

**Customary Standards of Care
for
Saskatchewan First Nations Group Homes,
Assessment and Stabilization,
Therapeutic and Treatment Programs,
0-11 Emergency Homes**

*“Culturally relevant quality care.
A positive healthy experience for children, youth
and their families.”*

February 2025



The development of this document was coordinated and facilitated by the Saskatchewan First Nations Family and Community Institute Inc. with the Saskatchewan First Nations Group Homes, Assessment and Stabilization, Therapeutic and Treatment Programs

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Thank you to the Federation of Sovereign Indigenous Nations for reviewing the document and thank you to the Saskatchewan Ministry of Social Services for their contributions to the development, review and funding of the manual.

Many people and organizations were involved throughout the life of this project. Rather than risk anyone being missed, individual names have not been listed.

CUSTOMARY STANDARDS OF CARE FOR SASKATCHEWAN FIRST NATIONS GROUP HOME, 0-11 YEARS EMERGENCY HOMES, ASSESSMENT AND STABILIZATION, THERAPEUTIC AND TREATMENT PROGRAMS

“Culturally relevant quality care.

A positive healthy experience for children, youth and their families.”

Introduction

Customary Standards of Care were developed for Saskatchewan First Nations Group Home, Assessment and Stabilization, Therapeutic, and Treatment Programs to guide the quality of care for children and youth who are in care of a First Nations child and family service agency or provincial ministry providing child welfare services. The standards are intended to ensure that children, youth and their families receive culturally relevant quality care and a positive healthy experience.

The following document reflects the second review of the Customary Standards of Care since its inception September 2011, this review included CSC 2014, 2018, 2023. Although there were minimal changes to the document, the First Nations Group Home Working group have included changes that have reflected their experience applying the standards for the last seven years. Throughout the reviewed document, the working group has also included and emphasized that children and youth in care can participate and be informed in decisions and activities that affect them. All 0-11 emergency home specific standards are italicized. This review has also emphasized the recommendations from the Truth and Reconciliation Commission calls to action,

Legacy, Action 1ii “Providing adequate resources to enable Aboriginal communities and child-welfare organizations to keep Aboriginal families together where it is safe to do so, and to keep children in culturally appropriate environments, regardless of where they reside”.

Legacy, Action 1v “Requiring that all child-welfare decision makers consider the impact of the residential school experience on children and their caregivers”.

Legacy, Action 4iii “Establish, as an important priority, a requirement that placements of Aboriginal children into temporary and permanent care be culturally appropriate”.

Authority

The Customary Standards of Care are designed to be an expression of Treaty First Nations jurisdiction and authority over child and family services. The Federation of Saskatchewan Indian Nations Indian Child Welfare and Family Support Act (1994) amended in 2011 provides authority for the development of standards, policies and procedures that apply to all First Nations affiliated with FSIN while respecting the jurisdiction of each First Nation. The act was deemed equivalent by the Ministry of Social Services in 1993.

The intent of the Customary Standards of Care is to provide guidance to First Nations and their agencies in the development of local policies and procedures to meet their priorities, to benefit from their resources, and to respect their customs to support families and protect children and youth.

In the spring of 2017, the Saskatchewan First Nations Family & Community Institute Inc. and the First Nations Group Home Network started the process of reviewing the Customary of Standards of Care, 2014. The review was complete in June 2017, January 2018, March 2024.

The Customary Standards of Care will be amended, as required, to reflect new development or amendments to First Nations legislation and policy.

The Customary Standards of Care has been reviewed to ensure currency and reflect new developments or amendments to First Nations legislation and policy.

Background

The work on First Nations standards of care began with the leadership of the Federation of Saskatchewan Indian Nations (FSIN). A working group consisting of Elders, First Nations child and family service agencies, group homes, and assessment and stabilization program representatives met over many months and developed a draft document titled, "Saskatchewan First Nations Child and Family Services, Group Homes and Community Care Programs, Customary Standards of Care, November 2005" (Customary Standards of Care).

During the development of the Customary Standards of Care, progress was reported to the FSIN Legislative Assembly. Legislative Assembly Resolution, Reference Number 1386, June 8, 2005 stated that First Nations Standards of Care will become effective by resolution of the Chiefs-in-Assembly; shall apply to all First Nations affiliated with the FSIN; and, that the Chiefs-in-Assembly supported the plan to return to the Assembly for the ratification of the standards manual.

In 2007, the Executive Directors of the First Nations Child and Family Services agencies recommended the draft document to the FSIN Health and Social Development Commission, who then recommended it to the FSIN Legislative Assembly. The Chiefs-in-Assembly, by Legislative Assembly Resolution, Reference Number 1512, May 31, 2007, adopted the draft Customary Standards of Care manual in principle with the understanding that further development and refinement was to be done.

The work continued on the Customary Standards of Care document in the summer of 2008, coordinated and facilitated by the Saskatchewan First Nations Family and Community Institute Inc. (SFNFCI). The working group reconvened with the addition of a representative from the Ministry of Social Services. The collaborative and inclusive process used by the working group was key to the successful development of the document. As part of this process, the working group members sought feedback on a regular basis from their respective organizations. During this time, the document came to be known as, "Staffed Out of Home Care Standards, Criteria and Indicators, September 2009".

The working group finished their work in April 2009. A number of people were then asked to provide feedback: child welfare content experts in April and May 2009, two First Nations youth reference groups in June 2009. The feedback validated the work done to date and shed light on the additional development required. After this work was completed and accepted by the working group, the document was presented, reviewed, and approved by the Board of Directors of the Saskatchewan First Nations Family and Community Institute on August 5, 2009.

To support the FSIN vetting process the SFNFCI presented the document to the FSIN First Nations Child and Family Services Technical Advisory Group (TAG) in October 2009, to as many agency and program boards of directors as possible and, when invited, to their respective chiefs and councils.

Based on their feedback, edits were made to the introduction and references, with no additional edits to the content. The feedback also resulted in a new name more accurately reflecting the purpose of the manual: Customary Standards of Care for Saskatchewan First Nations Group Home, Assessment and Stabilization, Therapeutic, and Treatment Programs “Culturally sensitive quality care. A positive healthy experience for children, youth and their families”, December 2, 2010.

The Customary Standards of Care were approved by the Legislative Assembly of the Federation of Saskatchewan Indian Nations on February 16, 2011 (Reference Number 1758). A copy of the Resolution is included at the end of this document. The Saskatchewan First Nations Family & Community Institute received a letter of equivalency for the Customary Standards of Care in October 2013 from the Ministry of Social Services.

Framework

The “Federation of Saskatchewan Indian Nations Indian Child Welfare and Family Support Act 1994”, and the “United Nations Convention on the Rights of the Child” guided the working group as they developed the standards, criteria and indicators for the care of children and youth. The following statements, taken from the Draft Customary Standards of Care November 2005 (CSC) and the “United Nations Declaration on the Rights of Indigenous Peoples 2007” (UNDRIP), are reflective of Treaty First Nations jurisdiction, authority and worldviews with respect to the care of children, youth, their families and communities. Please note Canada signed onto the UNDRIP in 2017 with no qualifications.

- “First Nations children, parents and families have a right to a safe, well and harmonious life and are protected and maintained in keeping with Indian values, traditions, culture and beliefs” (CSC).
- “First Nations children and youth have an inherent right to their culture and tradition” (CSC).
- “First Nations families and communities have the primary responsibility to keep their children and youth safe and to nurture them in a healthy environment. Group Homes support families to fulfill their responsibilities and provide services to foster unification” (CSC).
- “Group Home services meet an adequate standard of care, as defined by the community and are consistent with the spirit and intent of the Treaties” (CSC).
- “In the event that alternate care is required, First Nations children will be placed in the care of a First Nations family, in a First Nations environment which supports the use of First Nations language and meaningful participation in cultural ceremonies and activities” (CSC).
- “First Nations may establish structures appropriate to their individual jurisdiction to better facilitate the delivery of child and family services” (CSC).

- “Where the First Nations child has been separated from a parent or custodian and has been kept or removed from First Nations land where the child or youth normally lives, the First Nation may take appropriate action to restore the child to First Nations jurisdiction, and where it is found to be in the child’s best interests, restore the child to the parent or guardian” (CSC).
- “Recognizing also the urgent need to respect and promote the rights of indigenous peoples affirmed in treaties, agreements and other constructive arrangements with states” (UNDRIP).
- “Recognizing in particular the right of indigenous families’ and communities to retain shared responsibility for the upbringing, training, education and well-being of their children, consistent with the rights of the child” (UNDRIP).
- “Indigenous peoples have the collective right to live in freedom, peace and security as distinct peoples and shall not be subjected to any act of genocide or any act of violence, including forcibly removing children of the group to another group” (Article 7, No. 2, UNDRIP).
- “Indigenous individuals, particularly children, have the right to all levels and forms of education of the state without discrimination” (Article 14, No. 2, UNDRIP).
- “States shall, in conjunction with indigenous peoples, take effective measures, in order for indigenous individuals, particularly children, including those living outside their communities, to have access, when possible, to an education in their own culture and provided in their own language” (Article 14, No. 3, UNDRIP).
- “Indigenous peoples have the right to promote, develop and maintain their institutional structures and their distinctive customs, spirituality, traditions, procedures, practices and, in the cases where they exist, juridical systems or customs, in accordance with international human rights standards” (Article 34, UNDRIP).

PHILOSOPHY OF CARE

As First Nations people we are ourselves a whole entity, and we are a link of many circles. All elements of nature are related and form the complete circle of life. Roles in the life cycle are in a constant state of change. have patterns and cycles. and have dimensions of time and space. Change in one role has effects on other relationships. Wholeness also means inclusion, belonging, self-reliance, and sharing. (Draft Customary Standards of Care Manual, November 2005)

The organization, management and operation of all First Nations' staffed out of home care programs operate to promote the following philosophy of care:

Children and youth are loaned from the Creator and we have a sacred duty to care for them. Their lives and thoughts have special meaning and significance and they are to be nourished, loved, and respected.

Children and youth have a right to express themselves, understand and interact with the world in their own language, to be nurtured by their parents, grandparents, communities, and to the teaching and guidance of the Traditional Advisors.

Children and youth have a right to the full development of their spiritual, physical, emotional, and mental well-being.

Respect all children and youth's beliefs and values and promote the respect of others beliefs and values.

The Traditional Teachings provide the context for standards of caring for children and youth.

The organization, management and operation of all First Nations' staffed out of home care and community care programs operate to promote the following holistic approach to child, family, and community support:

An affirmation of the family as the best environment to raise children and youth.

A recognition of the traditional way of life of First Nations.

An affirmation of the spirit and intent of First Nations' Treaties with the Crown.

Respect and recognition of First Nations' culture, history, and languages.

Respect for kinship and the extended family.

HOW TO USE THIS DOCUMENT

The Customary Standards of Care has been developed to support the development of local policies and procedures that reflect the unique culture and practices of First Nations group homes. The document is designed and formatted for easy reference and to illustrate the relationship between policies, standards, criterion and indicators. Each of the nine Policy statements reflects a course of action to be adopted and pursued by each program. The standards provide guidance on how to implement the policies. The criteria describe what needs to be done to meet the standards. The indicators are evaluative and are the measures by which each program will know that they have achieved the standards. Each program will need to update their local policies and procedures to align with the amended standards.

Policy: Safety of children and youth, staff and community will be a guiding principle within all staffed out of home care programs.

STANDARDS FOR:	<u>PROGRAM CONTINUITY</u>
STANDARD 1.1:	ALL STAFFED OUT OF HOME CARE PROGRAMS SHALL CONTINUE TO BE A PLACE OF SAFETY WHEN EMERGENCY OCCURRENCES HAPPEN.
STANDARD CRITERIA:	<ol style="list-style-type: none">1. The staffed out of home care facility shall develop and maintain procedures that ensure the safe operation of the program in the event of emergency giving regard to at least the following:<ul style="list-style-type: none">• Transportation (ex. through deep snow after a blizzard).• Maintaining sufficient levels of staff (e.g. in the event of an influenza pandemic or during a winter storm).• Alternative accommodation.• Emergency medical response (e.g. during a storm).• Communication (who shall be contacted, and equipment required).• Back up equipment required and maintained (e.g. flashlights for power outages, cell phones always charged).2. All staff shall be trained in orientation in the Program Continuity Plan and shall receive an annual update training thereafter.
INDICATORS:	<ul style="list-style-type: none">◇ The staffed out of home care program has a complete Program Continuity Plan in place.◇ Evidence exists that staff have been trained at orientation and annually thereafter.

STANDARDS FOR: EMERGENCY RESPONSE READINESS

STANDARD 1.2: ALL STAFFED OUT OF HOME CARE PROGRAMS SHALL MAINTAIN A STATE OF READINESS TO RESPOND TO EMERGENCY.

STANDARD CRITERIA:

1. Every staffed out of home care program shall have a written emergency response plan that shall include, specified duties to be followed by the group home workers in the event of three levels of lockdown, but not be limited to:
 - o Level 1: Shelter in Place
 - Procedures for safe shelter within the facility in the event of environmental threats outside of the group home, like extreme weather
 - o Level 2: Hold and Secure
 - Hold and Secure is a response to a threat in the general vicinity of a group home, but not in, on or very near to the group home. This could be a police pursuit, a crime in progress or an active search by local authorities for a known dangerous offender. Staff, residents and visitors are considered to be safe inside the home.
 - o Level 3: Full Lockdown
 - A full lockdown is a serious emergency situation where the threat is inside, on or very near to the group home and wherein the evacuation of the group home building is neither safe nor advisable
- Telephone procedures for calling emergency services and informing key authorities (manager, board chair).
- Procedures for documenting and reporting on the lockdown incident
- Procedures for an emergency evacuation of all the children and youth and program workers, including the specified exit routes from the staffed out of home care setting, and a gathering place for the children once outside (evacuation means “out of the building” and must include provision of safe, alternative accommodation for the children and youth).
- A means for tracking the whereabouts of children and youth at all times (i.e. on a home visit, on the run, etc.) and ensuring that all of the children and program workers have been accounted for following an evacuation.
- A list of (or procedures for locating) alternative accommodations for the children and youth.
- Procedures for transporting children and youth to an alternate place of safety.
2. The emergency response plan shall be established in cooperation with, and approved by, the local emergency measures authority and reviewed annually.

Policy: Safety of children and youth, staff and community will be a guiding principle within all staffed out of home care programs.

3. All program workers shall receive instruction on the emergency response plan as part of their orientation training and shall receive annual training updates on the plan and procedures.
4. Every staffed group home shall have a written lockdown plan.
5. The lockdown plan shall be established in cooperation with, and approved by, the local emergency measures authority and reviewed annually.
6. All group home residents shall receive verbal and written instruction on the lockdown plan as part of their admission.
7. Lockdown drills will be conducted every three months, and details of the drill will be recorded and annually reviewed.
8. Relevant support services and/or counseling will be offered to all staff and residents involved in any lockdown incident.

INDICATORS:

- ◇ A written emergency response plan that conforms to standard criteria exists.
- ◇ Evidence exists to show that the emergency response plan includes all three levels and has been established in cooperation with, and approved by, the local emergency measures authority.
- ◇ A written record of all staff receiving orientation training and then annual training for emergency response planning.
- ◇ A written record showing that lockdown drills conducted every 3 months is maintained.
- ◇ A written record of all staff receiving annual training on lockdown levels and procedures.
- ◇ Records show that support services are available for those involved in a lockdown.
- ◇ Case files indicate a review of lockdown procedures upon admission of a resident and every three months thereafter.

STANDARDS FOR: <u>FIRE SAFETY</u>	
STANDARD 1.3:	ALL STAFFED OUT OF HOME CARE PROGRAMS SHALL MAINTAIN A STATE OF FIRE READINESS.
STANDARD CRITERIA:	<ol style="list-style-type: none">1. The following practice will be maintained by the staffed out of home care facility to maintain a state of readiness:<ul style="list-style-type: none">• The completion of an annual fire inspection.• Maintaining the facility in compliance with life and fire safety regulations. (available from Fire Authority).• Fire drills shall be conducted monthly.• Fire drills recorded and records reviewed.• Emergency Evacuation Plan approved (reviewed at least annually), by the local Fire Authority should include: the location and operation of fire extinguishers, exit routes, fire alarm boxes, telephone procedures for calling emergency services, a gathering place and relocation arrangements, is posted in several prominent locations in the facility.• Emergency evacuation plan posted and reviewed annually or more frequently if changes are made to program or building.• Evacuation procedures reviewed on admission with each child and youth and every three months thereafter.• Training held annually for emergency evacuation of all staff and residents.
INDICATORS:	<ul style="list-style-type: none">◇ Evidence exists that an Annual Fire Inspection has been completed (certificate).◇ Evidence exists that the facility is in compliance with fire safety regulations (certificate). A written record showing that fire drills are conducted monthly.◇ Evidence exists that the Emergency Evacuation Plan is approved (reviewed at least annually with the local Fire Authority) by the local Fire Authority and posted.◇ A written record of all staff receiving annual training for emergency evacuation.◇ Case files indicate a review of evacuation procedures upon admission of a resident and every three months thereafter.

Policy: Safety of children and youth, staff and community will be a guiding principle within all staffed out of home care programs.

STANDARDS FOR:

FIRST AID AND SEASONAL TRAVEL KITS

STANDARD 1.4:

ALL STAFFED OUT OF HOME CARE PROGRAMS SHALL ENSURE FIRST AID AND SEASONAL TRAVEL KITS ARE MAINTAINED IN RECOMMENDED LOCATIONS.

STANDARD CRITERIA:

1. First aid kits shall be located in each vehicle operated by the staffed out of home care program and checked for completeness every three months. (Content standard established by St. John Ambulance and/or provincial *Occupational Health and Safety Act*.)
2. First aid kits shall be located in each of the units within the staffed out of home care setting and checked for completeness every three months, this includes a defibrillator. (Content standard established by St. John Ambulance and/or provincial *Occupational Health and Safety Act*.)
3. Emergency seasonal travel kits shall be located in each of the vehicles. The staffed out of home care program maintains an emergency seasonal travel kit located in each of the vehicles operated by the staffed out of home care program, whenever the vehicle is used for winter travel in rural areas. This kit should contain, but not be limited to:
 - Several heavy blankets.
 - Extra clothing items such as sweaters, mitts, toques, and heavy socks.
 - A source of portable heat such as candles or “camp heat”, and a lighter.
 - A flashlight with good working batteries.
 - Emergency food rations such as “power bars” and water in spring, summer and fall.
 - Shovel.
 - Flares.
 - Tow rope.
 - May include other medical equipment such as a defibrillator.
4. Cellular phones shall be made available to staff members when transporting children and youth.

Policy: Safety of children and youth, staff and community will be a guiding principle within all staffed out of home care programs.

INDICATORS:

- ◇ First aid kits are located in each vehicle operated by the staffed out of home care program and evidence exists that they have been checked for completeness every three months. (Content standard established by St. John Ambulance and/or provincial *Occupational Health and Safety Act*.)
- ◇ First aid kits are located in each of the units within the staffed out of home care setting and evidence exists that they have been checked for completeness every three months. (Content standard established by St. John Ambulance and/or provincial *Occupational Health and Safety Act*.)
- ◇ A record indicates a seasonal travel kit is located in each of the vehicles.
- ◇ A record indicates that cellular phones are available to staff members when transporting children and youth.

Policy: Safety of children and youth, staff and community will be a guiding principle within all staffed out of home care programs.

STANDARDS FOR: <u>SAFE STORAGE</u>	
STANDARD 1.5:	ALL STAFFED OUT OF HOME CARE PROGRAMS SHALL ENSURE MEDICATION AND HAZARDOUS MATERIALS AND SUBSTANCES ARE KEPT SAFE FROM HARMING OTHERS WHILE NOT IN USE.
STANDARD CRITERIA:	<ol style="list-style-type: none">1. All medication shall be kept in locked storage out of access by residents (including refrigerated medicines).2. Knives and other kitchen tools, when not in use, shall be stored in a locked drawer or container.3. All housekeeping and cleaning supplies, hazardous products (chemicals, gasoline, etc.) shall be securely stored according to provincial/federal health and safety standards.4. All power tools, yard and garden tools, maintenance equipment and tools shall be kept in locked storage areas.5. All hazardous equipment used for traditional activities such as hunting and trapping will be kept in locked storage when not in use.
INDICATORS:	<ul style="list-style-type: none">◇ Visual inspection indicates that all medication is kept in a locked box, in locked storage out of access by residents (including refrigerated medicines).◇ Visual inspection indicates that knives and other kitchen tools, when not in use, are stored in a locked drawer or container.◇ Visual inspection indicates that all housekeeping and cleaning supplies, hazardous products (chemicals, gasoline, etc.) are securely stored according to provincial/federal health and safety standards. (http://www.hc-sc.gc.ca/ewh-semt/occup-travail/whmis-simdut/index-eng.php).◇ Visual inspection indicates that all power tools, yard and garden tools, maintenance equipment and tools are kept in locked storage areas when not in use.◇ Visual inspection indicates that all hazardous equipment used for traditional activities such as hunting and trapping are kept in locked storage when not in use.◇ Visual inspection of firearms safety certificate and required licences (PAL) for any activities that use dangerous weapons. Follow Federal Legislation.

STANDARDS FOR:

OVERNIGHT OUTDOORS PROGRAM SAFETY

STANDARD 1.6:

ALL STAFFED OUT OF HOME CARE PROGRAMS SHALL ENSURE THE SAFETY OF RESIDENTS PARTICIPATING IN OVERNIGHT OUTDOOR ACTIVITIES.

STANDARD CRITERIA:

1. A written Overnight Outdoor Activity proposal, approved by the program manager, must precede any camping activity. Please Note:
 - Any out of province activities, remote camping or high-risk activities requires approval from the staffed out of home care programs board of Directors and referring agency. An emergency communication plan shall be developed for all overnight outdoor activitiesPlan should include but not limited to:
Overnight Outdoor Activity proposal shall include:
 - Dates of the camp, location, names of the program staff and children and youth attending, travel arrangements.
 - Plans for ensuring medical consent for residents attending the activity.
 - Plans for ensuring safety both during activities and operating/using equipment.
 - Plans for ensuring adequate supervision of children and youth at all – out of province times, including sleeping arrangements.
 - Procedures to prevent children and youth from becoming lost.
 - Emergency Plan
 - Consent for medical treatment
 - Medical insurance
 - Emergency Communications plan
2. The staffed out of home care program ensures that each child and youth has the opportunity to provide input (example: right to refuse see section 2.8) into the proposed overnight outdoor activity and provide feedback on their experiences of the overnight outdoor activity. An example of: **Child and Youth Input Form.**

Are you willing to participate in an overnight outdoor activity?

 - Can leave question open.

What type of outdoor activities would you like to do?

 - Can leave question open or provide a selection of activities the program is able to provide.

Why would you like to do them?

Can leave question open or provide a selection of activities the program is able to provide.

Where would you like to do the activity?

 - Can leave question open or provide a selection of activities the program is able to provide.

Example of: **Child and Youth Feedback Form**

Did you enjoy the activity? Why or why not?

What would you keep about the activity?

What would you change about the activity?

Would you like to do the activity again?

3. The staffed out of home care program ensures that overnight outdoors activities are suitable to the developmental needs and capabilities of the children and youth participating in them.
4. The staffed out of home care program ensures that during an overnight outdoors activity, the staff/resident ratio reflects the staffing model of the home residence and the developmental and supervision needs of the youth.
5. At least one staff shall be the same gender as the child or youth in the overnight outdoors activity.
6. Program staff conducting an overnight outdoor activity shall:
 - Possess valid CPR (cardiopulmonary resuscitation) and First Aid Certificates.
 - Be knowledgeable and experienced in the outdoor activity and have a thorough knowledge of the proper and safe use of all equipment.
 - if participating in aquatic activities be qualified in water safety measures and meet the standards as established by the Lifesaving Society.
7. First Aid and other safety or survival equipment must be included in any overnight outdoor activity kit.
8. The staffed out of home care program ensures that all camping supplies and/or equipment that are poisonous, flammable or a hazardous item must be stored securely and inaccessible to children/youth. Medication must be locked and inaccessible to children/youth.
9. Program activities may be purchased from commercial vendors, including camps operated by third party vendors, provided all governing regulations are adhered to, they are accredited/certified and assure effective safety procedures and safe use of equipment.
10. The staffed out of home care program ensures that a final report is completed outlining areas in the proposal, feedback from participants and suggestions for further programs.

INDICATORS:

- ◇ Evidence of a written Overnight Outdoor Activity Proposal, including an emergency communications plan, was approval can be provided for all overnight outdoor activities conducted.
- ◇ Evidence exists that shows children and youth were provided the opportunity to provide input into the overnight outdoor activity and that they also had the opportunity to provide feedback on their experiences of the overnight outdoor activity.
- ◇ Evidence exists that shows the overnight outdoor activities are suitable to the developmental needs and capabilities of the children and youth participating in them.
- ◇ Documentation exists to show Board and/or referring agency approval for any out of province, remote or high-risk events child and youth participated in. (Child permission is included in the admission kits.)
- ◇ Evidence exists that a final activity report was completed and outlines areas in the proposal, feedback from participants and suggestions for further programs.
- ◇ Evidence exists showing the staff/resident ratio for outdoor activities reflected the staffing model of the home and that at least one staff was of the gender of the youth.
- ◇ Evidence exists that shows that at least one staff was the gender of the children and youth participating in the overnight outdoor activity.
- ◇ Evidence exists that shows program staff conducting an overnight outdoor activity:
 - Possessed valid CPR (cardiopulmonary resuscitation) and First Aid Certificates.
 - Were qualified in water safety measures and meet the standards as established by the Lifesaving Society, if participating in aquatic activities.
 - Were knowledgeable and experienced in the outdoor activity and had a thorough knowledge of the proper and safe use of all equipment.
- ◇ There is evidence that the first aid and other safety or survival equipment has been included in all Overnight Outdoor supplies.
- ◇ There is evidence showing that the staff ensured that all camping supplies and/or equipment that are poisonous, flammable or a hazardous item must be stored securely and inaccessible to children/youth. There is evidence showing that the staff ensured that all medication was locked and inaccessible to children/youth.
- ◇ Documentation exists to show that any activities purchased from commercial vendors, including camps operated by third party vendors, adhered to all governing regulations, were accredited/certified and assured effective safety procedures and safe use of equipment.

Policy: Safety of children and youth, staff and community will be a guiding principle within all staffed out of home care programs.

STANDARDS FOR: WATER SAFETY

STANDARD 1.7: ALL STAFFED OUT OF HOME CARE PROGRAMS SHALL ENSURE SAFETY IN THE MANAGEMENT OF ALL WATER ACTIVITIES.

