

Mnaasged Child and Family Services



Alternative Care OPR Policy and Procedure Manual

July 2020

*Acknowledging the Past
Serving the Present
Creating the Future*

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SECTION 1: INTRODUCTION

Department: Alternative Care	POLICY #: 0101
Section: Introduction	
Subject: Purpose of the Manual	
Date Approved:	Date Revised:
Board Resolution #:	
Source Reference:	

PURPOSE OF THE MANUAL

Mnaasged Child and Family Services (hereinafter referred as “Mnaasged”) has provided this Manual as a resource tool for Alternative Care Parents. The information contained in this Manual includes copies of all Mnaasged policies and procedures, as well as forms, which may assist the Care Parents in their important role of caring for Children.

The Manual is divided into sections for easy reference and contains a wide variety of information that will be beneficial and informative for care parents. There is information readily available on emergency procedures, health and safety protocols, and serious occurrence procedures as well as other day-to-day expectations and responsibilities.

At any time, if further information or clarification is required, please contact your Alternative Care Helper.

PROCESS FOR REVIEWING THE MANUAL

1. One year after the manual has been approved, the Alternative Care Team will meet to review it, and annually thereafter. The work of this Team will be coordinated by the Director of Services. Time spent reviewing the Manual will be conducted during working hours and considered to be with pay.
2. It will be the responsibility of the Director of Services to distribute the Manual Review Form to the Employees upon Board approval of the Manual, and annually thereafter. Throughout the year, Employees, including Supervisors and Managers, will complete the forms as often as they encounter problems with the content or format of the Manual and will then submit the form to the Alternative Care Supervisor or the Director of Services.

3. If there is an immediate change required, the Director of Services and the Alternative Care Supervisor will meet to discuss and change the policy, as necessary.
4. Prior to the Alternative Care Team's first meeting, the Alternative Care Administration will compile the forms submitted by Employees throughout the year.
5. The Alternative Care Supervisor and the Director of Services will review the forms and come to consensus on how to proceed with the recommendations.
6. The Director of Services will be responsible for preparing a comparison of the Alternative Care Team's recommended revisions and the previous policy for presentation to the Board of Directors.
7. The Director of Services will be responsible for presenting the Alternative Care Team's recommended revisions to the Board of Directors for their approval.
8. Upon approval from the Board of Directors, the Director of Services will be responsible for reviewing and distributing the revised policies or procedures to Employees and Alternative Care Parents within two (2) weeks of approval.
9. The Alternative Care Administration will maintain a binder of the most recent policy and procedures and have on hand a copy of each previous policy and procedure.
10. All previous policies will not be destroyed but will be kept in a separate binder or "an electronic copy of all policy versions will be maintained indefinitely."

POLICY REFERENCE

Department: Alternative Care	POLICY #: 0102
Section: Introduction	
Subject: Service Philosophy and Practices – Mission Statement and Philosophy	
Date Approved:	Date Revised:
Board Resolution #:	
Source Reference:	

SERVICE PHILOSOPHY AND PRACTICES – MISSION STATEMENT AND PHILOSOPHY

MISSION STATEMENT AND PHILOSOPHY

MISSION STATEMENT

“Our mission is to protect children and to heal and strengthen families through the provision of wholistic bi-cultural service that respects our Haudenosaunee, Anishinabek and Lunaapeew heritage and that honours the values, customs and traditions of our people.”

OUR GOAL

The sacred responsibility for developing and sustaining our families take us, as Indigenous people, back to the past to prepare ourselves for the future. The concepts, the principles, and the values practiced are the strengths we now need to encourage and ensure healthy families, which in turn will be the foundation of strong and healthy communities.

The overall goal of Mnaasged is to keep our Children with us, and within, our community. This goal challenges us to ensure the following:

- Preserve Traditional culture and community identity among its own people
- Strengthen and maintain families by providing support to them
- Develop and identify human resources at the community level to deal with Child Welfare issues

GOALS FOR CHILDREN IN ALTERNATIVE CARE

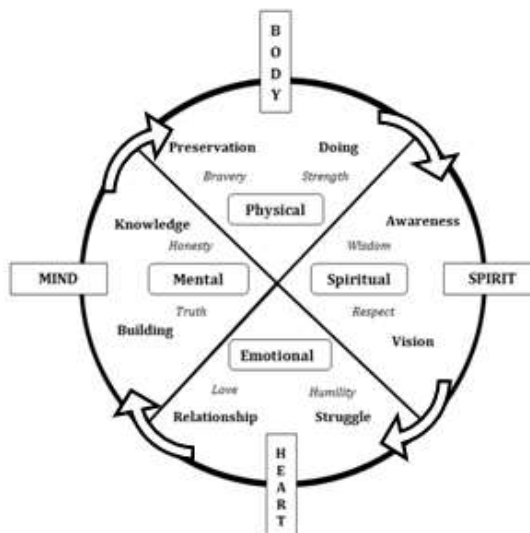
Whatever Alternative Care choice is made for a Child, the goals for serving the Child in Alternative Care include the following:

- Provide love, care, nurturance, and protection for the Child
- Provide a stable and caring living environment for the Child
- Provide teachings that will help the Child to walk in a good way
- Develop plans for the Child that will promote the Child's growth and development
- Provide positive support for the Child; walk alongside the Child who struggles to deal with issues of trauma, shame, separation, grief, and despair
- Work toward family restoration and family reunification whenever possible and in the Child's best interest
- Meet the Child's spiritual, emotional, social, intellectual, and physical needs

VISION FOR HEALTHY HUMAN DEVELOPMENT

The vision of health is based on balance among the four directions and the four aspects of life: spiritual, emotional, mental, and physical. Everything flows from the spirit through feelings, thoughts, and actions.

Development occurs through a process of awareness or vision, in a place of struggle that embraces that vision, to create the relationships that will work toward fulfilling that vision. From that place of struggle, the cycle moves to build knowledge and understanding that will then guide the physical manifestation of the vision through action and movement, preserving and sustaining the vision itself.



The experience of movement further informs and recreates awareness and vision, feeding into another cycle of creation. Throughout the cycle, the Seven Grandfather Teachings provide guidance and encouragement to maintain the positive energy throughout the cycles of growth and constant change.

The vision for Healthy Human Development is the essential foundation in all our work with families. It supports positive growth of Indigenous Identity and Spiritual Connection for each family member, forming the foundation for healthy relationships and care for everyone.

POLICY REFERENCE

Department: Alternative Care	POLICY #: 0102
Section: Introduction	
Subject: Service Philosophy – Needs, Rights, and Responsibilities for Indigenous Children	
Date Approved:	Date Revised:
Board Resolution #:	
Source Reference:	

SERVICE PHILOSOPHY – NEEDS, RIGHTS, AND RESPONSIBILITIES FOR INDIGENOUS CHILDREN

Indigenous cultures contain understandings about the natural flow of life from birth to death and back again to rebirth, as the cycle of life continues through the generations. The four stages of life include Childhood, Youth, Adult, and Elder. Within each of the four stages of life there are clear needs and responsibilities that affect each person.

All Indigenous Children have rights, including the following:

- Right to belong within their family, their Clan, their extended family, their Indigenous community, and their Nation
- Right to their spirit name and their cultural identity
- Right to their language
- Right to participate in their culture, ceremonies, Traditional practices, and healing ways
- Right to a wholistic life—having their spiritual, emotional, mental, and physical needs met—and to grow to their full potential
- Right to care, nurturance, and protection from physical abuse, family violence, sexual violation, and emotional trauma
- Right to an education that responds to the unique needs of the Child

In addition to the Rights that are specifically ascribed to an Indigenous Child, there are also Rights for all Children, which are specifically outlined in the Ontario Child, Youth and Family Services Act, 2017:

PART II

CHILDREN'S AND YOUNG PERSONS' RIGHTS

Rights of Children and Young Persons Receiving Services

Rights of children, young persons receiving services

3 Every child and young person receiving services under this Act has the following rights:

1. To express their own views freely and safely about matters that affect them.
2. To be engaged through an honest and respectful dialogue about how and why decisions affecting them are made and to have their views given due weight, in accordance with their age and maturity.
3. To be consulted on the nature of the services provided or to be provided to them, to participate in decisions about the services provided or to be provided to them and to be advised of the decisions made in respect of those services.
4. To raise concerns or recommend changes with respect to the services provided or to be provided to them without interference or fear of coercion, discrimination or reprisal and to receive a response to their concerns or recommended changes.
5. To be informed, in language suitable to their understanding, of their rights under this Part.

6. Repealed: 2018, c. 17, Sched. 34, s. 6 (1).

2017, c. 14, Sched. 1, s. 3; 2018, c. 17, Sched. 34, s. 6 (1).

Section Amendments with date in force (d/m/y)

Corporal punishment prohibited

4 No service provider or foster parent shall inflict corporal punishment on a child or young person or permit corporal punishment to be inflicted on a child or young person in the course of the provision of a service to the child or young person.

Detention restricted

5 No service provider or foster parent shall detain a child or young person or permit a child or young person to be detained in locked premises in the course of the provision of a service to the child or young person, except as Part VI (Youth Justice) and Part VII (Extraordinary Measures) authorize.

Physical restraint restricted

6 No service provider or foster parent shall use or permit the use of physical restraint on a child or young person for whom the service provider or foster parent is providing services, except as the regulations authorize.

Mechanical restraints restricted

7 No service provider or foster parent shall use or permit the use of mechanical restraints on a child or young person for whom the service provider or foster parent is providing services, except as Part VI (Youth Justice), Part VII (Extraordinary Measures) and the regulations authorize.

Rights of Children in Care

Right to be heard in respect of decisions

8 (1) For greater certainty, the rights under section 3 of a child in care apply to decisions affecting them, including decisions with respect to,

- (a) the child's or young person's treatment, education or training or work programs;
- (b) the child's or young person's creed, community identity and cultural identity; and
- (c) the child's or young person's placement in or discharge from a residential placement or transfer to another residential placement.

Views to be given due weight

(2) The child's or young person's views with respect to the decisions described in subsection (1) shall be given due weight, in accordance with the child's or young person's age and maturity as required by paragraph 2 of section 3.

Right to be informed re residential placement admission

9 Upon admission to a residential placement, and at regular intervals thereafter, or, where intervals are prescribed, at the prescribed intervals thereafter, a child in care has a right to be informed, in language suitable to their understanding, of,

- (a) their rights under this Part;
- (b) the complaints procedures established under subsection 18 (1) and the further review available under section 19;
- (c) the review procedures available for children under sections 64, 65 and 66;
- (d) the review procedures available under section 152, in the case of a young person described in clause (b) of the definition of “child in care” in subsection 2 (1);
- (e) their responsibilities while in the placement; and
- (f) the rules governing day-to-day operation of the residential care, including disciplinary procedures.

Rights of communication, etc.

10 (1) A child in care has a right,

- (a) to speak in private with, visit and receive visits from members of their family or extended family regularly, subject to subsection (2);
- (b) without unreasonable delay, to speak in private with and receive visits from,
 - (i) their lawyer,
 - (ii) another person representing the child or young person,
 - (iii) the Ombudsman appointed under the *Ombudsman Act* and members of the Ombudsman’s staff, and
 - (iv) a member of the Legislative Assembly of Ontario or of the Parliament of Canada; and
- (c) to send and receive written communications that are not read, examined or censored by another person, subject to subsections (3) and (4). 2017, c. 14, Sched. 1, s. 10 (1); 2018, c. 17, Sched. 34, s. 6 (2).

When child is in extended society care

(2) A child in care who is in extended society care under an order made under paragraph 3 of subsection 101 (1) or clause 116 (1) (c) is not entitled as of right to speak with, visit or receive visits from a member of their family or extended family, except under an order for access made under Part V (Child Protection) or an openness order or openness agreement made under Part VIII (Adoption and Adoption Licensing).

Opening, etc., of written communications to child in care

- (3) Subject to subsection (4), written communications to a child in care,
- (a) may be opened by the service provider or a member of the service provider’s staff in the child’s or young person’s presence and may be inspected for articles prohibited by the service provider;
 - (b) subject to clause (c), may be examined or read by the service provider or a member of the service provider’s staff in the child’s or young person’s presence, where the service provider believes on reasonable grounds that the contents of the written communication may cause the child or young person physical or emotional harm;
 - (c) shall not be examined or read by the service provider or a member of the service provider’s staff if it is to or from a person described in subclause (1) (b) (i), (ii), (iii) or (iv); and
 - (d) shall not be censored or withheld from the child or young person, except that articles prohibited by the service provider may be removed from the written communication and withheld from the child or young person.

Opening, etc., of young person’s written communications

(4) Written communications to and from a young person who is detained in a place of temporary detention or held in a place of secure custody or of open custody,

- (a) may be opened by the service provider or a member of the service provider's staff in the young person's presence and may be inspected for articles prohibited by the service provider;
- (b) may be examined or read by the service provider or a member of the service provider's staff and may be withheld from the recipient in whole or in part where the service provider or the member of their staff believes on reasonable grounds that the contents of the written communications,
 - (i) may be prejudicial to the best interests of the young person, the public safety or the safety or security of the place of detention or custody, or
 - (ii) may contain communications that are prohibited under the *Youth Criminal Justice Act* (Canada) or by court order;
- (c) shall not be examined or read under clause (b) if it is to or from the young person's lawyer; and
- (d) shall not be opened and inspected under clause (a) or examined or read under clause (b) if it is to or from a person described in subclause (1) (b) (ii), (iii) or (iv).

Definition

(5) In this section, "written communications" includes mail and electronic communication in any form.

Section Amendments with date in force (d/m/y)

Conditions and limitations on visitors

11 (1) A service provider may impose such conditions and limitations on persons who are visiting a young person in a place of temporary detention, of open custody or of secure custody as are necessary to ensure the safety of staff or young persons in the facility.

Suspending visits in emergencies

(2) Where a service provider has reasonable grounds to believe there are emergency circumstances within a facility that is a place of temporary detention, of open custody or of secure custody or within the community that may pose a risk to staff or young persons in the facility, the service provider may suspend visits until there are reasonable grounds to believe the emergency has been resolved and there is no longer a risk to staff or young persons in the facility.

Limited exception

(3) Despite subsection (2), the service provider may not suspend visits from,

- (a) Repealed: 2018, c. 17, Sched. 34, s. 6 (3).
- (b) the Ombudsman appointed under the *Ombudsman Act* and members of the Ombudsman's staff; or
- (c) a member of the Legislative Assembly of Ontario or of the Parliament of Canada, unless the provincial director determines that suspension is necessary to ensure public safety or the safety of staff or young persons in the facility. 2017, c. 14, Sched. 1, s. 11 (3); 2018, c. 17, Sched. 34, s. 6 (3).

Section Amendments with date in force (d/m/y)

Personal liberties

12 A child in care has a right,

- (a) to have reasonable privacy and possession of their own personal property, subject to section 155; and
- (b) to receive instruction and participate in activities of their choice related to their creed, community identity and cultural identity, subject to section 14.

Plan of care

13 (1) A child in care has a right to a plan of care designed to meet their particular needs, which shall be prepared within 30 days of the child's or young person's admission to the residential placement.

Rights to care

- (2) A child in care has a right,
- (a) to participate in the development of their individual plan of care and in any changes made to it;
 - (b) to have access to food that is of good quality and appropriate for the child or young person, including meals that are well balanced;
 - (c) to be provided with clothing that is of good quality and appropriate for the child or young person, given their size and activities and prevailing weather conditions;
 - (d) to receive medical and dental care, subject to section 14, at regular intervals and whenever required, in a community setting whenever possible;
 - (e) to receive an education that corresponds to their aptitudes and abilities, in a community setting whenever possible; and
 - (f) to participate in recreational, athletic and creative activities that are appropriate for their aptitudes and interests, in a community setting whenever possible.

Parental consent, etc.

14 Subject to subsection 94 (7) and sections 110 and 111 (custody during adjournment, interim and extended society care), the parent of a child in care retains any right that the parent may have,

- (a) to direct the child's or young person's education and upbringing, in accordance with the child's or young person's creed, community identity and cultural identity; and
- (b) to consent to treatment on behalf of an incapable child or young person, if the parent is the child's or young person's substitute decision-maker in accordance with section 20 of the *Health Care Consent Act, 1996*.

Service Providers' Duties in respect of Children's and Young Persons' Rights

Children's, young persons' rights to respectful services

15 (1) Service providers shall respect the rights of children and young persons as set out in this Act.

Children, young persons to be heard and represented

(2) Service providers shall ensure that children and young persons and their parents have an opportunity to be heard and represented when decisions affecting their interests are made and to be heard when they have concerns about the services they are receiving.

Exception

(3) Subsection (2) does not apply to a child or young person or parent of a child or young person if there is good cause for not giving that person an opportunity to be heard or represented as described in that subsection.

Criteria and safeguards re decisions

(4) Service providers shall ensure that decisions affecting the interests and rights of children and young persons and their parents are made according to clear, consistent criteria and are subject to appropriate procedural safeguards.

(5) Repealed: 2018, c. 17, Sched. 34, s. 6 (4).

Section Amendments with date in force (d/m/y)

French language services

16 Service providers shall, where appropriate, make services to children and young persons and their families available in the French language.

Alternative Dispute Resolution

Resolution of issues by prescribed method of alternative dispute resolution

17 (1) If a child is or may be in need of protection under this Act, a society shall consider whether a prescribed method of alternative dispute resolution could assist in resolving any issue related to the child or a plan for the child's care.

First Nations, Inuk or Métis child

(2) If the issue referred to in subsection (1) relates to a First Nations, Inuk or Métis child, the society shall consult with a representative chosen by each of the child's bands and

First Nations, Inuit or Métis communities to determine whether an alternative dispute resolution process established by the bands and communities or another prescribed alternative dispute resolution process could assist in resolving the issue.

Children's Lawyer

(3) If a society or a person, including a child, who is receiving child welfare services proposes that an alternative dispute resolution method or process referred to in subsection (1) or (2) be undertaken to assist in resolving an issue relating to a child or a plan for the child's care, the Children's Lawyer may provide legal representation to the child if, in the opinion of the Children's Lawyer, such legal representation is appropriate.

Notice to band, community

(4) If a society makes or receives a proposal that an alternative dispute resolution method or process referred to in subsection (1) or (2) be undertaken under subsection (3) in a matter involving a First Nations, Inuk or Métis child, the society shall give notice of the proposal to a representative chosen by each of the child's bands and First Nations, Inuit or Métis communities.

Complaints and Reviews

Complaints procedure

18 (1) A service provider who provides residential care to children or young persons or who places children or young persons in residential placements shall establish a written procedure, in accordance with the regulations, for hearing and dealing with,

(a) complaints regarding alleged violations of the rights under this Part of children in care; and

(b) complaints by children in care or other persons affected by conditions or limitations imposed on visitors under subsection 11 (1) or suspensions of visits under subsection 11 (2).

(2) Repealed: 2018, c. 17, Sched. 34, s. 6 (5).

Review of complaint

(3) A service provider shall conduct a review or ensure that a review is conducted, in accordance with the procedure established under clause (1) (a) or (b), on the complaint of,

(a) a child in care or a group of children in care;

(b) the parent of a child in care who makes a complaint;

(c) another person representing the child in care who makes a complaint; or

(d) a person affected by a condition or limitation imposed on visitors under subsection 11 (1) or a suspension of visits under subsection 11 (2), and shall seek to resolve the complaint.

Response to complainants

(4) Upon completion of its review under subsection (3), the service provider shall inform each person who made the complaint, whether as an individual or as part of a group, of the results of the review.

Section Amendments with date in force (d/m/y)

Further review

19 (1) Where a person referred to in subsection 18 (3) makes a complaint, whether as an individual or as part of a group, and is not satisfied with the results of the review conducted under that subsection and requests in writing that the Minister appoint a person to conduct a further review of the complaint, the Minister shall appoint a person who is not employed by the service provider to do so.

Same

(2) A person appointed under subsection (1) shall review the complaint in accordance with the regulations and may do so by holding a hearing.

Procedure

(3) The *Statutory Powers Procedure Act* does not apply to a hearing held under subsection (2).

Powers of appointed person

(4) A person appointed under subsection (1) has, for the purposes of the review, all the powers of a program supervisor appointed under subsection 53 (2).

Review and report within 30 days

(5) A person appointed under subsection (1) shall, within 30 days after the day of the appointment, complete the review, set out in a report the person's findings and recommendations, including the reasons for not holding a hearing if none was held, and provide copies of the report to,

- (a) each person who made the complaint, whether as an individual or as part of a group;
- (b) the service provider; and
- (c) the Minister.

Minister to advise persons affected of any decision

20 (1) Where the Minister decides to take any action with respect to a complaint after receiving a report under subsection 19 (5), the Minister shall advise the service provider and each person who made the complaint, whether as an individual or as part of a group, of the decision.

Remedies preserved

(2) The Minister's decision referred to in subsection (1) does not affect any other remedy that may be available.

Consent and Voluntary Services

Consents and agreements

21 (1) In this section,

“capacity” means the capacity to understand and appreciate the nature of a consent or agreement and the consequences of giving, withholding or withdrawing the consent or making, not making or terminating the agreement; (“jouit de toutes ses facultés mentales”) “nearest relative”, when used in reference to a person who is younger than 16, means the person with lawful custody of the person, and when used in reference to a person who is 16 or older, means the person who would be authorized to give or refuse consent to a treatment on the person's behalf under the *Health Care Consent Act, 1996* if the person were incapable with respect to the treatment under that Act. (“membre de la parenté le plus proche”)

Elements of valid consent or agreement, etc.

(2) A person's consent or withdrawal of a consent or participation in or termination of an agreement under this Act is valid if, at the time the consent is given or withdrawn or the agreement is made or terminated, the person,

- (a) has capacity;
- (b) is reasonably informed as to the nature and consequences of the consent or agreement, and of alternatives to it;
- (c) gives or withdraws the consent or executes the agreement or notice of termination voluntarily, without coercion or undue influence; and
- (d) has had a reasonable opportunity to obtain independent advice.

Where person lacks capacity

(3) A person's nearest relative may give or withdraw a consent or participate in or terminate an agreement on the person's behalf if it has been determined on the basis of an assessment, not more than one year before the nearest relative acts on the person's behalf, that the person does not have capacity.

Exceptions: ss. 180, 74 (2) (n)

(4) Subsection (3) does not apply to a consent under section 180 (consents to adoption) or to a parent's consent referred to in clause 74 (2) (n) (child in need of protection).

Consent, etc., of minor

(5) A person's consent or withdrawal of a consent or participation in or termination of an agreement under this Act is not invalid by reason only that the person is younger than 18.

Exception: Part X

(6) This section does not apply in respect of the collection, use or disclosure of personal information under Part X (Personal Information).

Consent to service

Consent to service: person 16 or older

22 (1) Subject to clause (2) (b) and subsection (3), a service provider may provide a service to a person who is 16 or older only with the person's consent, except where the court orders under this Act that the service be provided to the person.

Consent to residential care: child younger than 16 or in society's care

(2) A service provider may provide residential care to a child,

(a) if the child is younger than 16, with the consent of the child's parent; and

(b) if the child is in a society's lawful custody, with the society's consent, except where this Act provides otherwise.

Exception — Part VI

(3) Subsections (1) and (2) do not apply where a service is provided to a young person under Part VI (Youth Justice).

Discharge from residential placement

(4) A child who is placed in a residential placement with the consent referred to in subsection (1) or (2) may only be discharged from the placement,

(a) with the consent that would be required for a new residential placement;

(b) where the placement is made under the authority of an agreement made under subsection 75 (1) (temporary care agreements), in accordance with section 76 (notice of termination); or

(c) where the placement is made under the authority of an agreement made under subsection 77 (1) (agreements with 16 and 17 year olds), in accordance with subsection 77 (4) (notice of termination).

Transfer to another placement

(5) A child who is placed in a residential placement with the consent referred to in subsection (1) or (2) shall not be transferred from one placement to another unless the consent that would be required for a new residential placement is given.

Child's views and wishes

(6) Before a child is placed in or discharged from a residential placement or transferred from one residential placement to another with the consent referred to in subsection (2), the service provider shall,

(a) ensure that the child and the person whose consent is required under subsection (2) are made aware of and understand, as far as possible, the reasons for the placement, discharge or transfer; and

(b) take the child's views and wishes into account, given due weight in accordance with the child's age and maturity.

Application of Health Care Consent Act, 1996

(7) If the service being provided is a treatment to which *the Health Care Consent Act, 1996* applies, the consent provisions of that Act apply instead of this section.

Counselling service: child 12 or older

23 (1) A service provider may provide a counselling service to a child who is 12 or older with the child's consent, and no other person's consent is required, but if the child is younger than 16, the service provider shall discuss with the child at the earliest appropriate opportunity the desirability of involving the child's parent.

Application of Health Care Consent Act, 1996

- (2) If the counselling service being provided is a treatment to which the *Health Care Consent Act, 1996* applies, the consent provisions of that Act apply instead of subsection (1).

RESIDENTIAL PLACEMENT ADVISORY COMMITTEE (RPAC)

An advisory committee of individuals representing the Ministry of Children, Community and Social Services reviews appeals and complaints regarding foster placements. This committee also automatically reviews placements of all Children placed in an institutional setting, which is defined as a placement with more than nine beds.

REVIEW BY BOARD – CHILD MAY REQUEST A REVIEW

A Child who is in a residential placement in which the Child objects may apply to the Board for a determination of whether the Child should remain or be placed elsewhere, if the residential placement has been reviewed by an advisory committee under Section 64, *Child, Youth and Family Services Act, 2017*, and

- a) The Child is dissatisfied with the advisory committee's recommendation
- b) The advisory committee's recommendations are not followed

The Board will advise the Child within 10 days of receiving the Child's application whether it intends to hold a hearing.

The Board will complete its review and will make a determination within 30 days of receiving the Child's application, unless the Board holds a hearing regarding the application and the parties consent to waiting a longer period for the Board's determination.

After conducting a review, the Board may action the following:

- a) Order that the Child be transferred to another residential placement if it is available
- b) Order that the Child be discharged from the residential placement
- c) Confirm the existing residential placement

DISCIPLINARY PROCEDURES

1. A person or entity is guilty of an offence if they knowingly provide false information in a statement, report, or return required to be provided under this Part of the regulations.

2. A person is guilty of an offence if the person hinders, obstructs, or interferes with a program supervisor conducting an inspection under this Part, or otherwise impedes a program supervisor in exercising the powers or performing the duties of a program supervisor under this Part.
3. If a corporation commits an offence under this section, a director, officer, or employee of the corporation who authorized, permitted, or concurred in the commission of the offence is also guilty of the offence.
4. A person or entity convicted of an offence under this Part of the regulations is liable to a fine of not more than \$5,000.

CHILD/YOUTH RIGHTS BOOKLETS

A summary of these guidelines is outlined in Mnaasged's *Child/Youth Rights* Booklets.

POLICY REFERENCE

Department: Alternative Care	POLICY #: 0102
Section: Introduction	
Subject: Service Philosophy – Service and Operational Principles	
Date Approved:	Date Revised:
Board Resolution #:	
Source Reference:	

SERVICE PHILOSOPHY – SERVICE AND OPERATIONAL PRINCIPLES

COMMUNITY CARE

Care of community members by community members.

WHOLISTIC SERVICE

Services addressing the needs of the client as a family member, as well as a community member, and acknowledging the person’s physical, mental, emotional, and spiritual needs are, therefore, providing varied and integrated resources and healing plans. A wholistic Service Model ensures access to all supports and services that a Child may require to meet one’s full range of needs, including those services that are offered from an Indigenous perspective and those that are available to all Children.

SELF-DETERMINATION

Children/Youth and Parents are assisted to learn how to identify and resolve their difficulties in a time span and manner most reflective of their desires and capacities.

CONNECTEDNESS AND NETWORKING

It is important to establish a sense of community; the community is seen as an extended family helping to implement customary care options. We must reach out to members who have lost contact with the community and include them in the extended family.

CULTURAL BALANCE

Our services will promote the spiritual, physical, emotional, and cultural well-being of Children, families, and communities. This will require a good understanding of community Traditions and values as well as their role in contemporary society.

COMMUNITY-BASED

Programs of service will be community-based and, therefore, community-measured, and family-focused.

PARTNERSHIP

The needs and priorities of member communities will guide the development of all services, programs, and activities of Mnaasged. All initiatives will be developed in collaboration with the member communities. Services for families and Children who are not members of those communities will be delivered in a manner that is adapted to their needs and cultural realities.

POLICY REFERENCE

Department: Alternative Care	POLICY #: 0102B
Section: Introduction	
Subject: Philosophy – Mnaasged Code of Ethics	
Date Approved:	Date Revised:
Board Resolution #:	
Source Reference:	

PHILOSOPHY – MNAASGED CODE OF ETHICS

PROCEDURE

The Mnaasged Code of Ethics is based on Lunaapeew, Anishinabek, and Haudenosaunee teachings of wisdom, love, respect, bravery, honesty, humility, and truth (also known as the Seven Grandfather Teachings). Ethics in the workplace involve making decisions in the face of priorities, responsibilities, and restraints that, at times, may be clear but, at other times, ambiguous and conflicting. It is at these times that the decision-making process within Mnaasged Child and Family Services will consider the values of the Seven Grandfather Teachings.

Mnaasged recognizes that its Employees are in public positions and are seen to be in a special position of trust with high expectations in the proper use of resources, information, and power. As such, it imposes ethical obligations on Employees to act in the best interest of the organization. From the values come the standards of conduct expected of them. Employees are expected to strive to live up to these standards. The values of Mnaasged are a set of ideals to which Employees should aspire. The standards of conduct are intended to be more practicably enforced. The following statements are agreed to as a condition of employment.

1. **WISDOM** Employees and Alternative Care Parents of Mnaasged have a responsibility to the following:
 - Maintain an appropriate level of professional competence by ongoing development and application of their spiritual and academic knowledge and skills
 - Consult with elders, mentors, supervisors, or colleagues as necessary to develop a more informed understanding before making a decision
 - Reflect on and assess their well-being and its impact on their work performance on a regular basis
 - Have a willingness to learn from their mistakes

2. **LOVE** Employees and Alternative Care Parents of Mnaasged have a responsibility to the following:
 - Demonstrate compassion toward co-Helpers and other colleagues with which they interact
 - Be fair and consistent in their interactions with co-Helpers and other colleagues
 - Work to establish a positive relationship with co-Helpers and set aside differences for the benefit of the organization
 - Strive to consider the needs of others
3. **RESPECT** Employees and Alternative Care Parents of Mnaasged have a responsibility to the following:
 - Treat co-Helpers with respect and deem their right to success to be as important as their own
 - Respect the opinions, skills, and knowledge of their co-Helpers and other colleagues
 - Respect the privacy of and be courteous to co-Helpers and other colleagues
 - Refrain from engaging in or supporting any activity that would discredit Mnaasged
4. **BRAVERY** Employees and Alternative Care Parents of Mnaasged have a responsibility to the following:
 - Be prepared to defend their beliefs and convictions when requested
 - Take responsibility and be accountable for their actions always
 - View constructive criticism positively and move to improve themselves or the situation
 - Acknowledge and admit their mistakes and attempt to solve them in a positive manner
5. **HONESTY** Employees and Alternative Care Parents of Mnaasged have a responsibility to the following:
 - Refrain from providing false or misleading advice or documentation
 - Act and communicate honestly with no ulterior motive
 - Avoid actual or perceived conflicts of interest and advise their immediate supervisor of any potential conflict

- Perform their duties in accordance with relevant laws, regulations, and standards
6. **HUMILITY** Employees and Alternative Care Parents of Mnaasged have a responsibility to the following:
- Delegate their responsibilities and authority to others when required
 - Accept the directives of those in authority
 - Make a change to their actions or decisions when presented with a more constructive way of conducting business
 - Refrain from viewing themselves as superior to their colleagues and willingly help others when the need exists
7. **TRUTH** Employees and Alternative Care Parents of Mnaasged have a responsibility to the following:
- Know the Seven Grandfather Teachings and strive to live by them while performing the functions of their job

POLICY REFERENCE

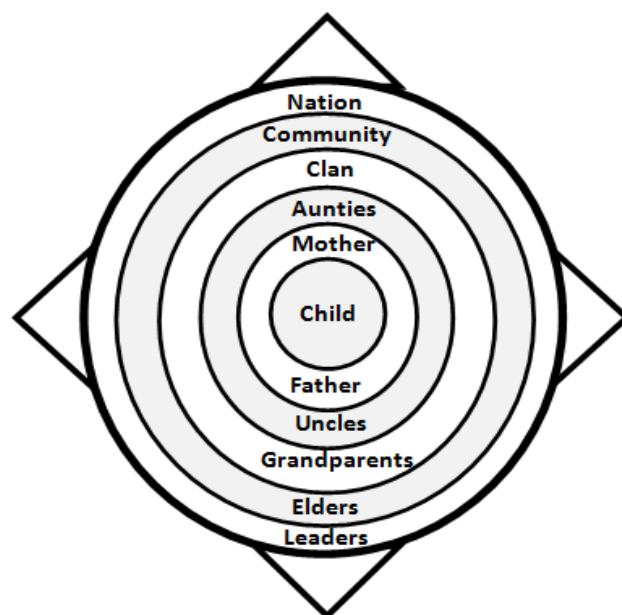
Department: Alternative Care	POLICY #: 0103
Section: Introduction	
Subject: Philosophy – The Original Circle of Care	
Date Approved:	Date Revised:
Board Resolution #:	
Source Reference:	

PHILOSOPHY – THE ORIGINAL CIRCLE OF CARE

All Mnaasged services are intended to support the Original Circle of Care, where all Children are protected within a network of family, extended family, Clan, community, and nation. These layers of care protect the Indigenous Identity of the Child, much as the growth rings in a tree provide countless layers of protection surrounding the heartwood. The protection of Children is of utmost concern within this Original Circle of Care.

The Original Teachings contain information about how families and communities are intended to relate to one another within their relationships, roles, and responsibilities. For Indigenous people, the health and survival of everyone is dependent upon how we relate to one another, to the Earth and to all our relations with whom we share life on the Earth. We exist in relationship with one another.

Children are sacred gifts from the Creator, given to the parents to protect, nurture, and love. The mother and father have unique roles and responsibilities in caring for the Child. Everyone in the community shares in the responsibilities for raising the Child in a good way. The community includes the extended family, the Aunties and Uncles, the Elders, and the community leaders. Within the Clan systems, people who are members of the same Clan have special responsibilities to provide support to the Child and the family as the Child grows



The Original Circle of Care

Department: Alternative Care	POLICY #: 0104
Section: Introduction	
Subject: Alternative Care Program Description	
Date Approved:	Date Revised:
Board Resolution #:	
Source Reference:	

ALTERNATIVE CARE PROGRAM DESCRIPTION

Mnaasged Child and Family Services has been licensed by the Ministry of Children, Community and Social Services as a foster care operator since **MCFS Date**.

Mnaasged's Alternative Care Program provides services that are rooted in our cultural values and beliefs. This ensures that both the Alternative Care Families and the Children in the home receive these culturally appropriate services to provide the Child with a sense of stability, continuity, socialization, and spirituality. These are all very important to the Child's mental, physical, emotional, and spiritual well-being.

The program provides family-based residential care for Children in need of protection and out-of-home placement inclusive of the following:

- a) Alternative Care
- b) Kin(ship) Care
- c) Customary Care

POLICY REFERENCE

Department: Alternative Care	POLICY #: 0105
Section: Introduction	
Subject: Definitions Related to Alternative Care	
Date Approved:	Date Revised:
Board Resolution #:	
Source Reference:	

DEFINITIONS RELATED TO ALTERNATIVE CARE

1. **Admission:** A stage in the care process when the decision is made to separate the Child from family or from the person having charge of the Child. The Child is brought into care.
2. **Agency Files:** All information under the control of Mnaasged Child and Family Services Authority is recorded in connection with the provision of service to and with the care parent or family member of either one.
3. **Alternative Care:** Refers to the care of a Child in need of protection and removed from the care of the Parent(s) or Guardian, voluntarily or involuntarily, and placed in the care of others through
 - a) Alternative Care
 - b) Customary Care
 - c) Kinship in Care
4. **Alternative Care Home:** A regular Alternative Care Home is an approved home in accordance with Ministry Standards. If an Alternative Care Home has an empty bed it may serve as a Relief Home.
5. **Alternative Care Operators:** Agencies, such as Mnaasged, which are licensed by the Ministry of Children, Community and Social Services to operate a residential care program for Children requiring out-of-home placements.
6. **Admit into Care:** Occurs when a Children’s Aid Society Child protection Helper believes that a Child needs protection and, therefore, removes the Child from parental care and takes the Child to a “place of safety.”
7. **Assessment:** Documentation of an Alternative Care Home to ensure the continued meeting of provincial standards.

8. **AWOL:** Absent without leave.
9. **Band Council Resolution (BCR) or “First Nations Council Resolution (FNCR)”:** Refers to a written Resolution of the Council adopted at a duly convened meeting of the Council.
10. **Band Representative:** Is a person who is designated and authorized through a Band Council Resolution to represent a First Nation under Part IV of the *Child, Youth and Family Services Act* and associated regulations. The Band Representative will represent the position of the Band as determined by Chief and Council to be in the best interest of the Child.
11. **Capacity of Alternative Care Home:** Refers to the maximum amount of care placements that Mnaasged believes that an Alternative Care Home can safely manage. The maximum number of Children placed in an Alternative Care Home can be no more than four (4) (or two (2) if younger than the age of two) unless all are of common parentage.
12. **Case Management:** The process by which the Alternative Care Helper ensures that all services provided for the Child being served are properly designed and coordinated. The Alternative Care Helper also ensures that there is an adequate transfer of information among all those providing services and support to the Child, the Child’s family, and the Alternative Care family.
13. **Case Record:** The written or digital information recorded to document the Investigation, Assessment, and all aspects of the delivery of services for a Child, a family, or an Alternative Care Parent. The requirements for case documentation are governed by Ministry recording standards for services. Mnaasged may require case records and documentation that are in addition to those required by Ministry Standards.
14. **Child in Care Helper:** The Employee of the Placing Agency (i.e., Children’s Aid Society) whose role is to ensure a Child in Care receives proper standards of care pursuant to the Ministry of Children, Community and Social Services norms.
15. **Complex Case:** The process by which family and Children require more services and intense monitoring of their files. These files may include litigation, ADR Process, or several services supporting the family at the same time.
16. **Crown Wardship (CW):** This is now referred to as “Extended Care” under the *Child, Youth and Family Services Act*. It is the status of a Child in Care where the Child becomes a permanent ward of the Crown. The Children’s Aid Society assumes all rights and responsibilities of a parent.
17. **Canadian Standards Association (CSA):** A standards organization that develops standards in 57 areas.
18. **Continued Care and Support for Youth (CCSY):** This program provides Youth who have left care with ongoing financial, emotional, and other supports until the age of 21.

19. **Custody Orders:** The court makes an order granting an individual full custody of a Child that may terminate the involvement of the Children's Aid Society. Full custody of a Child may be given to a parent, a member of the Child's extended family, and, in the case of First Nation Children, a member of the Child's band or Native community or any other person, including an Alternative Care Parent.
20. **Days in Care:** A measurement of the number of days each month that a Child in Care resides in an Alternative Care Home under a court order or a Temporary Care Agreement (TCA) under the review of the *Child, Youth and Family Services Act*.
21. **Enhanced Serious Occurrence:** Emergency services are used in response to a significant incident involving a Child in residential care and is likely to result in significant public or media attention. The Ministry of Children, Community and Social Services' early alert system is notified within one (1) hour of becoming aware of the incident. Normal Serious Occurrence procedures are applied.
22. **Emergency/After-Hours Alternative Care:** Emergency/After-Hours Alternative Care refers to those approved Alternative Care Homes who have agreed to accept emergency/after-hours placements of Children being admitted to Mnaasged's care.
23. **Formal Customary Care (Part V Article 80, *Child, Youth and Family Services Act*):** Formal Customary Care is recognized as a culturally appropriate placement option for Indigenous Children, but the Child's placement must be supervised by a Children's Aid Society pursuant to the Band declaration and the terms of a signed Customary Care Agreement. With Indigenous agencies, this is referred to as Formal Customary Care. Family or community members caring for Children other than their own without a court order or Band Council Resolution/First Nations Council Resolution is referred to as Informal Customary Care.
24. **Foster Care:** Means the provision of residential care to a Child by, and in the home of, a person who has been approved by a Children's Aid Society and receives compensation for the care of the Child. It is not the Child's parent or a person with whom the Child has been placed for adoption under Part VIII of the Act.
25. **Free Care:** Refers to those circumstances where no subsidy from the Placing Agency is paid; for example, when in the best interest of the Child to move from permanent placement to an approved kin/family for a short period of time, the kin/family may or may not receive payment and the Child is still considered in care.
26. **Kin-In-Care:** A Children's Aid Society has determined the Child needs protection and that Child has been admitted into care, either through a Temporary Care Agreement or a Court Order. The Child has been placed with the extended family or a community caregiver in accordance with the "Place of Safety" regulation. The home is subject to all licensing requirements.

