact
Crossroads support workers will be in contact with foster families and the children in their care on a regular basis to monitor placements and address any concerns that might arise.

These time frames are the minimum requirements as set out by Children's Services and CAC Standards. Crossroads "best practice" is also noted.

- **Initial Visit** after a child is placed: within 10 calendar days (best practice – within 72 hours)
- **Face to Face contact** with child in care: Once every 2 months, unless otherwise stated in the Service Plan
- **Phone & E-mail contact** with foster family: 2 / month (may include a visit). FCSW will inquire as to how the family and placements are doing, and if any additional supports are needed. All contacts are noted in a contact note and kept on file.
- **Written Observations** of child: Six / year – documenting behavior and interaction of the child with caregivers and others.
- **Rights Reviews** for child: Four / year
- **Service Plans**: Initial baseline service plan, then one per quarter.
- **Service Team Meetings:** As per service plan time frames. Efforts should always be made to ensure CI Practitioners and other Service Team members are invited to attend Service Plan Reviews.
- **Caregiver Documentation** will be received and reviewed by the FCSW. All reports are read prior to faxing to the CI Practitioner.

505.2 24 Hour On-Call

Children's Services Province wide CRISIS NUMBER: 1-800-638-0715
Crossroads On-Call: 780-893-9715

An "on-call" Crossroads staff member will be the **emergency contact person** for calls after office hours including evenings, weekends, and holidays. This individual is available to:

- be accessible for Children's Services Crisis Unit workers regarding crisis placements
- report critical incidents to the Crisis Unit
- provide 24-hour accessible support to caregivers and foster children in crisis and Crossroads personnel who are dealing with and reporting a CRITICAL INCIDENT or any other critical circumstance
- be in contact, as required, with the family's Foster Care Support Worker, a Supervisor, Manager or Executive Director.

NOTE: On-Call workers are instructed not to answer the phone if they are driving but will return the call as soon as they are able to pull over safely.

When to contact the On-Call and Crisis Unit Worker:
Caregivers must immediately contact the Regional Crisis line in any of the following situations:

- a child is taken to hospital (serious illness/injury)
- police involvement of any kind

NOTE: Caregivers are asked to consider whether the issue they are concerned about is, indeed, a crisis.

FCSWs cover the On-Call Support line on a rotating basis. They are not in the office at these times but maintain phone contact while going about their private lives. They welcome the opportunity to support parents in crisis, or to solve a problem when a visit issue arises. However, it is asked that all other calls and requests wait until the next business day.

505.3 Investigation Supports

If a foster family must undergo an investigation or screening by Children's Services Placement Concern Response Unit (PCR) the agency will act as support to the foster family. Minimally, the FCSW will attend any meetings that may take place between the foster family and PCR. Should a family choose to appeal the outcome of an investigation the FCSW will provide them with the necessary forms and assist them in the process. When an investigation or screening is taking place regarding a foster family, the Agency Management and support team are informed and involved.

> **NOTE: Children's Services regulations state that agency staff CANNOT share information about an investigation with a foster family until directed to do so by the investigator or a supervisor from the Investigation Unit.**

505.4 Support Groups for Caregivers

Crossroads provides in-house training and support groups for caregivers on an ongoing basis.

FOG (Fostering Orientation Group): FOG Series is provided twice a year. All new foster families are required to attend each session in their first year of fostering.

Community Cultural Connections: Foster Care Staff meet families at cultural events in the community.

505.5 Maximum Number of Foster Care Placements

The maximum number of children to be placed in a foster home is determined in accordance with municipal, provincial, and federal laws and regulations, and with Regional Licensing requirements. The number is stated on the foster family's license.

- A Level 1 home may foster up to 2 children.
- A Level 2 home may foster up to 4 children.

The agency reserves the right to limit the number of children in a home in accordance with the agency's determination of the home's ability to meet the needs of both the foster family and the children in care. For instance, if a Level 2 foster home is caring for 2 high needs Level 2 children, the agency may choose not to place anymore children in the home at that time, in the best interest of both the foster family and the children.

505.6 Exceeding the Number of Child Placements **(Placement Capacity Override – PCO)**

There are some rare circumstances in which as an exception a foster home may take more than the mandated placement capacity.

Increasing the number of Licensed Beds in a foster home

In the following situations, the FCSW or Crossroads Management may request an increase to the number of licensed beds in a foster home.

- Keeping a sibling group together, or re-uniting siblings
- Keeping a teen mother and child together
- Return of a child/children previously placed in the home.

A request does not ensure an increase. The Agency is required to assess the foster home in regard to physical bedroom space and foster family ability to care for an additional child, then submit a detailed report supporting the reasoning behind making the request. Crossroads Foster Care Manager reviews the report and signs off approved at the Agency level.

Supporting documentation is forwarded to the Senior Manager of Children's Services for review. If approved, final approval will be sent to the agency. It is rare that a home is allowed a placement capacity override, and requests can take 1 – 4 weeks to go through. The agency has no control over this decision. If granted, the home will be reassessed every three months, as long as the PCO is in place.

Alternate Care Provision when exceeding the number of child placements:
Families may not provide relief or respite care when they have more child placements than their normal license allows.

505.7 Infant and Toddler Restrictions

Best practice requires that the number of infants and toddlers in a home must be monitored carefully.

Infant and toddler restrictions include foster children, your own children, adopted children, children you might provide day care for, etc. The general recommendation is that there will be no more than 3 children under the age of three, and of those 3 children under the age of three, no more than 2 of them can be under the age of two.

Respite done in a foster home does not require additional licensing or count as an occupied foster bed. However, the agency will closely monitor respite provision, and be aware of the number of infants and toddlers being cared for.

505.8 Delegations of Powers to Caregiver / Agency

Legal delegation of powers and duties is a twofold process.

1. Delegation of Powers & Duties to the Agency Executive Director
When a child is to be placed with an agency, the CI Practitioner fills out a Delegation of Powers and Duties. This document is required to delegate to the agency the authority to provide care for the foster child (Form SSA 1631).

One copy of the delegation is to be kept at the foster home, and one copy is to be kept on the child's file at the Crossroads office

This form allows the Agency Executive Director to sub-delegate powers and duties to the caregiver (Form SSA 1757), allowing the caregiver to consent to the noted items for all children who come into their home during the year noted on the sub-delegation. Any restrictions in either the delegation, or the sub-

delegation, must be followed without exception by the caregivers. Caregivers will keep the sub-delegation available in their home at all times, together with the delegations for the specific children in their care.

The sub-delegation is renewed yearly by the agency, as a part of the annual review process.
Caregivers ***cannot consent*** to:

- Immunizations (separate authorization required)
- Specialized medications (i.e., Mood-altering, or psychotropic medications)
- Any procedures that require hospitalization
- Emergency treatment *
- Surgery
- General anesthetic.

* Caregivers may provide consent for such things as a cast or stitches. For more serious emergencies, see below.

EMERGENCY SITUATIONS
In life-threatening situations requiring treatment, the Caregiver:

- **May** offer a verbal opinion regarding emergency treatment or surgical procedure but **MAY NOT SIGN** a consent. Rather the caregiver is to request that two doctors sign the consent for the emergency treatment.
- **Must ensure** the hospital is **aware** that the child is under the care of **Children's Services**
- **Must ensure** that the CI Practotioner and Crossroads are notified. If after hours, contact the Children's Services Crisis unit and Crossroads On-Call**.**
- **Must obtain verbal consent** from Children's Services, and **document it**.
- **Must ensure** that the CI Practitioner follows up with a **written consent.**
- **Must** write and **submit** a **critical incident** report **within 24 hours.**

NOTE: If the child is placed under a "Custody Agreement with Guardian", the Caregiver will contact the CI Practitioner, who will provide / obtain the necessary written consent from the legal guardian.

505.9 Foster Child Rights

Initial
The FCSW will discuss with the foster child and caregiver the advocacy process during the first home visit.

- If old enough, the foster child signs off to acknowledge this was explained on the Foster Home Guidelines and Grievance Procedure form. All children 12 years and over must sign off.
- The child will receive a copy of the Kids in Care Handbook, and contact numbers of the FCSW, the CI Practitioner, the Office of the Child & Youth Advocate and Legal Aid.
- Indigenous children will be informed of their right of access to an Indigenous Resource Person
- Children of other ethnic backgrounds will be informed of their right of access to their cultural and/or spiritual community if they so desire.

Ongoing

- Foster children (age 12 and up) can participate in Service Team meetings.
- When applicable, foster children will be assisted in obtaining access to their CI Practitioner and/or the Children's Advocate.
- When relevant, advocacy tasks will be included in service plans, and followed up at each service

plan review.
- Foster children will complete an annual satisfaction survey – My Opinion Matters.
- Foster Children will be re-informed of their rights every quarter.

Caregivers
- Discus and inform child of their available options and rights as needed
- Assist them in carrying out their options (I.e., calling CI Practitioner or Advocate)

505.10 The Child & Youth Advocate

The advocate is only available to children who have Child Welfare status.

The OCYA website http://www.ocya.alberta.ca/ is child-friendly. Foster children are encouraged to look at their FAQ's, e-mail questions, or phone to talk to someone.

Things children in care need to know if they want help.

Who can I talk to? Even if you are not sure who to ask for (or even if you're not sure you're calling the right place) – try us! One of our friendly intake workers will listen and will probably ask a few questions. Depending on your wants and needs, you may be assigned an Advocate or a Lawyer. If our office isn't the right place for you, our intake workers can still help by providing other resources and people to talk to.

What is an Advocate? An Advocate is someone who will listen to your views, wishes and feelings. They are someone who will support you to have your say when decisions are being made about you. An Advocate strongly believes that children's rights are important and will work hard to make sure that you know your rights and how they apply to your situation. If a young person is not able to make their views known, an Advocate will put forward a rights-based perspective

What is legal representation? Do you have a court matter coming up that will determine where you will live and who you will live with? You have a right to have your opinion heard by the judge. A lawyer may be able to help you. Contact our office to speak with an intake worker if you would like more details

NORTHERN ALBERTA: Monday to Friday from 8:15 a.m. to 4:30 p.m. closed 12 to 1 p.m.
Call: (780) 422-6056 Toll-free: (800) 661-3446 Fax: (780) 422-3675
#600, 9925 109 Street NW Edmonton AB T5K 2J8
Email: ca.information@OCYA.alberta.ca
All calls to our office are important and we will return messages left on our voicemail systems as soon as possible during regular business hours.

505.11 Service Planning

Every foster child in the care of Crossroads will have an Agency Service Plan developed within 45 days of placement.

The plan will be reviewed and revised as necessary with Crossroads best practice remaining at quarterly intervals. If there is a gap in service team meetings, service planning must still take place minimally every 6 months.

Service plans should be reviewed at least quarterly in the first year of placement with the frequency to be re-evaluated according to the child's placement stability, transition plans, and behavior concerns.

Development and Review of the Service Plan

Service Team Members

A Service Plan documents individualized goals and tasks designed to strengthen the child's growth during time in care. Those with input in the development of the plan may include:

- Child – involved according to the child's age, ability and interest. Even if a child does not want to be involved formally, their interests and concerns will be raised and addressed by the other Service Team members.
- Caregivers
- FCSW
- CI Practitioner
- Indigenous Worker, Program Resource Person or Cultural Community member
- Therapist
- Youth Worker
- Members of child's family of origin
- Others as appropriate

At each Service Plan Review Service Team members will note progress, discuss areas of challenge, set out agreed upon goals, modify existing goals, and update the rating scale. The child's rights will be reviewed as appropriate to age and understanding. Each member will date and sign the document at each review. If a required team member is unable to attend, the plan will be emailed for review and signature.

505.12 Grievance Procedure

The Agency provides and assists foster families and foster children in working through problems by using a formal grievance procedure.

The grievance procedure is a tool for teaching effective problem solving. All adults and children involved with Crossroads are informed of their right to launch a grievance at any time. When Crossroads caregivers or staff become aware of an ongoing difference of opinion that requires resolution, or receive a complaint from a foster child, the Agency will encourage and support the parties in taking part in the Grievance Procedure.

Two formats of the Grievance Procedure are available, both of which follow the steps outlined below. "Problem Solving" has been adapted to the needs of children, while the "Grievance Procedure" is designed for use by adults.

"Problem Solving" as a formal procedure is outlined in the Kids in Care Handbook. Children will be oriented to the grievance process upon entry into the program and reminded of this during service plan

rights reviews. They will also be made aware that Crossroads' workers are available to assist them in launching a grievance procedure and can provide support to them throughout.

Prior to entering the grievance process, all parties will be assured that launching a grievance or being grieved against will not result in retaliation or in barriers to service.

Crossroads' 4 step procedure for all grievances is as follows:
Within 1 week of the initial request:

1. The two parties meet face to face to seek a resolution.
   If no resolution is found within 2 weeks, then…
2. A third party facilitates a meeting between the two parties to seek a resolution.
   If no resolution is found within 2 weeks, then…
3. The concern is put in writing, and a meeting set with the two parties and the next level of authority who will have final authority in the resolution of the grievance. This authority may be someone in any of the following positions: Foster Care Supervisor, Manager, Executive Director, Contract Manager, Child & Youth Advocate, CI Practitioner, Indigenous Resource Person, representative from the Alberta Caregivers Association, among others.
4. Resolution of the Grievance - A closure copy outlining the resolution of the grievance is signed off by all parties at the conclusion of the meeting, and each party receives a copy of the grievance and the resolution. A copy is placed on each party's file, as well as in the Agency Grievance Log for future tracking of trends.

505.13 Custody Orders and Who Can Give Consent

Consent must be obtained from youth over 11 years of age, or from the legal guardian for children 11 years and under.

Who Can Give Consent On Behalf Of A Child:

Custody Agreements of Guardianship (CAG): The parent or guardian who has entered into the agreement with Alberta Child and Family Services must provide consent. The caregiver and CI Practitioner do not have this authority when a child is in care under a Custody Agreement.

Temporary Guardianship Order (TGO): Alberta Child and Family Services has temporary guardianship. The CI Practitioner is empowered to provide consents on behalf of the child.

Permanent Guardianship Order (PGO): Alberta Child and Family Services has permanent guardianship. The CI Practitioner is empowered to provide consents on behalf of the child.

Their Own Guardian If the youth is their own guardian, then the youth must provide the consent.

The consent is a written document, and a signed copy of the form verifying that these consent procedures have been explained will be placed on each client's file.

In certain situations, consent may be requested from the CI Practitioner by the caregiver, the FCSW or the therapist. A copy of the Delegation of Authority, or Written Consent form will be on each client's file.

Activities That Require Consent

- Use of Audio and/or Visual Recording
- Use of Photographs & Other Creative Work of Clients
- Client Participation and Information for Media Inquiries
- Consent to Participate in Formal Research Projects or Studies
- Honoraria or Financial Incentives
- Written Consent for Therapy
- Consent for Child Foster Placement (Delegation)
- Medical Consents
- Consent to Peer Review Process

506. PLACEMENTS IN THE HOME

506.1 Intake Process

Intake requests come to Crossroads from the Child Welfare Placement Unit. The Intake Screening comes by e-mail and is reviewed by Crossroads Intake Worker who considers the following factors:

- The child's history with the agency -- effort will be made to place the child in the same foster home as before,
- The child's needs and behaviours,
- Which foster homes have open beds,
- Of those, the caregiver's experience, training, and ability to provide appropriate levels of care
- Preferences and needs indicated by the foster family (age, gender, room sharing, other children in home, etc.),
- The ethnic and cultural background of the child, seeking a similar foster home if possible,
- Input from the foster family's FCSW on placement suitability,
- Caregiver availability: Due to issues of attachment and trauma, Crossroads' policy requires that infants and toddlers be placed in homes where a full-time caregiver is at home unless otherwise stated in the child's Service Plan.

The caregiver is called and given as much information as the agency has, and then the caregiver determines if they feel they can care for that child. If so, Crossroads Intake Worker contacts the Placement Unit, or the CI Practitioner and indicates we may have home available. Other foster homes may be available as well. The CI Practitioner will ultimately decide where the child will be placed. This may depend on many factors: proximity to the child's current school, others in the home, whether day care is required, etc.

506.2 New Intake

Welcome: When the child arrives at the new foster home, he/she is welcomed, and introduced to the family members. The following "6 L's" is a memory aid to identify the ways you can orient a child to your home.

LAWS – explain the foster home rules and expectations
LABELS – introduce family members and pets

LAYOUT – show the child around the home and their personal space (bedroom)
LUNCH – offer snacks or a meal. The child is always offered food when they arrive; either a snack or a meal depending on time of day and hunger.
LILAC – The child is bathed or allowed to bathe alone (depending on age and circumstances) and provided with clean clothing if desired and appropriate.
LICE – The child should be discreetly checked for lice. If lice or nits are found, the caregiver should confirm if they have been treated recently. If not, treatment should be done immediately. For information and help in dealing with lice, caregivers can contact their FCSW, or the on-call line (430-7715) if after hours.

Bed Bugs: If bed bugs are a concern (depending on where the child was last staying), the caregiver should discreetly place the child's possessions in a garbage bag before bringing them into the home. Have the child change into fresh clothing immediately. Place the child's clothing into a hot clothes dryer, as the heat will kill the bed bugs.

Delegation of Powers: The caregivers receive a copy of the "Delegation of Powers" from Children's Services Intake or Children's Services Crisis (after hours), the CI Practitioner, or the Crossroads staff member. If a child is placed without a Delegation of Powers, the caregiver is to immediately notify their FCSW or the CI Practitioner.

See related items:
Delegations of Powers to Caregiver/Agency
Caregiver Consents on Behalf of the Foster Child

Infection Control: Caregivers will use Infection Control Practices until such time as it has been determined that the child has not been exposed to infectious disease. See Policy 112.2 Infection *Control.*

Start Documentation: Begin documentation regarding the child.