STANDARD CRITERIA:

1. Lifesaving Society's standards for aquatic activities shall be the guiding principles where lifeguard supervision is not provided.
Lifesaving Society Saskatchewan Branch
2224 Smith St. Regina, SK, S4P 2P4
Ph. (306) 780-9255
www.lifesavingsociety.sk.ca
email: lifesaving@sasktel.net
2. Staff aquatic safety certifications must be current within two years.
3. The normal supervision ratio for each staffed out of home care program is to be maintained during aquatic activities with a minimum of one aquatic safety certified staff for every twelve residents involved in the water activity. ***The ratio is dependent on the age of the residents.***
4. Where canoes or boats are being used, they must be equipped according to Federal regulations (1999) from the Canadian Coast Guard. A properly fitted, approved PFD for each occupant of the canoe.
 - A buoyant, heavy line at least 15 meters long used for rescues (Rescue Throw Bag is recommended).
 - A bailer or water pump.
 - A sound signal such as a whistle (for emergencies).
 - A flashlight.
 - An extra paddle.
 - Fire extinguisher.
 - Navigation light.
5. Where an aquatic activity is purchased from a commercial venue such as a hotel, spa, waterslide park, etc. which does not provide lifeguards, an aquatic safety certified staff must accompany the group.
6. Program workers and children and youth must wear Canadian Coast Guard approved personal floatation devices (PFD's) at all times, while using any watercraft and they must be of a suitable size.

7. Individuals may be hired or used as volunteers for the purpose of providing supervision to residents during aquatic activities.
 - If hired, they must be at least 18 years of age and possess a valid National Lifeguard Service Award as approved by the Lifesaving Society.
 - If a volunteer, this person must be at least 18 years of age and possess a valid Bronze Medallion Life Saving Certificate or Occupational Aquatic Safety Training Basic Water Rescue Certificate as approved by the Lifesaving Society.

INDICATORS:

- ◇ Records indicate that staff aquatic safety certifications are on file and current within two years.
- ◇ Documentation that a minimum of one aquatic safety certified staff for every twelve residents was always involved in water activities. Documentation indicates the age of the residents and the number of aquatic certified staff.
- ◇ Evidence that the normal supervision ratio for the program was maintained during aquatic activities.
- ◇ Evidence that canoes being used for aquatic activities are equipped according to federal regulations (1999) from the Canadian Coast Guard.
- ◇ Where an aquatic activity is purchased from a commercial venue such as a hotel, spa, waterslide park, etc. which does not provide lifeguards, evidence that an aquatic safety certified staff accompanied the group.
- ◇ Evidence that program workers and children and youth wore correctly fitting, Canadian Coast Guard Approved, personal floatation devices (PFD's) at all times, while using any watercraft.
- ◇ Where individuals were hired or used as volunteers for the purpose of providing supervision to residents during aquatic activities there is evidence to show they were qualified as per Standard Criteria 1.7.

Policy: Safety of children and youth, staff and community will be a guiding principle within all staffed out of home care programs.

STANDARDS FOR: WATER SAFETY - POWER BOATS

STANDARD 1.8: ALL STAFFED OUT OF HOME CARE PROGRAMS SHALL ENSURE SAFETY IN THE MANAGEMENT OF ACTIVITIES INVOLVING POWER BOATS.

STANDARD CRITERIA:

1. Lifesaving Society's standards for aquatic activities shall be the guiding principles where lifeguard supervision is not provided.
2. Staffed out of home care program workers and children and youth must wear Canadian Coast Guard Approved personal floatation devices (PFD's) that are always a suitable size, while using any watercraft. This includes being towed (e.g. on a tube).
3. A minimum of one aquatic safety certified staff for every twelve residents involved in the water activity. The normal supervision ratio for each staffed out of home care program is to be maintained.
4. The staffed out of home care program worker operating a power boat must be competent in all aspects of its operation and must abide by all federal and provincial regulations and/or legislation. The operator of the boat must possess a Canada Boating License (<http://www.boatinglicense.ca/canada/saskatchewan.aspx>)
5. If a power boat is used to tow a resident who is skiing or on a floatation device, a second program worker must be in the boat to maintain eye contact with this child and provide information to the operator of the boat.
6. Children or youth may not operate any power watercraft.

INDICATORS:

- ◇ Evidence that program workers and children and youth wore Canadian Coast Guard Approved personal floatation devices (PFD's) that were always a suitable size, while using any watercraft, including being towed (e.g. on a tube).
- ◇ Documentation that a minimum of one aquatic safety certified staff for every twelve residents was always involved in water activities. (2.8 Aquatic activities, 1A RSM)
- ◇ Evidence that any staffed out of home care program worker operating a power boat was competent in all aspects of its operation and holds a valid Canada Boating License.
- ◇ Evidence that, if a power boat was used to tow a resident who was skiing or on a floatation device, a second program worker was in the boat to maintain eye contact with the child and provide information to the operator of the boat.

STANDARDS FOR:	<u>TRANSPORTATION OF RESIDENTS</u>
STANDARD 1.9:	ALL STAFFED OUT OF HOME CARE PROGRAMS SHALL ENSURE SAFETY IN THE TRANSPORTATION OF RESIDENTS.
STANDARD CRITERIA: <ol style="list-style-type: none">1. The staffed out of home care program ensures compliance with the <i>Residential Service Regulations</i>.2. The staffed out of home care program provides written procedures to ensure that all program workers operate agency vehicles in a safe, responsible manner. These shall include, but are not limited to:<ul style="list-style-type: none">• Children and youth should not be left unsupervised in a vehicle.• Program workers, children and youth must wear seat belts. Children must be placed safely in an up to date and approved car seat according to weight, height, and age, always when the vehicle is being operated.• Program workers must ensure that keys are always removed from the ignition, and that vehicles are immediately locked when not in use.• Program workers operating an agency vehicle must comply with all traffic regulations and laws as established by civic, provincial and federal statutes.3. The staffed out of home care program ensures that vehicles are kept in a “mechanically sound” condition, and that written procedures are provided for regular inspections, required maintenance and reporting damages.4. The staffed out of home care program’s name is not inscribed on the exterior of any vehicle operated by the program.5. The staffed out of home care program ensures that residents who possess a valid driver’s license do not operate the agency vehicle or any vehicle in which other residents are passengers.	

Policy: Safety of children and youth, staff and community will be a guiding principle within all staffed out of home care programs.

INDICATORS:

- ◇ Documentation exists to verify procedures for program workers to operate agency vehicles.
- ◇ Documentation exists that staff have procedures and training to ensure proper seating and security of infants and toddlers in car seats.
- ◇ There is written evidence of procedures for the maintenance of agency vehicles.
- ◇ There is evidence on staff files that those operating agency vehicles possess a valid driver's license, or on vehicle logbooks that the staff using the vehicle possess a valid driver's license.
- ◇ Local policy exists indicating the restriction of residents to operate agency vehicles.

Policy: Safety of children and youth, staff and community will be a guiding principle within all staffed out of home care programs.

APPENDICES

Policy: Children and youth shall be cared for, and their culture language respected and protected within all staffed out of home care programs.

STANDARDS FOR:	<u>RIGHT OF A CHILD TO UNDERSTAND AND TO BE UNDERSTOOD</u>
STANDARD 2.1:	ALL STAFFED OUT OF HOME CARE PROGRAMS SHALL ENSURE THE CULTURE AND LANGUAGE OF Children and youth IN THEIR CARE ARE RESPECTED AND HAVE OPPORTUNITY TO COMMUNICATE THEIR NEEDS AND INTERESTS AND TO UNDERSTAND THE ACTIONS OF OTHERS, PARTICULARLY THEIR CAREGIVERS.
STANDARD CRITERIA:	<ol style="list-style-type: none">1. The staffed out of home care program shall ensure that, where a child does not speak English or has only a rudimentary understanding of English, they shall be provided with the services of an interpreter.2. The staffed out of home care program ensures that where a child or youth has a cognitive and/or physical disability impairing their ability to communicate, for example hearing or vision impaired or developmentally delayed children and youth have access to interpreters: human and/or technical aides to assist them.3. The staffed out of home care program shall ensure that children and youth can communicate their needs and interests and understand the actions of others in ways that are suitable to their age, developmental needs and capabilities.
INDICATORS:	<ul style="list-style-type: none">◇ The staffed out of home care program maintains written procedures providing children and youth with the opportunity to communicate through an interpreter where language presents as a barrier.◇ The staffed out of home care program maintains written procedures providing children and youth with the opportunity to access an interpreter: human and/or technical aides where a cognitive and/or physical disability presents a barrier to communication.◇ The staffed out of home care program maintains written procedures to ensure children and youth are provided ways to communicate their needs and interests and understand the actions of others in ways that are suitable to their age, developmental needs and capabilities.

Policy: Children and youth shall be cared for, and their culture language respected and protected within all staffed out of home care programs.

STANDARDS FOR:	<u>RIGHT TO BE INFORMED</u>
STANDARD 2.2:	ALL STAFFED OUT OF HOME CARE RESIDENTS SHALL BE INFORMED OF THEIR RIGHTS.
STANDARD CRITERIA:	1. The staffed out of home care program ensures that children, youth, and their families are informed of their rights within 48 hours of admission. (refer 3.2 RSM)
INDICATORS:	<ul style="list-style-type: none">◇ Local policy exists outlining the rights of children and youth and indicates that children and youth must be made aware of their rights.◇ Written procedures exist for informing children and youth, at the time of their admission and yearly thereafter in their residency, of their rights.◇ Child and youth program file contains a signed and dated verification that the young person has been informed of their rights.

Policy: Children and youth shall be cared for, and their culture language respected and protected within all staffed out of home care programs.

STANDARDS FOR:	<u>RIGHT TO RELIGIOUS, SPIRITUAL, CULTURAL FREEDOM AND SAFETY</u>
STANDARD 2.3:	ALL STAFFED OUT OF HOME CARE PROGRAMS SHALL RESPECT AND SUPPORT THE RIGHTS OF Children and youth TO RELIGIOUS, SPIRITUAL, CULTURAL FREEDOM AND SAFETY.
STANDARD CRITERIA: (REFERENCE 3.4 RSM)	<ol style="list-style-type: none">1. The staffed out of home care program ensures that children and youth are supported to participate in religious/spiritual and cultural activities.2. Access to spiritual and cultural activities will not be denied for reasons of misbehavior, except where there are concerns for the safety of the child, caregiver, or the community.
INDICATORS:	<ul style="list-style-type: none">◇ Local policies exist indicating that children and youth are supported to participate in religious/spiritual and cultural activities.◇ Local policies exist indicating that access to spiritual and cultural activities will not be denied, except where there are concerns for the safety of the child, caregiver, or the community.

STANDARDS FOR: <u>RIGHT OF FREEDOM TO COMMUNICATE WITH OTHERS</u>	
STANDARD 2.4:	ALL STAFFED OUT OF HOME CARE PROGRAMS SHALL ENSURE THE RIGHTS OF Children and youth TO COMMUNICATE FREELY WITH OTHERS.
STANDARD CRITERIA:	
<p>1. The staffed out of home care program ensures that children and youth can communicate privately and freely with people who are able to advise and advocate on their behalf, including but not limited to:</p> <ul style="list-style-type: none"> • The child’s lawyer/legal aid. • Elders or Clergy. • The Saskatchewan Advocate for Children & Youth. • A person of sufficient interest and family, as identified in the individual case plan. • Case worker <p>(This includes, for example, access to a telephone in a private place, telephone numbers or paper, envelopes and stamps if writing a letter.)</p> <p>2. The staffed out of home care program follows the case plan and ensures that children and youth have access to uncensored communication unless there is a reasonable belief that there is harm in doing so for the child or others.</p>	
INDICATORS:	
<ul style="list-style-type: none"> ◇ The staffed out of home care program maintains written procedures providing children and youth with the opportunity to communicate privately and freely with people who are able to advise and advocate on their behalf, including but not limited to: <ul style="list-style-type: none"> • The child’s lawyer. • Elders or Clergy. • The Saskatchewan Advocate for Children & Youth • A person of sufficient interest and family, as identified in the individual case plan. • Case worker ◇ Written procedures ensure that: <ul style="list-style-type: none"> • An area is provided to visit or communicate privately with the above individuals. • A record of any contact is maintained on file, including the date and name of contact. • Phone numbers are easily available to children and youth. 	

Policy: Children and youth shall be cared for, and their culture language respected and protected within all staffed out of home care programs.

STANDARDS FOR: RIGHT TO CONFIDENTIALITY AND PRIVACY

STANDARD 2.5: ALL STAFFED OUT OF HOME CARE PROGRAMS SHALL RESPECT THE PRIVACY AND CONFIDENTIALITY OF CHILDREN AND YOUTH.

STANDARD CRITERIA:

1. The staffed out of home care program ensures children and youth have the opportunity to communicate in private.
2. The staffed out of home care program provides written procedures ensuring that the release of any information on a child adheres to the confidentiality guidelines as set out in Section 74 of *The Child and Family Services Act*. (Appendix R#1)
3. The staffed out of home care program ensures that every child has the right to attend to personal needs in privacy; has a place in which they can feel safe; and the right to have their personal space respected.
4. The staffed out of home care program provides written procedures ensuring the opportunity to send and receive communications uncensored, unless there exists reasonable cause to believe that this would place the safety of the youth or others at risk. In such a situation a signed written explanation of why communications are being monitored will be placed on the child's file.
5. The staffed out of home care program maintains local written policies and procedures to ensure that each bedroom and washroom facility is equipped with a door and that whenever possible, each child is provided with a single bedroom.
6. The staffed out of home care program maintains local written policies and procedures to ensure workers shall knock on a child's bedroom door before entering.
7. The staffed out of home care program informs all residents in orientation about surveillance.

Policy: Children and youth shall be cared for, and their culture language respected and protected within all staffed out of home care programs.

INDICATORS:

- ◇ The staffed out of home care program provides written procedures for external communication, including telephone, computer, written mail and texting.
- ◇ Written procedures exist ensuring that the release of any information on a child adheres to the confidentiality guidelines as set out in Section 74 of *The Child and Family Services Act*.
- ◇ Signed written explanations of why communications were monitored are on the file of any child who has communications monitored.
- ◇ The staffed out of home care program maintains written procedures to ensure the respect of privacy.
- ◇ Local written policies and procedures exist and are followed, to ensure that each bedroom and washroom facility is equipped with a door and that whenever possible, each child is provided with a single bedroom.
- ◇ Local written policies and procedures exist and are followed to ensure workers knock on a child's bedroom door before entering.

STANDARDS FOR: <u>RIGHT TO POSSESSION OF PROPERTY</u>	
STANDARD 2.6:	ALL STAFFED OUT OF HOME CARE PROGRAMS SHALL RESPECT THE RIGHT OF A CHILD AND YOUTH TO HAVE IN THEIR POSSESSION THEIR OWN BELONGINGS.
STANDARD CRITERIA:	<ol style="list-style-type: none">1. The staffed out of home care program shall provide written local policies and procedures to ensure children and youth have the right to their personal possessions.2. Some possessions, for reasons of safety, may be prohibited by the staffed out of home care program and some may be restricted.<ul style="list-style-type: none">• Prohibited articles are considered to be contraband and are defined as those items that, when introduced to the program, provide a risk to the safety of residents or program workers or the community or which are illegal.• Restricted articles are those articles considered to be the right of the youth to possess but which may pose a risk to others unless used under supervision. (An example is eye makeup. When used correctly it is harmless, if shared among others where infections like pink eye exist it is a medium for rapidly spreading infection, hairspray, nail polish, devices)3. The staffed out of home care program shall provide written local policies and procedures to ensure the safe keeping of any possessions that are removed from a child's care. (An exception is where an item is illegal - see Section 3.10, point 6)4. The staffed out of home care program ensures children and youth are provided with a lockable area for the safe storage of personal items.5. The staffed out of home care program shall provide written local policies respecting lost and stolen or damaged property.
INDICATORS:	<ul style="list-style-type: none">◇ Written local policies and procedures exist and are followed ensuring children and youth have the right to their personal possessions.◇ A list of prohibited and restricted possessions exists and is available to staff and youth.◇ Written procedures exist and are followed to ensure children and youth are provided with a lockable area for the safe storage of personal items and such storage is evident.◇ Written local policies exist respecting lost and stolen and damaged property.

STANDARDS FOR: <u>RIGHT TO A MEASURE OF FINANCIAL RESPONSIBILITY</u>	
STANDARD 2.7:	ALL STAFFED OUT OF HOME CARE PROGRAMS SHALL ENSURE EACH RESIDENT IS PROVIDED WITH A MEASURE OF FINANCIAL RESPONSIBILITY.
STANDARD CRITERIA:	<ol style="list-style-type: none">1. The staffed out of home care program shall issue a spending allowance to each child.2. The staffed out of home care program shall provide written procedures for the retention and distribution of money given to the child or earned by the child. Procedures for the retention and distribution of money given to the child or earned by the child include, but are not limited to:<ul style="list-style-type: none">• Procedures for issuing an allowance, which includes a signed acknowledgment from the child that he/she has received their allowance.• Procedures for maintaining records of all money held on behalf of the child.• Procedures for holding money owed for restitution or damages.• Procedures for the safe keeping of all money.• Procedures for auditing and balancing resident accounts.• Procedures for establishing a resident trust account.3. Money management shall be included as a part of life skills training.4. Where possible youth will be encouraged and supported to work in part time jobs.
INDICATORS:	<ul style="list-style-type: none">◇ There is evidence that spending allowances are issued regularly to each child.◇ Written procedures for the retention and distribution of money given to the child or earned by the child exist and there is evidence that they are being followed.◇ There is evidence that money management is included as a part of life skills training.◇ Youth are working in part time jobs where it is possible to do so.

Policy: Children and youth shall be cared for, and their culture language respected and protected within all staffed out of home care programs.

STANDARDS FOR:	<u>RIGHT TO HAVE INPUT INTO DECISIONS AND PROGRAMS THAT AFFECT THEM</u>
STANDARD 2.8:	ALL STAFFED OUT OF HOME CARE PROGRAMS SHALL ENSURE CHILDREN, IN THEIR CARE HAVE THE RIGHT TO HAVE INPUT AND FEEDBACK INTO DECISIONS AND PROGRAMS THAT AFFECT THEM.
STANDARD CRITERIA:	<ol style="list-style-type: none">1. The staffed out of home care program shall develop local procedures to ensure there is an opportunity for children (RSM 3.2) to be involved with and have input and provide feedback into decisions and planning they feel is central to them in ways that meet the child and youth's developmental capacity and ability. These opportunities for input and feedback will ensure they are child and youth centered, individualized to the needs of the child/youth, and consider the child's developmental capacity and ability; the child's care and treatment plan and other programs the child may be participating in.2. Children and youth shall be provided with the means to develop the skills necessary to speak up and express themselves respectfully in ways that are considerate of the child's developmental capacity and ability.
INDICATORS:	<ul style="list-style-type: none">◇ Written procedures exist for providing, children, youth and their family with a process to be involved with and have input and feedback into decisions and planning they feel is central to them in ways that reflect their developmental needs and capabilities.◇ The staffed out of home care program can demonstrate concrete measures to show how children and youth are assisted to develop the skills necessary for expressing themselves in ways that reflect their developmental needs and capabilities.

STANDARDS FOR:	<u>RIGHT TO APPEAL THOSE DECISIONS THAT AFFECT THEM</u>
STANDARD 2.9:	ALL STAFFED OUT OF HOME CARE PROGRAMS SHALL ENSURE CHILDREN AND YOUTH IN THEIR CARE HAVE THE RIGHT TO APPEAL THOSE DECISIONS THAT AFFECT THEM.
STANDARD CRITERIA:	<ol style="list-style-type: none">1. The staffed out of home care program ensures there is an opportunity for children and youth to be heard without punishment if they wish to challenge a decision or practice, they feel is harmful to them.2. Children and youth will be provided with instruction on how to appropriately question an action that affects their life. (For example, discussions in group meetings or asking to appeal a decision to a supervisor.)3. The staffed out of home care program maintains written procedures for providing children and youth with a process for registering complaints and appeals regarding the programs, policies, procedures, expectations, rules, consequences, or concerns related to their care in the program. Procedures for providing children and youth with a process for registering complaints and appeals regarding the programs, policies, procedures, expectations, rules, consequences, or concerns related to their care in the program include, but are not limited to:<ul style="list-style-type: none">• Procedures for informing children and youth, at the time of their admission, and throughout their residency, of their rights to register a complaint or appeal.• Procedures for how a complaint or appeal can be initiated.• Procedures for investigating complaints and appeals, including a time frame to respond to the complaint or the appeal.• Procedures to inform the initiator of the complaint, of the process of the investigation, the conclusions and recommendations.• Procedures to inform the initiator of the complaint, a mechanism to appeal the findings or recommendations.4. The staffed out of home care program maintains a written record of complaints and appeals that include the nature of the complaint or appeal, the date, source, process of investigation, conclusions, recommendations and action taken.

Policy: Children and youth shall be cared for, and their culture language respected and protected within all staffed out of home care programs.

INDICATORS:

- ◇ Written procedures for providing children and youth with a process for registering complaints and appeals regarding the programs, policies, procedures, expectations, rules, consequences, or concerns related to their care in the program exist and there is evidence that they are being followed.
- ◇ There is a written record of complaints and appeals that include the nature of the complaint or appeal, the date, source, process of investigation, conclusions, recommendations and actions taken.
- ◇ There is evidence that the written appeals procedures are being followed and that infants, toddler, children and youth are aware that they are able to question or have input into the decisions that affect them (respectfully) without punishment.

STANDARDS FOR: <u>RIGHT TO PERSONAL SAFETY</u>	
STANDARD 2.10:	ALL STAFFED OUT OF HOME CARE PROGRAMS SHALL ENSURE Children and youth IN THEIR CARE ARE RESPECTED AND ARE KEPT SAFE FROM ALL FORMS OF HARASSMENT AND BULLYING.
STANDARD CRITERIA:	<p>1. Definitions:</p> <p>Harassment is behavior, by one or more persons towards another, which is insulting, intimidating, humiliating, malicious, degrading or offensive. It may be physical, verbal, emotional or sexual; the victim may feel discomfort, embarrassment or fear for their safety.</p> <p>Bullying is offensive, cruel, intimidating, insulting or humiliating behavior, combined with the misuse of power or position. It can be physical or verbal; direct or indirect.</p> <p>2. The staffed out of home care program maintains written procedures that outline a process to a) promote a safe and respectful program and b) document incident or allegation c) address incident or allegation of incident when they occur.</p> <p>3. The staffed out of home care program maintains a written record of incidents and allegations that include the nature of the allegations, the date, source, process of investigation, conclusions, recommendations and action taken.</p>
INDICATORS:	<ul style="list-style-type: none">◇ Written procedures for promoting the development and maintenance of a safe and harassment free program are evident.◇ Written procedures providing, children and youth with a process for disclosing allegations of harassment or bullying exist and there is evidence that they are being followed.◇ There is a written record of incidents and allegations of harassment and bullying that includes the nature of the allegations, the date and source, process of investigation, conclusions, recommendations and action taken.

Policy: Children and youth shall be cared for, and their culture language respected and protected within all staffed out of home care programs.

STANDARDS FOR: RIGHT TO VIEW AND TREAT HAIR AS SACRED

STANDARD 2.11: THE SPIRITUAL VALUE AND SANCTITY OF HAIR WILL BE REFLECTED IN STAFFED OUT OF HOME CARE PROGRAMS AND POLICIES.

STANDARD CRITERIA:

1. The staffed out of home care program supports participation in religious/spiritual and cultural activities, including practices related to the view that hair is sacred.
2. A child or youth's hair will not be cut, manipulated or altered without their consent and without making reasonable efforts to obtain the consent (through their caseworker) of their biological parent(s) or caregivers.
3. In cases of injury or infestation, the staffed out of home care program is required to obtain expressed consent of the individual or their family.

INDICATORS:

- ◇ Local policies exist indicating that children and youth's hair and hair care practices are respected and protected as valuable components of their religion/spirituality and culture.
- ◇ Local policies and procedures exist indicating the processes through which consent for cutting, manipulating or altering hair is sought.
- ◇ Local policies and procedures exist to ensure that all decisions and actions related to hair cutting are documented. The group home may have a form for hair manipulation in the referral package.

Appendix

R#1

CONFIDENTIALITY OF INFORMATION

- In Child and Family Services, information is gathered under the mandate of *The Child and Family Services Act* and The Adoption Act.
- Section 74 of *The Child and Family Services Act* provides the parameters for the release of information gathered for the purposes of the Act. This includes information that the department is given that had been gathered through other legislative mandates such as Health Information, Criminal Code investigations, etc.

74(1) Notwithstanding Section 18 of The Department of Social Services Act, members of the board, members of family review panels, mediators, officers and employees of the department, members of boards of directors of agencies, officers and employees of agencies, foster parents and all other persons who are employed in or assist with the administration of this Act:

- a) shall preserve confidentiality with respect to:
 - (i) the name and any other information that may identify a person that comes to their attention pursuant to:
 - (A) this Act.
 - (B) The Family Services Act, not including Part III; or
 - (C) The Child Welfare Act, not including Part II; and
 - (ii) any files, documents, papers or other records dealing with the personal history or record of a person that have come into existence through anything done pursuant to:
 - (A) this Act.
 - (B) The Family Services Act, not including Part III; or
 - (C) The Child Welfare Act, not including Part II; and
 - (b) shall not disclose or communicate the information mentioned in clause (a) to any other person except as required to carry out the intent of this Act or as otherwise provided in this section.
- (2) The minister, a director or an officer may disclose or communicate information mentioned in subsection (1) relating to a child to:
 - (a) the guardian, parent or foster parent of that child; or
 - (b) the child to whom the information relates.
 - (3) On request of a person, the minister or a director may:
 - (a) disclose; or
 - (b) authorize an officer to disclose.Information mentioned in subsection (1) relating to that person in any form that the minister or director considers appropriate.

- (4) Notwithstanding subsection (2) or (3), no person shall, except while giving evidence in a protection hearing, disclose to anyone who is not an officer or a peace officer the name of a person who:
- (a) makes a report pursuant to section 12; and
 - (b) requests that his or her name not be disclosed.
- (5) Any information that may be disclosed to the person to whom it relates may, with the written consent of the person to whom it relates, be disclosed to any other person.
- (5.1) Information mentioned in subsection (1) may be released where, in the opinion of the minister, the benefit of the release of information clearly outweighs any invasion of privacy that could result from the release.
- (5.2) The information mentioned in subsection (5.1) may be released in any form that the minister considers appropriate.
- (6) Any disclosure of information pursuant to this section does not constitute a waiver of Crown privilege, solicitor-client privilege or any other privilege recognized in law.
- ✓ Release of information gathered under *The Child and Family Services Act* is provided under *The Child and Family Services Act*, not under The Freedom of Information Act. Frequent requests for file information under the FOI are made to the department. There is a standard procedure for responding to such requests.
 - ✓ Information such as general program information can be shared publicly.
 - ✓ If a request for information comes over the telephone, ask the caller to put the request in writing. If the matter is urgent, the request can be faxed using their department/ agency letterhead to be assured that the individual is whom they claim to be.
 - ✓ Electronic information, including emails, is part of the client's record and is considered the same as information from other sources. Deleted emails can be recovered and used in court cases.
 - ✓ Circumstances under which information can be released:
 - With the consent of the individual to whom the information relates.
 - Information can be shared on a need to know basis in order to carry out the intent of the Act - e.g. Doctor may require historical medical information on a child in care in order to make a diagnosis.
 - In exceptional circumstances with the consent of the minister.
- (7) Notwithstanding the above information, the Residential Program Manager should direct any requests for the disclosure of information to the child's regional caseworker who will follow established departmental procedures.