27. **Kin-Out-of-Care (Kinship Service):** The Child will need protection if that Child remains with the parents or other caregiver, is in the care of extended family/community members and has not been admitted into the care of Mnaasged but is being served on a voluntary basis. The Child is not in care but may be subject to supervision of a Children's Aid Society on a voluntary or involuntary basis by a court order.
28. **On Hold:** An approved Alternative Care Home is not accepting placements but retains its approved status.
29. **Per Diem:** A set rate that has been identified by the Ministry. The Placing Agency provides the set rate to the resource agency (Mnaasged), and the resource agency provides a set amount to the foster parent where the Child is being placed.
30. **Place of Safety:** In accordance with the *Child, Youth and Family Services Act*, a "place of safety" means an Alternative Care Home, a hospital, and a place or one of a class of places designated as such by a director of the Children's Aid Society.
31. **Plan of Care:** Plans of Care will be developed with the Alternative Care Families, the Alternative Care Helpers, Band Representatives, and Children's Aid Society Helpers to describe the actions that will be taken to ensure that all efforts are made to meet the needs of the family and Child, using an approach that is culturally sensitive and understanding.
32. **Permanency Planning:** Permanency is an enduring family relationship that is safe and meant to last a lifetime, and this planning offers the legal rights and social status of full family membership. The Child/Youth is given a sense of belonging and affiliation to a family/extended family with significant community connections, which provides for physical, emotional, social, cognitive, and spiritual well-being.
33. **Placing Agency:** Normally, a Children's Aid Society has responsibility under the *Child, Youth and Family Services Act* for placing Children who require out-of-home care and further care.
34. **Police Criminal Record Check:** All employees, Alternative Care Parents, Staff, and Volunteers must complete a police criminal record check in the automated criminal records retrieval system monitored by the RCMP to find out if charges or conviction of any criminal offence or pardon for any sexual offences are listed in the *Criminal Records Act*.
35. **Regular Alternative Care:** Regular Alternative Care refers to the daily provision of all the essential elements of family life a Child may need. In a regular Alternative Care Home, the Child can readily be integrated into the Alternative Care Family with needs being met by following the family's normal daily routines.
36. **Reimbursable:** The Children's Aid Society has the responsibility for the care and maintenance of Children brought into care and placed with foster families. Funding is provided by the Children's Aid Society authority to cover the essentials of board and lodging

common to all Children and the reimbursement for those items or expenditures that may be unique to the Child because of circumstances.

37. **Relief Home:** Services provided by a foster home or person that temporarily frees the Alternative Care Parents from their duties to assist them to increase their ability to cope with the experience of fostering. Relief Services may include babysitting, day care, and weekend or holiday relief.
38. **Residential Placement Advisory Committee (RPAC):** A panel of individuals representing the Ministry of Children, Community and Social Services who reviews appeals and complaints regarding foster placements. This committee also automatically reviews placements of all Children placed in an institutional setting, which is defined as a placement with more than nine (9) beds.
39. **Serious Occurrences:** These include incidents of a Child participating in a service from an agency that have caused harm or there is a risk of causing harm to the Child in receipt of services from Mnaasged. Serious Occurrences that include death of a client, serious injury, alleged abuse, disaster on the premises, use of physical restraint, and any complaint about the operational, physical, or safety standards of the service are considered serious by the service provider. These definitions may be from time to time amended by or expanded at the direction of the Ministry of Children, Community and Social Services. Serious Occurrences are to be reported by the service provider to the Ministry in accordance with Ministry guidelines.
40. **Service Complaint:** Mnaasged will respond to any complaint brought by any person seeking or receiving services from Mnaasged.
41. **Society Wardship (Interim Society Care):** This occurs when the Children's Aid Society is given temporary care and custody of a Child and usually places the Child in a foster home, group home, or a treatment home.
42. **Special Needs:** Unique conditions, circumstances, or characteristics of a Child that are out of the ordinary and require a unique response or service that may or may not be supported with professional documentation from a Medical Practitioner, Psychologist, or Psychiatrist.
43. **Status Review:** When a Child is the subject of a court order, the Children's Aid Society or parent may apply to the court at any time for a review of the Child's legal status under the *Child, Youth and Family Services Act*. A status review must be brought to court before an order expires.
44. **Supplementary Rate:** A supplementary rate is an amount of money added to the basic per diem, which is paid to the Alternative Care Parents for a foster Child who has been identified by the Placing Agency Helper, Mnaasged Alternative Care Helper, and Foster Parents as having several above-normal care needs.

45. **Support Home:** Support homes provide relief for Alternative Care Parents. An individual or family has agreed to provide relief for a specific foster family. Such “support homes” are recruited by the Alternative Care Family and have a known relationship with them. These homes are NOT classified as Alternative Care Homes but must be approved by the Placing Agency and Mnaasged.
46. **Temporary Care Agreement (TCA):** An agreement made between the person having custody of the Child and Mnaasged when a person is temporarily unable to care adequately for the Child.
47. **Temporary Wardship:** When a hearing is adjourned, the court usually makes a temporary order for care and custody, providing that the Child remains in the care and custody of the Society until the next court hearing.
48. **Treatment Alternative Care Homes (known by Mnaasged as Intensive Care and Healing):** These are out-of-care home care by foster parents with specialized training to care for a wide variety of Children and Youth, usually those with significant emotional, behavioural, social, or medical needs.
49. **Vulnerable Service Sector:** Mnaasged works with vulnerable individuals; as such, it is a requirement for all Helpers, Alternative Care Parents, and Volunteers to have a police criminal record check that includes Vulnerable Sector Screening. It is based on name and date of birth to determine the possible existence of a sexual offence conviction for which the individual has received a pardon, pursuant to the *Criminal Records Act*.
50. **Volunteer Youth Service Agreement (VYSA):** Youth aged 16 or 17 may enter into an agreement with a Society for services and supports, including developing a plan and securing an appropriate living arrangement.

POLICY REFERENCE

Department: Alternative Care	POLICY #: 0105B
Section: Introduction	
Subject: Acronyms	
Date Approved:	Date Revised:
Board Resolution #:	
Source Reference:	

ACRONYMS

AC	Alternative Care
ACP	Alternative Care Parent
ACS	Alternative Care Supervisor
ACH	Alternative Care Helper
AWOL	Absent Without Leave
BCR	Band Council Resolution
CAS	Children’s Aid Society
CYFSA	Child, Youth and Family Services Act
CO	Custody Order
CPIC	Police Criminal Record Check
CSA	Canadian Standards Association
EC	Extended Care
DOS	Director of Services
FNMI	First Nation, Métis, and Inuit
MCYFS	Ministry of Children, Youth and Family Services (now part of Ministry of Children, Community and Social Services)
POC	Plan of Care

RIF	Residential Intake Form
SET	Skills, Education, and Training
SO	Supervision Order
SSA	Support Services Assistant
ISC	Interim Society Care
TC	Interim/Temporary Care of the Children’s Aid Society
TCA	Temporary Care Agreement
VSS	Police, Vulnerable Sector Screening
TCA	Temporary Care Agreement
RPAC	Residential Placement Advisory Committee
VYSA	Volunteer Youth Service Agreement
2SLGBTQQA	Two Spirited, Lesbian, Gay, Bisexual, Transgender, Queer, Questioning, Intersexual, Asexual

POLICY REFERENCE

Department: Alternative Care	POLICY #: 0107
Section: Introduction	
Subject: Roles and Responsibilities – Alternative Care Parents	
Date Approved:	Date Revised:
Board Resolution #:	
Source Reference:	

ROLES AND RESPONSIBILITIES – ALTERNATIVE CARE PARENTS

The primary goal of Alternative Care is family unification. When that is not possible, the goal is an alternate meaningful care arrangement.

The *Child, Youth and Family Services Act (CYFSA)* intends for Alternate Care Parents to have full status as partners in the care of a Child placed in their home.

This partnership requires that the Placing Agency and the resource agency share information with the care parents, as they do with colleagues, and consult with them when making any plans for the Child.

Conversely, the care parents must ensure that their Helper is fully and quickly informed of any substantial developments in the Child’s life and the life of the care parent’s family. The responsibilities of the care parents are as follows:

- a) Participate with the resource agency and the Placing Agency as a team member in providing service to Children in their home
- b) Provide food, shelter, and personal care
- c) Provide a safe and healthy environment for the Child
- d) Provide guidance and discipline in appropriate religious, cultural, and moral training
- e) Encourage the Child to participate in the community
- f) Assist the Child with the Child’s education by supporting school attendance and by encouraging the development of special talents
- g) Provide care, training, guidance, and support to the Child in their care
- h) Participate in the decision making and plans of care regarding the Child placed in their home

- i) Accompany the Child when there is a need for medical or dental services, visit the Child if hospitalized, and keep appropriate medical records concerning the Child
- j) Notify the Helper of any significant changes in the Child's situation or in the care parents' household, such as medical emergencies, planned trips, or other events as outlined by the Manual and by the Helper
- k) Advocate strongly for the needs and rights of Children in their care
- l) Develop a relationship that will give the Child the same kind of love, understanding, and support as given to one's own Children
- m) Assist rather than replace the Child's biological family whom the Child has contact with and may return to their care
- n) Adhere to the respective care service agreements, to the Oath of Confidentiality, and to Mnaasged's policies and procedures
- o) Participate in the evaluation of the placement and provide constructive feedback to Mnaasged

PLACING AGENCY

The Placing Agency is ordinarily a Children's Aid Society, which acts as legal Guardians for Children and Youth up to age 18 in their care under a *Child, Youth and Family Services Act* court order and places them in either an Alternative Care Home, Kin-In Care Home, or Formal Customary Care Home. Voluntary Youth Service Agreements (VYSA) will be used to place Youth aged 16 and 17.

With respect to Temporary Care Agreements (TCAs) and Customary Care Agreements, (CCAs) the Placing Agency acts as a conduit for the out-of-home placement with responsibilities of the parties defined in the respective signed agreements. Legal guardianship is not transferred to Mnaasged.

The Placing Agency is responsible for the assessment and decision making leading to out-of-home care for the Child. In most situations, the Placing Agency is a Children's Aid Society (CAS). The Placing Agency continues responsibility for the planning and course of service while the Child is in care. A summary of those service responsibilities to the Child include the following:

- a) Development of the Child's Plan of Care
- b) Placement for the Child that is appropriate to the Child's needs and meets all the requirements of the *Child, Youth and Family Services Act*

- c) Case management and coordination of all the services the Child is to receive, including approval of funds for special services or events
- d) Relevant information about the Child in Care is given to Mnaasged and others providing services
- e) Advice to the Child of the Child's rights in care and of the Placing Agency complaint procedures and reinforcing this information
- f) Visitation with the Child in care as required by the *Child, Youth and Family Services Act*
- g) Provision of counselling/treatment as established in the Plan of Care for the Child and family maintenance of case records

ALTERNATIVE CARE OPERATOR

The roles and responsibilities of the Placing Agency and operator (Mnaasged) in Alternative Care are separate but overlapping in their obligations to meet the needs of Children placed outside of their own home.

Mnaasged is licensed to provide Alternative Care and is responsible for the following:

- a) Provision of services as specified in the Child's Plan of Care
- b) Alternative Care Home assessment
- c) Alternative Care Home selection and evaluation
- d) Development, negotiation, and implementation of the service agreement
- e) Provision of the Placing Agency's information to the selected care parents
- f) Orientation and training
- g) Support, supervision, and relief of Alternative Care Parents and their families
- h) Development and implementation of the Child's Plan of Care
- i) Orientation of the Child
- j) Support and visits to the Child in the Alternative Care Home
- k) Advice to the Alternative Care Child of Mnaasged's complaint procedures

POLICY REFERENCE

Department: Alternative Care	POLICY #: 0108
Section: Introduction	
Subject: Rights of the Alternative Care Parents	
Date Approved:	Date Revised:
Board Resolution #:	
Source Reference:	

RIGHTS OF THE ALTERNATIVE CARE PARENTS

1. Alternative Care Parents as colleagues have the right to recognition and acceptance.
2. Alternative Care Parents have the right to a clearly defined working relationship with the residential resource agency.
3. Alternative Care Parents have the right to confidentiality of information.
4. Alternative Care Parents have the right to disclosure of all information relevant to the care of the Child in their home.
5. Alternative Care Parents have the right to participate in the Plan of Care for a Child placed in their home and to receive a copy of each plan.
6. Alternative Care Parents have the right to be involved in formal planning conferences regarding the Child placed in their home.
7. Alternative Care Parents have the right to supervision and support from the residential resource agency.
8. Alternative Care Parents have the right to a semi-annual review of the home, family, and circumstances.
9. Alternative Care Parents have the right to training and learning opportunities.
10. Alternative Care Parents have the right to planned paid relief and emergency relief.
11. Alternative Care Parents have the right to receive written confirmation upon closing of their home.
12. Alternative Care Parents have the right to be advised of liability coverage and the procedures required to access it.

13. Alternative Care Parents have the right to receive reimbursements at reasonable time periods.
14. Alternative Care Parents have the right to have a representative from their network or community in attendance to provide support with the involuntary closing of their home or with allegations of abuse against a member of their household.
15. Alternative Care Parents have the right to be compensated for travel above and beyond what could be expected for their own family.
16. Alternative Care Parents have the right to state complaints and grievances against Mnaasged practices and services affecting the Child in their care or the services they receive as care parents.
17. Alternative Care Parents who have cared for a Child who is subject to the court process to a wardship hearing have the right to the following:
 - a) Receive notice of the proceedings
 - b) Be present at the court hearing
 - c) Be represented by a solicitor
 - d) Make submissions to the Court
18. Alternative Care Parents have the right to review any decision of removal of a Child in their care without first being given 10 days' notice if the Child is on Extended Care and has lived with them continuously for two (2) years or more. No removal will take place during the review or any subsequent review unless there is substantial risk to the Child's health and safety.
19. Alternative Care Parents have the right to refuse a placement.
20. Alternative Care Parents have the right to review their file but not their references.
21. Alternative Care Parents have the right to receive an Alternative Care Manual.

POLICY REFERENCE

Department: Alternative Care	POLICY #: 0109
Section: Introduction	
Subject: Orientation and Ongoing Review of Policies	
Date Approved:	Date Revised:
Board Resolution #:	
Source Reference:	

ORIENTATION AND ONGOING REVIEW OF POLICIES

POLICY

Mnaasged Child and Family Services will ensure that all Staff, including Alternative Care Parents, receive an orientation in the Policies and Procedures that apply to their work and that they continue to review and refresh their knowledge of Policies and Procedures on an ongoing basis.

PROCEDURE

EMPLOYEES

1. All new employees of Mnaasged will receive orientation and access to a complete set of Mnaasged Policies and Procedures on the Mnaasged internal web server prior to supervising or supporting Alternative Care Parents.
2. Within two weeks of beginning their employment, all new Mnaasged Employees will sign an acknowledgement of having reviewed all policies relevant to their position and acknowledge their responsibility to follow policies as a condition of employment.
3. When an Employee at Mnaasged receives a promotion or transfer to a different position, the Employee is responsible to review the Policies and Procedures that apply to that position and any position they may supervise. Within two (2) weeks of being in the new position, the Employee will sign the same acknowledgement outlined in clause 2 above.
4. When a new Policy or Procedure is developed, or an existing one is revised, the Executive Director will ensure that the Management team disseminates the policy to all Staff and that the new or revised Policy is placed electronically in the appropriate spot on the Mnaasged internal web server.

5. As part of the Employee's Annual Performance Review, any concerns about policy adherence will be included in the Performance Appraisal; the Employee will also be afforded the opportunity to comment on the relevance, completeness, and any gaps in policy they have noted or experienced.

ALTERNATIVE CARE PARENTS AND VOLUNTEERS

1. Upon approval as an Alternative Care Parent, or as a Volunteer, Mnaasged will provide the person with a paper set of Policies and Procedures that are provided to Resource Helpers and are applicable to the department and role in which they are engaged. These documents are to be kept in the home of the Alternative Care Parent in a place that is accessible to them and to persons assigned by Mnaasged to supervise and support the Alternative Care Parents.
2. Prior to a Child being placed in an Alternative Care Home, or in a volunteer assignment, an acknowledgement of having received orientation and having reviewed the Policies and Procedures will be signed by the individual and returned to the Alternative Care Helper or Volunteer Coordinator with whom they are working. Files are to be locked and inaccessible to Children.
3. All new policies, including any revisions, will be provided at the earliest opportunity to all Alternative Care Parents and Volunteers.

POLICY REFERENCE

SECTION 2: ALTERNATIVE CARE HOME ASSESSMENT

Department: Alternative Care	POLICY #: 0110
Section: Alternative Care Home Assessment	
Subject: Vulnerable Sector Screening (VSS)	
Date Approved:	Date Revised:
Board Resolution #:	
Source Reference:	

VULNERABLE SECTOR SCREENING (VSS)

POLICY

All new Employees, Board members, students, and Volunteers who commence employment or a placement (probationary or otherwise) and who work directly with Children in a residential setting, the Police Criminal Record Check must be declared suitable for Vulnerable Sector employment and completed as soon as possible and no more than 30 days after the commencement of employment or placement.

PROCEDURE

1. If an employee, board member, student, alternative care parent, or volunteer has a criminal conviction of murder, sexual assault, or offences against a Child the individual will not be approved as an employee, director, volunteer, or other of Mnaasged. The Human Resources Manager will immediately advise the Executive Director of the decision within five (5) days by a formal letter.
2. If an employee, board member, student, Alternative Care parent, or volunteer has started employment with Mnaasged before their Vulnerable Sector Screening has been submitted, particularly with respect to conditional offers and probationary periods, as a precautionary measure, the said applicant will not be allowed to be alone with an Alternative Care Child in the care of Mnaasged.
3. When a Vulnerable Sector Screening report is received and shows “minor” charges and convictions, the decision to preclude employment or participation in Mnaasged’s activities will be considered. Criteria that will be considered include the nature of and circumstances surrounding the charges and convictions, references obtained from past employers, or

rehabilitative and other efforts subsequently made by the candidate. A formal meeting will be made with the applicant to provide details and references of the criteria needed. The Human Resources Manager will check the references and report back to the Executive Director and the Director of Services with the results. The Human Resources Manager, the Executive Director, and the Director of Services will meet and decide whether to terminate the applicant. A formal letter will be sent to the applicant within five (5) days of the decision.

4. The Human Resources Manager, the Executive Director, and the Director of Services will decide what measures need to be taken to terminate the relationship between the applicant and Mnaasged once they receive the Vulnerable Sector Screening results. The Human Resources Manager will notify the applicant by a formal letter within five (5) days, which will be sent with the decision.
5. All Police Criminal Record Checks are filed in a secured location at the Mnaasged office site and maintained in a sealed envelope to ensure confidentiality and protection of all individuals involved as per policy. The Clerk responsible for maintaining the records will initial and date when the envelope was sealed before it is filed. Access to the record will be documented and supervised by the Human Resources Manager.

POLICY REFERENCE

Department: Alternative Care	POLICY #: 0201
Section: Alternative Care Home Assessment	
Subject: Receiving an Alternative Care Home Request	
Date Approved:	Date Revised:
Board Resolution #:	
Source Reference:	

RECEIVING AN ALTERNATIVE CARE HOME REQUEST

POLICY

Mnaasged Child and Family Services will record any request to become an Alternative Care parent within 24 hours of receipt of the request.

PROCEDURE

1. The Alternative Care Helper or Intake Helper will be responsible for receiving all requests for Alternative Care parents.
2. Upon receipt of an Alternative Care parenting request, the Alternative Care Helper or Intake Helper will complete a Residential Intake Form within 24 hours of receipt of the request. The Residential Intake Form will be completed in its entirety.
3. The Alternative Care Helper or the Intake Helper will forward the Residential Intake Form to the Alternative Care Supervisor.
4. The Alternative Care Supervisor will forward the request for an Alternative Care parent to the Alternative Care Clerk.
5. The Alternative Care Clerk will process the Residential Intake Form as follows:
 - a) Cross reference all names on the client data base
 - b) Forward to supervisor for approval
 - c) Open an Alternative Care Provider File
6. The Alternative Care Supervisor will perform the following:
 - d) Review the Residential Intake Form and data base

- e) Assign an Alternative Care helper if approved
 - f) Forward a letter to the applicant within five (5) business days stating reason and rationale for not proceeding, if *not approved*, and place on *file*
7. The assigned Helper will contact the family to arrange a meeting within three (3) business days.

POLICY REFERENCE

Department: Alternative Care	POLICY #: 0202
Section: Alternative Care Home Assessment	
Subject: Criteria for Eligibility	
Date Approved:	Date Revised:
Board Resolution #:	
Source Reference:	

CRITERIA FOR ELIGIBILITY

POLICY

Mnaasged Child and Family Services will adhere to the following criteria when recruiting and selecting Alternative Care parent applicants.

PROCEDURE

Criteria will be assessed according to Policy 0203 Home Assessment Process.

1 DISTRICT

1. All applicants who wish to become an Alternative Care parent must reside within Mnaasged’s geographical catchment area, which includes the following:
 - a) City of Windsor and County of Essex
 - b) Regional Municipality of Chatham-Kent
 - c) City of Sarnia and County of Lambton
 - d) City of London and County of Middlesex
 - e) City of St. Thomas and County of Elgin

2 MARITAL STATUS

1. Applicants who are married couples, couples living in a conjugal relationship outside of marriage for at least one (1) year, widows, widowers, or single will be considered.

All applicants must be 21 years of age or older. Such factors as maturity, life experiences, physical and emotional health, flexibility, and involvement with Children will be considered.

3 FIRST NATION, MÉTIS, AND INUIT

1. Preference will be given to applicants of First Nations, Inuit, or Métis descent, within the meaning of the *Constitution Act, 1982*. Pursuant to the Act, “‘aboriginal peoples of Canada’ include the Indian, Inuit and Métis peoples of Canada.”

4 RELIGION

1. An applicant will not be considered ineligible for consideration as an Alternative Care parent because of a specified religious affiliation or lack of religious affiliation.

5 DISABILITIES

1. An applicant will not be considered ineligible simply due to a mental or physical disability. The *Ontario Human Rights Code* defines disabilities as the following (direct quote):
 - a) “any degree of physical disability”,
 - b) “any condition of mental retardation or impairment”
 - c) “a learning disability”
 - d) “a mental disorder”
 - e) a person with a physical or mental disability must be able to demonstrate his/her ability to perform the “essential duties” required when fostering a Child.
 - f) The “essential duties” include:
 - a) “demonstrated ability to meet the basic physical care needs of the child”;
 - b) “ability to assure the child an appropriate development environment”;
 - c) “ability to cope with the emotional and physical pressures generated by demands associated with rearing a particular child”; and

- j) “ability to cope with and plan for unique problems that a disability may present, and to anticipate and plan resourcefully for contingencies that may arise”.

6 FINANCIAL STATUS

1. If the applicant’s income is less than sufficient to maintain their own family unit, as determined through the home assessment and through mutual discussion, they will not be considered suitable for foster care. All exceptions and requests will be reviewed on an individual basis.

7 HOUSING REQUIREMENTS

1. Applicants will adhere to the following criteria regarding living and sleeping arrangements for Children:
 - a) Home has designated spaces for informal living, dining, food preparation and storage, and separate rooms for sleeping and bathing
 - b) Home is equipped with the means of maintaining a supply of heat to habitable rooms
 - c) Access to a telephone
 - d) Running water
 - e) Bedroom will have at least one window
 - f) Building(s) detached from the Alternative Care Home and an unfinished attic, an unfinished basement, a stairway, or a hall will not be used as sleeping quarters for a Child in Alternative Care
 - g) Clean bed (age appropriate) and clean bedding appropriate for the weather will be provided to a Child
 - h) Every Child in Alternative Care will have their own bed, and the bedroom will be detached from that of any other adult couple or adult of the opposite sex, unless the needs of the Child require otherwise
 - i) Every Child in Alternative Care who is aged seven (7) years or older will not share a bedroom with another Child of the opposite sex. An exception would be approved by the Ministry if
 - i. the sleeping accommodations do not meet the
 - ii. requirements but approval is given in writing by the Executive Director
 - iii. the Child in Alternative Care is comfortable with the arrangement

- iv. there is no known sexual acting out by any of the Children sharing the room
- v. the Alternative Care Parents are vigilant, trained to look for signs of abuse, open to discussing the subject with a Children's Aid Society and the Alternative Care Helper
- j) The Alternative Care Parent(s) has been made aware of the following possibilities:
 - i. Sexual abuse and malicious allegations
 - ii. Nature of sexual abuse among Children
 - iii. Risk of abuse to their own Children by the placed Children
 - iv. Risk to themselves and their Children for liability related to an allegation of sexual abuse
- k) Supervision by the Alternative Care Parent(s) is readily available and preferably within hearing range of the Child

8 SAFETY REQUIREMENTS

1. The home is maintained in a manner that supports the safety and well-being of Children, including the grounds surrounding the home are safe and clean and any materials, equipment, or furnishings located on the premises are clean and in good working order.
2. Garbage, refuse, and other wastes are disposed of in such a way as not to constitute a health hazard.
3. All weapons—including firearms, ammunitions, air rifles, bows, and hunting slingshots—will be stored unloaded with the trigger lock engaged. These should *always* be inaccessible to Children. Firearms and ammunition will be stored separately and in locked containers. Any firearm must be registered, as required by federal legislation.
4. An evacuation plan will be developed and posted by the applicants near each exit.
5. A fire extinguisher must be accessible on each level of the home and must be inspected yearly.
6. A carbon monoxide detector must be on each level of the home.
7. Medications and other hazardous substances must be kept in locked containers, of which only persons authorized by Mnaasged have access.
8. Children and infants must be in Child restraints in motor vehicles.

9. If there is a swimming pool on the grounds of the applicant's home, it must comply with the local bylaws and public health requirements (see clause 11 below).

9 FIRE AND EMERGENCY EVACUATION PLAN

1. The Alternative Care Helper will develop with the Alternative Care Parent(s) a written fire and emergency plan for the Alternative Care Home. The plan will include the following:
 - a) Set out the roles and responsibilities of the Alternative Care Parent(s) in the event of a fire or other emergency
 - b) Designate a place of short-term shelter for situations in which the Alternative Care Home needs to be evacuated
 - c) Establish a procedure for situations in which the Alternative Care Home needs to be evacuated because of fire or another emergency
 - d) Be practiced at least once every six (6) months in the Alternative Care Home, and a record is kept of each practice
 - e) Be kept in conspicuous places in the Alternative Care Home as well as in the Alternative Care Parent(s) File
 - f) Be reviewed during the annual review, which will consider any change to the residential setting or the Children to whom Alternative Care is provided

10 SMOKE ALARM SAFETY REQUIREMENTS

1. Every Alternative Care Home will have smoke alarms that meet the requirements of the fire code, including standards for smoke alarms.
2. A smoke alarm will be located on each story of the Alternative Care Home.
3. Additional smoke alarms that meet those requirements must be placed in each bedroom and sleeping area of the home.
4. The Alternative Care Parent(s) is instructed on the procedures to be followed when a fire alarm is activated or when a fire is discovered. This will also include their roles and responsibilities.
5. All Children placed in the Alternative Care Home are instructed on procedures to be followed when a fire alarm is activated, or when a fire is discovered, upon their placement, in a manner suitable to their age and maturity. This includes their roles and responsibilities.

6. The procedures for when a fire alarm is activated or when a fire is discovered will be practiced by the Alternative Care Parent(s) and the Alternative Care Children every six (6) months in the Alternative Care Home. A record of each practice will be kept.
7. The procedures will be posted in a conspicuous place within the Alternative Care Home.
8. The fire alarm is used to initiate fire drills.
9. Any flammable liquids, including paint supplies, kept in the Alternative Care Home must be stored in locked containers and not near any appliances.

11 SWIMMING POOL

1. Every owner of a pool will ensure that the pool is enclosed by an enclosure that satisfies the following standards:
 - a) The pool enclosure will extend from the ground to the height of not less than 120 centimeters and will fulfill the intent of prohibiting unauthorized trespass to the pool
 - b) Constructed of vertically boarded wood construction, solid wood, masonry, plastic, or metal
 - c) Have no rails or other horizontal or diagonal bracing or attachments on the outside face that may facilitate climbing
 - d) Have no opening with a horizontal dimension greater than five (5) centimetres and not more than 10 centimetres apart where rails or horizontal supports are spaced one-and-one half (1.5) meters apart
 - e) Have a ground clearance space no greater than 10 centimetres at any point under the enclosure

12 STANDARDS FOR GATES AND DOORS

1. Every owner of a pool will ensure that all gates, doors, and other access points into the pool enclosure, as described above, satisfies the following standards:
 - a) Gates, doors, and other access points will be of the same construction and height to which is required for the enclosure
 - b) Gates, doors, and other access points will be equipped with self-closing or self-latching devices placed at the top of the gate on the pool side or equipped with a lock

2. When walls of a building form part of an enclosure, all doors affording access from a building directly to a pool, other than doors located in a dwelling, will be equipped with a self-closing device located not less than 120 centimetres above the bottom of the door.

13 MENAASGED CHILD AND FAMILY SERVICES/POLICE/CHILDREN'S AID SOCIETY RECORDS

1. *All applicants* will be subject to internal checks (Mnaasged) and to external record checks (Children's Aid Society Fast Track and Police, including the Vulnerable Sector Screening). If the applicant(s) does in fact have a criminal record or a history of involvement with the Children's Aid Society, eligibility for Alternative Care will depend upon the following factors:
 - a) Nature of the criminal/past involvement with the Children's Aid Society
 - b) Disposition of the criminal/Children's Aid Society record
 - c) Length of time between the incident(s) and the Alternative Care application
 - d) Nature of life healing/life change of the applicant(s) will be considered

14 MANDATORY PRE-SERVICE TRAINING

1. Alternative Care applicants must attend and participate in the Mandatory Pre-Service Training, as offered by Mnaasged, called "Parent Resource for Information Development and Education" (PRIDE).

15 HOME ASSESSMENT PROCESS

1. A review of the applicant's home will be completed prior to approval to determine suitability for placement of a foster Child. The applicants must agree to participate in the home assessment process. The home assessment process will also ensure that all family members are equally motivated to foster.

POLICY REFERENCE

Department: Alternative Care	POLICY #: 0202B
Section: Alternative Care Home Assessment	
Subject: Recruitment of Alternative Care Homes	
Date Approved:	Date Revised:
Board Resolution #:	
Source Reference:	

RECRUITMENT OF ALTERNATIVE CARE HOMES

POLICY

Mnaasged Child and Family Services' Alternative Care Recruiter (ACR) will be responsible to develop and maintain a recruitment plan for the purpose of recruiting homes within Mnaasged's jurisdiction.

PROCEDURE

1. The recruitment plan must be revised annually and approved by the Children's Circle of Care Manager.
2. The recruitment plan must outline specific strategies for recruitment within each of Mnaasged's individual member Nations.
3. The Alternative Care Recruiter will ensure that the plan covers a variety of mediums to reach the most community members, including signage, radio stations, community newsletters, social media, and information booths at community events.
4. The methods of recruitment by the Alternative Care Recruiter to Mnaasged's member Nations will include the following:
 - a) Setting up Alternative Care information booths at community events
 - b) Mailing advertisements to residences and affiliated Indigenous organizations
 - c) Sending invitation ads to local radio stations
 - d) Advertising in local newsletters on a regular basis
 - e) Giving special presentations in each member Nation on a biannual basis

- f) Uploading advertisements on the Mnaasged website
 - g) Providing Alternative Care presentations as requested by member Nations and agencies
 - h) Ensuring Alternative Care brochures will be available at the Mnaasged head office and at all member Nation satellite offices
 - i) Offering Alternative Care parent training to be facilitated by Mnaasged on a quarterly basis
5. For recruitment, screening, and selection procedures of Alternative Care parents, please see Policy 0203.

POLICY REFERENCE

Department: Alternative Care	POLICY #: 0203
Section: Alternative Care Home Assessment	
Subject: Home Assessment Process	
Date Approved:	Date Revised:
Board Resolution #:	
Source Reference:	

HOME ASSESSMENT PROCESS

POLICY

Mnaasged Child and Family Services will ensure an annual plan for the recruitment, selection, and approval of Alternative Care Homes. All persons requesting to provide Alternative Care and individuals 18 years of age and older residing in the home must participate in the Structured Analysis Family Evaluation (SAFE) home assessment and screening process, including participation in a face-to-face and separate interview with the Alternative Care Helper.

PROCEDURE

1. The Alternative Care Helper will initiate the home assessment process within two (2) business days of receipt of the Alternative Home Recruitment Information Form to complete the following:
 - a) Ensure applicants complete their application to become an Alternative Care parent
 - b) Obtain consent for a Children’s Aid Society record check
 - c) Inform applicants and all residents of the proposed Alternative Care Home 18 years of age and older of their requirement for a Police Criminal Record Check and a Vulnerable Sector Screening
 - d) The applicant must obtain a written statement from a physician, an individual approved by the local medical officer of health, or a registered nurse in the extended class regarding the general health and specific illnesses or disabilities of the proposed Alternative Care Parent(s) and any other individual who lives in the proposed Alternative Care Home and whether these might interfere with the provision of Alternative Care

- e) Inform the applicant to provide three (3) references in the case of a single proposed Alternative Care parent or five (5) references in the case of two (2) proposed Alternative Care parents once suitability of the proposed Alternative Care parent or parents to provide Alternative Care is established. A proposed Alternative Care parent cannot be their own reference and, in the case of two proposed Alternative Care parents, neither of the proposed parents can be a reference for the other
2. The Alternative Care Helper will visit the home of the proposed Alternative Care Parent(s) to determine whether it is suitable for placement of an Alternative Care Child. The licensee (Mnaasged) or person designated by the licensee will, during a home visit, complete an assessment of the following:
 - a) Conduct an assessment of the following:
 - i. The common living areas of the home
 - ii. The proposed sleeping area for an Alternative Care Child
 - iii. The grounds surrounding the home
 - iv. The play space used by the Children in the proposed Alternative Care Home
 - b) Take note of the recreational area within walking distance of the Alternative Care Home
 - c) The licensee or person designated by the licensee will record the details of the home visit, the location of the home, and the date and time of the visit
 3. The Home Safety Assessment will be completed, taking into consideration the Alternative Care Helper's judgments and recommendations. If a home study is not completed within 60 days, a detailed explanation will be provided in writing by the Alternative Care Helper to the Alternative Care Supervisor for review and approval and kept in the applicant's file in the Information System.
 4. The Alternative Care Helper will utilize the Structured Analysis Family Evaluation (SAFE) Home Study Checklist to ensure that all areas are covered and completed within a minimum of five (5) home visits and completed within 60 days. An additional 30 days will be allotted to complete the written Home Study Report (90 days maximum).
 5. The following Structured Analysis Family Evaluation Forms located in the Information System will be completed with the prospective Alternative Care Parent:
 - a) SAFE Foster Care Home Study Report
 - b) SAFE Psychosocial Inventory Form
 - c) SAFE Kinship in Care Home Study Report

- d) SAFE Reference Form
 - e) Ministry of Children, Community and Social Services Serious Occurrence Form
 - f) SAFE Questionnaire I and II
6. During the home assessment process, the Alternative Care Helper will discuss and document the following:
- a) Date of application
 - b) Date of approval
 - c) Identifying information, including spirit names and clans
 - d) Personal profile of applicant
 - e) Physical description
 - f) Personality traits
 - g) Family history
 - h) Cultural understanding; Spiritual beliefs and practices
 - i) Employment and education
 - j) Community involvement
 - k) Communications patterns
 - l) Role behaviour
 - m) Children in the family
 - n) Parenting/Discipline
 - o) Social support network
 - p) Socio-economic environment
 - q) Motivation to foster
 - r) Understanding of fostering
 - s) Children desired
 - t) Accommodation and neighborhood

- u) Summary of supporting documentation
 - v) Summary and recommendations
 - w) Use of tobacco, alcohol, and drugs
 - x) Stress management
 - y) Rules in family about privacy/modesty
 - z) Comfort level in dealing with sexuality and sexually abused Children
 - aa) Family's financial situation
 - bb) Family's ability to provide emotional support and a caring environment
 - cc) Ability to work with the Parent or Guardian
 - dd) Ability to function as members of a larger disciplinary team
 - ee) Service complaint procedure
7. The Alternative Care Helper will complete separate and joint interviews with the applicants, their family, and any other persons living in the home. All dates, contacts, visits, and findings will be recorded in case management notes. A minimum of one planned interview with both applicants will take place in their home.
8. The Alternative Care Helper will contact all personal references by telephone or face-to-face contact. The Alternative Care Helper will case note all comments from the personal references in the Alternative Care applicant file in the Information System with written letters of reference. The Alternative Care Helper will ask questions related to the applicant's personal history, how they know the applicant, parenting styles, relationships, and lifestyle. The Alternative Care Helper will make a record of their comments regarding the suitability of the proposed Alternative Care Parents to provide alternative care. Questions may include the following:
- a) How long have you known the applicant and in what capacity?
 - b) Would you leave your Children in the care of the applicant? Please explain
 - c) How does the applicant interact with Children?
 - d) What positive characteristics have you seen that would tell you the applicant would make a good Alternative Care parent?

- e) To your knowledge, does the applicant have any personal problems, such as financial, marital, alcohol/drug abuse, violence, emotional or mental health issues? If yes, please explain.
- f) What supports do you feel the applicant has to assist them in their role as an Alternative Care parent?
- g) Are there other additional comments that you feel may be relevant?

The Alternative Care Helper will include points of interest or concerns from the reference in the final Home Study Report.

- 9. The Alternative Care applicant must complete PRIDE (Parent Resources for Information Development and Education) training. The Alternative Care Helper will register the applicants prior to the completion of the Home Study Report.
- 10. Upon completion of all required documentation within the Home Study, the Alternative Care Helper will complete the Structured Analysis Family Evaluation (SAFE) Alternative Care Home Study Report located in the Information System and then forward the document to the Alternative Care Supervisor for review and approval.
- 11. Upon approval of the Final Report, the Alternative Care Supervisor will notify the Director of Services to present the Final Report for approval or rejection.

POLICY REFERENCE

Department: Alternative Care	POLICY #: 0203A
Section: Alternative Care Home Assessment	
Subject: Interviews with Applicants and their Children	
Date Approved:	Date Revised:
Board Resolution #:	
Source Reference:	

INTERVIEWS WITH APPLICANTS AND THEIR CHILDREN

POLICY

Mnaasged Child and Family Services will ensure that no Alternative Care application will be approved unless the Alternative Care Helper conducts at least one interview with each proposed Alternative Care Parent in the proposed Alternative Care Home. In the case of two proposed Alternative Care parents, the Alternative Care Helper will conduct an interview with both applicants in the proposed Alternative Care Home. The Alternative Care Helper will also conduct separate interviews with all persons residing in the home older than 18 years who are requesting to provide care, including other Children.

PROCEDURE

1. The Alternative Care Helper will meet and conduct separate interviews with all family members and others living in the home of the applicant(s), including other persons considered as frequent visitors. The forms are located in the Information System, Structured Analysis Family Evaluation Questionnaire I and II.
2. The Alternative Care Helper will also complete an interview with adult partners, together as a couple, and at least one family/group interview.
3. The Alternative Care Helper will interview all family members residing in the home regarding their willingness to become an Alternative Care home. All family members must agree to be part of the Alternative Care before the process can continue.
4. The Alternative Care Helper will have an age-appropriate discussion with the Children of the potential Alternative Care Family regarding the following home assessment process:
 - a) Child's understanding of Alternative Care

- b) Characteristics of Children placed in Alternative Care
- c) Length of stay in Alternative Care
- d) Reason for admission into Alternative Care
- e) Access between Children in Alternative Care and their family members
- f) Child understands the impact of providing Alternative Care for themselves and their family
- g) Support services available for the biological Child of Alternative Care Parent(s)
- h) Issues of confidentiality as they relate to the Child in Alternative Care
- i) Issues from peers, teasing, and so on affecting either the Child in Alternative Care or the biological Children of the Alternative Care Family
- j) Management of situations when a Child in Alternative Care tells a Child of the Alternative Care Family information that makes them feel uncomfortable
- k) Acceptance of their parents spending time with the Child in Alternative Care and how the Child can communicate the need for time with the biological Parent or Guardian
- l) Good understanding of grief and letting go
- m) Awareness that these Children may be placed with them for a short time and that the intention is to reunite the Child with their own Parent or Guardian

POLICY REFERENCE

Department: Alternative Care	POLICY #: 0204
Section: Alternative Care Home Assessment	
Subject: Place of Safety Assessment	
Date Approved:	Date Revised:
Board Resolution #:	
Source Reference:	

PLACE OF SAFETY ASSESSMENT

POLICY

Where a Children’s Aid Society may be considering the placement of a Child(ren) with person(s) not approved as Alternative Care parent(s) in the Society’s jurisdiction, Mnaasged Child and Family Services will conduct a place of safety assessment for the Society.

PROCEDURE

1. The Alternative Care Helper will determine the identity of every person 18 years of age or older residing in the proposed home, including the nature of their relationship with the Child(ren), and will provide those names to the Children’s Aid Society.
2. The Alternative Care Helper will meet with the proposed primary caregiver and conduct an interview to assess the caregiver’s suitability.
3. The Alternative Care Helper will meet in private with the Child(ren) who are to be placed and conduct an interview appropriate to the Child’s age and developmental capacity, for the purpose of assessing the Child(ren)’s needs pursuant to the capacity of the proposed placement.
4. The Alternative Care Helper will conduct an assessment of the home environment, including an assessment of the physical safety of the dwelling (using Mnaasged Home Safety Checklist).
5. The Alternative Care Helper will obtain the consent of the proposed primary caregiver for the following:
 - a) Police Criminal Record Check, including the Vulnerable Service Screen

- b) Disclosure of information related to them by any Society or Child protection authority in and outside of Ontario
- 6. The Alternative Care Helper will secure the consent of any person age 18 or older residing in the home to the disclosure of information in the Children's Aid Society's files or records.
- 7. The Alternative Care Helper will provide the Alternative Care Supervisor with the findings of the place of safety assessment.
- 8. The Alternative Care Helper will convey the findings of the place of safety assessment to the Children's Aid Society.
- 9. The Alternative Care Helper will complete the Place of Safety Assessment Form.