506.3 Orientation of New Foster Child

Information may be spread over the first few days as the child begins to settle and can take in additional information. Some topics will be discussed more fully when the FCSW visits the child.

- Role of the parents
- Expectations in care: rules, curfew, routines, meals, sleeping arrangements, discipline, and behavior management
- Contact with biological parents and siblings, and phone numbers if appropriate
- Reason for being in care
- Discussion about what to call caregivers
- Any information about other children and adults in the home
- Show the child the furniture and space that will be solely for their use
- Foster home phone number (where appropriate), other family contact phone numbers
- Talk about what to do if they are worried, wake in the night, have a question, etc.
- Name of Crossroads Foster Care Support worker, and contact number
- Name of CI Practitioner and contact number

- Right to access an Indigenous Resource Person or other cultural resource, and that Worker's contact number if available.
- Right to access the Child & Youth Advocate, and contact number
- Right and process to launch a grievance
- Right to voluntarily give or withhold consent
- Right to be involved in planning their future through the service/case plan.

Intake Meeting: The FCSW will visit the child in the foster home within 10 days of placement. Crossroads' best practice is to visit the child within the first few days. At this meeting, the FCSW will review the child's rights and give him/her a copy of the Foster Child Handbook. Cultural involvement is discussed at this time and may be revisited at a later date if necessary. The FCSW will visit at least once every two months.

506.4 Caregiver Consents on Behalf of Foster Children

See Policy 105.8 for a description of the Sub-Delegation and Delegation documents.

Caregivers are limited in their authority to give consent on behalf of a foster child, as laid out in The Delegation of Powers and Duties. It is important that caregivers be familiar with the information below.

Please take careful note of those items that describe **limitations or strong recommendations**.

CAN CONSENT TO:

- Ordinary medical, dental, and optical care (does **not** include immunizations)
- Recreational Activities within the limits set by the Agency and/or Children's Services
- Enrollment in school or community day programs
- School field trips and activities taking place during normal school hours, with minimum cost (does not include activities after school hours)
- Support of the child in their religious or cultural activities (see note below on haircuts)
- **NOTE: The caregiver must obtain prior approval for any service or activity requiring expense reimbursement.**

CANNOT CONSENT:

- **CAG Status:** If the child's status is under a "**Custody Agreement with Guardian",** the Caregiver will contact the CI Practitioner, who will obtain and provide the necessary written consent for all medical procedures.
- **Hair Cuts**: The caregiver should seek CI Practitioner direction before getting a child's haircut. This is especially important for Indigenous children as their family may deny this as based on their culture.
    - **Edmonton & Area**: A May 2016 Regional directive states: *"in all cases of shared custody or guardianship, children's hair will not be cut or trimmed without the guardian's specific consent, and that is recorded before the child or youth's hair is cut. For children "in permanent care… fully understand the cultural context of cutting hair and make the appropriate informed decision (a critical conversation with a supervisor or manager would be advise)."*

      FCSWs will obtain a signed Authorization for Hair Cuts prior to Caregivers obtaining haircuts or trims for children in their care.
- **School field trips** and activities that begin and end outside regular school hours and regular costs must be pre-approved by the CI Practitioner.

- **Emergency Medical Treatment** – please see below for details
- **Medical Treatment:** The caregiver **cannot consent** to the following medical treatments:
  - **Immunizations** - The agency will access written authorization for immunizations upon placement. None should be done until the caregiver has received written authorization from the CI Practitioner. Immunization consents must be renewed annually.
  - **Specialized medications** such as mood-altering or psychotropic medications (anti-depressants, ADHD medication, etc.). CI Practitioner permission must be obtained.
  - Any procedures requiring **hospitalization**
  - Any **surgery**, even if it is to be done in a doctor's office
  - General anesthetic

EMERGENCY SITUATIONS
See *Medical Emergencies* for additional information. If in doubt, contact the agency or on-call worker immediately.

506.5 New Intake – First Week

Required documentation forms are provided to the caregiver in the Child Placement Package which the FCSW brings to the home on his/her first visit to the child. Forms may also be downloaded from Crossroads' website, to be filled in electronically. Forms are to be completed by the caregiver and submitted at the end of the month. Your FCSW will give you the login name and password.
www.Crossroadsfs.ca / Login / Area *User / Caregiver Resources*

- **Child Arrival Report**

- **Clothing Inventory:** To be completed for each child. If clothing is inadequate, the caregiver will contact the FCSW to make arrangements as required.

  - **Confiscated Items** To be completed for each child. Personal items belonging to the child that are not considered safe or appropriate for the child to keep in their possession are to be documented on the bottom section of the Clothing Inventory

- **Medication:** Psychotropic medication to be recorded on the Medication Administration Log. All other medication to be recorded in the Monthly Progress Report.

- **Daily Notes & Progress Reports**: To be completed and submitted at month end initially. Quarterly reports available for ongoing reporting.

- **Initial Health Appointments:** Book required appointments within the first two business days after placement and document dates on the Progress Report. (See *Medical Check-ups* below for more details.)

- **Education Registration:** After consultation with the CI Practitioner and confirmation of the child's current educational needs, the caregiver will be directed as to what school the child will attend (either in the foster home district or continuing at the child's present school).

- **Clothing and Wardrobe:** The basic maintenance portion of the Caregiver stipend includes a set amount for clothing. Caregivers will provide clothing for children in their home according to the amounts and procedures stated on the Clothing Log. Caregivers will either keep the Clothing Logs and receipts in their own filing system or submit these to Crossroads. Caregivers are instructed that a child or family may challenge that the child has been clothed according to expectations. If the caregiver does not have the appropriate receipts, they may be required to repay those funds that were not used as required.

- **Personal Space:** Caregivers will ensure the child has a safe and comfortable space to call his/her own. This will include: their own bed, with appropriate bedding, closet and/or dresser space, a location to keep their personal belongings safe.

- **Allowance:** Caregivers will give children 6 years and older a regular allowance according to the amounts and procedures stated on the Allowance Log. This amount is included in the caregiver stipend.

506.6 New Intake – First Month

- **Memorabilia**: Begin a Memory Book, Journal and/or Memory Box where the child can have a record of their experiences in the foster home. These memorabilia will go with the child upon discharge from the foster home.

- **Immunizations up to date:** Once the caregiver has received a copy of the Immunization Authorization signed by the child's CI Practitioner, the caregiver is to ensure that the foster child's immunizations are up to date as per item 8:17 in the Child, Youth & Family Enhancement Act.

- **Hobbies and Interests**: Caregivers will talk with the child about what activities the child enjoys, and what interests the child may want to explore. Caregivers will identify the child's strengths and encourage him/her to develop these areas.

- **Recreation Registration:** If the CI Practitioner expects that the child will be in care for a significant length of time, he/she should be registered in appropriate recreational activities (swimming, gymnastics, Beavers, Girl Guides etc.) to assist them to integrate into the community. NOTE: The caregiver must obtain prior approval for any activity requiring expense reimbursement.

506.7 Medical Checkups – Requirements

Caregivers are required to meet the following timeframes regarding health appointments for children in care.

Documentation:

- Progress Report – Page 1: Note type of and reason for appointment, and the doctor's name.

Medical Examination

New Admission – All ages

- Phone to make the appointment within the first 2 days of placement.
- Make the appointment for within 10 business days of admission. Best practice is to have the child seen within the first 72 hours.

- If the appointment is late, the reason will be documented on the Progress Report and file.

Exceptions:

- If a child comes directly from hospital (as in a newborn), document "Discharged from hospital" on the medical section, Page 1 of the child's Progress Report)
- If the CI Practitioner directs that a medical has occurred within the past 12 months, provides the date, and states that another medical is not required, document the date of the prior medical appointment on the first page of the child's Progress Report. If the caregiver is unable to get the date of the previous appointment, book an initial medical according to the timelines noted above.

Dental & Optical Check-ups

New Admission – All children OVER three years of age.

- Dental and Optical exams must occur within 2 months of admission for all children 3 years of age and over.
- If the appointment is late, the reason will be documented on the Progress Report and file.

Exceptions:

- If the CI Practitioner directs that a dental or optical check-up has been completed within the past 12 months, and provides you with the date, document the date of the prior appointment on the first page of the child's Progress Report
- Regardless of age, if the caregiver notices dental or optical concerns an appointment should be booked right away. (Dental - gum problems, signs of decay on teeth, cracked teeth; Optical - squinting, inability to track objects, clumsiness, etc.)

Immunizations

When the child requires immunizations, the caregiver will need to take the following documentation:

- signed Immunization Authorization form (renewed annually)
- a copy of the caregiver's Sub-Delegation

Annual Health Examinations – Medical, Dental & Optical

- Medical, dental and optical examinations must occur every year. Caregivers are asked to ensure appointments occur as close to the 12-month mark as possible.
- NOTE: An annual examination must be noted on the progress report as an Annual Check-up or Annual Exam. Appointments for such things as checking a rash, removing a wart, or filling a cavity do not meet the requirement for an annual examination or check-up.
- Crossroads will attempt to send all caregivers a reminder approximately 2 months prior to the due date of the child's next health appointment. However, it is the caregiver's responsibility to ensure that appointments occur within the timeframes.

506.8 Medication Administration

Procedures for medication administration must be followed closely.

Caregivers will review medication administration procedures as part of their Opening Home visit, and then annually with their FCSW when they complete their Licensing Evaluation. (See the Caregiver Declaration Package)

Documentation of Medication Administration
Caregivers can administer the following medications but must consult with the pharmacist prior to administering any of these items for the first time.

- prescription medications
- psycho-tropic medications (written CI Practitioner authorization required prior to filling the prescription)
- over-the-counter medication (cold medicine, Tylenol, Advil, cough syrup, etc.)
- vitamins
- herbal supplements, etc.

The Medication Administration Log will be used to record any medications, vitamins or natural supplements given to foster children. Caregivers will follow the protocol required by Licensing:
Med logs will be stored with the medications
The caregiver (caregiver, respite provider, babysitter, etc.) will write their initials in the appropriate space at the time the medication is given.
Each month, the completed Medication Administration Log will be submitted to Crossroads along with other monthly documentation.

Annual Evaluation Safety Check: The Licensing officer will request to see Medication Logs at the Foster Home's annual evaluation.

This document is to be updated EACH TIME a medication is given to track correct administration of a child's medications. Caregivers are advised not to wait until the end of the month to fill in the med log. The purpose of daily completion of this document is two-fold:

1. To ensure all caregivers are aware of medication provision, thereby providing the care a child deserves.
2. To provide a paper trail of documentation in the event that a foster child has an adverse medication reaction, or if another person alleges that the caregiver or alternate caregiver has not properly administered the child's meds.

FOR MEDICATION ADMINISTRATION REQUIREMENTS see #512.1, or the *Medication Administration Quick Reference Guide.*

Crossroads recommends that you
protect yourself as a caregiver
by carefully documenting administration and
use of all medications

Caregivers are to be familiar with the Agency Handout, *Prescriptions for Children* located under *Health-Related Forms* on the website which details how to obtain prescriptions as well as details regarding consents, types of medication, etc.

Crossroadsfs.ca / Login / Forms */ foster-care*

506.9 Allowance and Other Foster Child Income

Caregivers are required to provide a regular spending allowance to all foster children aged 6 and up. Allowance amounts are predetermined by Child & Family Services - Alberta (Children's Services) and noted on the Allowance Log. Funds for allowances are included in the Basic Maintenance portion of the caregivers' stipend received from the Agency.

Children's Services and CAC Standards set out strict guidelines regarding how the foster child's funds must be managed.

1. Allowances are a requirement, and NOT optional.
2. All children aged 6 and over will receive an allowance.
3. At all times, a portion of allowance or spending money will be under the personal control of the foster child.
4. Up to 50% may be handled in a different manner, as detailed below.

Income from Outside Sources: Document and sign off on the Allowance Log
In cases where foster children/youth have their own funds, or their own income source (i.e., part time work, collecting bottles, gifts, etc.), caregivers are encouraged to assist the child to set up their own bank account and instruct them on the basics of money management (see "Savings" for additional details.)

Allowance Provision and Logs
Caregivers sign an annual declaration agreeing to provide allowances as required by Children's Services. They are also responsible to provide allowance for their foster children when those children are in alternate care.

Allowance may be provided weekly (as is common with younger children) or monthly. The agency requires Allowance Logs to be completed and signed by the child. These logs are to be submitted with the caregiver's monthly paperwork, to be kept on the child's file.

Crossroadsfs.ca / Login / Forms */ foster-care*

NOTE: Caregivers are instructed that if a child claims they did not receive their allowance, and the caregiver does not have signed documentation by the child to indicate allowance was provided, the caregiver could be required to reimburse the foster child. This can potentially occur years after a child has been discharged from a home.

Alternate Practice Provision of Allowance: Document on the child's Service Plan
In some circumstances, an alternate practice may be agreed upon by the Service Team. For example, if a youth is cognitively delayed and unable to manage money, the CI Practitioner and Service Team agree to regular deposits of the youth's allowance into a savings account, with bank receipts submitted annually. In another situation a youth may practice managing funds as part of a transition plan. The funds could be deposited into a bank account quarterly, and the youth will practice managing money with a debit card.

Withholding a Portion of the Allowance: Document and sign off on the Allowance Log

- **Restitution (Repayment) Plan**
  It is possible to withhold a portion of the allowance (maximum 50%) if the child is required to pay money as restitution for a willful action on their part. (Example: The child willfully breaks an article and is required to purchase the replacement from his allowance.) There must be a clear relationship between the monies that are being withheld and the item being reimbursed. The

"Restitution Plan" must be agreed upon by the caregiver and child, documented and signed off on the Log.

- **Temporarily Withheld as a Consequence** (to a maximum 50%)
  Some children are resistant to strategies such as time-outs but are focused on money. As a behavior management tool, a portion of the allowance (maximum of 50%) may be withheld as a consequence (e.g., a Swear Jar). In all cases, a plan is to be devised WITH the child in which the child will earn back the funds that were withheld, for instance, do a chore, or acts of kindness. This agreement must be written in the applicable section on the Allowance Log and signed off by the child.

Savings
If the child desires to save all or some of their allowance, the caregiver can assist the child in setting up a bank account. On a weekly or monthly basis, all or a portion of the allowance is deposited into the account. The amount in the bank account may be used by the child when they desire.

Deposits, withdrawals and monthly balance will be noted on the monthly Allowance Log and signed off by the child.

Any balance existing when a child is discharged will be passed on to the child when they leave the care of the caregivers.

506.10 Progress Reports & Incident Reporting – Time Frames & Expectations

Observe, Record and Report:
Progress Reports document pertinent details of the child's time in the foster home. They are read by the FCSW, and relevant information is forwarded to the child's CI Practitioner.

This record can take various forms: Forms are located on the Crossroads Website:

Crossroadsfs.ca / Login / Forms */ foster-care*

00 New Placement Forms
10 Health Related Forms
20 Progress Reporting Forms
30 Incident Reporting Documents
40 Alternate Care Documents
50 Financial Documents
60 Behaviour Related Documents
70 Discharge Reports
80 Miscellaneous Forms

Full Disclosure reporting: Caregivers must fully report and document changes in behavior, behavior management techniques used or changed, normal levels of supervision, and changes in level of supervision in each situation. For more details on *Full Disclosure* reporting, see Policy 107.5. Such reporting allows the Agency to monitor situations which could potentially put the foster family and/or foster child at risk.

1. DAILY NOTES (Section 20) – **Expectation:** To be kept in the case of a new placement, or for a longer-term child who is presenting new behaviors, or preparing for a transition (i.e., visits, starting therapy, etc.)
2. PROGRESS REPORT (Section 20) – Can be used to track information. FCSW's will request this information quarterly to complete reports. This records an overview of the child's time in the foster home, including any medication changes, health or professional appointments and cultural involvement. Daily notes can be used to help the caregiver recall details of the child's past few weeks.
3. BEHAVIOR TRACKING (Section 60) – caregiver may use the Behavior Log form 61, the Tantrum Report 62, Time out Logs 63 and 64, or Problem Solving Steps 65 (Grievance Report) to document in more detail specific aspects of the child's behavior or progress.
4. DISCHARGE REPORT (Section 70) - **Expectations:** Form 71 or 72 for long term placements, to be submitted when a child leaves the foster home.
5. INCIDENT REPORTING PROCEDURES (Section 30): More detailed guidelines are included on Form 30 on the website.

    1. Non-Critical/Head & Face Injury Incidents Form 31 on the website
    - Any minor injuries to the foster child - bumps, bruises, cuts, scrapes etc. not requiring medical care; minor behavioural issues; tantrums involving no or minor damage to property. Ongoing behaviour issues can be documented on the *Behaviours Tracking Log.*
    - Disclosure of non-crisis but relevant information (e.g., a sexualized memory)

    STEPS TO FOLLOW:
    1. Caregiver must notify Crossroads staff during office hours
    2. Caregiver completes a Non-Critical/Head & Face Incident form and includes it with monthly paperwork, unless asked to send it in right away.
    3. If necessary, use the body map to label and date normal childhood injuries.
    4. If the injury is to the head or face, and appears to be minor, describe how and where the incident happened; take a photograph of the injury and email it Crossroads, then contact Crossroads immediately for further direction.
    5. If the injury is possibly major trauma, the caregiver is to seek immediate medical attention, and complete a Critical Incident Report sent in within 24 hours.

    2. Critical Incidents Form #33 on the website
    - Any health or medical concern resulting in an emergency trip to the doctor or hospital
    - Any animal bite that breaks the skin requires a visit to the doctor.
    - Severe acting out (physical aggression, violence, search, restraint, fire, AWOL, allegation, etc.)
    - Disclosure of abuse (historical or current)

    STEPS TO FOLLOW

    All steps **MUST be** concluded **within 24 hours** of the occurrence of the incident.
    1. If there is an injury or health concern, the foster child must be examined by a physician **within 24 hours**.