Policy: Children and youth shall be cared for, and their culture language respected and protected within all staffed out of home care programs.

STANDARDS FOR: <u>THE RIGHTS OF THE CHILD</u>	
STANDARD 3.1:	ALL FORMS OF CRISIS MANAGEMENT SHALL RESPECT THE RIGHTS OF THE CHILD AND NOT DIMINISH THE GROWTH, DEVELOPMENT, OR ENHANCEMENT OF THE CHILD'S SELF-RESPECT.
STANDARD CRITERIA:	<ol style="list-style-type: none">1. The staffed out of home care program ensures that the use of any Crisis Management process will be child and youth centered, individualized to the needs of the child/youth and taken into consideration<ul style="list-style-type: none">• the safety and best interests of the child and youth.• the child and youth's care and treatment plan and other programs the child and youth may be participating in.• the child and youth's developmental capacity and ability.• the circumstances within which unsafe behavior occurs.• motivation behind the behavior.• child or youth's history of self-harm.2. The staffed out of home care program ensures that each child or youth has the right to independently provide their story as part of a critical incident report (See Appendix CrM#1).
INDICATORS:	<ul style="list-style-type: none">◇ There is evidence that the use of the Crisis Management process is child and youth centered, individualized to the needs of the child/youth and takes into consideration factors such as those listed in Standard Criteria point #1.◇ There are local policies that guide the staffed out of home care program staff to provide the child/youth with their right to tell their story in a critical incident report.

STANDARDS FOR:	<u>CRITICAL INCIDENT RESPONSE – SELF-HARM AND SUICIDAL BEHAVIOR</u>
STANDARD 3.2:	ALL STAFFED OUT OF HOME CARE PROGRAMS SHALL ENSURE A SAFE AND COMPREHENSIVE APPROACH TO SELF-HARM AND SUICIDAL BEHAVIORS.
<p>STANDARD CRITERIA:</p> <ol style="list-style-type: none"> 1. The staffed out of home care program ensures: <ul style="list-style-type: none"> • all program workers have received training from a recognized resource for suicide intervention (and have retained current status in this training). • that every incident where self-harm has occurred, the program manager or designate will be notified immediately. • where self-harm occurs, and/or exists as a threat to the safety of the child and youth, a formal suicide intervention will be immediately completed by a qualified program worker (a worker who has been trained in a recognized suicide intervention program). • where this intervention and review of risk factors confirms that the child/youth is at risk of self-harm and/or suicide, a clinical mental health evaluation will be requested from a mental health professional as soon as is practicable. (The number of risk factors identified in the risk review, and the ability of the program and child’s ability to maintain their own safety, shall determine the immediacy of the referral to the mental health professional.) • if a qualified worker is not available on shift, the program’s manager shall make immediate arrangements for the completion of a formal suicide intervention, and this may include transportation of the child to a hospital for a clinical mental health evaluation. 2. The staffed out of home care program ensures that whenever self-harm occurs and/or exists as a threat to the safety of a child and youth, a written safe plan is developed and reviewed and approved by the on-site supervisor or program’s manager. (See Appendix. CrM#2.) 3. The staffed out of home care program ensures that where a child is at risk of self-harm or suicide, consultation with a cultural advisor and or Elder would be available to them. 4. The staffed out of home care program ensures that where a child, who is at risk of self-harm or suicide, attempts to run away, program workers shall take all reasonable measures to prevent the child from leaving. (See Appendix CrM#2) 5. The staffed out of home care program ensures that where a child with a history of self-harm, or who has recently confirmed thoughts of self-harm, runs away from the program, the local police service will be notified immediately of the running incident and of the risk this child presents to him/herself. The family, FNCFS agency /MSS regional caseworker and other agencies (i.e. local crisis agency) are notified as soon as is practicable. 6. The staffed out of home care program ensures that an incident report is completed by all workers involved in each incident when a child engages in self-harm and/or suicidal behavior. 	

INDICATORS:

- ◇ Records exist that indicate all staff are current in Suicide Intervention training.
- ◇ Suicide Intervention checklists have been completed and can be reviewed on the child's file wherever a child was struggling with suicidal ideation.
- ◇ Safe Plans are being used to help keep children and youth safe and are evident on file.
- ◇ Cultural advisors and or Elders had been made available to children and youth with suicidal ideation when or where requested.
- ◇ Evidence exists to show that all reasonable measures to prevent the child or youth from leaving are taken where a child or youth, who is at risk of self-harm or suicide, attempts to run away.
- ◇ Documentation exists indicating that the standards criteria for notifications in the event of an incident have been followed.
- ◇ Incident Reports are completed in each incident where a child engages in self-harm and/or suicidal behavior and/or running behaviors, and they reflect an application of the principles contained in the standards. (provide examples of incident reports in Appendix)
- ◇ Incident reports follow standards developed for completing the report. A critical incident is one where a death or life-threatening event has occurred. We call these serious case incidents as per provincial practice. Incident reports are just incidents worthy of/that require note.

STANDARDS FOR:	<u>CRITICAL INCIDENT RESPONSE - MANAGEMENT OF SEVERE BEHAVIOR</u>
STANDARD 3.3:	ALL STAFFED OUT OF HOME CARE PROGRAMS SHALL ENSURE A SAFE AND COMPREHENSIVE APPROACH TO THE MANAGEMENT OF SEVERE BEHAVIORS.
STANDARD CRITERIA:	<ol style="list-style-type: none">1. The staffed out of home care program may only utilize physical interventions as a means of last resort in order:<ul style="list-style-type: none">• To protect a child from causing harm to him/herself or others (including animals, trees, plants, etc.).• To protect oneself from a physical assault by a child.• To prevent a child from leaving the residential setting, who is likely to place him/herself at significant risk of harm by their actions.• To restrict/contain a child who is causing substantial damage to property.2. Only methods taught through recognized Crisis Intervention training are sanctioned as methods of physical intervention.3. The staffed out of home care program ensures that all program workers have successfully completed training in a recognized Crisis Intervention program and are recertified within the program's stated time frame. Recognized models for training at the Crisis Prevention Institute:<ul style="list-style-type: none">• Non-Violent Crisis Intervention• Life Space Crisis Intervention,• Therapeutic Crisis Intervention• Verbal Intervention4. The staffed out of home care program ensures that physical interventions are never used as punishment and any physical intervention is limited to the least amount of time possible to address the incident and promote safety.5. Any use of physical restraint shall be in accordance with Appendix CrM#7.6. No single person restraints shall occur except in life-threatening circumstances as per Section 3.6 point #2 of this manual. If a single person restraint does occur it shall be recorded and communicated.

INDICATORS:

- ◇ Documentation exists to verify all staff are current in a recognized Crisis Intervention method.
- ◇ Documentation exists to verify that only “approved training” interventions are used, and physical interventions are used only as a last resort in accordance with the situations outlined in the standard criteria.
- ◇ Incident reports verify that physical intervention is limited to the least amount of time possible to address the incident and promote safety.
- ◇ Any use of a single person restraint is recorded and communicated as per Section 3.6 point #1.

STANDARDS FOR:	<u>CRITICAL INCIDENT RESPONSE - MANAGING A HEALTHY PROGRAM CULTURE</u>
STANDARD 3.4:	ALL STAFFED OUT OF HOME CARE PROGRAMS SHALL ENSURE A SAFE AND COMPREHENSIVE APPROACH TO THE MANAGEMENT OF SEVERE BEHAVIORS.
STANDARD CRITERIA:	<ol style="list-style-type: none"> 1. The staffed out of home care program’s principles and methods of therapeutic interventions and behavior management are consistent with the following summary of principles. (see Appendix CM#5 for more detail) <ul style="list-style-type: none"> • Teaching children and youth to understand and manage their own behavior more effectively in ways that reflect their developmental needs and capabilities. • Providing a positive, respectful, caring and home-like atmosphere. • Developing strong personal and therapeutic relationships with children and youth. • Careful individualized, child-focused planning and goal setting. • Developing reasonable and appropriate rules. • Structuring time through routines and program activities. • Applying logical consequences, in ways that reflect their developmental needs and capabilities, for misbehavior as opposed to punishment. • Providing encouragement, recognition and support for achievements, strengths and talents. • Providing a wide range of therapeutic interventions to diffuse problem behaviors. 2. The staffed out of home care program ensures that all methods of discipline respect the child physically, emotionally, mentally and spiritually and in ways that reflect their developmental needs and capabilities. and hence no method of discipline which demeans or causes physical pain to a child may be used.
INDICATORS:	<ul style="list-style-type: none"> ◇ Incident reports, other documentation and or verbal accounts of intervention practice verify that interventions are in the best interests of children and youth and conform to standard criteria.

STANDARDS FOR:	<u>CRITICAL INCIDENT RESPONSE - Children and youth WITH RUNNING AWAY BEHAVIORS</u>
STANDARD 3.5:	ALL STAFFED OUT OF HOME CARE PROGRAMS SHALL ENSURE A SAFE AND COMPREHENSIVE APPROACH TO THE CARE OF Children and youth WITH RUNNING AWAY BEHAVIORS.
STANDARD CRITERIA:	<ol style="list-style-type: none">1. The staffed out of home care program ensures that all reasonable efforts to prevent the child or youth from leaving will be taken.2. The staffed out of home care program ensures that, where a child or youth has been assessed at risk of harm should they run away, all interventions are attempted in order to prevent the child or youth from leaving, including the use of a physical intervention as a last resort.3. In any running away incident, where a child is seen as a high risk for self-harm, the following will be notified immediately of the incident and of the risk this child presents to him/herself: the local police service, parent/legal guardian, agency/regional caseworker. Other agencies (i.e. local crisis agencies) are notified as soon as is practicable.4. If efforts to prevent the child or youth from leaving the program fail, then program workers shall, whenever possible, pursue and return the child to the program, taking into consideration the safety of the child, the program workers, and the community. (See Appendix CrM#5)5. The program’s manager ensures that sufficient trained program workers are provided for each shift, dependent upon the developmental levels and presenting issues of the children and youth, and the nature of services being provided at that time.6. Each individual case plan identifies the risks of harm a child presents to themselves through their actions of running away, taking into consideration, but not limited to the following:<ul style="list-style-type: none">• The age and developmental level and capabilities of the child or youth.• The emotional and mental state of the child.• The child’s history and reasons for being in care and the risks the child presents to themselves through their actions of running away (i.e. age and size (running away in winter), sexual exploitation, drug use, self-harm or suicidal behavior, familiarity with the community, unsafe home environment, etc.).

7. The staffed out of home care program ensures an incident report is completed whenever a child runs away and missing children and youth are reported to the police, parents or legal guardians, and MSS regional/FNCFS agency caseworkers. (See Section 3.6 points 2 & 3 and Appendix CrM#3)
8. Each staffed out of home care program shall provide written procedures for notifying the police, and providing a detailed description of the child or youth when the child or youth is reported as missing.
9. If the program workers are not successful in locating or returning the child or youth to the staffed out of home care setting, the following procedures apply:
 - The police should be notified, once authorized to do so by the onsite supervisor and in any event no later than three hours from the time the child went missing.
 - The agency caseworker shall also be notified of the circumstances of the missing child as soon as possible.
 - Police shall be notified when the child returns.

INDICATORS:

- ◇ Written procedures for notifying the police and providing a detailed description of the child or youth when the child or youth is reported as missing exist and are accessible to all staff.
- ◇ Individual Care and Treatment plans are on file and identify the child's or youth's level of risk should they run from the program.
- ◇ Documentation exists to show interventions are consistent with the child's or youth's level of risk and include safety and running intervention plans where applicable.
- ◇ Records are kept of all actions taken by the staffed out of home care program pertaining to incidents that are documented through an incident report and are on file.
- ◇ A record of the steps taken that resulted in physical interventions is on file and demonstrate they were used only when indicated by level of risk and used as a last resort.
- ◇ Evidence exists to show that procedures in Section 3.5 point #9 were followed when workers were not successful in locating or returning the child or youth to the staffed out of home care setting.

STANDARDS FOR: <u>REPORTING OF INCIDENTS</u>	
STANDARD 3.6:	ALL STAFFED OUT OF HOME CARE PROGRAMS SHALL ENSURE SIGNIFICANT OTHERS ARE INFORMED OF CRITICAL INCIDENTS.
STANDARD CRITERIA:	<ol style="list-style-type: none">1. The staffed out of home care program’s manager shall report all serious occurrence incidents immediately to the referring case worker, FNCFS agency director or designate, board chairperson for the program, and to the Executive Director of the Child and Family Services Division and submit a written incident report within 4 days.2. Serious case incidents regarding a child in care include but are not limited to:<ul style="list-style-type: none">• death of a child.• serious injury of a child.• suicide attempts.• high risk running away situations.• incidents where the community, other residents or staff have been placed at risk.• allegations of physical or sexual abuse of a child.• A child runs away from the staffed out of home care program.• Medical emergencies.• Self-harm incidents which require medical treatment.3. The staffed out of home care program’s manager will provide 24-hour notification and shall submit a written incident report within 4 days to the referring FNCFS agency director or designate on the following:<ul style="list-style-type: none">• The use of any physical intervention of a child.• Any criminal code violations that resulted in involvement with the police.• Any other incident as directed by the agency director or Senior Program Consultant for Residential Services.4. Refer to 9.6 of the <i>Residential Services Manual</i>.

4. The staffed out of home care program's manager ensures an incident report is also written, remains on the child's file and is retained by the staffed out of home care program, for other circumstances that include but are not limited to:
- Discovery of contraband.
 - A child attempts to run away from the staffed out of home care program.
 - Adverse effects or reactions to medications.
 - Non-serious injuries that do not require the child to be seen by a doctor.
 - Threatening statements or behaviors.
 - Damage to staffed out of home care property.
 - Any other incident as directed by program's manager or designate.

INDICATORS:

- ◇ Documentation is kept and identifies that the staffed out of home care program's manager reported all serious case incidents to the FNCFS agency director or designate, board chairperson for the program, and to the Residential Services, Child and Family Services Division immediately and submits a written incident report.
- ◇ Incident reports exist on the children or youth's files documenting all incidents outlined in the standard criteria.
- ◇ There is evidence that operational debriefings and other techniques are used to follow up on incidents as learning opportunities.

STANDARDS FOR:

CRITICAL INCIDENT RESPONSE - INVESTIGATIONS OF ALLEGATIONS AGAINST STAFF OR OTHER ADULTS ASSOCIATED WITH THE PROGRAM

STANDARD 3.7:

ALL STAFFED OUT OF HOME CARE PROGRAMS SHALL ENSURE IMMEDIATE AND IMPARTIAL INVESTIGATION OF ANY ALLEGATION OF ABUSE OF A RESIDENT OR IMPROPER CONDUCT BY A PROGRAM WORKER OR ANY OTHER ADULTS ASSOCIATED WITH THE PROGRAM.

STANDARD CRITERIA:

1. The staffed out of home care program ensures that whenever a resident makes a complaint of improper conduct, or an allegation of abuse by a program worker, or other adult associated with the program an immediate investigation is conducted or arranged for by the program's manager.
2. The staffed out of home care program ensures that if a resident makes an allegation of physical or sexual abuse by a program worker or other adult associated with the program, the program's manager shall report this information to the referring FNCFS agency director or designate and board chairperson or designate, immediately, and submit a written report to the Manager of Residential Services.
3. A Child Protection Investigator will be assigned by the Ministry of Social Service Manager of Residential Services to investigate the allegation to either substantiate or unsubstantiate. The Child Abuse Protocol (p.7) provides physical and behavioral indicators for sexual abuse and physical abuse.
4. The staffed out of home care program ensures that if a resident makes an allegation against a program worker or adult associated with the program, and there is a risk to the child's safety (i.e. accusation of a physical or sexual assault of a child), the program's manager is notified immediately by the on duty supervisor or designate, and a plan is developed to ensure the safety of the child and that there is no contact between the child and the particular program worker.
5. Refer to 9.7 of the *Residential Services Manual*.

5. The staffed out of home care program ensures that if a resident makes an allegation against a program supervisor the complaint will be referred to the program's manager. If against the program's manager, it will be referred to their immediate superior.
6. The staffed out of home care program ensures that if a child requests to phone police or other authority or advocate, to report an allegation of abuse or mistreatment, the child's right to make this phone call is not denied.

INDICATORS:

- ◇ Local policies and procedures exist (consistent with standard criteria), providing staff direction in the event of allegations made against staff and other adults associated with the program.
- ◇ There is clear documentation showing that the local policies and procedures are followed. For example, an incident report or contact note.

STANDARDS FOR:	<u>CRITICAL INCIDENT RESPONSE - INVESTIGATION OF INCIDENTS INVOLVING CRIMINAL BEHAVIOR BY RESIDENTS</u>
STANDARD 3.8:	ALL STAFFED OUT OF HOME CARE PROGRAMS SHALL REFER INVESTIGATIONS INVOLVING CRIMINAL MATTERS TO THE LOCAL POLICE SERVICE.
STANDARD CRITERIA:	<ol style="list-style-type: none">1. The staffed out of home care program ensures referrals to the local police agency are mandatory in all instances where the alleged victim specifically requests such action.2. The Group Home Director/Manager, or designate, shall refer an incident to the local police agency for an investigation when:<ul style="list-style-type: none">• There are reasonable and probable grounds to believe that a criminal code offence (physical or sexual assault, sexual touching, serious property damage, etc.) may have occurred.• A police investigation has been specifically requested by the victim of an alleged assault.• There is an indication that an incident may have been planned or premeditated by a young person or a group of young people with the intent of harming another person.• A resident is on a Court Order and engages in criminal behavior or violates the conditions of a Court Order. In such instances, the incident will also be referred to the resident's Youth Corrections Worker and caseworker. A recommendation will be made by the Group Home Director/Manger or designate about the appropriateness of laying charges based on the case plan and taking into consideration the best interests of the child as well as the severity of the incident.3. In any instance where a police investigation has been conducted, the Group Home Director/ Manager, or designate, shall:<ul style="list-style-type: none">• Request a verbal or written report which summarizes the findings/outcome of the investigation.• Decide what further action, if any, shall be taken by the group home program depending on the following factors:<ul style="list-style-type: none">o The findings of the investigation.o Criminal charges, if any, resulting from the investigation; and,o The implications for the safety and security of the group home program.4. The Group Home Director/Manager, or designate, shall submit a written report within seven days to the Director, Service Delivery, or designate, of all investigations of criminal behavior.

5. Incident reports are written by the end of the shift.
6. Every effort shall be made to preserve evidence related to the event being investigated.
7. For minor incidents, such as pushing, wrestling, heated verbal exchanges, and minor property damage, the group home program shall develop local procedures referring to the Ministry policy on Behavior Management, and Discipline (Children's Services Manual, Chapter 4.4.11 Discipline in Foster Homes and Extended Family Care) for managing these incidents, taking into consideration the following factors:
 - The developmental level of the child, the case plan, and the best interests of the child.
 - The history of the child, and similar incidents.
 - The effect the incident has on the safety of others.

INDICATORS:

- ◇ Documentation exists to show that, where the alleged victim specifically requests, referrals to the local police agency are made and documented.
- ◇ Local policies exist outlining when police would be called.

STANDARDS FOR:	<u>CRITICAL INCIDENT RESPONSE - REPORTING ALLEGATIONS OF CHILD ABUSE</u>
STANDARD 3.9:	ALL STAFFED OUT OF HOME CARE PROGRAMS SHALL ENSURE ANY ALLEGATION OF CHILD ABUSE IS REPORTED IMMEDIATELY.
STANDARD CRITERIA:	<ol style="list-style-type: none">1. The staffed out of home care program ensures the procedures for reporting allegations of child abuse, include, but are not limited to:<ul style="list-style-type: none">• Obligation to report disclosures of abuse.• Procedures for initiating the Provincial Child Abuse Protocol. https://publications.saskatchewan.ca/#/categories/255• Procedures for the documentation of any information disclosed by the child, and actions taken by the program worker.
INDICATORS:	<ul style="list-style-type: none">◇ Local procedures exist to provide direction concerning the reporting of allegations of child abuse. These procedures include the standard criteria as outlined above.◇ Documentation exists to indicate local procedures are being followed where reports of abuse have been made.

STANDARDS FOR:	<u>CRITICAL INCIDENT RESPONSE - CONTRABAND AND SEARCHES</u>
STANDARD 3.10:	ALL STAFFED OUT OF HOME CARE PROGRAMS SHALL ENSURE A SAFE LIVING ENVIRONMENT AND MAY DEFINE CONTRABAND AND CONDUCT SEARCHES.
STANDARD CRITERIA:	<ol style="list-style-type: none">1. The staffed out of home care program shall define contraband as those items that, when introduced to the program, present a risk to the safety of residents or program workers or the community.2. The staffed out of home care program shall take all reasonable measures to prevent the introduction of contraband to the program.3. The staffed out of home care program ensures that search procedures adhere to all guidelines.4. The staffed out-of-home care program conducts regular searches of its property.5. The staffed out of home care program will develop local operating procedures for the management of contraband.6. Confiscated drugs, weapons and other illegal contraband will be given to the RCMP for disposal.7. Refer to 9.5 of the <i>Residential Services Manual</i>.
INDICATORS:	<ul style="list-style-type: none">◇ Local policies and procedures are in place to define contraband.◇ Local policies and procedures are in place to identify the measures to prevent the introduction of contraband.

CrM#2

Safe Plans

- ❖ The staffed out of home care program ensures that whenever self-harm occurs and/or exists as a threat to the safety of a child, a written safe plan is developed. The safe plan is reviewed and approved by the on-site supervisor or staffed out of home care program manager. The written safe plan shall include any or all the following:
 - Contracting involves either a verbal contract that is recorded by the program worker, or the use of the written No Self-harm Contract, (see below), by the child.
 - If the child agrees to a contract to keep him/herself safe, program workers must use their knowledge and experience with this child to determine if the child can fulfill their obligations to the contract.
 - If the child will not participate in the completion of this contract, then program workers must view this child as not being able to commit to a safe plan, and hence at significant risk for self-harm.
 - Contracting cannot be used with a child who requires medical/mental health attention, nor can contracting be used as an independent tool without the application of suicide intervention strategies.
- ❖ Safety proofing the environment involves removing all objects from the child's bedroom that could be used to inflict self-harm. If the child will not contract for his/her own safety, then all items are removed from the child's room, and continuous eye contact supervision will be maintained until their condition has stabilized.
- ❖ One to one supervision means the assigning of one program worker to the care and safety of the child:
 - One to one supervision will be provided by the staffed out of home care program in situations where, in the opinion of the staffed out of home care program and often in consultation with the mental health professional, the child continues to pose a risk of self-harm.
 - The one-to-one supervision plan includes detailed information about what the child can be involved in, items that they may or may not possess, the type of supervision required, the areas in which the child may have access (i.e. bedroom only, unit dorm, outside).
 - The supervision plan is directly related to the risk factors as determined during the suicide intervention.
 - All supervision plans will be approved by the onsite supervisor or designate.

CrM#2

No Self-harm Contract

I, _____, promise to keep myself safe, no matter what,
for _____ hours/days. If I feel like harming myself, I will contact
_____, or _____.

I will not engage in any self-harm or life-threatening behavior. In order to change my thoughts of self-harm, I will:

Signature of child

Signature of supporter

Note: Persons enlisted as supports on contracts need to be aware of their role and responsibilities.

CrM#3

INCIDENT REPORT (cont'd)

NAME of Staffed Out of Home Care Program: _____

INCIDENT DATE: _____ **TIME:** _____

Resident(s) Involved:	D.O.B	Legal Status:	Charges (if applicable):
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

TYPE OF INCIDENT: (please check one)

Assault ___ Injury ___ Damage to Property ___ Self-Harm ___ Threats ___ Verbal Abuse ___
Physical Abuse ___ Use of Physical Intervention ___ Missing Resident ___ Other ___

Brief Summary of Incident:

WORKERS INVOLVED (Position):

_____	_____
_____	_____
_____	_____
_____	_____

Notified:	Contact Name	Date	Time	By Whom
Police File #: _____	Bdg #: _____	_____	_____	_____
Parents/Guardian _____	_____	_____	_____	_____
FNCFS Agency Worker _____	_____	_____	_____	_____
Youth Worker _____	_____	_____	_____	_____
Other _____	_____	_____	_____	_____

CrM#3

INCIDENT REPORT

Youth Incident Report Completed: yes _____ no _____

Related Incidents:

Intervention used, reasons for use, and the duration of the intervention:

Any witnesses to the incident:

Preventative actions in the future:

Follow up and recommendations:

CrM#3

INCIDENT REPORT (cont'd)

Description and circumstances of incident:

Worker completing report (print): _____ Date: _____

Worker's Signature: _____

Supervisor's Comments: _____

Supervisor: _____ Manager or Designate: _____

Date: _____

CrM#4

RESPONSE TO RUNNING AWAY BEHAVIORS

A. Prevention

Individual care and treatment plan.

- ❖ At the time of admission, or earlier with planned admissions, an individual care and treatment plan will be developed for each child. This plan needs to be developed in consultation with the agency worker, and based on an assessment of the child's needs taking into consideration the following:
 - The age and developmental level of the child.
 - The emotional and mental state of the child.
 - The background information and the reasons for the referral.
 - The child's level of risk of harm to themselves based on the above factors, their history, current level of functioning and reaction to their placement.
 - The reason for the referral to the program, and their need for supervision, protection, safety and stability.
- ❖ The initial individual care and treatment plan will establish:
 - The level of supervision required to keep the child safe.
 - Identify community involvement such as a school placement, participation in community activities and program activities.
 - The level of family involvement such as home visits.
 - Special needs such as drug/alcohol treatment or other treatment services outside of the staffed out of home care program.
 - A plan to establish specific goals to address the reasons for the placement.
- ❖ Every staffed out of home care program shall develop procedures to ensure all program workers are familiar with each child's care and treatment plan and know the level of supervision required for each child.

Safety plans.

- ❖ Every staffed out of home care program shall develop safety plans with each child, in the event the child goes missing from the staffed out of home care program. The safety plans should include:
 - The telephone number for the staffed out of home care program, the local police, crisis services, regional/agency worker, and other support services.
 - Addresses for safe shelters, hospitals, police and other services.
 - How to contact the staffed out of home care program (i.e. phoning collect on a pay phone).

