

Children's Aid Society of the District of Nipissing and Parry Sound



Caregiver Manual

The Children's Aid Society for the District of Nipissing & Parry Sound works to protect children from abuse and neglect. We help provide safe and loving homes for children and youth by partnering with members of our community and other agencies. The Children's Aid Society of the District of Nipissing and Parry Sound puts the needs and interests of children and youth first because we cherish children.

February 2014

The Caregiver Manual for the Children's Aid Society of the District of Nipissing and Parry Sound is designed to be a quick reference guide for your journey in child welfare. We thank-you for your dedication to the children and families of our communities

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Welcome to Foster Care



The Caregiver Manual was designed for everyday use and is a method of looking up quick facts and answers to your everyday questions. It is not to replace the policies and procedures, but to give a summary of many of the important pieces of information you may require in your daily care of children. The Caregiver Manual was created through the input of staff, and foster parents to try and create the best reference guide possible for you and your family.

Mission Statement

The Children's Aid Society of the District of Nipissing and Parry Sound is committed to promoting the well-being and protection of children and youth, and advocate for their fundamental entitlements.

In fulfilling its commitment, the Society will provide services that maintain and enhance the natural environments of home and community, that will ensure the safety of children, youth and of the public, that establish partnerships with other community services and that demonstrate management practices based on teamwork and professional ethics.

Foster Parent Association Statement

“A hundred years from now it will not matter what my bank account was, the sort of house I lived in, or the kind of car I drove...but the world may be different because I was important in the life of a child.”

-Forest Whitcraft

We all become Foster Parents because we see the value in all children's lives...ours and others. This manual was created to help Foster Parents better understand how best to do that while walking hand-in-hand with our Children's Aid Society and the children...ours and others.

-Norah Savard current FPA President (January 2014)

Statements of Philosophy for the Children's Aid Society of the District of Nipissing and Parry Sound-

We are committed to providing services according to the following statements of philosophy while recognizing the Society's human and financial limitations.

1. The Society's obligation to protect children from abuse, exploitation, neglect, emotional harm and abandonment is paramount.

2. The Society will ensure the best interests and well being of all children through:

a) conditions of care that permit and promote normal physical, cognitive, and emotional growth and development;

b) adequate housing and nutrition.

3. The Society is committed to permanency planning through:

- a)** the earliest possible intervention services;
- b)** respect for the autonomy and the integrity of the family unit, including the extended family;
- c)** respect for stability and the continuity of relationships, and;
- d)** systematic and time limited planning.

4. The Society will provide services in the least restrictive or disruptive manner available which is consistent with the protection of the child and of society.

5. The Society will provide services, which ensure the integrity of the child's linguistic, cultural, religious, and community affiliations.

6. The Society will provide services to First Nations children and families in a manner that recognizes their culture heritage and traditions.

7. The Society recognizes that all children and families have the right to be heard and informed and where possible services will be provided on the basis of mutual consent or by due process.

8. The Society believes that parents should be held accountable for their own behaviors and responsible for the care and support of their children.

9. The Society believes children shall be accountable for their behaviour within the context of their developmental capacity and level of maturity thereby ensuring the protection of themselves and of society.

10. The Society believes that the community shares the responsibility for the protection, best interests and well-being of children. The Society is committed to promoting public awareness and engaging in community partnerships.

11. The Society will advocate for the improvement of legislation, regulation, policy and institutional systems that impact upon children.

Functions of the Society

Under the Child and Family Services ACT (CFSA) The Society is Mandated to:

1. Investigate allegations or evidence that children who are under the age of sixteen years or are in the Society's care or under its supervision, may be in need of protection;
2. Protect where necessary, children who are under the age of 16 years or are in the Society's care or under its supervision;
3. Provide guidance, counselling and other services to families for protecting children or for the prevention of circumstances requiring the protection of children;
4. Provide care for children assigned or committed to its care.
5. Supervise children assigned to its supervision.
6. Place children for adoption under part VII; and
7. Perform any other duties given to it by this or any other Act.

R.S.O. 1990, c.C.11,s.15(3).

Organizational Chart

See [Appendix "A"](#)

Code of Ethics

Board members, staff, foster parents, and volunteers of the Society shall adhere to the Mission Statement and Statements of Philosophy in accordance with the following Code of Ethics:

1. We will fulfil our duties with honesty and integrity.
2. We will protect the right to privacy and confidentiality of all individuals.
3. We respect the intrinsic worth and dignity of individuals and their right to self-determination.
4. Our interaction with others will be founded on objectivity, empathy and professional regard for their views.
5. We will promote consultation, teamwork and collaboration in recognition that all individuals are valuable resources.
6. We will be competent and accountable in the performance of our duties.
7. We accept responsibility for self-evaluation and self-development.

Children's Aid Society of the District of Nipissing and Parry Sound

Key Terminology

CASNPS refers to the Children's Aid Society of the District of Nipissing and Parry Sound.

The Children's Aid Society is often referred to as the **Society** and the services provided are considered **Child Welfare Services**.

MCYS refers to the Ministry of Children and Youth Services of the province of Ontario. It may also be referred to as **the Ministry**.

Foster home refers to a home where care is provided for a child under the supervision of CASNPS through a foster care service agreement. Foster homes are licensed under the MCYS and must operate and adhere to all standards set out by such.

Placement refers to any residence or program a child or youth in care resides in either short term or long term. These placements may include Foster, Kinship, Customary, Adoption and Outside Paid Resource types.