2. In all cases, both Crossroads and the CI Practitioner/Crisis Unit must be notified **within 24 hours**. Crossroads will ensure that the CI Practitioner has been notified if the caregiver has not already made contact.
3. Fill out a government Incident Form, form to be faxed to the CI Practitioner **within 24 hours**.

NOTE: All reporting of incidents are to include facts, direct observations, actions taken, and information about the situation. Do not include opinions, speculations, assumption, or place blame.

506.11 Foster Child Cultural Activities, Inclusion, and Diversity

To effectively understand and relate to children in care, caregivers need to understand a broad range of cultural and demographic diversity.

Approximately 70% of children in care in Edmonton and Area, and 90% in Central Alberta are of Indigenous heritage. Another 5% of children in care come from other distinct cultures such as Caribbean, Asian, African, etc. To address this, caregivers attend training in Cross Cultural Diversity and Indigenous Awareness.

Caregivers also need an understanding of how different demographics of our own Canadian culture may cause differences from their own lifestyle. The effects of living in poverty, living in a home where substance abuse or domestic violence occurs, living with mental illness, racism etc. give a child a world-view different from what many foster families are familiar with.

In addition to Core Training, Crossroads provides self-studies in Diversity Training to help caregivers explore and understand aspects of cultural differences and discuss ways to successfully support children and youth in their care.

Caregivers are required to record and submit cultural exposure and how they support foster children to learn and practice their culture, language and maintain or develop healthy relationships within their cultural community such as (music, stories in the home, cultural décor, experiences, visits to family and relatives), activities (Indigenous Mentor Nights), and events (Pow-Wows, Cree lessons) on the child's Progress Report.

506.12 Community Integration

Caregivers will strive to ensure that children in their care are integrated into the local community. This is done by:

- Involving the child in the foster family's activities,
- Registering the child (with CI Practitioner permission) in a local school appropriate to the child's needs,
- Enrolling him/her in local recreational activities when they have settled into the home, taking into consideration the child's interests, prior community involvement, functioning level, and physical ability to take part in the activity and to be out in the community safely,
- Connecting the child to local resources (i.e., Boys & Girls Clubs, YMCA, etc.),

- Encouraging the child to play with neighborhood children and take part in such activities as play dates, birthday parties, etc. as are safe and appropriate to the child's ability.

For children of specific ethnic or spiritual backgrounds integration may be addressed by:

- Including aspects of the child's culture in the family's day to day routines and activities (food, music, stories, art, etc.),
- Connecting the child with a cultural worker or resource program if the child requests,
- Ensuring the child is aware of their right to participate in cultural or religious ceremonies and/or community events,
- Researching and informing the child of local cultural events and facilitating their participation if they so desire.

506.13 Natural Family Contact

The Agency supports family preservation and reunification when it is in the best interests of the child. In consultation with and as directed by the CI Practitioner, caregivers and the FCSW will work as much as possible with the child's parents. This may include involving them in decisions about their children's lives; using visits to facilitate the parent-child relationship; maintenance of relationships (including parent-child, extended family, cultural, spiritual and community); and preparation for the child's return home if this is part of the child's permanency plan.

Caregivers will view the placement in foster care as temporary and short-term. Even in those circumstances where long-term care has been clearly determined to be the potentially appropriate plan, caregivers must be aware that a change in circumstances for the natural family could result in CI Practitioner plans to return the child.

Caregivers will document visits and the child's reaction to them in the appropriate section of the Progress Report.

Boundaries between the Foster Home and the Child's Natural Family

- Frequency of Contact: The intent and extent of the contact between the foster child and his/her natural family is outlined by the CI Practitioner.

- Excessive Contact: If calls from the child's parent occur without permission, or become excessive, the caregiver will document dates, times, and conversations. Notes will be submitted to the FCSW and CI Practitioner so the issue can be addressed appropriately.

- Natural Family Visits in the Foster Home: No visitation of natural family should occur in the foster home without consultation with the FCSW, and permission from the CI Practitioner.

- Visit Drives: Caregivers may be asked to transport children to or from visits. In Central Alberta, this is a contracted expectation. In Edmonton and Area however, the caregivers have the right to decline. If a CI Practitioner makes this request, talk to your FCSW to discuss such things as safety, availability, and feasibility.

- Visit Supervision: Caregivers will **not** be expected to supervise visits between the natural parents and the foster child. In some cases, as the relationship between the foster family and the biological family evolves, the caregiver and agency may determine that it is appropriate and in the best interests of the case plan. However, it is not a contractual obligation for caregivers of either region to supervise a visit. Further, caregivers are not to supervise a visit without permission from the agency.

506.14 Foster Child - Discharge/Transfer

When a child is discharged or transferred from a foster home, specific steps must be followed. Minimally, caregivers must be aware of the following:

When discharging or transferring a child, specific procedures must be followed. Minimally, caregivers must be aware of the following:

Discharge of a Child from an Agency Foster Home

- The guardian (CI Practitioner) MUST inform the caregiver or agency. This may be done verbally, or preferably, in writing. It is the guardian's responsibility to inform the child of the move.
- If there is any doubt regarding the discharge of a child, the caregiver is responsible for contacting the child's CI Practitioner or, if unavailable, the Agency for further direction, prior to releasing the child.
- It is the responsibility of the CI Practitioner to arrange transportation for the child and his/her belongings.
- Caregivers will ensure all the child's belongings, memorabilia, health records, etc. are packed ready for pick up within 2 weeks of discharge.

Transfer of a Child within the Agency

1. The FCSW will obtain either verbal or written permission from the CI Practitioner to move the child.
2. The FCSW will confirm the arrangement with both foster homes.
3. Crossroads will arrange transportation for the child and his/her belongings in consultation with the CI Practitioner.

Payment

- The foster family is paid their daily rate up to and including the day the child is discharged from their home.
- For an in-agency transfer, the receiving foster home will be paid for the day the child arrives.

NOTE: If Caregivers do not agree with or support a planned or completed move of a child in care, they are entitled to challenge the removal of a child. They may contact their FCSW for more information or direction on how to file an Administrative Review and/or Appeal.

506.15 Unplanned Discharge/Transfer - CI Practitioner Request

On occasion, a CI Practitioner will move a child from a placement without prior notice. Reasons for unplanned removal may include, but are not limited to:

- Court Order
- CI Practitioner decision

- Investigation
- Child is absent from care (i.e., Has run away)

Steps in Unplanned Discharge/Transfer:

1. If the CI Practitioner notifies the caregiver, the caregiver will contact the Agency immediately.
2. Caregiver will ensure all the child's belongings are packed and inventoried if time allows, including memorabilia, health records, etc.

506.16 Unplanned Discharge/Transfer - Agency or Caregiver Request

Reasons for unplanned removal are limited to:

- Safety and security of foster child
- Safety and security of foster family members

Once the decision has been made to remove a child from a foster home the following steps will be taken:

REQUESTED REMOVAL:

1. The agency and caregiver will give the CI Practitioner a minimum of 30 days' notice of intent to end the placement.
2. While Crossroads can make recommendations for a new foster home (perhaps one where the child has been for relief care and is known to the family), the final decision for the new placement of the foster child rests with the child's CI Practitioner and Children's Services.

506.17 Emergency Unplanned Discharge/Transfer

Termination of placement due to Unsafe Behavior

Crossroads may request that Children's Services remove a child from an Agency foster home in less than 30 days if **ANY** of the following conditions are present:

- Behaviors that endanger the child or others
- Behaviors not disclosed at time of admission (i.e., Fire starter, sexual perpetrator)
- The youth is placed in Secure Treatment due to dangerous behavior
- The youth's behavior or proclivity in making unfounded serious allegations endanger the family or program.

Termination of Placement due to Foster Home Circumstances:

- The foster home is non-compliant with Licensing requirements and/or their Service Agreement (Breach of Contract)
- Sudden, extreme change in foster family circumstances (i.e., Fire in the home, death of a family member).

When a placement must be terminated, Crossroads will cooperate with Children's Services in the identification of specific treatment needs and possible alternative placements.

Caregiver's Steps to be followed:

The caregiver will immediately contact the Agency of his/her need to terminate the placement. If events occur outside regular office hours, contact Crossroads on-call worker at 780-430-7715 (Office line will forward) or 780-893-9715 (Direct line).

The agency will follow the Critical Incident Procedure.

506.18 Follow-up Involvement with Foster Children after Discharge

At their discretion, caregivers may or may not promote follow-up involvement with children. In those placements where follow-up is encouraged or indicated, Crossroads management will work with staff, caregivers, and resource families to put in place appropriate plans that will meet the child's needs and promote future stability and development.

This may include such things as: ongoing visits, phone calls, mentoring, support meetings, advocacy in employment, education, finding and maintaining a residence, etc.

If in the future a former foster child contacts the foster family (i.e., through social media such as Facebook), the foster family may decide to respond if they choose to, always remembering that their role as Professional Parent is to be maintained.

Caregivers are not to become involved in any relationship with prior foster children or their biological families which might be perceived as a Boundary Violation (see A.5 Professional Relationships, for more details). If the caregiver is unclear about whether an involvement or interaction is potentially inappropriate or a violation, they should seek clarification from the agency. Caregivers are encouraged to err on the side of caution.

507. BEHAVIOR MANGEMENT & DISCIPLINE

507.1 Acceptable Methods of Behavior Management

Caregivers will review behavior management awareness at each annual evaluation, as part of their Declaration Package.

Need: Child to be able to execute internal controls in appropriate ways.

Goal: As child matures, ability to behave in healthy, socially acceptable ways will increase, as appropriate to age and ability.

Task: Caregiver will only employ behaviour management strategies that promote a child's self-esteem, self-awareness/ dignity & independence/self-control.

DO consider the child's age, development, and understanding.

DO consider the child's cultural background.

DO allow or create a logical consequence whenever possible.

Strategies below carried out according to procedural guidelines have been approved as appropriate for children in care. Caregiver will report any other methods used through a Critical Incident Report.

Indicator: Caregiver's progress reports indicate methods used. Child's behavior indicates progress. Incident Reports are on file when other methods are employed.

Discipline and behaviour management are expected to be carried out in a manner that promotes self-esteem, independence, and respects the child's dignity.

The caregiver will only employ behavior management strategies that promote a child's self-esteem, self-awareness & independence. Methods below carried out according to procedural guidelines have been approved as appropriate for strategies. Those agreed upon by the Service Team will be noted on the child's Service Plan. The caregiver will report any other methods used.

TIME-OUTS: Time-outs have typically been used in cases of tantrums, acts of aggression against others in the home, disobedience, verbal aggressiveness, etc. However, time-outs are no longer recommended as an effective method of behaviour management.

APPROVED BEHAVIOR MANAGEMENT School Age

☐ Tokens / Rewards	☐ Setting Limits	☐ Extra Chores
☐ Charts/Stickers	☐ Situational Exc.	☐ Choices
☐ Loss of Privileges	☐ Planned Teaching	☐ Time In
☐ Whose Problem Is It?	☐Contracting/Reward	☐ Time Out (Document)
☐ Natural Consequences	☐ De-escalation	☐ Restitution (Document)
☐ Logical Consequences	☐ Temporary Withholding of Allowance (Document)	
☐ Grounding	☐ Redirection	

APPROVED BEHAVIOR MANAGEMENT 0 – 5 Years

☐ Redirection	☐ Setting Limits	☐ Loss of Privileges
☐ Tokens / Rewards	☐ Situational Exc	☐ Choices
☐ Charts/Stickers	☐ Planned Teaching	☐ Time In
☐ Whose Problem Is It?	☐ Natural Consequences	☐ Time Out (Document)
☐ Modeling Appropriate Behavior	☐ Logical Consequences	☐ De-escalation

Reporting Practices
When caregivers begin using a new form of behaviour management with a foster child, this must be documented on the child's Progress Report (see policy 107.5 on *Full Disclosure Reporting*) and discussed at the child's Service Team Meeting. Such reporting is for the protection of the caregivers.

Behaviour management techniques may be tracked on Form 61- Behaviour Log, Form 62 -Tantrum Report, or Forms 63 or 64 – Time Out Log, to assess the effectiveness of the discipline.

Crossroads Family Services recommends that you protect yourself and document carefully.

507.2 Unacceptable Methods of Behavior Management

Caregivers must be aware of and never use methods of behavior management or discipline that are unacceptable and therefore prohibited by the Agency, Children's Services, and our Accrediting body.

Forbidden Behaviour Management Practices
Under no circumstances will a caregiver use any of the following practices with a child in their care. If any

such practices do occur (i.e., a child is slapped), the caregiver will immediately report to the agency so it can be documented and debriefed. In such cases, additional training in acceptable behaviour management techniques may be implemented.

- Corporal or physical punishment, including spanking, slapping, shaking, pushing, holding, or any form of contact not necessary to protect a child from immediate physical danger to themselves or others.
- Engaging in any form of conduct which is intended to ridicule, humiliate, degrade, insult or to otherwise undermine the dignity or self-worth of a client
- Mechanical restraints (i.e., duct tape, handcuffs)
- Group punishment for one child's behaviour*
- Medication for punishment, compliance, or sedation
- Intentionally harmful or abusive practices
- Painful aversive stimuli (i.e., pinching, poking, ear-pulling, washing mouth out with soap, snapping with elastic bands, shocks)
- Withholding food
- Sleep deprivation
- Locked confinement
- Withholding affection and/or communication (silent treatment)
- Taking away allowance (see Policy 106.9 for guidelines on retribution and as a form of discipline)
- Withholding spiritual observances
- Taking away (*or THREATENING to take away*) visits or contact with:
    - Natural family
    - CI Practitioner
    - Guardian
    - Child and Youth Advocate
    - Children's lawyer

*Group punishment is to be taken from the perspective of ***intent to punish*** all, rather than the **effect** of "punishing" all the children.

507.3 Behavior Management of Caregiver's Own Children

Caregivers are responsible to provide discipline and structure to both their own children and to foster children in their care. The goal of discipline is to train for and encourage appropriate behavior, and to assist the child in developing internalized self-control.

Discipline methods that ***positively teach*** rather than ***negatively control*** behavior must be emphasized. Discipline should be thoughtful and related to the type and degree of misbehaviour (i.e., natural, or logical consequences).

Rules and consequences must be clear, fair, and consistent. Methods used must not be emotionally or physically harmful to the child. Also, the child's level of development and mental functioning must always be considered when deciding whether discipline is required, and what method to use.

"Corporal punishment" is defined as any sort of physical discipline such as spanking, slapping, grabbing, pinching, biting, etc.

It is NEVER permissible to use any corporal punishment / physical discipline with foster children in your home.

Many foster children come from a family background where they have experienced and observed unpredictable and unreasonable discipline, physical interactions, and consequences. Because of this, *physical discipline of the foster family's biological children* may adversely impact the *foster children* in the home. For this reason, Crossroads strongly recommends that caregivers **DO NOT** use physical discipline with their own biological children. If a parent wishes to use a method of discipline with their own biological children which Crossroads **does not support** (e.g., spanking) parents will be required to provide a narrative overview discussing their approach to discipline and their reasoning for such. This will be submitted for review by the Executive Director prior to the opening of the foster home for placements. This topic will be revisited by the FCSW at each Foster Family's Annual Evaluation and any changes in practice will be documented and addressed.

Behaviour Management Training
Crossroads requires training for all Caregivers and FCSWs in behaviour management alternatives to physical punishment. As well, Crossroads FCSWs are prepared to provide on-the-spot training when caregivers are confronted with the challenges of parenting children with a variety of needs. Additional training and information are available on appropriate and positive forms of behaviour management and discipline.

If a caregiver needs assistance in how to deal with specific behaviours or problems (both for their own children, and for the children placed in their home) the FCSW will arrange for assistance.

Crossroads also contracts with both Coaching Parents and Parent Coaches.

Typically, Coaching Parents are experienced senior caregivers who will work with other foster families to assist them in providing effective care related to the complex behaviours that a foster child may demonstrate. Parent Coaches are clinical specialists who work with children and families to address and resolve more seriously rooted areas of behavioural dysfunction.

507.4 Restrictive Procedures in Behavior Management

Definition: Restrictive procedures place limits upon the child and include restrictions of movement (i.e., use of mechanical restraints - harnesses, belts, etc.), isolation from the group (i.e., time-outs, unlocked confinement, etc.) withholding of privileges, access to outings, etc.

Caregivers may use only those restrictive procedures that are listed as "acceptable methods", and in which the caregivers have received training.

These strategies may only be implemented:

- In the best interest of the child, and
- Only after it has been determined that no other reasonable, less restrictive alternative is available.

The use of a restrictive procedure needs to take into consideration:

- The risk of harm to oneself or others,
- The capacity of the child to understand cause and effect of behavior and procedure,

- The child's history (i.e., a history of abandonment or sexual abuse will influence the type of procedure used), and
- The rights of the child.

Acceptable Restrictive Procedures
(Reviewed at each Service Plan review)**:**

- Situational Exclusion
- Time Out (not recommended as an effective method of behaviour management)
- Isolation / Unlocked Confinement

Things to remember if/when using restrictive procedures:

- It must be a short-term response
- It must address a safety issue
- Your Service Team must have already agreed upon its use
- There is a time limit, and the child is aware of that time limit
- The child will be monitored closely, and the restriction will be ended as soon as the child regains control
- It must be documented in the daily notes and Progress Report

Use of an Unplanned Restrictive Procedure

- When an unplanned restrictive procedure has been used
    - the caregiver, child, and other children involved, or witnessing must discuss and debrief the incident,
    - the child is informed of his/her right to file a grievance, and
    - a Critical Incident report is completed.
    - Senior management will review such incident reports on a regular basis

Forbidden Restrictive Procedures:
Except for Specialized foster homes in which the parents have taken Non-Violent Crisis Intervention Restraint training, and the CI Practitioner has authorized use of such intervention for a specific child under specific circumstances, physical restraint methods are **NEVER** used as a means of managing the behavior of a child in foster care. (See F 6 to identify those procedures that an untrained caregivers must NOT do, even when caring for a child who is acting out severely.)