CrM#5

RESPONSE TO RUNNING AWAY BEHAVIORS (cont'd)

B. Intervention

Running Intervention Plan

- ❖ Every staffed out of home care program shall develop interventions to keep children from running away. These may range from verbal interventions to more intrusive interventions such as a physical restraint, dependent upon the factors contributing to the child's risk to abscond and the risks the child presents to their safety through their actions. These interventions may include, but are not limited to:
 - Verbal interventions to develop a plan with the child to address the issues contributing to the child's intent to run away.
 - Contracting with the child -- receiving a verbal or written agreement from the child to not run away.
 - Utilizing the relationships with a program worker, an elder, a family member or other significant person who may be able to offer support to help stabilize the child (i.e. A child who wants to run to make family contact could be prevented from running by facilitating a phone call and arranging to bring family members to the program).
 - Restricting access to the community or specific program activities that would increase the opportunity for the child to abscond.
 - Restricting access within the program to a specific location where the child can receive intensive supervision such as "eyesight" or "arm's length" from program workers.
 - Additional program workers assigned for the responsibility of providing intensive supervision of the child who is at risk of running.
 - Program workers physically blocking points of exit to prevent the child from leaving.
 - The use of a physical intervention by program workers in order to prevent the child from running, and to keep the child safe.

Interventions: preventing the child from leaving.

- ❖ In situations where workers discover a child is in the process of attempting to leave the staffed out of home care program without authorization, all reasonable efforts should be attempted in order to prevent the child from leaving.
- ❖ Where a child's individual care and treatment plan has identified the risks of harm to this child should they run away, all interventions, including the use of physical restraint as a safety measure, will be used in order to prevent the child from leaving.
- ❖ Where program workers discover a child is in the process of attempting to leave the program or their supervision without authorization, they need to quickly communicate to other program workers the urgency of requiring assistance to prevent the child from leaving.

CrM#5

RESPONSE TO RUNNING AWAY BEHAVIORS (cont'd)

Things to consider prior to pursuit.

- ❖ If a child is successful in running from the staffed out of home care setting or the supervision of program workers while away from the staffed out of home care property, prior to pursuing the child, the following factors need to be considered:
 - Each case requires individual assessment as to whether or not pursuit is necessary.
 - Primary consideration must be given to the safety and supervision of children remaining at the staffed out of home care property or the location from which the child is running.
 - If staffing levels are not sufficient to provide adequate supervision of the remaining children, no pursuit will occur.
 - Where staffing levels are a concern, the decision to pursue will be made by the on duty supervisor / designate or senior staff member if the child is running from a location other than the staffed out of home care property.

- ❖ If the child is running from the staffed out of home care property or from the supervision of program workers, the decision whether or not to pursue should consider the following factors:
 - Emotional and mental state of the child.
 - The age and developmental level of the child.
 - Risk of harm the child may cause to him/herself, others, or the community.
 - Weather factors versus child's clothing attire, to determine risk of harm to the child.
 - The individual case plan and under what circumstances pursuits should occur.

Procedures for pursuits.

- ❖ If the decision to pursue the child is made, the following procedures apply:
 - The program worker discovering the missing child shall immediately notify other program workers.
 - Program workers must have a communication strategy (i.e. cell phone, or two-way radio) that allows them to maintain communication with other workers, or the onsite supervisor upon leaving the staffed out of home care setting.
 - When pursuing the child, program workers must ensure the safety of the child, being aware of vehicle traffic, and respecting the property of others.
 - Program workers must also be cognizant of their own safety.
 - If the program workers apprehend the child, only interventions that are taught in Ministry recognized Crisis Intervention Training, shall be utilized.
 - If the child is unwilling to accompany the workers back to the staffed out of home care program, then the police should be phoned to help return the child to the staffed out of home care setting.

CrM#5

RESPONSE TO RUNNING AWAY BEHAVIORS (cont'd)

Abandoning a pursuit.

- ❖ Any decision to abandon a pursuit will occur in consultation with the on site supervisor or designate, and take into consideration all of the resident factors previously stated in these procedures.

Discovering a child is missing.

- ❖ Upon discovering a child is missing, where the child was not seen by workers leaving the location, the following procedures should be used:
 - Notification of other program workers including the onsite supervisor or designate.
 - Accounting for all of the remaining children and ensure their supervision. This may include returning all of the children to the staffed out of home care location.
 - Developing an action plan that may include:
 - searching of the immediate area.
 - redeploying other program workers to assist with a search for the child.
 - phoning the police and requesting their assistance.

CrM#6

Follow up steps that may occur until such time as the child has been located.

- ❖ The staffed out of home care program shall develop a plan with the agency caseworker regarding the follow up steps that may occur until such time as the child has been located. This may include, but is not limited to:
 - providing the police with a recent photo of the child, and identifying pertinent information, including a list of known associates and friends, and places the child may visit or “hang out”.
 - determining the frequency of contact with the police to follow up on their efforts to locate the child and when to discuss media support.
 - coordination between various community agencies such as crisis services, community centres, youth group services, schools, and other community groups.

Failure to return from a home visit.

A child who fails to return to the staffed out of home care program from a home visit at the specified time, shall be considered a missing resident. The staffed out of home care program manager, or designate, shall determine the type of follow-up that is required with the family and regional caseworker, which may include reporting the child as missing.

Recognizing a missing child while off duty.

Program workers who are not on shift duty and recognize a missing child from the staffed out of home care program, should not attempt to apprehend the missing child. It is recommended that the off duty worker should phone the staffed out of home care program or local police service, and provide the necessary information (where the missing child was seen, clothing description, etc.).

Communication upon the return of a child.

- ❖ Once a child who has been reported as missing, has returned to the staffed out of home care program, the police, parent(s) or legal guardian(s), and regional caseworker shall be immediately notified of the time and date of the child’s return.

CrM#7

FSIN Customary Standards of Care (Draft, November 2005)

1.1 DISCIPLINE POLICY AND PROCEDURES FOR STAFF AND RESIDENTS

Each therapeutic program will maintain and enforce a disciplinary protocol in observance of the philosophy balance, harmony in relationships, acknowledgement of harm, restoration after harm, healing focus, restoring personal identity and self-esteem, while remaining non-judgmental, non-confronting, and non-punishment oriented.

1.2 HANDLING NON-COMPLIANCE

It is the responsibility of the workers (individually and as a team) to ensure that routines are followed and to assess the reasons for non-compliance on the part of the resident.

The worker's response to non-compliance will be determined by the dynamics of the situation and follow the principles and procedures outlined in Section 7, Control Policy.

Generally, life-space interviews that focus on redefinition of role and expectations are sufficient interventions to gain the co-operation of the residents.

When this fails, other forms of intervention should be employed. Removal from the group or current activity, calling a group meeting, or bringing in the group manager may be necessitated by the circumstances. Chronic and persistent refusal to follow routines may require debriefing with the manger, caseworker and designated team members that should definitely be addressed at the Resident Review and Team Meetings.

1.3 TEACHING RESPONSIBILITIES

Each day presents new opportunities to teach responsible behavior and the consequences of behavior that strengthens or stresses relationships. The onus is on the staff to learn the constructive use of authority and methods of guiding a child's behaviors using boundaries without the use of physical restraint or threat.

Environmental Boundaries

Environmental boundaries are those processes within the environment that provide structure and safety for residents within a warm and accepting surrounding. Rules must be logical and clearly understood by residents, thus providing the basis for learning new role behaviors. Central to environmental boundaries is the therapeutic tone set by staff through the use of positive communication and the "helping" attitude critical to treatment services.

CrM#7

Relationship Boundaries

Relationship boundaries refer to those processes that maintain behavior with residents as the result of the bonds of affection, committing an individual to the group or staff within the unit. Basic to this concept is the recognition that relationship control results from communication build upon mutual respect, trust, including the willingness to share inner thoughts and feelings, dreams, or problems. Underpinning these concepts are the principles of confidentiality, self-determination, objectivity, self-awareness and the controlled use of self in a variety of situations and relationships.

Teaching Responsibility Through Activities

Group and individual activities such as learning new skills, recreation, sitting with an Elder, camps and special events are designed to meet the specific interests of residents for the purpose of teaching responsible behaviors and maintaining their involvement and interest in the FNCFS staffed out of home care program. Residents who do not respond positively to either environmental boundaries or relationship boundaries can often be stabilized through active participation in sports, hobbies, music, etc. Basic to the activities are the creative endeavors of the resident, leading to feelings of self-worth, positive self-identity, belonging, and achievement.

1.4 SPECIFIC PROGRAM RESPONSES

Group and Individual Discussions

Discussions of an individual or group nature, which focus on roles, limits, authority conflict areas, etc., are a desirable form of control in staffed out of home care programs. The rationale for the use of discussions centers on the recognition that changes in both the internal and environmental pressures impinging upon residents can result through communication. Critical to the success of this control are the principles of “talking with” (as opposed to “talking to”) residents, mutual sharing of thoughts and feelings, objective consideration of conflicting positions, and breaking down the problems so that the residents can examine their difficulties one step at a time. Workers must be skilled in the ability to communicate and be clear as to their position and role on subjects under discussion. Properly handled, many group dynamics can be utilized to bring positive peer pressure to bear on specific residents.

Environmental Manipulation

Environmental manipulation refers to the changes that may occur in adjusting to the social environment of residents, through movement of the person within the program, the home, the school, etc. For example, a resident may be in conflict with a group of boys within a home for a variety of reasons (i.e. differing levels of maturity). Movement to another unit may be important in meeting needs and stabilizing the resident. Fundamental to the use of this control is the understanding of the problems within one environment, the positives and negatives within the other environment and the use of objective judgements by the worker in deciding with the resident the desirability of the proposed change.

CrM#7

Role Definition

A clear delineation of a resident's role facilitates his/her ability to adapt his/her behavior to the expectations of the group. Defined role prescriptions allows the individual to become socialized into a unit, utilizing the concept; "We tend to become what we live". Workers must constantly reinforce positive role changes, encouraging residents to find satisfaction in a new lifestyle, free from delinquent or abnormal patterns of behavior, i.e. the agency strives towards a normative level of development through clearly defined role behavior.

Definition of Expectation

Expectations refer to those behaviors and attitudes to which the group and individuals strive in creating a therapeutic environment. Maintenance of household routines, co-operative behaviors, and participation in the over-all operation of the staffed out of home care unit are examples of positive expectations. As expectations become part of the group norm (or group value) they have a tremendous impact on individuals who are or striving to become group members. Critical to the success of the control is the ability of the unit team to clearly define the nature and purpose of a given expectation, and to communicate clearly the need to maintain certain standards within a group living situation.

Goal Setting

The development of feasible goals for a unit can be a positive control for the agency. If both staff and residents can mutually agree upon meaningful short and long-term goals, both groups have a legitimate end towards which to strive. For example, admission to school (short-term goal) provides the resident with a sense of achievement and fulfillment, while a planned holiday (long-term goal) can give the total group an end goal that is a stabilizing force. It must be recognized that goals are not fantasies but logically possible within a given setting, and once agreed upon cannot be subverted at the whim of the staff.

Eye-contact

Eye contact refers to placing limits on a resident, requiring the person to remain in close association with staff for a specified period of time. The rationale for this control is that the adults are provided additional opportunity to work with a resident who is experiencing difficulty. Eye contact is a more concrete approach to controls and it is used as a mechanism for developing relationships, communication, and role prescription. Perhaps the most critical aspect of eye contact is the follow-through. If a resident is simply left within the home without additional staff inputs, this control has short-term effectiveness but very limited long-term results.

CrM#7

Natural Consequences

Natural consequences refer to the process of applying a set of duties, chores, etc. that are related to the problem that has resulted. For example, a resident who purposely breaks a window in a fit of anger should be expected to pay for the repairs, within reasonable limits, and participate in fixing the damage. This is a means of having the resident assume a responsibility directly related to the problem. In contrast, to be given additional homework as a result of the broken window has no direct connection to the problem, resulting in more frustration rather than resolution. Staff must be clear in the concept of “working through” problems and aware of punitive feelings that arise during such incidents.

Restraining

Occasionally when the anger of a resident peaks during an incident, it is necessary to physically restrain the person. Holding him/her or physically removing the person from a room is often necessitated by circumstance. Two or more staff must be involved in restraining the resident, allowing for a safe, warm confrontation. It is assumed that staff has sufficient objectivity and self-awareness to go through such an encounter, remaining with the resident until the anger is dissipated. During such episodes, the emotional drainage of the resident often provides for a lowering of defenses, allowing staff the opportunity to meet needs and develop relationships not evident during more stable periods.

The employees of the FNCFS staffed out of home care program are trained how to safely and therapeutically restrain residents during their initial training sessions, and then through participation in a recognized and certified Crisis Intervention training, which is mandatory for all employees working directly with the residents.

CrM#7

1.5 SPIRIT OF THE POLICY

This policy has been developed in a spirit of mutual collaboration between the Board and staff of the First Nation Child and Family Services. Underpinning this statement are the values of the agency:

1. Respect for the dignity and worth of the residents.
2. The right to personal self-determination according to the residents' ability to exercise responsibility; and
3. The positive use of controls in providing structure and direction for the residents, free from punitive attitudes of staff.

Assumed in this document is a basic maturity for all adults hired in the FNCFS staffed out of home care program, relative to: attitude, personal values and lifestyle, experience, training and self-awareness.

Teaching responsibility and building on the strengths of the residents is the primary responses to the problems of controlling acting-out behavior in adolescents, providing protection for the resident, worker, administration and the agency.

Monitoring

This policy is a general statement and its interpretation is subject to the spirit of the discussion outlined above. All staff has a responsibility to the residents, and this is best carried out through a process of monitoring involving all levels of the agency, including the Board, administration and workers.

Where abuses or potential abuses of this policy are indicated in the units, the problem must be communicated immediately. If all persons within the FNCFS recognize their responsibility to provide ongoing feedback relative to the abuse of controls, this document can be a useful guide for staff at the agency.

STANDARDS FOR: PERSONAL HYGIENE AND FACILITY CLEANLINESS

STANDARD 4.1: THE STAFFED OUT OF HOME CARE PROGRAM SHALL ENSURE THE PERSONAL HYGIENE OF THE Children and youth IS ACCEPTABLY MAINTAINED, FOOD HANDLING IS SAFE AND THAT THE FACILITY IS CLEAN.

STANDARD CRITERIA:

1. The standard maintained for personal hygiene shall be consistent with recommendations from local public health authorities.
2. The standard maintained for building cleanliness shall be consistent with recommendations from local public health authorities.
3. All kitchen and cooking areas and supplies meet Provincial Health Standards as taught in the Food Safety Course.
4. The health needs of children and youth shall be provided for in the least intrusive means.

INDICATORS:

- ◇ Documentation exists on the maintenance of daily personal hygiene practices for children and youth.
- ◇ Documentation exists indicating children and youth's clothing, linen, towels, and other items are laundered regularly and as needed.
- ◇ Local policies and procedures exist to define practice around cleaning and all living areas of the staffed out of home care setting are clean.
- ◇ Kitchens, cooking areas and food storage areas are inspected by public health authorities at least annually and inspections are documented and on file.
- ◇ Adequate supplies of personal health items are on hand and available to children and youth, such as toothbrushes, tooth paste, shampoo, combs and other health items.

STANDARDS FOR: <u>PERSONAL HEALTH SAFETY EDUCATION</u>	
STANDARD 4.2:	THE STAFFED OUT OF HOME CARE PROGRAM WILL ENSURE THAT Children and youth IN ITS CARE ARE PROVIDED WITH EDUCATION CONCERNING PERSONAL HEALTH AND SAFETY ISSUES INCLUDING RESPECT FOR SELF AND OTHERS AND FIRST NATIONS CULTURAL PERSPECTIVES AND ACCESS TO PREVENTION.
STANDARD CRITERIA:	
<ol style="list-style-type: none"> 1. Cultural advisors and or Elders shall be provided with the opportunity to educate First Nations children and youth as a component of health safety education by including First Nations cultural teachings in the First Nations traditions of respectful relationships and protecting themselves and being safe. 2. The staffed out of home care program ensures that health safety education shall be delivered in a manner that is appropriate to the child’s developmental level and maturation. 3. Health safety education shall be consistent with the standards and agenda of local public health authorities including but not limited to: <ul style="list-style-type: none"> • Sex education/healthy lifestyle/ healthy relationships, • substance use health, • gang awareness/prevention • social media awareness and safety 4. The staffed out of home care program ensures that health safety education includes instruction regarding pregnancy prevention, AIDS prevention, and general information about the prevention and treatment of sexually transmitted infections. 	
INDICATORS:	
<ul style="list-style-type: none"> ◇ There is evidence that cultural advisors and or Elders are a part of health safety education. ◇ There is evidence that health safety education is offered as a regular part of the staffed out of home care program either individually to children and youth or as a group and includes issues as outlined in the standards criteria. ◇ Evidence exists that education regarding substance use help, sex education, healthy lifestyle/ healthy relationships, gang awareness/prevention and social media are incorporated into programing ◇ There is evidence that local public health authorities have been a part of the program’s development. ◇ There is evidence that health safety education includes instruction regarding pregnancy prevention, AIDS prevention, and general information about the prevention and treatment of sexually transmitted infection. 	

STANDARDS FOR:	<u>MAINTAINING A NONSMOKING (VAPING) ENVIRONMENT</u>
STANDARD 4.3:	ALL STAFFED OUT OF HOME CARE PROGRAMS SHALL BE MAINTAINED AS SMOKE FREE ENVIRONMENTS.
STANDARD CRITERIA:	<ol style="list-style-type: none">1. Children and youth will not be permitted to smoke cigarettes of any kind while a part of the staffed out of home care program.2. Medical help will be provided to help children and youth stop smoking if needed.3. Staff may smoke in a designated area outside of program buildings and not in front of children and youth.4. Cultural ceremonies are exempt from this policy.
INDICATORS:	<ul style="list-style-type: none">◇ Local policies in place reinforcing that the building and company vehicles are smoke free.<ul style="list-style-type: none">• Documentation exists to show that a smoke free policy is being enforced which:• Provides support to any child or youth needing help to stop smoking.• Designates an outside area for staff to smoke that is out of view of children and youth.◇ Informs staff that they must not be smoking in front of children and youth.

STANDARDS FOR:	<u>MEETING THE NUTRITIONAL HEALTH NEEDS OF ALL CHILDREN AND YOUTH</u>
STANDARD 4.4:	THE STAFFED OUT OF HOME CARE PROGRAM SHALL ENSURE THAT Children and youth ARE PROVIDED WITH HEALTHY MORNING, NOON AND EVENING MEALS AND SNACKS IN ACCORDANCE WITH CANADA'S FOOD GUIDE NUTRITIONAL RECOMMENDATIONS, ANY SPECIAL DIETARY REQUIREMENTS OR FOOD ALLERGIES OF A CHILD ARE ACCOMMODATED.
STANDARD CRITERIA:	<ol style="list-style-type: none">1. The staffed out of home care program ensures:<ul style="list-style-type: none">• A qualified dietician reviews the menu planning, nutrition, food purchase and preparation annually.• Children and youth are given the opportunity to have input with the menu planning/ review.• Special dietary requirements are identified in the referral package by a medical practitioner (for example food allergies or diabetic diets).• Staff members who prepare food shall be certified in an approved Safe Food Handling Course.• Food is available in sufficient quantity to satisfy the children and youth's nutritional needs.• All program workers receive education and training for the prevention of food borne communicable diseases.• Food cannot be withheld as a form of punishment.• Wild meat that is used as a part of the program is safely prepared in accordance with First Nations traditions.

INDICATORS:

- ◇ A written record (letter, email, reports, list of suggestions or recommendations, etc.) from a qualified dietician illustrating a nutritional health care review was conducted within the past year.
 - Copies of current food safety certificates are available for all kitchen staff and others who may be involved in food preparation.
 - Food is present in sufficient quantity and of sufficient quality and children and youth express satisfaction with the amount of food available to them.
 - A written record of all program staff having attended education and training concerning the prevention of food borne communicable diseases on at least one occasion.
- ◇ There is evidence that no food of any type is being withheld as a form a punishment
 - There is evidence that wild meat that is used as a part of the program is safely prepared.

STANDARDS FOR:	<u>MEDICAL TREATMENT</u>
STANDARD 4.5:	THE STAFFED OUT OF HOME CARE PROGRAM ENSURES THAT THE MEDICAL TREATMENT NEEDS OF ALL Children and youth ARE MET.
STANDARD CRITERIA: <ol style="list-style-type: none">1. The staffed out of home care program ensures that:<ul style="list-style-type: none">• all children and youth are scheduled for a complete medical examination by a qualified medical practitioner within 2 weeks of admission, with intent to have the child or youth see the doctor within 30 days, and yearly thereafter. (Including a review of all current medications and development of a medical plan as necessary.)• all children and youth receive a dental examination by a qualified dental practitioner within 30 days of admission and routinely at yearly intervals, unless health records demonstrate that the child had received an examination within one year prior to admission.• all children and youth have received an optical examination within 30 days of admission by a qualified optometrist and yearly thereafter, unless health records demonstrate that the child had received an examination within one year prior to admission2. The staffed out of home care program ensures that procedures exist that ensure each child and youth in care can participate, be informed and be heard before any decision affecting their health care is made. Except in the case of emergency services.3. The staffed out of home care program ensures that a medical plan for the child and youth is developed by the medical team (doctor, public health nurse, dentist, optometrist, agency staff, program worker and parents/guardian), and kept on the resident file.4. The staffed out of home care program ensures that medical/dental/optical services are provided to the children and youth through the procedures contained in Appendix H#1.5. The staffed out of home care program ensures that a record of all medical, dental, and optical appointments including recommendations and prescriptions will be maintained on the child and youth's permanent file.6. The staffed out of home care program ensures that all children and youth receive immunizations and that they are up to date as recommended by the Ministry of Health.7. The staffed out of home care program ensures that the original (current) Physician's Order is maintained as the basis for the medical treatment.8. The staffed out of home care program shall ensure written procedures exist for the management of communicable diseases. (See Appendix H#2)	

10. For children in care under a voluntary Section 9 Agreement pursuant to *The Child and Family Services Act*, the provision for medical care to the child is subject to the following conditions:
 - In the context of daily decision-making, and as authorized by the parents on the Residential Services (Section 9) Agreement, residential workers will be expected to provide the usual medical care as would normally be provided by a family. (I.e. sign approval for a child to receive regular immunizations, regular medical, dental or optical appointments).
 - Where any type of intrusive medical or dental treatment of a non-emergent nature is being considered, the child's parent must provide consent.
 - The parents must be consulted regarding the use of the family's physician, dentist and optometrist, in order to maintain consistency in the quality of care provided to the child. The parents must also be provided the opportunity, if practicable, to attend all appointments.
 - In any life-threatening situation, where the parent is not available, the physician has the authority to provide treatment without the consent of the parent. The residential worker does not have the authority to consent to treatment in these situations. Group home workers must immediately inform the Group Home Directors/Manager/Designate, caseworker, and parent(s) or legal guardian(s) of any emergency situation where treatment has been provided by a physician.

11. When children are apprehended or temporarily committed under *The Child and Family Services Act*, or in care under Section 37(2), (permanent wards), or Section 37(3), (long term wards) the provision for medical care to the child is subject to the following conditions:
 - In the context of daily decision-making, group home workers will be expected to provide the usual medical care as would normally be provided by a family (i.e. sign approval for a child to receive regular immunizations, regular medical, dental or optical appointments).
 - Group home workers are authorized to consent for non-life-threatening medical treatment. Group home workers must discuss any anticipated treatment which is not of an emergent nature with the child's caseworker.
 - Group home workers must immediately inform the caseworker of any emergency situations where treatment has been obtained.
 - Even though the parent does not have the authority to consent to treatment for a child who is apprehended or temporarily committed, the parent should be contacted and involved in decision making for any medical treatment. Whenever practicable, parents of long-term wards should also be consulted prior to medical treatment.

INDICATORS:

- ◇ The staffed out of home care program adheres to written procedures for the authorization and consent to all medical acts.
- ◇ A Health Plan exists on all children and youth's files and authored through partnership with the persons having the legal responsibility for the care of the child.
- ◇ There is evidence on file that the staffed out of home care program provided the opportunity for each child or youth in care to participate, be informed and be heard before any decision affecting their health care was made.
- ◇ A record of all medical, dental, and optical appointments including recommendations and prescriptions exist on all children and youth's file.
- ◇ There is evidence on file that all immunizations recommended by the Community Health Authority have been given.
- ◇ There is evidence that all prescribed medical treatment has been given by a Physician's Order.
- ◇ Local procedures exist for the management of contagious illness that conform to the minimum standards as established in the standard criteria.

STANDARDS FOR: <u>EMERGENCY MEDICAL TREATMENT</u>	
STANDARD 4.6:	THE STAFFED OUT OF HOME CARE PROGRAM ENSURES THAT THE EMERGENCY MEDICAL TREATMENT NEEDS OF THE Children and youth ARE MET.
STANDARD CRITERIA:	
<ol style="list-style-type: none"> 1. The staffed out of home care program ensures that local procedures exist for: <ul style="list-style-type: none"> • actions upon discovering a child who is in need of emergency medical treatment. • transporting a child to a hospital or other emergency medical facility. • authorizing consent for medical treatment (Appendix H#1) and that each child or youth in care has the opportunity to participate, be informed and be heard before any decision affecting their health care is made. • informing parents/caregivers or legal guardians of the child’s need of emergency medical services. • documenting all information pertaining to the medical emergency. 2. In any emergency or life-threatening situation, the medical practitioner has the authority to provide treatment without the consent of the parent, the Ministry or the child/youth. 3. Refer to sections 4.5 for nonemergent medical treatment. 	
INDICATORS:	
<ul style="list-style-type: none"> ◇ Local procedures exist for: <ul style="list-style-type: none"> • actions upon discovering a child who is in need of emergency medical treatment. • transporting a child to a hospital or other emergency medical facility. • authorizing consent for medical treatment and that each child or youth in care has the opportunity to participate, be informed and be heard before any decision affecting their health care is made. • informing parents or legal guardian of the child’s need of emergency medical services, should be noted in the case plan. • informing the referring agency case worker (FNCFS or MSS) of the child’s need of emergency medical services. • documenting all information pertaining to the medical emergency. ◇ There is evidence to show (e.g. within critical incident reports), that procedures have been followed. 	