Relief refers to a brief, limited time, alternative placement other than that which the child resides the majority of the time. This may include another resource, family members, and screened support/babysitters

A **resource** is any individual or program that is meeting the needs of children in a short term or long term capacity. Resources may include Foster Homes, Kinship Care, Kinship Service, Customary Care homes, Adoptive Homes, Outside Paid Resource Home, Residential or Treatment programs.

Child Welfare Worker/Case Worker is a generic term for all employees who are not management or support staff. Staff with a mandated role under the CFSA

Birth Family Member refers to any member related to the child by birth and may include immediate and extended family members, known or unknown to the child.

Services Offered by the Children's Aid Society of the District of Nipissing and Parry Sound

The services offered by CASNPS include: child protection services, prenatal support and education services, family support services, foster care services, adoption services, child in care services, records and disclosure services, volunteer services, early intervention and education services, alternate dispute resolution services and youth support services.

Child Protection Services:

1. Investigation & Assessment Workers (Intake)

Investigation and Assessment workers are responsible for investigating the reports received by the Society regarding alleged abuse and neglect. Investigation and assessment workers meet with children, family members and any collaterals involved to assess the situation and determine whether abuse and/or neglect has occurred and/or if there is a risk of harm and what measures are necessary to protect the child in the immediate situation and what services the family requires. Investigation and Assessment Workers determine whether a family is transferred to the protection teams for on-going services.

2. Protection Workers

Protection Workers provide on-going services to families where protection concerns have been verified and a further period of assessment and support is required to ensure the child(ren)'s safety. Protection Workers assist families in obtaining services from other community providers, conduct home visits,

provide education in regards to parenting and child development and serve as advocates for parents and children.

After Hours Duty:

The Society is mandated to provide child welfare services twenty-four hours per day, seven days per week. After regular business hours there is one worker on-call for emergencies for the District of Nipissing and one worker for the District of Parry Sound. The duty worker receives all calls that come in after regular business hours (Monday through Friday 8:30a.m. to 4:30 p.m.), and on weekends and Statutory Holidays. The after hours or duty worker provides immediate services to situations that are deemed an emergency. For example, child protection investigations requiring an immediate response.

Customary Care:

Customary care is the traditional practice that has always existed among the First Nations communities. “Customary Care” means the care and supervision of an Indian or Native child by a person who is not the child’s parent according to the custom of the child’s band or native community. S.S.O. 1990, C. C11, S. 208. CFSA.

The agency has one dedicated position to customary care. This position is responsible for promoting cultural awareness, and creating respectful and meaningful relationships with our First Nation communities.

Band Designate:

Band designates are individuals appointed to represent their First Nation Community. Where a child is receiving services from the CAS and is a member of a First Nation’s Community and/or holds Native status, the Band designate must be notified. The Band will then determine what level of service and/or intervention they will provide the child (ie: permanency plan, placement, etc.)

3. Children’s Service Workers / Child Care Workers

Child care workers are responsible to ensure that all of the Emotional, Educational, Medical, Social and Cultural needs of the children in care are met. Every child in care has an assigned Children’s Service Worker whom you will be working very closely with as foster parents.

Workers are responsible for the following:

- On-going assessment of the child’s needs as well as the planning and coordinating of all services required to meet the child’s needs.
- The assessment and arrangement of the children’s access visits with their parents and kin
- To monitor the child’s progress and work as part of a team to address any areas of need or concern.

- To communicate regularly with the assigned Protection or Intake worker to provide updates on the child's progress and discuss permanency planning on an on-going basis.
- To complete the child's Plan of Care, Social History and Assessment and Action Record as per the Ministry of Children and Youth Services Standards of Care.
- To complete standard visits with the child as noted below:
 - Within seven days of a child coming into care or a change in the child's primary placement
 - Within thirty days of a child coming into care or a change in the child's primary placement
 - Within three months (90 days) of a child coming into care or a change in the child's primary placement
 - Within six months (180 days) of the child coming into care or a change in the child's primary placement
 - If the child is stable the POC is completed every six months (180 days) thereafter
 - If the child is not stable POC continues to be completed and reviewed every ninety days

4. Foster, Kinship Care & Customary Care

Our CAS is committed to working with birth families to ensure their children and youth are safe and able to be protected by their family. Families receive counseling, support and help to maintain adequate care of their children. However, sometimes parents are not able to protect or provide children with adequate care, and as a result, children and youth may be brought into the care of the CAS.

This is where our most valuable foster, kinship care and customary care families are needed. When a child or Youth can no longer live at home it is a very traumatic experience for them, whatever the child's age. Children and youth in care can display difficult or challenging behaviors as a way of coping with this upheaval and losses. As a foster parent you will need to be able to recognize the possible causes of such behaviors and, with the support of your fostering team, develop strategies to help the foster child manage their feelings and experiences.

Children and youth in care range in age from birth to 17 years old. Some young people remain in care until they are 18 to 21 years of age.

5. Family Group Decision Making (FGDM)

Families involved with the Society are eligible to participate in Family Group Decision Making (FGDM), which is a form of Alternative Dispute Resolution. This alternative to court processes allows the family, extended family and friends to come together to make a plan for the child. The plan addresses the concerns of the Society and can also be utilized when there is no court involvement. This voluntary process empowers the family to create a plan of their own to address the needs of their children.

The FGDM model is based on the premise that families want to plan for their children and want to ensure that the children's needs are met. FGDM also believes that every family has unique abilities and strengths, and it is these positive qualities that families can build on when planning for their children's well-being.