POLICY REFERENCE

Department: Alternative Care	POLICY #: 0205
Section: Alternative Care Home Assessment	
Subject: Police Criminal Record Check for Alternative Care Parent	
Date Approved:	Date Revised:
Board Resolution #:	
Source Reference:	

POLICE CRIMINAL RECORD CHECK FOR ALTERNATIVE CARE PARENT

POLICY

Persons applying to provide Alternative Care and other residents in their home age 18 years of age and older will provide, as part of the home assessment process, a current Police Criminal Record Check and a Vulnerable Service Screen to Mnaasged Child and Family Services prior to the approval of their home for placement. This requirement may also include frequent visitors and overnight guests to the Alternative Care Home.

The records will be kept confidential with access to the information limited to Mnaasged Child and Family Services Personnel who require the information to conduct Mnaasged Child and Family Services business.

PROCEDURE

1. The Alternative Care Helper will inform all applicants of Mnaasged’s obligation to request Police Criminal Record Checks and Vulnerable Service Screens from all persons residing in or visiting the applicant’s home on a frequent basis and that they must provide a consent to release this information to Mnaasged.
2. It is the Alternative Care Applicant’s responsibility to attend, apply, and make payment for the Police Criminal Record Check and Vulnerable Service Screen reports for all individuals that reside at the home of the applicants who are 18 years of age or older. Reimbursement may be provided by Mnaasged upon receipt of the Vulnerable Service Screens from the applicant. No Alternative Care home will be approved without this documentation on file. The Police Criminal Record Check will be updated every two (2) years during the annual assessment.
3. Should the applicants or any other person residing in the home refuse to provide a Police Criminal Record Check, the home study will be terminated by the Alternative Care Helper.

The Alternative Care Helper will make a notation of the refusal in the Alternative Care Applicant File and forward to the Alternative Care Supervisor for review and approval.

4. If the Alternative Care Family has contact with the police or the criminal justice system over the period of being an approved Alternative Care Home, this information will be shared with the Alternative Care Helper and documented in the Alternative Care File by the Alternative Care Helper.
5. If an applicant has a criminal conviction of murder, sexual assault, or offence against a Child, the applicant will not be approved as an Alternative Care provider. If an applicant has been registered with the Child Abuse Registry (CAR), approval as an Alternative Care provider will not be granted. The Alternative Care Helper will immediately inform the Alternative Care Supervisor of the decision.
6. Other offences will be considered on a case-by-case basis, depending on the type of offence, the circumstances surrounding the charges and convictions, time since conviction, steps taken to prevent reoccurrence of the offence, references from past employers, and rehabilitation and any other type of efforts subsequently made by the Applicant. The decision to accept or reject an applicant will be made through consultation among the Alternative Care Helper, the Alternative Care Supervisor, or the Director of Services.
7. Information gathered by a Police Criminal Record Check is confidential. It will not be released for any reason.
8. Upon review of the Police Criminal Record Check, the Alternative Care Helper will document the information by completing the Police Reference Check Form.
9. All Police Criminal Record Checks are maintained in a confidential manner to ensure confidentiality and protection of privacy. All Police Checks will be maintained in a sealed envelope and will be filed in a secured location at the Head Office. The Alternative Care Clerk will initial and date when the envelope was sealed before filing. Access to the record will be documented and supervised by the Alternative Care Supervisor or the Director of Services.

POLICY REFERENCE

Department: Alternative Care	POLICY #: 0206
Section: Alternative Care Home Assessment	
Subject: Children’s Aid Society Record Check	
Date Approved:	Date Revised:
Board Resolution #:	
Source Reference:	

CHILDREN’S AID SOCIETY RECORD CHECK

POLICY

All applicants will be required to submit to a Children’s Aid Society Record Check.

PROCEDURE

1. The Alternative Care Helper will inform all applicants of Mnaasged’s obligation to conduct an internal record check regarding those persons residing in the applicant’s home and are 18 years of age and older.
2. During the initial meeting with the applicant(s), the Alternative Care Helper will obtain a “Consent to Release Information” to authorize a mandated Child Welfare Agency to conduct a record check.
3. Should information come back from any agency that the applicant(s) has a Child Welfare Record with a Child Welfare Society or is on the Child Abuse Registry, the Alternative Care Helper will contact the Alternative Care Supervisor.
4. If the applicant is on the Child Abuse Registry, the home assessment will be terminated and filed. The decision to terminate the Home Assessment will be made by the Alternative Care Supervisor in consultation with the Director of Services.
5. Should the applicant or any other person residing in the home refuse to sign the Consent to Release Information, the home assessment will be terminated, and notation of the reason will be put on file.
6. If the Home Assessment has been stopped, the Alternative Care Helper will have a face-to-face meeting with the applicants within five (5) business days to discuss the reason the application has been stopped. The Alternative Care Helper will follow-up with a letter to the applicant notifying of the termination.

POLICY REFERENCE

Department: Alternative Care	POLICY #: 0207
Section: Alternative Care Home Assessment	
Subject: Approval of Alternative Care Applicants; Home Assessment Review Committee	
Date Approved:	Date Revised:
Board Resolution #:	
Source Reference:	

APPROVAL OF ALTERNATIVE CARE APPLICANTS; HOME ASSESSMENT REVIEW COMMITTEE

POLICY

All completed home assessments must undergo an approval process.

PROCEDURE

Upon completion of the home assessment process, the Alternative Care Helper will prepare a written assessment respecting the suitability of the proposed Alternative Care Parent(s) to provide Alternative Care and the suitability of their home as an Alternative Care Home.

1. The Alternative Care Supervisor will review, revise, and ask for clarity on the home assessment and prepare the recommendation(s) within (5) five business days.
2. The Alternative Care Supervisor will inform the Director of Services on the completion of the home assessment.
3. Within 15 working days, the Director of Services will convene a committee comprised of the Director of Services, the Alternative Care Supervisor, and the Alternative Care Helper who completed the assessment. This committee will review the home assessment and either approve or decline. If declined, the committee may have recommendations for the family to be re-assessed in the future. The Alternative Care Clerk will record minutes of the meeting.
4. The Alternative Care Clerk will ensure that the approval form is signed by all committee members.
5. Following approval, the Alternative Care Clerk will perform the following:
 - a) Change the status of the file in the data base from Applicant to Approved Alternative Care Home

- b) Create a new Alternative Care Binder and place the home assessment inside
6. The Alternative Care Supervisor will assign an Alternative Care Helper to the approved applicants within five (5) business days of the decision.
7. Within five (5) business days after determining whether to approve the proposed Alternative Care Parent(s), the Assigned Helper will meet with the proposed Alternative Care Parent(s) to communicate the results of the assessment with them.
8. The Alternative Care Clerk will send a formal letter to the Alternative Care Parent(s) of the approval and the name of the Alternative Care Helper assigned to them. This letter will be sent by mail within five (5) business days of the decision.
9. The assigned Alternative Care Helper will be in contact with the Alternative Care Parent(s) within five (5) business days of the decision.
10. The Alternative Care Clerk will draft a letter of welcome for the Executive Director's signature and will ensure that the letter is sent to the newly approved Alternative Care Parent(s). A copy will be put in the Applicant's file. The written approval of a placement is available for inspection by a provincial inspector at Mnaasged's business premises.
11. Home assessments will be reviewed 12 months after approval, and every 12 months thereafter.

POLICY REFERENCE

Home Assessment Process Policy #0203

Department: Alternative Care	POLICY #: 0208
Section: Alternative Care Home Assessment	
Subject: Declining of Alternative Care Applicants	
Date Approved:	Date Revised:
Board Resolution #:	
Source Reference:	

DECLINING OF ALTERNATIVE CARE APPLICANTS

POLICY

The decision to decline Alternative Care applicants will be based on the Criteria for Eligibility or lack of suitability as determined through the Home Assessment Process.

PROCEDURE

1. At any stage of the home assessment, the Alternative Care Helper will discuss with the Alternative Care Supervisor any concerns regarding the Applicant's lack of suitability throughout the home assessment process.
2. The Alternative Care Supervisor will make a decision to terminate the home assessment based on the risk to the Child and will advise the Director of Services of that decision.
3. The Alternative Care Helper will complete the "Opening/Closing" report.
4. Within five (5) business days of the decision to decline the application, the Alternative Care Helper will notify the applicants in person, if possible, and a formal letter will be sent informing them of the decision and their right to initiate the service complaint procedure.
5. The "Service Complaint Procedure" Pamphlet will be included in the letter.
6. The letter will be co-signed by the Alternative Care Supervisor. If the home assessment is declined, a summary document will be completed.

POLICY REFERENCE

Home Assessment Process Policy #0203

Department: Alternative Care	POLICY #: 0209
Section: Alternative Care Home Assessment	
Subject: Alternative Care Service Agreement	
Date Approved:	Date Revised:
Board Resolution #:	
Source Reference:	

ALTERNATIVE CARE SERVICE AGREEMENT

POLICY

Mnaasged Child and Family Services will enter into a written service agreement with the Alternative Care Parent(s) upon approval of the home and prior to the placement of any Children. The service agreement will be reviewed annually and updated as changes occur. Where the Child is to be placed in an Alternative Care home, the agreement will be an Alternative Care Service Agreement. Where the Child is placed in Customary Care, the agreement will also include an Alternative Care Service Agreement.

PROCEDURE

1. The Alternative Care Helper will review in detail the service agreement with at least one of the Alternative Care Parents and optimally both Parents. The Agreement must be signed by all Alternative Care Parents in the home. The signatures will be witnessed by the Alternative Care Helper. The Alternative Care Helper will sign the Service Agreement on behalf of Mnaasged. Should the Alternative Care Family refuse to sign the agreement, the home will be closed.
2. This agreement must be signed prior to the placement of any Children.
3. The original document will be retained in the Alternative Care File and a signed copy given to the Alternative Care Parent(s).
4. The service agreement will be signed annually and on the request of the Alternative Care Parent(s) or as changes take place.
5. The Alternative Care Helper will ensure that they communicate in writing to the Alternative Care Parent(s) that confidentiality remains in effect when the home is closed either voluntarily or involuntarily.

POLICY REFERENCE

Alternative Care Service Agreement

Department: Alternative Care	POLICY #: 0210
Section: Alternative Care Home Assessment	
Subject: Oath of Confidentiality	
Date Approved:	Date Revised:
Board Resolution #:	
Source Reference:	

OATH OF CONFIDENTIALITY

POLICY

Every Alternative Care Parent will sign an Oath of Confidentiality as part of the home assessment process and adhere to the principles of respecting the privacy of families and Children who are engaged with the Placing Agency and Mnaasged Child and Family Services. Any information given to the Alternative Care Parent(s) about Children and their biological family must be held in confidence. This information is not discussed with anyone other than the Placing Agency and Mnaasged Child and Family Services, unless authorized to do so.

1. Family Photos

Alternative Care families are encouraged to ensure that the Child in Alternative Care partakes in the Alternative Care Family videos and pictures. This type of photography does not require the signature consent by the legal Guardian of the Child. This consent will only be required if the video or picture is used in public distribution. No photographs or videos that include Children placed in an Alternative Care home will be posted on social media without the prior approval of the Alternative Care Helper, who will discuss the request with the Placing Agency.

2. Media

Under no circumstance will information be released to the media regarding either a Child in Alternative Care or an Alternative Care Parent. The Executive Director will, in consultation with the Placing Agency, be the spokesperson on behalf of Mnaasged Child and Family Services in all public matters regarding a Child in Alternative Care. All requests from the Media are directed to the Executive Director.

3. Need to Know

A person employed by Mnaasged Child and Family Services may receive confidential information only if the information is needed to perform Mnaasged Child and Family Services business. Otherwise, the person has no right to confidential information.

4. File Disclosure

Information regarding or enclosed in the file of a Child in Alternative Care or of an Alternative Care family cannot be discussed with anyone who has not signed Mnaasged Child and Family Services' Declaration of Confidentiality.

PROCEDURE

1. The approved Alternative Care Parent(s), including all residents 18 years of age and older in the Alternative Care Home, will be informed by the Alternative Care Helper regarding procedures around confidentiality.
2. The Alternative Care Helper will have all residents 18 years of age and older sign the "Declaration of Confidentiality." This document will be witnessed by the Alternative Care Helper. The document will be placed in the Alternative Care Parent File.
3. The Declaration of Confidentiality will be reviewed and signed on an annual basis.
4. Once it has become known to Mnaasged that an Alternative Care family has breached confidentiality, the Alternative Care Helper will contact the family to discuss the circumstance of the alleged breach. This discussion will be documented within the Alternative Care File.
5. The Alternative Care Helper will assess the extent of the breach of confidentiality and will report back to the Alternative Care Supervisor.
6. Upon consultation, it may be decided that the home be closed as an Alternative Care home and a complaint investigation against an Alternative Care parent(s) procedure will be initiated.

POLICY REFERENCE

Department: Alternative Care	POLICY #: 0212
Section: Alternative Care Home Assessment	
Subject: Annual Review – Alternative Care Home	
Date Approved:	Date Revised:
Board Resolution #:	
Source Reference:	

ANNUAL REVIEW – ALTERNATIVE CARE HOME

POLICY

The Alternative Care Helper will complete an annual review of each Alternative Care Home according to the Ministry of Children, Community and Social Services Standards utilizing the designated format. The purpose of the annual review is for Alternative Care Families and Mnaasged Child and Family Services Staff to mutually examine and evaluate a family’s fostering, kinship, or customary care experience. It is a method of establishing joint accountability and responsibility for encouraging and ensuring quality service to Children in Alternative Care.

PROCEDURE

1. The Annual Review will include the following:
 - a) Record family data
 - b) List contacts with the Alternative Care Family
 - c) Identify the Children placed
 - d) Identify training completed and training needs
 - e) Record use of relief as well as provision of relief for other Alternative Care homes
 - f) Review Housing and Safety Checklist
 - g) Review Alternative Care Family Self-Assessment
 - h) Review the Service Agreement, Oath of Confidentiality, and Mnaasged policies
 - i) Evaluate the support and other services provided to the Alternative Care Home

- j) Obtain feedback from the Placing Agency Helper regarding their experiences with this home
 - k) Determine future utilization of the home
2. The annual review must include the completion of the Annual Review Tool and must involve the following:
- a) A minimum of one face-to-face interview with the Alternative Care Parent in the Alternative Care Home or, in the case of two (2) Alternative Care Parents, separate interviews with each in the home
 - b) An interview with all members of the household, including their own Children where appropriate, in the Alternative Care Home
 - c) Documentation of all contact through case notes
 - d) Documentation regarding the use of the home, training taken and recommended, and the home's use of relief as well as provision of relief
 - e) Information regarding the re-examination of the premises as well as the required safety standards through completion of the Housing and Safety Checklist
 - f) Feedback from the Alternative Care Parent(s) on Mnaasged's support services and programs, as well as an opportunity for Self-Assessment
 - g) Review of the Service Agreement, Oath of Confidentiality, and Policies and Procedures
 - h) Review of the Goals and establishment of new Goals of the Alternative Care Parent(s)
 - i) Feedback about the care of Children from Helpers who have placed Children in the home
 - j) Signed acknowledgment that the Alternative Care Parent(s) is given the opportunity to read the evaluation, obtain a copy of the evaluation, and include written comments through a Self-Assessment before it is entered into the file
 - k) A review and update on areas appraised in the Alternative Care Home with a focus on the family's current functioning, as well as Recommendations for future use, through the Helper Reassessment of the Alternative Care Family
3. The Annual Review Forms must be signed by both the Alternative Care Parent(s) and the Alternative Care Helper.
4. Helper Reassessment and Recommendations must be signed and approved by the Alternative Care Helper and the Alternative Care Supervisor before it is entered into the file.

5. When it is not possible to interview a member of the Alternative Care Family's household, the reason will be documented in the Alternative Care Home File.

STEPS IN PROCESS

1. Prior to the anniversary date of being Alternative Care Parents, the Alternative Care Clerk will prepare a covering letter to the Alternative Care Family and include the Housing and Safety Checklist and the Family Self-Assessment. This will provide the Alternative Care Parent(s) with an opportunity to complete the self-evaluation prior to meeting with the Alternative Care Helper and an opportunity to ensure housing and safety compliance prior to the Helper's arrival.
2. The Alternative Care Helper will contact the Alternative Care Parent(s) to arrange an appointment to conduct the annual review. The Alternative Care Helper should interview all members of the Alternative Care Home in person. This may be done individually or as a family or group interview. When it is not possible to personally interview a household member, a telephone interview may be done.
3. The Alternative Care Helper will ensure that the Housing and Safety Checklist is complete and that standards are being met. Where there are areas of non-compliance, it is the Alternative Care Helper's responsibility to maintain a follow-up system to ensure compliance is completed by an agreed-upon date.
4. During the interview, the Alternative Care Helper will review the Family Self-Assessment. The Alternative Care Helper will also review the Service Agreement, the Oath of Confidentiality, and the relevant policies and procedures for all to review and sign. This is an opportunity to discuss any concerns or questions that the family may have. It is especially important to review for new Alternative Care homes and where there have been some incidents during the previous year. Goals and time frames will be reviewed and agreed upon with the Alternative Care Parent(s) for the coming year. The Alternative Care Parent(s) and the Alternative Care Helper will sign the Goals and Recommendations for the Alternative Care Family.
5. Mnaasged Helpers involved with the Alternative Care family are to be given an opportunity to provide information regarding their experiences with the family and their recommendations for future utilization, support, and training. This information may be provided in a personal conference with the Alternative Care Helper and will be documented.
6. Recommendations on future placements are documented by the Alternative Care Helper. These assessments must consider the following:
 - a) Any serious occurrences or critical incidents during the previous recording period
 - b) The information provided by the relevant Mnaasged Helpers

- c) The Alternative Care Family's own experience with Mnaasged, the type and number of Children placed, their satisfaction with the services provided, the training attended, and the changes in the family
 - d) The findings of any post-placement interviews
 - e) The Alternative Care Helper's own experience with the Alternative Care Family
7. The Annual Review Tool will be completed and signed by the Alternative Care Parent(s), the Alternative Care Helper, and, where appropriate, the Alternative Care Supervisor and will be entered into the Alternative Care Family File.

POLICY REFERENCE

Department: Alternative Care	POLICY #: 0213
Section: Alternative Care Home Assessment	
Subject: Alternative Care Home – On Hold	
Date Approved:	Date Revised:
Board Resolution #:	
Source Reference:	

ALTERNATIVE CARE HOME – ON HOLD

POLICY

Mnaasged Child and Family Services' Alternative Care Homes may be placed on hold for a period of up to 12 months, depending on a variety of reasons.

PROCEDURE

1. The decision to place an Alternative Care home on hold is a mutual agreement between the Alternative Care Parent and Mnaasged.
2. Potential reasons for requesting an on-hold status may include adoption, health, family changes, personal life crisis, or withdrawn placement at the request of the Alternative Care Family.
3. The Alternative Care Helper will document the on-hold status in the file and notify the Alternative Care Supervisor of the request.
4. The Alternative Care Helper will maintain contact for the initial six (6) months with the Alternative Care Parent(s) via telephone or home visit until such time as they want to reinstate their application. Case notes will be recorded in the Information System in the Alternative Care Parent(s) File.
5. When the Alternative Care Home has been on hold for six (6) months or more and the Alternative Care Parent(s) considers reopening, new and updated forms of Home Safety, Service Agreement, Annual Review, Police Criminal Record Check, and Children's Aid Society Record Check will be required.
6. The Alternative Care Helper will have a face-to-face interview with the Alternative Care Parent(s) at the six (6) month mark to reassess the original request for the on-hold status.

7. If the Alternative Care Parent(s) does not want to reopen within 12 months, the Alternative Care Helper will inform the Alternative Care Parent(s) that their file is to be closed. There may be exceptional circumstances that allow extended time after 12 months. These circumstances will be authorized by the Director of Services.
8. The Alternative Care Helper will complete all recordings and closing documents required for the file.

POLICY REFERENCE

Department: Alternative Care	POLICY #: 0214
Section: Alternative Care Home Assessment	
Subject: Closing of an Alternative Care Home	
Date Approved:	Date Revised:
Board Resolution #:	
Source Reference:	

CLOSING OF AN ALTERNATIVE CARE HOME

POLICY

Whether the Alternative Care Parent(s) has decided to close the home or Mnaasged Child and Family Services has determined the home should be closed, both parties should ensure that the reason(s) for closing are clearly defined and understood by all parties, including the Child(ren) in Alternative Care, if necessary. In this regard, all Alternative Care Parents and the Alternative Care Helper are to be provided with a copy of the Alternative Care Policies and Procedures for their reference.

PROCEDURE

VOLUNTARY CLOSING BY ALTERNATIVE CARE PARENT(S)

1. The Alternative Care Parent(s) must advise the Alternative Care Helper of the intention to close well in advance of actual closing (a minimum of 30 days is preferred) so that adequate placement plans can be made for the Children in the Home.
2. The Alternative Care Helper will interview the Alternative Care Parent(s) and discuss the intentions for closure.
3. The Alternative Care Helper will contact the Placing Agency to mutually plan for an alternative placement.
4. The Alternative Care Helper will forward a written letter to the Alternative Care Parent(s) regarding the decision within five (5) business days.
5. The Alternative Care Helper will conduct an exit interview according to the Exit Interviews Policy.
6. The Alternative Care Parent(s) is to relinquish the following:

- a) All documents pertaining to fostering
 - b) Mnaasged's property
 - c) The belongings of all Children placed in the home
7. The Alternative Care Service Agreement is terminated if the home is closed voluntarily; however, confidentiality remains in effect.

INVOLUNTARY CLOSING BY MNAASGED

1. An Alternative Care home may be closed by Mnaasged for any of the following reasons:
 - a) The Alternative Care Parent(s) demonstrates a lack of cooperation with Mnaasged and the Placing Agency
 - b) The Alternative Care Home has been placed on hold and has been dormant for 12 months or more
 - c) The Alternative Care Home violates Mnaasged policies or Ministry licensing and standards
 - d) The Children's Aid Society has verified protection concerns
2. The Alternative Care Helper or the Alternative Care Supervisor, or both, will meet with the Alternative Care Parent(s) when problems may necessitate an involuntary closing of the home. The meeting will ensure the Alternative Care Family knows of the reasons as to why the home will be closed and has an opportunity to provide any information that may be relevant.
3. The Alternative Care Helper will ensure all adequate supports are given before closure of the home.
4. The Alternative Care Helper will forward a written letter to the Alternative Care Parent(s) within five (5) business days of the verbal notification to the Alternative Care Parent(s) of the decision and Mnaasged's reasons to close the home.
5. Should the Alternative Care Parent(s) disagree with the decision of closure, the Alternative Care Helper will provide the Parent(s) with another copy of the "Service Complaint Procedure."
6. The Alternative Care Helper will conduct an exit interview according to the Exit Interviews Policy.
7. The Alternative Care Parent(s) is to relinquish the following:

- a) All documents pertaining to fostering
 - b) Mnaasged's property
 - c) The belongings of all Children placed in the home
8. The Alternative Care Family may request to be reassessed in the future.
 9. The Alternative Care Service Agreement is terminated if the home is closed involuntarily; however, confidentiality remains in effect.

POLICY REFERENCE

Department: Alternative Care	POLICY #: 0215
Section: Alternative Care Home Assessment	
Subject: Alternative Care Home Classification	
Date Approved:	Date Revised:
Board Resolution #:	
Source Reference:	

ALTERNATIVE CARE HOME CLASSIFICATION

POLICY

The Alternative Care Parent(s) Home will be classified as a regular Alternative Care home, Respite home, Kin In-Care home, or Customary Care home. The classification of a particular Alternative Care home will be reviewed annually and, when requested, by the Alternative Care Parent(s) or the Alternative Care Helper. A list of available and approved Alternative Care Parent(s) Homes will be updated and made available to Mnaasged Child and Family Services Management, Staff, and Placing Agencies on a weekly basis.

PROCEDURE

1. The Alternative Care Supervisor or the Support Services Assistant will update the Available Alternative Care Parent(s) Home List regularly to ensure accuracy.
2. The Alternative Care Supervisor or the Support Services Assistant will deliver by email every Thursday the Available Alternative Care Parent(s) Home List to Mnaasged Supervisors, front line Helpers, and Placing Agency representatives.
3. The Alternative Care Supervisor or the Support Services Assistant will email every Thursday the Internal Beds Available List to Supervisors.

POLICY REFERENCE

Department: Alternative Care	POLICY #: 0215B
Section: Alternative Care Home Assessment	
Subject: Alternative Care Home Levels of Care	
Date Approved:	Date Revised:
Board Resolution #:	
Source Reference:	

ALTERNATIVE CARE HOME LEVELS OF CARE

POLICY

The Alternative Care Homes approved by Mnaasged Child and Family Services will require different levels of care depending on the Child’s individual needs. These levels will include Regular, Responsive, and Intensive Care and Healing.

PROCEDURE

1. Mnaasged has three (3) levels of care that include Regular Alternative Care, Responsive Alternative Care, and Intensive Care and Healing Alternative Care. The levels of care required for each Child will be determined through the Child’s Plan of Care.

REGULAR

Children in Regular Care will participate in normal family life, school, and community activities.

RESPONSIVE

Children in Responsive Care have needs beyond the normal levels of care. The Child requires significantly more care and involvement from the Alternative Care Parent(s) than what is routinely required to care for a Child in a family environment.

INTENSIVE CARE AND HEALING

Children in Intensive Care and Healing require care that follows a specific treatment or management strategy to ensure their physical and emotional well-being. They may require intensive supervision, a high level of structure, or the planned use of Child management techniques or treatment to remain in an Alternative Care home.

POLICY REFERENCE

Department: Alternative Care	POLICY #: 0216
Section: Alternative Care Home Assessment	
Subject: Transfer of Approved Foster Homes	
Date Approved:	Date Revised:
Board Resolution #:	
Source Reference:	

TRANSFER OF APPROVED FOSTER HOMES

POLICY

Mnaasged Child and Family Services will accept approved foster homes from other jurisdictions when they move into the Mnaasged catchment area and jurisdiction. These include homes transferring from another Children’s Aid Society within the catchment area.

PROCEDURE

1. If a “Home Society” informs Mnaasged of an impending move into the jurisdiction with or without Children in care, a request will be provided for identifying information (name and potential address) of the interested individuals.
2. The Alternative Care Helper will contact the Foster Home and set up an appointment for a face-to-face interview to determine the Foster Home’s interest in providing Alternative Care on behalf of Mnaasged.
3. The Alternative Care Helper will have the Alternative Care Parents sign the necessary consent and request for information from the “Home Society,” including the following:
 - a) Home study
 - b) Most recent annual review
 - c) Most recent service agreement
 - d) File recordings for the past two (2) years of service delivery
 - e) Any serious incident or Serious Occurrence reports

- f) Any other relevant information
- 4. Upon receipt of the above and in consultation with the immediate Supervisor, the Alternative Care Helper will complete a Housing and Safety Assessment and add to the Home Study and Assessment details surrounding the move to Mnaasged's catchment area.
- 5. Discussions will occur between the Alternative Care Helper and the Alternative Care Parent(s) to review all materials obtained and to update information that ensures the documentation meets Mnaasged's requirements for a complete and current Home Study, including the identification of any training needs for the Alternative Care Parent(s) around the Mnaasged Service Model.
- 6. Upon approval, the Alternative Care Parent(s) will ensure the Service Agreement is completed prior to any placement.

POLICY REFERENCE

Department: Alternative Care	POLICY #: 0217
Section: Alternative Care Parent Development Support	
Subject: Pre-Service Training (PRIDE)	
Date Approved:	Date Revised:
Board Resolution #:	
Source Reference:	

PRE-SERVICE TRAINING (PRIDE)

POLICY

All applicants who become approved Alternative Care Parents must complete Pre-Service Training (PRIDE) prior to or within one year if they have not done so prior to being considered for the placement of an Alternative Care Child. Whenever possible, PRIDE training should be completed prior to the first placement.

PROCEDURES

1. The Alternative Care Helper will inform the Applicant that all applicants are expected to participate in Pre-Service Training, Parent Resources for Information Development and Education (PRIDE) in group training sessions or, when necessary, on an individual basis. The Alternative Care Helper will explain the goals and purpose of Pre-Service Training to the Applicant.
2. The Alternative Care Helper will provide the Applicant with other relevant written information at the time of Pre-Service Training that will assist the applicant in increasing awareness, knowledge, and understanding of the requirements of becoming a caregiver and the responsibilities required if a foster Child was placed in the Applicant's home.
3. The Alternative Care Helper will support and encourage the applicant while completing the Pre-Service Training.
4. In certain situations, it may become necessary for the Alternative Care Parent(s) to begin fostering a Child prior to completing the Pre-Service Training. If a Child is placed in the Alternative Care Home prior to the Alternative Care Parent(s) completing the Pre-Service Training, the Alternative Care Helper will ensure the Alternative Care Parent(s) agrees to participate at the next scheduled training session. This should only be with the exception for Customary Care circumstances

POLICY REFERENCE

SECTION 3: ALTERNATIVE CARE PARENT DEVELOPMENT SUPPORT

Department: Alternative Care	POLICY #: 0301
Section: Alternative Care Parent Development Support	
Subject: Alternative Care Parent Support and Supervision	
Date Approved:	Date Revised:
Board Resolution #:	
Source Reference:	

ALTERNATIVE CARE PARENT SUPPORT AND SUPERVISION

POLICY

The Alternative Care Helper will provide ongoing support and supervision to the Alternative Care Parent(s) that have been approved by Mnaasged Child and Family Services.

PROCEDURE

1. The Alternative Care Helper will provide primary supportive and supervisory services to Alternative Care Families on a regular basis. The services will include, but not be limited to, the following:
 - a) The Alternative Care Helper will visit the Alternative Care Parent(s) home and consult with at least one Alternative Care Parent within seven (7) days after the placement, and within 30 days after the placement.
 - b) Ongoing discussions with the Alternative Care Family regarding the effects of parenting/fostering on their own family unit.
 - c) Assisting the Alternative Care Parent(s) to prepare the Parent(s)'s own Children for the arrival of Alternative Care Children in their home.
 - d) The Alternative Care Helper will visit the home once a month during a Child's placement.

- e) The Alternative Care Helper will maintain monthly contact, by telephone or home visit, with approved families when no Children are residing in the home. Home visits will occur at least every three (3) months if no placement occurs.
 - f) Documentation of such contact will be retained in the Alternative Care Parent(s) File.
2. The Alternative Care Helper will be available to Alternative Care Families for support if requested and in no case will the response time exceed three (3) business days.
 3. All emergencies reported by the Alternative Care Parent(s) will be responded to by an Alternative Care Helper within 24 hours.

POLICY REFERENCE

Department: Alternative Care	POLICY #: 0302
Section: Alternative Care Parent Development Support	
Subject: Alternative Care Parent Ongoing Training and Development	
Date Approved:	Date Revised:
Board Resolution #:	
Source Reference:	

ALTERNATIVE CARE PARENT ONGOING TRAINING AND DEVELOPMENT

POLICY

The Alternative Care Parent(s) will participate in a minimum of 12 hours of training per year through a variety of training programs offered by Mnaasged Child and Family Services, Placing Agencies, or other service parent(s).

PROCEDURE

1. The Alternative Care Helper will identify the support services and training needs of the Alternative Care Parent(s) prior to placing a Child in their home, which will be documented in the service agreement.
2. The Alternative Care Helper will seek training events and encourage the participation of the Alternative Care Parent(s).
3. The Alternative Care Helper will develop and implement Mnaasged’s training events for the Alternative Care Parent(s) as “need” arises.
4. All Training will be recorded for the purpose of Skills, Education, and Training (SET) scores (see Alternative Care Reimbursable Policy).
5. Training provided by Mnaasged is considered in-service training; attendance to these sessions will be credited toward the total training hours of the Alternative Care Parent(s). External training (offered by public or private sector) will be pre-approved by the Supervisor before the sessions and will be credited to the total training hours.
6. Training that is designated mandatory (First Aid, CPR/Infant CPR, Pre-Service training, Safe Sleeping, and so on) is clearly identified and the Alternative Care Helper is responsible to ensure the Alternative Care Parent(s) attends the scheduled training sessions.

7. The Alternative Care Helper will discuss information learned during training sessions on an ongoing basis.
8. The Alternative Care Parent(s) will provide written documentation of participation in training completed outside of Mnaasged.
9. Mnaasged maintains a registration and attendance tracking system so that participation in training opportunities can be clearly documented in the Alternative Care Parent(s) Service File.
10. All training hours will be recorded as per the Alternative Care Parent Recognition Grid at the time of review of the Annual Service Agreement.
11. Training hours incurred will be calculated and reflected in the Mnaasged Board of Directors' monthly statement as Skills, Education, and Training (SET).

POLICY REFERENCE

Department: Alternative Care	POLICY #: 0303
Section: Alternative Care Parent Development Support	
Subject: Relief Services to Alternative Care Parent(s)	
Date Approved:	Date Revised:
Board Resolution #:	
Source Reference:	

RELIEF SERVICES TO ALTERNATIVE CARE PARENT(S)

POLICY

Mnaasged Child and Family Services will provide Emergency or Planned Relief to the Alternative Care Parent(s) on request. Relief may include the following:

- a) Placement of Children in an Emergency Relief Home*
- b) Placement of Children with an approved relative/friend of the Alternative Care Family*
- c) Placement of an approved Alternate Caregiver in the Alternative Care Family's residence*
- d) Placement of Children with the Placing Agency (i.e., Children's Aid Society) system*
- e) Placement of Children with the biological family if circumstances permit*

PROCEDURE

EMERGENCY RELIEF

1. If an Alternative Care Parent(s) or the Placing Agency requests Emergency Relief, Mnaasged will respond to the request as soon as possible.
2. Mnaasged will contact the Placing Agency to plan for Emergency Relief.
3. The Alternative Care Helper will follow-up with the Alternative Care Family within 24 hours.
4. Planned Relief

5. The Alternative Care Parent(s) and the Alternative Care Helper will discuss and plan at the time of placement and at each review for when relief will be required.
6. The Alternative Care Helper and the Placing Agency Helper will plan with the Alternative Care Parent(s) the specific details for Relief:
 - a) Date(s) and frequency
 - b) Duration
 - c) Transportation of Children

POLICY REFERENCE

Department: Alternative Care	POLICY #: 0303A
Section: Alternative Care Parent Development Support	
Subject: Screened Support	
Date Approved:	Date Revised:
Board Resolution #:	
Source Reference:	

SCREENED SUPPORT

POLICY

Mnaasged Child and Family Services must screen and approve any support person who provides relief or support care for the Alternative Care Parent(s).

PROCEDURE

SCREENED SUPPORT

1. The Alternative Care Parent(s) will identify potential Relief Caregivers to the Alternative Care Helper.
2. The Alternative Care Helper will arrange a meeting at the home of the identified Relief Caregivers to complete an assessment of the proposed Screened Support family.
3. The Alternative Care Helper will ensure that the following requirements are completed before an Alternative Care Child(ren) is placed in the screened relief caregiver's home:
 - a) Completes a Police Criminal Record Check/Vulnerable Sector Screening
 - b) Completes a Children's Aid Society Record Check
 - c) Completes the Home Safety
 - d) Meets with all family members and any others residing in the home to provide a description of the family constellation, description of the home, and sleeping arrangements for the Child on relief
 - e) Completes Insurance Forms

- f) Verifies that the caregiver has infant CPR and has completed a Car Safety Seat Clinic if they will be caring for all Children under the age of two (2)
4. The Alternative Care Helper will document the findings of their assessment in a summary report that will include a recommendation regarding the proposed screened support and relief caregiver's ability to provide supervision, support, and a safe and nurturing environment on a short-term basis consistent with the norms of the Alternative Care Home.
5. The summary report will be reviewed and approved by the Alternative Care Supervisor.
6. The Alternative Care Helper will schedule another meeting with the screened support and relief family to complete the following:
 - a) Explanation of the After-hours services, with written information on how to contact emergency services
 - b) Explanation of Serious Occurrences and reporting requirements
 - c) Explanation of complaint protocols
 - d) Explanation of Child's guardianship and processes for medical consents
 - e) Provide names and contact numbers of the Alternative Care Helper and Supervisors involved
 - f) View the identified sleeping arrangements for the Child
 - g) Sign an Oath of Confidentiality with the caregivers
 - h) Review Mnaasged's discipline policy and sign the Oath to abide by policy
7. Following this meeting the Alternative Care Helper will send a letter of approval to the screened support home outlining the role and expectation of a screened support home.
8. The Alternative Care Helper will ensure that a clause is added to the approved Alternative Care Parent's annual Service Agreement whereby the Alternative Care Parent(s) of the Child will notify Mnaasged immediately of any significant changes related to the screened support home, including but not limited to, the following:
 - a) Changes in marital status or family constellation
 - b) Any new persons, including boarders, residing in the home
 - c) Change of address
 - d) Change in ability to provide support/relief

9. If the Child involved has developed a significant relationship with the caregivers in the screened support home and subsequently requires a placement change, the caregivers can be assessed as a Regular/Relief Alternative Care Home in planning for the Child. The Alternative Care Helper may also assist the Child in maintaining access/contact with these caregivers if it is deemed to be in the best interest of the Child.
10. Mnaasged will pay the Alternative Care Parent(s) of the Child relief monies as per Mnaasged's Reimbursable Policy. The Alternative Care Home will be responsible for financial compensation to the screened support home. Mnaasged will not pay any money directly to the screened support home.

POLICY REFERENCE

Department: Alternative Care	POLICY #: 0303B
Section: Alternative Care Parent Development Support	
Subject: Babysitting	
Date Approved:	Date:
Board Resolution #:	
Source Reference:	

BABYSITTING

POLICY

Babysitting is intended to provide the Alternative Care Parent(s) with a few hours break from parenting responsibilities and is encouraged to use it. However, babysitting must not exceed eight (8) hours at any given time and may not extend to the Child(ren) being cared for overnight. The Alternative Care Parent is responsible for the choice of babysitter and the safety of the Children in care during the caregiver's absence.

The Alternative Care Parent(s) is responsible for ensuring that the babysitter is aware of Mnaasged Child and Family Services' Discipline Policy, Mnaasged Child and Family Services' after-hours telephone number, and how the caregiver(s) can be contacted should this become necessary. If the babysitter is the age of 18 years or older, a Police Criminal Record Check and a Children's Aid Society Record Check is required. If the babysitter is under the age of 18 years, the babysitter must have completed a certified babysitting course. The babysitter is required to sign an Oath of Confidentiality.

PROCEDURE

1. The Alternative Care Helper must discuss the planning of babysitting (respite care) with the Alternative Care Parent(s) at the time of the Child's placement.
2. The Alternative Care Parent will identify potential babysitters to the Alternative Care Helper.
3. The Alternative Care Helper will ensure that the following requirements are completed before the potential babysitter is permitted to care for the Child(ren):
 - a) If the babysitter is 18 years or older, the babysitter has completed a Police Criminal Record Check/Vulnerable Sector Screening and a Children's Aid Society Record Check

- b) If the babysitter is under the age of 18 years, the babysitter has completed a certified babysitting course
 - c) The babysitter has Level C CPR and Basic First Aid if they will be caring for Children under the age of two (2)
 - d) The babysitter has signed an Oath of Confidentiality
 - e) Safe Sleep Policy
 - f) Safe Swim Policy
 - g) Car Seat Policy
 - h) Discipline Policy
 - i) Mnaasged After-Hours Policy
4. The Alternative Care Helper will document the identified approved babysitter(s) and ensure the necessary documentation is filed in the Alternative Care Parent(s) File and forwarded to the Alternative Care Clerk who will maintain a list of approved babysitters across the region.
5. The Alternative Care Parent(s) will be responsible for financial compensation to the babysitter. Mnaasged will not pay any money directly to the babysitter.

POLICY REFERENCE

Department: Alternative Care	POLICY #: 0304
Section: Alternative Care Parent Development Support	
Subject: CPR/Basic First Aid	
Date Approved:	Date Revised:
Board Resolution #:	
Source Reference:	

CPR/BASIC FIRST AID

POLICY

The Alternative Care Parents approved by Mnaasged Child and Family Services must obtain and maintain certification in the use of Basic First Aid and Cardiopulmonary Resuscitation (CPR) Level C.

PROCEDURE

1. Alternative Care Parents must successfully complete training in the use of CPR and Basic First Aid within one year of being approved as Alternative Care Parents.
2. Alternative Caregivers/babysitters must successfully complete training in the use of CPR and Basic First Aid prior to accepting the caregiving role.
3. Alternative Care Parents, Alternative Caregivers, and babysitters will ensure that they remain certified in both First Aid and CPR by attending re-certification courses.
4. The Alternative Care Helper will assist the Alternative Care Parent(s) in ensuring compliance to the re-certification process by tracking due dates in the annual "Alternative Care Parent Home Reassessment."
5. Mnaasged will financially reimburse the Alternative Care Parents, Alternative Caregivers, and babysitters upon the completion of certification and re-certification of CPR and Basic First Aid Training, Level C.