STANDARDS FOR: <u>THE ADMINISTRATION OF MEDICATION</u>	
STANDARD 4.7:	THE STAFFED OUT OF HOME CARE PROGRAM ENSURES THAT ALL MEDICATION IS ADMINISTERED IN ACCORDANCE WITH ALL PROVINCIAL AND FEDERAL LAWS AND REGULATIONS.
STANDARD CRITERIA:	<ol style="list-style-type: none">1. The staffed out of home care program ensures:<ul style="list-style-type: none">• all staff have received training and education in the administration of medication (prescribed and/or over the counter).• that this training occurs before a new staff begins support of children and youth every three years thereafter.• training and education is provided by a licensed medical professional (medical doctor, registered nurse, registered psychiatric nurse, pharmacist).2. The staffed out of home care program shall ensure local policies and procedures for the storage and inventory of medication including mood modifying medications, that also includes documentation of incidents.3. The staffed out of home care program medical service plan will include a list of medicines the child/youth is allowed to have in their possession - this is dependent on age and maturity of the child/youth.4. The staffed out of home care program ensures that a sufficient quantity of the prescription medication is supplied to the caregiver responsible for the child during scheduled home visits and the balance of the remaining medication is given to the caregiver at the time of discharge from the staffed out of home care program.5. The staffed out of home care program ensures the following medication administration information is provided in writing to the caregiver responsible for the child during the scheduled home visit:<ul style="list-style-type: none">• the route of administration.• dosage (the amount to be given).• the specific times of the day the medication is to be given.• the desired therapeutic effects.• the possible side effect(s).• contraindications and any known allergies of the child.• a copy of the Patient Medication Information sheet supplied by the pharmacy.

6. The staffed out of home care program ensures:
 - a child or youth continues to receive his/her medication in situations where the child or youth is visiting away from the staffed out of home care program, and where the caregiver has demonstrated an inability to administer the child's medication.
7. Traditional medicines will be available to children or youth in the staffed out of home care program under the guidance of traditional healers accepted by the local First Nations community and with the permission of the child or youth's family or in the absence of family, the agency director.
8. Each staffed out of home care program will develop local procedures for managing situations where children or youth refuse to take medication. The local procedure should include: If a child refuses his/her medication, the staffed out of home care worker will initial the Medication Administration Record indicating that the child has refused, for review and follow up by the primary/assigned staffed out of home care worker (the physician should be contacted for refusal on repeated occasions). Or immediately if the refusal of medication poses an immediate risk to the child/youth, and/or others around them. The refusal of medication requires an incident report.
9. Except in situations where the health and safety of others is at risk or the life of the young person is in jeopardy, children have the right to refuse treatment.
10. Each staffed out of home care program will ensure all children and youth in care are fully informed of their health and medical issues, as appropriate to their age and level of understanding.
11. Each child or youth will have the opportunity to participate and be heard with respect to any decisions made about their care. A child or youth may independently consent to their own medical treatment when he or she has been assessed by a qualified medical practitioner as having the capacity to do so.

INDICATORS:

- ◇ There is written confirmation that all staff are current in their training and education of the administration of medication.
- ◇ The resident files contain a list of medications the child or youth is permitted to self-administer and keep in their possession.
- ◇ Local policies and procedures for the storage and inventory of medication including mood modifying medications exist and includes documentation of incidents.
- ◇ Local policies exist and are followed guiding the management of medication while a child is staying outside of the staffed out of home care program and at discharge.
- ◇ Local procedures are in place to guide the availability of traditional medicines and there is evidence that they are being followed.
- ◇ Evidence exists to show, children and youth have been informed of their rights with respect to accepting medical treatment.
- ◇ An incident report exists indicating when children and youth have refused to take their prescribed medication.
- ◇ Local procedures guide the staffed out of home care program to ensure all children and youth in care are fully informed of their health and medical issues, as appropriate to their age and level of understanding.
- ◇ Evidence exists to show that each child or youth had the opportunity to participate and be heard with respect to any decisions made about their care.
- ◇ Evidence exists to show that if a child or youth independently consented to their own medical treatment, that they had been assessed by a qualified medical practitioner as having the capacity to do so.

Appendix

H#1

A complete report of every examination or emergency treatment by a physician or dentist must be submitted so that it may be entered into the resident's file. This statement should include the following:

1. The resident's name.
2. The date of examination or treatment.
3. The reason for examination or treatment.
4. The doctor's name and address.
5. The result of the examination or treatment.
6. Any necessary follow-ups (i.e. type of medication, further appointments, etc.).

All employees are to always have available to them a list of the residents in their unit, dates of birth, province or territory of resident and health care number and emergency contact. This must be given to the doctor, clinic or hospital whenever treatment or examination is administered.

The manager, or designate, obtains all prescription drugs through a licensed pharmacy. Prescription drugs are not to be given to the resident but controlled by the worker and kept under lock and key.

Any accidents or sudden illnesses that might occur and require hospitalization must be reported to the staffed out of home care program's manager and the Executive Director of the referring FNCFS agency who will in turn report this to the staffed out of home care program's board of directors and the Ministry of Social Services respectively. The Consent for Medical Practice form that is required has to be signed by the FNCFS executive director or his/her designate immediately. In an emergency children and youth are to be taken to the nearest hospital or other emergency medical health facility where available. Note 911 emergency response service is available to help with decision making in an emergency.

Eyeglasses And Eye Examinations

1. Staff must present the resident's health care number or treaty number at the time of the appointment. It is wise to check with the Health Care Provider/FNIH for confirmation that the claim will be approved.
2. For residents who are not eligible for coverage under FNIH, confirmation of refund by MSS should be ascertained and a purchase order should be obtained prior to attending the appointment.
3. Residents under 18 years of age are allowed ONE pair of glasses and one examination every year. Residents 18 years and older are allowed ONE pair of glasses and one examination every two years. The glasses can be repaired twice in the year.
4. The allowable cost from FNIH is the total cost of the lens (not including tinting) and a portion of the costs for the frames. Additional costs for the frames will be negotiated with the executive director. Anything that is spent over the negotiated price will have to come from the resident themselves or the staffed out of home care program's budget (i.e. recreation).
5. It is the responsibility of the staff member to pick up the eyeglasses when ready.

Consent To Care

The agreement between staffed out of home care program and the Saskatchewan Ministry of Social Services authorizes the program to:

1. Have regular medical and dental examinations completed on all wards of the Ministry placed at First Nation Child and Family Services.
2. Authorize emergency medical and/or surgical treatment of such wards.
3. Administer medications as prescribed and directed by a licensed physician; and
4. Authorize medical treatment of a non-emergency nature (in this latter case, staffed out of home care program will inform the Ministry of such procedures with enough advance notice that any concerns may be communicated).

In the case of non-ward residents, or residents referred from other agencies, an individual Consent to Care Agreement covering the above points is a condition of admission to the program. The resident's legal guardian signs this Consent Agreement.

(FSIN Customary Standards of Care, Draft November 2005, p.83)

H#2

Procedures for the management of communicable diseases shall be developed with and approved by the local public health authority and shall include at least the following:

- **UNIVERSAL PRECAUTIONS TO PREVENT TRANSMISSION OF BLOOD-BORNE DISEASES (Health Canada):**
 1. When cleaning up body fluids wear rubber gloves, eye-protection, a mask, and gowns.
 2. Wash your hands with hot soapy water for thirty seconds after contact with blood and other body fluids.
 3. Use disposable absorbent material like paper towels to stop bleeding.
 4. Wear disposable latex gloves when you encounter blood, especially if you have open cuts or chapped skin. Wash your hands as soon as you remove your gloves.
 5. Immediately clean up blood-soiled surfaces and disinfect with a fresh solution of one part bleach and nine parts water.
 6. Discard blood stained material in a sealed plastic bag labeled contaminated including latex gloves that were used, and discard into the waste disposal system of the facility.
 7. Place blood stained laundry into a sealed plastic bag, and machine wash separately with hot soapy water. The person doing the laundry should wear rubber gloves.
 8. Staff persons receiving a bite, or a puncture from a contaminated object, or the splashing of body fluids in their eyes or mouth, shall seek immediate medical attention.
- The use of “Sharps Containers” in places that may see the use of needles.
- Procedures for staff to receive appropriate immunizations for the prevention of communicable diseases.
- Procedures to ensure that all program workers receive education and training for the prevention of communicable diseases.
- Procedures to ensure safety and program continuity in the event of a contagious out break, for example of Influenza.
- Procedures for the care of a child with an airborne communicable disease.
- Safety procedures to minimize the threat/spread of airborne communicable disease. (E.g. coughing or sneezing into sleeve, isogel alcohol available and used for hands, door knobs and hand rails disinfected daily, sick staff stay home and sick children or youth stay in bed)

Policy: Children, and youth shall have their health needs met.

Policy: The stay of each young person in a staffed out of home care program will be recorded through an individual resident file.

STANDARDS FOR: FILE SECURITY

STANDARD 5.1: THE STAFFED OUT OF HOME CARE PROGRAM SHALL ENSURE RESIDENT FILES ARE KEPT SECURE.

STANDARD CRITERIA:

1. The staffed out of home care program ensures the existence of procedures for:
 - the daily secure storage of resident files.
 - ensuring only persons with confidentiality clearance have access to the resident files.
 - the secure storage of files of children and youth who have been discharged from the staffed out of home care program.

The Child and Family Services Act, Section 74.3 Authorizing past and present residents and/or the parents or legal guardians of past or present residents access to information on their files.

On the request of a person, the Minister or a director may:

- Disclose; or
- Authorize an officer to disclose:

Information mentioned in subsection (1) relating to that person in any form that the minister or director considers appropriate.

- authorized persons to access storage records of past residents.
 - the management of restricted files.
 - the security, retention and destruction of information stored in computerized systems.
2. The staffed out of home care program ensures resident files are stored in a locked, secure location.
 3. The staffed out of home care program ensures that anytime the contents of a resident's file leave the staffed out of home care program, the program worker shall:
 - receive permission from the program manager or designate, prior to removing the contents.
 - sign a tracking record indicating the contents removed and the dates in which they were removed and returned.
 - ensure the security of the file contents at all times while away from the staffed out of home care program.

Policy: The stay of each young person in a staffed out of home care program will be recorded through an individual resident file.

INDICATORS:

- ◇ Children and youth's program files are up to date and contain a record of their stay and progress while in the program.
- ◇ There is evidence that entries in files conform to standards set out in Standard Criteria 5.2.2.
- ◇ Files are maintained as per standard criteria both in terms of entries and physical appearance.

Policy: The stay of each young person in a staffed out of home care program will be recorded through an individual resident file.

STANDARDS FOR: MAINTENANCE OF RESIDENT FILES

STANDARD 5.2: THE STAFFED OUT OF HOME CARE PROGRAM SHALL MAINTAIN A FILE ON EACH CHILD ADMITTED TO THE PROGRAM.

STANDARD CRITERIA:

1. The resident file provides an ongoing record of the child's progress while in the program.
 - **Resident files** includes all the information provided to the staffed out of home care program from the regional/agency caseworker, and other agencies (i.e. educational information, psychological/psychiatric reports, medical information), and all the information documented by program staff including all written reports, individual treatment plans, daily file recordings, educational reports, medical information, incident reports, and any other forms used by the staffed out of home care program to maintain records.
 - **Authorized persons** are persons specifically designated by the staffed out of home care program manager as having access to the resident files in the execution of program audits/reviews or investigations or other matters.
 - **Restricted files** are those files to which only designated agency/ministerial staff have access. In non-ministerial programs, the staffed out of home care program manager shall designate the program workers who shall have access to a restricted file. These confidential files are stored in a secure area separate from other files. (e.g. A file would be restricted to a child of an employee of the agency/ministry.)

2. Documentation on resident files shall be:
 - specific, clear, concise, complete and relevant.
 - free of jargon.
 - objective, non-judgmental.
 - clearly written and legible.
 - written in ink, or a printed copy of a computer entry.
 - dated and signed in the full name of the staff making the recording.
 - recorded in a factual and professional manner.

Policy: The stay of each young person in a staffed out of home care program will be recorded through an individual resident file.

3. The staffed out of home care program ensures that resident files are assembled in an organized format and consist of at least the following sections:
 - Admission package
 - General/Medical Documentation
 - Developmental Plans/Education and Work Placement
 - Legal Documentation
 - Reports: incident, progress, contact
 - Clothing and Possessions.

INDICATORS:

- ◇ Local procedures exist and are accessible to program staff that outlines the management of children and youth's program files in compliance with the standards criteria.
- ◇ Evidence exists that all children and youth's program files are kept in a locked, secure location.
- ◇ Procedures exist and there is evidence that they are being followed to maintain file security when files are removed from the storage area. (see Appendix FM#2)

Policy: The stay of each young person in a staffed out of home care program will be recorded through an individual resident file.

STANDARDS FOR:

**RETENTION AND DISPOSAL OF RESIDENT FILES
(BOTH PAPER AND ELECTRONIC) AND COMMUNICATION
LOG BOOKS**

STANDARD 5.3:

THE STAFFED OUT OF HOME CARE PROGRAM SHALL ADHERE TO AGENCY PROCEDURES FOR THE RETENTION AND DISPOSAL OF RESIDENT FILES (BOTH PAPER AND ELECTRONIC).

STANDARD CRITERIA:

1. Files shall remain at the staffed out of home care setting until the child reaches the age of 18 years, and there after the program manager or designate shall make arrangements with the appropriate agency/ministerial representative for the storage of these files.
2. The staffed out of home care program provides procedures to retain indefinitely, all information that is recorded in a "communication log book", "day book", or similar named communication forms that would identify the names of the children and youth present in a program for any particular day, as well as the names of the program workers that worked each shift for any particular day.
3. Files will be disposed of in a secure way, ensuring confidentiality is followed.

INDICATORS:

- ◇ Clear procedures exist to ensure the retention and disposal of resident files (both paper and electronic) and communication log books as per the standard criteria.
- ◇ A secure storage area is maintained for the storage of the files of young people no longer in the program.

Policy: The stay of each young person in a staffed out of home care program will be recorded through an individual resident file.

Appendix

Policy: Individualized child and youth centred case management practice shall provide the foundation for the delivery of care to children and youth.

STANDARDS FOR:	<u>DESCRIPTION OF PROGRAMS AND SERVICES</u>
STANDARD 6.1:	THE STAFFED OUT OF HOME CARE PROGRAM SHALL PROVIDE A WRITTEN DESCRIPTION OF ITS PROGRAMS AND SERVICES.
STANDARD CRITERIA:	<ol style="list-style-type: none">1. A written description of its programs and services shall include:<ul style="list-style-type: none">• location directions and contact information.• a statement describing those being served including:<ul style="list-style-type: none">o the age group and gender.o the catchment area.o number of beds in the program.• the purpose of the program, for example stabilization and assessment, emergency shelter, long term care, treatment.• the staffing and delivery model for the program, e.g. own school or community school, own nurse or access community nurse, use of a group model, incorporation of traditional teachings, etc.• the length of stay within which the program is designed to operate.• the types of programs and services provided including those accessed in the local community (for example life skills, education, addiction treatment).• time frame and how programs and services are provided.2. An up-to-date local policy and procedures manual used in part to orient all staff to the program.
INDICATORS:	<ul style="list-style-type: none">◇ There is evidence that a program description exists and is maintained.◇ There is evidence that a local policy and procedures manual exists, is maintained and accessible to all staff.◇ There is evidence that all staff receive an orientation to the local policy and procedures manual.

STANDARDS FOR:	<u>REFERRAL AND ADMISSION</u>
STANDARD 6.2:	THE STAFFED OUT OF HOME CARE PROGRAM SHALL PROVIDE A WRITTEN DESCRIPTION OF ITS PROGRAMS AND SERVICES.
<p>STANDARD CRITERIA:</p> <ol style="list-style-type: none"> 1. The staffed out of home care program ensures that written referral procedures exist and are available to all referring agencies. These shall include: <ul style="list-style-type: none"> • Time frames for making admission decisions. • Expectations for transition planning. • Admission planning circles. • Alternate placement in the event of a placement breakdown. • Discharge planning 2. The written referral material required by the program when considering a new admission; referral package may contain, but is not limited to, the following: <ul style="list-style-type: none"> • Social history and background information, including the reason for referral. • Psychological/psychiatric reports on the child. • Genogram and ecomap. • Current Ministry file recordings and reports (including reason for family service involvement, and other agency involvement). • Relevant family, medical and educational information that may assist the staffed out of home care program in working with the child. • A copy of the Authority for Care under <i>The Child and Family Services Act</i>. • “Consent Forms” used by the staffed out of home care program that require the signature of the parent/guardian of the child and provide parental permission for the child to participate in various program activities (cultural, recreational, transportation) or other program functions (i.e. medical consent). • A Missing Persons information sheet for each child/youth in your home and to keep them in a spot where group home staff on all shifts have access to them. The forms should be used when calling in to police regarding a missing child/youth. The form should include a recent photo of the child/youth attached to the information sheet as the police will request a photo of the child/youth. 3. The staffed out of home care program ensures that at a minimum critical health and medical safety information is provided to the program in times of emergent, unplanned placements of children and youth. 	

Policy: Individualized child and youth centred case management practice shall provide the foundation for the delivery of care to children and youth.

4. The staffed out of home care program ensures that the referral package is included on each file.
5. The program provides written procedures for the admission of children and youth, including their orientation and makes every effort to have the child or youth feel comfortable.
6. An admission package will include, but is not limited to:
 - The completion of a written admission form by the admitting staffed out of home care worker.
 - Procedures for securing all possessions and ensuring all items designated as contraband do not enter the living unit.
 - Procedures for admitting children who are suspected of being under the influence of drugs, or alcohol.
 - Procedures to ensure a recent photograph of the child is placed on the child's staffed out of home care file.
 - Provision for clean clothing, where required, for emergent admissions, and procedures to ensure adequate seasonal clothing is provided by the referring agency.
 - Where the admission is unplanned, procedures to ensure the parent(s), or legal guardian(s) of the child have been notified of the admission.
 - Inventory list of all possessions and clothing
 - Establishing a residential program file for the child/youth.
7. Procedures to orientate the child to the program, including the types of consequences that may result from failure to abide by the program rules. (see Appendix CM#7)
8. The staffed out of home care program ensures that at a minimum critical health and medical safety information is provided to the program in times of emergent, unplanned placements.
9. Children and youth receiving prescribed medication must have prescriptions upon arrival.
10. Sufficient clothing shall be provided to the child upon arrival.

INDICATORS:

- ◇ Written referral procedures exist and are followed as evidence in children and youth's program files.
- ◇ Referral packages are present on children and youth's program files.
- ◇ Written procedures exist and there is evidence that they are being adhered to for the admission of children and youth.
- ◇ Evidence exists that children and youth receiving prescribed medication arrived with full prescriptions.
- ◇ Evidence exists to demonstrate that minimum critical health and medical safety information is provided to the program in times of emergent, unplanned placements.

STANDARDS FOR:	<u>CASE MANAGEMENT</u>
STANDARD 6.3:	THE STAFFED OUT OF HOME CARE PROGRAM SHALL ENSURE THAT THE CASE MANAGEMENT PRINCIPLES AND PRACTICE ARE CONSISTENT WITH THOSE OF FIRST NATIONS CHILD AND FAMILY SERVICES POLICY AND CHILD WELFARE BEST PRACTICE.
STANDARD CRITERIA:	<ol style="list-style-type: none">1. The staffed out of home care program ensures that the case management and treatment plan (developmental support plan) includes, but is not limited to the following:<ul style="list-style-type: none">• Case summary and quarterly reports.• A description of the child’s needs (i.e. strengths, problem areas, and presenting behaviors), that is developed with reference to the findings of current or previous evaluations of the resident.• A statement of goals/intended outcomes to be achieved, and the plans to achieve these goals with the child.• A spiritual, religious and or cultural plan for the child• A statement of the individual educational plan for the child.• A statement of the ways in which parents or legal guardians of the child will be involved in the developmental support plan, including arrangements for contact between the child and his/her family.• Details for provision of specialized services (i.e. psychological, psychiatric, drug and alcohol assessments), and the plan by which these specialized services will be accessed and delivered.• Details of recommendations for the developmental support plan, plans for permanency, and plans for reviewing the plan.• A description of the responsibilities of the referring agency and other collateral agencies.• The risk level for the child and plans for intervening should the child attempt to leave the group home without permission.• A medical plan for the child.• A transition plan.• A life skills plan.2. The staffed out of home care program ensures that an admission circle, including the participation of child and family members, agency worker and program staff occurs at the time of admission/within 7 days.3. The staffed out of home care program ensures that a written service plan is provided for each child or youth reflecting the specific services provided.

Policy: Individualized child and youth centred case management practice shall provide the foundation for the delivery of care to children and youth.

4. The staffed out of home care program conducts case management planning circles a minimum of every 3 months (6 to 8 weeks in Assessment and Stabilization) and provides a written corresponding service plan report to the referral agency. Agency workers, the child, family members (whenever possible) and program staff shall attend these planning circles.
5. The staffed out of home care program ensures that each child is involved, as appropriate to the child's developmental level and capabilities and intellectual capacity, in establishing goals, and participating in all planning conferences.
6. Staffed out of home care programs providing an assessment and stabilization service shall complete a Child Development Assessment Report and a Child Development Assessment Update Report. (Appendix CM#1)

INDICATORS:

- ◇ A case management/developmental support plan exists on each child's program file and conforms to the expectations outlined in the standards criteria.
- ◇ Evidence that an admission circle has occurred for each child within 7 days of them being admitted to the staffed out of home care program.
- ◇ Evidence that case management planning circles are conducted a minimum of every three months (6 to 8 weeks in Assessment and Stabilization) for each child and planning (updated developmental support plan) is documented on file.
- ◇ It is evident through information contained on file and through conversation with children and youth in the program that children and youth have a voice in the planning and other events that affect their lives.
- ◇ Child Development Assessment Reports and a Child Development Assessment Update Reports are being completed on all children and youth in Assessment and Stabilization programs and in accordance with Appendix CM#1.

STANDARDS FOR: <u>DISCHARGE</u>	
STANDARD 6.4:	THE STAFFED OUT OF HOME CARE PROGRAM SHALL PROVIDE WRITTEN PROCEDURES FOR THE DISCHARGE OF CHILDREN AND YOUTH.
STANDARD CRITERIA:	<ol style="list-style-type: none">1. Written procedures for the planned or unplanned discharge of children and youth shall include the following:<ul style="list-style-type: none">• a discharge planning circle to review the developmental support plan, progress made and to determine the most appropriate resource to meet the child’s needs.• If the child is returning home, the development of a specific discharge plan to support the child and family in the transition back to the home and community, including follow up services.• The provision of a written discharge summary with recommendations to the referring agency.• Discharge procedures for children and youth who have been absent from the staffed out of home care program for a substantial period of time.• In circumstances where children and youth have been placed in the staffed out of home care program on an emergency/receiving basis, local procedures will be provided for discharge.2. Discharge plans should include:<ul style="list-style-type: none">• the reasons for the discharge.• the name of the receiving resource for the child and youth.• the date and time of discharge.• specific arrangements that would include to whom the resident is being discharged, the method of transportation, arrangements for personal property, and involvement of parent(s) or legal guardian(s).• Apart from emergency placements, it is strongly recommended that transition planning be a component of the discharge plan. This would include, whenever practical, pre-placement visits to the new resource,• including the child or youth’s home.• All children and youth being discharged from the staffed out of home care program shall have adequate/appropriate clothing; particularly warm clothing if the discharge is in winter.

Policy: Individualized child and youth centred case management practice shall provide the foundation for the delivery of care to children and youth.

INDICATORS:

- ◇ Written procedures for the discharge of children and youth exist.
- ◇ Written procedures conform to the outline within the standard criteria.
- ◇ Written procedures are accessible to all staff.
- ◇ Evidence exists from an examination of children's files that the written procedures are being followed.

STANDARDS FOR: <u>RECREATION/LEISURE</u>	
STANDARD 6.5:	THE STAFFED OUT OF HOME CARE PROGRAM SHALL PROVIDE WRITTEN PROCEDURES TO ENSURE THAT Children and youth ARE PROVIDED WITH RECREATIONAL ACTIVITIES.
STANDARD CRITERIA:	<ol style="list-style-type: none">1. Procedures for recreational activities shall ensure:<ul style="list-style-type: none">• sufficient recreational/leisure space/equipment, of reasonable quality, is provided and is appropriate to the child’s needs, interests, age and abilities.• recreational time is a daily component of the program.• a variety of opportunities are available for children and youth to participate in individual and/or group community recreational programs and facilities.• safety equipment is used during recreational activities (for example bicycle helmets), and that this equipment would be consistent with the standards established by the Saskatchewan Safety Council.2. The staffed out of home care program ensures that program workers are required, dependent upon their physical limitations, to participate and supervise with children and youth in recreational activities.
INDICATORS:	<ul style="list-style-type: none">◇ Written procedures for recreational/leisure activities exist and reflect the standard criteria.◇ Evidence indicates that, where able, program workers do participate and supervise with children and youth in recreational/leisure activities.

Policy: Individualized child and youth centred case management practice shall provide the foundation for the delivery of care to children and youth.

INDICATORS:

- ◇ Written procedures for the discharge of children and youth exist.
- ◇ Written procedures conform to the outline within the standard criteria.
- ◇ Written procedures are accessible to all staff.
- ◇ Evidence exists from an examination of children's files that the written procedures are being followed.

STANDARDS FOR:	<u>EDUCATION</u>
STANDARD 6.6:	THE STAFFED OUT OF HOME CARE PROGRAM SHALL ENSURE THAT EACH CHILD IS PROVIDED WITH AN EDUCATIONAL PROGRAM THAT IS SUITABLE TO THEIR DEVELOPMENTAL NEEDS, PERSONAL STABILITY AND INTELLECTUAL CAPABILITY.
STANDARD CRITERIA:	<ol style="list-style-type: none">1. The staffed out of home care program ensures there is a position responsible for the coordination of the educational planning with community schools.2. The staffed out of home care program works in partnership with local educational programs and school boards to ensure the educational needs of children and youth are served.3. The staffed out of home care program ensures all children and youth attend an educational program, until they reach the age of sixteen years.4. The staffed out of home care program ensures that an education plan is a component of the case management process and developmental support plan.5. The staffed out of home care program shall, whenever possible, utilize community education programs, and that when a child or youth does not have a community placement or temporarily loses the placement, a plan is developed to reintegrate the child to an appropriate community education program, at the earliest possible date.6. The staffed out of home care program ensures that any information on a child that is shared with community school personnel adheres to the Confidentiality and Disclosure of Information Standards in the <i>Residential Services Manual</i>.7. The staffed out of home care program shall ensure life skills are delivered to children and youth. Examples of topics are:<ul style="list-style-type: none">• Cooking.• Grocery shopping.• Cleaning.• Laundry.• Applying for a job.• Yard care.• Using small tools for maintenance.• Conflict resolution.• Money management.

Policy: Individualized child and youth centred case management practice shall provide the foundation for the delivery of care to children and youth.

8. Where possible school aged youth will be supported to learn basic employment skills and to secure part time jobs to build basic life skills as a part of their developmental support plan. ("It's My Life" youth transition app)
9. The staffed out of home care program shall encourage all youth sixteen years of age or older and who are not attending school to secure full time employment as a part of their developmental support plan.