507.5 Full Disclosure Reporting

Caregivers are required to adhere to full disclosure in reporting of incidents, supervision, and behavior management techniques. The Agency must always be aware of and able to intervene in potential areas of risk to the foster child and/or foster family.

FULL DISCLOSURE IS CRITICAL in regard to unexpected or unplanned incidents that occur with the caregiver's own child, a child in care, or a child on respite or being babysat in the foster home. The incident may include adults, youth or children who are members of the foster family, members of the public, or someone visiting in the home.

EXAMPLE 1 – Behavior Management: A teen girl's behavior of slamming the bedroom door has resulted in the caregiver removing the door so younger children are not woken by the noise.

Risk: Child may allege loss of privacy in her room.
Solution: FCSW recommends hanging a curtain over the doorway and arranges intervention by a parent coach.

EXAMPLE 2 - Supervision: The caregiver's 10-year-old child is left to supervise a 5-year-old foster child for half an hour at the park while foster mom takes a toddler home to clean him up after falling in the mud.
Risk: If the 5-year-old is injured or harmed during that half hour, foster mom is at risk for allegations of quality of care due to lack of supervision.
Solution: FCSW helps brainstorm ideas as to what can be done in the future to prevent foster mom being faced with a similar risk of allegation.

EXAMPLE 3 - Restraint: A 7-year-old foster child is tantruming in the store. He grabs a glass jar and threatens to throw it at another child. Foster mother reacts by grabbing the child and pulling the jar away. She then carries the child out to the car.
Risk: The physical nature of the foster mother's response could result in allegations by a member of the public.
Solution: CI Practitioner is notified through a Critical Incident report, giving details of the circumstances. FCSW sets up a plan of action to assess the child's behaviors and methods to address them. This may include such options as accessing a babysitter while the foster mother runs errands, therapy for the child, parent coach interventions, etc.

WHO IS RESPONSIBLE? Ultimately, it is the job of the caregiver to fully report incidents, behavior management techniques and levels of supervision being used with children in their home. Such reporting allows Crossroads FCSWs and Management to monitor situations which could potentially put the foster family and/or child at risk.

Full Disclosure reporting includes documentation of:

- Changes in behavior
- Behavior management techniques used
- Changes in behavior management techniques
- Normal levels of supervision and changes in level of supervision in each situation

Methods of documentation will include some or all the following:

- Daily notes
- Progress Reports
- Collaborative Summaries
- Tantrum Report
- Time Out Log
- Critical /Non-Critical Incident reports
- Phone call to FCSW
- E-mail to FCSW
- Service Plan review of strategies
- Behavior Management log
- FCSW Contact Notes
- Management Supervision notes

507.6 Physical Restraint – PROHIBITED

All caregivers must be aware of and understand what a physical restraint is, and what may NOT be done. 99% of caregivers will not qualify to use or be required to use physical restraint procedures. Those who are trained in and approved to use such restraints will adhere to the following expectations.

1. BEFORE using physical restraint, the caregiver or staff member MUST complete Non-Violent Crisis Intervention Restraint Training and obtain written CI Practitioner authorization to use physical restraint techniques with a specified child in care and for inclusion on the child's service plan.

2. If the Service Team agrees that caregivers or staff require training on non-abusive physical restraint in order to meet the needs of and safely restrain a specific child in their care, instruction will be arranged. Non-abusive physical intervention training emphasizes safety, de-escalation, and debriefing techniques, all of which are used in order to prevent the need for physical restraint.

3. When fostering young children who tantrum (i.e., a 4-year-old who becomes aggressive while out shopping), there can be a perceived discrepancy between the definition of 'physical restraint' and 'firmly removing the child'. Caregivers must document all such incidents in their regular reports, as well as discuss the incidents with their FCSW. This policy exists for the protection of the caregivers.

4. Physical restraint (with training and CI Practitioner authorization) is limited to non-abusive physical restraints, and to situations where it is necessary to:
    - Subdue a physical attack
    - Protect a child from hurting himself or others

5. Dependent on context, a child may or may not be physically restrained for destroying property. For example, if the child is destroying his or her own personal posters, the behaviour can be ignored. However, if the child is smashing a computer or a TV, the child may be firmly removed from the environment to prevent further destruction of items and to ensure safety for the child.

6. The following techniques are STRICTLY PROHIBITED:
    a. All types of face-down restraints
    b. Any technique that applies pressure which then impedes the child's ability to breathe
    c. Any technique that causes pain as a means of control

7. If a restraint or an action that could be perceived as a restraint is carried out, the caregivers must immediately complete the follow-up steps listed below; required for those trained in restraint, and critical for those who are not trained and authorized for use of a restrictive procedure.

FOLLOW-UP STEPS are required after every instance in which a trained caregiver or staff member carries out a restraint.

- After the child is safe and stabilized (NOTE: the child must have supervision during this follow-up period):
    - Contact Crossroads FCSW or On-call worker
    - Ensure that the CI Practitioner or Crisis Unit has been informed.
- Determine whether additional supports are required
- Obtain one-on-one support if necessary (through Crossroads On-call worker)
- Debrief the incident with the child
- Document as a Critical Incident and submit the report to the FCSW within 24 hours. The FCSW or Crossroads staff can assist you with the completion of this if requested. The FCSW will fax the report to the CI Practitioner.

507.7 Searches

Searches are permitted in Crossroads' programs, and include room searches, bag searches and may include the child turning his/her pockets inside out, removing shoes and socks, a jacket, etc. (Frisking or body searches are absolutely prohibited.)

In some cases, searches may be a routine part of the program (e.g., searching bags following a home visit). In this case it is documented on the Service Plan or the Program Documentation. Searches that are part of regular program practice do not need to be documented on a Critical Incident Report.

Searches may be conducted when necessary to control contraband in the home, to recover missing or stolen property or to ensure the safety of clients or others.

If a dangerous item is being sought (knife, gun), it is permissible to search with the child absent. Staff/Caregivers should have an adult witness to the search.

In all other cases, the child may be present, and is invited to conduct the search (under the direction of the caregiver or staff member). It is preferable that the child be the one to undertake the activities (open drawers, remove items, empty pockets, knapsack, purse, etc.). If the child declines, the caregiver must get another adult to observe or assist in the search.

The search should be conducted with respect to the child's privacy. During a search, every effort shall be made to avoid undue or unnecessary invasiveness, or embarrassment.

What to Record – Overview:
You may write the information on a separate sheet and attach it to the Incident Report or document the information directly onto a Critical Incident form.

Child's Name _____ Time & Date of Search _____
Name of person recording _____ Relationship to the child _____
Name of witness I/A _____ Relationship to the child _____
Reason(s) for conducting the search:
o Suspected contraband o Recover missing or stolen property o Ensure safety of child/others

- Details leading up to the decision to search _____
- Details re: how the search was carried out, child's involvement, witness involvement, results _____
- Declaration that child was informed of his/her rights and child's response if any.
  Rights: 1. Contact CI Practitioner; 2. Contact Advocate; 3. File a Grievance
- Submit Incident Report within 24 hours of the event.

GUIDELINES:

1. All effort must be made to avoid undue or unnecessary invasiveness or embarrassment
2. If a child is asked to turn out pockets or take off socks or outer layers of clothing, document why it was necessary.
3. NEVER carry out frisking or body cavity searches.

4. NEVER require the child to undress down to underwear. Any search that requires the child to remove their clothing is conducted in a way to allow them privacy to change into clothing that is provided and is out of sight of others in the home. Strip searches may never be conducted.
5. If the child declines to comply with #2 above and it is suspected s/he has dangerous or contraband items on their person, the caregiver will contact Crossroads. Crossroads will contact the CI Practitioner or Crisis for further direction.

INFORMED OF RIGHTS

The child will be informed of their rights regarding the search and given the option of being present if the search has not already occurred due to the nature of the concern (e.g., searching for weapons). If it has already occurred, the child will be made aware of the reason for the search, and any findings. After the search has been completed the child is informed of their right to access the Child and Youth Advocate, and or to launch a grievance. Staff may wish to use a Crossroads brochure on children's rights in regard to searches. This brochure can be made available to the child to ensure he/she is fully aware of his/her rights.

STEPS TO FOLLOW

1. Contact the FCSW and/or CI Practitioner and notify them of the need for a search
2. a) Give the child the option to bring out the item(s) of concern
   b) Give the child the option of being present during a room search.
   If the child is not home and the search is deemed urgent, or if the child's presence could create a safety concern, the search may be conducted without the child.
3. Have a witness present if possible.
4. Inform the child of his/her rights regarding the search that has been completed:
   a) They may contact their CI Practitioner
   b) They may contact the Child & Youth Advocate
   c) They may file a Grievance / Complaint
5. Document the search and the results. Include that the child has been informed of their rights. Complete the Critical Incident report and submit it to your FCSW within 24 hours.

Unauthorized Search: Should an unauthorized search be carried out, the individual will notify their FCSW immediately, and write up a Critical Incident Report documenting what occurred, the reasons behind it, and the outcome. The CI will be forwarded to the CI Practitioner within the 24-hour timeframe, and discussion will be carried out to address the issue. Outcomes and follow-up will be documented and kept on the caregiver's file.

Inadvertent Finding of Items: In the case where an item of concern is discovered by accident (i.e., cleaning a bedroom, doing laundry, etc.) the caregiver will remove the item and store it in a safe location, then contact their FCSW or CI Practitioner for further direction. When the child is present, the steps for conducting a search will be followed as noted above.

Reporting & Documentation

All searches, reason for the search, actions taken, notification given, those involved, and the outcome of the search, shall be:

1. Called in and reported to the Foster Care Supervisor, Manager or On-Call worker (prior to the search if possible)
2. Documented as a Critical Incident and submitted to Crossroads and the CI Practitioner within 24 hours

3. Followed up with *Rights* and *Grievance Procedure* information for the child
4. Documented in the child's file

507.8 Situational Exclusion

Situational exclusion is used as a discipline technique in which the child is temporarily excluded from his normal activity or involvement.

This option is appropriate for those times when a child has misbehaved, but still demonstrates personal control.

Situational exclusion is NOT used when the child is out of control or is demonstrating at-risk behaviours.

Some examples of situational exclusion include:

- Being sent to bed early if not able to get up in the morning on time,
- Being grounded after coming home after curfew,
- Limited to their bedroom until homework is completed,
- Child is suspended or expelled from school and caregivers have restricted him to his room to do homework or read, during school hours, with regular breaks as would occur at school.

Since the child is in control, situational exclusion does not require monitoring every 15 minutes as is the case with un-locked confinement. Common sense monitoring should take place to ensure that the child is well and keeping to the assigned task.

Situational exclusion has a time limit. The caregiver is required to tell the child how long the situational exclusion is to go on. (i.e., grounded for 1 week; do schoolwork until the end of the school day, with a break at lunchtime; or stay in your room until you are ready to apologize.)

NOTE: If a child is suspended or expelled from school the FCSW and the CI Practitioner must be informed. Documentation will be recorded by the caregiver in their Progress Report or Behaviour Management Log. Always state the reason for the situational exclusion, and the length of the exclusion, including the child's response.

507.9 Time-Out

Time-outs are a method of helping a child to re-direct his/her behavior. The enforced period of time is meant to allow the child to calm down and reflect on their actions.

A time-out is used when a child is exhibiting out-of-control behavior, such as tantrums, physical or verbal aggression, and refusal to obey.

Time-out locations may vary but must always be chosen considering their suitability to the individual child and the presenting issue. Typical time-out scenarios may involve a time-out chair or mat, usually located in the main common area of the home with the adult nearby. If the time-out occurs in the child's bedroom, caregivers must decide whether or not the child's door should remain open.

Open Or Closed Door:

- Very young children should **never** be put in their room with the door closed. This can be frightening for the child and may cause additional attachment damage.
- A caregiver may stay with a small child who is tantrumming, quietly joining the child in the bedroom with the door closed to 'contain' the child.
- A tantrumming or angry youth might prefer to have privacy in their room during a time-out/cooling off period.
- Consider whether the child may harm him/herself or cause damage to the room. In such cases, the door must remain open so the parent can keep the child within view until the child is calm.

Duration of Time-Outs

Standards require that the duration of the time-out be directly linked to the age of the child. For children under the age of 12, the number of minutes of the time-out will correspond to the age of the child (i.e., a six-year-old is timed out for a maximum of 6 minutes).

For children 12 years and older, the maximum time-out permitted is 20 minutes. If the time out exceeds 20 minutes, it becomes UNLOCKED CONFINEMENT.

Details regarding time-outs (behavior, time of day, results, etc.) should be recorded in the Daily Notes and tracked on the Time-Out Log Form 63 or 64 to determine the effectiveness of the technique. The Time-Out Log will be submitted with the month end documentation.

507.10 Isolation / Unlocked Confinement

Isolation or unlocked confinement is only used when a child is in crisis or having a severe tantrum and deemed 'out of control'.

Under NO circumstance will a foster child be placed in <u>Locked Confinement.</u>

Time Frame: Unlocked confinement **may not** extend past 4 hours.

Steps to Follow:

If a child is in crisis or out of control, **and** the caregivers are unable to successfully re-direct the child to assume control, the following steps are followed:

- The child is placed in unlocked confinement; that is, placed in a room or other location (such as a car, if the family is on an outing) to contain the behaviour
- For children <u>under 10 years of age</u>, during the period of confinement, the caregiver will visually check on the child at the minutes/age ratio (i.e., every 4 minutes for a 4-year-old) to assess resumption of self-control and ensure the safety of the child.
- For children <u>10 years and over</u>, during the period of confinement, the caregiver will visually check on the child at least once every 5 – 10 minutes to assess resumption of self-control and ensure the safety of the child.
- **If the child regains self-control <u>the confinement ceases</u>.**
- **If not…**and the child has not regained control within one hour (or earlier if the caregiver is concerned), the caregiver will contact their FCSW or Crossroads On-Call worker and informed them of the situation, ensuring the child remains safe while the call is being made.
- The FCSW will assess the situation, and will determine whether any further assistance is necessary at this point
- If the child does not settle, the FCSW (or designated staff member) may come to the home to assess the situation.

- If the child has not begun to settle within 4 hours, a decision will be made about taking the child to hospital or bringing in a one-on-one worker to assist.

Follow-Up
Once confinement ceases and the child has settled the caregiver will:

- Call the CI Practitioner or Children's Services Crisis Unit after the child is safe and stabilized (the child **must have** supervision).
- Determine whether additional supports are required.
- Once the CI Practitioner/Crisis Unit has been informed, Contact Crossroads (FCSW or On-Call worker) again to report the status of the child.
- Crossroads will arrange for one-on-one support if necessary.
- Caregiver or FCSW will debrief with the child.
- Child will be told of their right to file a grievance.

Reporting
The Caregiver will complete and submit a Critical Incident Report within 24 hrs, stating the following details:

- The reason for the confinement
- Length of time of confinement
- Documentation of the location, frequency of adult supervision to assess the child and their resumption of self-control (at a minimum of 1 minute per year of age of the child, then every 10 minutes for 10 years and older)
- Points at which the agency and CI Practitioner were contacted
- Point at which the child resumed control

See Policy # 112.4 for additional details regarding the *Incident* report.

508. ETHICS, RIGHTS & RESPONSIBILITIES

508.1 Drugs, Alcohol, and Substance Use and Abuse

As part of Crossroads Code of Conduct, all Crossroads caregivers, students and volunteers will observe the terms stated in the Drug & Alcohol Use Declaration of Agreement signed upon hire.

508.2 Abuse - Expectations and Reporting Process

Due to the real and perceived power differential between caregivers and children or their relatives, ***ANY*** sort of sexual relationship could be considered abusive, and **would be grounds** for dismissal.

Action must be taken in ALL CASES where staff or caregivers become aware of abuse against any member of the community (this includes children in care, members of their foster family, staff or volunteers at Crossroads). Confirmed cases of abuse of vulnerable individuals are considered "just cause" for immediate dismissal.

Abuse is defined as treating someone cruelly.
Types of abuse include*, but are not limited to:

1. Physical abuse
2. Sexual abuse
3. Neglect
4. Emotional abuse
5. Financial Abuse
6. Exploitation
7. Inappropriate use of Restrictive Procedures

NOTE: Perception of abuse and/or misuse of power could be considered abusive.

Harrassment is defined as behaviour that threatens or torments another. This can occur through sexual harassment or bullying (physical, cyber, or emotional)

Obligation To Report
Crossroads employees and caregivers have both a **legal** and **moral obligation to report** if a child is in need of protective service if there are reasonable and probable grounds to believe that the survival, emotional health, or security of the development of the child is endangered in any way.

This applies also to questionable interactions between fellow employees, caregivers, and all children in the care of Crossroads Family Services.

Any person who has reasonable and probable grounds to believe that a child needs protective service, or that a child has been abused, shall immediately report the matter to their FCSW, or any member of Crossroads management.

Allegations Made Against a Caregiver
All Crossroads caregivers will observe the highest ethical standards in the performance of their duties. Their conduct must be above reproach at all times. Failure to follow these rules of conduct could result in discipline or termination.

If a caregiver has had an allegation of abuse levied against them, proper authorities will be notified, including the police if appropriate. A letter detailing the allegation will be placed on the caregiver's confidential file.

- Persons against whom an allegation has been **lodged** will be removed from contact with children in care.
- Persons against whom allegations have been **proved** will be immediately dismissed.

Abuse Disclosed by a Foster Child
Any disclosure by a foster child of physical or sexual abuse (recent or a memory from the past) must be reported to the child's CI Practitioner, or to the Crisis Unit. Caregivers/FCSW or On-call staff are to seek direction from the CI Practitioner or the Crisis Unit about who will contact the police: CI Practitioner/Crisis, or Crossroads. Children's Services will decide who makes the contact and the timing, but **ALL Abuse MUST be reported** to the police, even if the child is no longer in immediate danger.