POLICY REFERENCE

Alternative Care Home – On Hold Policy #0213

Department: Alternative Care	POLICY #: 0305
Section: Alternative Care Parent Development Support	
Subject: Right to a Resource Person – First Nations, Inuit, or Métis	
Date Approved:	Date Revised:
Board Resolution #:	
Source Reference:	

RIGHT TO A RESOURCE PERSON – FIRST NATIONS, INUIT, OR MÉTIS

POLICY

All families who are involved with Mnaasged Child and Family Services have family members who have Indigenous heritage or who identify as Indigenous and, therefore, are considered as First Nations, Inuit, or Métis persons for the purposes of this policy. The Child, Youth and Family Services Act and regulations require specific steps to be taken by all licensed service parents to ensure that Staff are provided training in knowing the identity, characteristics, and regional differences of Children and families and are determined and incorporated into all planning and service delivery.

In addition, First Nations, Inuit, or Métis Children and families have additional rights to have their heritage, cultures, and traditions; connection to their communities; and their concept of extended families incorporated into the delivery of services. These families also have the right to name a Resource Person who will ensure these rights are respected and incorporated into planning and service delivery. Mnaasged Child and Family Services will ensure that all interactions with First Nations, Inuit, or Métis Children and families incorporate these obligations and are continually reinforced with Staff to provide the highest level of engagement and support possible.

PROCEDURE

1. Mnaasged will ensure that in all cases where a Child from a First Nations, Inuit, or Métis family is placed with Mnaasged, there is an opportunity for the Child, the Child's Parent/Guardian, or family be informed of the following:
 - a) Information about their family, culture, heritage, traditions, and connection to their community or communities should be provided. Their concept of extended family should be considered in the planning and delivery of all services provided to them by Mnaasged

- b) Mnaasged will also amend, add, or modify that information when the family or Child provides additional information at any time
 - c) Have services provided in a manner that also consider the Child's identity, characteristics, and regional differences
 - d) Name a Resource Person, who, on a voluntary basis, will assist Mnaasged in considering the Child's, identity, characteristics, regional differences, Indigenous culture, heritage, Traditions, connections to community, and concept of extended family in the delivery of services. The Resource Person will be consulted and engaged in helping make significant decisions affecting the Child's interests
 - e) Revoke the use of the Resource Person, or substitute someone else to replace the Resource Person, at the family's discretion
2. At the point of initial placement, the Alternative Care Helper for Mnaasged will review with the Helper from the placing Children's Aid Society what steps have already been taken with the family and Child to ascertain their information and preferences.
 3. As soon as is practical, and no later than the first Plan of Care meeting, the Alternative Care Helper will perform the following:
 - a) Review these preferences with the family and Child
 - b) Verify that their wishes are understood and will be incorporated into planning
 - c) Convey that the family and Child are free at any time to add or modify this information
 4. The Alternative Care Helper will invite the Resource Person to attend the Plan of Care meeting, and all subsequent Plan of Care meetings, and to participate in all planning and review discussions.
 5. When the family at some later point revokes their choice of Resource Person, or the Resource Person declines to act, the Alternative Care Helper will request the return of all identifying information that may have been shared with that person in their role as Resource Person. The Alternative Care Helper will ask the Child or parent/family if they wish to name another Resource Person.

POLICY REFERENCE

SECTION 4: PLACEMENT

Department: Alternative Care	POLICY #: 0401
Section: Placement	
Subject: Capacity of Alternative Care Home	
Date Approved:	Date Revised:
Board Resolution #:	
Source Reference:	

CAPACITY OF ALTERNATIVE CARE HOME

POLICY

*No more than four (4) Children will be placed in an Alternative Care Home. No more than two (2) Children younger than the age of two (2) years will be placed in an Alternative Care Home unless all are of common parentage or are related to the Alternative Care Parent, and the placement has been approved by a **Ministry** Director.*

PROCEDURE

1. The Alternative Care Helper or the Alternative Care Supervisor will consider the capacity of an Alternative Care home when placing a Child, during the home study process, and at the time of the annual/semi-annual review.
2. The Alternative Care Helper will consider the following when recommending capacity of the Alternative Care Home:
 - a) The ability of the Alternative Care Parent(s) to meet the physical, emotional, social, spiritual, developmental, and intellectual needs of the Child in the home
 - b) Cultural, racial, linguistic, and socio-economic background
 - c) Kinship ties
 - d) Religious background
 - e) Educational needs

- f) Medical needs
 - g) Special needs of any Child placed in their home
 - h) Strengths and problems
 - i) Interests
 - j) Abilities
 - k) Physical space
 - l) The ability of the Alternative Care Parent(s) to evacuate all the Children in an emergency
 - m) The stated preference of the Alternative Care Parent(s)
3. The Alternative Care Supervisor will approve the capacity of the Alternative Care Home and add to the “Beds Available List.”
 4. In any situation where Mnaasged places more than four (4) Children in one Alternative Care Home, or more than two Children under two (2) years of age in one home at one time, a Ministry of Children, Community and Social Services Director’s approval is required. In addition, the written approval of a placement by a Ministry Director needs to be available for inspection by a licensor at the business premises of the licensee.
 5. Mnaasged will ensure that written approval of placements of Alternative Care Children by a Ministry Director is available for inspection by a licensor at the business premises of Mnaasged.

POLICY REFERENCE

Department: Alternative Care	POLICY #: 0402
Section: Placement	
Subject: Serious Occurrences	
Date Approved:	Date Revised:
Board Resolution #:	
Source Reference:	

SERIOUS OCCURRENCES

POLICY

Mnaasged Child and Family Services will train the Alternative Care Staff and the Alternative Care Parents on the definition of Serious Occurrences and the procedures for reporting Serious Occurrences to the Ministry of Children, Community and Social Services, as part of their orientation.

DEFINITION OF SERIOUS OCCURRENCE

A Serious Occurrence is defined in the Ministry of Children, Community and Social Services Serious Occurrence Reporting Guidelines, 2019.

A Serious Occurrence is an incident that

- a) May require intervention or investigation, or both, by Mnaasged, the Ministry, and other applicable parties (such as police)
- b) Falls within one or more of the following Serious Occurrence categories:
- c) Death
- d) Serious injury
- e) Serious illness
- f) Serious individual action
- g) Restrictive intervention
- h) Alleged, witnessed, or suspected abuse or mistreatment

- i) Error or omission
- j) Serious complaint
- k) Disturbance, service disruption, emergency, or disaster

CATEGORY-SPECIFIC REPORTING REQUIREMENTS

1. Death:

- a) The death of an individual occurs while receiving a service
- b) A Child dies where the Child, or their family, received services from a Society at any time in the 12 months prior to the Child's death

2. Serious Injury:

- a) An individual or Child/Youth receiving a service incurs a serious injury that requires unscheduled medical attention from a regulated health professional or unplanned hospitalization

3. Serious Illness:

- a) An individual or Child/Youth receiving a service incurs a serious illness or has an existing serious illness that requires unscheduled medical attention from a regulated health professional or unplanned hospitalization

4. Serious individual action:

- a) Suicidal behaviour: An individual or Child/Youth receiving a service attempts suicide, utters a suicidal threat of a serious nature, or utters a suicidal threat that results in the individual being placed on suicide watch.
- b) Alleged, witnessed, or suspected assault: An individual or Child/Youth receiving a service is assaulted or is accused of assaulting someone.
- c) Contraband/safety risk: An individual or Child/Youth receiving a service is suspected to be, or is discovered to be, in possession of a substance or object that
 - i. is prohibited by legislation or policies and procedures
 - ii. has the potential to cause injury or death
 - iii. is deemed by Mnaasged to be a significant danger or concern

- d) Inappropriate/unauthorized use of information technology (IT): An individual or Child/Youth receiving a service uses IT in an inappropriate or unauthorized way that
 - i. has or could result in criminal charges
 - ii. is or could be a threat to the health, safety, or well-being of the individual, Child/Youth, other individuals, or the public
 - e) Unusual, suspicious, or unauthorized individual absence: A Child/Youth receiving a service is discovered to be absent, which is unauthorized, or the Child/Youth is missing/absent without permission, which includes
 - i. A young person who has escaped lawful custody
 - ii. A young person who is unlawfully at large (UAL)
 - iii. A Child/Youth who is missing/absent without permission or is missing/absent under unusual or suspicious circumstances
 - f) Serious charges: An individual or Child/Youth receiving a service incurs serious charges.
5. Restrictive intervention:
- a) Physical restraint:
 - i. A physical restraint is used on a Child or young person who is receiving a service. Any use of a physical restraint on a Child or young person while receiving a service is to be reported as a Serious Occurrence
 - b) Mechanical restraint:
 - i. Used on a young person detained in a Youth justice secure custody/detention facility
 - ii. Used on a Child in a secure treatment program
 - iii. When there is a plan of treatment or a plan for the use of a Personal Assistance Service Device (PASD) on a Child or young person, the mechanical restraint is used contrary to or outside of the purpose of such plan
6. Abuse or mistreatment:
- a) There are allegations of abuse or mistreatment (witnessed or otherwise) or suspected abuse or mistreatment of a Child/Youth receiving a service that occurred, or alleged to have occurred, while the Child/Youth was receiving a service
 - b) There are new allegations of historical abuse or neglect of a Child or young person receiving a service

7. Error or omission:

- a) There is a medication error involving the prescribing, transcribing, or dispensing and administration or distribution of medication(s) to a Child/Youth receiving service
- b) A Child/Youth who is receiving a service is improperly committed or released from a secure treatment program
- c) There is a breach or a potential breach of privacy or confidentiality, including any instance/suspected instance of personal information of a Child/Youth who is receiving a service being collected, used, stolen, lost, or disclosed without authority that results in serious harm or risk of serious harm to the Child/Youth or others, or is in contravention of the *Youth Criminal Justice Act*

8. Serious complaint:

- a) A complaint is made by or on behalf of a Child/Youth who is receiving a service regarding the alleged violation of their rights (e.g., under the *Canadian Human Rights Act*, Canadian Charter of Rights and Freedoms, Ontario Human Rights Code, and *Child, Youth and Family Services Act*)
- b) A complaint is made by or on behalf of a Child/Youth receiving a service regarding a violation of their privacy rights (i.e., improper collection, use or disclosure of the Child's/Youth's personal information)
- c) A complaint is made about a Child/Youth who is receiving a service that Mnaasged considers to be of a serious nature
- d) A complaint is made about the operational, physical, or safety standards of the services received by a Child/Youth

9. Disturbance, service disruption, emergency, or disaster:

- a) The disturbance, service disruption, emergency, or disaster occurs on Mnaasged's premises or the place where Alternative Care is provided, or within close proximity of where the Alternative Care is provided, and it interferes with Mnaasged or the Alternative Care caregiver's ability to provide routine services

INCLUSION OF AN INDIVIDUAL'S VIEW/PERSPECTIVE IN THE SERIOUS OCCURRENCE REPORT

The revised Guidelines clearly state that, where applicable, service providers should include in the Serious Occurrence Reports the view/perspective of the individuals involved in the Serious Occurrence. This is a general expectation in keeping with the intent of legislation and

regulations, as well as in response to public calls to action to put the individual's rights/needs in the forefront.

When a Serious Occurrence involves an individual, Mnaasged should include the individual's view/perspective of the Serious Occurrence in the Serious Occurrence Report. To the extent possible, the individual's view/perspective should be in the individual's own words.

Mnaasged must ensure that the individual has provided their informed consent to having their view/perspective included in a Serious Occurrence Report.

Note: Mnaasged is required to report Serious Occurrences to the Ministry of Children, Community and Social Services within the time frames outlined in the Guidelines. An individual's view/perspective does not need to be submitted immediately, but every effort to include this information should be made.

Also include the name/title of the service provider who completed the debriefing to obtain the individual's view/perspective.

If Mnaasged is unable to include the individual's view/perspective in the Serious Occurrence Report, an explanation should be provided.

References: Ministry of Children, Community and Social Services Serious Occurrence Reporting Guidelines, 2019.

PROCEDURE

1. Based on the type of incident, a Serious Occurrence is designated as either a Level 1 or a Level 2. The level indicates the time frame in which the Serious Occurrence must be reported to the Ministry of Children, Community and Social Services.
 - a) **Level 1 Serious Occurrences:** Immediately notify the Ministry of Children, Community and Social Services and submit a Serious Occurrence Report within one (1) hour of becoming aware of the Serious Occurrence or deeming the incident to be a Serious Occurrence.
 - b) **Level 2 Serious Occurrences:** Submit a Serious Occurrence Report as soon as possible but no later than 24 hours of becoming aware of the Serious Occurrence or deeming the incident to be a Serious Occurrence.

For Serious Occurrence Reports submitted outside of the reporting timelines specified in the Guidelines, Mnaasged is required to explain within the Serious Occurrence Report why the submission was late.

THE SERIOUS OCCURRENCE REPORTING PROCESS

Step 1: Attend to the incident and individuals involved in the incident

Upon becoming aware of an incident, Mnaasged Alternative Care Helpers will attend to the incident and any immediate health or safety needs of individual(s) involved in the incident.

Step 2: Determine if the incident meets the definition of a Serious Occurrence

After attending to the incident, Mnaasged Alternative Care Helpers will evaluate the incident against the criteria within the Guidelines, applicable to the Ministry of Children, Community and Social Services legislation/policy and Mnaasged's internal Serious Occurrence Reporting policy, to determine whether the incident is a Serious Occurrence.

Step 3: Determine the category for reporting

Once an incident is identified as a Serious Occurrence, Mnaasged Alternative Care Helper will determine which category or categories the Serious Occurrence should be reported under.

Step 4: Determine the timeline for reporting

Once the Serious Occurrence category or categories have been identified, the Mnaasged Alternative Care Helper will determine which time frame the Serious Occurrence must be reported to the Ministry of Children, Community and Social Services under Level 1 or Level 2.

Step 5: Initial notification to the Ministry of Children, Community and Social Services about Level 1 Serious Occurrences

Mnaasged Alternative Care Helpers must immediately notify the Ministry of Children, Community and Social Services about Level 1 Serious Occurrences. The initial notification should be a brief description of the incident, including the following:

- a) Type of incident (e.g., death, serious injury, or serious illness)
- b) Approximate date and time of the incident
- c) Approximate number of individuals involved
- d) Whether any of the individuals involved have immediate health or safety needs, and what Mnaasged is doing to address these needs
- e) Who has been notified about the incident
- f) Whether any initial actions have been taken by Mnaasged in response to the incident
- g) Whether the incident has garnered media attention or is expected to garner media attention

Step 6: Submit an initial Serious Occurrence Report to the Ministry of Children, Community and Social Services

- a) **Level 1 Serious Occurrence:** Submit a Serious Occurrence Report within one (1) hour of becoming aware of the Serious Occurrence or deeming the incident to be a Serious Occurrence.
- b) **Level 2 Serious Occurrence:** Submit a Serious Occurrence Report as soon as possible but no later than 24 hours of becoming aware of the Serious Occurrence or deeming the incident to be a Serious Occurrence.

All Serious Occurrence Reports are to be submitted through the SOR-RL (Serious Occurrence Report-RL) online tool.

Initial Serious Occurrence Reports must include, at a minimum, the following:

- a) Mnaasged's site information (for service providers that have multiple site locations, select the site that is submitting the Serious Occurrence Report)
- b) The date and time of the Serious Occurrence
- c) The date and time of becoming aware of the Serious Occurrence/deeming the incident to be a Serious Occurrence (if different from the date and time of the Serious Occurrence)
- d) The Serious Occurrence category or categories
- e) The description of the Serious Occurrence
- f) Who has been notified about the incident
- g) Whether any initial actions have been taken by Mnaasged in response to the incident
- h) Whether the incident resulted in any media attention or Mnaasged expects future media attention
- i) Whether the initial Serious Occurrence Report is expected to be the only report submitted for the Serious Occurrence

Step 7: Ministry of Children, Community and Social Services initial response to the Serious Occurrence Report

Once the Ministry of Children, Community and Social Services has received the initial Serious Occurrence Report from Mnaasged Alternative Care Helpers, the Ministry will review the submission and may contact Mnaasged Alternative Care Helpers to

- a) Seek clarification of any information submitted

- b) Request corrections to the information submitted, including the Serious Occurrence category if incorrect or remove any unnecessary personal information
- c) Request additional information about the Serious Occurrence
- d) Request or direct that additional action, including enforcement action, be taken by Mnaasged Alternative Care Helpers

Step 8: Provide updates (where applicable)

Until the Ministry of Children, Community and Social Services deems that no further action is required from Mnaasged with respect to the Serious Occurrence, Mnaasged Alternative Care Helpers are required to provide updates as new information becomes available about the Serious Occurrence and no later than seven (7) business days after submitting the initial report.

Updates are required at a minimum every seven (7) business days thereafter until the Ministry deems that no further action is required from Mnaasged.

The Ministry may request updates at any time.

Step 9: Determining when no further action is required

The Ministry of Children, Community and Social Services will review each Serious Occurrence Report to determine if no further action is required with respect to the Serious Occurrence, which includes checking that Mnaasged Alternative Care Helpers have performed the following:

- a) Filled out all required fields
- b) Made all required notifications
- c) Has undertaken all further action or follow-up, as requested
- d) Met all Serious Occurrence Report requirements

Enhanced Serious Occurrence Reporting		
Weekdays/Evenings/ Overnight Sunday 9:00 PM to Friday 5:00 PM	Fax 519-858-8407	Phone (519) 438-5111 Ext. 3500

<p>Weekends/ Government Holidays Friday 5:00 PM to Sunday 9:00 PM</p>	<p>Fax Weekend early alert system: 1-866-262-8881</p>	<p>Phone Weekend early alert system: 1-877-444-0424</p>
<p>The Designated Authority will report the occurrence to their regional offices or the weekend early alert system’s SOR/ESOR online using the reporting form. The Designated Authority should contact their program supervisor/advisor or the weekend early alert system by phone should they be unable to submit the online form.</p> <p>Regional office or weekend early alert staff will review the form and will contact the Mnaasged Alternative Care Supervisor within the same day, where possible, to confirm that the occurrence requires enhanced reporting. If the occurrence does not meet the enhanced reporting requirements, staff will contact the Mnaasged Alternative Care Supervisor to explain the decision and to treat the incident as a serious occurrence.</p>		

POLICY REFERENCE

Department: Alternative Care	POLICY #: 0402B
Section: Placement	
Subject: Ombudsman Ontario Reporting	
Date Approved:	Date Revised:
Board Resolution #:	
Source Reference:	

OMBUDSMAN ONTARIO REPORTING

POLICY

Prior to May 1, 2019, the Provincial Advocate for Children and Youth (PACY) was the body empowered by the Child, Youth and Family Services Act to hear complaints about services and to assist Children and Youth in having their concerns heard and addressed. As of May 1, 2019, this responsibility was transferred to the Ombudsman Ontario.

*Mnaasged Child and Family Services will ensure that Children are provided with a pamphlet and phone number (1-800-263-2841) for the **Ombudsman Ontario: Children and Youth Unit** at admission and every six (6) months thereafter. Complaints made to that office, as of May 1, 2019, can be made via an online form found at <https://www.ombudsman.on.ca/have-a-complaint/make-a-complaint>*

A Child/Youth receiving service under the Child, Youth and Family Services Act is entitled to approach the Ombudsman Ontario: Children and Youth Unit for assistance if the Child's/Youth's rights are violated and cannot be resolved without intervention from the Ombudsman Ontario.

PROCEDURE

1. Mnaasged Child and Family Services Assigned Helpers will ensure the Ombudsman Ontario: Children and Youth Unit will intervene on behalf of the Child/Youth if a serious complaint or service problem cannot be resolved at the local level. Such cases include the following:
 - a) Children/Youth who require services not within the purview of the particular service provider
 - b) Children/Youth whose Parent(s) or Guardian(s) has come into serious conflict with the system

- c) Children/Youth who are alleged to be in extraordinary jeopardy within the service system
 - d) Children/Youth who complain that their rights are being violated and that their concerns have not been adequately addressed through complaints procedures established by the service provider or the regional level of the Ministry. The system of advocacy through the Ombudsman Ontario, as set forth by the *Child, Youth and Family Services Act*, will be its foundation
 - e) Crisis intervention on behalf of a Child/Youth whose safety or well-being is in jeopardy within the residential care system
 - f) Monitoring of Children/Youth who, because of multiple placement transfers within a short period of time, appear to be moving around too much within the residential care system
 - g) Support to the Inter-Ministerial Placement Action Committee on behalf of individual Children/Youth whose service requirements have not been resolved at the area level and have thus been referred to the committee for consultation and resolution
 - h) Consultation at case conferences in treatment planning meetings to assist the service provider in coordinating services to ensure that the needs of the Child/Youth are met
 - i) Parent(s) and guardians are assisted in making appropriate contacts within the service system to achieve special needs planning for a Child/Youth and support is provided in negotiations
 - j) Provision of a procedure for receiving complaints from Children or Youth in residences licensed by the Ministry
 - k) Work with staff in other ministries in co-operative projects designed to identify and study issues of joint concern in service delivery
 - l) Liaise with other provinces to facilitate inter-provincial cooperation in the provision of services to individual Children/Youth and Families
 - m) Liaise with advocacy organizations such as the Children's Foundation for Children and the Law and the Advocacy Resource Centre for the Handicapped
 - n) Training and provision of information to service providers on behalf of difficult-to-serve Children/Youth
2. When a complaint of a Child/Youth cannot be satisfactorily resolved at the Mnaasged level, the Assigned Helper will assist the Child/Youth to access the following external measures:

- a) Any Child who is 12 years of age or older, is in a residential or treatment placement, and objects to his or her placement may request a review of the placement through Residential Placement Advisory Committee (*Child, Youth and Family Services Act*, section 36 [6b]). The Child may also request that the Residential Placement Advisory Committee conduct a review or re-review of a proposed residential placement (*Child, Youth and Family Services Act*, section 34 [7]). The Child must be residing in the Residential Placement Advisory Committee's jurisdiction
 - b) Any Child may make a complaint to the Child and Family Services Review Board (CFSRB)
 - c) If a complaint is received regarding an objection to a placement by the Child, the Parent, or someone else representing the Child the Assigned Helper will record the objection in the case notes on the Mnaasged Information Management System
 - d) The Assigned Helper will immediately inform the immediate Supervisor of the complaint and the first-stage response to the identified complaint
 - e) Objections to placements will be investigated by the Supervisor and the Alternative Care Supervisor and resolved, if possible, at the direct service level, with all investigations and attempts at resolution being recorded
3. The Assigned Helper will assist the Child/Youth with Mnaasged's Service Complaint Policy and Procedures.
 4. If the objection cannot be resolved at this level, the Assigned Helper will again advise the Child/Youth of their right to approach the Residential Placement Advisory Committee, the Child and Family Services Review Board, and the Ombudsman Ontario: Children and Youth Unit for Children.
 5. The Assigned Helper and Supervisor will assist and co-operate with any review process that they are required to attend and participate in on behalf of Mnaasged.
 6. The Assigned Helper will obtain the Supervisor's signature for approval, documenting a departure of the Standard(s) to determine why the time frame was not followed and recording steps that may have been taken to ensure compliance.

POLICY REFERENCE

Department: Alternative Care	POLICY #: 0403
Section: Placement	
Subject: Placement Criteria and Process	
Date Approved:	Date Revised:
Board Resolution #:	
Source Reference:	

PLACEMENT CRITERIA AND PROCESS

POLICY

A Child's placement will be matched to the Child's needs as closely as possible and within the resources available.

PROCEDURE

INITIAL CONTACT

1. The Placing Agency will contact Mnaasged for placement requests. The Helper will complete the Request for Placement Form and will then forward the request to the Alternative Care Supervisor.
2. As available, the following background information for each Child is required prior to selecting a placement for a Child:
 - a) Identifying information on the Child, including the full name, sex, birth date, address, and citizenship
 - b) Family background of the Child: size, birth order, ancestry, culture, race, place of origin, colour, creed, ethnic origin, linguistic, religious and socio-economic background, and parental and other family relationships
 - c) Sexual orientation, gender identity, and gender expression
 - d) School information: name and address of the school, name of the teacher, grade level in school, and current performance level

- e) Medical information: name and address of the family doctor and hospital used and any medical problems of the Child (physical handicaps or limitations on physical activity, allergies, current medication, history of illness, and immunization record) if available
- f) Information about the Child's dietary needs and food preferences
- g) Description of the Child's interests and any hobbies or recreational activities the Child enjoys
- h) Statement of the Child's strengths and problems and any known psychological or psychiatric information: behavioural problems, Young Offender's Records, or unusual habits
- i) Statement of the Child's needs while in care
- j) Information about the nature and circumstances of previous abuse
- k) legal status of the Child; utilizing the Child's preliminary assessment *may* determine the possibility of whether the Child is likely to be returned home
- l) Any other available information deemed relevant or necessary
- m) Where possible, this information will be gathered from the Parents/Guardians

In a decision about a Child that materially affects or is likely to affect the Child's interests, Mnaasged will consider the Child's identity characteristics and regional differences.

3. The Alternative Care Supervisor will check availability in consultation with the Alternative Care Helper. The Alternative Care Helper will present the placement request to the Alternative Care Parent(s) who best meet the Child's needs.
4. If the Alternative Care Parent(s) accepts the placement, the Alternative Care Helper will contact the Placing Agency for further documentation. All relevant information may not be available at the time of the Child's admission to Alternative Care. The Placing Agency and Mnaasged will ensure that any reports regarding the Child are shared between them as soon as possible after the report is received. It is the responsibility of the Alternative Care Helper to continue to gather information about the Child during the time they are in Alternative Care and to continually share this information with the Alternative Care Parent(s).
5. The Alternative Care Helper will inform the Alternative Care Parent(s) of any prior history of abuse directed toward the Child should such information become known. The Alternative Care Helper will verbally request and obtain documents, where available, prior to and at the time of placement, such as the following:
 - a) Social History

- b) Medical Information
- c) Recent Plan of Care
- d) Discharge reports/evaluations
- e) Any previous placements
- f) Assessment reports/recommendations
- g) Health card number, status number, and so on

The verbal request will be noted in the case notes.

6. If the documents are not received within five (5) working days, the Alternative Care Helper will send a formal letter requesting the required documentation. If the documentation is not received within two (2) weeks, the Alternative Care Helper will notify the Alternative Care Supervisor. The Alternative Care Supervisor will contact the Placing Agency Supervisor and send a letter to the Placing Agency. The letter will be copied in the file. If the documents are still not received within two (2) weeks, the Alternative Care Supervisor will notify the Director of Services, who will then contact the Placing Agency Director of Services and send a formal letter requesting the necessary documentation. A copy of the letter will be placed in the file.
7. The Alternative Care Helper will gather as much information from the Child and their parents/family in relation to their identity, characteristics, and regional differences. If they cannot provide this information, then the Alternative Care Helper will check the case record, another service parent's record/file, or another relative or sibling.

EMERGENCY/UNPLANNED PLACEMENT

A list of available emergency beds will be visible in the Alternative Care office and will be available to all Helpers (see Policy #0215).

Within 24 hours following an *unplanned* Alternative Care placement of a Child, the Child's Placing Agency Helper will complete the Placement Request Form.

This form will be authorized by the Placing Agency's Supervisor and submitted to the Alternative Care Helper. The Alternative Care Helper must document concerns, any needs that cannot be met by the Alternative Care Parent(s), and any other issues raised by the Alternative Care Parent(s).

In emergency placements, and in other situations where all the background information is not known at the time of a placement selection, the Alternative Care Parent(s) will be given the information that is known at the time the Placement Request Form is completed. The Alternative Care Helper will endeavour to acquire the missing information as soon as possible

after the placement and convey it to the Alternative Care Parent(s). Where information cannot be obtained, the reason will be noted in the Child's File.

AFTER-HOURS EMERGENCY FOSTER CHILD PLACEMENT PROCEDURE

1. The on-call Supervisor receives a verbal request for a placement from the Placing Agency/First Nation Community/Agency Helper.
2. The on-call Supervisor determines and confirms the availability and suitability of a home.
3. The on-call Supervisor contacts the Placing Agency/First Nation Community/Agency Helper to advise of the placement availability.
4. The Mnaasged Helper will ensure that the Initial Mnaasged Placement Request Form has been received from the Placing Agency.
5. The on-call Supervisor/Helper will contact the Alternative Care Parent(s) to check availability.
6. The on-call Supervisor informs the on-call Agency Helper and Placing Agency of the placement plan.
7. The on-call Helper accompanies the Placing Agency Helper and Child to the Alternative Care Home to ensure the Child is placed safely. The on-call Agency Helper then contacts the on-call Supervisor to confirm the placement.
8. The Mnaasged Helper will review and provide a copy of Mnaasged's *Rights in Care* Booklet to the Child for signature of the Child or the Alternative Care Parent(s).
9. The on-call Supervisor will notify the Alternative Care Supervisor of the placement by the next business day.
10. The Alternative Care Supervisor notifies the Alternative Care Helper responsible for the Alternative Care Home by the next business day.
11. The Alternative Care Helper will visit the Alternative Care Home on the next business day and will coordinate a seven- (7)-day visit with the Placing Agency Helper.

PLANNED PLACEMENT

1. Upon the Placing Agency knowing that a Child will be admitted to an Alternative Care home on a placement plan, the Alternative Care Helper will ensure that a Placement Request Form has been completed as fully as possible by the Placing Agency.

2. The Alternative Care Supervisor will accept and authorize the Placement Request Form and return it to the Placing Agency with the selected placement.
3. The Alternative Care Helper meets with the Alternative Care Parent(s) to review the Placement Request Form and has the Alternative Care Parent(s) sign the forms.
4. The Alternative Care Helper will ensure to document concerns, unmet needs, and any issues raised by the Alternative Care Parent for planned placements.
5. The Alternative Care Helper will provide signed copies to the Alternative Care Parent(s) and the placing Agency Helper. A copy is retained in the Child and Alternative Care Parent(s) Files.
6. Prior to the placement of the first foster Child/Youth in the home, the Alternative Care Helper will provide an orientation to the Alternative Care Parent(s). A copy of the Alternative Care Policies and Procedures will be distributed at the start of the orientation. A minimum of one individual or group meeting is required for orientation.
7. The Alternative Care Helper will arrange with the Alternative Care Parent(s) and Placement Agency to arrange pre-placement visits once the placement date is finalized.
8. On the date in which a Child is placed in an Alternative Care home, an adult known to the Child (other than the Helper) may also accompany the Child if there is approval by the Placing Agency, Mnaasged, or designate. An Alternative Care Helper or other designated staff person must be in attendance at any placement as well.

ALTERNATIVE CARE HOME VISITS

1. The Alternative Care Helper will visit the Alternative Care Home where the Child has been placed on a planned/emergency basis and consult with at least one Alternative Care Parent within seven (7) days after the placement, and within 30 days after the placement.

POLICY REFERENCE

Department: Alternative Care	POLICY #: 0404
Section: Placement	
Subject: Child's Rights in Care	
Date Approved:	Date Revised:
Board Resolution #:	
Source Reference:	

CHILD'S RIGHTS IN CARE

POLICY

Every Child entering in Mnaasged Child and Family Services' Alternative Care must be informed in a language suitable for the Child's level of understanding of the following:

- a) The Child's right under Part 2 of the Child, Youth and Family Services Act*
- b) The internal complaints procedure established under section 18 of the Act*
- c) The existence of the office of the Ombudsman Ontario*
- d) Mnaasged Child and Family Services' Policies and Procedures related to cultural competence and Children and Youth rights to receive spiritual/religious instruction*

These rights must be reviewed upon admission at 30 days after placement in Alternative Care, three (3) months after placement, six (6) months after placement, and every six (6) months thereafter.

PROCEDURES

1. At the time of placement in the Alternative Care Home, the Child will be given a *Rights in Care* Booklet dependent on the age of the Child.
2. The Alternative Care Helper will review the *Rights in Care* Booklet, Mnaasged's complaint procedures, and the current pamphlet on the Ombudsman Ontario in private with the Child in Alternative Care who is older than six (6) years. The Alternative Care Helper will have the Child in Alternative Care sign the Rights in Care Signature Page following the review.

3. The Alternative Care Helper will review the *Rights in Care* Booklet with the Alternative Care Parent(s) if the Child in Alternative Care is younger than six (6) years. The Alternative Care Helper will have the Alternative Care Parent(s) sign the Rights in Care Signature Page following the review. This process should also be used in circumstances where there is a current (within 12 months) assessment by a duly qualified psychiatrist or psychologist that clearly indicates the Child does not have the capacity to understand the rights contained in the booklet.
4. The Alternative Care Helper will review the cultural program and practices with the Child in a manner consistent with the Child's age, development, and level of understanding and document in the Alternative Care Parent's Plan of Care.
5. The policies and procedures related to the rights of Children will be reviewed with each Alternative Care Parent within 30 days of commencement of placement, and annually thereafter, and will document it in the Alternative Care Parent(s) File.
6. The Alternative Care Helper must also document in the Child's File when the Child and the Alternative Care Parent(s) or person with lawful custody were notified of the Child's rights.

POLICY REFERENCE

Department: Alternative Care	POLICY #: 0405
Section: Placement	
Subject: Plan of Care (POC)	
Date Approved:	Date Revised:
Board Resolution #:	
Source Reference:	

PLAN OF CARE (POC)

POLICY

A Plan of Care for the Child is completed by the Placing Agency within 30 days of placement and sets out any special needs the Child may have, the Child's legal status, the Child's family history, the circumstances for Alternative Care, and other relevant information. The Plan of Care will then be continued at or on the 3-month mark of placement, the 6-month mark of placement, and every 6 months thereafter.

PROCEDURE

1. The Alternative Care Helper will make it known and invite all people important to the Child's Plan of Care. These contacts will be case noted in the Child and Alternative Care Family Files. The Alternative Care Helper will co-ordinate with the Placing Agency Helper to ensure that all persons with a significant role in the Child's life have been considered and contacted.
2. The Alternative Care Helper, along with the Placing Agency Helper, the Child (depending on their age and maturity), the Alternative Care Parent(s), the Child's own family (where appropriate), and the Band (where the Child is a member) or community representative will meet in person, by video conference, or, if necessary, by telephone and complete the Plan of Care within 30 days of the Child's admission to the placement.
3. The Plan of Care will be booked before or on the 30th day of every Alternative Care placement. The Plan of Care will then be reviewed at three (3) months after placement and at least every six (6) months thereafter or earlier if there is a material change in circumstances that will necessitate a review of the plan or if there is a change in the Child's placement that initiates the time frames to restart.
4. The Alternative Care Helper will be responsible for recording the dates of reviews and any changes in the documentation. This information will be placed in the Child's File.

5. The Alternative Care Helper will involve the following people to develop and finalize the Plan of Care:
 - a) Placing Agency
 - b) Alternative Care Parent(s)
 - c) Child(ren), if appropriate and to the extent possible depending on the age and maturity
 - d) Child's Parents, where appropriate
 - e) Band Representative

The Plan of Care can and should be developed in conjunction with the Placing Agency's Plan of Care.

6. When one or more of the required participants are not involved in the review, the reason will be noted in the Plan of Care and in the Child's File. The Alternative Care Helper will perform the following:
 - a) Continue to make reasonable efforts to involve the person after completing the review
 - b) Based on their involvement, make any necessary changes to the foster Plan of Care
7. The Plan of Care will be completed during a face-to-face home/office visit with all participants that are invited. Where distance and other factors make it difficult for a party to be physically present, consideration should be given to using other means (e.g., Skype, FaceTime, videoconferencing, or, if these are not available, telephone) to include everyone possible in the Plan of Care meeting. The goals and plan will be reviewed at this time with all participants, including the Child.
8. The Alternative Care Helper will ensure that the Plan of Care includes the following:
 - a) Considers all available information on the Child as set out in any existing reports related to specialized consultation, specialized treatments, and supports
 - b) Identifies desired outcomes based on each Child's specific strengths and needs
 - c) Includes a plan to secure, within specified time frames, the specialized consultation, specialized treatment and supports, or any one or combination of these identified to promote the desired outcomes for the Child
 - d) Includes a reasonable effort to determine whether there are services, programs, or activities that would relate to the race, ancestry, place of origin, colour, ethnic origin, citizenship, family diversity, disability, creed, sex, sexual orientation, gender identity, gender expression, cultural or linguistic needs of Children, or regional differences that

may affect young persons. If such a service, program, or activity is available and would assist the Child, and the Child wishes to receive the service or participate in the program or activity, then the Plan of Care will include this in addition to the service provided by the service provider

- e) For First Nations, Inuit, or Métis Children and their families, the Child's culture, heritage, Traditions, connection to community, and the concept of the extended family are considered

If any one of the services has not been received within the specified time frame, the reason will be noted by the Alternative Care Helper in the files of the Child and the Alternative Care Parent(s).

9. The Alternative Care Helper, in the development of the Plan of Care, will ensure that the Placing Agency is provided with information and reports about the Child when received or as soon as possible.
10. The Alternative Care Helper will use the Child's social history provided by the Placing Agency as a resource in adapting the Child's Plan of Care. The Alternative Care Helper will document this request.
11. The Alternative Care Helper will have all present participants sign the Plan of Care. The plan will be shared as quickly as possible with those parties not physically in attendance to obtain their agreement and endorsement.
12. The Alternative Care Helper will provide the Alternative Care Supervisor with the Plan of Care for review and signature. This will be done within seven (7) days of its completion.
13. The Alternative Care Helper will forward and provide to the participants, the Band, and the Child with a copy of the Plan of Care.
14. The development of a Plan of Care will take into consideration and address the cultural, religious, linguistic, and special needs of the Child/Youth.
15. When a Plan of Care is subsequently reviewed, all steps to engage and ensure access and participation will again be taken, including reaching out to persons who were unable to attend the previous Plan of Care but are significant to the Child or family. For example, a Band Representative or family member who may not have been available the first time must continue to be offered the opportunity to participate when the plan is reviewed or revised.

POLICY REFERENCE

Department: Alternative Care	POLICY #: 0406
Section: Placement	
Subject: Health Care Responsibilities	
Date Approved:	Date Revised:
Board Resolution #:	
Source Reference:	

HEALTH CARE RESPONSIBILITIES

POLICY

Children placed in an Alternative Care Home will receive medical, dental, and optical care. Where the Parents or Guardian retain the right to consent to medical treatment for a Child, this consent will be respected and sought regarding access to required medical care.

PROCEDURE

ADMISSION/ANNUAL MEDICAL EXAMINATIONS

1. The Alternative Care Helper will ensure that the Alternative Care Parent(s) brings the Child to a Doctor or Nurse Practitioner to complete an Admission Medical Examination within 72 hours of the initial placement.
2. If the Child has received a medical examination 30 days prior to placement, the Admission Medical Examination will not be necessary (except if there is reason to believe the Child's health and well-being may have undergone a change in the interim). A copy of the medical examination will be secured and placed in the Child's File.
3. The Child in Alternative Care will receive Annual Medical Examinations. The Placing Agency's Helper will notify the Alternative Care Parent(s) when the Annual Medical Examination is due, which is part of the Plan of Care.
4. The Alternative Care Helper will consult with the Placing Agency Helper to ensure this standard has been met.

ADMISSION/ANNUAL DENTAL EXAMINATIONS

1. The Alternative Care Parent(s), the Placing Agency Helper, and the Alternative Care Helper will ensure that all Children are provided with an Admission Dental Examination within three (3) months of the initial placement.
2. If the Child has been in receipt of a dental examination six (6) months prior to admission, the Admission Dental will not be required. The Child will receive dental examinations every six (6) months. Verification of dental examinations will be obtained by the Alternative Care Helper and retained in the Child's File.

OPTICAL EXAMINATIONS

1. The Placing Agency Helper, the Alternative Care Helper, and the Alternative Care Parent(s) will ensure the Child receives annual optical examinations, unless otherwise indicated by an ophthalmologist or optometrist. Verification of optical examinations will be obtained by the Alternative Care Helper and placed in the Child's File.

MEDICAL ALERT TAGS

1. A Child admitted to care wearing a medical alert tag will continue to do so while in care. If a specific medical condition is diagnosed by a medical professional while a Child is in Alternative Care, and if a medical alert tag is issued to the Child, then the Alternative Care Helper will verify the condition and need for a medical alert tag with the Placing Agency. (The Child's medical reports while in care should make special note of any change or issues regarding that condition. This ensures that the attending physician who may NOT be the Child's original physician is always aware and considering this past diagnosis.)
2. The Alternative Care Helper will document the diagnosis and the need for the medical alert tag in the Child's File.
3. When the Alternative Care Helper becomes aware of the need for a medical alert tag prior to the Placing Agency, the Alternative Care Helper will advise the Placing Agency of the diagnosis and the need for one.
4. The Alternative Care Helper will ensure that the Alternative Care Parent(s) is compliant with the doctor's orders.

POLICY REFERENCE

Department: Alternative Care	POLICY #: 0406B
Department: Alternative Care	POLICY #:
Section: Placement	
Subject: Communication and Transfer of Medication Information	
Date Approved:	Date Revised:
Board Resolution #:	
Source Reference:	

COMMUNICATION AND TRANSFER OF MEDICATION INFORMATION

POLICY

Mnaasged Child and Family Services will provide training to the Alternative Care Helpers and Alternative Care Parent(s) regarding communicating the procedures in the transfer of medical information of Children and Youth in care. Those communications and procedures will always be implemented to ensure the proper and timely availability, dispensing, and care of any medication the Child may require.