INDICATORS:

- ◇ Evidence exists that one position within the staffed out of home care program is assigned the coordination of the educational planning with outside schools.
- ◇ Files indicate that all children and youth in the staffed out of home care program are attending school until they are 16.
- ◇ School plans are developed and are a part of the child's program file.
- ◇ Files indicate that community schools are utilized, and processes are evident that support the children and youth in the local school program.
- ◇ It is evident from children and youth's files and interviews that confidentiality of children and youth is not being breached.
- ◇ It is evident that youth in the staffed out of home care program who are attending school are encouraged to participate in part time work and youth over the age of 16 who are not attending school are encouraged to secure full time work and that this is documented in their developmental support plan.

Policy: Individualized child and youth centred case management practice shall provide the foundation for the delivery of care to children and youth.

STANDARDS FOR: <u>CULTURE</u>	
STANDARD 6.7:	THE STAFFED OUT OF HOME CARE PROGRAM IMPLEMENT POLICIES AND PROCEDURES THAT ASSURE THE ENJOYMENT OF CULTURE AND ITS COMPONENTS IN CONDITIONS OF EQUALITY, DIGNITY, AND NON-DISCRIMINATION.
STANDARD CRITERIA:	<ol style="list-style-type: none">1. The staffed out of home care program operates in a manner that recognizes First Nation Metis, and Inuit culture, heritage, traditions, and concepts of extended family.2. Each child or youth's cultural identity is supported and preserved through policies and procedures that ensure connection to the community and culture of their choice.3. The staffed out of home care program ensures a variety of opportunities are available for children and youth to participate in individual and/or group community cultural events, practices, and programs.4. The staffed out of home care program ensures that meals and/or foods representative of the culture of residents are available where appropriate.5. The staffed out of home care program ensures that program workers are encouraging and respectful of diverse cultural beliefs and practices, and that they participate with children and youth in cultural activities, when appropriate.6. The staffed out of home care program makes efforts to hire staff fluent in local Indigenous languages and to encourage the use and preservation of traditional language(s) among children and youth in residence.7. The staffed out of home care program institutes policies and procedures that ensure accessibility to cultural resources (including but not limited to: Elders, ceremonies, family/ community connection, linguistic and artistic heritage, land-based teachings or practices) and parenting programs.

Policy: Individualized child and youth centred case management practice shall provide the foundation for the delivery of care to children and youth.

INDICATORS:

- ◇ Evidence indicates that children and youth are regularly participating in community cultural events.
- ◇ Local policies and procedures exist indicating the inclusion and involvement of local Elders in programs and planning.
- ◇ Evidence indicates that children and youth have access to cultural resources that support the development and maintenance of their cultural identity including:
 - opportunities to speak and listen to traditional language(s)
 - culturally-representative food and meals
 - Elders and community members
 - Cultural arts and activities

Appendix

CM#1

Example

Orientation Check List

Depending on the time of admission, within 24 hours, the following need to be reviewed with the child:

- Introduction of child to other residents and staff.
- Tour of the staffed out of home care setting.
- Bedroom assignment.
- Property and clothing list completed.
- Program rules explained.
- Daily routines explained.
- Daily chores and responsibilities.
- Telephone and mail procedures and expectations.
- Dress code and personal hygiene.
- Meals, snacks and kitchen access.

Within 24-48 hours of admission, the following need to be explained to the child:

- Visiting procedures and seek to have a visitor list approved.
- Laundry procedures.
- Role of assigned/primary workers.
- A description of the programs and services provided by the staffed out of home care program.
- Child's rights, responsibilities, complaints and appeal procedures.
- The role of the Saskatchewan Advocate for Children and Youth, the child's right to contact the Saskatchewan Advocate for Children and Youth, and the telephone number of the Saskatchewan Advocate for Children and Youth.
- Involvement with family, cultural and spiritual activities.
- Involvement with school and or work.

Policy: Individualized child and youth centred case management practice shall provide the foundation for the delivery of care to children and youth.

- An explanation of the case management process, including admission and planning circles, circle participants, and discharge planning.
- Privilege system if utilized by the staffed out of home care program.
- Group meeting procedures.
- Behavioral and program expectations, and disciplinary approaches.
- Personal possessions, contraband, and searches.
- Medical, dental, and eye care procedures.
- Administration of medications.
- Fire alarm and evacuation procedures.

I have received the above staffed out of home care program orientation, and have had the opportunity to discuss and ask questions, about each of the above areas.

Date

Resident

Policy: Individualized child and youth centred case management practice shall provide the foundation for the delivery of care to children and youth.

References

STANDARDS FOR: <u>LIVING AREAS</u>	
STANDARD 7.1:	THE STAFFED OUT OF HOME CARE PROGRAM SHALL PROVIDE SAFE AND COMFORTABLE LIVING AREAS.
STANDARD CRITERIA:	
<ol style="list-style-type: none"> 1. The staffed out of home care program shall contain designated areas for living, dining, studying and recreation, and these shall be culturally safe, comfortable and homelike as possible. 2. Living areas shall comply with First Nations building codes (for on reserve programs) and the physical standards provisions contained in <i>The Residential Services Act</i> and <i>The Residential Service Regulations</i>. (See Appendix LA#1) 3. The staffed out of home care program’s living room shall be pleasant, attractive, and home-like containing comfortable, practical furnishings. Depending on available space it is available for children and youth and families to gather for relaxation, entertainment, or visiting. 4. Whenever possible space will be made available for family overnight visits. 5. The staffed out of home care program’s dining area shall be arranged and equipped so children and youth and program workers can have their meals together and mealtime is observed as enjoyable. 	
INDICATORS:	
<ul style="list-style-type: none"> ◇ There are designated areas for living, dining and recreation, and these are comfortable and homelike. ◇ There is evidence that all living areas comply with First Nations building codes (for on reserve programs) and the physical standards provisions contained in <i>The Residential Services Act</i> and <i>The Residential Service Regulations</i>. (See Appendix LA#1) ◇ The living room is available for children and youth and families to gather for relaxation, entertainment, or visiting and is pleasant, attractive, and home-like containing comfortable, practical furnishings. ◇ The dining area is arranged and equipped so children and youth and program workers can have their meals together and mealtime is observed as an enjoyable experience for children and youth. 	

STANDARDS FOR: <u>SLEEPING ACCOMMODATIONS</u>	
STANDARD 7.2:	THE STAFFED OUT OF HOME CARE PROGRAM SHALL PROVIDE SAFE AND COMFORTABLE SLEEPING ACCOMMODATIONS FOR CHILDREN AND YOUTH.
STANDARD CRITERIA:	
<ol style="list-style-type: none"> 1. Sleeping accommodation complies with First Nation’s building codes (for on Reserve staffed out of home care programs) and according to the information contained in the in <i>The Residential Services Act</i> and <i>The Residential Service Regulations</i>. (See Appendix LA#2) 2. The staffed out of home care program provides, single bedrooms for children and youth 3. Children and youth with suspected and known histories of sexually inappropriate behavior must be provided with a single bedroom. 4. The staffed out of home care program ensures each bedroom has at least one outside window, and has adequate ventilation, lighting and heating. 5. The staffed out of home care program provides each bedroom with an unlocked door to ensure a child’s right to privacy is respected and ensures staffed out of home care program workers knock before entering a child’s room. 6. To enhance each child’s individuality, sense of self-worth, and belonging, the staffed out of home care program will provide bedroom furnishings to each child for storage of clothing and other personal items, and these are of reasonable quality as compared with the standards of other housing accommodation in the community. 7. The staffed out of home care program shall provide accessible lockable space for each child/ youth for personal items. 	
INDICATORS:	
<ul style="list-style-type: none"> ◇ Sleeping accommodations comply with First Nation’s building codes (for on Reserve staffed out of home care programs) and according to the information contained in the <i>Residential Service Regulations</i> and single bedrooms are used where possible. ◇ Single bedrooms are provided for children and youth that are suspected and known histories of sexual inappropriate behavior. ◇ Visual inspection indicates that each bedroom has at least one outside window, adequate ventilation, lighting and heating, has an unlocked door and is respected as a place of privacy for the child or youth. ◇ Visual inspection indicates that bedrooms are furnished with storage for clothing and other personal items, and these are of reasonable quality as compared with the standards of other housing accommodation in the community. ◇ There is evidence that each child has lockable space available for their personal items. 	

STANDARDS FOR:	<u>BATHING AND TOILET AREAS</u>
STANDARD 7.3:	THE STAFFED OUT OF HOME CARE PROGRAM SHALL PROVIDE ADEQUATE BATHING AND TOILET AREAS FOR CHILDREN AND YOUTH.
STANDARD CRITERIA:	<ol style="list-style-type: none"> 1. Bathing and toilet areas for children and youth shall comply with First Nation’s building codes (for on Reserve staffed out of home care programs) and according to the information contained in the <i>Residential Service Regulations</i> (21 Mar 86 cR-21.2 Reg 1 s12). (see Appendix LA#3) 2. The staffed out of home care program ensures each bathroom facility is equipped with a door to respect a child’s right to privacy; and where there is more than one toilet, bath or shower, in any one room, each shall have a separate compartment to allow for privacy. 3. Where there is more than one toilet, bath or shower, in any one room, the staffed out of home care program provides procedures to ensure that only one child may use the bathing and toilet facilities at one time. 4. The staffed out of home care program provides procedures to ensure that all bathing and toilet facilities are maintained in a hygienic condition.
INDICATORS:	<ul style="list-style-type: none"> ◇ Documentation exists that bathing and toilet areas for children and youth comply with First Nation’s building codes (for on Reserve staffed out of home care programs) and according to the information contained in <i>The Residential Service Regulations</i>. ◇ Each bathroom facility is equipped with a door and where there is more than one toilet, bath or shower, in any one room, each has a separate compartment to allow for privacy. ◇ Procedures exist to ensure that only one child/youth may use the bathing and toilet facilities at one time in those areas where there is more than one toilet, bath or shower, in a room. ◇ Documentation exists to indicate that all bathing and toilet facilities are maintained in a hygienic condition.

STANDARDS FOR: <u>RECREATION SPACE</u>	
STANDARD 7.4:	THE STAFFED OUT OF HOME CARE PROGRAM SHALL ENSURE THAT AREAS WITHIN AND OUTSIDE THE FACILITIES ARE PROVIDED FOR THE PURPOSE OF RECREATION.
STANDARD CRITERIA:	<ol style="list-style-type: none">1. The staffed out of home care program ensures that recreation areas comply with First Nation’s building codes (for on Reserve staffed out of home care programs) and according to the information contained in <i>The Residential Service Regulations</i>. (See Appendix LA#3)2. The staffed out of home care program demonstrates compliance with the following standard from the Child Welfare League of America, Standards of Excellence for Residential Group Care Services: “The area for recreation and leisure should be adapted to the needs of the children. Materials for art, hobbies, and crafts should suit the cultural, educational, and personal interests of the residents and be easily accessible to them. Storage space should be provided for these materials and sports equipment”.3. The staffed out of home care program provides procedures to ensure that all recreation areas and equipment, both inside and outside the staffed out of home care setting, are purchased and utilized to maximize growth and development of the residents. This equipment should be maintained to a safe and sanitary condition.
INDICATORS:	<ul style="list-style-type: none">◇ Recreation areas comply with First Nation’s building codes (for on Reserve staffed out of home care programs) and according to the information contained in <i>The Residential Service Regulations</i>.◇ The area for recreation and leisure is adapted to the needs of the children and youth.◇ All recreation areas and equipment, both inside and outside the staffed out of home care setting, are purchased and utilized to maximize the growth and development of the residents, and maintained in a safe and sanitary condition and are of reasonable quality.

Appendix

LA#1

Living Areas

Orientation Check List

1. According to the provisions of the *Residential Service Regulations*:
 - a) The areas of the residential program designated in the application for a license as areas for lounging, dining, indoor recreation, sleeping, bathing, food preparation and storage are to be used only for those purposes unless otherwise approved by the minister. (21 Mar. 86 cR-21.2 Reg 1 s 11)
 - b) Each residential program should have a day-room for lounging of not less than 13.5 square metres with approximately 1.86 square metres of floor space per resident where the residents may play table games, watch television and enjoy a social life. (21 Mar. 86 cR-21.2 Reg 1 s 20)
 - c) Each residential program that provides a program of study is to provide adequate facilities for the purposes of study by the residents involved in the program. (21 Mar 86 cR-21.2 Reg 1 s 21)
2. According to the Child Welfare League of America Standards of Excellence for Residential Group Care Services: "Each residential program should have adequate space for all phases of daily living, including recreation, privacy, group activities, and visits for family members. The design of the building should take into consideration the age and developmental needs of the children and youth served, and requirements for supervision and safety, as well as those with special needs".
3. The grounds of the residential program should be conducive to local neighbourhood standards.
4. The residential program's living room should be pleasant, attractive, and home-like. It should contain comfortable, practical furnishings. It should be available for children and families to gather for relaxation, entertainment, or visiting.
5. The residential program's dining area should be arranged and equipped so children and residential program workers can have their meals together and mealtime can be an enjoyable experience.

LA#2

Sleeping Accommodations

1. Every residential program shall provide sleeping accommodations for children according to the information contained in the *Residential Service Regulations* which is as follows: (21 Mar 86 cR-21.2 Reg 1 s 12)
 - a. Each bedroom floor is to be not more than 1.22 metres below the level of the ground surrounding the main or ground floor level.
 - b. No basement is to be used for sleeping accommodation except if, in the opinion of the local fire and health departments, using the basement for sleeping accommodation would not constitute a fire or health hazard.
 - c. Each bedroom is to have a minimum of seven square metres per child or, where more than one child is accommodated in a bedroom, 4.6 square metres per child.
 - d. Each child is to have his/her own bed of a size and type suitable to his/her age, with a clean mattress and with bedding appropriate to the weather conditions and climate.
 - e. If any child has serious difficulty negotiating stairways, he/she is not to be placed in a bedroom above or below the ground floor level.
2. Whenever possible, single bedrooms should be provided for children.
3. Children with suspected and known histories of sexually inappropriate behavior will be provided with a single bedroom.
4. Each bedroom is to have at least one outside window, and have adequate ventilation, lighting and heating.
5. Each bedroom will be equipped with an unlocked door to ensure a child's right to privacy is respected. Residential program workers are required to knock before entering a child's room.
6. No child shall share a bedroom with another child of the opposite gender.

REFERENCES:

Government of Saskatchewan, *The Residential Service Regulations, Chapter R-21.2 Reg 1*
Sections: 12 and 13, Sleeping accommodations, and Bedroom furnishings.

Child Welfare League of America, Standards of Excellence for Residential Services, 2004
Section: 5.14 Bedrooms

Council on Accreditation, Residential Treatment Services,
Section: RTX 12 Privacy Provisions

LA#3

Recreation Space

1. According to the *Residential Service Regulations* (21 Mar 86 cR-21.2 Reg 1 s20):
 - a. Each residential-service facility is to have a day room for lounging of not less than 13.5 square metres with approximately 1.86 square metres of floor space per resident where the residents may play table games, watch television and enjoy a social life.
 - b. Each residential-service facility is to provide some outside yard or lawn space with appropriate seating. (21 Mar 86 cR-21.2 Reg 1 s22)
2. According to the Child Welfare League of America, *Standards of Excellence for Residential Group Care Services*: “The area for recreation and leisure should be adapted to the needs of the children. Materials for art, hobbies, and crafts should suit the cultural, educational, and personal interests of the residents and be easily accessible to them. Storage space should be provided for these materials and sports equipment”.
3. Each residential program shall develop procedures to ensure that all recreation areas and equipment, both inside and outside the residential setting, are maintained in a safe and sanitary condition.
4. If adequate outdoor recreational space is not available at the residential setting, then arrangements should be made to access a nearby park or community recreation centre.

REFERENCES:

Government of Saskatchewan, *The Residential Service Regulations, Chapter R-21.2 Reg 1*
Sections: 20 and 22

Child Welfare League of America Standards of Excellence for Residential Group Care Services, 1991
Section: 6.12 Recreation Space

Policy: Children, and youth shall be afforded living accommodations that are comfortable and safe.

Policy: All staff working in staffed out of home care programs shall have a minimum amount of training that insures the safety and best interests of children and youth.

STANDARDS FOR: ORIENTATION TRAINING

STANDARD 8.1: THE STAFFED OUT OF HOME CARE PROGRAM SHALL ENSURE THAT ALL STAFF RECEIVE AN ORIENTATION TRAINING BEFORE WORKING IN THE PROGRAM.

STANDARD CRITERIA:

1. Part I mandatory training. All staff will have at least the following training before they begin to care for children and youth in the staffed out of home care program:
 - An orientation to the program:
 - o Program’s mission, mandate, philosophy, values and beliefs.
 - o Organization of the program.
 - o Case Management.
 - o Documentation and record keeping.
 - o Expectations of the position/job description.
 - o Customary Standards of Care.
 - o Local policies and procedures.
 - o Daily routine for the children and youth.
 - o Fire safety, lock down and evacuation procedures.
 - o Awareness of the needs and rights of children and youth including the right to have their personal circumstances kept confidential as per the Oath of Confidentiality taken by all staff.
 - o The importance of staff as role models, not just at work but also in the community.
 - o The role of the Saskatchewan Advocate for Children and Youth.
 - o Safety and security of a car seat.
 - o Safety with children with communicable diseases.

Policy: All staff working in staffed out of home care programs shall have a minimum amount of training that insures the safety and best interests of children and youth.

2. The staffed out of home care program will ensure all staff are kept up to date in training and have the opportunity to review orientation items on an on-going basis to stay current.
3. Part II mandatory training, ensuring the safety of children, youth, and staff, within 6 months of their start date new employees must be given the remainder of their orientation which must include:
 - Current First Aid and CPR Certificates (recertification every three years).
 - Crisis Intervention (TCI or CPI).
 - Suicide Intervention.
 - Administration of Medications.
 - Universal body fluid precautions.
 - Safe food handling
4. Staff needs to be fully trained to work by themselves. A staff who has only been trained in part I of training cannot work by themselves.

INDICATORS:

- ◇ Documentation exists to verify all staff have received the orientation training and are up to date and current.
- ◇ Where training is time sensitive and must be renewed, documentation shows all staff are current.
- ◇ Documentation exists that indicates no one is working without part 1 training and the part 1 trained worker is not working by themselves.
- ◇ Documentation exists to verify that new employees have received Part II mandatory training within 6 months of their start date.
- ◇ A written record of staff attendance at training has been maintained.

Policy: All staff working in staffed out of home care programs shall have a minimum amount of training that insures the safety and best interests of children and youth.

STANDARDS FOR:

ONGOING TRAINING NEEDS OF STAFF WORKING WITH CHILDREN AND YOUTH IN STAFFED OUT OF HOME CARE PROGRAMS

STANDARD 8.2:

THE STAFFED OUT OF HOME CARE PROGRAM WILL ENSURE THAT STAFF RECEIVE OPPORTUNITIES TO REMAIN CURRENT IN ALL TIME SENSITIVE TRAINING AND TO A CONTINUOUS TRAINING PROCESS THAT KEEPS THEM UP TO DATE WITH THE NEEDS OF Children AND YOUTH WITHIN CHILD WELFARE PROGRAMS AND CURRENT SERVICE MODELS.

STANDARD CRITERIA:

1. Staff shall receive a minimum of forty hours of training each fiscal year to remain current with mandatory certifications and in areas relevant to their work in Child Welfare. Examples are:
 - Case Management.
 - SFNFCI training modules.
 - Cultural Awareness Training.
 - Reality Therapy.
 - Documentation and record keeping.
 - Psychiatric/psychological conditions (FASD, AD/HD, Conduct Disorder, Attachment Disorder, Oppositional Defiance Disorder, and other mental health or behavioral conditions).
 - Management of intoxicated children and youth.
 - Children and youth's Rights.
 - Play Therapy.
 - Gang awareness
 - Sexual Assault training.
 - Water safety training.
 - Teamwork and organizational wellness.
 - A review of the *Indian Child Welfare and Family Support Act* and the *Saskatchewan Child and Family Services Act*.
 - Adolescent Development.
 - Cultural Awareness Training.
 - Documentation.
 - Mental Health 1st Aid , Adults working with Youth
 - Child protection overview.
 - Basic Individual Counselling

Policy: All staff working in staffed out of home care programs shall have a minimum amount of training that insures the safety and best interests of children and youth.

INDICATORS:

- ◇ Documentation exists to show that 40 hours of training are offered each year.
- ◇ Employee files show staff participation in training is recorded.

Policy: All staff working in staffed out of home care programs shall have a minimum amount of training that insures the safety and best interests of children and youth.

Appendix

Policy: All staff working in staffed out of home care programs shall have a minimum amount of training that insures the safety and best interests of children and youth.

Policy: All staffed out of home care programs shall ensure that staffing levels are sufficient to meet the developmental and safety needs of the residents.

STANDARDS FOR:	<u>STAFF/RESIDENT RATIO</u>
STANDARD 9.1:	THE STAFFED OUT OF HOME CARE PROGRAM SHALL ENSURE THAT STAFF/RESIDENT RATIOS ARE SUFFICIENT TO MEET THE DEVELOPMENTAL AND SAFETY NEEDS OF CHILDREN AND YOUTH.
STANDARD CRITERIA:	<ol style="list-style-type: none">1. Staff to resident ratios shall be sufficient to meet the presenting issues of children and youth being cared for, deliver the services being provided and to ensure safety for all and the maintenance of all staffed out of home care standards.2. Procedures are established to guide practice when higher staff/resident ratios are required to maintain the safety and well being of the child, other children, program workers or the community. Such procedures would include:<ul style="list-style-type: none">• Examples of what situations require additional staff (e.g. a child threatening self harm or to harm others).• Delegation of authority to call in extra staff in emergent situations.
INDICATORS:	<ul style="list-style-type: none">◇ Documentation of staff to resident ratios, for example shift schedules.◇ Written procedures exist as described in point 1 of the Standard Criteria.

Policy: All staffed out of home care programs shall ensure that staffing levels are sufficient to meet the developmental and safety needs of the residents.

STANDARDS FOR: <u>NIGHT DUTY STAFF</u>	
STANDARD 9.2:	THE STAFFED OUT OF HOME CARE PROGRAM WILL ENSURE THAT A SUFFICIENT NUMBER OF NIGHT STAFF ARE ON DUTY TO MAINTAIN THE PHYSICAL AND PSYCHOLOGICAL SAFETY AND CARE OF THE CHILDREN AND YOUTH.
STANDARD CRITERIA:	<ol style="list-style-type: none">1. All night staff shall remain awake while on duty, unless the position has been duly authorized to permit staff to sleep.2. Night duty staff shall follow all written procedures for emergency situations such as a fire, lock down or evacuation and procedures to request assistance during their shift.3. The staffed out of home care program shall maintain procedures outlining the frequency of bedroom checks and safety inspections of all other rooms and equipment, for example furnace rooms and kitchen area.4. The staffed out of home care program shall maintain procedures for emergent admissions of children (if the program provides this service), or for the return of a child or youth who has been absent from the program.
INDICATORS:	<ul style="list-style-type: none">◇ Signed nightshift monitor logs.◇ Evidence that written responsibilities for night duty staff positions exist and are made available to all night duty staff.◇ Evidence exists there are procedures for emergent admissions and return of children and youth as outlined in the standards criteria.◇ Documentation exists that indicate that emergency procedures have been followed, eg: incident reports.

Policy: All staffed out of home care programs shall ensure that staffing levels are sufficient to meet the developmental and safety needs of the residents.

Appendix

Policy: All staffed out of home care programs shall ensure that staffing levels are sufficient to meet the developmental and safety needs of the residents.

Policy: An 11 and under community based home must plan and implement daily program activities that are consistent with the statement of philosophy and developmentally appropriate to the ages of the children residing in the home.

STANDARDS FOR:

PROGRAMMING

STANDARD 10.1:

ALL STAFFED 11 AND UNDER COMMUNITY BASED HOME CARE PROGRAMS WILL ENSURE DAILY PROGRAM ACTIVITIES THAT ARE APPROPRIATE FOR CHILDREN 11 AND UNDER.

STANDARD CRITERIA:

1. The program shall:
 - Be based on developmentally appropriate practice.
 - Provide a 'home-based and family-like' environment.
 - Accommodate each child's cultural and religious identity.
 - Ensure developmental intervention programs (i.e. speech, OT, PT, education) developed for at home use by professionals will be implemented for children and carried out within the regular activities of the group. When it is beyond the ability of the group home to implement the above intervention programs, it is the responsibility of the group home to inform the caseworker of this need.
2. Nap and rest time are scheduled appropriate to a child's age accordingly:
 - Activities are provided for non-nappers and early risers.
 - Schedules are changed as children grow and change; and
 - Schedule for infants is based on their individual routine rather than a set schedule.
3. For children under the age of 6, the program shall complete Appendix 1 Developmental Milestones checklist. This checklist is a living document; as milestones are reached by the child, enter the date that each milestone is achieved and check whether it was within the 'average age for achievement' range. This checklist is to accompany the Child Care Update Report and a final copy is to be forwarded to the child's child care worker upon discharge.
4. The daily program allows for a balance of activities including:
 - Individual and small group activity.
 - Child-initiated and adult-initiated activity.
 - Structured and free choice activity.
 - Active and quiet play.
 - Indoor and outdoor activity; and
 - Activities that promote physical, cognitive, language, emotional, cultural and social development.

Policy: An 11 and under community based home must plan and implement daily program activities that are consistent with the statement of philosophy and developmentally appropriate to the ages of the children residing in the home.

- Provide a predictable daily routine.
- Allow children to make choices about their activities.
- Ensure there are no long waiting periods between events and activities (i.e. smooth transitions).
- Vary in order to meet individual needs (e.g. accommodate children with shorter attention spans, allow children to work on projects past scheduled time, allow slower eaters to finish at their own pace, etc.);
- Have the ability to accommodate each individual child's developmental/therapeutic needs and activities.

INDICATORS:

- ◇ Daily schedule, including changes from the normal routine, is posted for care providers, agency workers, and parent/guardian.
- ◇ Children (preschool and older) are involved in program planning, such as by suggesting and evaluating activities and themes.
- ◇ Most transitions are handled with a few children at a time instead of the whole group.
- ◇ Accommodation of the child's cultural and religious identity could include, but are not limited to books, toys, foods, clothing and customs.
- ◇ Free play occurs for a substantial portion of the day both indoors and outdoors (e.g. several free play periods scheduled daily) with supervision used as an educational interaction (e.g. introducing concepts in relation to play).
- ◇ Positive adult-child interaction is achieved through:
 - Using a pleasant tone of voice.
 - Comforting a child who is upset or hurt.
 - Expressing encouragement and support; and
 - Showing appreciation.
- ◇ Positive social interaction is promoted by:
 - Assisting with turn taking.
 - Encouraging cooperation; and
 - Supporting and taking part in conversations.
- ◇ For additional resource material on developmental benchmarks, the child's needs and the caregiver's needs for birth to 6 years, click the following link to the Government of Saskatchewan Health website:

<https://publications.saskatchewan.ca/#/categories/466>

Under 'Documents', select the applicable 'Growing Up Healthy' age range; then under 'Available Formats', select 'PDF'.