Process and Outcome for FGDM

The FGDM Coordinator prepares each family member and all participants for the conference day. Members of the family, extended family, community members, friends and other professionals are invited to attend. On the day of the conference, the Society and other professionals involved with the family present information regarding strengths of the family and address concerns regarding the family. Once this is complete, the family has "private family time" where they work on developing a plan to address the concerns of the Society. No professionals are a party to the "private family time" portion of the conference. Once the family has developed their plan, they reconvene with the Coordinator and Society workers to present the family's plan. The Society then has the opportunity to approve the family's plan and submit the plan to court, when applicable.

6. Family Support Program

Family Support Program: "Helping Children and Families Learn and Grow Together"

The Family Support Services Team is made up of three key programs and people: The Clinically Managed Supervised Access Program, The Family Support Workers, Child and Youth Workers and the Clinical Family Intervention Worker. This team is supervised by an individual with a strong clinical background

- **Clinically Managed Supervised Access: (CMSA)**

The Clinically Managed Supervised Access (CMSA) Program employs trained workers who provide parents with education, support and guidance in developing healthy parenting attachment, bonds and relationships with their children.

Clinically Managed Supervised Access (CMSA) is the therapeutic access process, in which families are provided with the opportunity to receive structured, goal focused access. The issues which bring the family into the Society are addressed through several methods, and goals are set for each visit. Focus on improving the attachment relationship between child and parent is of primary importance within the clinically managed supervised access program

- **Child and Youth Workers (CYW's):**

Provides individualized services to families and children, the CYWs work diligently towards goals outlined by the Family Support Program team and provide services and support that extend to evening and weekends in order to provide an enhanced level of service for our foster families and children and youth in care.

- **Clinical Family Intervention Worker:**

Through a referral to the Placement Review Committee, the Supervisor and Clinical Family Intervention Worker are responsible for completing clinical reports and intervention plans that guide the direct work carried out by the Child and Youth Workers. Child and Youth Workers follow designated goals for intervention sessions and offer the client and family a working relationship that supports a variety of issues such as trauma, grief and loss, and attachment.

7. Access

- **Group Access:**

Group access is a form of monitored access offered by the Children's Aid Society which occurs in a community setting. This form of access provides families and children with opportunities to spend time together and allows parents the opportunity to observe and communicate with other parents and view the developmental level of other children who are participants.

- **Monitored Supervised Access:**

Monitored Access recognizes that some families have significant factors that complicate their ability to engage in goal setting and change within the access setting. The family may have difficulty connecting with the Access Worker to promote change, as a result of serious mental health concerns or instability due to serious addiction issues. On-going efforts are made to encourage active involvement in visits, while ensuring that the visits are safe and beneficial to the child.

Supervised Access is arranged by the Agency when a child is living away from their parents, and provides a safe, child-focused, neutral setting where visits can take place under the supervision of an Access Worker.

Within the supervised access setting, Access Workers assist the families to improve their parenting skills, childcare skills, behavior management skills, and communication/emotional expression skills. During the visit, families spend time together performing regular “family tasks”. They learn developmental play/growth, have meals/snacks, communicate, work on homework, problem solve, and manage conflicts.

Access Workers provide assistance to parents and children by: assessing how the family functions together, setting goals with the family, identifying grief & attachment reactions, and role model strategies. There are two forms of Supervised Access that a referring C.A.S. worker can request: Monitored Supervised Access or Clinically Managed Supervised Access.

8. Adoption:

For children in care where it is not in the child’s best interest to return to his or her family and no kin are available to care for the child on a long term basis, adoption is a viable and positive option for long term permanency. When a child in your care has a permanency plan to be adopted, you will be a very important part of the process. You will be a major part of their support to prepare for adoption and throughout the transition for the child to his or her adoptive home. Often foster parents are encouraged to meet the potential adoptive parents to provide information and reassurance of the move for the child and a smooth transition. Some foster parents will continue contact with the child during the adoption probation period and beyond if in the best interest of the child, and with consent from the adoptive parents once the adoption is finalized.

Adoption is one of the key ways that our Agency provides permanent loving homes for children and youth who cannot remain with their birth families.

Adoption is a compassionate gift of family to a child or children in need of permanent, nurturing relationships. Unfortunately, some parents are unable to care for their children in a safe manner and their children come into the care of a Children’s Aid Society. Other parents do not feel they can provide a permanent home for their child and decide to make an adoption plan for him or her.

Adoption can have a dramatically positive impact on the life of a child or youth. It can also greatly enhance the adoptive couple’s life. When making the decision to adopt, one must understand the effects the process will have on you, your family and your adopted child.

Adoption is established through a legal process when the birth family is unable to care for a child. In Ontario, adoption can be arranged through Children's Aid Societies (public adoption), private adoption agencies and international adoption agencies. People often explore options in all three systems.

Early Intervention Services

1. Infant and Child Development Services (ICDS)

The ICDS program is a voluntary home-based program that helps children from birth to five years, eleven months of age, who have developmental delays or are at risk for a delay. Parents are encouraged to be active participants in this program with their child.

A Parent-Child Therapist is on-hand to provide formal and informal developmental assessments that assist the family in understanding their child's unique pattern of development. The Parent-Child Therapists are specialists in child development and have varied backgrounds in health, education, and social work. At the parent's request they will help the family to plan, problem-solve, and advocate for the child's ongoing developmental needs.

ICDS works in conjunction with other community agencies that are involved with the family, with the goal of co-ordinating services. All children who are born prematurely are now followed by a new program called "Premature Pathways", which allows them to be assessed at key developmental stages.