PROCEDURE

ADMISSION: HEALTH RECORDS

1. When a Child/Youth is admitted into Alternative Care, the following is required within 72 hours:
 - a) Provincial health card number, date of birth, and current height and weight
 - b) Name, dosage, frequency, duration, and purpose of any medication prescribed to the Child/Youth
 - c) Medical history, including medical and psychological assessments and medication
 - d) Any special instructions and monitoring procedures (e.g., blood tests)
 - e) Allergies
 - f) Contact information for the Child's/Youth's physician and other involved health care practitioners

- g) Any records of previously observed adverse behavioural, emotional, and physical reactions to medication or other medical treatments
2. If any of this information is not obtained, an explanatory note will be placed in the Child's/Youth's File. If not already completed by the Placing Agency, the Alternative Care Helper will look to obtain this or any other missing health information from the parents.

OBTAINING AND COMMUNICATING MEDICATION INFORMATION

1. The Alternative Care Helper and the Alternative Care Parent(s) will obtain information about the prescribed medication and possible side effects and provide opportunities for the Child/Youth to speak to a health practitioner/pharmacist directly, where possible.
2. The Alternative Care Helper will share information about medications and possible side effects with the Child/Youth in a language suitable to their age and understanding and with Staff or Alternative Care Parent(s) responsible for administering the prescribed medication.
3. The Alternative Care Helper or the Alternative Care Parent(s) will communicate new information to the Child/Youth and Staff or Alternative Care Parent(s) responsible for the administration of medication when a change in medication is prescribed. The Alternative Care Helper will also document the reason for the change in medication in the Child's/Youth's File.
4. The person filling the prescription will obtain two (2) medication information sheets from the pharmacist regarding the medication prescribed, including possible side effects and administration instructions, or make a copy if only one is received. One copy will be kept with the Alternative Care Parent(s) for immediate reference and the other will be placed in the Medication section of the Child's File.

MEDICATIONS – SHORT-TERM ABSENCES

1. If the Child/Youth needs to leave the home during times that prescribed medications are to be administered, the Alternative Care Parent must supply enough medication for the short-term absence in an original container. Additional containers may be obtained from the dispensing pharmacy. The container must contain the label with dispensing instructions as obtained with the prescription.
2. The Alternative Care Helper or the Alternative Care Parent will also provide any relevant instructions on administering the medication to the receiving person or agency.
3. For any regular planned absences, there will be a written plan for continued administration of the medication and monitoring of potential side effects, which will be shared with the receiving person or agency and documented in the Child's/Youth's File. The plan will be documented on Mnaasged's Medication Administration Plan Form. If the Child/Youth is

attending access visits, a copy of the plan will be provided to the Supervised Access Program or other Care Parents.

4. For occasional planned absences (e.g., camp) documented support (written or verbal) must be obtained from the prescribing health practitioner for the short-term absence on any significant safety considerations associated with the medication(s) or medical condition(s) and where consultation with a health practitioner would be beneficial.
5. Medication and supporting documentation will be directly provided to Volunteer Drivers for transport, as necessary. Upon arrival at the destination, the Volunteer Driver will then provide the medication to the receiving adult.

ATTENDANCE AT SCHEDULED MEDICAL APPOINTMENTS

1. Staff or an Alternative Care Parent will accompany the Child/Youth to all medical appointments as appropriate. Accompaniment into the examination room must be in accordance with the Child's/Youth's wishes.
2. Attendance by Staff or Alternative Care Parent(s) to medical appointments or reasons for not attending medical appointments and other pertinent information (e.g., treatment and diagnosis) will be documented in a case note by the Alternative Care Helper and placed in the Child's/Youth's File.

EMERGENCY ADMISSION TO A HOSPITAL

1. Notification will be made to the Placing Agency and Parent or Guardian of any emergency hospital admission as soon as possible.
2. Serious Occurrence Forms are completed as per policy.
3. Upon notification of a Child's/Youth's emergency admission to a hospital, Staff or an Alternative Care Parent will attend the hospital to support the Child/Youth and to provide relevant information to the medical staff as required.
4. In very rare circumstances when no staff or Alternative Care Parent is able to attend the hospital for the Child/Youth (such as when it occurs on a school trip, camp, and so on), the Alternative Care Helper will contact the hospital to provide relevant contact and medical information and obtain the time of anticipated discharge.
5. Attendance at the hospital or reasons for not attending the hospital and other pertinent information (e.g., treatment and diagnosis) will be documented in the Child's/Youth's File.

TRANSFER AND DISCHARGE FROM PLACEMENT: TRANSFER OF MEDICATION/MEDICAL RECORDS

When a Child/Youth is discharged from a placement, the Placing Agency Helper and Alternative Care Parent will develop and execute a discharge plan/transfer plan that includes the following:

1. Provide a copy of the medical information contained in the case record, medications in original containers, a plan for medication to continue, and any other relevant information to the receiving person or agency.
2. If there is no medication or less than a seven-day supply, document and communicate the reason(s) to the receiving person or agency is required.
3. The discharge plan will be documented on the Transfer and Discharge on the Placement–Medication Information Form. A copy will be provided to the receiving person/agency and one will be placed in the Child’s File.

ORIENTATION AND REVIEW OF POLICY AND PROCEDURES

All Staff and Alternative Care Parents will receive orientation on the communication and transfer of medication information, as required by their duties, at the time of hiring or commencement of Alternative Care and at least annually thereafter. Staff and Alternative Care Parents will be required to sign off and confirm that orientation or review of the policy has occurred.

POLICY REFERENCE

Department: Alternative Care	POLICY #: 0407
Section: Placement	
Subject: Administration of Medication – Psychotropic, Non-Prescription, and Prescription	
Date Approved:	Date Revised:
Board Resolution #:	
Source Reference:	

ADMINISTRATION OF MEDICATION – PSYCHOTROPIC, NON-PRESCRIPTION, AND PRESCRIPTION

POLICY

Mnaasged Child and Family Services will provide clear requirements for Staff and Alternative Care Parent(s) regarding the safe administration, storage, and disposal of medication to Children and Youth in Alternative Care.

No employee or Alternative Care Provider will administer any prescribed drug to a Child in Alternative Care unless the drug is prescribed by a health professional specifically for that Child. A written record of the prescribed drug must be kept by the Alternative Care Parent(s).

Alternative Care Parent(s) will be allowed to administer non-prescribed drugs to a Child in Alternative Care according to the Placing Agency Policy.

PROCEDURE

REVIEW OF PLACEMENT REQUEST FORM

1. The Alternative Care Helper will review the Placement Request Form to identify the Child’s medical history, medication administered, and dosage of the medication that is required to be given to the Child.
2. The Alternative Care Supervisor will obtain a copy of the Placing Agency Policy regarding non-prescribed drugs/over-the-counter medication and attach a copy to the Placement Request Form.
3. The Alternative Care Helper will review the Placing Agency Policy with the Alternative Care Parent(s).

4. The administration of drugs is the responsibility of the Alternative Care parent(s). The Alternative Care Parent(s) will administer the medication, document the frequency and quantity given, and place this information in the Child's medication log.
5. The Alternative Care Parent(s) will follow the Placing Agency policy regarding non-prescribed drugs/over-the-counter medication.

ADMINISTRATION, STORAGE, AND DISPOSAL OF MEDICATION

1. Any person administering medication will ensure the use of proper hand hygiene practices, which includes handwashing prior to administering or self-administering medication.
2. Alternative Care Parent(s) will not discontinue the administration of prescription medication prior to the completion of its course of treatment without prior medical approval.
3. Medications will be prepared and administered in a location where there is adequate space and lighting.
4. Prescription medication will be administered only to the Child/Youth to whom the medication is prescribed.
5. Medication will be kept in locked containers, in original labelled containers or blister packs. If required, additional labelled containers may be obtained from the local pharmacy. The Alternative Care Parent(s) will be the only authorized person(s) to have access to these medications.
6. Unused or expired medication will be disposed of appropriately, including the use of sharps containers for needles and syringes. Disposal in inappropriate areas (such as the garbage, toilet, and sink) is prohibited. The Alternative Care Parent(s) will maintain a secure storage area for used or expired medication until it can be disposed of properly. All identifying information must be removed or obliterated prior to disposal.
7. The Alternative Care Helper conducting the Annual Review with the Alternative Care Parent(s) will conduct a physical inspection to verify that medication is stored as directed and in original labelled containers and that unused or expired medications are kept in a separate and secure storage area in the residence. This will be documented as part of the Annual Review on the Safety Checklist.

MEDICATION SAFETY AND MONITORING

Prescription Medication

1. Only the Alternative Care Parent(s) responsible for the care of the Child at the time the medication is dispensed may provide prescription medication to the Child.
2. The Alternative Care Parent(s) will document all prescription medication provided to the Child, including the medication information sheet from the pharmacist regarding the medication prescribed, in Mnaasged's Medication Record, which is maintained in the Child Care Binder.
3. The information shared by the placement and the physician will be shared and used by the Alternative Care Parent(s) to monitor potential side effects of the medication, and they will document observed changes in the Child's weight and behavioural, emotional, and physical states.
4. The Alternative Care Parent(s) will advise the Placing Agency Helper assigned to the Child's File of all new prescription medication and any potential emerging side effects. The Placing Agency Helper will document the prescription medication and administration regime in the next Plan of Care in the Child's File.
5. Where the Child is demonstrating possible side effects, the Alternative Care Parent(s) will consult with a doctor or nurse practitioner as soon as possible depending on the severity of the side effects. In the case of serious or severe side effects, the Child is to be transported immediately without delay to the nearest hospital. The Alternative Care Parent(s) will ensure that the medications being taken by the Child and the dosage are available to the medical staff.
6. The Alternative Care Parent(s) will inform the Placing Agency within three (3) business days of possible side effects and medical recommendations stemming from the medical consult. In those situations that are deemed serious in nature or where medical advice has been sought, the Alternative Care Parent(s) will contact the Placing Agency immediately.
7. If the Child/Youth refuses to take the medication prescribed by a medical practitioner, an individualized response plan will be completed by the Alternative Care Parent(s), the Placing Agency Helper, and the Child/Youth and will include consultation with the medical practitioner. The Plan will be documented in the Child's Plan of Care and a copy will be provided to the Alternative Care Parent with another placed in the Child's Binder.
8. The Alternative Care Parent will record all missed medication occurrences in the Medication Record located in the Child's Binder. Documentation will include date, dosage, and rationale for the occurrence. The Alternative Care Parent will ensure that this information is added to the Plan of Care.

9. Children who are prescribed medication will be advised by their Alternative Care Parent(s) of the dangers of mixing medication with other medications, substances, or non-prescription medications (including herbal remedies).
10. The Alternative Care Parent will follow-up by phone on any completed medical tests or lab work ordered by a health practitioner when the health practitioner has not notified the Alternative Care Parent(s) of the results.
11. The Placing Agency Helper or Alternative Care Parent, or both, will discuss with the Child/Youth any medication concerns the Child/Youth might have in language suitable to the age and understanding. If possible, the Child/Youth will have an opportunity to discuss the concerns directly with the prescribing physician or pharmacist. Discussions will be documented and placed in the Child's/Youth's File.
12. Contact information for a local pharmacy and the poison control centre or similar body will be available in all Alternative Care Homes in an easily accessible location to address questions or concerns. This list will be stored in the Alternative Care Policy and Procedure Manual.
13. The Alternative Care Parent(s) or Placing Agency Helper will seek advice from a health practitioner as needed. The Placing Agency Helper will document any actions taken regarding the administration of medication in the Child's/Youth's case record as well as provide copies to Mnaasged. The advice will be documented and placed in the Child's File and a copy will be provided to the Alternative Care Helper.

Non-Prescription Medications

1. A Caregiver (i.e., babysitter) may administer non-prescription medication to the Child/Youth in Alternative Care when it is deemed by the Alternative Care Parent, Placing Agency Helper, Parent, physician, or pharmacist as being in the best interest of the Child's/Youth's health.
2. The Alternative Care Parent or Caregiver (i.e., babysitter) will only provide non-prescription medication on a short-term basis, unless directed otherwise, in writing, by a licensed medical practitioner.
3. The Alternative Care Parent will ensure that non-prescription drugs are provided in full accordance with the directions for usage found on the label. This will include strict adherence to dosage levels, frequency of use, and so on.
4. The Alternative Care Parent will cease using any non-prescription medication if the Child displays any adverse reaction or is not experiencing symptom relief. In these circumstances, the Alternative Care Parent will seek appropriate medical treatment.

5. The Alternative Care Parent will document all medication provided to the Child, including non-prescription drugs, in Mnaasged's Medication Record, which is maintained in the Child Care Binder.
6. The Alternative Care Parent will advise the Placing Agency Helper responsible for the Child's File when the Child is provided non-prescription medication.
7. All medication, including non-prescription medication, must be stored in a secure, locked container that is not accessible to any foster Children in the home.
8. No Child under the age of six (6) will be administered cough syrup, unless prescribed by a licensed medical practitioner.
9. The Alternative Care Parent will secure written documentation as per the medical practitioner's recommendation. The document will be placed in the Child's Binder.

MEDICATION ADMINISTRATION INCIDENTS

1. When there is an incident involving the administration of medication, the Alternative Care Parent will consult with a health practitioner to determine the level of risk to the Child/Youth. In circumstances where the Child/Youth has ingested medication beyond the level prescribed by the health practitioner, the Alternative Care Parent will seek immediate emergency medical attention.
2. Following medical advice, the Alternative Care Parent or Caregiver (i.e., babysitter) will monitor the Child/Youth for any subsequent side effects.
3. The Alternative Care Parent will advise the Placing Agency Helper responsible for the Child's File within three (3) business days following the medication administration incident. In situations where the medication administration incident severely jeopardizes the health of the Child, the Alternative Care Parent will contact the Placing Agency Helper responsible for the Child's File, the covering Helper, or After-hours Helper as soon as possible (*follow all Serious Occurrence reporting guidelines*). The Placing Agency Helper assigned to the Child will document the incident and steps taken in the Child's File.
4. The Alternative Care Parent will document the incident in the Child's Binder, including the steps taken to address the medication incident(s) and near misses to minimize the potential for future incidents.

Psychotropic Medications

1. All psychotropic drugs must be prescribed by a qualified medical doctor, preferably a psychiatrist.

2. All Children in Alternative Care who are deemed competent must be consulted about the use of psychotropic medication as a component of their treatment plan, and attempts must be made to ascertain their views and preferences regarding the use of the medication prior to the administration of the drugs. Competency is not determined by age.
3. The Placing Agency Helper responsible for the Child's File will inform the Child, the Child's Parent or Guardian, the Alternative Care Helper, and the Alternative Care Parent of the risks and benefits of the psychotropic medication and how to identify the symptoms of associated problems. Where possible, this information should be provided directly by the prescribing physician.
4. If the assessment is made that the Child is not deemed competent to be informed (e.g., developmental disability), the consent will be provided by the Parent or legal Guardian, which, in the case of Extended Care, would be the Placing Agency Supervisor.
5. Where the Child is 16 years of age or older, the Child must provide consent, which will be documented in the file.
6. If the Child is younger than 16 years of age and in Alternative Care on a Temporary Care Agreement, the consent of the Parents or Guardian must be obtained, in writing, prior to the Child receiving psychotropic drug treatment.
7. If the Child is in care subject to an interim care and custody or Interim Society Care Order, the Parents or Guardian must sign the consent unless otherwise stipulated by the court order. If the Child is a Society ward and the parents are unable or unavailable to provide consent, the Society Supervisor may execute that consent.
8. For Children who are in care subject to an Extended Care Order, the responsible Society Supervisor must sign the consent prior to the administration of the psychotropic drugs.
9. Youth 16 years of age or older must provide written, informed consent for the administration of psychotropic drugs. The Placing Agency Supervisor will acknowledge consent on the *Consent for use of Psychotropic Medication* Form, with a copy provided to Mnaasged Child and Family Services.
10. Consent will only be provided by the Placing Agency, the Parents, or the Youth when the following occur:
 - a) the Youth's views and preferences have been considered and reasonably ascertained
 - b) the person providing consent is reasonably informed of the nature and consequences of the consent
 - c) there is a reasonable opportunity to obtain independent advice
11. Informed consent must include the following:

- a) identification of the condition the psychotropic drug is intended to alleviate
 - b) the range of doses of the medication
 - c) risks and side effects associated with the drug and various doses
 - d) the frequency of administration of the drug
12. Working collaboratively with the Child's medical doctor, the Placing Agency Helper and the Alternative Care Helper will ensure that all medical information is available and provided to the Child in language appropriate to the Child's age/level of development.
 13. The Placing Agency Helper and the Placing Agency Supervisor will review the above-noted information prior to the Society providing consent. A copy of the pamphlet available from the pharmacist describing the medication, the side effects, and other related information will be reviewed, and a copy will be maintained in the Child's Service File (attached to the consent), with a copy provided to Mnaasged Child and Family Services.
 14. A medical professional may make the determination to administer psychotropic drugs in an emergency as described in section 176 of the *Child, Youth and Family Services Act*. In these circumstances, the Placing Agency Helper and the Alternative Care Helper will be advised and will document the occurrence in the Child's File.
 15. The Alternative Care Parent(s) must document the administration of all psychotropic drugs in the tab designated for Medical Records and store all medication in a secure, locked container as per Mnaasged Policy, Administration and Storage of Medication – Prescription and Non-Prescription Medication.
 16. The assigned Placing Agency Helper will include a review of the Child's use of psychotropic drugs in the ONLAC (Ontario Looking after Children) Assessment and Plan of Care and will provide this to Mnaasged Child and Family Services.
 17. The assigned Placing Agency Helper and the Alternative Care Helper will ensure that the Child's use of psychotropic drugs, dosage and other related information is reviewed regularly by the Child's primary physician/specialist.

HIGH-RISK SITUATIONS WITH PSYCHOTROPIC MEDICATIONS

1. High-risk situations concerning psychotropic medications are defined as the following:
 - a) Psychotropic medications are prescribed "as needed" (Pro Re Nata or PRN) and are used "as needed" more than twice a day or for three (3) or more consecutive days
 - b) A Child/Youth is prescribed two (2) or more psychotropic medications at the same time
 - c) A Child younger than age seven (7) is prescribed psychotropic medication

- d) A psychotropic medication prescription has not been reviewed by a Health Practitioner in more than six (6) months
 - e) Any psychotropic medication that is stopped suddenly and abruptly by a Child/Youth without being supported by a health practitioner treatment plan
 - f) Any other situation that causes concern in the opinion of the Placing Agency or the Alternative Care Provider
2. All high-risk situations involving medication will be reviewed at the time of the Plan of Care. The medication regime will be reviewed, including the documentation of the regime and the plan for medication administration during access or respite. Consideration for seeking consultation with the prescribing health practitioner will be reviewed, as well as consideration of whether to seek a second opinion would be of benefit to the Child/Youth.
 3. If a high-risk medication situation, as outlined above, emerges for the Child/Youth in Alternative Care, the Alternative Care Parent will notify the Placing Agency Helper as soon as possible. The Alternative Care Parent(s) will also notify the Alternative Care Helper and the Child's legal Guardian if a "High-Risk" situation arises. In these situations, it is critical that the Alternative Care Parent keep clear documentation so that accurate information can be relayed to the health practitioner.

ORIENTATION AND REVIEW OF POLICY AND PROCEDURES

1. All Staff and Alternative Care Parent(s) will receive orientation on the safe administration, storage, and disposal of medication—as required by their duties—at the time of hiring or commencement of Alternative Care and at least annually thereafter. Staff and Alternative Care Parent(s) will be required to sign off and confirm that orientation and review of the policy and procedures have occurred.

POLICY REFERENCE

Department: Alternative Care	POLICY #: 0408
Section: Placement	
Subject: Medical Care Notification	
Date Approved:	Date Revised:
Board Resolution #:	
Source Reference:	

MEDICAL CARE NOTIFICATION

POLICY

When the Alternative Care Helper receives notification from the Alternative Care Parent that the Child has received medical care of any kind, including assessment or treatment, the Alternative Care Helper will confirm that the Placing Agency Helper has also been informed.

PROCEDURE

1. The Alternative Care Helper will confirm with the Alternative Care Parent that appropriate medical care has been accessed.
2. The Alternative Care Helper will confirm with the Placing Agency that notification has been provided to the Placing Agency.
3. The Alternative Care Helper will determine if the circumstances are a Serious Occurrence as defined by the Serious Occurrence Policy.
4. The seriousness of the Child's condition will determine whether the Alternative Care Helper is required to attend the hospital immediately.
5. The Alternative Care Helper will consult with the Alternative Care Supervisor and develop a plan of support for the Alternative Care Parent(s).
6. All medical information will be secured and placed in the Child's File.

POLICY REFERENCE

Serious Occurrences Policy #0402

Department: Alternative Care	POLICY #: 0408B
Section: Placement	
Subject: Educational and Learning	
Date Approved:	Date Revised:
Board Resolution #:	
Source Reference:	

EDUCATIONAL AND LEARNING

POLICY

Mnaasged Child and Family Services recognizes the importance of providing Children in Alternative Care with an environment that promotes and strengthens education and lifelong learning.

PROCEDURE

1. The Alternative Care Helper will ensure that during pre-service training the Alternative Care Parent(s) is made aware of the responsibility to explain, demonstrate, and inspire the Child's learning and educational opportunities.
2. This responsibility includes the following:
 - a) Maintain regular contact with the Child's teacher, principal, and other school personnel to ensure the Child's needs are met and an educational plan is developed and maintained in the Child's File
 - b) Contact the Child's teacher on a quarterly basis to assess the Child's adjustment and progress, record any contact, and relay any information back to the Alternative Care Helper
 - c) Assist the Child(ren) in completing homework or other projects
3. The Alternative Care Helper will have contact with a representative from the Child's/Youth's school at least on a quarterly basis to discuss the Child's/Youth's adjustment and progress.
4. All contact with the school and the Alternative Care Parent regarding education will also be documented in the Child's File.

POLICY REFERENCE

Department: Alternative Care	POLICY #: 0409
Section: Placement	
Subject: Transportation/Travel	
Date Approved:	Date Revised:
Board Resolution #:	
Source Reference:	

TRANSPORTATION/TRAVEL

POLICY

The Alternative Care Supervisor is responsible to maintain knowledge of all applicable laws, regulations, and Placing Agency policies pertaining to transportation and to ensure that the Alternative Care Helper are informed. The Alternative Care Helpers are responsible to inform the Alternative Care Parent(s) of new applicable laws, regulations, and Placing Agency policies pertaining to transportation.

PROCEDURE

1. The Director of Services will review the Ministry of Children, Community and Social Services updates and directives to identify relevant changes to applicable laws, regulations, and Placing Agency policies. The Director of Services will obtain information on transportation policies from Placing Agencies through contact with their respective Directors of Services, Regional meetings, and, if necessary, by making a direct request.
2. The Director of Services will ensure that any required change to the policies or practices of Mnaasged are completed and approved.
3. The Director of Services will notify all Mnaasged Supervisors of relevant changes.
4. The Alternative Care Supervisor will inform the Alternative Care Helpers of relevant changes.
5. The Alternative Care Helpers will inform the Alternative Care Parent(s) of relevant changes and will document the notification in the Alternative Care Parent(s) File.
6. The Alternative Care Helper will inform the Alternative Care Parent(s) of the responsibility to abide by the Placing Agency's policies regarding the transportation of the Children.

POLICY REFERENCE

Department: Alternative Care	POLICY #: 0410
Section: Placement	
Subject: Travel In/Out of Jurisdiction	
Date Approved:	Date Revised:
Board Resolution #:	
Source Reference:	

TRAVEL IN/OUT OF JURISDICTION

POLICY

The Alternative Care Helper is responsible to confirm the policies of the Placing Agency in relation to travel in and out of jurisdiction. The Alternative Care Helper is responsible to inform the Alternative Care Parent(s) of the policies of the Placing Agency and to ensure the Alternative Care Parent(s) comply with the policies.

PROCEDURE

ROUTINE TRAVEL WITHIN JURISDICTION (DEFINED AS SOUTHWESTERN ONTARIO)

1. Routine travel is travel related to everyday activities (such as school, shopping, medical, and recreational).
2. Routine travel does not require travel authorization by the Placing Agency.

NON-ROUTINE TRAVEL WITHIN JURISDICTION

1. Non-routine travel within jurisdiction is travel outside of everyday activities (such as vacations and school trips).
2. Non-routine travel requires permission of the Placing Agency.
3. The Alternative Care Helper is responsible to inform the Alternative Care parents that permission of the Placing Agency is required.
4. The Alternative Care Helper is responsible to ensure the compliance of the Alternative Care Parent(s) with the Placing Agency policy.

5. The Alternative Care Helper is responsible to place a copy of the letter of permission in the Alternative Care Parent(s) File.
6. When the Alternative Care Helper becomes aware that the Alternative Care Parent(s) is non-compliant, the Alternative Care Helper is responsible to immediately inform the Alternative Care Supervisor and the Placing Agency.

INITIAL TRAVEL OUTSIDE OF JURISDICTION

1. Approval from the Placing Agency must be sought for the initial travel as defined below in non-routine travel. Subsequent trips for the same purposes are deemed approved.

NON-ROUTINE TRAVEL OUTSIDE OF JURISDICTION

1. Non-routine travel outside the jurisdiction is considered travel to destinations out of district (as defined by the Placing Agency), province, or country.
2. Non-routine travel outside the jurisdiction requires the authorization of the Placing Agency.
3. The Alternative Care Helper is responsible to inform the Alternative Care Parent(s) that permission of the Placing Agency is required.
4. The Alternative Care Helper is responsible to inform the Alternative Care Parent(s) of the requirement to provide the Alternative Care Helper and the Placing Agency with travel plans, car license number, and phone number where the Alternative Care Parent(s) can be reached.
5. The Alternative Care Helper is responsible to ensure the compliance of the Alternative Care Parent(s) with the Placing Agency policy.
6. The Alternative Care Helper is responsible to place a copy of the letter of permission in the Alternative Care Parent(s) File.
7. When the Alternative Care Helper becomes aware that the Alternative Care Parent(s) is non-compliant, the Alternative Care Helper is responsible to immediately inform the Alternative Care Supervisor and the Placing Agency.

TRAVEL WHERE PASSPORTS ARE REQUIRED

1. The Alternative Care Helper is responsible to inform the Alternative Care Parent(s) that only the Placing Agency has the authority to secure a passport when required.
2. The Alternative Care Helper is responsible to inform the Alternative Care Parent(s) to check with the Placing Agency to ensure they have all the required paperwork and health coverage.

POLICY REFERENCE

Department: Alternative Care	POLICY #: 0411
Section: Placement	
Subject: Privacy of Written Communication	
Date Approved:	Date Revised:
Board Resolution #:	
Source Reference:	

PRIVACY OF WRITTEN COMMUNICATION

POLICY

The Alternative Care Helper will ensure that the Alternative Care Parent(s) and the Child/ren in Alternative Care are aware of the rights of Children in Alternative Care regarding privacy of mail communication, including the right to send and receive written communication that is not read, examined, or censored. Opening of mail received by the Child will not be allowed unless the mail is deemed potentially harmful. Correspondence with the Child's lawyer or the Provincial Advocate's office is NOT to be opened by anyone other than the Child/Youth in question.

Mail includes both electronic and written correspondence and packages.

PROCEDURE

1. The Alternative Care Helper will inform the Alternative Care Parent(s) and Child/ren in Alternative Care of the Child's rights of privacy regarding correspondence.
2. If the Alternative Care Helper or the Alternative Care Parent(s) believes there are reasonable grounds that the content of correspondence may cause the Child/ren physical or emotional harm, the Alternative Care Helper will arrange a discussion with the Alternative Care Parent(s) and the Placing Agency.
3. The Alternative Care Helper will request information from the Placing Agency that suggests follow-up is required resulting from the correspondence or package.
4. Reasons behind the opening of the Child's mail and any subsequent action is to be documented in the Child's File.

POLICY REFERENCE

Department: Alternative Care	POLICY #: 0412
Section: Placement	
Subject: Reasonable Privacy and Possession of Personal Property	
Date Approved:	Date Revised:
Board Resolution #:	
Source Reference:	

REASONABLE PRIVACY AND POSSESSION OF PERSONAL PROPERTY

POLICY

The Alternative Care Helper will ensure that the Child in Alternative Care is aware of the Child's rights regarding reasonable privacy and possession of personal property.

PROCEDURE

1. The Alternative Care Helper will inform the Alternative Care Parent(s) and Child/ren in Alternative Care of the Child's right to reasonable privacy and possession of personal property.
2. The Alternative Care Helper will ensure that the Alternative Care Parent(s) understands that the Child's rights to reasonable privacy are demonstrated through, but not limited to, the following:
 - a) Knocking before entering the Child's bedroom
 - b) Requesting permission to enter the Child's bedroom when the Child is absent
 - c) Allowing the Child quiet time in the Child's bedroom when needed
3. The Alternative Care Helper will encourage the Child to bring to the Alternative Care Home belongings that are important to the Child. Restrictions on what the Child can bring to the Alternative Care Home or purchase while residing in the Alternative Care Home, should be influenced by the Child's maturity level, the size and value of the item, the estimated length of time the Child will reside in the home, and any health and safety considerations.
4. The Alternative Care Children should not receive or be permitted to purchase or retain any items that would pose a threat to the Child's or Alternative Care Family's health or safety. When the Child is admitted into an Alternative Care home the Alternative Care Parent(s)

should advise the Child and Child's Helper of the items not permitted in the Home. Such items include the following:

- a) Alcohol, drugs, and cigarettes
 - b) Firearms, explosive materials, and weapons
 - c) Toys considered or declared dangerous by a government regulatory agency or standards organization
 - d) Pornographic materials and drug paraphernalia
5. The Alternative Care Helper will inform the Alternative Care Parent(s) that there is a need to ensure that the Child's property is adequately stored and that ownership of the property is respected.
 6. When the Alternative Care Helper is informed that there may be reasonable grounds that possessions may cause the Child/ren physical or emotional harm or threaten the safety of the Home, the Alternative Care Helper will assess the rationale and the nature and degree of risk and provide direction to the Alternative Care Parent(s).
 7. The Alternative Care Helper will inform the Alternative Care Supervisor and the Placing Agency of the situation and of any initiated or proposed actions.
 8. The Alternative Care Helper will request or receive information from the Placing Agency that suggests follow-up is required.

POLICY REFERENCE

Department: Alternative Care	POLICY #: 0413
Section: Placement	
Subject: Telephone and Cell Phone Communication	
Date Approved:	Date Revised:
Board Resolution #:	
Source Reference:	

TELEPHONE AND CELL PHONE COMMUNICATION

POLICY

Mnaasged Child and Family Services will inform the Child in Alternative Care of the rights regarding telephone and cell phone communication.

The degree of privacy should be consistent with the norms of the Alternative Care Home and dependent on the safety and security of the Child in Care and the Alternative Care Home expectations.

PROCEDURE

1. The Alternative Care Helper will inform the Alternative Care Parent(s) of the right to determine whether the telephone number of the Alternative Care Parent(s) is to be given to Parents or Guardians, extended family members, or the Child(ren)'s friends.
2. The Alternative Care Helper will inform the Alternative Care Parent(s) of the Child's right to use the telephone with consideration for the following:
 - a) The Child has the right to reasonable privacy when making and receiving telephone calls
 - b) The Child has a right to send and receive written communications that are not read, examined, or censored by another person
 - c) The degree of privacy allowed to the Child is consistent with family norms
 - d) The Child's well-being and safety are protected
 - e) Determine how and when the Child may make long-distance telephone calls

- f) Determine limitations regarding the Child's use of the telephone (length of call, number of calls, and so on)
 - g) Purchase and limitations of a cell phone must be discussed with the Placing Agency's assigned Helper/Child and Youth Helper prior to the purchase of one
3. When the Alternative Care Helper is informed that there may be reasonable grounds to believe that the use of the telephone may cause the Child harm or threaten the safety of the Home, the Alternative Care Helper will assess the rationale and the nature and degree of risk before providing direction to the Alternative Care Parent(s).
 4. The Alternative Care Helper will inform the Supervisor of the situation and initiate or propose action to be taken. The Alternative Care Helper will notify the Alternative Care Parent(s) and Child of any decisions made regarding telephone usage and restrictions.
 5. The Alternative Care Helper will document all information in case notes in the Child's File in the Child Welfare Database.

POLICY REFERENCE

Department: Alternative Care	POLICY #: 0413B
Section: Placement	
Subject: Email and Internet Safety	
Date Approved:	Date Revised:
Board Resolution #:	
Source Reference:	

EMAIL AND INTERNET SAFETY

POLICY

Mnaasged Child and Family Services will ensure that the Children in Alternative Care use reasonable precaution related to email and internet safety.

PROCEDURE

1. The Alternative Care Helper will ensure that training and education is provided to the Alternative Care Parent(s) on an ongoing basis surrounding the need for internet and email safety.
2. The Alternative Care Helper will ensure that the Alternative Care Parent(s) is aware of the Alternative Care Child's right to privacy and to receive and send communications that are not read, examined, or censored by another person.
3. The Alternative Care Parent(s) is encouraged to communicate and talk to the Children in their care openly about victimization and potential for online dangers and the need for the responsible use of computers.
4. The Alternative Care Parent(s) will be encouraged to keep the computer in a common room in the house and not in the Child's bedroom.
5. The Alternative Care Parent(s) will utilize internet parental controls provided by Internet Service Parent(s) and blocking software where appropriate.
6. The Alternative Care Parent(s) will spend time with the Children while they are online to review their online destination sites.

7. The Alternative Care Helper will advise the Children in the Home that the Alternative Care Parent(s) will maintain access to the Child's account and will randomly check email, Facebook, and other social networking sites in the Child's presence.
8. The Alternative Care Helper and the Alternative Care Parent(s) will reinforce internet safety for Children in Alternative Care, including but not limited to the following:
 - a) Never arrange to meet a person face-to-face that they met online
 - b) Never upload (post) pictures of themselves to people they do not personally know
 - c) Never take or distribute sexually explicit or compromising photographs of themselves or others
 - d) Never give out personal identifying information, such as their name, address, school, or telephone number
 - e) Never download pictures from unknown sources, as they may be sexually explicit in nature or contain viruses

Department: Alternative Care	POLICY #: 0414
Section: Placement	
Subject: Photographs	
Date Approved:	Date Revised:
Board Resolution #:	
Source Reference:	

PHOTOGRAPHS

POLICY

The Alternative Care Helper will inform the Alternative Care Parent(s) and the Child of the Child's right to retain a collection of photographs depicting significant events while the Child is in care (e.g., birthday parties, Christmas, and baptismal ceremonies).

PROCEDURE

1. The Alternative Care Helper will review the expectations and limitations of creating and collecting a collection of photographs for the Child(ren).
2. Mnaasged will reimburse the Alternative Care Parent(s) for reasonable costs associated with reproduction and storage of the photographs (receipts required).
3. The collection of photographs will include both digital and printed copies, be the property of the Child's, and be maintained in an album.
4. The Child will be entitled to obtain annual school photographs with the authorization of the Alternative Care Helper.

POLICY REFERENCE

Department: Alternative Care	POLICY #: 0415
Section: Placement	
Subject: Preparation for Independence	
Date Approved:	Date Revised:
Board Resolution #:	
Source Reference:	

PREPARATION FOR INDEPENDENCE

POLICY

Preparation will begin early when Independent Living is the goal for the Youth. The Alternative Care Helper and the Alternative Care Parent(s) will work together to develop and implement an independent living plan. This will also be part of all Plan of Cares where the Child is in Extended Care/Crown Ward.

PROCEDURE

1. Through the Plan of Care and discussions with the Placing Agency, it is determined that there is a goal of working toward independent living. The Alternative Care Helper will meet with the Alternative Care Parent(s) and the Youth to develop the Plan of Care with goals for independent living.
2. The plan should include preparing for all aspects of independence, including the following:
 - a) Food preparation and shopping skills
 - b) Money and bill management skills
 - c) Community navigation skills (e.g., transit usage)
3. The Alternative Care Helper and the Alternative Care Parent(s) will make all the necessary referrals to community programs that would benefit the goal of independence. This may include a referral to Mnaasged's Youth in Transition (YIT) Program.

POLICY REFERENCE

Department: Alternative Care	POLICY #: 0416
Section: Placement	
Subject: Employment and Money Management	
Date Approved:	Date Revised:
Board Resolution #:	
Source Reference:	

EMPLOYMENT AND MONEY MANAGEMENT

POLICY

The Alternative Care Helper will work with the Alternative Care Parent(s) to ensure that the Children in Alternative Care acquire appropriate money management skills and develop an age-appropriate work ethic.

PROCEDURE

1. The Alternative Care Helper will encourage the Alternative Care Parent(s) to consider the following regarding employment and daily chores:
 - a) Age of the Child
 - b) Child's capabilities
 - c) Community norms
 - d) Child's own family practices
 - e) Alternative Care Family norms
2. The Alternative Care Helper and the Alternative Care Parent(s) will consider the following when decisions are made regarding the Child's use of money:
 - a) The development of money management skills of the Child in Alternative Care includes the following:
 - i. Assessing the value of goods and services
 - ii. Basics of planning and saving

- iii. Purchasing responsibilities
 - iv. Budgeting
- b) The needs of the Child(ren) in Alternative Care, the age, and the range of expectations and practices in the Alternative Care Family regarding spending money.
 - c) The protection of the Child in Alternative Care regarding ownership and access to any money earned by or given to the Child.
 - d) The use of spending money by the Child in Alternative Care.
 - e) The capability of the Child in Alternative Care to pay for components of the Child's care.
3. Decisions made regarding employment, daily chores, and use of money may be reviewed if required.

POLICY REFERENCE

Department: Alternative Care	POLICY #: 0417
Section: Placement	
Subject: Private Interviewing of Children in Care	
Date Approved:	Date Revised:
Board Resolution #:	
Source Reference:	

PRIVATE INTERVIEWING OF CHILDREN IN CARE

POLICY

The Alternative Care Helper will conduct private interviews with the Children at the seven-day visit and semi-annual and annual reviews. The Alternative Care Helper may accompany the Placing Agency Helper to a private interview if requested and agreed to by the Child when appropriate.

PROCEDURE

1. The Alternative Care Helper will ensure the Child is aware that the private interview is an opportunity to ask openly about themselves and their circumstances and to express without fear of repercussions their feelings and views about conditions in their Alternative Care Home.
2. The Alternative Care Helper will ensure having private visits with the Children/Youth. The Alternative Care Helper will document these private visits in the Child's File.
3. The Alternative Care Helper will document the occurrence of a private interview conducted by the Placement Agency Helper with the Children and Youth in the Alternative Care Home.
4. A private interview does not exclude the Band Representative. If the Child expresses a desire to see the Helper without the Band Representative present, the Alternative Care Helper will discuss doing so with the Band Representative first and, during the interview with the Child, ascertain the reason why. The Placing Agency will follow the Band Representative's direction. The Alternative Care Helper will discuss with the Band Representative if there is an alternative.

POLICY REFERENCE

Department: Alternative Care	POLICY #: 0418
Section: Placement	
Subject: Placement Change	
Date Approved:	Date Revised:
Board Resolution #:	
Source Reference:	

PLACEMENT CHANGE

POLICY

The Alternative Care Supervisor will make every attempt to place the Child in an Alternative Care Home that is best suited for the Child. If the Child or the Alternative Care Parent(s) requests a change in placement, Mnaasged Child and Family Services will determine, with the input of all parties concerned, whether a change in placement is required.

PROCEDURE

1. If the Child is objecting to the placement, the Alternative Care Helper will inform the Child of the right to a review by a Residential Placement Advisory Committee in accordance with sections 64, 65, and 66 of the *Child, Youth and Family Services Act*.
2. The Alternative Care Helper will meet with the Child in Alternative Care and the Alternative Care Parent(s) as soon as possible within five (5) business days of either one requesting a change in placement. The Alternative Care Parent(s) and the Child in Alternative Care, depending on age and functioning, should be consulted on, and involved in, the decision for a placement change. The Alternative Care Helper will inform the Alternative Care Child of the rights under section 3 of the *Child, Youth and Family Services Act* to be involved in decisions affecting the Child. This includes decisions with respect to the Child's/Youth's placement in or discharge from a residential placement or transfer to another residential placement.
3. A decision to move the Child/Youth will be made by the Alternative Care Helper or person designated by Mnaasged in conjunction with the Placing Agency if a Residential Placement Advisory Committee has not been involved. The information can be shared, if appropriate and confidentiality principles are respected, with the Placing Agency, the Child, and the foster parents.

4. The Alternative Care Helper will document the outcome of the meeting and retain this in the Childcare File and in the Alternative Care Parent(s) File.
5. When a decision is reached to remove the Child, an alternate placement will be secured, and the Child will be moved as soon as possible. At the time of the placement change, the Child will be accompanied by a person the Child knows and preferably by someone the Child is comfortable with and trusts.
6. If the situation is not resolved, the Alternative Care Helper will advise the parties of their right to a review by the Residential Placement Advisory Committee.
7. The Alternative Care Helper will notify the Alternative Care Supervisor, in writing, of the situation and the steps taken to resolve the complaint.
8. The Alternative Care Supervisor will notify the Director of Services, in writing, of the situation and steps taken to resolve the complaint.
9. The Alternative Care Helper will participate in the review.