The caregiver should listen to the child's disclosure, but under no circumstances question the child regarding details. See Addendum D in the Annual Evaluation package.

Disclosures of physical or sexual abuse (whether current or historical) **must be recorded as Critical Incidents** immediately and reported within 24 hours. Document steps taken, who was notified and when, and what direction was received.

DISCLOSURE OF ABUSE BY A CHILD (Historical or Current)

When a child discloses sexual activity, interference and/or abuse, there are immediate legal implications. If a caregiver fails to follow the necessary steps and cautions, the victim may be denied justice as the perpetrator's lawyer can claim that the investigation has been tainted.

In all situations, the most important steps to follow are:

1. DO NOT QUESTION the child.
2. ENSURE SAFETY of any involved individual
3. RECORD the incident
4. REPORT the incident

What falls under the definition of Disclosure of Abuse?

- Any of the following that happened in the past, is happening currently, either in the community, or in the foster home.
    - any viewing of sexual activity,
    - any viewing of pornography,
    - any inappropriate sexual comments or suggestions,
    - any physical contact ranging from inappropriate touching to full sexual interference

A disclosure may involve:

- Sexual activity, exposure, or interference with an adult
- Sexual activity, exposure, or interference with another child
- The child disclosing may be the victim or the perpetrator

For the purposes of this procedure the other party involved will be referred to as "the named individual", whether this is the perpetrator or the one the foster child has perpetrated upon.

What to Record

You may write the information on a separate sheet and attach it to the Incident Report or document the information directly onto a Critical Incident form.

Child's Name _____ Time & Date of Disclosure _____
Name of person recording _____ Relationship to the child _____

Full Name of Individuals Involved	Relationship to the Foster Child

Include the following information if applicable.

- What was the child doing at the time of and immediately preceding the disclosure?
- Who was present at the time of the disclosure?
- What was the child's mood before, during and after the disclosure?

- What did the child say? (Record the child's words as closely as you can recall. Do not embellish or give your opinion. Stick to facts.)

Steps to Follow
1. DO NOT question the child in any way.

2. CURRENT ABUSE:

a. SAFETY: If the named individual is in the foster home, ensure the foster child remains in your presence. Once all parties are safe, follow the next steps.

b. AFTER HOURS: Address any risk. If the child is expected to be in the vicinity of the named individual before the next business day (i.e., scheduled visit, school, respite, foster home, etc.) contact Crossroads On-Call worker who will document the situation. On-Call will direct you to contact Children's Services Crisis, who will give you direction on how to deal with the expected contact. If there is no immediate risk, wait until business hours.

c. BUSINESS HOURS: Contact your FCSW and the child's CI Practitioner immediately (by phone or e-mail. Inform them if the child is expected to be in the vicinity of the named individual before the next business day (i.e., scheduled visit, school, respite, foster home, etc.). The CI Practitioner will make appropriate arrangements and give you specific direction.

3. HISTORICAL ABUSE: Follow the steps below.

4. REASSURE the child that s/he is safe now. Remain receptive and interested, but do not actively encourage further discussion. If the child offers more information, record the details, but do not comment, question, or encourage further disclosure.

5. RECORD details of the disclosure on a Critical Incident Report, or separately and attach to the report.

6. INCIDENT REPORT – complete and submit to your FCSW within 24 hours

Who do you tell? Who do you NOT tell?
- DO NOT CONTACT the child's bio family, extended family, or the perpetrator.
- DO NOT TELL anyone else (including a respite family, child's teacher, friend, others in your home)
- If the file is OBSD, the CI Practitioner will notify that agency.
- DO tell your Support Worker and the child's CI Practitioner.

FOLLOW-UP: The child's CI Practitioner will take over the investigation of the disclosure.

509. RISK MANAGEMENT

509.1 Allegations & Investigations Against a Foster Home

OVERVIEW:
If an allegation is made against a foster home, there are three possible courses:
1. Closed on screening

2. Non-Intervention – the issue is directed to the Licensing Unit and handled at the agency level.
3. Intervention – the issue is handled by the Placement Concern Response Unit (PCR)

What to expect:

- Current placements will remain in the home at the discretion of each child's CI Practitioner.
- The home is placed on "Hold". No new placements will occur during the investigation, and children currently in the home may be placed in respite.
- The caregiver is strongly encouraged to request a FAST worker (Caregiver Allegation Support Team).
- The FCSW will provide ongoing information and assistance to the foster family during the assessment within the restrictions placed by Children's Services (i.e., the FCSW may not give any information to the foster family regarding an ongoing assessment).
- Your FCSW will attend any meetings taking place between the foster family and PCR but must not act as an impediment to the assessment process.

Allegation made to FCSW

The FCSW will immediately contact the CI Practitioner and the Agency Supervisor and Manager to inform them of the allegation.

- All allegations must be investigated.
- The foster home is placed on Hold by Children's Services and no placements may be made until the "Hold" status has been lifted by the Licensing Unit.
- In response to an allegation (which will lead to an assessment) the role of the FCSW is to provide information to the assessor.

Allegation made to Alberta Children's Services

F.A.S.T - Caregiver Allegation Support Team Role

If a caregiver is contacted by the Regional Authority and told an allegation or concern has been raised, the caregiver has the right, and is strongly recommended to contact F.A.S.T. and have a F.A.S.T. representative present before speaking with the assessor. The Agency will give the caregiver the contact number.

Timeframes

- Children's Services is required to complete all assessments in a set amount of time.
- However, in the event of a police investigation in response to an allegation, none of the following may take place until such time as the police investigation has been completed.

Placements

- No new placements will be made during an open assessment.
- The CI Practitioner of each child placed in the home will determine if children are to remain or be removed from the home.

Caregiver

- The caregiver MUST NOT discuss any details about the allegations with any of the children in the home, including a child who may have made the allegations.
- Caregivers are strongly recommended to document contacts, names, dates, and conversations held during the course of the assessment.

FCSW Role

Children's Services dictates the limitations and expectations regarding the role of agency staff when a foster family is under investigation. The FCSW and Agency must abide by these rules when supporting the foster family.

- The FCSW may not contact the foster family or the foster child about the investigation before the assessor becomes involved and directs the FCSW to do so.
- The FCSW will have contact with the assessor prior to any joint visit.
- The FCSW may be present at interviews with foster family members but must not act as an impediment to the assessment process.
- The FCSW will provide ongoing information and assistance to the foster family during the assessment within the restrictions placed by Children's Services (i.e., the FCSW may not give any information to the foster family regarding an ongoing assessment).
- The FCSW will review the assessment report summary letter with the Supervisor or Manager to determine the future use of the home. Careful consideration will be given to the recommendations of the Assessor and CI Practitioner involved. The Children's Services Manager may also request the involvement of an appropriate Children's Services Specialist (i.e., Foster Care Contract Consultant or Licensing Unit).

Results and Follow-Up

PCR will send a letter to the agency detailing the outcome and their recommendations. After being informed of the result of the assessment, the following will take place.

- FCSW will meet with the Agency Supervisor/ Manager to determine the appropriate action.
- The Program Manager will write a letter to the Licensing Unit in response to any recommendations resulting from the assessment.
- The Executive Director will be informed by the Program Manager of the recommendations required.
- If the caregiver is charged with a Criminal offense, the FCSW will meet with the Agency Supervisor/Manager to discuss the status of the home. The Executive Director will be made aware of the meeting and will either attend or be briefed by the Manager.
- If a conviction occurs, further meetings with Crossroads Management and the FCSW will occur to discuss closure of the home.
- Crossroads Management will review the outcome of the assessment (whether allegations are substantiated or not) and make a decision regarding future use of the foster home by the Agency.

Provision of Appeal Forms

In any case where an allegation is made against a Crossroads caregiver, Crossroads' standard procedure is to provide to the foster family those forms required for the caregivers to launch an Administrative Review of the findings of the assessment, or appeal the conditions, suspension, or cancellation of their license, based on the allegation, if they so choose. In the case of an Administrative Review or Appeal, Crossroads will support the caregiver throughout the proceedings.

509.2 Babysitting by a Foster Child

Important Rules and Considerations:

- Youth in foster care must not babysit without consultation with the FCSW and preferably written permission from the CI Practitioner.
- UNDER NO CIRCUMSTANCES will foster children babysit other foster children.

- The youth must be at least 14 years of age.
- The youth should be at least 5 years older than the oldest child being babysat.
- Despite the chronological age of the child, a foster child may not yet be mature enough to be left in a position of responsibility.
- Payment received for babysitting should be documented and signed off on the Allowance Log.

For information regarding babysitting/childcare OF a foster child, see Policy 103.2.
For information regarding babysitting/childcare by youth, see Policy 109.2,3

509.3 Alternate Caregiving/Babysitting by Youth

The Agency and individual foster families seek alternate childcare providers to support the placements of children in care. Crossroads enforces certain limitations regarding youth as alternate childcare providers. The following practices have been established for the protection of both the children and the youth who may be placed in a potentially vulnerable position.

When considering a single adult male as an alternate caregiver, caregivers and staff are to ensure that the male is well known to the family or to a Crossroads staff member, and personally recommended by such. In most cases, males who function in an alternate caregiver role would be part of a caregiving unit or couple.

509.4 Sleeping and Bedroom Arrangements

The child's sleeping area must be easily evacuated in case of an emergency.

Each foster child must have a separate bed, and there must be a separate place of adequate size for the safe storage of the belongings of each child. Each child must have his/her own dresser and/or closet space.

Beds must be appropriate to the age and developmental stage of the child.

Cribs are to be used until the child is 35 inches (88.9 cm) or can climb on the rails. (See policy 111.3)

Bassinettes are ***not*** to be used in place of a crib.

Playpens are ***not*** to be used in place of a crib. (See policy 111.3)

Bunk Beds: The upper bunk should only be used by children six years or older, and must be sturdily built, with adequate safety rails.

Room Location: Location of a foster child's bedroom must be appropriate for the child's age and comfort level. Young children should sleep on the same floor level as the caregivers; however, some older children should also be on the same floor as the caregivers. Each situation is case specific and needs to be discussed. All sleeping arrangements will be reviewed prior to placement, and then yearly at the Foster Home Annual Evaluation and Licensing visit.

Basement/Lower Split-Level Bedrooms: There are specific licensing requirements for bedrooms located below ground-level (i.e., in a split-level home or in a basement). These regulations must be met and approved before a foster child may sleep in a basement location.

Changing Bedrooms: Any change in sleeping arrangements should be reported to the FCSW.

509.5 Sleepovers for Foster Children

Sleepovers are set up for, and often by the foster child. They contribute to the child's normal social development and growth. Even though the child is not under the caregiver's roof, they remain responsible for the child in every way. Caregivers must remain available at all times while a foster child is on a sleepover.

The family hosting the sleepover is not paid for the time the child is in their home. The sleepover visit is informal and not considered the same as "respite".

Sleepover visits are normally for a period of up to 24 hours in another child's home.

Caregivers should assess the sleepover arrangements as they would for their own biological child. If the invitation is not one the caregivers would approve of for their own children, they should not consider it for their foster children.

When considering a sleepover visit, it is recommended that the caregiver notify the FCSW.

The caregiver will meet with the family hosting the sleepover to:

- Determine the ages, genders and number of children attending
- Determine if adequate adult supervision will be provided (in particular, consider the sleeping arrangements regarding the needs of the foster child)
- Discuss the activities of the evening and following morning
- Provide other required information, while maintaining confidential other information about the child i.e., Share if the child is a bed wetter, wanders at night, etc. Do not share anything about the reasons the child is in care.
- Provide emergency phone numbers, Personal Health Number, information about allergies etc.

Caregivers should not assume that the foster child understands all that is involved in a sleepover. The caregiver may want to talk with the child to ensure they are aware of what they can expect to have happen, where they will sleep, who will be there, what to do if they wake in the night, need to use the washroom, wake up earlier than the rest of the family, have concerns, etc. Ensure the child has the caregiver's number and knows s/he can call at any time.

The caregiver will discuss with the FCSW any concerns or questions they may have prior to making the final decision.

Sleepovers should always be documented in the Progress Report.

509.6 Physical Contact and Cuddling with Children in Care

Crossroads' goal is to be as proactive as possible to ensure that caregivers are protected from the risk of allegations.

Children in care may have been exposed to inappropriate interaction between adults and children, and may misinterpret an innocent situation, which can put a caregiver at risk.

While physical contact with children in care is very important, it must be carried out with caution so there is no opportunity for misinterpretation of actions and no possible appearance of wrongdoing.

When cuddling with a foster child, caregivers must **ALWAYS** ensure that the following guidelines are strictly adhered to:

- All individuals are clothed (or wearing pajamas)
- Foster children should never be in the caregiver's bed.
- Caregivers should never be under the blankets in a child's bed.
- A foster mother may lie on the bed as a small child settles.
- A foster father should never lie on a child's bed with the child.
- The foster father and child may cuddle in family areas, but always in full view and in the presence of the mother and/or family members, and never under a cover.
- If giving back rubs, make sure that it is on top of the clothing and if by the foster father to a daughter, again, it must be in full view of family members.
- If "cuddling time" is mentioned in the Daily Notes, add that these precautions are followed as part of the regular routine.

Bio-Children Sleeping with their Parents: It is NOT recommended that bio-children regularly sleep with their parents. The risk of allegations rises dramatically when this occurs. In addition, foster children should not be exposed to this type of role-modeling. Foster children should NOT believe that it is alright to share a bed with adults. This belief can lead to safety issues for the child during overnight visits and upon return home.

If it is a family's practice to have their bio-child(ren) sleep in the parents' bed this must be reported to the FCSW so a safety plan can be developed. An alternative may be to set up a mat or sleeping bag on the floor, so the child can sleep near the parents, but not with them.

509.7 Potential Risk Circumstances

Given the potential for allegations against foster families, the agency wants all caregivers to be aware of the vulnerable aspects of everyday activities such as:

- bathing
- diaper changes
- wiping bottoms during toilet training
- cleaning up after a child has soiled
- applying medications and creams to the genital area
- other similar situations

WHO IS MOST VULNERABLE TO SUCH ALLEGATIONS? Teen and adult males

WHAT IS SAFE PRACTICE?

- Pass the task to a female
- Have a witness present
- If alone, talk the child through the actions
- Wait until someone else is present, or can carry out the need
- Document in daily notes and/or
- Report by phone or e-mail EACH TIME such an event occurs. Your FCSW will document the contact and keep it on file.

Example: A foster dad may change the diaper of a toddler but should not help an older child change soiled underwear without a witness. If this was required and no one else was available, the foster dad may instruct the child in cleaning him/herself up, and then soak in the tub as necessary. Foster dad would then document the circumstances and his actions in his daily notes. If the child or the child's family is known to make allegations, he might call and immediately report the circumstance to his FCSW.

Each foster family should discuss how these activities are to be carried out, and be sure to document the procedures in detail, and often. FCSWs read all caregiver documentation and will help families adjust any procedures that might put them at risk for allegations.

509.8 Others in The Home / Lifestyle Agreement

Foster Families are considered to be professional parents, and as such they have agreed with their agency to abide by behavioral standards that exceed those practiced in a typical family home. Others in the home are also expected to abide by these standards. Others may include:

- A family friend or relative
- An adult child living in the home who has turned 18 and continues to live in the home, or
- An adult child who returns to live in the home.

While these individuals might not provide regular care for foster children, they still influence the children in the home. All adults in the home are required to obtain and submit a current **Criminal Record Check** and **Intervention Record Check**, which must be renewed every three years.

In addition, these adults may be asked to complete a Lifestyle Agreement, ensuring they are aware of agency requirements and agree to abide by these enhanced professional standards, as well as to respect the rules and requirements of the foster home.

510. LIFESTYLE

510.1 Pets

Crossroads recognizes that pets can enrich a family experience and often are significant members in the family dynamic. To maintain a safe environment for children in care Foster Homes must meet the following requirements:

- Any animals or pets in the foster home will have regular health checks
- Any bites or attacks by pets are reported to the appropriate authorities and are followed up with by Crossroads FCSW and/or supervisor/manager

When considering the types of indoor pets in a foster home, the following guidelines will need to be met.

- They must have a suitable temperament for being with children (e.g., not nervous, or aggressive animals)

- If the child shows any signs of allergy, steps are to be taken to keep the animals out of the child's bedroom
- The child must reasonably be able to interact with the animal, and to learn life skills of supporting and caring for the pet during their time in the home

Indoor Pets: Examples of acceptable indoor pets include dogs, cats, hamsters, gerbil, guinea pigs, birds, salamanders, lizards, fish.

Allergies: Be aware that children with a history of allergies will not be placed in a home with a pet that may cause them to react. Dogs, cats, and birds commonly cause allergic reactions.

Unacceptable Indoor Pets: Some small animals are not permissible due to the level of care required and possible risk to children in the home (both physically and emotionally). Examples include tarantulas and other spiders, piranhas, certain snakes, and certain exotic animals, among others.

Unacceptable Outdoor Pets: All pets kept on the property of a foster home must be safe for children to be around. Animals such as dogs that must be kept penned or chained up because of aggression (even though protective of the family) are not acceptable in a fostering environment.

Livestock: While not considered pets, livestock on rural property must be taken into consideration. Access to livestock should be limited to those children who are able to be aware of and comply with safety measures and appropriate treatment of the livestock.

Process when a Pet Creates Problems for Fostering:
The foster family must be made aware that they are responsible for the care and health of the children in their care. The safety and needs of the children in care are to be a higher priority than the relationship with the pet. Some foster children may need close supervision around pets if they are not able to treat them gently. All pets must be "foster family friendly", well controlled, well mannered, and not threaten, attack, bite or scratch either children or adults, whether family members or visitors to the home.

If a family pet attacks a family member or visitor to the home (child, parent, Driver, CI Practitioner, Support Worker, or other visitor), the attack must be reported through a Critical Incident report. The injured person must seek or be taken for medical attention and report the incident to the appropriate authorities (Animal Control, the local Heath Unit, child's guardian, etc.). If the skin is broken the foster family must provide information to the injured person about the vaccination status of the animal. The injured person or their guardian must ensure that the physician is informed of the animal's vaccination status, to ensure that appropriate antibiotics, or treatments (e.g., rabies shots) are administered.