2. Play Your Part Parenting Program (PYPPP)

The Play Your Part Parenting Program (PYPPP) is offered to all parents in the District of Nipissing through the Family and Child Centers funded by BEST START. The program builds its foundation on the premise that what happens to a child within their first years of life will play a large role in influencing the path that they will follow as adults. PYPPP offers a wide variety of hands-on activities, social support, coping skills evaluation, and on-site structured childcare. The program has four series, designated by the age of the child(ren): newborn to six months, 6-12 months, 12-24 months, and 2-6 years. A unique feature of the program is that it offers continuous intake of families through a series of self-contained modules.

3. Community Action Program for Children (CAPC)

The CAPC program was designed to assist young, first time mothers between the ages of 13 and 21 who are either pregnant or who have a child that is 6 years of age or younger. The CAPC program gives these young mothers the

support to explore their parenting skills, learn about proper nutrition, further their education, expand their knowledge on child health and development, and learn how to improve the health of unborn children. Most importantly, there will be somebody to talk to who can assist the mother.

CAPC connects to other agencies in the District of Nipissing to help young mothers find any additional services or programs that could be valuable to them. Workers in the CAPC program come from a variety of backgrounds in health, education and social work, plus they have experience working with children and young adults. Bilingual staff are always available for francophone families.

4. Fathers Matter

Fathers Matter is a 7 week program dedicated to positive life outcomes through the quality of the father-child relationship, and through understanding the significance of “father involvement” as a protective condition for healthy child development. Fathers play a vital role in the healthy development of children. Amazing things happen to kids, to moms, to the community, and to dads, when men give their time, attention, and focus to the children they are raising. Fathers Matter encourages the responsible involvement of fathers, grandfathers, uncles, brothers, and any other male who is influencing a child.

Services for Youth

- **G.O.A.L.S. Program**

G.O.A.L.S. stands for “**Good Outcomes And Living Successfully.**” The Children’s Aid Society of the District of Nipissing and Parry Sound have a GOALS worker whose role is to provide youth in care or former youth in care with education, coaching and support to enhance their life skills to ensure that our youth are better prepared for living inter-dependently.

The program includes group and individual work. Some of the skills that our youth are encouraged to enhance are self care, apartment living, money management, cooking and employable skills. Partnerships have been established with other community agencies to provide workshops and hands-on learning experiences for the youth.

The GOALS program also provides additional emotional support to our youth to ensure a smooth transition to inter-dependence.

- **Kehoe Residence**

The CAS owns an apartment complex that assists youth in care transition successfully from living in a family setting to a supported and subsidized

apartment unit. There are three (3) two bedroom units and two (2) one bedroom units. Rent is affordable and supports are implemented by the GOALS worker. The residents must apply and be accepted for residency at the Kehoe Residence.

• **School of Success & Learning for Life**

In May 2007, the District of Nipissing and Parry Sound CAS and the Near North District School Board entered into a unique and exciting partnership in the development of treatment programs called the School of Success (SOS) and Learning for Life (L4L).

The Learning for Life (L4L) program is based in the Parry Sound High School and is staffed with a high school teacher. The School of Success (SOS) is located at the North Bay Children's Aid Society and is staffed with a teacher, teacher's assistant, and full time child welfare support worker. The positive outcomes generated from this program are true testaments to the type of integrated partnerships and programming needed to engage and meet the complex needs of our young people in care who would otherwise struggle to find success within the mainstream school system.

These programs are designed to meet the unique needs of young people in care and ensure that all students who attend the program have an education and career path for the future. By maintaining a safe environment where students feel comfortable, they are able to learn, experience success and develop their potential. These programs offer a school placement for young people in care who are in transition or require a reprieve from the stresses within the traditional educational setting. Emphasis is placed on enhancing social and life skills while also ensuring that students are provided with individually tailored plans that meet their specific academic, emotional and social needs. Students are provided with an opportunity to learn in a supportive setting at a pace congruent with their success.

The goals of the program consist of the following:

- To ensure a safe environment conducive to teaching and learning whereby students feel comfortable and want to attend.
- To ensure the enhancement of the development of life and social skills.
- To provide frequent assessment, evaluation and feedback of student performance.
- To incorporate all aspects of agency, community and corporate parents.
- To develop a work placement for students and encourage their contribution and membership in the community.
- To enhance community partnerships with Youth Employment Services.

- To ensure that all students have a career and educational path for the future.
- To demonstrate that students attending the program do have the ability to direct their own futures in a responsible way.
- To direct and facilitate the successful reintegration of students back into community schools.
- To provide a school placement for students in transition.
- To promote greater partnership with resource agencies to allow for greater direction and professional development of students in their field of endeavor.
- To facilitate multidisciplinary monthly meetings to review each student's planning, progress and goals for the future. The multidisciplinary team includes child welfare workers/supervisors, classroom staff, school board representatives, probation officers, mental health clinicians, family, and any other relevant person in the student's life.
- To celebrate successes and provide ongoing encouragement as young people progress and begin to feel empowered as competent and engaged learners.

Youth Justice Services

• Near North Youth Centre (NNYC)

The NNYC, located on Airport Hill, has been designated both a place of "Secure Temporary Detainment" and "Secure Custody" for adolescents (aged 12-17 years) who have become involved with the law. Recently the NNYC made the transition to a gender-specific (female) facility which serves to balance the following goals: For the protection and well-being of society, to administer the conditions of court sentences, and to provide education, recreation, and rehabilitation to assist these young women to become law abiding citizens.

By working closely with the young women's families and counseling agencies throughout the District of Nipissing, the NNYC offers many cognitive behaviour programs such as Drug and Alcohol Awareness, Anger Management, Thinking Errors, Victim Awareness, Choices and Consequences, Peer Counselling, and Life Skills.