POLICY REFERENCE

Department: Alternative Care	POLICY #: 0419
Section: Placement	
Subject: Exit Interviews	
Date Approved:	Date
Board Resolution #:	
Source Reference:	

EXIT INTERVIEWS

POLICY

Where a Child has been placed for 30 days or longer in the same placement, the Alternative Care Helper will conduct an Exit Interview within seven (7) days of a placement change. The Alternative Care Helper will ensure that every Child in Alternative Care and the Alternative Care Family members will have the opportunity to discuss their specific Alternative Care experience.

PROCEDURE

1. The Alternative Care Helper will arrange for private interviews with the Alternative Care Family and the Alternative Care Child(ren) to conduct Exit Interviews.
2. A copy of the Exit Interview is placed in the Alternative Care Child's File and the Alternative Care Parent(s) File.
3. In those circumstances where the Child has been removed from the Alternative Care Home without notice/planning and the Family/Child refuses to allow the Exit Interview to take place, the Alternative Care Helper will document the attempts on Mnaasged's Exit Interview Form and notify the Alternative Care Supervisor.
4. A copy of each Exit Interview is reviewed by the Alternative Care Supervisor.
5. The Alternative Care Supervisor will provide a copy of the Exit Interviews to the Director of Services. If the Exit Interview identifies any areas of concern, then appropriate action will be taken.
6. The Director of Services will provide a summary report to the Board of Directors upon request.

POLICY REFERENCE

Department: Alternative Care	POLICY #: 0420
Section: Placement	
Subject: Termination of Placement for Children in Alternative Care	
Date Approved:	Date Revised:
Board Resolution #:	
Source Reference:	

TERMINATION OF PLACEMENT FOR CHILDREN IN ALTERNATIVE CARE

POLICY

The Alternative Care Helper will ensure that the Alternative Care Parent(s) is aware that they are required to provide Mnaasged Child and Family Services and the Placing Agency a minimum of two (2) weeks' notice when requesting the permanent removal of the Child from the Alternative Care Home. Exceptions will be accepted in cases where the Child presents a threat to the family or the Alternative Care Family is experiencing a personal crisis.

PROCEDURE

1. The Alternative Care Parent(s) will contact the Alternative Care Helper to request the termination of placement.
2. The Alternative Care Helper will contact the Alternative Care Supervisor to discuss the situation and determine with the Alternative Care Parent(s) that there are no other steps to take without removing the Child that would address the concerns (i.e., where additional relief might reduce the need for replacement).
3. The Alternative Care Helper will contact the Placing Agency Helper.
4. The Alternative Care Supervisor will inform the Director of Services.
5. The Alternative Care Supervisor will refer to the Beds Available List.
6. The Alternative Care Supervisor will contact the Placing Agency Supervisor.
7. The Alternative Care Helper will attempt to maintain the Alternative Care placement until an adequate placement is located. This may include, but is not limited to, in-home support services and referrals to outside agencies.

8. The Alternative Care Helper will work cooperatively with the Placing Agency in setting a date for the placement change.
9. The Alternative Care Helper will be present at the time of moving the Child and will provide support to the Alternative Care Family. The Alternative Care Helper will accompany the Child to their new placement.

POLICY REFERENCE

Department: Alternative Care	POLICY #: 0421
Section: Placement	
Subject: Adoption by Alternative Care Parents	
Date Approved:	Date Revised:
Board Resolution #:	
Source Reference:	

ADOPTION BY ALTERNATIVE CARE PARENTS

POLICY

Mnaasged Child and Family Services does not have the authority to assist or process adoptions. When the Alternative Care Parent(s) is expressing interest in adoption, the Alternative Care Helper will advise the Alternative Care Parent(s) that the Placing Agency's adoption procedures will be applied.

PROCEDURE

1. The Alternative Care Parent(s) will need to apply for adoption of the Child in Alternative Care with the Placing Agency. The Alternative Care Helper can support the Alternative Care Family through the application process, if agreeable by both the Alternative Care Parent(s) and the Placing Agency.
2. The Alternative Care Helper can support the Alternative Care Family through the adoption probation period when the Child's status is changed to adoption.
3. The Alternative Care Helper will conduct Exit Interviews using the Exit Interview Forms. These forms will be placed in the Child's File and the Alternative Care Parent(s) File.
4. The Alternative Care Helper will close the Child's File.
5. The Alternative Care Helper will discuss whether the Alternative Care Family wishes to close as an Alternative Care Family or if they would like to be placed on hold until the adoption probation ends.
6. The adoption hold of the Alternative Care Home will be at the discretion of the Alternative Care Supervisor and the Director of Services.

POLICY REFERENCE

Department: Alternative Care	POLICY #: 0422
Section: Placement	
Subject: Food and Nutrition	
Date Approved:	Date Revised:
Board Resolution #:	
Source Reference:	

FOOD AND NUTRITION

POLICY

All Children/Youth in Mnaasged Child and Family Services' Alternative Care have the right to appropriate nutrition and will be provided with basic food and nutrition that meet the developmental needs of the Children/Youth. The Alternative Care Parent(s) will be required to meet the accepted nutrition standards set by Health Canada or any requirements prescribed by a medical practitioner to support the best outcomes of the Children in Alternative Care. Mnaasged Child and Family Services will ensure that all Alternative Care Parents receive the appropriate training necessary to be educated and knowledgeable in this area.

PROCEDURE

1. The Placing Agency Helper is expected to provide the Alternative Care Parent(s) with information as to the Child's eating habits, food allergies, or any special diets or feeding arrangements prescribed by a licensed physician or registered nurse in the extended class (nurse practitioner).
2. The Alternative Care Helper will provide each Alternative Care Home with a current copy of "Eating Well with Canada's Food Guide – First Nations, Inuit and Metis" to post on or near the refrigerator.
3. The Alternative Care Helper will inform the Alternative Care Parent(s) that the cost of non-dairy and other special dietary needs may be reimbursed by Mnaasged if approved by the Placing Agency.
4. The Alternative Care Parent(s) will provide varied, nutritionally balanced meals prepared according to the most current Canada's Food Guide and reflecting the cultural diversity of the Child/Youth placed in Alternative Care. The Alternative Care Parent(s) will also support the preparation of Traditional and cultural foods and celebrations involving food.

5. The Alternative Care Parent(s) will provide the Children/Youth with three regular meals daily (breakfast, lunch, and supper) at set times, when possible.
6. The Alternative Care Parent(s) will make food available between meals, appropriate for the age, developmental stage, and health of the Child.
7. The Alternative Care Parent(s) will provide portion sizes based on the most current Canada's Food Guide and additional portions if requested by the Child/Youth or the Alternative Care Helper.
8. The Alternative Care Parent(s) will accommodate special dietary requirements or modify meals, including medical, religious (e.g., fasts), lifestyle diets (e.g., vegetarian) and requirements for Children/Youth with unique needs related to feeding within the parameters of the Canada's Food Guide and as indicated in the Child's/Youth's Plan of Care or under supervision of a medical professional.
9. The Alternative Care Parent(s) will encourage and model routines surrounding mealtimes that support participation of all Children/Youth, meals as a family, and social time.
10. The Alternative Care Parent(s) will provide opportunities for the Children/Youth to participate in meal planning and preparation. This will be done under the support and guidance of the Alternative Care Parent(s).
11. The Alternative Care Helper will interview the Children, if age appropriate, to determine if nutritional requirements are being met. The Alternative Care Parent(s) will be asked about diets of the younger Children. This will be documented in the Child's File and the Alternative Care Parent(s) File. Indicators of nutritional issues will be monitored regularly, such as abnormally high or low weight gains or losses and frequent health issues.
12. The Alternative Care Parent(s) will keep copies of their meal plans on record.

POLICY REFERENCE

Department: Alternative Care	POLICY #: 0425
Section: Placement	
Subject: Food and Nutrition: Medical and Behavioural Advice	
Date Approved:	Date Revised:
Board Resolution #:	
Source Reference:	

FOOD AND NUTRITION: MEDICAL AND BEHAVIOURAL ADVICE

POLICY

The advice of appropriate medical and behavioural specialists will be secured for the Children/Youth in Alternative Care that may have unique food needs related to food choice, feeding, and nutrition. This also applies to the Children who refuse to eat, overeat, or have challenging eating behaviours that may not be medical in nature.

PROCEDURE

1. The Alternative Care Parent(s) will implement mechanisms to identify and respond to food allergies, including anaphylactic reactions.
2. The Alternative Care Parent(s) will obtain medical advice for those Children/Youth that refuse to eat, overeat, or have possible eating disorders and will notify the Placing Agency or the Guardian/Parent, or both.
3. The Alternative Care Parent(s) will obtain medical or behavioural advice and support for the Children/Youth with unique needs related to food, feeding, and nutrition.
4. The Alternative Care Parent(s) will obtain behavioural advice for dealing with challenging eating behaviours that may not be medical in nature.
5. The Alternative Care Parent(s) informs the Alternative Care Helper as soon as possible regarding any recommendations and provides a written copy to the Alternative Care Helper for the Child's File.
6. The Alternative Care Helper will ensure that the recommendations will be added to the next Plan of Care.

POLICY REFERENCE

Department: Alternative Care	POLICY #: 0426
Section: Placement	
Subject: Food and Nutrition – Health Education	
Date Approved:	Date Revised:
Board Resolution #:	
Source Reference:	

FOOD AND NUTRITION – HEALTH EDUCATION

POLICY

The Alternative Care Parent(s) will share, model, and educate the Child/Youth on proper nutrition and meal preparation.

PROCEDURE

1. The Alternative Care Helper will support and assist the Alternative Care Parent(s) in securing appropriate health education materials and resources.
2. The Alternative Care Parent(s) will provide educational material and opportunities for the Children/Youth about proper nutrition in a format that is suitable for the Child's/Youth's level of understanding, such as Canada's Food Guide.
3. The Alternative Care Parent(s) will provide educational materials and opportunities to the Children/Youth about food handling and preparation geared to the Child's/Youth's level of understanding.

POLICY REFERENCE

Department: Alternative Care	POLICY #: 0427
Section: Placement	
Subject: Food and Nutrition – Cultural Diversity	
Date Approved:	Date Revised:
Board Resolution #:	
Source Reference:	

FOOD AND NUTRITION – CULTURAL DIVERSITY

POLICY

The Alternative Care Parent(s) will prepare, serve, and make available to the Child foods that reflect or hold a cultural importance to the Child's family of origin.

PROCEDURE

1. The Alternative Care Parent(s) will serve food or make foods that reflect the cultural diversity of the Child/Youth in their care.
2. The Alternative Care Parent(s) will support the preparation and serving of Traditional and cultural foods and celebrations involving food.

POLICY REFERENCE

Department: Alternative Care	POLICY #: 0428
Section: Placement	
Subject: Food and Nutrition: Food Handling and Kitchen Safety	
Date Approved:	Date Revised:
Board Resolution #:	
Source Reference:	

FOOD AND NUTRITION – FOOD HANDLING AND KITCHEN SAFETY

POLICY

The Alternative Care Parent(s) will educate, model, and supervise food handling and kitchen safety for the Children/Youth placed in the Alternative Care Home.

PROCEDURE

1. The Alternative Care Parent(s) will model for the Children in Alternative Care proper food handling, hygiene, and food safety practices.
2. The Alternative Care Parent(s) will supervise the Children/Youth working in the kitchen area.
3. The Alternative Care Parent(s) will provide food preparation information and opportunities to the Children/Youth at the level of their age and understanding.
4. The Alternative Care Parent(s) will supervise the Children/Youth during meal preparation.
5. The Alternative Care Parent(s) will inform the Children and Youth of any food, products, or equipment not to be used by them.

POLICY REFERENCE

Department: Alternative Care	POLICY #: 0429
Section: Placement	
Subject: Food and Nutrition – Prohibited Food Practice	
Date Approved:	Date Revised:
Board Resolution #:	
Source Reference:	

FOOD AND NUTRITION – PROHIBITED FOOD PRACTICE

POLICY

The Alternative Care Parent(s) will not use food as a means of discipline and will not deprive the Child/Youth placed in their care of food.

PROCEDURE

1. The Alternative Care Parent(s) will not deprive the Children/Youth of food.
2. Deprivation is distinguished from food-related limits, routines, and token reinforcement that are part of an individualized and documented treatment approach that is administered under the guidance of a health care or rehabilitation professional. Food may only be limited as part of an individualized and documented treatment approach that is administered under the guidance of a health care professional.
3. The Alternative Care Parent(s) will not use food to bribe, punish, reward, or coax the Children/Youth within their care.

POLICY REFERENCE

Department: Alternative Care	POLICY #: 0430
Section: Placement	
Subject: Biological Family Involvement	
Date Approved:	Date Revised:
Board Resolution #:	
Source Reference:	

BIOLOGICAL FAMILY INVOLVEMENT

POLICY

Mnaasged Child and Family Services will ensure the engagement of Parents, biological Caregivers, or Guardians in the planning and delivery of services, whenever and to the extent reasonable, regarding their Children's care and well-being. The extent and nature of parental involvement will be reflected in the Placement Agreement with the Placing Agency, reflected in the Plan of Care, and addressed in all planning and interactions in which they are eligible to participate. Mnaasged Child and Family Services will take particular care in addressing those obligations that focus on the Child's identity characteristics, regional differences, Indigenous culture, Traditions, heritage, connections to community, and concept of extended family. (See also Resource Person Policy.)

PROCEDURE

1. As part of the negotiation of the initial placement of the Child in a Mnaasged Alternative Care Home, the Alternative Care Helper will obtain from the Placing Agency Helper any information on the anticipated involvement of the Child's Parents, biological Caregivers or Guardian.
2. If circumstances dictate no involvement in the case, this should be documented in the file.
3. Except in circumstances identified in clause 2 above, the Alternative Care Helper and Placing Agency will agree on a plan for engaging the Parent(s) in providing their input and information about the Child's identity characteristics and the specific cultural and heritage rights as an Indigenous Child.
4. The Alternative Care Helper will obtain all available information from the Placing Agency, in addition to reaching out to the Parent(s).

5. The Alternative Care Helper will ensure that the Parents have been advised of their right to name a Resource Person (see Resource Person Policy).
6. Unless the conditions in clause 2 apply, the Parents should be included in Plan of Care reviews and be engaged with the Placing Agency and the Alternative Care Helper in discussion around access and visitation schedules and access to telephone, Skype, and FaceTime and with all other aspects of maintaining and strengthening a relationship.

POLICY REFERENCE

Department: Alternative Care	POLICY #: 0431
Section: Placement	
Subject: Life Book	
Date Approved:	Date Revised:
Board Resolution #:	
Source Reference:	

LIFE BOOK

POLICY

Mnaasged Child and Family Services will ensure that a Life Book of the Child/Youth in Alternative Care is maintained or created to document and preserve the memories and life experiences.

PROCEDURE

1. The Life Book will be developed and maintained by the Alternative Care Parent(s) in collaboration with the Alternative Care Helper and other significant people in the Child's life.
2. The Alternative Care Parent(s) will be trained on the purpose and importance of Life Books as part of their ongoing training and development.
3. The Life Book will include information about the Child's developmental milestones, significant events, awards, recreational activities, and any event that is important to the Child.
4. Pictures of the Child, artwork, poems, school report cards, and any other important documents may be incorporated into the Life Book as well as the observations or memories the Alternative Care Parent(s) have of the Child.
5. Mnaasged will reimburse the Alternative Care Parent(s) for expenses related to the Life Book, as outlined in the Reimbursable Policy.

POLICY REFERENCE

Department: Alternative Care	POLICY #: 0432
Section: Placement	
Subject: Service Complaints	
Date Approved:	Date Revised:
Board Resolution #:	
Source Reference:	

SERVICE COMPLAINTS

POLICY

Mnaasged Child and Family Services recognizes that, from time to time, an individual receiving service may not be satisfied with it. The individual has a right to express this concern so that it may be heard and addressed appropriately through a constructive method of problem resolution that is consistent with both legislation (section 18, Child, Youth and Family Services Act) and Mnaasged Child and Family Services' Vision, Mission, Relationship Statements, and Philosophy.

Mnaasged Child and Family Services will respond within 24 hours to all client complaints, except for the following:

- a) Complaints regarding issues that have been decided by the Court*
- b) Complaints regarding issues that are currently before the Court*

Complaints regarding issues that are subject to another decision-making process under the Child, Youth and Family Services Act or the Labor Relations Act, 1995.

A Client Complaint Pamphlet that outlines the complaint procedure will be made available to all clientele.

PROCEDURE

COMPLAINTS

1. A person may make a complaint to Mnaasged that is related to a service sought or received by that person from the organization, in accordance with the regulations.

2. Mnaasged provides Alternative Care and Cultural services. This policy provides a complaint process for all Mnaasged clients, regardless of the service area. The procedure involves the following steps:
 - a) Complaints reviewed by the Helper, the Supervisor, the Director of Services, and the Executive Director
 - b) Complaints reviewed at the Board level
 - c) Complaints reviewed at the Ministry level
3. The Child in Alternative Care may make a complaint, either verbally or in writing, with respect to alleged violations of the rights of the Child in Care under Part II of the *Child, Youth and Family Services Act* to the following:
 - a) Staff member or Alternative Care Parent, either in private or in the presence of other persons
 - b) Service provider or person designated by the service provider
4. An individual affected by conditions or limitations on visitors imposed under subsection 11(1) of the Act may make a complaint, either verbally or in writing, to the following:
 - a) Staff member
 - b) Service provider or person designated by the service provider
5. An individual affected by the suspension of visits to a facility under subsection 11(2) of the Act may make a complaint, either verbally or in writing, to the following:
 - a) Staff member
 - b) Person designated by the service provider
6. A parent of the Child in Care or other person representing the Child in Care may make a complaint, either verbally or in writing, with respect to alleged violations of the rights of the Child under Part II of the Act to the following:
 - a) Staff member or foster parent
 - b) Service provider or person designated by the service provider
7. Alternative Care Parents, Parents, or Guardians are not clients of Mnaasged. However, there are times when an Alternative Care Parent, Parent, or Guardian may be dissatisfied with the service provided. The Alternative Care Parent, a Parent, or a Guardian with a complaint will follow all three (3) steps of the complaint process with the following exceptions:

- a) The Alternative Care parent(s) who had a Crown Ward removed from the Alternative Care Home when the Crown Ward has lived continuously at the Home for two (2) years
 - b) The biological Caregivers who are refused an application for adoption (section 192)
 - c) The biological Caregivers who had a Child placed with them for adoption and a Children's Aid Society has decided to remove the Child after that placement for adoption (section 192).
8. In these situations, the Alternative Care Parent(s) may appeal directly to the Child and Family Services Review Board.

THE FOLLOWING PRINCIPLES WILL BE REFLECTED IN MNAASGED'S RESPONSE TO THE COMPLAINT

1. Disagreement and dissatisfaction are normal components of any relationship, and it is appropriate for a person to voice a complaint.
2. Clients have a right to voice a complaint and should be encouraged to do so.
3. Complaints should be responded in an informal manner, if possible. It is recognized that cumbersome procedures may be seen by the client as an obstacle to resolution.
4. Complaints will be responded to promptly, and Mnaasged personnel will endeavour to find a speedy resolution.
5. Whenever possible, complaints by clients and others should be responded by the Mnaasged person who is involved directly in the situation.
6. Mnaasged Staff have the right to know that a complaint has been made about them or their behaviour and to be an active participant in resolving the circumstances of the complaint.
7. Clientele and members of the community will be encouraged to present any concerns at an early stage.
8. A complainant may appear personally at each step of the internal review.
9. Mnaasged will ensure all complaints are given a response and then considered when planning service delivery.
10. Suggestions for new services when there is no specific grievance will not be considered as a complaint and should be referred to the Executive Director or Senior Management for consideration.

COMPLAINTS REVIEWED BY THE HELPER, THE SUPERVISOR, THE DIRECTOR OF SERVICES, AND THE EXECUTIVE DIRECTOR

1. A verbal or written complaint is received by Mnaasged Staff from a client.
2. If the complaint is not received by the person who will address it, the complaint is forwarded to the appropriate person(s). This may be the Helper, the Supervisor, the Director of Services, or the Executive Director.
3. The Director of Services and the Executive Director will discuss the complaint and determine who will address it.
4. The concern is discussed with the client within 24 hours.
5. The client is advised of the following:
 - a) The client complaint process
 - b) The client may have in attendance an advisor or friend when meeting with Staff to discuss the complaint.
6. Staff will be sensitive to the issues of literacy and will assist the client with the completion of a formal written complaint, if necessary.
7. The concern must be resolved within 10 working days.
8. The concern and its outcome are recorded in the Helper's case notes within one (1) working day.
9. The Director or designate will determine the following:
 - a) Whether the complaint and its outcome should be recorded on the Complaint Tracking Form
 - b) Who will record the complaint and its outcome on the Complaint Tracking Form
 - c) If the complaint is to be recorded on the Complaint Tracking Form, it must be completed within two (2) weeks of the outcome of the complaint

COMPLAINTS REVIEWED AT THE MNAASGED OR THE MINISTRY LEVEL

1. When a complaint cannot be resolved at the front-line level, it may proceed to Mnaasged or Ministry levels for review.
2. All complaints to the Internal Complaints Review Panel must be written and sent in care of the Executive Director. All complaints sent to the Child and Family Services Review Board must be written.

PROCESS OF REVIEW AT THE MNAASGED LEVEL

1. A complaint is made to Mnaasged in writing and must be signed by the complainant.
2. Within seven (7) days, Mnaasged decides whether the complaint is eligible for review using the following criteria:
 - a) The complaint must relate to a service currently being sought or received by the client
 - b) The complaint must involve that client
 - c) The client must have made attempts to resolve the complaint informally
 - d) The subject of the complaint is an issue that is not before the court or has not been decided by a court
3. If the complaint is NOT eligible for review, Mnaasged notifies the person lodging the complaint within 10 working days of making the decision:
 - a) In writing
 - b) Regarding the decision
 - c) The reason for the decision
4. If the complaint is eligible for review, the Executive Director will establish an Internal Complaints Review Panel within 10 working days to review the complaint. The Internal Complaints Review Panel will carry out the following:
 - a) Include a Senior Manager from Mnaasged
 - b) Include other Mnaasged Staff as required
 - c) Include at least one person who is external to Mnaasged or who may be a member of the Mnaasged Board of Directors

- d) Ensure that members of the panel do not have any direct involvement with the complaint being reviewed
5. The person lodging the complaint is notified within 10 working days:
 - a) In writing
 - b) Provides the date and time for a meeting with the Internal Complaints Review Panel
 6. The meeting should consider the following:
 - a) Scheduled at a mutually convenient time for both the complainant and the Panel
 - b) Held within 14 days after the date the written notice is sent to the complainant
 - c) The complainant may request a meeting date outside the 14 days after the date the written notice is sent to the complainant
 - d) Reasonable efforts will be made by the Panel to accommodate that request
 - e) The meeting will take place in person
 7. The Panel determines who will attend the meeting. However, the complainant may bring the following:
 - a) A representative of their First Nation Band or the community
 - b) One other person
 8. Within 14 days after the meeting, the following will occur:
 - a) The Panel will send a written summary of the meeting and its decision to the complainant and the Executive Director
 - b) The summary includes the next steps if any
 9. If the complaint is resolved to the satisfaction of the complainant, Mnaasged will write a letter to the complainant confirming the resolution within 14 days of the meeting.
 10. Decisions made by the Internal Complaints Review Panel are final decisions except for Child welfare complaints that may be heard by the Child and Family Services Review Board. Please see the Process of a Formal Complaint at the Ministry Level for details.
 11. The complaint and its outcome are recorded on the Complaint Tracking Form within 14 days of the final decision.

PROCESS OF REVIEW AT THE MINISTRY LEVEL

1. The review of a complaint at the Ministry level involves a review of the complaint by the Child and Family Services Review Board. The Review Board will review the complaint, determine whether the complaint is eligible for review, and make its decision regarding the complaint.
2. In most circumstances, decisions that would be eligible for review by the Child and Family Services Review Board would be made by the Placing Agency rather than Mnaasged; therefore, decisions should be addressed by that Placing Agency.
3. The following is the process of a complaint heard by the Child and Family Services Review Board. The complaint must relate to one of the following matters:
 - a) Alleged inaccuracy in Mnaasged files regarding the complainant
 - b) An allegation that Mnaasged refused to proceed with a complaint
 - c) An allegation that Mnaasged failed to respond within the time frame of a complaint
 - d) An allegation that Mnaasged failed to comply with the complaint review procedure
 - e) An allegation that Mnaasged failed to provide the Child and biological Caregivers with the opportunity to be heard and represented
 - f) Allegations that Mnaasged failed to provide the reasons for a decision that affects the complainant's interests
 - g) Mnaasged's decision to remove a Crown Ward from Alternative Care Parent(s) when the Child has lived continuously with the Alternative Care Parent(s) for two (2) years (section 61)
4. A request for review by the Child and Family Services Review Board regarding allegations that Mnaasged failed to hear a complaint appropriately is made in writing on the form "Request for Review of Children's Aid Society – Child and Family Services Review Board Application."
5. A request for review by the Child and Family Services Review Board from Alternative Care Parent(s), Parent(s), or Guardians regarding section 61 of the *Child, Youth and Family Services Act* is made in writing on the form "Removal of a Crown Ward – Child and Family Services Review Board Application."
6. Requests for the withdrawal of an appeal to the Child and Family Services Review Board is made in writing on the form "Withdrawal of Application Form."

7. Staff will be sensitive to the issues of literacy and will assist the client with the written complaint, whenever necessary.
8. Within seven (7) days, the Child and Family Services Review Board will decide whether the complaint is eligible for review and will then notify the complainant in writing.
9. If the complaint is eligible for review, the Child and Family Services Review Board must review the complaint and make a decision.
10. The Child and Family Services Review Board may hold a pre-hearing conference.
11. Within 10 days of the conclusion of the pre-hearing conference, the Child and Family Services Review Board must send a summary of the results of the pre-hearing conference in writing to the complainant and to Mnaasged. If a hearing is to occur, the package must include the notice of the date and location of the hearing.
12. When a hearing is to proceed, it must occur within 20 days after the Pre-hearing Conference.
13. Within 10 days after the conclusion of the hearing, the Child and Family Services Review Board will provide, in writing, to the complainant and to Mnaasged its decision and reasons for the decision.
14. The Child and Family Services Review Board may consider the following:
 - a) Order Mnaasged to proceed with the complaint made by the complainant in accordance with the complaint review procedure established by regulation
 - b) Order Mnaasged to provide a response to the complainant within a period specified by the Board
 - c) Order Mnaasged to comply with the complaint review procedure established by regulation or with any other requirements under the *Child, Youth and Family Services Act*
 - d) Order Mnaasged to provide the complainant, in writing, reasons for a decision
 - e) Dismiss the complaint
 - f) Make such other order as may be prescribed

INFORMING CLIENTS OF THE CLIENT COMPLAINT PROCEDURE

1. Mnaasged has prepared a Client Complaint Pamphlet, “*Service Complaint Process*,” advising clients of the complaint procedure.
2. The Client Complaint Pamphlet is to be given to all clients by Helpers responsible for direct service, specifically to the following:
 - a) Parents or Guardians, through the Alternative Care Helper or the assigned Helper
 - b) Alternative Care Parent(s) and biological Caregivers, through the Alternative Care Helper supporting the Home
 - c) Outside residential resources, through the Assigned Helper

Client Complaint Pamphlets will be available during normal business hours at the reception area and on the website of Mnaasged Child and Family Services or for mailing purposes upon telephone or written request.

POLICY REFERENCE

Complaints from Alternative Care Parent(s)

Complaints from Third Party

Complaints Regarding Alternative Care Parent(s)

Department: Alternative Care	POLICY #: 433
Section: Placement	
Subject: Informing Child’s Guardians of Placement	
Date Approved:	Date Revised:
Board Resolution #:	
Source Reference:	

INFORMING CHILD’S GUARDIANS OF PLACEMENT

POLICY

The Child’s Parent(s) or Guardian(s) with lawful custody will receive information on Mnaasged Child and Family Services’ mission statement and services, the Child’s Rights and Responsibilities Pamphlet, a copy of Mnaasged Child and Family Services’ Service Complaint Procedures, and contact information of Mnaasged Child and Family Services.

PROCEDURE

1. At the time of placement, the Alternative Care Helper will provide the Placing Agency with the following information for the purpose of informing the Parent(s) or Guardian(s) of the Child’s placement:
 - a) Mnaasged’s mission statement and services
 - b) Child’s Rights and Responsibilities while in a Mnaasged Alternative Care Home
 - c) Mnaasged’s Service Complaint Procedures Pamphlet
 - d) Mnaasged’s contact information
2. The Alternative Care Helper will document in the Child’s File.

POLICY REFERENCE

Department: Alternative Care	POLICY #: 444
Section: Placement	
Subject: Communicable or Contagious Diseases	
Date Approved:	Date Revised:
Board Resolution #:	
Source Reference:	

COMMUNICABLE OR CONTAGIOUS DISEASES

POLICY

Mnaasged Child and Family Services will ensure that information and ongoing education is provided to all Employees, Alternative Care Parents, and Volunteers to mitigate risks and enhance skill development with respect to safety interventions regarding infectious and communicable diseases.

PROCEDURE

1. The Alternative Care Helper who has reason to believe that a client may be suffering from a communicable disease will encourage and assist the client in having the disease diagnosed and treated by a medical doctor.
2. A Helper may consult with a Public Health official to determine whether the client poses a risk of communicating the disease to others and, if there is a risk of infection, what precautions may be taken to reduce or eliminate the risk. This information sharing will not provide any client identifying information unless reporting is required by law.
3. Any risk to the Staff with respect to service delivery will be discussed with the Alternative Care Supervisor and an appropriate intervention strategy will be developed to ensure the health and safety of the Staff member.
4. Where any disclosure of client information is required with respect to reporting a communicable disease, the Helper will consult with the Alternative Care Supervisor, who will inform the Director of Services.
5. Any Alternative Care Child who is believed to be suffering from a communicable disease will receive immediate medical attention. The Alternative Care Parent(s) will be advised of the possibility and risks of transmission. Other Children will not be placed at risk of contracting the communicable disease.

6. All Staff, Volunteers, and Alternative Care Parents will receive training in “Universal Precautions” and will be encouraged to consistently use these safety measures.
7. The Alternative Care Helper will provide support and advocacy for the client, particularly in the areas of receiving medical support services and services to reduce isolation of the client.

POLICY REFERENCE

Department: Alternative Care	POLICY #: 0445
Section: Placement	
Subject: Transporting Children in Motor Vehicles/Boats	
Date Approved:	Date Revised:
Board Resolution #:	
Source Reference:	

TRANSPORTING CHILDREN IN MOTOR VEHICLES/BOATS

POLICY

All Mnaasged Child and Family Services Staff, Alternative Care Parents, and Volunteers will hold the appropriate license for transporting the Children in any specific motorized vehicle. Mnaasged Child and Family Services will ensure that all Children transported in a motorized vehicle will be properly secured in a child car seat, booster seat, restraint system, or seat belt and as per Ministry standards. All child safety seats must comply with CSA standards and affixed to the vehicle as per Ministry of Transportation standards and regulations.

When transporting the Children in boats, Alternative Caregivers, Professionals, Employees, and Volunteers must ensure that each Child is wearing a certified, provincially approved life jacket.

On commercial ferries, the Alternative Care Parent(s) or other adult will be aware of the location of the life jackets on the boat and will follow all rules and instruction in place aboard the ferry for Child safety.

PROCEDURE

1. All Alternative Care Parents and Volunteers will be provided training for the proper use and installation of infant/child car seats.
2. Any person who, in the course of their duties with Mnaasged, is required to transport Children in their vehicle will ensure that the vehicle has a properly installed car seat and that it is used in all circumstances where the Child is required by law to use one. If more than one Child placed in the Home requires a car seat or booster seat for transportation, one will be provided for each.

3. Alternative Care Parents, Staff, and Volunteers are responsible to ensure that they have the proper equipment and knowledge to comply with this policy. If they are unsure or require further information or training, it is the responsibility of the individual to seek out assistance prior to transporting any Children.
4. The only exception to this Policy is if there are circumstances where the Child's or Helper's physical safety is in jeopardy and leaving the area immediately is absolutely necessary. In such circumstances, the car seat safety policy will resume when it is safe to do so (e.g., natural disaster).
5. Vehicles used to transport Children will have to meet Ministry of Transportation certification.
6. Any motorized vehicle accidents involving Alternative Care Children are to be reported to the Alternative Care Helper immediately.
7. The Alternative Care Helper will inform the Alternative Care Supervisor who will ensure that proper reporting is completed.

POLICY REFERENCE

Department: Alternative Care	POLICY #: 0446
Section: Placement	
Subject: Alternative Care Service Agreements with Placing Agencies	
Date Approved:	Date Revised:
Board Resolution #:	
Source Reference:	

ALTERNATIVE CARE SERVICE AGREEMENTS WITH PLACING AGENCIES

POLICY

Mnaasged Child and Family Services will enter into a written service agreement with Placing Agencies upon approval of a Child(ren) being placed in an Alternative Care Home.

PROCEDURE

1. The Alternative Care Supervisor will inform the Alternative Care Clerk when a Child(ren) is placed in an Alternative Care Home.
2. The Alternative Care Clerk will prepare the Alternative Care Service Agreement for signature of the Director of Services or designate.
3. The Alternative Care Clerk will fax the signed agreement to the Placing Agency.
4. Once the Placing Agency signs the agreement and forwards the signed agreement back to the Alternative Care Clerk, the Alternative Care Clerk will file copies in the following binders:
 - a) Services Agreement
 - b) Alternative Care Parent(s)
 - c) Alternative Care Child
5. The Alternative Care Clerk will also provide a copy of the agreement to the Finance Department.

POLICY REFERENCE

Department: Alternative Care	POLICY #: 0449
Section: Placement	
Subject: Death of a Child – Response to an Investigation	
Date Approved:	Date:
Board Resolution #:	
Source Reference:	

DEATH OF A CHILD – RESPONSE TO AN INVESTIGATION

POLICY

*The Executive Director and the Director of Services are responsible to develop Mnaasged Child and Family Services’ response to an investigation in collaboration with the Supervisor (see also **Serious Occurrence Policy**).*

PROCEDURE

1. The Director of Services and the Supervisor, after consulting with the Placing Agency, will execute the following:
 - a) Contact the First Nation where the Child is registered (if applicable) and develop a plan with the First Nation and Children’s Aid Society to notify the biological Parents and Family unless the Placing Agency has already done so
 - b) Ensure that ongoing communication occurs directly with the investigating agency prior to and during the investigation in relation to the investigation plan
 - c) Develop a plan to inform the assigned Helpers about the incident and the pending investigation
 - d) Ensure extra Helpers are provided to support the Alternative Care Family during the investigation
2. The Supervisor will ensure that a Helper is available to accompany the Alternative Care Family throughout the entire investigation process (i.e., all interviews conducted by Children’s Aid Society, Police, and Coroner).
3. It is recognized that in circumstances where the death results in a criminal investigation, the Police may determine that accompanying the Alternative Care Parent(s) will not occur

during the interviews. It is also recognized that the Helper may be a potential witness with information and, as such, cannot carry out this duty. In such circumstances, Mnaasged will assign another Helper to support the Alternative Care Family.

4. The Supervisor will provide regular reporting to the Director of Services.
5. The Director of Services will provide regular reporting to the Executive Director.
6. The Executive Director will provide reports to the Board of Directors.

POLICY REFERENCE

Department: Alternative Care	POLICY #: 0450
Section: Placement	
Subject: Death of a Child – Reporting Requirements and Internal Child Death Review	
Date Approved:	Date:
Board Resolution #:	
Source Reference:	

DEATH OF A CHILD – REPORTING REQUIREMENTS AND INTERNAL CHILD DEATH REVIEW

POLICY

The death of a Child while receiving services, or within 12 months of the closure of the file, must be reported and reviewed carefully by Mnaasged Child and Family Services; the Ministry of Children, Community and Social Services; The Ontario Child Advocate; and the Office of the Chief Coroner for the Province of Ontario.

Mnaasged Child and Family Services will conduct an Internal Child Death Review to understand more effectively the factors contributing to the death of a Child. The internal review also forms the basis for reporting to the relevant committee of the Office of the Chief Coroner. The Internal Child Death Review will be governed by the following Ministry Guiding Principles:

- 1. The fundamental purpose of the Internal Death Review is to enhance understanding, through a fair and balanced review, of agency intervention, and its effects, and to provide suggestions for changes to reduce risk of future deaths or injury to Children.*
- 2. The internal review of every Child death, including death by natural causes, is beneficial in ensuring a complete understanding of the nature and quality of agency intervention, in providing an understanding and acknowledgement of the context surrounding the Child's death and in providing direction in improving services to Children and their families.*
- 3. Mnaasged Child and Family Services conducts an open, thorough, and transparent review process to discover the circumstances that might have contributed to the death of a Child. The Internal Child Death Review is an opportunity to hear from every possible source of information, including all historical file information and conversations with any person who has had contact with the Child's case.*

4. *An Internal Child Death Review is an opportunity to learn. It should occur within a culture that encourages a critical review of outcomes.*
5. *A review confirms elements within the system that are working well, including those that may have shown improvement over time and those that comply with, or exceed, the given standards and policies or that demonstrate good clinical practice.*
6. *The Internal Review is not intended to be a vehicle for dealing with Staff performance issues. Performance issues will be managed by way of the normal Mnaasged Child and Family Services procedures and policies.*
7. *The Internal Review will not make any finding of legal responsibility or express any conclusion in law. Subject to these same provisos, the review may make recommendations as are deemed appropriate.*

The recommendations of the internal review will be conveyed to Staff, Managers, and Collaterals.

PROCEDURE

1. Mnaasged Staff who receive a report relating to the death of a Child is required to gather as much information as possible regarding the occurrence. Formal notification to their Supervisor is required immediately following the process of gathering the information.
2. The Helper is to inform their Supervisor immediately, the Supervisor will inform the Director of Services immediately, and the Director of Services will inform the Executive Director and the Placing Agency immediately.
3. The Supervisor will forward the documentation and the Enhanced Serious Occurrence Report to the Director of Services within one (1) hour of receiving the information.
4. The Executive Director or the Director of Services will immediately notify the Ministry of Children, Community and Social Services and follow-up with the required written Enhanced Serious Occurrence Report.
5. The Executive Director or the Director of Services will immediately notify the Board President and, if the Child is from a member First Nation, the First Nation Chief and Band Representative.
6. Mnaasged will complete a full Internal Child Death Review within 90 days. The requirements include the following:
 - a) The Executive Director will seek an External Consultant to conduct the Internal Review

- b) The Director of Services will ensure that the Internal Review process is sensitive to the potentially intense personal feelings of those affected by the Child's death while at the same time collecting information in a timely manner. The Human Resources Manager will provide a list of supports to those Staff who have been involved in providing services to the Child to ensure their well-being is taken into consideration
 - c) The Director of Services is responsible to obtain Agency file documentation, including emails from the immediate Supervisor relating to the case that is being investigated
 - d) The Internal Death Review may include information gathered from interviews with all internal and external service parent(s), including the nature and extent of involvement, outcomes, recommendations made, and documentation provided
 - e) When there are system issues that exist within the community, the Executive Director may request to meet with Senior Management of those key service parent(s) to debrief on recommendations
7. The Executive Director and the Director of Services will review the Internal Child Death Review Report, including the Summary of Key Findings and Recommendations within seven (7) days.
 8. The Summary of Key Findings and Recommendations will be reviewed with the relevant service Supervisors and Staff as soon as possible and no later than 30 days after the completion of the Internal Child Death Review Report.
 9. The Director of Services will track the recommendations of the Internal Child Death Review.
 10. The Director of Services will provide regular reporting on the implementation of recommendations to the Executive Director.
 11. The Executive Director will provide reports to the Board of Directors.

POLICY REFERENCE

Serious Occurrence Policy

Ontario Child Advocate Reporting Policy

Death of a Child Reporting Requirements Policy

Internal Child Death Review Policy

Department: Alternative Care	POLICY #: 0451
Section: Placement	
Subject: Safe Sleeping – Infants/Toddlers	
Date Approved:	Date:
Board Resolution #:	
Source Reference:	

SAFE SLEEPING – INFANTS/TODDLERS

POLICY

Mnaasged Child and Family Services will ensure that Alternative Care Homes that provide services to Children will maintain an appropriate and safe sleeping environment, including cribs that meet the Canadian Standards Association (CSA) standards. Infants younger than two (2) years will not be placed in a bed or other sleeping surface or in a sleeping arrangement with other Children or adults.

Playpens must meet all safety requirements and must not be damaged in any fashion. Playpens will not be used as a sleeping arrangement for infants and toddlers.

PROCEDURE

1. The Alternative Care Helper will ensure that the Alternative Care Home has appropriate sleeping arrangements when an Alternative Care Parent(s) accepts an infant or toddler. The Alternative Care Helper will discuss with the Alternative Care Parent(s) any concerns or questions they may have regarding infant/toddler safety and will provide safe sleeping information guidelines to the Alternative Care Parent(s).
2. The Alternative Care Parent(s) is responsible to regularly inspect all bedding and equipment to ensure these are in good repair.
3. The Alternative Care Helper will provide information related to infant/toddler safe sleeping guidelines at the time of placement and will review again during semi-annual and annual reviews.
4. The Alternative Care Helper will monitor infant/toddler safe sleeping arrangements during their regular contacts in the Alternative Care Home and will immediately address any areas of concern that arise.