If a foster family has a pet that demonstrates a strong potential for aggression, or has proven to be dangerous, they will be asked to have the pet removed. An alternate home must be sought immediately, and the animal must be kept separate from children in care until it is gone.

If the foster family refuses to comply with the requirement to move the animal, no further placements will be made to the home, and children currently in the home may be removed for their safety.

510.2 Meals and Snacks

All meals and snacks provided to children must be:

- Nutritious and in accordance with Canada's Food Guide
- Take into consideration the child's personal preferences
- Mindful of a child's special diet or food allergy; and
- Respectful of cultural, religious, and dietary practice (First Nations Food Guide)
- Prepared in such a way as to meet any special needs with chewing or swallowing

Caregivers will be made aware of the importance of the need for nutritious and well-balanced meals. Copies of the Canada Food Guide and the First Nations Food Guide are provided to each home at the opening visit and are also available on the Crossroads website.

510.3 Smoking, Tobacco Use

Children's Services Provincial Policy states*: Every child in the care of the director will be provided with a safe, healthy, nurturing environment. Children in care of the director will not be exposed to second-hand smoke.*

Caregivers: Children in care will be placed in non-smoking environments.

- No smoking will be permitted in the residence where a child is placed.
- No smoking in vehicles when children are being transported.
- Caregivers who use tobacco related products should not do so in the presence of a child receiving services.
- Caregivers and staff attending Crossroads events including children will not smoke within view of the event (i.e., Picnic, Santa Store, etc.)

Children /Youth in Care: Purchase and use of tobacco is prohibited for all children under 18 years of age. Under no circumstances are caregivers to purchase tobacco products for children and youth.

Agency Premises: Smoking is not permitted in any Agency owned/rented premises. Smokers may smoke in designated areas outside the building, according to local bylaws.

Smokers are to be discreet and sensitive to the visibility of their smoking areas (e.g., not in front of children and clients). Smokers are asked that their cigarettes be properly extinguished and disposed of in the containers provided. Smokers are requested not to leave their cigarette butts on the walkways, playground area, grass or gardens surrounding the buildings.

510.4 Drug and Alcohol Use & its Impact

Alcohol and drug use and misuse are common underlying reasons for children coming into care. It must be clear to all Crossroads Caregivers and Alternate Caregivers that ***their OWN*** consumption of alcohol or legal marijuana will often trigger negative associations and fears in the children placed in their care because of historical trauma.

All Crossroads caregivers must comply with the clauses in their Service Agreement with Crossroads, noting particularly item #11:

> *"We will abide by the requirements in "Alcohol & Drug Usage in a Foster Home" and agree that there will be absolutely no intoxication from alcohol or drugs while in the presence of children in care."*

Caregivers and Alternate Caregivers may not be under the influence of any mind-altering drugs or medication (OTC medications, prescription medication, legal marijuana, illegal drugs, etc.) in the presence of foster children. If a caregiver is prescribed a medication that impairs their ability such as strong muscle relaxants or pain killers, they will ensure another caregiver is with the children at all times.

Natural Family Visits: If a child has been on a visit and reports to the caregiver that someone there appeared to be impaired, the caregiver will notify the FCSW.

Foster children must not be exposed to any individual who is intoxicated from alcohol or drug use. This includes caregivers, caregivers, relatives, and friends of both the foster family, caregivers, and the child's natural family. It is strongly recommended that caregivers do not drink alcohol or use legal marijuana when children are present.

510.5 Overnight Visits by an Intimate Partner

Caregivers are responsible to provide structure and model behaviour for both their own children and children in their care.

Children placed in foster care come from a variety of backgrounds. For some, a parent's relationships may have been unhealthy. Acquaintances coming into the home may have presented a risk to the children as well.

If a single caregiver wishes to have sexual relationships, they are advised to arrange respite and then stay at the other person's home, or have sleepovers when the foster children are not in the home (e.g., children are in alternate care, on home visits etc.) The children should not be exposed to multiple potential new "partners" involved with their caregiver.

If over time a caregiver develops a stable relationship with an intimate partner, and that individual is present in the home on a regular basis, the individual should be included in an update to the home study. They will be interviewed as an "adult frequently / regularly in the home". They will require an Intervention Record Check and Criminal Record Check. Licensing will also be informed of the change in the foster home's family structure.

The CI Practitioner for the children in the home should also be informed that they are a regular visitor to the home and will interact with the children in care.

Caregivers who do not inform their FCSW and the CI Practitioner of such changes in their personal lives will have put themselves at risk, should something happen in the home.

Caregivers should assess the impact of their choices and the impact of how the children view these choices. The way caregivers handle sexual and interpersonal relationships teaches the child how to handle his/her own relationships. This becomes a model on which the child may pattern their own behaviour. Poor modeling means a child may not be able to make safe choices when faced with similar situations. Good modeling gives the child an added advantage in making safe choices in relationships.

510.6 Pornography in Foster Home

Exposing a child to pornography of any type will be considered to be an abuse of the foster child and dealt with as such regardless of who is carrying out the activity (caregiver, adult living in the home, natural child/teen of the foster family, etc.).

Exposure is defined broadly, ranging from pornographic material left where a child might have accidental access (online, magazines, etc.), to actively engaging the child in viewing such material.

While soft and adult pornography may be legal, children in care must not be exposed to it. Crossroads strongly recommends that pornography not be accessed in any manner in the foster home. If Crossroads becomes aware that pornography is present, the assumption will be that children in the home are aware as well. Disciplinary action and possible termination will result.

Pornography can be considered in three categories. Exposure to any of these is considered as abusive.

What is "Soft" Pornography?
Soft pornography is defined as sexually suggestive pictures, writing or other material, including portions of images, or images with portions obscured, which suggest sexual behavior.

What is Adult Pornography?
Adult pornography is defined as sexually explicit pictures, writing, or other material whose primary purpose is to cause sexual arousal.

What Is Child Pornography?
Child pornography is illegal. Under federal law, child pornography is defined as a visual depiction of any kind including: a drawing, cartoon, sculpture, painting, photograph, film, video, or computer-generated image or picture, whether made or produced by electronic, mechanical, or other means, of sexually explicit conduct, where it

- depicts a minor engaging in sexually explicit conduct and is obscene, or
- depicts an image that is, or appears to be, of a minor engaging in a sexual act or activity, and such depiction lacks serious literary, artistic, political, or scientific value.

It is illegal to possess, distribute, or manufacture these images in any format (print media; videotape; film; compact disc, CD-ROM; DVD, or on the internet).

If child pornography is found in a foster home the agency must be notified immediately. Crossroads will notify both CI Practitioners and police. Further procedures will be followed according to who is in possession of the material (caregiver, natural child, foster child, or other person in the home). For detailed procedures, please contact your FCSW.

NOTE: Failure of caregiver (s) or staff member to follow any of these procedures could result in disciplinary action or termination.

Any questions about this policy should be raised with the Foster Care Supervisor / Manager, or the Executive Director.

510.7 Foster Homes at High Risk for Scrutiny

Crossroads is sensitive to the fact that some applicant foster families' circumstances may open them up to be more vulnerable to higher risk for scrutiny than they have experienced as a private nuclear family. Such applicants need to be aware that if they open as a foster home they will be at a much higher risk for allegations. It is a goal of the agency to protect foster families as much as possible. Accordingly, the Agency will clearly determine and set the level of monitoring that will be required to ensure that a family is able to foster without undue risk. Monitoring in the form of reporting, visits and documentation, as well as careful screening for foster placement matches will be carried out at a higher level to prevent allegations. If Crossroads determines that it is in the best interests of the agency, the family or a child in care, increased levels of monitoring and an action plan or a wellness plan may also be put into place.

511. ACTIVITIES & SAFETY

511.1 Transportation of Children in Care

See also *Driver Requirements* (Insurance, inspections, age of vehicles, etc.)

Required Items in a Vehicle: Each vehicle used to transport children in care will have:

- First aid kit
- Safety equipment appropriate for the season and road conditions
- Crossroads Emergency Procedures card
- Documentation of insurance and registration

Compliance is reviewed during the foster family's annual evaluation.

511.2 Car Seats and Passenger Expectations

Children Riding in the Front Seat

- The Alberta Children's Services Enhancement Act requires the children 12 years and under MUST ride in the back seat. This is to prevent injury from the deployment of an air bag.
- At age 13, they may begin riding in the front seat if they are able to see over the door.

Seat Belts

All occupants, including the driver and passengers must use proper safety restraints in the vehicle.

Infant & Child Car Seats

All occupants, including the driver and passengers must use proper safety restraints in the vehicle. All car seats must:

- Meet **current** safety requirements
- Be tethered to a tether bolt, or as recommended by the manufacturer
- Never have been in an accident
- Be properly installed according to the manufacturer's instructions.
- Must NOT be second hand from a third party. Foster families are encouraged to purchase brand

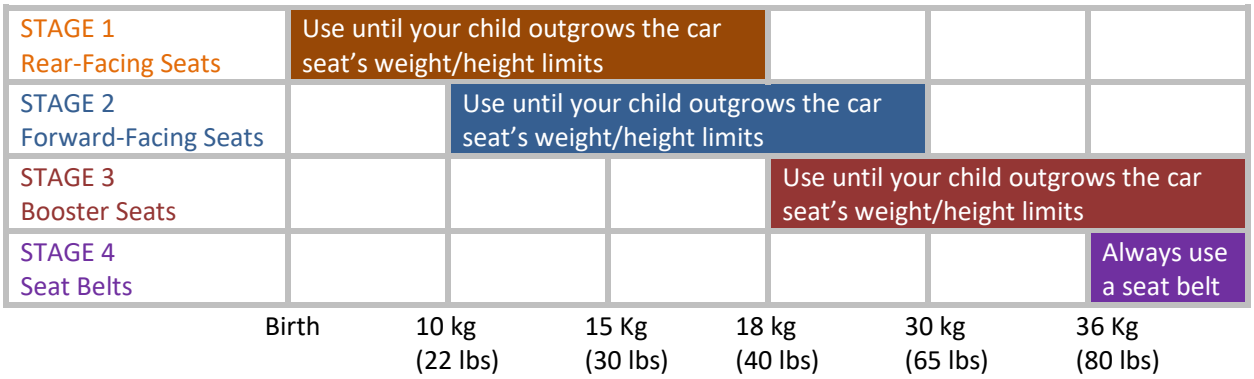
new car seats when beginning as caregivers.

Infant and Child Car Seats – Alberta Regulations Jan 1, 2012; updated 2017

By law, car seats are required for children 18 kg (40 lbs.) or under 6 years of age

- **Tethers:** All car seats must be tethered to an approved tether bolt as recommended by the manufacturer.
- **Rear Facing:** Up to 10 kg (22 lbs.)
- **Forward Facing:** 10 - 30 kg (22 - 65 lbs.) *As of 2012, all forward facing seats sold in Canada will support a child weighing a maximum of 30 kg, or 65 lbs.*
- **Booster Seats:** Can begin to be used when children are six years and over, OR who weigh more than 18 kg (40 lbs.)
- **No seat required:** It is recommended that children continue using a booster seat up to approximately age 8, or 36 kg. (80 lbs.) to ensure proper fit of the car's seat belt. The booster seat should no longer be used when a child is more than 145 cm (4' 9") tall.

Transport Canada Car Seat Regulations as of February 2013. There are four *Car Time Stages*. The right stage for your child depends on their weight and height.



511.3 Crib and Playpen Regulations

Sleeping accommodations are reviewed at each licensing visit. Each child must have a separate bed or crib as a permanent sleeping arrangement.

Older cribs DO NOT meet regulations, and therefore CANNOT be used. Cribs without a manufacturer label also CANNOT be used. Cribs and playpens must meet regulations, or the foster home cannot be licensed to care for infants and toddlers.

Infant and Toddler Beds

Bassinettes/cradles and playpens may not be used as permanent sleeping arrangements for infants or toddlers. However, they may be used in temporary situations such as overnight relief, or during travel or a camping trip.

Crib Criteria: All cribs used must meet the following criteria:

- Crib slats must be no more than 2 ¼" (6 cm) apart
- No parts will be missing or broken from the crib assembly i.e., screws, bolts, slats etc.
- Crib must be strong enough to withstand a bouncing child

- There must be no gap between the lower edge of end panels and upper edge of mattress support
- Corner post must be no higher than ¼" (3 mm) higher than the railing
- None of the materials in the mattress may be hazardous/flammable. The mattress must be labeled indicating its flammability.
- A mobile child of more than 35 inches (88.9 cm) in height should NOT be sleeping in a crib.

Crib Safety: Caregivers must ensure that basic crib safety is followed:

- Use of fitted crib sheets
- Use of a bunting bag is recommended to prevent the need for blankets in which the child may become tangled.
- Bottle fed babies must not be left alone with the bottle in the crib unless they can hold their own bottle
- Beds or cribs must be located away from windows
- Window blind cords must be shortened or enclosed in a safety case, or avoid the use of corded window blinds in the child's room to prevent strangulation
- Limit stuffed toys in the crib so that the child cannot stand on them and climb or fall over the railing
- Bumper pads and hanging mobiles are not to be used for safety reasons.

NOTE – Playpens are **not** to be used in place of a crib.

Playpen Criteria & Safety: All playpens / play-yards must meet the following criteria:

- Play pens must meet current safety requirements: fold-down side hinges must protect baby's fingers, must be fine mesh, and mesh must be in good repair, no protruding rivets or nuts on the outer edge of the playpen top rail (which could cause entanglement and strangulation hazard if child's clothing or pacifier strings become caught on them).
- Play pens are intended for children less than 34 inches tall and who weigh less than 30 pounds
- No parts will be missing or broken from the playpen assembly (i.e., screws, bolts, mesh etc.)
- Playpen must be strong enough to withstand a bouncing child
- All materials in the playpen must not be hazardous/flammable.
- Limited stuffed toys are to be allowed in the playpen so that the child cannot stand on them to go over the railing
- Limit blankets in the playpen so that they do not tangle on the child
- Children are not to be left to play unattended in the playpen

511.4 Recreation Activities

Prior to including the child in **ANY** higher risk activity, written CI Practitioner approval must be obtained by the Caregiver or FCSW. Such activities include, **but are not restricted to**:

- Trampoline
- Riding Mower
- Horseback riding
- Quad / ATV (passenger/driver)
- Snowmobile (passenger/driver)
- Motorboat / fishing boat (passenger/driver)
- Flying – non-commercial (passenger/driver)
- Downhill skiing, snowboarding
- Rock climbing – indoor / outdoor
- Waterskiing, knee-boarding, tubing
- Use of weapons i.e., archery, pellet guns, rifles

The following considerations and conditions must be covered:

1. Child is physically capable of safely participating in the activity.
2. Child can comply with necessary safety precautions.
3. Child's skill level is such that he/she can carry out the activity successfully.
4. Supervision will be congruent with the activity.
5. Portable first aid supplies will be readily available.
6. Individual safety equipment (i.e., Lifejackets, helmets, etc.) will be in good repair and always worn by all participants as appropriate.
7. All participants will be instructed by a qualified individual in the activity and use of any necessary equipment.
8. Emergency procedures (e.g.: medical emergencies, separation from the group, etc.) will be addressed.

Additional Documentation: If the activity chosen is beyond the scope of regular family activities and requires a more specific or specialized skill set (e.g., wilderness camping), the caregiver must provide documentation including, as appropriate:

- Consent Forms from parent/guardian
- Pertinent information
- Itinerary
- Communication methods
- Search & Rescue and emergency plan

Required Authorization: The FCSW will obtain CI Practitioner Authorization to be kept on the child's file.

511.5 Trampoline Use

Required Authorization: Prior to including the child in **ANY** higher risk activity, written CI Practitioner approval must be obtained by the FCSW. The CI Practitioner Authorization will be kept on the child's file.

Trampoline use brings with it the potential for serious injury ranging from cuts and bruises, to broken bones, concussion, and spinal cord injuries. As a result, strict guidelines around the use of trampolines have been developed by the Ministry of Children's Services.

Prior to purchasing a trampoline, foster families should be aware that while the CI Practitioner of one child may give approval for use, the CI Practitioner of another child may not. The foster family must adhere to the CI Practitioner's direction and ensure children who have not received consent never take part in trampolining.

IF CI Practitioner permission is granted, caregivers are required to ensure that the following safety recommendations are applied:

- adult supervision always,
- no more than one person on the trampoline at a time,
- do not attempt or allow somersaults,
- ensure the trampoline has shock absorbing pads that completely cover the springs, hooks, and frame,
- do not use a ladder as it allows unsupervised access by small children,
- no child under six should use a full-size trampoline,
- place the trampoline away from structures or other play areas,
- do not walk under the trampoline while in use,
- always jump in the center,

- never play on a wet trampoline,
- ensure there is no damage to the trampoline prior to each use,
- nets may help prevent injuries from falling off the trampoline but can also provide a false sense of security giving the impression that more tricks and stunts can be attempted because the risk of falling off is reduced.

Typical causes of injury are:

- colliding with another person on the trampoline,
- landing improperly while jumping or doing a stunt,
- falling or jumping off the trampoline,
- falling on the trampoline springs and frame.

511.6 Firearms and Weapons

Crossroads Declaration Form

At the time of licensing (initial and annual renewals), all caregivers are required to sign a declaration stating that

- they do not have weapons or firearms, or
- that weapons or firearms are stored according to licensing regulations; and
- that we do own firearms, and have all the required permits and licenses (POL/PAL) to own, store and use these firearms

Foster Children using Weapons or Firearms

Permission must be obtained from the CI Practitioner to allow a foster child to use any weapons or firearms including airsoft rifles. Such requests must be accompanied by details regarding safety and supervision arrangements.