• Community Support Team (CST)

The Community Support Team provides counseling services to high risk youth between 12 and 17 years of age at the time of the offence. Our program services youth who are living in a custody facility or a community based placement. The CST works in collaboration with our community partners to ensure that every youth has the best opportunity to succeed and reach their potential. We strive to:

- Help youth develop a sense of responsibility
- Ensure that their rights are met
- Improve their social and emotional well being
- Provide youth with opportunities to acquire knowledge and learn skills
- Educate youth on the impact of trauma in their lives
- Hold youth accountable for their choices

The CST program is strength based, and uses Cognitive Behavioural Therapy and Relapse Prevention Programs that focus on the individual needs of the youth. The program provides bilingual services and gender specific programming that can be individual or family based. Our counselling services include the following:

- Risk assessment & treatment for youth who have sexually offended
- Past trauma
- Anger management
- Social skills
- Substance abuse
- Crisis intervention
- Academic support
- A variety of other services

The Children and Youth Opportunity Fund

The Children and Youth Opportunity Fund, a registered charity, was developed in 2009 by the Nipissing and Parry Sound Children's Aid Society, to assist and transform the lives of children and youth in need throughout the districts of Nipissing and Parry Sound.

Through enrichment, education, and encouragement, the Children and Youth Opportunity Fund will provide equal opportunities for all children and youth who are currently involved with our Agency.

The three main focus areas of support are:

Recreation:

Every child loves to play! This area of support is to provide children and youth with opportunities to participate in a variety of recreational activities by subsidizing or covering costs. Money from this portion of the Fund will be allocated to children and youth requiring assistance with participation fees, registrations fees, and equipment. By participating in camp activities or taking lessons, children and youth learn how to be part of a team while raising their self-esteem and increasing their social skills! These may include: summer camp – day or week long, dance, music, theater, or art lessons and participation on sports teams.

Education:

Learning should be fun, enjoyable, and most of all exciting! The Children and Youth Opportunity Fund hopes to support and encourage as many children and youth as possible to complete their educational pursuits to the best of their ability. This includes primary, secondary and post-secondary education. This portion of the Fund will provide monetary assistance to children and youth requiring: computers, text books and other learning materials, extra-curricular field trips and tutoring

Special Projects:

Not only does the Children and Youth Opportunity Fund support individuals, it also supports families involved with the Society. This section of the Fund provides children and youth, along with their families, necessary tools and services to ease the everyday challenges they face. For example, the Fund may support day programs or assist families that require chairlifts or other special equipment such as, wheelchair ramps, family activities and specialized equipment.

Child and Family Services Act (CFSA)

In Ontario Child Welfare Services are only provided through Children's Aid Society's and Child and Family Services Agencies. All Child Welfare agencies are mandated by the Province of Ontario, Ministry of Children and Youth Services through the Child and Family Services Act (CFSA), 2000 to ensure the best interests, protection and well-being of children. The Child and Family Service Act is a piece of legislation which outlines the guidelines for all child welfare practice in Ontario.

Ministry of Youth and Children's Services (MCYS)

In 2003, the Ministry of Children and Youth Services (MCYS) was created to:

- make it easier for families to find the services to give children the best start in life,
- make it easier for families to access the services they need at all stages of a child's development,
- and help youth become productive adults.

The Ministry of Children and Youth Services envisions an Ontario where children and youth have the best opportunity to succeed and reach their full potential.

The Ministry is working with other ministries and community partners to develop and implement policies, programs and a service system that helps give children the best possible start in life, prepare youth to become productive

adults and make it easier for families to access the services they need at all stages of a child's development.

(Ministry of Child and Youth Services, 2010)

Licensing

All agencies (public - such as the Society and private - such as Outside Paid Resources) who manage a foster care program have to be licensed yearly by the Ministry of Child and Youth Services. During the licensing process, a random sample of children in care, foster parents and birth children of foster parents are interviewed by MCYS staff privately. Individual homes are not being evaluated during this process; it is a process to evaluate all foster care resources under the Society's license with MCYS

Ontario Association of Children's Aid Societies (OACAS)

Since 1912, OACAS has represented Children's Aid Societies in Ontario and provided service in the areas of government relations, communications, information management, education and training to advocate for the protection and well-being of children. We are the voice of child welfare in Ontario.

The Association is funded through membership fees, government grants and other revenue producing activities. OACAS is governed by a 16-member board of directors. OACAS provides system support to its member Societies to assist and enhance their role in the community. Today, OACAS provides service in the areas of advocacy, government relations, communications, youth in care, information management, education and training, accreditation and member outreach.

Advocacy is essential both at the provincial and local levels. Provincially, OACAS works with government on the development and response to legislation, standards, policy, regulations, contentious issues and review mechanisms. OACAS represents member Societies' interests in public forums which may affect our members and clients. We proactively make presentations to the legislature on a non-partisan basis through standing committees/house debates and meetings with party caucuses.

Promoting child welfare issues to influence public commitment and opinion is a critical role for OACAS.

(Ontario Association of Children's Aid Societies, 2010)

Foster Care Services



The purpose of the foster care program is to provide a stable and safe environment where children in care can mature and develop to their full potential through the help of foster, kinship care, customary care and adoptive parents, as well as staff. It is based on the belief that children's needs are best met through family, community and cooperation. The goals of the foster, kinship care and customary care family programs are: to nurture, protect children, provide alternate placements, and to assist families in the reunification of their family unit. You are an integral part of a child's team, who work in collaboration with the child's family, child welfare workers, band members and community to safely reunite the child with his or her family.