5. Families who may choose to utilize Traditional sleeping arrangements, such as cradleboards, will be provided support and educational opportunities to ensure they are using these correctly.
6. If any issues or concerns arise, the Alternative Care Helper will inform and consult with the Supervisor immediately.
7. The Supervisor will bring forth the issues or concerns to the Director of Services. Both the Supervisor and the Director of Services will determine the outcome. Failure to adhere to the Safety Standards may result in the closing of the Alternative Care Home.

POLICY REFERENCE

Department: Alternative Care	POLICY #: 0452
Section: Placement	
Subject: Mechanical Restraints	
Date Approved:	Date:
Board Resolution #:	
Source Reference:	

MECHANICAL RESTRAINTS

POLICY

Mechanical Restraints are not permitted for usage in any Mnaasged Child and Family Services-approved or -operated home, with the following exception: WHEN A CHILD'S SPECIAL PHYSICAL NEEDS REQUIRE A PERSONAL ASSISTIVE SUPPORT DEVICE(PASD), the Alternative Care Parent(s) will receive specific and detailed training and instructions on the equipment's use and on limitations for use with that Child. All usage will conform to the Directives noted below. NO OTHER USAGE IS PERMITTED.

PROCEDURE

1. Only Alternative Care Parents with specialized training will have Children or Youth placed in their Homes that require the usage of a Personal Assistive Support Device.
2. Training will be provided as required in the following:
 - a) Addresses the proper usage of the equipment, including the manufacturer's operating instructions, ongoing maintenance instructions, and permissible adjustments to the equipment if available from the manufacturer or a licensed maintenance or repair provider for said equipment
 - b) Ensures that the Alternative Care Parent(s) understands and is committed to follow the limitations on the usage of the Device contained in clause 4 of this Procedure
 - c) Prior to any usage of the Personal Assistive Support Device, the Alternative Care Helper will ensure the following:
 - i. The consent of the Child (if applicable), the Placing Agency, or the Parent(s) or Guardian has been obtained prior to the use of the Device

- ii. As part of the Child's Plan of Care, a duly qualified medical practitioner has specified that the Device will be of assistance to the Child regarding hygiene, washing, dressing, grooming, eating, drinking, elimination, ambulation or positioning, or any other routine activity of living
3. At all times, the usage of the Personal Assistive Support Device will only occur for the following:
 - a) The Device is used solely for its intended purpose; it is never used as punishment or for the convenience of the Alternative Care Parent(s)
 - b) The least possible force or intrusiveness is used to properly use the Device
 - c) The Child is continually monitored to ensure the Device is functioning properly and is not causing or exacerbating any negative or unforeseen impact
 - d) The Device is to be removed immediately when there is any risk of harm resulting from its continued use or when it is no longer required
 - e) The use of the Device is discontinued and removed from the home once the Plan of Care or necessity for its availability and usage is no longer required
4. A written record will be completed and placed in the Child's File and will indicate the following:
 - a) How and by whom the usage of the Device was authorized
 - b) Who and under what circumstances it was authorized
 - c) The name and position of all persons authorized to use the Device
 - d) An outline and stipulation of the training received by the individual operating the Device and provided by whom

POLICY REFERENCE

SECTION 5: FINANCIAL INFORMATION

Department: Alternative Care	POLICY #: 0501
Section: Financial Information	
Subject: Alternative Care Compensation	
Date Approved:	Date Revised:
Board Resolution #:	

ALTERNATIVE CARE COMPENSATION

POLICY

Mnaasged Child and Family Services will provide fair and equal compensation to its Alternative Care Parents in a standardized manner.

The rates for standardized care will be established and approved by Mnaasged Child and Family Services to ensure fair and equitable treatment for all Children placed in Alternative Care Homes and within Mnaasged Child and Family Services' financial limitations.

Specialized compensation related to care costs due to a Child's exceptional behavioural or medical needs/demands will be established by Mnaasged Child and Family Services in consultation with the Placing Agency, where needed.

PROCEDURES

1. The Alternative Care Helper will provide each Alternative Care Parent with a copy of Mnaasged's most current "Reimbursable Policy" and will review it at the time of approval.
2. Requests for a specialized rate can be initiated by the Alternative Care Parent(s) or any other member of the Child's service team, such as the Alternative Care Helper, the Alternative Care Supervisor, or the Placing Agency.
3. The Alternative Care Helper will provide the Alternative Care Supervisor with documentation establishing whether there is a need, inclusive of a recommendation from a medical professional, a clinician, or a therapist serving the Child.

4. If a specialized rate is recommended, the Alternative Care Supervisor, in coordination with the Placing Agency, will determine the rate and corresponding services, such as resource or Placing Agency.
5. The Placing Agency will sign off on the recommendation with the agreed-upon specialized rate.
6. The Alternative Care Helper will ensure the specialized rate will be reflected in the Child in Alternative Care Days in Care documentation and in the Service Agreement.
7. When an Alternative Care Family has been receiving a rate increase for specialized needs/demands, this rate will be reviewed every six (6) months by the Alternative Care Supervisor and, where necessary, provides documentation to support the continuation.

POLICY REFERENCE

Mnaasged Reimbursable Policy

Department: Alternative Care	POLICY #: 0502
Section: Financial Information	
Subject: Alternative Care Per Diem Spending Allowance	
Date Approved:	Date Revised:
Board Resolution #:	
Source Reference:	

ALTERNATIVE CARE PER DIEM SPENDING ALLOWANCE

POLICY

Mnaasged Child and Family Services will provide the Alternative Care Parent(s) with the Child's spending allowance in accordance with the current Alternative Care Rate Schedule. The allowance cannot be withheld from the Child.

PROCEDURE

1. The Alternative Care Helper will refer to the Policy on Employment and Money Management.
2. The Alternative Care Helper will include the Child's spending allowance on the Days in Care Form at the rate set by Mnaasged.
3. The Alternative Care Helper will inform the Alternative Care Parent(s) that the spending allowance received from Mnaasged must be given to the Child. When it is inappropriate to give the full allowance, the Alternative Care Parent(s) should save the allowance for the Child or use it for the Child's special interests.
4. The Alternative Care Helper will inform the Alternative Care Parent(s) that the Child is not expected to use the allowance to purchase items that would be included in the basic board rate, for example personal care products.
5. Spending allowance may be used to purchase gifts for others, for example siblings, parents, foster siblings, foster parents, or teachers.
6. The Alternative Care Parent(s) is expected to monitor and assist the Youth in using the fund as well as reporting to the Alternative Care Helper on the progress the Youth is making in gaining independent skills.

7. The Alternative Care Helper will inform the Alternative Care Parent(s) that no receipts are required for the spending allowance.

POLICY REFERENCE

Mnaasged Reimbursable Policy

Department: Alternative Care	POLICY #: 0503
Section: Financial Information	
Subject: Alternative Care Annual Allowances	
Date Approved:	Date Revised:
Board Resolution #:	
Source Reference:	

ALTERNATIVE CARE ANNUAL ALLOWANCES

POLICY

Allowances at a rate set by Mnaasged Child and Family Services are provided to the Alternative Care Parent(s) to cover birthday, Christmas, and vacation expenses for the Child in Alternative Care.

PROCEDURE

1. The Alternative Care Helper will check the date of the Child's birthday and add the birthday allowance to the monthly per diem on the last payment date prior to the Child's birthday.
2. In the event the Child was not residing in Alternative Care for the month preceding the birthday, the Alternative Care Parent(s) can purchase a gift for the Child at the rate approved by Mnaasged and claim the amount with receipts or request an advance for the approved amount.
3. The Alternative Care Helper will add the Christmas allowance to the Alternative Care Home per diem for the month of October for payment in November.
4. The Alternative Care Parent(s) *must* submit receipts for the gift purchased. Funds are subject to recovery if receipts are not submitted. The Alternative Care Helper will confirm if the Child received a gift and, if not, will discuss with the Alternative Care Supervisor of next steps.
5. Should the Child in Alternative Care come into care during the month of December, the Alternative Care Parent(s) can purchase the Child's gift according to the rate set by Mnaasged, claim the expense, and submit the receipts.
6. Should the Alternative Care Parent(s) be unable to purchase the gift in advance of the payment, Mnaasged will provide a purchase order or cheque according to the rates.

7. The Alternative Care Helper will review the Policy– Travel of Children in Care with the Alternative Care Parent(s).
8. The Child in Alternative Care is eligible for a maximum \$100 per year for a vacation allowance. Meals, accommodations, and any other items normally included in the per diem are not covered. Additional monies may be negotiated with the Alternative Care Helper and the Placing Agency.
9. Reimbursement of purchases for cultural activities, including attendance and participation in pow wows, Ceremonies, and so on as well as for any materials, regalia, and so on will be reimbursable to the Alternative Care Parent(s) provided the participation is part of the Child’s Plan of Care.

POLICY REFERENCE

Mnaasged Reimbursable Policy

Travel of Children in Alternative Care Policy #0410

Department: Alternative Care	POLICY #: 0504
Section: Financial Information	
Subject: Child in Alternative Care Absences	
Date Approved:	Date Revised:
Board Resolution #:	
Source Reference:	

CHILD IN ALTERNATIVE CARE ABSENCES

POLICY

When the Child is absent from the Alternative Care Home but is expected to return, the Alternative Care Family will be entitled to per diem rates based on the Alternative Care Service Agreement.

PROCEDURE

1. Absences may include extended family visits (e.g., summers, Christmas, March break), attendance at camps, incarceration, hospitalization, and absences without leave (AWOL).
2. Absences up to seven (7) days will be entitled to a full per diem. Absences exceeding seven (7) consecutive days and up to a maximum total of 30 consecutive days may be eligible for holding rates.
3. The Alternative Care Helper, the Placing Agency's Child in Care Helper, and the Alternative Care Parent(s) will discuss the plan for the Child's return and corresponding per diem rate.
4. The full per diem rate may be approved by the Director of Services under exceptional circumstances, which include the ongoing involvement of the Alternative Care Parent(s) in the care of the Child (i.e., hospital stay).
5. The Alternative Care Helper will make the necessary adjustments to the monthly per diem rate for the time of absence and complete a Days in Care Form (see appendix ??).
6. The Alternative Care Supervisor will review and approve the Days in Care Form for payment.

POLICY REFERENCE

Department: Alternative Care	POLICY #: 0505
Section: Financial Information	
Subject: Overpayment/Underpayment to Alternative Care Parent(s)	
Date Approved:	Date Revised:
Board Resolution #:	
Source Reference:	

OVERPAYMENT/UNDERPAYMENT TO ALTERNATIVE CARE PARENT(S)

POLICY

Overpayments/Underpayments to the Alternative Care Parent(s) may occur from time to time. Appropriate steps will be taken to correct the overpayment/ underpayment within 30 days of discovery.

PROCEDURE

1. The Alternative Care Helper will advise the Alternative Care Parent(s) to review the monthly statements each month and to report any discrepancies.
2. The Alternative Care Helper will review the statement and discuss any issues/concerns with the Alternative Care Supervisor for clarification.
3. The Alternative Care Helper will report back to the Alternative Care Parent(s) in a timely fashion.
4. Should the Alternative Care Helper be informed of or discover an overpayment/underpayment, the Alternative Care Helper will notify the Alternative Care Supervisor.
5. The Alternative Care Supervisor will notify the Manager of Finance and Administration.
6. The Alternative Care Helper will notify the Alternative Care Parent(s) at the earliest convenience that the adjustments will be made.

7. The Manager of Finance and Administration will make an adjustment in the following monthly per diem payment.

POLICY REFERENCE

Department: Alternative Care	POLICY #: 0506
Section: Financial Information	
Subject: Alternative Care Reimbursables	
Date Approved:	Date Revised:
Board Resolution #:	
Source Reference:	

ALTERNATIVE CARE REIMBURSABLES

POLICY

Eligible expenses, according to the Alternative Care Parent Reimbursable Policy, over and above the monthly per diem rate may be reimbursed or advanced to the Alternative Care Parent(s).

PROCEDURE

1. The Alternative Care Helper will submit all requests to the Alternative Care Supervisor for approval.
2. When an advance payment is requested, the Alternative Care Helper will document in the Days in Care Form and submit this to the Alternative Care Supervisor.
3. When reimbursement is requested, the Alternative Care Helper will ensure that the Child Care Expenses Form is completed with attached receipts by the final business day of each month.
4. The Alternative Care Helper will utilize the Child Care Expense Form to develop the monthly Days in Care Form and submit to the Alternative Care Supervisor by the first business day of the month.
5. The Alternative Care Supervisor will review and approve the Days in Care Forms and submit these to the Manager of Finance and Administration by the third business day of the month.
6. The Manager of Finance and Administration will submit the per diem payments by direct deposit by the sixth business day of the month.
7. Late submissions by Alternative Care Parents will be reimbursed the following month upon approval.

8. Expense claims without receipts may not be honoured, and claims must be made within the fiscal year. (Any exceptions will require the approval of the Executive Director.)
9. Expenses not specifically named in the Reimbursable Policy will require prior approval by the Alternative Care Supervisor.

POLICY REFERENCE

Mnaasged Reimbursable Policy

Department: Alternative Care	POLICY #: 0507
Section: Financial Information	
Subject: Alternative Care Reimbursable Mileage	
Date Approved:	Date Revised:
Board Resolution #:	
Source Reference:	

ALTERNATIVE CARE REIMBURSABLE MILEAGE

POLICY

Transportation will be paid only when it is exclusively for the Child in Alternative Care and is not combined with regular Alternative Care Family activities and trips.

PROCEDURE

1. Cost for mileage related to the transportation of the Child in Alternative Care will be reimbursed using Mnaasged's Reimbursable Policy.
2. The Alternative Care Parent(s) will submit the completed Mileage Expense Form monthly (Submitted on the 1st day of the month for expenses for the previous month).
3. The Alternative Care Helper will add the mileage for the approved eligible expenses to the Days in Care Form and submit this to the Alternative Care Supervisor.
4. The Alternative Care Helper will advise the Alternative Care Parent(s) if there is any discrepancy between submitted and eligible expenditures.
5. The Alternative Care Supervisor will review and approve expenses for payment.
6. Approved payment will be made with the monthly per diem.
7. Any unresolved discrepancies with the mileage claims will be subject to the Complaint Procedures process.

POLICY REFERENCE

Department: Alternative Care	POLICY #: 0508
Section: Financial Information	
Subject: Alternative Care Reimbursable Insurance Coverage	
Date Approved:	Date Revised:
Board Resolution #:	
Source Reference:	

ALTERNATIVE CARE REIMBURSABLE INSURANCE COVERAGE

POLICY

INSURANCE COVERAGE

Alternative Care to Children in need is a voluntary, helping, not-for-profit arrangement rather than a career or business. Therefore, Alternative Care Parents should not have to suffer any financial losses in caring for the Child(ren) and, conversely, they should not realize any financial gain by it.

Mnaasged Child and Family Services encourages all Alternative Care Parents to have appropriate home insurance and to maintain insurances to address costs related to damages by the Child placed in their home to the home or vehicle. All Alternative Care Parent(s) transporting Children in their care must have a \$1 million liability coverage.

PROCEDURES

1. The Alternative Care Helper will advise the Alternative Care Parent applicant(s) at the onset of the assessment process of Mnaasged’s preference for the Alternative Care Homes to maintain home liability and content insurance and the requirement to have liability coverage for transporting Children.
2. The applicant(s) will provide the Alternative Care Helper of proof of their insurance coverages prior to the final approval of their home and placement of a Child(ren).
3. Should the applicant(s) choose not to have the recommended home and contents insurance, they will need to request an exemption by signing an undertaking. The undertaking must hold Mnaasged not to be liable for any such damages or expenses that the Alternative Care Parent(s) chooses to waive coverage.

4. Confirmation of the insurance coverages will be documented in the Service Agreement and signed by the Alternative Care Parent(s).
5. It is the responsibility of the Alternative Care Parents to ensure their insurance coverages are maintained for the length of time that their home is licensed and approved. Proof of the insurance coverages will be provided yearly and documented in the Service Agreement at the time of the annual review.

POLICY REFERENCE

Mnaasged Reimbursable Policy

Department: Alternative Care	POLICY #: 0509
Section: Financial Information	
Subject: Alternative Care Damage and Theft	
Date Approved:	Date Revised:
Board Resolution #:	
Source Reference:	

ALTERNATIVE CARE DAMAGE AND THEFT

POLICY

The Alternative Care Parent(s) is expected to adhere to the following:

- a) Provides adequate supervision to the Child(ren) in care*
- b) Takes reasonable precautions, depending on the age and characteristics of the Child, in caring for valuables*

Damage and theft by the Child placed in the Alternative Care Home not covered by regular home insurance may be reimbursed to the Alternative Care Parent(s) upon approval by Mnaasged Child and Family Services.

Compensation may be provided to the Alternative Care Parent(s) for the following type of losses that may be caused by the Child placed in Alternative Care to the property of the Alternative Care Parent(s):

- a) Damage to furniture, equipment, windows, and so on*
- b) Theft*
- c) Unauthorized use of the telephone*

Other types of malicious or accidental damage, excluding losses that are normally covered by insurance even though the Alternative Care Parent(s) may have failed to make the usual insurance purchase, for losses due to normal wear and tear, or losses due to liability imposed by law, said losses include the following:

- a) Any liability imposed by law arising out of the actions or omissions of the Alternative Care Parent(s)*
- b) Any insurable fire damage to personally owned property*

- c) Any insurable automobile damages caused by the Child in Alternative Care who operates a vehicle without permission*
- d) Any losses due to normal wear and tear or depreciation*
- e) Any losses due to assault by the Child in Alternative Care*

Although there is no legal liability on the part of Mnaasged Child and Family Services to pay for damages caused by the Children placed in Alternative Care to the personal/real property of a third party, Mnaasged Child and Family Services will consider limited amounts of compensation following a thorough investigation.

PROCEDURE

1. In the event of damages, the Alternative Care Parent(s) needs to notify the Alternative Care Helper or the Alternative Care Supervisor within one working day of knowledge of the incident.
2. The Alternative Care Parent(s) should record the details of what happened (including pictures) if appropriate.
3. The police will be contacted, if appropriate and warranted by the Alternative Care Parent(s), following discussion with the Alternative Care Helper.
4. The Alternative Care Helper will attend the Home as soon as possible, describe the damages in a case note, and interview the Child and Alternative Care Parent(s) as to what happened.
5. Where appropriate, the Alternative Care Parent(s) seeking a claim for damages from Mnaasged must first submit to the Alternative Care Helper written confirmation of the denial from the insurance company.
6. The Alternative Care Helper will review the claim and circumstances and then recommend to the Alternative Care Supervisor of its disposition.
7. If approved, the Alternative Care Parent(s) will need to provide two (2) estimates for the repairs.
8. The estimates will be submitted to the Alternative Care Supervisor for approval if less than \$500 or to the Director of Services if more than \$500.
9. If the claim for damages is paid by the insurance company, Mnaasged will consider the reimbursement of any deductible.
10. When damages are less than \$500, the Alternative Care Supervisor could approve payment without the submission of an insurance claim.

11. In the event of theft, the Alternative Care Helper will meet with the Alternative Care Parent(s) to discuss the circumstances. A joint plan will be made if the Police need to be involved. The Alternative Care Helper will make a recommendation to the Alternative Care Supervisor.
12. Resolution of the compensation with the Alternative Care Parent(s) for damages or theft will require the Alternative Care Parent(s) to sign an agreement releasing Mnaasged from any further claims or estimates.

POLICY REFERENCE

Mnaasged Reimbursable Policy

Department: Alternative Care	POLICY #: 0510
Section: Financial Information	
Subject: Alternative Care Traditional Healers	
Date Approved:	Date Revised:
Board Resolution #:	
Source Reference:	

ALTERNATIVE CARE TRADITIONAL HEALERS

POLICY

Mnaasged Child and Family Services will provide resources for the Alternative Care Child to access Traditional Healers when there is an identified need.

PROCEDURE

1. The Alternative Care Helper and the Placing Agency Helper will discuss and determine the need for Traditional Healing services for the Alternative Care Child.
2. If an Alternative Care Parent(s) requires Traditional Healing services, the Alternative Care Parent(s) will contact the Alternative Care Helper.
3. The Alternative Care Helper will consult with the Mnaasged Cultural Coordinator for the most suitable Traditional Healer.
4. The Cultural Coordinator will provide names, locations, and dates of Traditional Healers and their availability. The Cultural Coordinator will also provide any relevant information that is needed to access Traditional services.
5. A Request for Payment will be completed by the Alternative Care Helper and approval for payment made by the Alternative Care Supervisor.

POLICY REFERENCE

Department: Alternative Care	POLICY #: 0511
Section: Financial Information	
Subject: Complex Cases	
Date Approved:	Date Revised:
Board Resolution #:	
Source Reference:	

COMPLEX CASES

POLICY

If Mnaasged Child and Family Services' front-line Helpers and Supervisors, in collaboration with the Placing Agency, have exhausted the community's existing resources/supports and the needs of the Child in Alternative Care are still not met, the case will be considered a complex case. Complex cases may be brought forth to participate in Mnaasged Child and Family Services' Children's Complex Case Management and Case Resolution Process.

PROCEDURE

1. Mnaasged's Alternative Care Helper and Alternative Care Supervisor will forward any complex case to the Director of Services.
2. The Director of Services, front-line Helper Supervisor, and any other Alternative Care Parent(s) involved (including Band Representative)—inclusive of the Placing Agency—will have a case conference to identify obstacles, gaps, options, and potential solutions.
3. If resolution of service planning is not reached, the Director of Services will inform the Executive Director of the complex case.
4. The Executive Director and the Director of Services will initiate the case to be brought forth to the Management Level Case Conference.
5. Cases will be reviewed on a "case-by-case" basis. Mnaasged is committed to Jordan's Principle to meet the needs of the Child in Care.
6. The Executive Director and the Director of Services will regularly check with the Ministry to see if there is additional funding or mechanisms to provide this service.

POLICY REFERENCE

SECTION 6: WORKING WITH ALTERNATIVE CARE PARENTS

Department: Alternative Care	POLICY #: 0601
Section: Working with Alternative Care Parents	
Subject: Discipline of Children in Alternative Care	
Date Approved:	Date Revised:
Board Resolution #:	
Source Reference:	

DISCIPLINE OF CHILDREN IN ALTERNATIVE CARE

POLICY

No Child in Alternative Care will be subjected to corporal punishment, aggressive physical contact, confinement, degrading, or any other unacceptable disciplinary actions. No Alternative Care Child will be deprived of basic needs such as food, shelter, clothing, or bedding as a means of discipline.

PROCEDURE

1. Unacceptable disciplinary practices will be contained in the Alternative Care Service Agreement and reviewed with the Alternative Care Parent(s) during pre-service Parent Resource for Information Development and Education (PRIDE) training and at the time of signing the service agreement. Unacceptable disciplinary practices include the following:
 - a) Deliberately harsh or degrading responses that could result in the humiliation of the Child or undermining of the Child's self-respect
 - b) Deprivation of basic needs including food, shelter, clothing, or bedding
 - c) Extensive and prolonged withholding of emotional response or stimulation after the undesirable behaviour of the Child has stopped
 - d) Placing or keeping the Child in a locked room
 - e) Threatening removal of the Child from the Home in an attempt to control behaviour

- f) Corporal punishment by the Alternative Care Parent(s) or by another Child or group of Children condoned by the Alternative Care Parent(s)
 - g) Punching, shaking, shoving, or other forms of aggressive physical contact or type of treatment would be considered abuse as defined in the *Child, Youth and Family Services Act*.
2. Instruction will be provided to the Alternative Care Parent(s) on acceptable discipline practices and de-escalation tactics during pre-service PRIDE training. Acceptable discipline practices include the following:
- a) Related to the nature of the behaviour and use logical consequences, whenever possible
 - b) Appropriate to the developmental level of the Child
 - c) Used in a positive and consistent manner
 - d) Designed to assist the Child in learning appropriate behaviour
 - e) Administered as soon as possible after the undesirable behaviour has occurred

De-escalation tactics include the following:

- a) Give the Child/Youth your full attention
- b) Listen carefully (active listening) and be aware of body language (yours and the Child's/Youth's)
- c) Assess the danger factor (stay or leave)
- d) Acknowledge the Child's/Youth's feelings of anger
- e) Check that you understand why the Children/Youth are angry
- f) Remain calm and quiet (take deep breaths)
- g) Keep an open mind
- h) Attempt to diffuse the anger
- i) Try to keep the Child/Youth in the present focusing on what is happening right now
- j) Choose your words carefully and avoid using trigger words (e.g., "calm down")

Think about it:

There will be occasions when you will have to deal with your own anger, especially if you are the target of the other person's anger. When you recognize that you are angry, think about the following:

- a) Remain calm. This will also help to de-escalate the person who is angry
- b) Take deep breaths. It is often helpful to count backwards as you breathe deeply
- c) Focus on keeping your body stance open (e.g., do not cross your arms)
- d) Take a break and give yourself time to calm down. It is better to walk away and take a break before dealing with the issue
- e) Before responding, check off (in your mind) the reasons why you are so angry. This will give you an opportunity to think about the situation

When dealing with the Child/Youth in crisis:

- a) Do not provoke the Child/Youth
 - b) Do not assume the Child/Youth can process what you are saying. The Child/Youth may be unable to hear you or process any new information
 - c) Do not assume a confrontational position, despite the Child's/Youth's potentially abusive language
 - d) Do not threaten the Child/Youth with removal of privileges
 - e) Do not try to engage in discussion or counselling until the Child's/Youth's body has returned to a normal state, and judgment, communication, and listening have returned to more normal levels. Give the Child/Youth time and space to vent their anger, providing there is no danger to anyone
3. The Alternative Care Helper will ensure that the Alternative Care Parent(s) is aware that deprivation of food as a means of discipline is prohibited for the Children/Youth placed in Alternative Care.
 4. The Alternative Care Helper will ensure that the Child in Alternative Care and the Alternative Care Family will be made aware that no form of physical discipline will be tolerated through a review of the Rights in Care and signature of the Commitment Not to Use Corporal Punishment Form.
 5. The Alternative Care Helper will review with the Alternative Care Parent(s) and with the Child/Youth the Rights in Care Policy.

6. The Alternative Care Helper will review with the Alternative Care Parent(s) the Commitment Not to Use Corporal Punishment Form on an annual basis and report any circumstance of unacceptable disciplinary action to the Placing Agency and to the Alternative Care Supervisor.
7. The Alternative Care Parent(s) must report as soon as possible to the Alternative Care Helper the use of any unacceptable disciplinary practices used.
8. The Alternative Care Helper will then proceed to the Serious Occurrence Policy, if required.

POLICY REFERENCE

Department: Alternative Care	POLICY #: 0602
Section: Working with Alternative Care Parents	
Subject: Physical Restraints – Physical Restraint	
Date Approved:	Date Revised:
Board Resolution #:	
Source Reference:	

PHYSICAL RESTRAINTS – PHYSICAL RESTRAINT

POLICY

Mnaasged Child and Family Services does endorse the use of physical restraints for Children/Youth in care. Staff and Alternative Care Parents are directed by Mnaasged Child and Family Services to utilize physical restraints for Children/Youth only when their safety is at risk.

PROCEDURE

1. Mnaasged supports the use of restraints because of the possibility of physical harm to the Child/Youth. Regular training and practice of restraints will utilize a restraint hold properly, which will diminish placing the Child/Youth at risk of harm.
2. Any incident where the use of restraints is used on the Child/Youth will be reported immediately to the Alternative Care Helper or, if after regular business hours, the Emergency After-hours Helper at Mnaasged, documented by both the Alternative Care Helper and the Alternative Care Parent(s), and reported to the Ministry as a Serious Occurrence. Please see the following regarding the *Child, Youth and Family Services Act, 2017*.

POLICY REFERENCE

Department: Alternative Care	POLICY #: 0602B
Section: Working with Alternative Care Parents	
Subject: Physical Restraints – Use of Physical Restraint	
Date Approved:	Date Revised:
Board Resolution #:	
Source Reference:	

PHYSICAL RESTRAINTS – USE OF PHYSICAL RESTRAINT

POLICY

Mnaasged Child and Family Services will allow the use of physical restraints on the Child/Youth receiving services. Physical restraints will only be used in accordance with the processes and procedures outlined in the Child, Youth and Family Services Act.

PROCEDURE

The following must be satisfied to use a physical restraint:

1. There is imminent risk of the following:
 - a) The Child/Youth will physically self-injure or further physically self-injure or injure others
 - b) The Youth will escape from a place of open custody, secure custody, or temporary detention or will cause significant damage to property where there is also an imminent risk that the property damage will cause harm to someone, including the Youth.
2. The physical restraint will be used to prevent, reduce, or eliminate a risk referred to in paragraph 1 above.
3. It has been determined that a less intrusive intervention is, or would be, ineffective in preventing, reducing, or eliminating a risk referred to in paragraph 1.
4. The person who will use the physical restraint has successfully completed the training required, including training in the particular holding technique that will be used.
5. The person who will use the physical restraint has completed the education required.

6. In each circumstance in which the person was required to complete educational requirements, the person has been assessed as required with respect to the educational requirements and has received a satisfactory assessment in the most recent assessment.

POLICY REFERENCE

Department: Alternative Care	POLICY #: 0602C
Section: Working with Alternative Care Parents	
Subject: Physical Restraints – Physical Restraint as Punishment	
Date Approved:	Date Revised:
Board Resolution #:	
Source Reference	

PHYSICAL RESTRAINTS – PHYSICAL RESTRAINT AS PUNISHMENT

POLICY

Under no circumstance will Mnaasged Child and Family Services Staff or Alternative Care Parents use a physical restraint on the Child/Youth for punishment or for their own convenience. Alternative Care Parents and Staff will be trained on proper forms of discipline.

PROCEDURE

POLICY REFERENCE

Department: Alternative Care	POLICY #: 0602B
Section: Working with Alternative Care Parents	
Subject: Physical Restraints – Alternative Care Parent Use of Physical Restraint	
Date Approved:	Date Revised:
Board Resolution #:	
Source Reference:	

PHYSICAL RESTRAINTS – ALTERNATIVE CARE PARENT USE OF PHYSICAL RESTRAINT

POLICY

Mnaasged Child and Family Services understands that sometimes Children/Youth in Care may need to be restrained to protect themselves or others from harm. Alternative Care Parents will be properly trained and authorized to use physical restraints under the conditions listed in the Child, Youth and Family Services Act.

PROCEDURE

Licensed Alternative Care Parents are permitted to use physical restraints in the following manner:

1. The least amount of force that is necessary in the circumstances will be used.
2. The Child's/Youth's condition will be continually monitored and assessed by a responsible person designated by the service provider while the Child/Youth is restrained.
3. The type of physical restraint used must be the least intrusive that is necessary in the circumstance, having regard to the risk referred to in paragraph 1 of subsection (1).
4. The use of the physical restraint will be stopped immediately at the earliest of the following:
 - a) When there is a risk that the use of the physical restraint itself will endanger the health or safety of the Child/Youth.
 - b) When the risk referred to in paragraph 1 of subsection (1) is no longer present.
 - c) When the physical restraint is determined to be ineffective in reducing or eliminating the risk referred to in paragraph 1 of subsection (1).

POLICY REFERENCE

Department: Alternative Care	POLICY #: 0602B
Section: Working with Alternative Care Parents	
Subject: Physical Restraints – Debriefing Re: Physical Restraints	
Date Approved:	Date Revised:
Board Resolution #:	
Source Reference:	

PHYSICAL RESTRAINTS – DEBRIEFING RE: PHYSICAL RESTRAINTS

POLICY

When Mnaasged Child and Family Services has used or permitted the use of physical restraint on the Child/Youth for whom it provides a service, Mnaasged Child and Family Services will ensure that a debriefing is conducted.

PROCEDURE

1. A debriefing process must be conducted among the persons who were involved in the use of the physical restraint, in the absence of any Children/Youth.
2. A second debriefing process must be conducted among the persons mentioned in paragraph 1 and the Child/Youth on whom the physical restraint was used.
3. A third debriefing process must be offered to be conducted among any Children/Youth who witnessed the use of the physical restraint and must be conducted if any such Children/Youth wish to participate in the debriefing process.
4. The debriefing processes referred to in paragraphs 2 and 3 must be structured to accommodate any Child's/Youth's psychological and emotional needs and cognitive capacity.
5. Subject to paragraph 6, the debriefing processes referred to in paragraphs 1 to 3 must be conducted within 48 hours after the use of the physical restraint.
6. If the circumstances do not permit a debriefing process to take place within 48 hours after the physical restraint is used, the debriefing process must be conducted as soon as possible after the 48-hour period referred to in paragraph 5, and a record must be kept of the circumstances that prevented the debriefing process from being conducted within the 48-hour period.

7. Mnaasged must record the following:

- a) The date and time of each debriefing, the names and, if applicable, titles of the persons involved in each debriefing and the duration of each debriefing.
- b) The name of each Child/Youth for whom a debriefing was offered in accordance with paragraph 3 and who indicated that they did not wish to participate in the debriefing process.
- c) A description of the efforts made to conduct the debriefing processes required by this section that includes the names of the persons who made those efforts.

POLICY REFERENCE

Department: Alternative Care	POLICY #: 0602B
Section: Working with Alternative Care Parents	
Subject: Physical Restraints – Debriefing Re: Physical Restraints Notification of Physical Restraint	
Date Approved:	Date Revised:
Board Resolution #:	
Source Reference:	

PHYSICAL RESTRAINTS – DEBRIEFING RE: PHYSICAL RESTRAINTS NOTIFICATION OF PHYSICAL RESTRAINT

POLICY

When Mnaasged Child and Family Services has used or permitted the use of a physical restraint on the Child/Youth for whom it provides a service, Mnaasged Child and Family Services will notify the Child's/Youth's parent and, in the case of a Child in Care, the Placing Agency or person who has placed the Child.

PROCEDURE

Mnaasged will ensure that a record is created of each instance of the use of physical restraint on the Child/Youth, and the record will include the following:

1. The name and age of the Child/Youth on whom the physical restraint was used.
2. The dates and times when physical restraint was used and the name and title of the person or persons who used it.
3. A description of the risk referred to that existed before the physical restraint was used.
4. A description of the alternatives to the use of physical restraint that were considered and why those alternatives were not used.
5. The type(s) of physical restraint used.
6. The period of time during which the physical restraint was used.
7. All documentation related to assessment and monitoring of the Child/Youth while physically restrained, including assessments of the Child's/Youth's medical condition while being physically restrained.

8. The date and time when the Child/Youth ceased being physically restrained.
9. Documentation relating to notification and attempted notification of the Child's/Youth's parent and, in the case of a Child in Care, the Placing Agency or person who has placed the Child.

Mnaasged will keep the record in the file of the Child/Youth.

POLICY REFERENCE

Department: Alternative Care	POLICY #: 0602B
Section: Working with Alternative Care Parents	
Subject: Physical Restraints – Records	
Date Approved:	Date Revised:
Board Resolution #:	
Source Reference:	

PHYSICAL RESTRAINTS – RECORDS

POLICY

Mnaasged Child and Family Services will ensure that all records will be maintained as required by the Child, Youth and Family Services Act.

PROCEDURE

1. Mnaasged will maintain a monthly written record that summarizes every instance of the use of physical restraint on a Child/Youth for whom it provides a service, including the following for each instance:
 - a) Name and age of each Child/Youth who was physically restrained
 - b) Dates and time periods during which the physical restraint was used in respect of each Child/Youth
 - c) Description of the risk that existed before the physical restraint was used
2. Mnaasged will make the record available to the following:
 - a) In the case of the Child, a Director, upon request
 - b) In the case of a Youth, a provincial Director, upon request
3. Mnaasged will, prepare a monthly written analysis of every instance of the use of physical restraint to ensure that the physical restraint was used in accordance with the regulations.
4. Mnaasged will make an analysis available to the following:
 - a) In the case of a Child, a Director, upon request

- b) In the case of a Youth, a provincial Director, upon request
5. Mnaasged will, at least once every calendar year, ensure that a written evaluation is conducted, respecting the following:
- a) Effectiveness of the policy
 - b) Whether changes or improvements to the policies are required, particularly with respect to minimizing the use of physical restraints

POLICY REFERENCE

Department: Alternative Care	POLICY #: 0602B
Section: Working with Alternative Care Parents	
Subject: Physical Restraints – Training and Education	
Date Approved:	Date Revised:
Board Resolution #:	
Source Reference:	

PHYSICAL RESTRAINTS – TRAINING AND EDUCATION

POLICY

Mnaasged Child and Family Services will ensure that all persons who provide direct care to a Child/Youth complete proper training on the use of physical restraints.

PROCEDURE

1. Mnaasged will provide every licensed Alternative Care Parent with a training program that includes training in the use of physical restraints approved by the Minister. This training must include the holding techniques that may be used.
2. All refresher courses required by the program are referred to in paragraph 1.
3. Training on the use of less intrusive intervention measures.
4. Mnaasged will ensure that all persons who provide direct care to a Child/Youth complete education in accordance with the following table:

Item	Column 1	Column 2
	Matter in respect of which education is required	Time period for completion
1.	The provisions of the Act and the Regulation concerning the use of physical restraint	Within 30 days after the day this section comes into force and within 30 days after any amendment to the Act or Regulation concerning the use of physical restraint comes into force
2.	The policies established by the Ministry concerning the use of physical restraint	Within 30 days after each new or revised policy established by the Ministry concerning the use of physical restraint is received by Mnaasged
3.	Mnaasged's policy concerning the use of physical restraint required under section 11	Within 30 days after each new or revised Mnaasged policy required under section 11 is established or amended

POLICY REFERENCE

Department: Alternative Care	POLICY #: 0602B
Section: Working with Alternative Care Parents	
Subject: Physical Restraints – Assessment of Education and Training	
Date Approved:	Date Revised:
Board Resolution #:	
Source Reference:	

PHYSICAL RESTRAINTS – ASSESSMENT OF EDUCATION AND TRAINING

POLICY

Mnaasged Child and Family Services will ensure that each time a person is required to complete an educational requirement regarding physical restraints they are immediately assessed after their completion of the educational requirement to determine their understanding of and ability to apply the education.

PROCEDURE

1. Mnaasged will assess individuals who complete the education immediately and on an ongoing annual basis.
2. If the assessment identifies a deficiency in a person’s understanding of, and ability to apply, the matters in respect of which the education is required, Mnaasged will ensure that the person completes additional education until their understanding of and ability to apply the education is satisfactory.
3. Mnaasged will ensure that a written record is prepared of the date on which each assessment took place along with the results, including whether the person’s understanding of and ability to apply the education is satisfactory for the purposes of this policy.
4. Mnaasged will make the record available to a Director upon request.

POLICY REFERENCE

Department: Alternative Care	POLICY #: 0603
Section: Working with Alternative Care Parents	
Subject: Complaints from Alternative Care Parent(s)	
Date Approved:	Date Revised:
Board Resolution #:	
Source Reference:	

COMPLAINTS FROM ALTERNATIVE CARE PARENT(S)

POLICY

Every Alternative Care Parent of Mnaasged Child and Family Services will be provided a copy of its Service Complaints Policy. This will be reviewed with the Alternative Care Parent(s) upon signature of the initial Service Agreement and thereafter during the annual Service Agreement renewal.

PROCEDURE

1. The Alternative Care Parent(s) will be provided information about the service complaint procedures and on how to initiate a complaint to Mnaasged at orientation and thereafter as part of the annual Service Agreement review.
2. The Alternative Care Parent(s) is encouraged to address any service planning concerns with the Alternative Care Helper as soon as the concern or complaint is identified.
3. If the complaint is with respect to the specific behaviour or job performance of a front-line Helper (i.e., Alternative Care Helper or Placing Agency Helper), the Alternative Care Parent(s) will address the concern directly with the Helper involved. If the issue is not resolved or the Alternative Care Parent(s) is uncomfortable speaking to the involved Helper, concerns can be addressed with the Alternative Care Helper's immediate Supervisor.
4. The Alternative Care Helper will gather and document all the necessary information about the nature of the concerns of the Alternative Care Parent(s). Attempts will be made to address these concerns during a phone call or with a face-to-face meeting, as warranted. In instances where the Alternative Care Parent(s) addresses the concerns with the Alternative Care Supervisor, it will be the Supervisor who will gather and document all the necessary information.

5. The complaint will be documented on Mnaasged's Alternative Care Complaint Form. If the complaint is resolved at this stage, the resolution will be documented on this form. A copy of the form is maintained in the Alternative Care Parent(s) File.
6. If the issue identified cannot be resolved in this fashion, the Alternative Care Supervisor is responsible for launching an investigation or review of the identified concerns. Circumstances that may warrant an investigation may include, but are not limited to, the following:
 - a) Placement or replacement decisions
 - b) Service delivery or service planning complaints
 - c) Decisions to place a home on hold
 - d) Decisions to close a home
7. The investigation into the concerns must be initiated within five (5) days of receipt of the complaint.
8. The Alternative Care Supervisor will identify the appropriate investigation or review process dependent upon the nature of the concerns but will do so in a collaborative manner that is inclusive of all involved decision makers. This may include the following:
 - a) Face-to-face meeting with the Alternative Care Parent(s)
 - b) Interviews with involved Helpers
 - c) File reviews
 - d) Case conferencing
9. The Alternative Care Supervisor will advise the Director of Services when such a process is underway and will provide updates as required on the status of the investigation.
10. The Alternative Care Supervisor will review the final outcome of the process and any final decisions made with the Director of Services.
11. The final resolution will be documented on Mnaasged's Alternative Care Parent(s) Complaint Form and maintained on the Alternative Care Parent(s) File.
12. The Alternative Care Parent(s) who lodged the complaint will be advised of the outcome of the investigation within five (5) working days of the process being completed. The final decision will be provided in writing and a copy of the letter kept in the Alternative Care Parent(s) File. Any other involved Helpers will also receive a copy of this letter.