Operable Weapons

All weapons (including firearms, BB guns, pellet guns, paintball guns sport and hunting knives, cross bows, and arrows) must be trigger locked, and kept in a locked cabinet. Ammunition is to be kept locked in a separate area from the firearms.

Inoperable and Display Weapons

Weapons that are inoperable, and intended for display (i.e., antique gun mounted on a plaque) are not required to be locked up. However, the licensing officer and FCSW will ensure that such items cannot be taken down and used as weapons (i.e., swords, bow and arrow, etc.).

511.7 Hot Tubs, Swimming and Wading Pools

All hot tubs and swimming pools must meet licensing criteria. The criteria below may change according to building and safety codes. Caregivers are responsible for knowing the most up-to-date standards and reporting any addition of hot tubs or pools to their FCSW and Licensing.

Wading pools must also be used and supervised appropriately.

General Rules:

- Caregivers must have sufficient swimming and rescue skills to ensure that children in their care would be safe.
- For general safety, no one should use a pool or hot tub alone.
- Adult supervision of foster children (18 years and over) is always required during use of pools, wading pools, and hot tubs.

- Wading pools must be emptied after each use, if not securely covered.
- Pools and hot tubs must be inaccessible (fenced, covered, and locked) when not in use.

Pools and Large / Deep Hot Tubs:
Pools and Hot Tubs deeper than 24" are considered, under Alberta Building Codes, to be a pool and must meet the following criteria:

- Municipal or provincial building codes, and safety requirements
- All Hot Tubs more than 2.4m (8.0 ft) across the widest portion of the water surface, and all swimming pools must be protected from unauthorized access by a fence, wall or enclosure that is a minimum of 1.8m (6 ft).
- Any openings in the fence must be protected by a gate the same height as the fence, which must be equipped with a self-closing, and self-latching device installed on *the inside* of the gate. The lock must be not less than 1.5m (5 ft) above the ground and must be able to be locked.

Small Hot Tubs
All Hot Tubs less than 2.4 m (8.0 ft.) across the widest portion of the water surface must have a cover that:

- Has the strength to support the weight of an adult walking across the top,
- Has lockable devices to prevent access to the water by unauthorized persons
- Must remain in place and locked at all times when the hot tub is unsupervised.

511.8 Foster Family Sleeping Arrangements

Some caregivers share their bed or their bedroom with their bio-children. Bed or bedroom sharing with your own children can create unexpected difficulties when fostering.

1. Your children might tell foster children things the parents do that should be kept private.
2. Some foster children have had bad experiences sharing a room or a bed with an adult, causing them fear and insecurity when they see this happening in their foster home.
3. Foster children may feel left out when they see that bio-children are able to be close to their parents at night, but the foster child isn't allowed to.

Please keep the following recommendations and requirements in mind.

- Biological or adopted babies may share a room with parents.
- With documented approval, foster babies may room share with caregivers.
- Foster toddlers and older children must have bedroom space apart from the caregivers (*See 111.9 Room Sharing by Children*).
- Crossroads recommends that bio-toddlers and bio-children of all ages have their own bedroom separate from the bio-parents' bedroom.

Sometimes your bio-children will want to climb into bed with you, and this is acceptable. However, caregivers must notify their Support Worker if they are choosing to regularly share their bed or bedroom with their children.

Our goal is to protect caregivers from unfounded allegations, and to ensure foster children feel safe in their foster home placement.

511.9 Room Sharing by Children

CI Practitioners must be notified when foster children are sharing a bedroom with another child. If sleeping arrangements are to change in any way, caregivers must notify their FCSW before making the change.

512. HEALTH & SAFETY PROCEDURES

512.1 Medication Administration

Caregivers are provided with a "Medication Quick Reference" document and will review this with their FCSW at each Annual Evaluation. Important items to make note of:

Documentation of Medication Administration

Caregivers can administer the following medications but must consult with the pharmacist prior to administering any of these items for the first time.

- prescription medications
- psycho-tropic medications (written CI Practitioner authorization required prior to filling the prescription)
- over-the-counter medication (cold medicine, Tylenol, Advil, cough syrup, etc.)
- vitamins
- herbal supplements, etc.

The Medication Administration Log will be used to record any medications, vitamins or natural supplements given to foster children. Caregivers will follow the protocol required by Licensing:

1. Med logs will be stored with the medications
2. The caregiver (caregiver, respite provider, babysitter, etc.) will write their initials in the appropriate space at the time the medication is given.
3. Each month, the completed Medication Administration Log will be submitted to Crossroads along with other monthly documentation.

Annual Evaluation Safety Check: The Licensing officer will request to see Medication Logs at the Foster Home's annual evaluation.

This document is to be updated EACH TIME a medication is given to track correct administration of a child's medications. Caregivers are advised not to wait until the end of the month to fill in the med log. The purpose of daily completion of this document is two-fold:

1. To ensure all caregivers are aware of medication provision, thereby providing the care a child deserves.
2. To provide a paper trail of documentation in the event that a foster child has an adverse medication reaction, or if another person alleges that the caregiver or alternate caregiver has not properly administered the child's meds.

DEFINITION: "Medication" refers to any or all the following:

- Over The Counter (OTC) medication: i.e., for fever, diarrhea, cough and cold.
- Vitamins, Herbal Supplements: i.e., Echinacea, Yarrow, Chewable vitamins (consult pharmacist prior to administering)
- Prescriptions: prescribed by a doctor

Written CI Practitioner Authorization is required for the following:

- Authorization is required to begin Psychotropic or mind-altering medication (i.e., Sleep aids, ADHD, depression medications). Notify CI Practitioner if dosage is changed, or med is stopped.
- If someone other than an adult caregiver is to administer a med (i.e., underage babysitter) If the sitter is a foster child, that child's CI Practitioner must give authorization as well.
- **NOTE:** Psychotropic medications may only be administered by an adult caregiver.
- Youth 12 years or older may self-administer medication with written authorization.

Medication Administration Policies:

- Caregivers may administer medications but must consult with the pharmacist prior to administering the first time.
- Obtain written instructions from the pharmacist noting how to monitor, possible interactions (food, sun), or possible side effects. Forward a copy to Crossroads with your monthly documentation and keep a copy near the medication.
- All medications are to be administered by an adult caregiver unless authorized in writing by the CI Practitioner (i.e., a youth in the home, or a babysitter).
- Medication changes (dosage, etc.) MUST be approved by a doctor.
- Record on the Progress Report the name of each medication started, ended, or changed.
- A monthly Medication Administration Log will be kept for each child in care and submitted to Crossroads with other monthly documentation.
- Youth may self-administer only under the following conditions:
    - Child must be 12 years or older
    - Child has been instructed on the use of the med by a professional (Doctor/pharmacist)
    - No narcotic or street value to the drugs
    - **CI Practitioner written approval is on file**
- Caregivers may not administer medication through invasive procedures. This includes such treatments as enemas, douches, etc. If caregivers are required to provide more specialized medication administration (e.g., epi-pens, insulin injections, asthma inhalers) documented training by a health care professional and written consent from the CI Practitioner must be accessed by the caregiver with documentation of the training placed on both the foster family's, and foster child's file.
- It may be helpful to request the pharmacist to package the medication in bubble packs.

This reference is designed to provide caregivers with an overview of the following:

1. *Administration – step by step (prescription and non-prescription)*
2. *Restricted / Psychotropic medication*
3. *Medication Reviews*
4. *First time use of non-prescription medication*
5. *Child refusal to take medication (steps to follow)*
6. *Adverse reaction or unexpected side effects*
7. *Storage of medication*
8. *Transportation of medication (by caregiver, or when the child is going for respite/ visit)*
9. *Disposal of unused medication*
10. *Specialized medical procedures, Health and Adaptive Equipment*

1. Medication Administration Step by Step

1. Wash your hands
2. Take one dose out of its storage place at a time.
3. **4 'Rs'** - Read the label to ensure you are delivering the right medication, the right dose, at the right time, to the right child.
4. Give the medication to the foster child.
5. Ensure the medication is documented on the Log, and initial to show that you administered the medication.

6. For oral medication, stay with the child and ensure that it is swallowed.
7. The person who takes the medication out of its storage place is responsible for its administration, unless the medication needs to be transported.

2. Restricted Medication – Psychotropic Medicine & Sleep Aids

- Caregivers must have **written consent from a child's CI Practitioner** before filling any prescription for psychotropic drugs or sleep aids. **NOTE: this consent is required** even if a psychiatrist were to give directions to fill the prescription and begin giving it to the child.
- Notify CI Practitioner if dosage is changed, or med is stopped.

3. Medication Review

To be completed by a doctor, psychiatrist, pharmacist, or other qualified health care professional:
DEFINITION: *A Medication Review involves a professional reviewing a list of all medications being taken by the child (prescribed, OTC, supplements, vitamins) to ensure there will be no adverse drug interaction.*

- Agency Standards require a review of the child's medications by a doctor or qualified health care professional/pharmacist in the following circumstances:
  - Upon placement: If a child placed in your home arrives with medication and/or a prescription to be filled, take the medication and/or prescription to the child's initial health appointment for the doctor to review and record
  - When there has been a change in medication prescription or routine
  - If the child has been hospitalized: Medications must be reviewed again upon discharge
  - Before giving your foster child any natural / homeopathic remedies
  - If the child is taking medication and has had a noticeable change in behaviour or shows an adverse reaction to either a new or ongoing medication (i.e., falling asleep suddenly, losing balance, aggression) – *Requires a Critical Incident Report*
- Document any of these circumstances on the child's Progress Record.

4. First Time Use of Non-prescription Medications:

- First time use of over-the-counter medication will be approved/directed by a doctor, health care professional, or pharmacist.
- ***Medication Review*** - Inform the doctor/health care professional of all other medications the child is currently taking, to prevent any adverse effects from mixing medications.
- Document the directions and administration of the non-prescription medication.
- If unable to reach your doctor, speak to your pharmacist or call Capital Health Link – dial 811

5. When a Child Refuses to Take Medication:

- Consult with your pharmacist or Capital Health Care Link - dial 811 to confirm that there will be no adverse effects from the refusal. Follow their direction if the child will require medical intervention, and contact Crossroads and CI Practitioner/Crisis Unit immediately.
- Record the refusal on a Critical Incident Form and fax/report the refusal to the CI Practitioner and FCSW within 24 hours.
- Record the refusal on the "Medication Administration Log".

6. Adverse or Unexpected Side Effects:

- Consult a doctor, pharmacist, or Capital Health Care Link - dial 811
- Record it on a Critical Incident Report and report to Crossroads FCSW or On-Call, and CI Practitioner within 24 hours.
- If the reaction is severe, take the child to a doctor or medical emergency center. Contact CI Practitioner and FCSW immediately.

- If after hours, call CHILDREN'S SERVICES Crisis Unit at 1-800-638-0715 and Crossroads On-Call worker (780) 893-9715.

7. Storage of Medication:

- All medications, including refrigerated medications, prescription and non-prescription, vitamins, and herbal remedies, must be stored in a locked location.
- Medications that must be refrigerated can be stored in a small, locked container in the fridge.
- Items that must be accessed quickly, such as inhalers and epi-pens, are not required to be stored in a locked location.

8. Transportation of Medication:

- Medications must be locked in the glove compartment or trunk.
- When the child is going on a visit, the medication must be transported by the driver and handed over to a responsible adult.
- Children/youth may not carry their own medication **without written consent from the CI Practitioner.**
- Medication and Vitamins must be transported in original packaging, when possible.
- Alternative approved packaging would include a bubble-pack, dosette, or individual medication envelopes for each dose [can be obtained from a pharmacy]. Alternative packaging MUST INCLUDE labeling that indicates the name of the child; name of medication; med admin schedule and dosage; med admin cautions (with food, etc.).

9. Disposal of Medication:

- Return any unused or outdated medications to the pharmacy.

10. Specialized Medical Procedures, Health or Adaptive Equipment

(i.e., Use of an epi-pen, insulin injections, adaptive shoes to address club foot, etc.)

- **Consent from the child's guardian** is required for use of adaptive or specialized equipment
- Caregivers must receive training from the appropriate health professional before using the device.
- The health care professional will instruct the caregiver and child (as appropriate) in maintenance, access, etc. as required, as well as how to document this.
- A plan of supervision (by health care professional and agency) for the caregiver will be set up and on file.

Crossroads recommends that you
protect yourself as a caregiver
by carefully documenting administration and
use of all medications

Caregivers are to be familiar with the Agency Handout, *Prescriptions for Children* located under *Health Related Forms* on the website which details how to obtain prescriptions as well as details regarding consents, types of medication, etc.
Crossroadsfs.ca / Login / Forms */ foster-care*

512.2 Infection Control – Universal Precautions

To control the transmission of infectious diseases, Crossroads requires that:
Handwashing, with soap and water, occurs frequently after any trip to the washroom, before handling food and after cleaning up any body fluids or contaminated materials after removing latex gloves.
Latex Gloves are used in any situation that may involve contact with blood, or body fluids

- Caregivers must use latex gloves when changing diapers until such time as safety is assured.
- Disposable latex gloves are to be used when handling body fluids or materials contaminated by body fluids
- Gloves are removed in such a way so as not to contaminate the unprotected skin
- Any articles contaminated with blood and body fluids should be cleaned separately using detergent and water.

Sanitize: A solution of 1 part bleach to 9 parts water is to be used to clean up spills, surfaces or items contaminated with blood or other body fluids.

- Any items or waste soiled with blood or other body fluid should be place in a double garbage bag (e.g., Diapers) and disposed of in the regular garbage

If you get blood on your skin:

If your skin is not broken:

- Get all the blood off as quickly as possible
- Wash the whole area as thoroughly as possible

If your skin is broken, or if blood gets in your eyes or mouth:

- Flush thoroughly with water
- Contact your doctor or the Capital Health Link – dial 811

Infection control should be continued until there is no further requirement to do so. In some cases, this will continue until the child has grown out of the diaper stage.

Hazardous Items

Disposal of sharp items such as needles, and razor blades:

- Put them into a hard container that cannot break or be punctured (empty bleach bottles with caps, or coffee cans with lids), and seal it shut
- Put with regular garbage for pick-up

Sharing Items: Crossroads encourages the use of (individual) personal towels for all family members. Crossroads prohibits the sharing of:

- Toothbrushes
- Needles
- Razors
- Pierced earrings
- Body piercing jewelry
- Make-up
- Thermometers (unless cleaned with alcohol).

Caregivers will orient and monitor foster children and their own children regarding safe health practices. FCSWs will review Infection Control procedures at each Annual Evaluation of the foster home.

512.3 Hygiene

Caregivers will ensure that children's basic hygiene needs are met through consistent routines.

Basic hygiene needs include handwashing according to health regulations, regular bathing, clean and appropriate clothing, daily brushing of teeth and regular washing of hair.

- Caregivers will ensure that children's basic hygiene needs are met through consistent routines.
- Infants and toddlers will have soiled diapers and wet clothing changed promptly.
- If children are unable or unwilling to carry out basic hygiene, the caregiver will ensure their health is not compromised because of this. (i.e., Caregiver may join a 10-year-old in brushing teeth every day, rather than allow the child to skip brushing.)
- The caregiver will provide daily opportunities for children to practice hygiene with teaching appropriate to the child's age and ability.

- The caregiver will document and report children's progress and any concerns regarding hygiene practices.

LAUNDRY

- Caregivers are encouraged to help youth learn how to manage their own laundry as part of life-skills development. However, the caregiver has the right to decline if the child may pose a risk to the machines.
- In preparation for this, ensure the space and equipment are appropriate, clean and in good repair. (i.e., Washer, dryer, iron, ironing board, etc.)
- In doing general household laundry, children may be engaged to help sort and fold. Ensure each child has their own clothing, and that they know which items belong to them.
- The caregiver will ensure that towels and bedding are clean, fresh, in good condition, dry and sanitary.
- All those living in the home should have their own towels and face cloths to use.
  Towels and bedding will be changed regularly.

Enuresis & Encopresis (Bed Wetting and Soiling)

If caring for a child who wets or soils the bed, the bed will be protected with a mattress cover under the sheet. At no time will a child be shamed for wetting or soiling the bed. Bedding will be changed, and the mattress cover disinfected as often as necessary.

512.4 Incident Reporting – Critical

Caregiver Form 33 on the Website – crossroadsfs.ca / login / Forms / foster-care
Serious incidents to be reported immediately include:

- Threat of Self Harm/ Suicide Attempt
- Use of Physical Restraint
- Death
- Serious change in the child's health
- Severe Acting Out
- Violence
- Injury to the child (requiring emergency medical attention)
- Unplanned Discharge
- Allegation of Abuse/ Neglect
- Vehicle accidents (even if no injuries)
- Inappropriate use of behaviour mgmt. strategy
- Use of restrictive procedure not identified in service plan
- Searches
- Infectious Disease
- Locked Confinement
- Destruction
- Accident (e.g., car)
- Drug/Alcohol Abuse
- Fire
- Charges/ Offences
- Error in administration of prescribed medication to the child
- Adverse reaction to medication
- Sexualized Behavior
- Bio-visit incidents
- Theft by or against the child

Steps to Follow:

4. Report to your FCSW or the Agency On-call worker immediately.
5. Fill out the government Incident Form and submit it to Crossroads' personnel within 24 hours. Crossroads will ensure that the form is emailed to the CI Practitioner **within the 24-hour time period.**
6. Child to be examined by a physician **within 24 hours** if an injury or health concern.

NOTE: All reporting of incidents are to include facts, direct observations, actions taken, and information about the situation. Do not include opinions, speculations, assumption, or place blame.

Crisis Management Follow-Up:
Crossroads' Foster Care Supervisor and Manager review all Critical Incident Reports and discuss follow-up recommendations with FCSW's. Recommendations that will take a period of time are noted in the FCSW's Supervision record and on the child's file to ensure additional follow-up.