Policy: Meals and snacks must be provided and children are fed in a manner that is age appropriate and within the specified time frame.

STANDARDS FOR: NUTRITION

STANDARD 10.2: STAFFED OUT OF HOME CARE PROGRAM MUST PROVIDE MEALS AND SNACKS THAT ENSURE NUTRITIONAL NEEDS ARE MET, AND THAT CHILDREN ARE FED IN A MANNER THAT IS APPROPRIATE TO THEIR AGE AND LEVEL OF DEVELOPMENT AND IN A MANNER THAT IS CONSISTENT WITH HOW IT IS PRESENTED IN A FAMILY HOME.

A MEAL OR SNACK SHALL BE SERVED EACH DAY AND NOT MORE THAN THREE HOURS SHALL ELAPSE BETWEEN THE PROVISION OF ANOTHER MEAL OR SNACK EXCEPT DURING HOURS OF CARE PROVIDED AT NIGHT.

HOMES WILL FOLLOW THE CANADA FOOD GUIDE AND ENSURE HEALTHY SNACKING OPTIONS ARE AVAILABLE TO ALL CHILDREN IN THE HOME AT ALL TIMES.

STANDARD CRITERIA:

1. The current Canada’s Food Guide is used as a guideline to determine adequate variety and amounts of foods from the four food groups for children over age two.
2. Food allergies are communicated at the time of admission. Names of children who have food allergies and the requirements due to the allergies are posted in cooking and food serving areas.
3. Special diets/ developmental conditions that may affect feeding and food sensitivities are communicated and taken into consideration for each child.
4. No type of food can ever be withheld as a punishment.
5. For infants and toddlers:
 - Infants under six months of age are held by an adult while being fed.
 - Infants over six months of age are held by an adult if they are not capable of feeding themselves, or they are seated in a highchair during feeding (including bottle feeding).
 - Infants less than one year of age should be fed by the same adult as much as possible.
 - Foods for infants should have the consistency and texture appropriate for age/ developmental stage.
 - Follow recommendations outlined in Health Canada; and
 - Infants and toddlers are not put in bed with bottles to reduce the risk of choking, tooth decay and ear infection.

Policy: Meals and snacks must be provided and children are fed in a manner that is age appropriate and within the specified time frame.

6. When preparing food, cultural and religious beliefs and practices should be considered and supported whenever possible.
7. Children are encouraged, but not forced to eat. Children can decide how much of the food offered they want to eat.
8. Menus are planned and posted at least a week in advance.
9. Foods that may cause choking (e.g. round and hard, thick and sticky, slippery, etc.) must be modified to prevent choking. For example, whole grapes and hot dogs are sliced lengthwise, pits are removed from fruit, and peanut butter is spread thinly.
10. Waiting to eat is minimized through strategies such as feeding once food is prepared and children are seated and staggering when different age groups eat.

INDICATORS:

- ◇ Whenever possible, adults sit with the children and encourage interaction.
- ◇ Children are allowed to practice feeding themselves and be actively involved in serving food and other mealtime activities.
- ◇ Child-sized utensils and serving dishes are available to make it easier for children to feed themselves.
- ◇ Children are offered choices between nutritious alternatives, where feasible.
- ◇ When possible, parents of infants are encouraged to bring expressed breast milk or to come to the home to breastfeed.
- ◇ Evidence exists that Staffed out of home care follow the recommendations outlined in the Health Canada.
- ◇ Evidence exists that menus are planned and posted.
- ◇ Evidence exists that allergies are posted.

STANDARDS FOR: <u>SUPERVISION OF CHILDREN</u>	
STANDARD 10.3:	ALL STAFFED OUT OF HOME CARE PROGRAMS MUST ENSURE CHILDREN RECEIVE SUPERVISION ADEQUATE TO THEIR DEVELOPMENT AT ALL TIMES.
STANDARD CRITERIA:	
<ol style="list-style-type: none"> 1. Staffed out of home care programs shall provide supervision to all children, while in their direct care, during waking times. 2. Staff are always awake and accessible to the children. 3. If children are not within direct line of sight, regular check-ins will occur to ensure the child's safety and wellbeing, regard for age, special needs, developmental level, etc. 4. Ensure staffing levels will meet the supervision needs of the children on an outing. The location and activities involved in the outing must be assessed for possible risks to children associated with those locations or activities. Where risk appears to be greater than usual, additional staff is required on the outing and where children/youth have a one-to-one staff the expectations for supervision should be clearly written out. 5. When children are taken on an outing, the home must take the portable record of emergency information for each child on the outing as well as appropriate and sufficient first aid supplies. 	
INDICATORS:	
<ul style="list-style-type: none"> ◇ Staff are situated on the same level as where children are sleeping. ◇ Develop a process to identify when line of sight supervision is required. ◇ Supervision is appropriate to each child's age and level of development and behaviors. Supervision is adjusted to allow for different abilities, activities and environments. ◇ Caregivers are aware of all children in the group but allow for a balance of a child's need to explore independently and the need to interact with the child to enhance learning opportunities and safety. ◇ There is awareness of a child's temperament and maturity, and caregivers can intervene when problems occur or adjust supervision accordingly. ◇ All children, regardless of age, are supervised when using pools or hazardous equipment. ◇ A record of emergency information. 	

STANDARDS FOR:	<u>HOME SAFETY AND SAFE STORAGE</u>
STANDARD 10.4:	STAFFED OUT OF HOME CARE PROGRAM SHALL ENSURE THE HOME ENVIRONMENT IS SAFE FOR THE AGE/DEVELOPMENTAL LEVEL OF ALL CHILDREN WHO RESIDE THERE.
STANDARD CRITERIA: <ol style="list-style-type: none">1. An 11 and Under Community-Based Home must:<ul style="list-style-type: none">• store unsafe items in a place that is inaccessible to children.• store poisonous substances in a locked enclosure.• place caps on electrical outlets when not in use.2. A location considered 'inaccessible to children' may include:<ul style="list-style-type: none">• a locked cupboard, cabinet or box.• an area outside of the facility; or• a location within the facility that cannot be accessed by children reaching or climbing with or without assistance (stools, stepladders, etc.).3. A 'locked enclosure' may include a cupboard, cabinet or box that has either a key or combination lock.4. Toxic and poisonous substances are stored in a location separate from food.5. Plastic bags and sharp objects (knives, adult scissors, etc.) are out of reach and inaccessible.6. Safety gates are used where developmentally appropriate.7. Fireplaces have screens on doors.8. Stairwells are:<ul style="list-style-type: none">• well lit.• enclosed or with proper railing; and• not obstructed or cluttered.9. Pull cords from blinds and drapes are out of reach.10. Balcony doors are locked.	

Policy: The home environment is safe for all children who reside there.

INDICATORS:

- ◇ Evidence that all unsafe items are inaccessible to children.
- ◇ Evidence that all plastic bags and sharp objects are kept out of reach.
- ◇ Evidence that safety gates are used.
- ◇ Evidence that fireplaces have screens.
- ◇ Evidence that stairwells are maintained.
- ◇ Evidence that pull cords on window coverings are out of reach.
- ◇ Evidence that balcony doors are locked.

STANDARDS FOR: <u>OUTDOOR PLAY AREA</u>	
STANDARD 10.5:	STAFFED OUT OF HOME CARE PROGRAM MUST PROVIDE A SAFE OUTDOOR PLAY AREA ADJACENT TO THE HOME, OR WITHIN WALKING DISTANCE OF THE HOME AND DETERMINED IN RELATION TO THE AGE OF THE YOUNGEST CHILD WHO WILL RESIDE IN THE HOME.
STANDARD CRITERIA:	<ol style="list-style-type: none">1. Wherever possible, the outdoor play area should be enclosed with a fence or natural barrier (e.g. dense hedge) to ensure proper supervision and protection, injury protection and area control.2. All outdoor activity areas shall be maintained in a clean and safe condition by removing debris, dilapidated structures, broken or worn play equipment, building supplies, glass, sharp rocks, twigs, toxic plants and other injurious material.3. Adequate safety provisions are made for any standing bodies of water (e.g. swimming pools are fenced).4. Indoor/outdoor toys and equipment should be safe, clean, age appropriate and in good working condition. Precautions must be taken so that older children's toys do not present a choking or other safety hazard to younger children in the home.
INDICATORS:	<ul style="list-style-type: none">◇ There is evidence that the outdoor play area is enclosed and maintained in a clean and safe condition.◇ There is evidence that safety provisions are in place for bodies of water◇ Evidence exists that all toys and equipment are cleaned and age appropriate and in good condition.

Policy: The home must have a telephone and emergency numbers posted in a visible location. The home must maintain a portable record of emergency information for each child residing in the home.

STANDARDS FOR: EMERGENCY COMMUNICATION

STANDARD 10.6: STAFFED OUT OF HOME CARE PROGRAM MUST HAVE A TELEPHONE AND EMERGENCY NUMBERS POSTED IN A VISIBLE LOCATION. IN ADDITION, 11 AND UNDER COMMUNITY-BASED HOMES MUST MAINTAIN A PORTABLE RECORD OF EMERGENCY INFORMATION FOR EACH CHILD RESIDING IN THE HOME.

STANDARD CRITERIA:

1. There shall always be a phone present in the home, as well as on all outings from the home.
2. Telephone numbers posted in an open and accessible location, including:
 - 911 Emergency Services, which are province wide.
 - Saskatchewan Poison Centre (poison control).
 - Home's address and phone number; and
 - Local hospital and/or emergency clinic.
3. Current child emergency information for each child in the home is kept in a file close to the telephone.
4. Current staff emergency information for every staff employed is kept in a file close to the telephone.
5. All staff, are made aware of the location of all emergency information, including emergency information for the children.

INDICATORS:

- ◇ Evidence exists that processes/procedures are in place to share (emergency) information with staff.
- ◇ Evidence exists that a phone is present in the home.
- ◇ Procedures are in place to ensure client files are kept close to the telephone.
- ◇ Procedures are in place to ensure all staff are aware of the location of all emergency information.

STANDARDS FOR:	<u>EQUIPMENT, FURNISHINGS AND STORAGE</u>
STANDARD 10.7:	All STAFFED OUT OF HOME CARE PROGRAM MUST PROVIDE, FOR EACH CHILD, DEVELOPMENTALLY APPROPRIATE EQUIPMENT AND FURNISHINGS FOR SLEEPING, RESTING, EATING, DIAPERING, TOILETING AND STORING PERSONAL EFFECTS.
STANDARD CRITERIA:	<ol style="list-style-type: none">1. Furnishings are child size or adapted for children’s use (e.g. child-sized chair where child’s feet touch the floor).2. Furnishings are sturdy and free of hazards (e.g. sharp points or corners, splinters, protruding nails or bolts).3. Sleeping/Resting/Relaxing:<ul style="list-style-type: none">• Each infant in attendance has own crib for sleeping.• Cribs are in compliance with Hazardous Products Cribs and Cradles Regulations.• A bed is provided for each child at the facility; Beds are cleaned and stored in a manner that does not allow cross-contamination; and• Soft furniture (chair, couch) are provided for relaxation and comfort and soft furniture, including air mattresses, are not to be used as a bed.4. Eating:<ul style="list-style-type: none">• Table surfaces are made of smooth, resistant material that is easily sanitized; and• There are sufficient highchairs or infant seats with safety harnesses to meet the needs of infants residing in the home.5. Diapering:<ul style="list-style-type: none">• The diapering area is made of material that is smooth and resistant to moisture and is easy to clean.6. Toileting:<ul style="list-style-type: none">• If potty chairs are used, they are made of smooth, non-absorbent materials, have a removable waste container, are non-absorbent and easy to clean, and are kept and used in the washroom.7. Personal Effects:<ul style="list-style-type: none">• Each child is provided adequate dresser and closet space to keep their personal belongings safe and separate from those of other children. Homes shall make efforts to ‘personalize’ the home with pictures on the walls of current residents, as well as child drawings, family photos, etc.

PRACTICE GUIDELINES

Sleeping Practices

A. Sleeping Accommodation

1. Beds are clean, comfortable, in good condition, of sufficient size and have enough bedding to ensure warmth and comfort appropriate to the season.
2. Rooms commonly used for other purposes should not be used as permanent sleeping arrangements for children. On occasion, temporary sleeping arrangements (15 days or less) may be provided in response to an emergency or in response to a short-term need (e.g., renovations).

B. Crib Safety

1. Health Canada maintains strict requirements relating to the structural integrity of cribs and cradles. Cribs, cradles, play pens/yards, and toys must comply with the federal Hazardous Products Act, its regulations, all other applicable laws and product recalls (which can be viewed on the Health Canada Website - <http://www.hc-sc.gc.ca/>).
 - Only cribs manufactured after September 1986 shall be used providing they are safe and in good working condition. Look for a label on the crib that shows the crib was made after September 1986.
 - Do not modify a crib in any way. Always follow the manufacturer's instructions for using the crib. Do not use hand-made cribs unless they are structurally in accordance with Health Canada's requirements (<http://www.hc-sc.gc.ca/>).
 - Check the crib often to make sure the frame is solid. Tighten loose screws regularly.
 - Cribs with visible signs of damage, missing parts, or missing information should be destroyed.
 - Wood and metal parts should be free of splinters or burrs and there should be no loose nuts or bolts.
 - Cribs and cradles with decorative cut-outs, corner posts that are more than 3mm in height, or lead paint can be dangerous for a baby.
 - Make sure the mattress is tight against all four sides of the crib. The space between the mattress and the sides of the crib should not be more than 3 cm (1 3/16 in). The mattress should not be more than 15 cm (6 in) thick.
 - The spacing between the bars should be no more than 6 cm.
 - Replace the mattress if it is not firm or if it is worn out.

C. Crib Use

1. After placing the baby in the crib, ensure the sides are up and locked securely in position.
2. Move the mattress down to its lowest level as soon as the baby can sit up.
3. Remove mobiles and toy bars when the baby begins to push up on their hands and knees.
4. Avoid the use of soft pillows, comforters, stuffed toys, and bumper pads in the baby's crib as they can pose a suffocation hazard.
5. Do not harness or tie a baby in a crib and do not leave a baby in a crib with a necklace, elastic band, scarf, or a pacifier on a long cord. These items could cause strangulation.
6. Place the crib away from windows, curtains, blind cords, lamps, electrical plugs and extension cords.
7. Crib nets or other materials placed over the crib to prevent a child from exiting the crib should not be used.

D. Playpens/Bassinets:

1. Since playpens do not meet the same safety requirements as cribs they are not intended to be used for permanent sleeping arrangements, but may be used for temporary or emergency use.
 - Do not leave an infant sleeping in a playpen for extended periods of time.
 - If a change table or bassinet is provided as an attachment for the playpen, never place a baby in the playpen while the change table or bassinet attachment is still in place.
 - Do not add blankets, pillows or an extra mattress to a playpen. The use of these items could lead to suffocation.
 - Check that the mattress pad is firm. Mattress pads that are too soft or worn down in any area could create a suffocation hazard.
 - Use playpens and bassinets in accordance with manufacturer's instructions.

E. Bunk Beds:

1. When using bunk beds, the following conditions are applied:
 - the child using an upper bunk is over six years of age;
 - the upper bunk mattress is no more than one inch at any point from the bed frame (is not over or undersized);
 - the upper bunk has guard rail(s) on the open side(s);
 - the vertical distances between the upper mattress and the ceiling permit the child to sit up comfortably in bed; and
 - the guard rail(s), ladder and other components are in their proper positions, free from damage, and all connections are secure.
2. For additional information refer to Health Canada, www.hc-sc.gc.ca – Consumer Product Safety.

F. Safe Sleep Guidelines:

1. Creating a safe sleep environment for a baby will lower the risk of injury and sudden infant death syndrome (SIDS). SIDS is when an otherwise healthy baby dies suddenly and unexpectedly while sleeping. With SIDS, there is no known cause, even after a full investigation, including an autopsy.
2. Caregivers must place children on their backs to sleep for naps and during the night from birth to age 24 months. There are some medical conditions where a different sleep position may be required. In these circumstances, documentation and instruction to modify the sleep position from the back position is required from a physician and should be documented on the child's and Resource files.
3. Do not use sleep positioners or rolled up blankets to keep the baby on his/her back. These items can cause a baby to suffocate. When the baby can turn over on their own, the caregiver does not need to return the baby to their back position.
4. Use a firm, flat surface for sleep. Waterbeds, air mattresses, pillows, couches/sofas or soft materials are not safe sleep surfaces for babies. Babies can turn onto their side or stomach and bury their face in these soft materials, not getting enough air to breathe. Car seats and infant carriers should not replace a crib.
5. Keep soft materials out of the baby's sleep environment. Items that should not be in the crib include quilts, comforters, bumper pads, stuffed animals, pillows and other pillow-like items.
6. Make sure the baby is not too warm. Instead of a blanket, use light sleeping clothing for the infant such as a one-piece sleeper.

Other Safe Sleeping Arrangements:

1. Children aged eight and under should sleep in areas where a capable individual is also located and readily accessible in case of emergency. Children over the age of eight, and not capable of self-preservation (by virtue of their developmental and/or physical level they are unable to ensure their own safety) should sleep in areas where there is a capable individual readily accessible.

Child Car Seat Safety

Child car seats are generally designed based on 4 stages of development:

1. Rear-facing – Birth to 13 kg (30 lbs.)
2. Forward-facing – 9 to 30 kg (20 to 65 lbs.)
3. Booster seat – Over 18 kg (40 to 80 lbs.)
4. Seatbelt – Over 36 kg (80 lbs.)
5. The child car seat manufacturer’s instructions will advise if the seat is suitable for the child’s height and weight as well as explain which equipment is required. Do not use second hand car seats unless you have instructions to use the car seat and direct knowledge that the car seat has not be in an accident. Do not use a car seat that is older than ten years. Check the car seat label and the manufacturer’s instructions as some car seats are safe for only six years. In vehicles that have airbags, children under the age of 12 must be seated in the back seat (unless the air bag is deactivated with a cut-off switch). This includes children in car seats, as well as rear-facing car seats. If unsure about the installation, staff can have the installation checked by a trained technician through a Saskatchewan Government Insurance (SGI) office. For car seat recall notices, refer to Transport Canada’s website (www.tc.gc.ca) or the Saskatchewan Government Insurance’s (SGI) website (www.sgi.sk.ca).

INDICATORS:

- ◇ Evidence exists that furnishings are selected based on the following:
 - Durable to be used regularly by many children.
 - Easy to clean (i.e. washable finishes and easily laundered).
 - Visually inviting.
 - Safe for the ages and stages of children in the home; and
 - Easily adapted for children with diverse needs.
- ◇ There is evidence of a current inventory of items and is maintained (refer to Appendix #2, Child Care Centre Furnishings and Equipment Checklist).

STANDARDS FOR:

DEVELOPMENTAL EQUIPMENT AND MATERIALS

STANDARD 10.8:

ALL STAFFED OUT OF HOME CARE PROGRAM MUST PROVIDE EQUIPMENT AND MATERIALS FOR INDOOR AND OUTDOOR ACTIVITIES IN QUANTITIES SUFFICIENT TO THE NUMBER OF LICENSED SPACES.

STANDARD CRITERIA:

1. Materials and equipment must be:
 - appropriate for the developmental capabilities of the children residing in the home.
 - adequate in quality, non-toxic, sturdy and safe.
2. Homes have indoor and outdoor play materials and equipment for a variety of activities which could include:
 - dramatic play.
 - culturally appropriate toys and equipment.
 - fine motor.
 - creative/art.
 - reading/language.
 - math/numbers.
 - large muscle/gross motor.
 - sand and water.
 - music/movement; and
 - science/nature.
3. Equipment is regularly cleaned and inspected for damages; damaged items are removed from use.

INDICATORS:

- ◇ Evidence shows equipment and materials are selected based on:
 - Durable enough to be used regularly by many children.
 - Easy to clean.
 - Visually inviting.
 - Versatile, with more than one use.
 - Safe for the ages and stages of children in the home; and
 - Learning and play value.
- ◇ There is evidence that equipment and materials are stored in labeled containers on labeled shelving. Labels include words and pictures.
- ◇ There is evidence that a current inventory list is maintained.
- ◇ Evidence exists that equipment and materials with different levels of difficulty or skill are available within different areas of the home or yard to provide success and challenges for individual children.
- ◇ Evidence exists that equipment is in compliance with the requirements of the Hazardous Product Act (Canada) and standards CAN/CSA Z614-M90 “Guideline for Children’s Play Spaces and Equipment” (CSA Standards).
- ◇ Evidence exists that equipment and materials are:
 - Located in areas accessible for independent selection by the children;
 - Arranged in a manner that facilitates small group interaction in areas free from interruption and interference; and
 - Rotated to sustain interest and use.

STANDARDS FOR: <u>CLEANING OF EQUIPMENT AND FURNISHINGS</u>																	
STANDARD 10.9:	ALL STAFFED OUT OF HOME CARE PROGRAMS MUST ENSURE THE FACILITY AND ITS EQUIPMENT AND FURNISHINGS ARE MAINTAINED IN A SANITARY CONDITION.																
STANDARD CRITERIA:	<ol style="list-style-type: none"> Proper cleaning and sanitizing procedures are followed, including the use of soaps to clean surfaces and sanitizing solutions to kill germs. Air drying is used to minimize contamination from drying cloths that are used for other purposes. The following cleaning and sanitizing schedule may be used as a guideline: <table border="1" data-bbox="289 741 1430 1472"> <thead> <tr> <th>More than Once a Day/After Every Use</th> <th>Once a Day</th> <th>Once a Week</th> <th>Every Few Months/ Once a Year</th> </tr> </thead> <tbody> <tr> <td> <ul style="list-style-type: none"> Bathroom surfaces (faucet, toilet handles, toilet seats) High chair and potty after every use Hard surface toys and objects a child may put in their mouth Surfaces likely to be touched by toddlers on a daily basis (e.g. low shelf) Spills cleaned immediately </td> <td> <ul style="list-style-type: none"> Crib rails, diaper pails Mattress and bed linen if not used by the same child daily Sweep/sanitize and vacuum floors Door knobs, telephones, light switches, counter tops, sinks (or after use), toilet bowls </td> <td> <ul style="list-style-type: none"> Mattress covers, blankets and bed linen if used by the same child daily Dress up clothes and stuffed toys All toys Sofas and chairs All face cloths and towels Garbage containers Toothbrush holders/storage units </td> <td> <ul style="list-style-type: none"> Vaporizers and humidifiers walls, ceilings, ceiling fans and light fixtures Carpets in infant and toddler rooms Shelving, window and door ledges Walls, ceilings, ceiling fans and light fixtures (yearly) </td> </tr> </tbody> </table> The following can be used as a safe, effective sanitizing solution (ratio regular, unscented bleach to water). It can be poured into a spray bottle and must be kept out of reach of children. <table border="1" data-bbox="289 1640 1430 1812"> <thead> <tr> <th>Regular, unscented bleach</th> <th>Water</th> </tr> </thead> <tbody> <tr> <td>15 ml</td> <td>1 litre</td> </tr> <tr> <td>60 ml</td> <td>4 litres</td> </tr> <tr> <td>¼ cup</td> <td>1 gallon</td> </tr> </tbody> </table> 	More than Once a Day/After Every Use	Once a Day	Once a Week	Every Few Months/ Once a Year	<ul style="list-style-type: none"> Bathroom surfaces (faucet, toilet handles, toilet seats) High chair and potty after every use Hard surface toys and objects a child may put in their mouth Surfaces likely to be touched by toddlers on a daily basis (e.g. low shelf) Spills cleaned immediately 	<ul style="list-style-type: none"> Crib rails, diaper pails Mattress and bed linen if not used by the same child daily Sweep/sanitize and vacuum floors Door knobs, telephones, light switches, counter tops, sinks (or after use), toilet bowls 	<ul style="list-style-type: none"> Mattress covers, blankets and bed linen if used by the same child daily Dress up clothes and stuffed toys All toys Sofas and chairs All face cloths and towels Garbage containers Toothbrush holders/storage units 	<ul style="list-style-type: none"> Vaporizers and humidifiers walls, ceilings, ceiling fans and light fixtures Carpets in infant and toddler rooms Shelving, window and door ledges Walls, ceilings, ceiling fans and light fixtures (yearly) 	Regular, unscented bleach	Water	15 ml	1 litre	60 ml	4 litres	¼ cup	1 gallon
More than Once a Day/After Every Use	Once a Day	Once a Week	Every Few Months/ Once a Year														
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Regular, unscented bleach	Water																
15 ml	1 litre																
60 ml	4 litres																
¼ cup	1 gallon																
<p>Solution of 5.25% unscented bleach to 4 litres of water can be used as a sanitizing agent for mouthed items and food contact surfaces/materials. It produces 100 parts per million (ppm) solution.</p>																	

1. Procedures for cleaning potty chairs:
 - Using fresh, disposable gloves, empty the contents of potty into toilet.
 - Wipe off any remaining feces with toilet paper and flush.
 - Rinse potty in utility sink used for only this purpose or sink not used for food preparation.
 - Wash potty with hot, soapy water and rinse.
 - Remove gloves, then spray with sanitizing solution.
 - Wash and spray sink with sanitizing solution; and
 - Wash hands with warm, soapy water.
2. Procedures for water tables:
 - Fill the table with clean water in the morning.
 - Drain at noon and refill prior to afternoon play; and
 - At end of day, drain water and disinfect table and toys.

INDICATORS:

- ◇ There is evidence that proper cleaning and sanitizing procedures are followed.
- ◇ There is evidence that cleaning and sanitizing schedules are followed.
- ◇ There is evidence of safe sanitizing solutions

Policy: The home will provide a minimum of one bathroom per 5 residents.

STANDARDS FOR: <u>WASHROOM AND DIAPERING FACILITIES</u>	
STANDARD 10.10:	STAFFED OUT OF HOME CARE PROGRAM WILL PROVIDE A MINIMUM OF ONE BATHROOM PER FIVE RESIDENTS. GROUP HOMES WITH MORE THAN 5 WILL REQUIRE 2 FULL BATHROOMS.
STANDARD CRITERIA:	<ol style="list-style-type: none">1. Washroom facilities:<ul style="list-style-type: none">• Hot water temperature is no higher than 43 Celsius (110F) in all washrooms to protect from scalds and burns.• School-age children are provided privacy when using washroom facilities.• Washrooms have provisions for accessibility, such as steps near sink or toilet, adjustable toilet seats and handrails for children with physical disabilities2. Where applicable, each home is equipped with a diapering area.
INDICATORS:	<ul style="list-style-type: none">◇ There is evidence that proper procedures are in place regarding washroom facilities.