No matter their age, all children and youth in foster care need a meaningful connection to a caring adult who becomes a supportive and lasting presence in their lives. Without families or stable relationships, too many of these formerly neglected and/or abused children and youth will end up facing life's challenges all alone.

Thank You For Holding Their Hand.

Resource / Foster Care Support Workers

Every foster family will have a foster care support worker assigned to them who will be their support and information guide to fostering. Foster Care Support workers are responsible for:

- Completing SAFE Home assessments for foster parent and kinship care applicants
- To provide on-going support and keep foster families well informed of any relevant changes in the Agency
- To provide training opportunities
- To attend weekly placement committee meetings, participate in the matching and selection process of any children requiring foster care placements
- To complete all standard home visits and contacts with foster families as per the Ministry of Children and Youth Services Standards.
- Respond to each inquiry from a foster parent within 3 business days (on weekends, this response is made by the assigned on-call duty worker).
- Maintain a current orientation program curriculum for foster parents.
- Keep aware of current trends in child care practices and advise his or her supervisor of these trends.
- Provide individual support with regard to meeting the needs of the difficult child or managing a new situation.
- Investigate, within five (5) days, complaints received about foster homes
- Assist in resolving problems that the foster home is having with the Agency, and vice-versa.
- Provide support during and after child protection investigations in a foster home.
- Provide yearly evaluations (annual reviews).

How to Get in Touch with a Worker

- see [Appendix “B”](#)

Structured Analysis Family Evaluation: SAFE Home Assessments

SAFE, or the Structured Analysis Family Evaluation is the home study process of becoming a kinship care, customary care, foster care or adoptive parent. It is a two part process, which includes PRIDE pre-service training and a SAFE assessment. SAFE is a comprehensive set of home study tools used to complete a thorough assessment of those wanting to become kin care, customary care, foster, and/or adoptive parents in the Province of Ontario. The process involves interviews, questionnaires and home visits. The SAFE assessment is used for all caregivers fostering and intending to adopt through Children Aid Societies in Ontario.

SAFE is a comprehensive home study process that incorporates four elements: psychosocial evaluation, descriptive and identifying information, family education/preparation process (PRIDE training) and matching information and child adjustment.

SAFE is based around seven core practice values.

1. Because families are valuable resources for children, the SAFE home study process strives to be inclusive, not exclusive.
2. The Psychosocial evaluation is a key component of a SAFE home study.
3. SAFE promotes a mutual evaluation process that recognizes family strengths and identifies and addresses issues of concern.
4. SAFE is built on the belief that families and individuals have the capacity for change.
5. The social work interview is the foundation of good social work practice.
6. Workers must be aware of and understand how personal biases influence their perceptions and determinations.
7. Home studies should never be accomplished without the benefit of supervision or consultation.

(Consortium for Children, 2005)

Parent Resources for Information, Development and Education: PRIDE

PRIDE is a model for the development and support of resource families.

PRIDE is designed to strengthen the quality of foster care and adoption services by providing a standardized, structured framework for recruiting, preparing and selecting foster and adoptive families. It also provides resource family in-services training, ongoing education and development opportunities.

PRIDE is a component of the Ontario Practice model for the assessment, preparation and ongoing support of resource families. The model is an integrated framework of three approaches that combined serves to enhance the quality of care provided for children in public and private foster care, kin care and adoption homes. Province wide implementation of **SAFE, PRIDE** and **Ontario Looking After Children (OnLAC)** is intended to ensure consistency, portability and continuity in both the processes that are used to approve and prepare resource families and the expectations for the care of children. The model's intentions are that Ontario's "looked after children" are parented by families who:

- Understand the needs of children
- Have the capacity and willingness to meet those needs
- Understand the impact of positive, day-to-day experiences
- Believe in the "resiliency" and the child's ability to do well in life

The applicants are invited to attend the **PRIDE** training, with CASNPS, which provides 27 hours of training and is offered by a training team, if possible, consisting of a foster care resource worker and a resource parent.

The pre-service training provides sessions which address the following:

- Connecting with **PRIDE** Team work and the challenges and needs of children
- Mutual selection and the process of assessing and selecting foster parents
- Developing an understanding of birth family issues, the value of permanence as well as the importance of supporting a child's identity, cultural heritage and self-esteem
- Meeting developmental needs – Attachment, Loss, Discipline
- Strengthening family relationships
- Continuing family relationships and planning for change
- Making an informed decision
- Foster Care and Adoption Policies, Procedures and Supports

The successful completion of the 27 hours of **PRIDE** Training is mandatory for resource applicants to attend. When exceptions occur, a plan may be implemented to ensure the completion of the training outside of the group setting. Two home visits should occur by a foster resource worker during specific time frames of the Pride Pre-Service and specific functions will be completed as per the Agency's practice.

(Ontario Association of Children's Aid Societies, 2006)

Types of Resources

For children found in need of protection there are several options for alternate care. The Society's goal is to have children placed with kin as a first resort. Placements outside of Kin are considered should no kin be available and/or suitable to provide care.

Kin Service

Where a child is found in need of protection and kin is available to provide alternate care for the child. Kin families are assessed by the Society through a Kin Service Assessment and if appropriate the child is placed in their care under a court ordered supervision order, order of custody or by agreement between the biological parent/guardian and kin member. The Society will close the kin file once the Kin assessment is complete and if they do not require any services/supports.