After the child is safe and stabilized. (NOTE: the child **must have** supervision during this follow-up period)

- Contact Crossroads FCSW or On-call worker
- Ensure that the CI Practitioner or Crisis Unit has been informed.
- Determine whether additional supports are required
- Obtain one-on-one support if necessary (through Crossroads On-call worker)
- Debrief the incident with the child
- Document as a Critical Incident and submit the report to the FCSW within 24 hours. The FCSW or Crossroads staff can assist you with the completion of this if requested. The FCSW will fax the report to the CI Practitioner. Documentation to include:
  - Alternative approaches considered or implemented prior
  - Duration of the restraint
  - Timelines of reporting to the appropriate authorities
  - Debriefing of incident including re-informing persons served of their rights
  - Any injuries sustained by either the person served or staff
  - How injuries were followed up (i.e., appropriate medical attention)

512.5 Incident Reporting - Non-critical

Caregiver Form 31 on the Website – crossroadsfs.ca/login/forms/foster-care
Possible Major Trauma
If you suspect that the injury may progress (black eye, major bruising, child's behavior changes), seek immediate medical attention. Contact Crossroads: Notify your FCSW, their back-up worker, a manager or supervisor, or Crossroads On-Call Crisis Line (if after hours). Complete a Critical Incident Report and submit it to Crossroads within 24 hours.

Definition of Non-Critical Incidents
Non-critical Incidents are noteworthy incidents that should be recorded and reported. Non-Critical Incidents may be referred to when tracking occasional or ongoing issues with a child, or to record something in order to protect the caregiver from possible allegations. These include such things as:

- Any minor injuries to the foster child - bumps, bruises, cuts, scrapes etc.
- Disclosure of non-crisis but highly relevant information (e.g., a sexualized memory)
- Injury or accident NOT requiring medical care (bumps, scrapes, bruises, etc.)
- Minor behavioural issues (i.e., non-Criminal theft; lying, fighting, etc.)
- Tantrums, resulting in no or minor damage to property
- Other incidents that do not fit into the Critical categories

For reporting purposes, ongoing behaviors may be documented on the Behaviors Tracking Log Form 61.

Minor Trauma or Behaviours
Non-Critical / Head Injury Incident (Form 31) Website: crossroadsfs.ca/login/forms/foster-care

STEPS TO FOLLOW:

6. Caregiver must notify the Foster Care Support Worker during office hours
7. Caregiver completes a non-critical Incident form and includes it with monthly paperwork.
8. If necessary, use the body map to label and date normal childhood injuries.
9. If the injury is to the head or face, and appears to be minor, describe how and where the incident happened; take a photograph of the injury and email it Crossroads, then contact Crossroads immediately for further directions.
10. If the injury is possibly major trauma, the caregiver seeks immediate medical attention, and completes a Critical Incident Report.

NOTE Even minor scratches and bruises can result in allegations of physical abuse. It is VERY IMPORTANT to record and report **all** physical injuries.

512.6 Medical Emergencies

Children's Services Province wide CRISIS NUMBER: 1-800-638-0715
Crossroads On-Call: 780-893-9715
Capital Health Link: 811

Reportable Medical Incidents – CI to be submitted within 24 hours

- Illness or injury
- Significant weight loss
- Outbreak of contagious disease or condition (flu, scabies, food poisoning, etc.)
- Lice
- Bedbugs

Emergency Situations Requiring Treatment

In life-threatening situations requiring treatment, the caregiver:

- MUST contact Crossroads and the CI Practitioner at the earliest possible time. Crossroads may contact the CI Practitioner for the caregiver.
- MUST ensure that the Children's Services Crisis Unit and Crossroads On-call is notified after hours.
- MUST make the hospital aware that the child is under the care of Children's Services
- Caregivers do not have legal authority and therefore CANNOT sign a hospital consent for emergency treatment or a surgical procedure.
- MAY NOT provide written or verbal consent to emergency treatment or surgical procedure.
- INSTEAD, the caregiver may:
    - request that two doctors sign consent for the treatment, or:
    - request one doctor to call the CI Practitioner or Children's Services Crisis Unit directly.

FOLLOW UP:

- within 24 hours, contact Crossroads FCSW during business hours
- ensure that a Critical Incident report is written and submitted to the CI Practitioner

Adverse Effects to Medication:

- Consult a doctor, pharmacist, or Capital Health Care Health Link.
- Record on and submit a "Critical Incident" report.

- If severe, the child should be taken to a clinic or to Emergency. (See above and follow Emergency Situations protocol)

FOLLOW UP:

- Record the incident on the child's Health Record card,
- Record the incident on the Progress Report medication section.

512.8 Fire Drills / Emergency Evacuation

Foster families will ensure they have the following emergency supplies on hand. Items do not need to be in addition to supplies currently in the home but should be easily accessible in the home. (i.e., A well-stocked pantry will usually hold food stuffs for 72 hours)

- Water and food stuffs for a minimum of 72 hours
- Flashlight and battery powered radio, batteries
- Extra clothing
- Essential medicines and toiletries
- Essential emergency supplies
- First aid kit
- Important documents

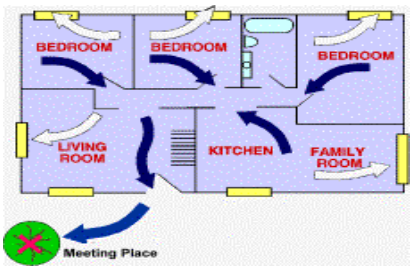
Fire Drills:

Frequency: Foster Homes will conduct fire drills:

- Within two weeks of entry of a new placement
- On a monthly basis
- Full evacuation once a year from the home, meeting at the agreed upon Muster Point (i.e., tree in the front yard, light post on the street, etc.)

What is your fire escape route? During a Fire Drill, review the following:

- Have each member identify doors and windows they can exit through. Try to identify two ways out of each room.
- Make sure that each family member can open door locks, security bar quick-releases and window latches.
- Are exits and exit paths clear of obstacles such as furniture, toys, etc.?
- Your **primary exit** should be the fastest, safest route outdoors.
- Who will help any little children?



Children can practice:

- **Crawl low beneath smoke.** Heat and smoke tend to rise. The freshest, coolest air will be down low by the floor. Roll out of bed, onto the floor and crawl to the bedroom door.
- **Check doors for heat with the back of your hand.** If the door is cool, open it slowly. If the door is hot, keep it closed.
- **If the primary exit is blocked by smoke or fire, close any doors between you and the smoke, and use your secondary exit.**
- **Don't jump from a window.** Turn on the room lights, open the window and signal for help. **Choose a meeting place** outside the home where everyone will meet.
- **Call 911 from a neighbor's house.**
- **Never go back inside a burning building.** Leave the firefighting to the trained professionals. They have the protective equipment and training to

Children should know:

- One little match can burn down a house and kill you.
- Smoke can kill you, so you must get away from it fast. The air close to the floor is safest for you to breathe. (Since smoke rises, upstairs bedrooms are one of the worst places to be in case of fire, so you must get to fresh air quickly.)
- Fires are dark. It's not like on TV where the actors can see where they're going.
- Fire can spread through the house in just minutes.
- If a door is hot when you touch it, don't open it - smoke or fire can rush in. Go out a window instead.
- When a house is on fire, THINGS aren't important anymore, just people!

What if your clothes catch fire? STOP DROP ROLL!!!

- If your clothes catch fire, roll on the floor, roll on the ground, or roll up in a blanket, rug comforter anything large enough to choke out the flames. Don't panic and never run, this will fan the flames!

Documentation: Caregivers will review their Fire Drill procedure and sign a declaration annually stating the date of their drill, length of time required to evacuate the home, and any issues that arose. FCSW's will also check for compliance during home visits.

512.9 Absent From Care - Runaway Child

Initial Search:
The caregiver will first make an initial search of the house and the area, and question others about when they last saw the child. If the child is clearly absent from care (not simply out for a walk, or out past curfew), the caregiver will take the following steps.

1. NOTIFY CROSSROADS immediately by: a. Calling your FCSW, or Crossroads Supervisor/Manager, or b. If after hours, calling Crossroads On-Call Worker	**Crossroads** 24 Hour Contact 780-430-7715 After Hours direct line 780-893-9715
2. Crossroads will direct the caregiver to NOTIFY CHILDREN'S SERVICES by:	Children's Services Province wide

a. Calling the CI Practitioner if during business hours, or b. Calling Children's Services Crisis Unit if after regular work hours.	CRISIS NUMBER: 1-800-638-0715
3. The CI Practitioner or Crisis Unit will decide whether they or the caregiver is to notify the City Police / RCMP. If so directed, the caregiver will notify the police.	If directed to call: Edmonton Police: 780-421-3333 RCMP in your area

Further Communication

If the child returns, the caregiver will immediately:

a. Notify the CI Practitioner if during business hours, or
b. Notify Children's Services Crisis Unit after regular work hours.
c. Notify Crossroads FCSW/On-Call worker.
d. Notify Police if they were contacted.

Documentation

1. The Absent from Care event is to be documented as a Critical Incident and submitted within 24 hours.
2. A follow-up to the incident will be carried out by the FCSW with the caregiver to determine the reason the child ran away and how to prevent future occurrences.

512.10 Self Harm

Training

Within 6 months of hire, front line staff and all caregivers receive training in identifying and addressing self-harm behaviors for children in care. Training is renewed every three years. Additionally, child-specific training will be provided if a child in the home displays self-harm behaviors.

Self-harm is not the same as suicidal behaviour.

- It is first and foremost a coping strategy
- It manages overwhelming thoughts and feelings by short-circuiting them
- Often, the behavior is triggered by an apparently simple life-event

Self-harm behavior is engaged in to alleviate anxiety and increase a sense of power and control. Individuals engaging in this behavior do not possess the necessary coping skills to manage on their own, so to cope, they have found that self-harm behaviour is one way to deal with life. However, escalated forms of this behavior actually increase an individual's feelings of powerlessness, alienation and helplessness. Young adults and adolescents require guidance, support and feedback of a nurturing caretaker/support person.

Being able to recognize the clues and knowing the interactive risk factors of adolescents at risk for self-harm may assist youth in accessing the service/care they need. The interaction of risk vs. protective factors may vary by age, gender and ethnicity, therefore **caregiver involvement is the first step in reducing/alleviating sources of stress and/or life-threatening injury or accidental suicide.** Obtaining the services of a trained professional specializing in self-harm behaviors is important.

A danger with self-harm is that it can become addictive, given the "tension releasing" aspects of the behavior.

Although suicide is not the intention of self-harm, the relationship between self-harm and suicide is complex, as self-harming behavior may be potentially life threatening. There is also an increased risk of suicide in individuals who self-harm.

Symptomology:
Evidence of unexplained frequent and/or repetitive injuries including cuts, burns and multiple scars.

Examples of self-Harm behaviors:

- Carving
- Biting
- Bruising
- Scratching
- Marking
- Picking, and pulling skin and hair
- Head banging
- Hitting
- Burning/abrasions
- Ingestion of toxic substances or objects
- Branding
- Cutting

Myths about Self-Harm:

Myth #1: Self-harm is the first step towards suicide.

Myth Buster: Self-harm is not usually a suicidal gesture, but it is statistically associated with suicide and can result in unanticipated severe harm or fatality. Self-harm is often engaged in as a way of avoiding suicide.

Myth #2: Tattoos and body piercings are a form of self-harm.

Myth Buster: Tattoos/body piercings are not considered forms of self-harm behavior when performed by someone else or in the social context of beautifying the body.

RESPONSE TO SELF-HARM BEHAVIOURS

Procedures to be taken: If self-harm behaviour is found, staff/caregiver are to:

1. Ensure the safety of the youth (depending on severity, location of wound, extent of damage, level of medical attention required)
2. Sharps/implements to be removed from the youth and youth's room
3. Supervision to be implemented as necessary (e.g.: youth who 'cuts' to assist with angry feelings should be supervised if angry)
4. Required notifications will be completed (see below)
5. Risk assessment will be completed by qualified professional within 72 hours
6. Indigenous youth will be given the option of access to Indigenous Resource Person

Notification

- Notification to Crossroads or to On-Call if after hours
- Notification to Crisis Unit if severity of self-harm required outside medical attention
- Incident Report to be completed and submitted to Crossroads and CI Practitioner within 24 hours of incident.
- Service Team Meeting notes will be copied and sent to any missing team members.

Follow-up:

1. Debriefing must occur with Caregiver by FCSW or another person familiar with/trained to support them in dealing with self-harming or suicidal mental health issues

2. Report from youth's risk assessment is to be obtained to debrief with service team
3. Service team meeting should be booked to plan for follow-up support needs. STM notes will be copied and sent to any missing team member.
4. The team must advocate on behalf of the youth for therapeutic intervention for the self-harm behaviors, if appropriate mental health supports are not yet in place.
5. Strategies for self-harm reduction that are recommended will be implemented

Follow-up Documentation Required:

1. A Critical Incident form is required for each self-harm incident
2. Crossroads staff will complete contact notes for all contacts with team members
3. Service Team Meeting notes are required to document team decisions

512.11 Suicidal Child - General Information

Program Restrictions:
Crossroads Family Services foster care program is not equipped to care for a child who is admitted into care as actively suicidal. Therefore, the Agency will not accept placement of a child who is actively suicidal.

If at any time a child or youth expresses thoughts of suicide or a desire to die, the caregiver will immediately take steps to provide continuous supervision and then report the concern.

CONTINUOUS SUPERVISION: The child must be kept in full sight at all times. (e.g., If the child must go to the bathroom, the door must remain partially open, and the caregiver wait outside the door.)

Continuous supervision is maintained until:

a. Alternate arrangements are made (hospitalization, one-on-one worker, CAART, etc.) and the supports are in place, or
b. Until an assessment can be conducted (within 72 hrs – to determine whether the child still needs continuous supervision) by a psychologist, psychiatrist, or mental health clinician.

REPORTING
The FCSW will notify Crossroads Executive Director or designate of the situation and actions being taken.

The caregiver will complete a Critical Incident Report within 24 hours and submit it to the FCSW as per Critical Incident Guidelines. Follow-up reports will document recommendations, subsequent actions, and results.

512.12 Suicidal Child - Steps to Follow

Children's Services Province wide CRISIS NUMBER: 1-800-638-0715
Crossroads On-Call: 780-893-9715
Capital Health Link: 811

Protocol for Suicidal Concerns

1. If at any time a youth expresses thoughts of suicide or a desire to die, the caregiver will immediately take steps to provide continuous supervision and then report the concern.

2. CONTINUOUS SUPERVISION: The youth must be kept in full sight at all times (e.g., If the youth must go to the bathroom, the door must remain partially open, and the caregiver waits outside the door.)

   Supervision may include: One to One; always Keep youth within view; Area seclusion with frequent checks. You may need to adjust the level of supervision as the situation changes. If so, document the time you changed it, and the reason why. If youth is Indigenous, ask if he/she wants to speak with an Indigenous Resource Person.

3. Continuous supervision is maintained until:
   - Alternate arrangements are made (hospitalization, one-on-one worker, CAART, etc.) and the supports are in place, or
   - An assessment can be conducted (within 72 hours – to determine whether the youth still needs continuous supervision) by a psychologist, psychiatrist, or mental health clinician.

Notification:

1. Notification by phone to Crossroads FCSW (or On-Call if after office hours)
2. Notify Crossroads and CI Practitioner, or, if after hours, on-call and Crisis Unit if severity of behaviour requires outside medical attention
3. Complete and submit the Incident Report to Crossroads within 24 hours of the incident. Crossroads will forward it to the CI Practitioner
4. If the youth currently has a therapist, the Caregiver will ensure that therapist is notified, unless directed otherwise

Risk Assessment: Follow CI Practitioner or Support Worker instructions regarding accessing a risk assessment. This MUST occur within 72 hours of the incident.

Documentation:

Once the youth is deemed safe, document and attach to the Critical Incident form any interventions carried out, including the level of and any changes in supervision.

Types of Interventions:

- One-to-One Worker Assigned
- Room Search
- Remove dangerous objects
- Call in extra person
- On Call notification
- Hospital
- Other

Documentation to Include:

- Interventions used
- Time of each intervention
- Who carried it out
- How frequent
- Youth's response
- Any other relevant details
- Follow-up recommendations and actions

Follow-up:

- If the youth is actively suicidal, a decision must be made by the service team regarding the suitability of a foster care placement at this time.
- Document the follow-up recommendations, how they were carried out, and the results.

512.13 Theft, Damages, Criminal Actions by Foster Child

Loss or Damages Suffered by Caregivers

The caregiver is to advise the FCSW of damages, theft of their property, or any type of loss because of the action of a foster child.

1. The FCSW will direct the caregiver to immediately notify the caregivers' insurance company and make a claim.
2. If the insurance company refuses the claim, the caregiver may make a claim with the Alberta Caregiver Association Insurance Plan if he/she is a member of this Association.
3. If the Alberta Caregiver Association's Insurance company refuses the claim [or if the AFPA is without insurance coverage], the caregiver should submit to the CI Practitioner the following:
    a. A report summarizing the events resulting in the damage or theft
    b. A police report where applicable
    c. The judge's disposition if the case went to court
    d. A certified copy of the insurance policy
    e. The written refusal of the claim from the insurance company
    f. The written refusal of the claim from the AFPA's insurance plan
    g. 2 estimates of the repair or replacement costs
    h. Copies of relevant bills/invoices (proof of purchase)
4. The final decision on reimbursement of "*ex gratia"* claim costs will come from the Ministry of Children's Services.

Shoplifting by Foster Child – Action Against Caregiver

If a caregiver is contacted by a company or its lawyer seeking action on a shoplifting damage charge against a foster child in their care the caregivers should:

a. Inform the company that they are the caregivers, not the guardian of the child.
b. Provide the company with the name and contact number of the foster child's CI Practitioner.
c. The caregiver is to notify the FCSW of the situation.
d. The caregiver will make out a Critical Incident Report and submit it within 24 hours of the event.