13. If the Alternative Care Parent(s) is not satisfied with the outcome of this process, concerns may be addressed with the Director of Services who will advise of an outcome within 10 days.
14. If the Alternative Care Parent(s) is still not satisfied with the outcome of this process, concerns may be addressed with the Executive Director for final review of the situation, who will advise the Alternative Care Parent(s) of the outcome within 10 days.

POLICY REFERENCE

Service Complaints Policy #0432

Department: Alternative Care	POLICY #: 0604
Section: Working with Alternative Care Parents	
Subject: Complaints from Third Party	
Date Approved:	Date Revised:
Board Resolution #:	
Source Reference:	

COMPLAINTS FROM THIRD PARTY

POLICY

Mnaasged Child and Family Services will respond to every service complaint from a third party. The following steps will be followed when a service complaint is received by a Mnaasged Child and Family Services Staff Member from a person not in receipt, or by a third party calling on an Alternative Care Parent(s).

PROCEDURE

The procedure for investigations is outlined in Mnaasged’s Service Complaints Procedure.

POLICY REFERENCE

Service Complaints Policy #0432

Department: Alternative Care	POLICY #: 0605
Section: Working with Alternative Care Parents	
Subject: Complaints Regarding Alternative Care Parent(s)	
Date Approved:	Date Revised:
Board Resolution #:	
Source Reference:	

COMPLAINTS REGARDING ALTERNATIVE CARE PARENT(S)

POLICY

Any allegations of Child abuse or neglect involving an Alternative Care Parent(s) will be reported immediately to the Placing Agency.

All other complaints against an Alternative Care Parent(s) will receive a response within 24 hours from a Mnaasged Child and Family Services Helper.

PROCEDURE

1. Any Mnaasged Helper receiving a complaint regarding an Alternative Care Home or Alternative Care Parent(s) will immediately contact the Placing Agency for situations involving neglect or abuse of a Child(ren). The Helper will then immediately notify the Alternative Care Supervisor of the complaint.
2. All other complaints, including complaints by Children in Care or other persons affected by conditions, or limitations imposed on visitors or suspension of visits, will immediately be forwarded to the Alternative Care Supervisor.
3. The Alternative Care Supervisor will notify the Director of Services.
4. Should the complaint not involve allegations of abuse or neglect, the Alternative Care Helper will initiate an investigation and work with the Alternative Care Parent(s) to address the complaint.
5. If an allegation of abuse or neglect is reported, the Alternative Care Helper will immediately notify the Intake Department of the Placing Agency. It will then be the responsibility of the Placing Agency to determine if an investigation is warranted.

6. Should an investigation be warranted, it will be initiated within 24 hours. Refer to the Investigation of Alleged Abuse in an Alternative Care Home. The Placing Agency's policy of investigation will apply to the complaint.

POLICY REFERENCE

Department: Alternative Care	POLICY #: 0606
Section: Working with Alternative Care Parents	
Subject: Investigation of Alleged Abuse in Alternative Care Home	
Date Approved:	Date Revised:
Board Resolution #:	
Source Reference:	

INVESTIGATION OF ALLEGED ABUSE IN ALTERNATIVE CARE HOME

POLICY

When the Placing Agency is required to conduct a Child protection investigation involving an open Alternative Care Home, such an investigation will involve a comprehensive internal approach, as defined by protocol, and the Alternative Care Family will be offered the proper supports from Mnaasged Child and Family Services.

PROCEDURES

1. The Alternative Care Helper is responsible to report all allegations of abuse to a Children's Aid Society according to the *Child, Youth and Family Services Act*.
2. The Children's Aid Society is responsible to complete all investigations of abuse.
3. If an investigation is warranted, it will be initiated within five (5) working days.
4. The Alternative Care Helper will then immediately notify the Alternative Care Supervisor of the allegation and determine with the Alternative Care Supervisor who is responsible for next steps.
5. The Alternative Care Helper will immediately notify the Placing Agency if the Placing Agency is different from the local Children's Aid Society. The Alternative Care Helper will clarify with the Placing Agency to see who is notifying the Band Representative and if the Parents or Guardian are contacted.
6. The Alternative Care Supervisor will discuss with the Placing Agency if it is necessary to move the Child until the investigation is completed.
7. The Alternative Care Helper will attend investigations with the Children's Aid Society to provide support to the Alternative Care Parent(s); however, it is understood that it is the

responsibility of the Children's Aid Society (and Police where warranted) to conduct the investigation and to make decisions on when, where, and who is to be interviewed. During the investigation, the Alternative Care Helper and the Alternative Care Supervisor are responsible for ensuring there is someone assigned to support and protect the Child who reports abuse, assault, or inappropriate practices in the Alternative Care Home or during Alternative Care, or when allegations of abuse are brought against the Alternative Care Parent(s).

8. The Alternative Care Helper is responsible to complete the Serious Occurrence Reports as per Ministry Standards.
9. The Alternative Care Supervisor may provide the Placing Agency with copies of the Serious Occurrence Reports.
10. The Alternative Care Helper will be responsible for implementing all follow-up arising from the investigation within Mnaasged's mandate.
11. The Alternative Care Child(ren) and Alternative Care Parent(s) must be informed of the results of the investigation.
12. The Alternative Care Helper will ensure that during the pre-service training and at the time of selection and placement, the Alternative Care Parent(s) is made aware of the investigation of abuse process and Mnaasged's supporting role in this process.
13. At the time of hiring, all Staff will be informed of protocols for the reporting of allegations of abuse in Alternative Care Homes, including child-on-child abuse.
14. Mnaasged will inform the Alternative Care Child(ren) and person(s) with lawful custody at the time of placement of the process that will be followed during an abuse investigation, both when they report suspected abuse and when allegations of abuse are brought against them. Mnaasged will review the protocol and the procedures annually.

POLICY REFERENCE

Department: Alternative Care	POLICY #: 0607
Section: Working with Alternative Care Parents	
Subject: Self-Care	
Date Approved:	Date
Board Resolution #:	
Source Reference:	

SELF-CARE

POLICY

Mnaasged Child and Family Services supports the practice of wholistic well-being for Alternative Care Parents as a means of maintaining their competence, strengthening the profession, and preserving the integrity of their work with Children.

PROCEDURE

1. The Alternative Care Helper will discuss the importance and encourage self-care with the Alternative Care Parent(s) during regular home visits. Concerns about self-care that may negatively affect the capacity of the Alternative Care Parent(s) to care for Children in Care must be documented and addressed, and a plan of action established.
2. Mnaasged will make every effort to support the Alternative Care Parent(s) with self-care. This may take the form of encouraging relief, classes, or other activities that will improve self-care, referrals for individual counselling, or other activities that will assist the Alternative Care Parent(s) in addressing the need in this area.

POLICY REFERENCE

Department: Alternative Care	POLICY #: 0608
Section: Working with Alternative Care Parents	
Subject: Missing Alternative Care Children	
Date Approved:	Date:
Board Resolution #:	
Source Reference:	

MISSING ALTERNATIVE CARE CHILDREN

POLICY

Any Alternative Care Child will be deemed missing when an absence exceeds 24 hours or more, or with vulnerable or younger Children a lesser period, or is considered serious. Such an absence will be reported to the Police, the Placing Agency, and the Ministry as per the Serious Occurrence Policy Directive.

PROCEDURE

1. When an Alternative Care Child does not return from an absence as expected, the Alternative Care Parent(s) will make preliminary inquiries as to the Child's whereabouts by contacting friends and known associates and checking the community. This may include texting or calling the Child's cell phone.
2. When an Alternative Care Child cannot be located within a reasonable period of time, and taking the Child's age, development, and emotional condition into consideration, the Alternative Care Parent(s) will notify the Alternative Care Helper and the Placing Agency. If the Child is missing outside of normal business hours, the Alternative Care Parent(s) will contact Mnaasged and the Placing Agency's After-hour's service.
3. The Helper receiving the information, in consultation with the immediate Supervisor, will determine the most appropriate response dependent upon the Child's age and circumstances. This discussion will include a determination if the Child's absence constitutes a Serious Occurrence.
4. The Alternative Care Parent(s) will follow all the recommended steps and will work with the Alternative Care Helper and Children's Aid Society Helper to locate the Child.
5. The Alternative Care Parent(s) must report the Child missing to the local Police service. The person last known to have seen the Child should be available to provide as much detailed

information about the Child and the circumstances of the absence to the police as possible. This will include the following:

- a) A description of the Child's clothing
 - b) A recent photo of the Child
 - c) A description of any distinguishing marks (such as tattoos, and birthmarks)
 - d) Known friends, associates, and areas frequented
6. The Helper receiving the Missing Child Report (AWOL) is responsible for the completion of the Initial Serious Occurrence Report within 24 hours of receipt of the information. A copy of the report is forwarded to the immediate Supervisor and the Director of Services.
 7. While the Child is missing, the assigned Alternative Care Helper will work with the Alternative Care Parent(s) and Society in developing a plan to search for and locate the Child that is appropriate for the Child's age and life circumstances. This may include a variety of activities that will be done in partnership with the Child's family or extended family, where appropriate, such as the following:
 - a) Contacting friends and family members who may have information about the Child
 - b) Attempting to locate the Child in areas and establishments they are known to frequent
 8. When the Child cannot be located within a reasonable period of time or is considered high risk, other steps may be considered to search for and return the Child to the Child's placement. The decisions to proceed with these more intensive search efforts will be made by the assigned Alternative Care Helper and the Alternative Care Supervisor in consultation with the Director of Services and the Placing Agency.
 9. When the Child is located the Placing Agency will ensure that, where applicable, the Child's family or others with whom the Child has a significant relationship are advised of the Child's return.

POLICY REFERENCE

SECTION 7: MANAGEMENT OF ALTERNATIVE CARE FILES

Department: Alternative Care	POLICY #: 0701
Section: Management of Alternative Care Files	
Subject: Files and Records	
Date Approved:	Date Revised:
Board Resolution #:	
Source Reference:	

FILES AND RECORDS

POLICY

Mnaasged Child and Family Services will ensure that all files pertaining to Children placed in Alternative Care and Alternative Care Families are stored in a secure location and in a locked container or cabinet.

PROCEDURE

1. At initiation of service, the Alternative Care Helper will create the file pursuant to the appropriate forms.
2. Open files will be stored and secured in locked cabinets, only accessible to authorized Mnaasged personnel.
3. Alternative Care files cannot be removed from any Mnaasged office without approval of the Alternative Care Supervisor or a designate. Approved transportation of files will be in a locked case.
4. The Alternative Care Supervisor will inform the Support Services Assistant of all files approved for transportation. The Support Services Assistant will keep track of files that are in transit by email or phone until returned.
5. All closed Alternative Care Files are to be kept in storage. No Alternative Care File is to be destroyed.

POLICY REFERENCE

Department: Alternative Care	POLICY #: 0701B
Section: Management of Alternative Care Files	
Subject: Administration – Register of Children	
Date Approved:	Date Revised:
Board Resolution #:	
Source Reference:	

ADMINISTRATION – REGISTER OF CHILDREN

POLICY

Mnaasged Child and Family Services will maintain a register of Children placed in an Alternative Care Home used by Mnaasged Child and Family Services to provide Alternative Care.

PROCEDURE

1. The register will include, with respect to each Child, the following:
 - a) Full name, sex, and date of birth
 - b) If applicable, information that the Child has been placed in Interim Society Care, or Extended Society Care
 - c) Name, address, and telephone number of the Placing Agency or other person who placed the Child
 - d) Address of the Alternative Care Home in which the Child has been placed and the date of placement
 - e) If the Child is transferred or discharged from the Alternative Care Home, the date of the transfer or discharge and the name of the licensee, person, or Agency receiving the Child

POLICY REFERENCE

Department: Alternative Care	POLICY #: 0701C
Section: Management of Alternative Care Files	
Subject: Administration – Recruitment and Management	
Date Approved:	Date Revised:
Board Resolution #:	
Source Reference:	

ADMINISTRATION – RECRUITMENT AND MANAGEMENT

POLICY

Mnaasged Child and Family Services has policies and procedures for the recruitment, screening, and selection of their Alternative Care Parents to provide Residential Care (see Policy #0110 Vulnerable Sector Screening; Policy #0201 Receiving an Alternative Care Home Request; Policy #0202 Criteria for Eligibility; and Policy #0203 Home Assessment Process). In addition, the Alternative Care Parents will be provided with ongoing support and supervision.

PROCEDURE

1. Mnaasged has a system for classifying and utilizing Alternative Care Homes as follows:
 - a) Regular Alternative Care
 - b) Respite
 - c) Kin in-Care
 - d) Customary Care
2. The Alternative Care Helper will provide the Alternative Care Parent(s) with ongoing primary support and supervision on a regular basis.
3. The Alternative Care Helper will complete an annual review of each Alternative Care Home, according to the objectives set for the type and level of care to be provided in the home.

POLICY REFERENCE

Department: Alternative Care	POLICY #: 0702
Section: Management of Alternative Care Files	
Subject: Access to Information Alternative Care Parents	
Date Approved:	Date Revised:
Board Resolution #:	
Source Reference:	

ACCESS TO INFORMATION ALTERNATIVE CARE PARENTS

POLICY

Any information held by Mnaasged Child and Family Services regarding an Alternative Care Parent will be made available to those authorized under the Child, Youth and Family Services Act. Alternative Care Parents are entitled to review their file, except for references and other information given to Mnaasged Child and Family Services in confidence. Authorized persons employed by Mnaasged Child and Family Services will be permitted to access all information on file. Access to information by other agencies, professionals, hospitals, and so on will only occur with the signed consent to the release of information, except to comply with a Warrant or Court Order.

PROCEDURE

1. The Alternative Care Parent(s) must submit a Request for Access to Information Form to Mnaasged. The request should specify the type of information that is being sought and the purpose for seeking it.
2. The Alternative Care Helper or the Support Services Assistant will meet with the Alternative Care Parent(s) to determine the parameters and method of how the information will be disclosed.
3. The Alternative Care Helper will complete a summary report specifically addressing the information requested. This will be reviewed by the Alternative Care Supervisor or the Director of Services, or both. Both the Alternative Care Helper and the Alternative Care Supervisor will sign off on the disclosure.
4. When a full file disclosure is being requested, the file will be vetted, and the following information must be EXCLUDED:
 - a) Any identifying information about third parties

- b) Any medical or personal references
 - c) Identity of complainants who have asked to remain anonymous (except where disclosure is required by law)
5. For other file material, the Alternative Care Helper will meet with the Alternative Care Parent(s) to review the summary and discuss the content.
 6. When the Alternative Care Parent(s) does not agree with the written statement, the Alternative Care Parent(s) must be advised of the right to request a correction.
 7. The Alternative Care Parent(s) will provide a written statement indicating the corrections the Alternative Care Parent(s) wishes to make and the reason(s) for the request.
 8. Within 30 days of receiving the request, the Alternative Care Helper will review the request with the Alternative Care Supervisor. The Supervisor may consult with the Director of Services to finalize a decision.
 9. If approved, the addendum will be completed indicating the changes as requested. Existing documentation and previous records cannot be altered. The Helpers will ensure that every person to whom the Record was previously disclosed is notified of the addendum and re-assessment. The Alternative Care Parent(s) is notified in writing of the changes made.
 10. If the request is not approved, the Alternative Care Helper will meet and contact the Alternative Care Parent(s) to outline the reasons for the decision. A letter outlining the reasons for the decisions will then be provided to the Alternative Care Parent(s), along with the contact information of the Child and Family Services Review Board, which may be able to review that decision.
 11. The Alternative Care Helper will document in the Alternative Care File the following information:
 - a) The request for Access to Information
 - b) Consultation with the Supervisor and the decision made with respect to responding to the request
 - c) The outcome of the process including detailed case notes of the method of disclosure, the decision to withhold information, and the rationale for disclosure
 - d) Copy of the summary provided
 - e) When applicable, a copy of the Request for Correction and the actions taken following this request

POLICY REFERENCE

Department: Alternative Care	POLICY #: 0703
Section: Management of Alternative Care Files	
Subject: Access to Information Outside Mnaasged	
Date Approved:	Date Revised:
Board Resolution #:	
Source Reference:	

ACCESS TO INFORMATION OUTSIDE MNAASGED

POLICY

Access to the Alternative Care File will be held in confidence, and information will only be released with a written request from the Alternative Care Parent(s) and only information relating to the person signing the request.

PROCEDURE

1. Outside Agencies or Institutions requesting documentation from the Alternative Care File must have their request in writing.
2. The letters, along with the signed "Consent to Release Information" should be forwarded to the Alternative Care Supervisor with a letter clearly indicating the documentation requested and reasons why.
3. The Alternative Care Supervisor will reply in writing and a copy of the request and reply letters must be kept in the Alternative Care File.
4. The names of, and information related to, the Children in Alternative Care and placed in the care of the Home will be removed from the file.

POLICY REFERENCE

Department: Alternative Care	POLICY #: 0704
Section: Management of Alternative Care Files	
Subject: Access to Information – Child in Alternative Care	
Date Approved:	Date Revised:
Board Resolution #:	
Source Reference:	

ACCESS TO INFORMATION – CHILD IN ALTERNATIVE CARE

POLICY

Access to the information in the Alternative Care File may be reviewed by the Child in Alternative Care if they are 12 years or older.

PROCEDURE

1. A Child in Alternative Care does have a right to the access of information and a right to review the file. The Child/Youth in Alternative Care can request the File Review.
2. The Child/Youth in Alternative Care cannot review the file without the supervision of an Alternative Care Helper.
3. The Alternative Care Helper will document the date of the review in their file and in the Alternative Care Parent(s) File.
4. The Alternative Care Parent(s) must keep the home file or record of the Alternative Care Child/Youth in a locked container.

POLICY REFERENCE

Department: Alternative Care	POLICY #: 0705
Section: Management of Alternative Care Files	
Subject: Contents of an Alternative Care Parent File	
Date Approved:	Date Revised:
Board Resolution #:	
Source Reference:	

CONTENTS OF AN ALTERNATIVE CARE PARENT FILE

POLICY

Mnaasged Child and Family Services will maintain a written case file for every Alternative Care Family that is consistent with the Ministry of Children, Community and Social Services Standards.

PROCEDURE

1. The Alternative Care Helper, the Alternative Care Supervisor, and the Support Services Assistant will be responsible for the ongoing maintenance of all Alternative Care Family Files.
2. All Alternative Care Files will contain the following:
 - Intake Forms
 - Applications Form
 - Preference Sheet
 - Consent Form
 - Commitment Not to Use Corporal Punishment Form/Restraint Policy and Procedures
 - Confidentiality Form
 - Alternative Care Home Study Outline
 - Alternative Care Provider Change of Address

- Reference Letter
- Reference Questionnaire
- Police Criminal Reference Check Form
- Medical Form 11
- Consent Medical Form
- Any other Medical Pertaining to Alternative Care Parent(s)
- Medication Records
- Pre-service Training Commentary
- Ongoing Training
- Recognition Training Grid
- Alternative Care Service Agreement
- Placement Request Child Information Form
- Exit Interview for Child
- Exit Evaluation Foster Parent
- Direct Deposit Form
- Days in Care Form
- Specialized Rates Form
- Mileage Form
- Request for Emergency Assistance
- Agency Furniture Items
- Clothing Allowance Breakdown
- Annual Review Forms
- Alternative Care Parent Insurance Forms
- Insurance Waiver Forms

- Licensee Information Form
- Safety Check List
- Smoke Detector Form
- Baby Equipment Check List
- Fire Evacuation
- Complaints Made by Alternative Care Parent(s)
- Complaints Procedure Investigation
- Alternative Care Parent Manual, Reimbursable Policy, Complaints Procedure Forms
- Serious Occurrence Procedure
- Serious Occurrence Signature Form
- Placement Request Child Information Form/30 Day Plan of Care
- Alternative Care Home Resources Service Summary Sheet
- Residential Services—Change of Information Form
- Approval Letter
- Consent to Hold Bed
- All Other Consent Forms
- Letters and Memos
- Supervisory Notes
- Case Notes
- Photocopies
- Request for Payment
- Receipts
- Alternative Care Parent(s) review of competency practice program and rights of Children/30 days and Annually

RELIEF HOME

- Consent Form Module 1 and 2 Licenses Information
- Safety Checklist/Smoke Detector Form/Fire Evacuation Form
- Confidentiality
- Corporal Punishment/Restraint Policy and Procedures
- CPIC Letter
- Case Notes
- Photocopies
- Request for Payment
- Receipts

POLICY REFERENCE

Department: Alternative Care	POLICY #: 0706
Section: Management of Alternative Care Files	
Subject: Contents of an Alternative Care Child File	
Date Approved:	Date Revised:
Board Resolution #:	
Source Reference:	

CONTENTS OF AN ALTERNATIVE CARE CHILD FILE

POLICY

The Alternative Care Helper will maintain a written case file for every Child in Alternative Care consistent with the Ministry of Children, Community and Social Services Standards.

PROCEDURE

1. The Alternative Care Helper, the Alternative Care Supervisor, and the Support Services Assistant will be responsible for the ongoing maintenance of all Alternative Care Children Files.
2. All Alternative Care Children Files will each contain the following:

ADMISSIONS AND PLACEMENT DOCUMENTATION

- a) Identifying information and family background information
- b) Placement information and contacts
- c) Rights in Care documentation
- d) The assessment reports, as specified in Regulation 111 (0. Reg.206/00)
- e) Health care, medical, and dental history and reports
- f) School information, including copies of all school reports
- g) Specific religious and spiritual events, plans, or requirements
- h) Special nutritional and health care requirements

RECORDINGS OF CARE PLANS AND REVIEWS, WHERE APPLICABLE

- a) Plan of Care
- b) Psychological, psychiatric, educational, and other reports pertaining to the function or care of the Child
- c) A copy of evaluations made, and plans provided by any professional, school, clinic, or hospital service
- d) Plans made by biological parents
- e) Service plans and placement reviews
- f) Days in Care Forms
- g) Service Agreements and correspondence
- h) Serious Occurrences
- i) Case Notes
- j) Social History
- k) Exit Evaluations

POLICY REFERENCE

Department: Alternative Care	POLICY #: 0707
Section: Management of Alternative Care Files	
Subject: Photo Identification of Alternative Care Family	
Date Approved:	Date Revised:
Board Resolution #:	
Source Reference:	

PHOTO IDENTIFICATION OF ALTERNATIVE CARE FAMILY

POLICY

Alternative Care Families will be provided with photo identification confirming their approved status as Mnaasged Child and Family Services' Alternative Care Parents.

PROCEDURE

1. The Alternative Care Helper will take a photo of the approved Alternative Care Parent(s) every year upon annual renewal or when warranted.
2. The Alternative Care Helper will place a copy of the developed photo in the Alternative Care Parent(s) File.
3. The Alternative Care Helper will forward the picture to the Support Services Assistant who will then make the required photo identification certificate.
4. The Alternative Care Parent(s) will surrender the photo identification to the Alternative Care Helper when the Home will be closed or is closed.

POLICY REFERENCE

Department: Alternative Care	POLICY #: 0708
Section: Management of Alternative Care Files	
Subject: Photos of Child in Alternative Care	
Date Approved:	Date Revised:
Board Resolution #:	
Source Reference:	

PHOTOS OF CHILD IN ALTERNATIVE CARE

POLICY

The Alternative Care Helper will ensure that a current photo of the Child in Alternative Care is placed in the Child's File.

PROCEDURE

1. The Alternative Care Helper will take a photo of the placed Child in Alternative Care within 30 days of placement.
2. The photo will be placed in the Child's File.
3. The Alternative Care Helper will ensure that a new photo is updated every year. A copy of the Child's school photograph, if available, is appropriate.

POLICY REFERENCE

SECTION 8: CULTURAL AND SPECIAL NEEDS

Department: Alternative Care	POLICY #: 0801
Section: Cultural and Special Needs	
Subject: Cultural Competency Practice	
Date Approved:	Date Revised:
Board Resolution #:	
Source Reference:	

CULTURAL COMPETENCY PRACTICE

POLICY

Mnaasged Child and Family Services will provide services that are on an equal access basis and sensitive to the needs of First Nation, Métis, and Inuit families and Children regardless of special needs, origin, religion, age, marital status, family status, disability, sexual orientation, and language.

Mnaasged Child and Family Services will not tolerate or condone any expression of racial slurs or degrading behaviours by Employees, Alternative Caregivers, or Volunteers.

The Children/Youth placed in Alternative Care will be assisted in maintaining their unique cultural identity and positive contact, involvement, and participation with their First Nations, Inuit, or Métis community as identified in their Plan of Care.

PROCEDURE

1. The Alternative Care Supervisor will review the Placement Request Form to match the Child with an Alternative Care Parent(s) who can provide appropriate ethno-cultural, racial, linguistic, and ancestral religious and spiritual opportunities to participate with the First Nations, Inuit, or Métis community.
2. The Alternative Care Helper will investigate opportunities for Children in Alternative Care to participate in leisure and recreational activities that promote physical, social, and cultural benefits and to participate in their First Nations, Inuit, or Métis community. This will be documented in the Child's File and the Alternative Care Parent(s) File.

3. The Alternative Care Helper will inspect the Alternative Care Home to ensure gender-specific needs of the Children are being met.
4. The Alternative Care Helper will document the Child's religious affiliation or spiritual activities and the level of involvement in the chosen form of worship, prior to placement, and ensure continued and appropriate access.
5. The Alternative Care Helper will review cultural competency expectations with the Alternative Care Parent(s) within 30 days of approval of the home and at annual home reviews and will document it in their Alternative Care File.
6. The Alternative Care Helper and the Alternative Care Supervisor will have knowledge of appropriate community and agency resources, which may be accessed to assist in service delivery to special needs Children/Youth or to provide additional Traditional First Nations, Inuit, or Métis supports to Children placed in Alternative Care. Mnaasged resources will include consultation with Chief and Council, as required.
7. Consultation and support will be sought by the Alternative Care Helper and the Alternative Care Parent(s) for Children/Youth placed in the Alternative Care Home who are experiencing or expressing an alternative sexual orientation/gender identification from representatives, organizations, and advocates for the respective alternative lifestyle.
8. The development of a Plan of Care will take into consideration and address the cultural, religious, linguistic background, sexual, gender orientation (2SLGBTQQA), and special needs of the Child/Youth.
9. The Alternative Care Helper will review Mnaasged's cultural competency expectations and the policies and procedures related to the rights of Children/Youth with each Alternative Care Parent within 30 days of commencement of service and at least annually thereafter and will document it in their Alternative Care File.
10. Mnaasged will review its cultural competency expectations and the policies and procedures related to the rights of Children/Youth with each Employee during the orientation process and within 30 days of commencement of employment with the Alternative Care Program and at least annually thereafter. The said review will be documented in the Staff Personnel File.
11. The Alternative Care Parent(s) will be provided with available background information on the Child's/Youth's cultural orientation, religious or spiritual beliefs, and sexual orientation prior to placement. The said review will be documented in the Alternative Care Parent(s) File.

POLICY REFERENCE

Department: Alternative Care	POLICY #: 0802
Section: Cultural and Special Needs	
Subject: Cultural Support	
Date Approved:	Date Revised:
Board Resolution #:	
Source Reference:	

CULTURAL SUPPORT

POLICY

All Children in Alternative Care placed in a Mnaasged Child and Family Services Home will be encouraged to participate in cultural ceremonies, events, and activities that are offered by the member Nations and surrounding communities.

PROCEDURE

1. The Alternative Care Helper will discuss during the private interviews with the Child and with the Alternative Care Family opportunities to explore and learn about First Nations, Inuit, or Métis culture and to participate in ceremonies or Traditions.
2. Should the Child in Alternative Care and the Alternative Care Family express an interest in any relevant upcoming cultural events in the community or surrounding area, the Alternative Care Family and Child in Alternative Care, who is age appropriate, will develop a detailed plan about the event. The details will include dates, time, cost, location, and related duties.
3. The Alternative Care Helper will present the plan to the Alternative Care Supervisor for approval. The plan must allow for time for the review and approval process, and a suggested time frame would be for two (2) weeks prior to the event.
4. The Alternative Care Helper will notify and share the plan with the Placing Agency for travel and participation authorization. Any documentation that may be required from the Placing Agency will be requested in a timely manner.
5. The Alternative Care Helper will arrange for contracting interpreters or helpers/Elders, when necessary, in serving the Child placed in Alternative Care.

6. Members of the Child's/Youth's family and community will be invited to actively participate in the Child's/Youth's care, whenever possible, such as participation, community home visits, and attendance at special events.
7. Community Elders or the Mnaasged Cultural Coordinator, or both, will be invited into the Alternative Care Program by the Alternative Care Helper to teach the Children/Youth in Alternative Care First Nations, Inuit, or Métis arts, heritage, Traditions, and culture.
8. When the parent disagrees with the involvement of the cultural component, Mnaasged will explore creative ways to address this with the parents and the Child.

POLICY REFERENCE

Department: Alternative Care	POLICY #: 0803
Section: Cultural and Special Needs	
Subject: Cultural Competency Training	
Date Approved:	Date Revised:
Board Resolution #:	
Source Reference:	

CULTURAL COMPETENCY TRAINING

POLICY

Alternative Care Parents will be provided with information on cultural competency practice during their orientation and ongoing training.

PROCEDURE

1. The Alternative Care Parent(s) must participate in Mnaasged’s cultural competency training (taken from SPIRIT [Strong Parent Indigenous Resource Information Training]).
2. Specific cultural competency topics will be reviewed with each Alternative Care Parent within 30 days of commencement of placement, and annually thereafter.
3. The Alternative Care Parent(s) will be provided with information related to the Canadian Charter of Rights and Freedoms and the Ontario Human Rights Code.

POLICY REFERENCE

Department: Alternative Care	POLICY #: 0804
Section: Cultural and Special Needs	
Subject: Cultural Competency Practices for Children/Youth with Special Needs	
Date Approved:	Date Revised:
Board Resolution #:	
Source Reference:	

CULTURAL COMPETENCY PRACTICES FOR CHILDREN/YOUTH WITH SPECIAL NEEDS

POLICY

Therapeutic services include Traditional people/Elders as a means of Traditional, cultural, and wholistic intervention.

All Children/Youth placed in Alternative Care will have access to support and therapeutic services that are available through Mnaasged Child and Family Services' programs, First Nation communities, external agencies, or Health Canada. Where services are not available through the public services system, purchase of service arrangements may be made by Mnaasged Child and Family Services.

PROCEDURE

1. Where the special needs of the Child/Youth in Alternative Care have been identified, appropriate specialized services will be available to meet the presenting needs sought in accordance with the Child's needs and cultural beliefs.
2. Planning and approval to secure the service(s) will be initiated by the Alternative Care Helper through the Plan of Care process.
3. The services of Elders/cultural interpreters will be tabled by the Alternative Care Helper through the Plan of Care process for consultation if the Child/Youth exhibits academic, behavioural, or mental health problems.
4. The Alternative Care Helper will discuss the use of Traditional and wholistic services with the Child with special needs during the private interview.
5. The dates and contacts between the Child in Alternative Care with the approved Traditional Healer will be documented in the Child's File.

6. Mnaasged will provide opportunities for First Nations, Inuit, or Métis community members and organizations to provide therapeutic care for the Children/Youth placed in Alternative Care: smudging, one-on-one counselling, healing circles, and ceremonies that honour ancestors to facilitate the grieving process for the oppression they have experienced as First Nations, Inuit, or Métis Children/Youth.
7. Children in Alternative Care have a right to choose how they will practice their culture. Every effort will be made to gain consent from the Placing Agency or biological parents, or both. The use of the Plan of Care process and of calling for a Circle to try and reach an understanding and consensus will be used; however, if the Children are developmentally able to make this decision on their own, their wish will be granted if it is appropriate.
8. All granted consent will be placed in the Child's File.

POLICY REFERENCE

Department: Alternative Care	POLICY #: 0805
Section: Cultural and Special Needs	
Subject: Religious and Spiritual Care	
Date Approved:	Date Revised:
Board Resolution #:	
Source Reference:	

RELIGIOUS AND SPIRITUAL CARE

POLICY

Children/Youth placed in Alternative Care will be able to access and practice their personal religious choice without discrimination or harassment. The Child/Youth has the right to voluntarily access and benefit from religious and spiritual care.

Seeking to convert or criticize other faith groups by Employees or Volunteers of Mnaasged Child and Family Services will not be tolerated and will be subjected to the disciplinary process.

PROCEDURE

1. The Alternative Care Helper will document the Child's/Youth's religious/spiritual affiliation or preference, the level of involvement in the Child's/Youth/s form of spiritual expression, and the name of the spiritual/religious care provider prior to admission. The Alternative Care Helper will provide this information to the Alternative Care Parent(s) and document it in the Plan of Care and in transition planning.
2. The Alternative Care Helper will ensure each Child/Youth is advised of the right to receive and practice spiritual/religious instruction.
3. The Child's/Youth's identified spiritual/religious care provider(s) will be invited to participate in the Plan of Care for the Child/Youth when appropriate; when they are not, the reasons will be documented in the Plan of Care.
4. The voluntary nature of any religious/spiritual program offered by Mnaasged will be reviewed with each Child upon admission and every six (6) months thereafter by the Alternative Care Helper.

5. Religious diets and fasts and First Nations, Inuit, or Métis way of life practiced by the Child/Youth in Alternative Care will be researched and incorporated into the menu planning of the Alternative Care Family and identified in the Child's Plan of Care.
6. Spiritual and religious leaders relevant to the spiritual expression practiced by Children/Youth in Alternative Care will be invited by the Alternative Care Helper/Alternative Care Parent(s) to provide and lead special ceremonies and events for the Child in Alternative Care, including the Child's biological family (where appropriate) and the Alternative Care Family.
7. The Child's/Youth's right to access and practice the spiritual expression of choice with dignity and respect will be part of the orientation and ongoing training of Alternative Care Caregivers, Employees, Students, and Volunteers.

POLICY REFERENCE

Department: Alternative Care	POLICY #: 0806
Section: Cultural and Special Needs	
Subject: Identity – Services to Children	
Date Approved:	Date Revised:
Board Resolution #:	
Source Reference:	

IDENTITY – SERVICES TO CHILDREN

POLICY

Mnaasged Child and Family Services will provide services, programs, or activities that relate to First Nation, Métis, and Inuit Children/Youth regarding their heritage, Tradition, race, ancestry, place of origin, colour, ethnic origin, citizenship, family diversity, disability, creed, sex, sexual orientation, gender identity, gender expression, cultural or linguistic needs, connection to community, the concept of the extended family, or regional differences that may affect them.

PROCEDURE

1. Mnaasged will make available the appropriate programs and activities to the Child/Youth if the Child/Youth is interested and will assist in facilitating to provide the activity or program required on an ongoing basis.
2. The Child/Youth and the parent(s) will be asked and informed of Mnaasged's obligation to consider any additional information they can provide regarding their identity characteristics, regional differences, culture, heritage, Traditions, connection to community, and the concept of the extended family. This information will be part of the decision on what services will be provided to the Child if the decision materially affects or is likely to materially affect the Child's interests. The parent(s) will also be offered the opportunity to name a Resource Person.
3. If the Child/Youth is unable to communicate whether there is any information in relation to their identity and regional differences, and there is no parent, Mnaasged will make reasonable efforts to determine if this information is otherwise available in the following:
 - a) Case Records
 - b) Another service provider's file that transferred the Child

- c) A relative of the Child who may have, such information
- 4. Mnaasged will provide the parent(s) the opportunity to name a Resource Person for the Child/Youth. This Resource Person's role will be on a voluntary basis and will assist Mnaasged in making decisions regarding the Child's identity characteristics, regional differences, culture, heritage, Tradition, connection to community, and the concept of the extended family in relation to any aspect of providing services to the Child and their family.
- 5. Mnaasged will contact the Resource Person as soon as possible to request their input of decisions that may materially affect the Child's interests. Mnaasged will also make itself available to receive any additional information that the Resource Person may wish to provide.
- 6. If the Child or parent subsequently indicates that they no longer wish for that Resource Person to be contacted, or the Resource Person declines to act or continue acting in that role, Mnaasged will cease to contact that person. Mnaasged will ask the Child or parent(s) whether another Resource Person can be named, and will determine the times, places, and methods of communicating with this new contact.
- 7. Mnaasged will provide training to all Staff who make decisions that may materially affect a First Nations, Inuit, or Métis Child's interests on matters related to identity characteristics, regional differences, culture, heritage, Traditions, connection to community, and the concept of the extended family.
- 8. Mnaasged Staff who have not previously received training with respect to First Nations, Inuit, or Métis Children/Youth on matters related to identity and cultural characteristics and regional differences must receive training within eight (8) months of beginning work to make decisions that may materially affect the Child's best interests or be involved with providing the described services.
- 9. For First Nations, Inuit, or Métis Children/Youth, reasonable efforts will be made to determine where there are services, programs, or activities that may complement and support the objectives of services provided as follows:
 - a) Any of the Child's/Youth's Band or First Nation, Métis, or Inuit communities
 - b) If the Child does not have a Band or First Nation, Inuit, or Métis community an organization that is closely linked to the Child's/Youth's culture, heritage, and Tradition will be accessed. If the Child/Youth already has access, the Child/Youth will be asked if there is a desire to participate in such a service, which Mnaasged will facilitate

SECTION 9: EMERGENCY NUMBERS – WALK-IN AFTER HOURS CLINICS

EMERGENCY NUMBERS – WALK-IN AFTER HOURS CLINICS

CANADIAN ASSOCIATION OF POISON CONTROL CENTRE

Emergency Telephone Number: 1-800-268-9017 (toll free in Ontario)

TELEHEALTH ONTARIO

Free Access to a Registered Nurse — 24 Hours a day, 7 days a Week.

Toll free: 1-866-797-0000

TTY: 1-866-797-0007

AFTER HOURS/WALK-IN CLINICS

Byron Medical Walk-In Clinic
1255 Commissioners Rd. W
London ON, N6K 3N5
519-471-1800

Hyde Park Medical & Walk-In Clinic
640 Hyde Park Rd.
London, ON N6H 3S1
519-641-3627

Masonville Walk-In Clinic
1673 Richmond St. N.
London, ON N6G 2N3
519-951-7178

Nixon Walk-In Clinic
510 Southdale Rd.
London, ON N6H 3S1
519-914-5202

West Middlesex Walk-In Clinic
17 Frank St.

Wharncliffe Walk-In Clinic
201-240 Wharncliffe Rd. N.

Strathroy, ON N7G 2R2
519-245-1609

London, ON N6H 4P2
519-435-0111

Chatham Kent Family Practice Walk-In
60 Keildrs St.
Chatham, ON N7M 3G8
519-358-7158

St. Thomas Walk-In Medical Clinic
230 First Ave.
St. Thomas, ON N5R 4P5
519-633-9627

Rapids Family Health Team
481 London Rd. Lower
Sarnia, ON N7T 4X3
519-491-6188

Tilbury, ON Walk-In Clinic
15 Mill St. E.
Tilbury, ON NOP 2L0
519-682-3699

Amherstburg Walk-In Clinic
71 Sandwich St. S.
Amherstburg, ON
519-736-8046

Essex Walk-In Clinic
186 Talbot St. S.
Essex, ON N8M 1B6
519-776-1559

Windsor Medical Clinic
1608 Tecumseh Rd. W.
Windsor, ON N8T 1J9
226-773-6423

Forest Glade Medical Clinic
3145 Forest Glade Dr.
Windsor, ON N8R 1W6
226-526-9657

Windsor Medical Clinic
6720 Hawthorne Dr.
Windsor, ON N8T 1J9
226-773-6478

Pillette Family & Walk-In Clinic
4900 Wyandotte St. E.
Windsor, ON N8Y 1H7
519-974-8682

Riverside After Hours Walk-In Clinic
7874 Riverside Dr. E.
Windsor, ON N8S 1E1
519-974-4122

Roseland After Hours Clinic
3840 Howard Ave.
Windsor, On N9E 3N9
519-972-3944

URGENT CARE CLINICS

South London Urgent Care Clinic
595 Bradley Ave.
London, ON N6E 3Z8
619-681-8300

Urgent Care Centre
268 Grosvenor St.
London, ON N6A 4V2
619-646-6100

Windsor Urgent Care
2055 Huron Church Rd.
Windsor, ON N9C 2L6
519-255-4079

MENTAL/HEALTH SERVICES RESOURCES

Southwest Ontario FNMI Health Access Centre
425-427 William St.
London, ON N6B 3E1
519-672-4079

Canadian Mental Health Association
Windsor Essex County Branch
1400 Windsor Ave.
Windsor, ON N8X 3L9
519-255-7440

Southwest Ontario FNMI Health Access Centre
Chippewas of the Thames Site
77 Anishinaabeg Drive
Muncey, ON N0I 1Y0
519-289-0352

MENTAL HEALTH HOT LINES

Mental Health Hotline Ontario
1-866-531-2600

Kids Help Phone
1-800-668-6868

Mental Health First Response Service
Chatham-Kent: 1-866-299-7447
Sarnia-Lambton: 1-800-307-4319

London & District Distress Centre
519-667-6711

Canadian Mental Health Association-Elgin
County
1-866-933-2023

Canadian Mental Health Hotline-
London/Middlesex
1-866-933-2023

POLICY REFERENCE