Kinship Care

Where a child is in the care of the Society under a Temporary Care Agreement, or has status as a Society or Crown Ward. The placement is similar to foster care with the exception that children are placed with Kin. Kin in these situations are assessed using SAFE and must attend PRIDE training. Kin homes are licensed under the Ministry of Children and Youth Services and must operate and adhere to all Ministry Foster Care standards that are applicable to mainstream foster care. If the permanency plan for the child is to remain with kin, the Society will support kin in obtaining legal custody or adoption of the child. Kin families who do not have the financial means to care the child and do not pursue legal custody could receive the main stream foster care per diem. In this situation the Kin family would continue services with the CAS, for on-going support and monitoring of the child in care's placement.

Foster care

Where a child is in the care of the Society under a Temporary Care Agreement, or has status as an Interim, Society or Crown Ward. Foster Parent applicants are assessed using SAFE and must attend PRIDE training. Foster parent's receive non-monetary support and assessment on an on-going

basis from the Society by way of an assigned Foster Care support worker, Child Care Workers, training, regular relief as deemed necessary, and annual assessments. Foster parents receive a daily per diem when children in care are placed in their homes. Foster parents are also reimbursed for additional child related expenses

*****Currently the Agency is developing a tiered foster care model which would be inclusive of Mainstream/Regular, Specialized, Treatment and Therapeutic foster care*****

Therapeutic Foster Home Program

The CAS had partnered with the Children's Mental Health Agency (HANDS) and developed this level of fostering. The foster parents provide a clinical milieu for the children in their home and contract to attend regular support groups, training, and mental health consultations with a psychiatrist. The goal of the program is to place and treat children who are at risk of being unable to achieve long-term placement goals because of a high degree of emotional or behavioral disturbance. The Agency is currently re-defining their TFH program.

Customary Care

A customary care placement is secured when a child who is Native, found in need of protection, requires an out of home placement. Customary care is recognized by the Child and Family Services Act as the care and supervision of a Native child by a person who is not the child's parent, and according to the custom of the child's Band or Native community. CAS is required to assess the customary care placement using SAFE. Customary care homes are required to meet all Ministry foster care licensing standards after the child has been in the home for 60 days, a time frame which coincides with the end of the Place of Safety designation period. Customary care homes receive financial support from the CAS by way of a daily per diem rate when specific requirements are met.

Outside Paid Resource Placements (OPRs)

Where a child is in the care of the Society under a Temporary Care Agreement, or has status as an Interim, Society or Crown Ward. OPR placements are defined as any placement resource licensed under the Ministry of Children and Youth Services that is provided independent of the CAS. For example privately operated group homes, foster homes, therapeutic foster homes and children's treatment residences.

Foster Parent Agency Agreement

Upon completion of the SAFE home study and approval, resource families will be asked to enter into an agreement with CASNPS to ensure the needs of children, in their care, are met under the MCYS standards of licensing. The Foster Parent Agency Agreement contains responsibilities of both the Society and Resource families for the care of children. See [Appendix C i\)](#) for a copy of this document.

Foster Parent Responsibilities

When you make a commitment to being a foster parent, you are taking on a very important job. Such a commitment brings with it certain responsibilities. Some of those described in this section are the most important of these responsibilities.

When a child is placed with you, you are responsible, in cooperation with the Society, for the provision of day-to-day care, home life and the holistic needs of that child, as per the Plan of Care for the child. This responsibility extends to the provision of the physical, spiritual, emotional, social and educational needs of the child. This will require much of your time, patience and love and will only be made easier if you share with us all you know about the child's day-to-day behaviour and your observations about his/her feelings. The specific responsibilities of the foster parent, the caseworker, the parents and the child are outlined in each child's Plan of Care.

The child's social worker will visit on a regular basis. The worker will be interested in how this child's presence in your home affects the family, and how the child seems to be adjusting and managing. It will be important for you to share with the worker all that you know about the child, including your observations of his or her feelings. For important events, notes should be kept in the Child Care Folder.

As a foster parent, you may be requested many times to sign consents, for example, for school, or recreational activities. On school admission forms, both your name and phone number and the Child Care Worker's name and phone number should be recorded. Where possible, the worker should sign consents for the child. When, however, situations arise where the worker cannot sign a required consent the foster parent should phone and advise the worker and get permission to sign the consent themselves. The child may need to consent to medical treatment and has the right to refuse. This will need to be discussed with the child's assigned social worker. This determination is made by the

physician. Hospital consents are generally signed by the biological parents or the Executive Director or designate.

Foster parents should recognize and accept the child's need to continue contact with his/her biological family during the period of time they are in the care of the Society. When it is in the child's best interest, foster parents should support and encourage regular and meaningful contact between the child and his/her family.

Whenever there are changes in your family that might affect you and your foster child, contact the Foster Care Worker or the Foster Care Worker's Supervisor. Such changes include change in address, phone number, employment, health, the presence of other adults or children in your home and if for any reason your family is experiencing personal problems. It is imperative that you contact your Foster Care Worker as the Society can often provide supports to you and your family. As well, these problems or difficulties may impact, either directly or indirectly the child in your care.

Should you have reason to believe that abuse of a child (under 16 years) is occurring or the potential for abuse of a child (under 16 years) may be occurring, you have a duty to report your concern to CASNPS, or the local Child Protection Agency in the jurisdiction you are in.

Foster Parent Rights

As partners in the care of children with us, you have certain rights that clearly indicate the framework of this relationship.

You have a right to:

- 1) Recognition and acceptance of your status as colleagues in the provision of service.
- 2) A clearly defined working relationship with the placement agency.
- 3) Full disclosure of psychological, emotional, behavioural, educational, physical, and any other information that may have relevance to the child placed in your home, prior to and throughout the time of the child's placement in your home.
- 4) Participation in decision making with regards to the Plan of Care for the child in your home, and to receive a copy of the Plan of Care.
- 5) Due regard for continuation and maintenance of your own family life.