STANDARDS FOR: <u>MAINTENANCE</u>	
STANDARD 10.10:	MAINTENANCE OR REPAIRS TO HOMES THAT COMPROMISE THE SAFETY OR FUNCTION OF THE HOME SHALL NOT BE CARRIED OUT IN AREAS ACCESSIBLE TO CHILDREN.
STANDARD CRITERIA:	<ol style="list-style-type: none">1. When major renovations or repairs are occurring, the home should be temporarily closed to ensure the children’s comfort, health and safety are not compromised.2. Necessary precautions will be taken, in consultation with the Referring Agency, to ensure children’s safety during minor repairs that occur while the children remain in the home.
INDICATORS:	<ul style="list-style-type: none">◇ Evidence exists that proper procedures are in place regarding major renovations and repairs.

STANDARDS FOR: <u>SAFE FOOD HANDLING</u>	
STANDARD 10.12:	ALL STAFFED OUT OF HOME CARE PROGRAM MUST ENSURE THAT ADEQUATE AND SAFE PROCEDURES ARE FOLLOWED FOR HANDLING, PREPARING, SERVING AND STORING FOOD.
STANDARD CRITERIA:	<ol style="list-style-type: none">1. Individuals involved in preparing and handling food have completed an appropriate safe food handling course.2. When possible, staff who assist with toileting or changing diapers do not prepare food.3. Where water source is private, samples are submitted for bacteriological analysis as per the Health Hazard Regulations. Contact your local public health inspector for information on frequency and types of analyses required.4. Food products are from sources subject to appropriate regulation and oversight:<ul style="list-style-type: none">• milk and milk products are pasteurized; and• canned food, from dented, rusted, bulging or leaking cans are not served.• Wild Meat5. Steps are taken to avoid cross-contamination of cooked and raw foods.6. Food is cooked in one continuous process; it is not partially cooked, cooled, and then reheated to complete cooking process.7. Food is thawed in refrigerator, in cold running water or, if it is to be used right away, in the microwave. Food is not thawed at room temperature.8. Refrigerators maintain a temperature of 4 Celsius or lower.9. There is appropriate waste disposal. Garbage and waste containers are used to prevent:<ul style="list-style-type: none">• flies, rodents or other animals from being attracted;• offensive odours; and• contamination of ground or surface water.

10. Milk and infant formula

	Storage	Freezing	Warming
Breast Milk	<ul style="list-style-type: none"> Chilled or frozen upon collection; can be stored in sterilized bottle in refrigerator if being used within 24 hours Safe at room temperature for only a few hours Warm milk is never added to chilled milk as this encourages bacteria growth If not used within 24 hours, must be frozen 	<ul style="list-style-type: none"> Keep in sanitized container with lid or disposable bottle liner placed inside a freezer bag Mark date and child's name on bag Place at back of refrigerator freezer to avoid re-warming when opening compartment If milk is kept longer than three months, store in deep-freezer 	<ul style="list-style-type: none"> Thaw container in warm water, then refrigerate until ready for use If desired, milk may be warmed in a container of warm water prior to use, run under a hot tap or warmed in bottle warm-er; microwave is not to be used to warm to pre-vent scalding
Infant Formula	<ul style="list-style-type: none"> Mix according to directions in a sterilized bottle; errors in formula preparation can be harmful to an infant, so care should be taken to follow instructions Do not use finger to level off amount of powder being measured from scoop Clean blenders or mixers between use 	<ul style="list-style-type: none"> For use within 24 hours, store in refrigerator Label bottle with child's name Never leave formula out for more than 1.5 hours Never reuse a bottle of milk or formula to prevent an infant from being exposed to bacteria 	<ul style="list-style-type: none"> Use wrist to test temperature Left over milk is discarded

INDICATORS:

- ◇ Documentation exists that individuals involved in preparing and handling food have completed an appropriate safe food handling course.
- ◇ Evidence exists that proper water sampling/testing is completed.
- ◇ Evidence exists that food products are from regulated sources.
- ◇ Evidence exists that steps are taken to avoid cross contamination of cooked and raw foods.
- ◇ Evidence exists that food is cooked in one continuous process and food is thawed in the fridge or in cold running water.
- ◇ Evidence exists that fridges are at a temperature of 4 Celsius or lower.
- ◇ Evidence exists that appropriate waste disposal is adhered to.

STANDARDS FOR: WASHING/SANITIZING UTENSILS

STANDARD 10.13: UTENSILS FOR EATING AND DRINKING SHALL BE WASHED IN A MECHANICAL DISHWASHER APPROVED BY THE LOCAL PUBLIC HEALTH INSPECTOR OR AS PER THE 3 COMPARTMENT SINK DISH WASHING PROCEDURE.

STANDARD CRITERIA:

1. Compartment Sink Dishwashing:

1st Compartment	2nd Compartment	3rd Compartment
Wash dishes in warm (44C), soapy water	Rinse in clear, warm water	Sanitize at 82C or add chemical sanitizer (chlorine – 100 ppm, quaternary ammonia – 200 ppm, iodine – 12-25 ppm). Immerse dishes/utensils for at least 2 minutes

2. Sanitizing baby bottles:

- Thoroughly wash bottles and nipples and remove all mild residue with a brush.
- Sanitize bottles by boiling them for 10 minutes, or allowing dishwasher to run through complete washing, rinsing and drying cycles.
- If disposable nursing bottles (holder with single-use bag) are used, wash and
- rinse the holder each time before use and sanitize the nipples.

INDICATORS:

- ◇ Evidence exists that proper compartment sink dish washing is followed.
- ◇ Evidence exists that proper procedures are in place for sanitizing baby bottles.

Appendices**Appendix 1: Developmental Milestones****Child's Name:** _____**Child's Date of Birth:** _____

AGE: 0 TO 3 MONTHS			
PHYSICAL MILESTONES	YES	NO	DATE OBSERVED
Lifts head when on abdomen; Head momentarily to midline when on back	<input type="checkbox"/>	<input type="checkbox"/>	
Bears fraction of weight when held in standing position	<input type="checkbox"/>	<input type="checkbox"/>	
Puts hands together; by 3 months may reach for objects and suck fingers	<input type="checkbox"/>	<input type="checkbox"/>	
Moves legs and arms off of surface when excited	<input type="checkbox"/>	<input type="checkbox"/>	
COGNITIVE MILESTONES			
Makes eye contact	<input type="checkbox"/>	<input type="checkbox"/>	
Babbles and coos; most laugh out loud, squeal and giggle	<input type="checkbox"/>	<input type="checkbox"/>	
Smiles responsively to human face, sound or voice	<input type="checkbox"/>	<input type="checkbox"/>	

AGE: 4 TO 6 MONTHS			
PHYSICAL MILESTONES	YES	NO	DATE OBSERVED
Rolls from abdomen to back, then from back to abdomen	<input type="checkbox"/>	<input type="checkbox"/>	
Bears increasing weight when held upright; no head lag when pulled to sitting	<input type="checkbox"/>	<input type="checkbox"/>	
Hands work well together to reach for toys or human face; inspects objects	<input type="checkbox"/>	<input type="checkbox"/>	
COGNITIVE MILESTONES			
Spontaneously vocalizes vowels, consonants and few syllables	<input type="checkbox"/>	<input type="checkbox"/>	
Responds to tone and inflection of voice	<input type="checkbox"/>	<input type="checkbox"/>	
Shows interest in food and opens mouth as spoon approaches	<input type="checkbox"/>	<input type="checkbox"/>	
Smiles at self in mirror	<input type="checkbox"/>	<input type="checkbox"/>	

AGE: 7 TO 9 MONTHS			
PHYSICAL MILESTONES	YES	NO	DATE OBSERVED
Sits without support; stands whilst holding on; pulls self to standing by 9 months	<input type="checkbox"/>	<input type="checkbox"/>	
Grasps objects, transfers objects	<input type="checkbox"/>	<input type="checkbox"/>	
Feeds self finger foods, puts feet to mouth; may hold own bottle	<input type="checkbox"/>	<input type="checkbox"/>	
Turns head to visually track objects while sitting	<input type="checkbox"/>	<input type="checkbox"/>	
COGNITIVE MILESTONES			
Says mama/dada or similar 1 or 2 syllable words randomly	<input type="checkbox"/>	<input type="checkbox"/>	
Begins to imitate speech sounds; many syllable sounds (ma, ba, da)	<input type="checkbox"/>	<input type="checkbox"/>	
Responds to own name; begins to respond to "no"	<input type="checkbox"/>	<input type="checkbox"/>	

AGE: 10 TO 12 MONTHS			
PHYSICAL MILESTONES	YES	NO	DATE OBSERVED
Crawls with left-right alternation; walks with support; stands momentarily	<input type="checkbox"/>	<input type="checkbox"/>	
Bangs together objects held in each hand; most have neat pincer grasp	<input type="checkbox"/>	<input type="checkbox"/>	
Begins to use an open cup; finger feeds self	<input type="checkbox"/>	<input type="checkbox"/>	
COGNITIVE MILESTONES			
Meaningfully uses "mama", "dada" or other 1 or 2 syllable words	<input type="checkbox"/>	<input type="checkbox"/>	
Responds to "no" and to simple direction	<input type="checkbox"/>	<input type="checkbox"/>	
Beginning sense of humour	<input type="checkbox"/>	<input type="checkbox"/>	

AGE: 13 TO 18 MONTHS			
PHYSICAL MILESTONES	YES	NO	DATE OBSERVED
Stands well alone, walks well, stoops and recovers	<input type="checkbox"/>	<input type="checkbox"/>	
Holds and drinks from a cup	<input type="checkbox"/>	<input type="checkbox"/>	
By 16 to 18 months, most use a spoon well	<input type="checkbox"/>	<input type="checkbox"/>	
COGNITIVE MILESTONES			
Combines sounds and gestures	<input type="checkbox"/>	<input type="checkbox"/>	
By 16 to 18 months has a vocabulary of roughly 10 words	<input type="checkbox"/>	<input type="checkbox"/>	
Knows where things are or belong; more claiming of mine	<input type="checkbox"/>	<input type="checkbox"/>	
Responds to yes/no questions with head shake/nod	<input type="checkbox"/>	<input type="checkbox"/>	

AGE: 19 TO 24 MONTHS			
PHYSICAL MILESTONES	YES	NO	DATE OBSERVED
Whilst holding on, walks up and down stairs	<input type="checkbox"/>	<input type="checkbox"/>	
Turns single book pages	<input type="checkbox"/>	<input type="checkbox"/>	
Helps dress and undress self; washes and dries hands	<input type="checkbox"/>	<input type="checkbox"/>	
COGNITIVE MILESTONES			
Uses at least 50 words and combines 2 to 3 words	<input type="checkbox"/>	<input type="checkbox"/>	
Consistently points to body parts	<input type="checkbox"/>	<input type="checkbox"/>	
Enjoys listening to stories	<input type="checkbox"/>	<input type="checkbox"/>	
Mimics real life during play and uses gestures/words during play	<input type="checkbox"/>	<input type="checkbox"/>	

AGE: 2 YEARS			
PHYSICAL MILESTONES	YES	NO	DATE OBSERVED
Jumps in place with both feet	<input type="checkbox"/>	<input type="checkbox"/>	
Can use zippers, buckles and buttons	<input type="checkbox"/>	<input type="checkbox"/>	
By 36 months most are toilet trained	<input type="checkbox"/>	<input type="checkbox"/>	
Can put on clothes; most can dress self with supervision	<input type="checkbox"/>	<input type="checkbox"/>	
COGNITIVE MILESTONES			
By 30 months, vocabulary reaches 300 words; by 36 months, 1000 words with more use of verbs and some adjectives	<input type="checkbox"/>	<input type="checkbox"/>	
Interest in learning/often asks "what's that?" and "where?"	<input type="checkbox"/>	<input type="checkbox"/>	
Uses plurals and most speech is understood	<input type="checkbox"/>	<input type="checkbox"/>	
Simple understanding of concepts including colour, space and time	<input type="checkbox"/>	<input type="checkbox"/>	
Can avoid simple hazards such as stairs, stoves, etc.	<input type="checkbox"/>	<input type="checkbox"/>	

AGE: 3 YEARS			
PHYSICAL MILESTONES	YES	NO	DATE OBSERVED
Most can hop and stand on one foot for 5 seconds	<input type="checkbox"/>	<input type="checkbox"/>	
Toilet self during daytime	<input type="checkbox"/>	<input type="checkbox"/>	
By 38 months can draw picture and names it	<input type="checkbox"/>	<input type="checkbox"/>	
COGNITIVE MILESTONES			
Can count to 3 and tell their age by holding up fingers; tells first and last name	<input type="checkbox"/>	<input type="checkbox"/>	
Understands turn taking; understands long versus short time frames	<input type="checkbox"/>	<input type="checkbox"/>	
By end of third year vocabulary is up to 1500 words	<input type="checkbox"/>	<input type="checkbox"/>	
Uses language to resist and can bargain with peers	<input type="checkbox"/>	<input type="checkbox"/>	

AGE: 4 AND 5 YEARS			
PHYSICAL MILESTONES	YES	NO	DATE OBSERVED
Most can hop on one foot, skip alternating feet, balance on one foot for 10 seconds, catch a bounced ball	<input type="checkbox"/>	<input type="checkbox"/>	
Is able to walk and maintain balance over uneven surfaces	<input type="checkbox"/>	<input type="checkbox"/>	
Copies triangles, linear figures, draws three part person	<input type="checkbox"/>	<input type="checkbox"/>	
Dress independently other than back buttons and shoe tying	<input type="checkbox"/>	<input type="checkbox"/>	
Able to use appropriate force when playing with peers or pets or when holding objects	<input type="checkbox"/>	<input type="checkbox"/>	
COGNITIVE MILESTONES			
By end of fifth year, vocabulary is over 2000 words; includes ad-verbs and prepositions	<input type="checkbox"/>	<input type="checkbox"/>	
Correctly counts 5 to 10 objects	<input type="checkbox"/>	<input type="checkbox"/>	
Understands opposites (day/night) and consecutive concepts (big, bigger and biggest)	<input type="checkbox"/>	<input type="checkbox"/>	
Beginning sense of time in terms of yesterday, tomorrow, how long an hour is, etc.	<input type="checkbox"/>	<input type="checkbox"/>	
Correctly identifies colours	<input type="checkbox"/>	<input type="checkbox"/>	

Appendix 2: Suggested Furnishings and Equipment Checklist

General		
<ul style="list-style-type: none"> • tables and chairs (enough for maximum attendance) 	<ul style="list-style-type: none"> • Waste containers • Child-accessible storage 	<ul style="list-style-type: none"> • Step stools (for sink, counters, etc.) • Computer • Appropriate furniture for common areas
Toddlers & Infants		
<ul style="list-style-type: none"> • Cribs/ (one per child) • Diaper change table • Potty chair 	<ul style="list-style-type: none"> • Infant monitor • High chairs • Stroller • Car seat (for transporting) 	<ul style="list-style-type: none"> • Activity saucer
Art Centre		
<ul style="list-style-type: none"> • Easel • Drying rack 	<ul style="list-style-type: none"> • Paper storage rack • Paper cutter 	
Painting Supplies		
<ul style="list-style-type: none"> • Assorted brushes (sizes, types) • Sheet of heavy plastic • Paint shirts • Paint containers 	<ul style="list-style-type: none"> • Powdered tempera paints • Prepared finger paint • Water colors 	<ul style="list-style-type: none"> • Sponges • Bingo daubers
Modeling Supplies		
<ul style="list-style-type: none"> • Play dough • Molds/cookie cutters 	<ul style="list-style-type: none"> • Rolling pins • Pipe cleaners 	
Drawing/Paper Supplies		
<ul style="list-style-type: none"> • Assorted sizes crayons • Primary pencils & erasers • Water soluble markers • Pencil crayons • Pastels • Assorted Chalk 	<ul style="list-style-type: none"> • Stencils • Assorted rulers • Pencil sharpener • Blunt scissors • Glue • Paper punch 	<ul style="list-style-type: none"> • Chalkboard & brushes • Dry erase board

Terms and Definitions

Advocacy:

Speaking or writing in support of the best interests of a child. Residential caregivers, given their therapeutic relationship, daily living contact, and expertise, are in a unique position to be able to clearly understand and define the presenting needs, issues and problems faced by a child and family. Residential caregiver's responsibilities include preparation of recommendations for service, resource, family involvement and treatment requirements to address the child's current developmental needs and continuity of care.

(Residential Policy Manual, MSS, 2007)

Agency:

means a First Nations Child and Family Services agency operated by a First Nations Board of Directors.

(FSIN Customary Standards of Care, Draft November 2005, Definitions)

Assessment:

Comprehensive assessment of the developmental needs, strengths and interests, risk factors, capabilities of the child, understanding of personal problem areas and family-based dynamics, and an awareness of a child's history of abuse, neglect and victimization leads to the development of a sound strength-based case management strategy to assist the child and the family.

(Residential Policy Manual, MSS, 2007)

Band or Indian Nation:

means any Band forming a political unit in the Federation of Saskatchewan Indian Nations.

(Indian Child Welfare and Family Support Act ,FSIN, 1994)

Band Member:

means an Indian who is defined as a Band Member by Band legislation and in accordance with Band custom.

(Indian Child Welfare and Family Support Act ,FSIN, 1994)

Care:

Attendance to the daily living needs of the child, such as safety, supervision, health care, food, clothing, school attendance, recreation, specialized treatment, financial support, and cultural activities which are appropriate to the developmental level of the child.

(Residential Policy Manual, MSS, 2007)

Case Conference Committee:

means the referring worker, Group Home Youth Worker, and any other relevant service providers.

(FSIN Customary Standards of Care, Draft November 2005, Definitions)

Child and Youth Care Workers:

refers to the Group Home Youth Workers and Parental Care Supervisors.

(FSIN Customary Standards of Care, Draft November 2005, Definitions)

Child (Article 1):

The Convention defines a 'child' as a person below the age of 18, unless the laws of a particular country set the legal age for adulthood younger.

Non-discrimination (Article 2):

The Convention applies to all children, whatever their race, religion or abilities; whatever they think or say, whatever type of family they come from. It doesn't matter where children live, what language they speak, what their parents do, whether they are boys or girls, what their culture is, whether they have a disability or whether they are rich or poor. No child should be treated unfairly on any basis.

Best interests of the child (Article 3):

The best interests of children must be the primary concern in making decisions that may affect them. All adults should do what is best for children. When adults make decisions, they should think about how their decisions will affect children. This particularly applies to budget, policy and law makers.

Child Protection Services:

means those services provided to protect a child who may be in need of protection.

Convention Act:

means the Federation of Saskatchewan Indian Nations Convention Act of 1985.

(Indian Child Welfare and Family Support Act ,FSIN, 1994)

Counselling:

a therapeutic relationship established between a child and a caregiver creates the opportunity to counsel or, in other words, promote a mutual exchange of ideas, feelings, and opinions which leads to improved awareness of issues and the development of mutually acceptable strategies, goals and plans to resolve problems.

(Residential Policy Manual, MSS, 2007)

Criteria:

a rule or principle for evaluating or testing something.

Critical Incident Report:

is a written description of any critical incident that is to be submitted to the Group Home General Manager.

(FSIN Customary Standards of Care, Draft November 2005, Definitions)

Cultural Support:

Identity, self-esteem, uniqueness, and pride are rooted in children by knowing, respecting and appreciating one's cultural heritage. For Aboriginal children, cultural activities within First Nation and Metis communities provide an important opportunity to learn and appreciate the spiritual heritage of First Nation people.

(Residential Policy Manual, MSS, 2007)

Custody:

means a parent or guardian who has the authority to care for a child as recognized by Band custom, Indian law, or the laws of Saskatchewan or Canada.

(Indian Child Welfare and Family Support Act ,FSIN, 1994)

Elder:

an Elder is any person recognized by a First Nations' community as having knowledge and understanding of the traditional culture of the community, including the physical manifestation of the culture of the people their spiritual and social traditions. Knowledge and wisdom, coupled with the recognition and respect of the people of the community, are the essential defining characteristics of an Elder. Some Elders have additional attributes, such as those of traditional healer.

(http:

//www.sicc.sk.ca/elders.html)

F.S.I.N.:

means the Federation of Sovereign Indigenous Nations.

(Indian Child Welfare and Family Support Act ,FSIN, 1994)

Goals:

ideally involves establishing specific, measurable and time-targeted objectives. Work on the theory of goal setting suggests that it can serve as an effective tool for making progress by ensuring that participants have a clear awareness of what they must do to achieve or help achieve an objective.

Group Home:

means the First Nation's staffed out of home care programs ranging from stabilization and assessment through more traditional group homes to peer based homes.

(FSIN Customary Standards of Care, Draft November 2005, Definitions)

Group Home Manager/Executive Director:

means the immediate supervisor of staff at the Group Home

(FSIN Customary Standards of Care, Draft November 2005, Definitions)

Group Home Staff:

means all employees of the Group Home.

(FSIN Customary Standards of Care, Draft November 2005, Definitions)

Guardian:

means a person who is not the natural parent of a child and who is responsible for the care of the child.

Guidelines:

a statement or other indication of policy or procedure by which to determine a course of action: guidelines for the completion of an incident report.

Indian Government:

means the Chief and Council of a Band as so defined and operated by the Band.

(Indian Child Welfare and Family Support Act ,FSIN, 1994)

Indian Nations Government:

means any other form of Indian Government, whether it is at the Band, Tribal, District, Agency, Territorial, Provincial, National or International level.

(Indian Child Welfare and Family Support Act ,FSIN, 1994)

Indicator:

a statement that describes the measurable activities associated with unidentified practice criteria.

Minimum:

the least amount possible, allowable.

Objective:

something that one's efforts or actions are intended to attain or accomplish

Parent:

means the mother or father of a child.

(Indian Child Welfare and Family Support Act ,FSIN, 1994)

Planning Circle:

This activity brings together the people who are contributing to the care plan of the child or youth. In most circumstances the planning circle would include the child or youth.

(Residential Policy Manual, MSS, 2007)

Play and Recreation:

Self-image is nurtured through acquiring new skills and having fun with peers and adults. Improved self-esteem is a key outcome of working with high needs and discouraged children. Daily opportunities for active play with peers and adult caregivers are an important component of residential care.

(Residential Policy Manual, MSS, 2007)

Policy:

a course of action adopted and pursued by a government

Program:

a plan or schedule of activities, curriculum, procedures, etc., to be followed

Procedure:

a particular course or mode of action

Referring Agency:

means either the Ministry of Social Services or from a First Nations Child and Family Services Agency. (**FSIN Customary Standards of Care, Draft November 2005, Definitions**)

Referring Worker:

means either a Social Worker from the Ministry of Social Services or from a First Nations Child and Family Services Agency.
(**FSIN Customary Standards of Care, Draft November 2005, Definitions**)

Relationship:

Development and maintenance of a genuine, mutually respectful and nurturing relationship with the child. The personal and parenting relationship between caregiver and a child in care is recognized as the foundation for achieving positive change, growth, and successful resolution of problem areas. Initiating and maintaining a therapeutic relationship with a child is a primary goal in casework. From a family-centered case management perspective, the need for a strong helping partnership extends the relationship between caregivers and the parent(s)/guardian(s) of the child.

(**Residential Policy Manual, MSS, 2007**)

Resident:

a child or youth who has been referred by a referring agency to the Group Home who is in need of receiving treatment and services.

(**FSIN Customary Standards of Care, Draft November 2005, Definitions**)

Stabilization and Assessment Program:

is a group living program that is intended for shorter lengths of stay for youth ages 12-17 of either or both genders who have been assessed as requiring a period of time in a well defined environment that provides structure, comfort, predictability, security, and caring in a culturally competent environment.

(**FSIN Customary Standards of Care, Draft November 2005, Definitions**)

Teaching and Guidance:

Age appropriate social skills, responsibility, cultural identity and positive relationships are learned through mature role modeling, mentoring interpersonal relationships, and teaching from adult caregivers, authority figures, Elders and family. New skills, abilities, accomplishments, and recognition from peers and adults improve a child's feeling of self-worth.

(**Residential Policy Manual, MSS, 2007**)

Teamwork:

For a child placed in residential programs, parenting is provided by more than one person and effective teamwork and consistency amongst caregivers is a critical element for success. Family-centred care requires the inclusion of parenting contributions from parent(s)/guardian(s), extended family, and other important people in the lives of the child.

(**Residential Policy Manual, MSS, 2007**)

Wholistic:

emphasizing the importance of the whole and the interdependence of its parts.

References

Ministry of Social Services (MSS), Residential Program Core Standards Checklist, Saskatchewan Community Resources; Children's Services Residential Policy Manual, Child and Family Services Division, May 2007.

Federation of Saskatchewan Indian Nations (FSIN) Customary Standards of Care, Saskatchewan First Nations Child and Family Services Group Homes and Community Care Programs, Consultation Draft, November 2005.

Supporting Documents

The following documents are referenced throughout the document to support the Customary Standards of Care standards, criteria, and indicators.

CARF International, Child and Youth Services Standards Manual, 2013.

Child Rights Impact Assessment, Article 3, Convention on the Rights of the Child, 2010.

Convention on the Rights of the Child, 1990.

Federation of Saskatchewan Indian Nations, Indian Child Welfare and Family Support Act, 1994, 2011.

Provincial Child Abuse Protocol 2006, Updated February 2010 (Saskatchewan)

<https://publications.saskatchewan.ca/#/categories/255>

The Child and Family Services Act of Saskatchewan

<http://www.qp.gov.sk.ca/documents/english/statutes/statutes/C7-2.PDF>

The Adoption Act Saskatchewan

<http://www.qp.gov.sk.ca/documents/english/Statutes/Statutes/a5-2.pdf>

Child Welfare League of America

<http://www.cwla.org/>

St. Johns Ambulance Canada

<http://www.sja.ca/Pages/default.aspx>

Saskatchewan Occupational Health and Safety

<http://www.labour.gov.sk.ca/ohs>

Boat Operator Accredited Training

<http://www.lifesavingsociety.sk.ca/pco-card.html>

Residential Services Facilities Regulations

<http://www.canlii.org/en/sk/laws/regu/rrs-c-r-21.2-reg-1/latest/rrs-c-r-21.2-reg-1.html>

Life Saving Society Saskatchewan

<http://www.lifesavingsociety.sk.ca/>

Ministry of Social Services, *Residential Services Manual*, 2010.

Ministry of Social Services Children's Services Manual, 2001.

National Building Codes

<http://www.fedpubs.com/subject/housing/natbuilding.htm>

Truth and Reconciliation Canada. (2015). Honoring the truth, reconciling for the future: Summary of the final report of the Truth and Reconciliation Commission of Canada. Winnipeg: Truth and Reconciliation Commission of Canada.

United Nations Declaration on the Rights of Indigenous peoples, 2007.

United Nations Declaration on the Rights of Indigenous Peoples for Indigenous Adolescents, 2013.



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