- 6) Expect adequate supervision and support to be provided by the placement agency.
- 7) Training and learning opportunities.
- 8) State complaints and grievances against agency policies, practices, procedures and decisions, in regard to the child in your care or the services you receive as foster parents.
- 9) Compensation for the quality of care you provide and coverage of out of pocket expenses.
- 10) Under the Child and Family Services Act,
 - a) where a child is a Crown Ward and has lived continuously for two years in the care of a foster parent, i) the Society must ensure that the foster parent's wishes are taken into account in the Society's major decisions concerning the child and; ii) the Society shall not remove the child from the foster home without first giving the foster parent ten (10) days notice of the proposed removal and of his or her right to a review unless the child is assessed to be at imminent risk of harm.

(C.F.S.A. 61 (5) (b); 61 (7))

- 11) A foster parent who has cared for a child continuously during the six months immediately before a Protection or Status Review Hearing in Family Court, is entitled to notice, may be present at the hearing, may be represented by a solicitor, and may make submissions to the court.

(C.F.S.A. 39 (3); 64 (6) (d))

- 12) A foster parent is entitled to request a review of the child's existing or proposed placement by the Residential Placement Advisory Committee. It is in the discretion of the Residential Placement Advisory Committee whether to undertake such a review,

(C.F.S.A. 34 (8))

- 13) A Children's Aid Society support worker.
 - a) Confidentiality.
 - b) Prompt service.

Foster Parent Association (FPA)

The Foster Parent Association (FPA) is a membership of Foster Parents of CASNPS, governed by an elected executive body of members. The Foster Parent Association offers support, guidance and training in conjunction with the Society.

Our FPA is continually striving to provide our fellow Foster Parents with the resources and networking abilities needed to grow healthy and happy children. The needs and demands placed on our Foster Parents are constantly evolving based on the needs of the children we care for. Thus we need to be flexible and innovative. The Foster Parent Association is: A place to network! A place to learn! A place to be part of a larger family!

Mandate

The mandate of The Foster Parent Association Nipissing Parry Sound

- 1) To represent the interests of the Foster Parents Association (FPA) members within the CAS and the Foster Parent Society of Ontario (FPSO).
- 2) Promote good communication and working relationships between Resource Parents and the Nipissing Parry Sound Children's Aid Society.

Objectives

- 1) Provide structure through monthly and yearly meetings of the FPA
- 2) Provide information and tools for the FPA and its membership through education
- 3) Provide and portray a positive image of and for the FPA and membership in the community
- 4) Provide and portray a positive image of the Nipissing Parry Sound Children's Aid Society & Children Services in the community
- 5) Seek representation on Nipissing Parry Sound Children's Aid Society Committees in relation to Standards, Guidelines, and Training as to protect and act in the best interests of Foster Parents and the Foster Children within the Resource Homes
- 6) To provide a forum for Resource Families to meet on a regular basis and to discuss/debate mutual issues regarding policies and procedures within the foster care program

Legal Defence Fund

The Legal Defence Fund allows members to obtain legal advice and/or legal services to defend against allegations of wrong doing. When foster children, biological parents, community members and Children's Aid Societies (CAS) have made allegations of abuse. Allegations have resulted in criminal prosecution. Mental, physical or sexual abuse have been the basis of the allegations. These allegations are not limited to the Foster Parents. Their immediate family members (living in the home), relations and/or care givers and/or babysitters as they provide foster care can also be the subject of allegations of abuse.

The Legal Defence Fund, (Fund) is accessible by current and retired members of United Foster Parents of Canada Corporation (UFPCC) who contribute or have contributed to the Fund. The Fund augments insurance coverage provided by Children's Aid Societies, (CAS).

CAS funds are available in the event of prosecution and/or civil suits arising from the care of CAS foster children. The Cowan Group (the CAS Insurance Carrier) covers any criminal charges that are incurred by Foster Parents, however only the Foster Parents are covered. Cowan will reimburse expenses as incurred, after you have been charged, to cover an ongoing case up to \$100,000 per occurrence and \$500,000 for all cases in one year. The insurance covers CAS employees, Board Members, Foster Parents and Volunteers. Cowan also covers civil cases with the exception of sexual charges.

The Legal Defence Fund provides access to financial aid on behalf of a Member if charges are laid or appears likely to be laid or if a member needs a Lawyer's presence at an initial police interview. The fund also provides financial assistance for advice, emotional support and counselling where required.

The Cowan Group does not cover biological/adopted children, babysitters or other care givers in a Foster Parent's home. Cowan does not cover pre-charge advice from a lawyer nor will they provide any funds in a civil suit where there is a sexual charge. If you appeal a sexual case and are found innocent Cowan still does not cover costs. The Legal Defence Fund may cover the costs associated with these cases."

(United Foster Parents of Canada Corporation, 2010)

If an allegation occurs, you should contact your Legal Defense Fund Director for your region. Your Director will be able to assist you in obtaining services that may be available for you. If you are unsure who your Director is or how to contact them, please contact any member of the FPA Executive.

Foster Parent Advocacy and Mentorship Programs

The Foster Parent Association Executives are working on an Advocacy Program that would assist Foster Parents who are going through an investigation or who have had an allegation made against them. The goal of the **Advocacy Program** is to continue the development of the program throughout the upcoming year with a date to implement at the beginning of 2015. For further information, please contact your FPA Executive.

The Foster Parent Association (FPA) Executives are currently developing a plan with the Children's Aid Society for a **Mentorship Program**. The FPA Executives' hope is to have this program established and in place by the end of 2014. The goals of the Mentorship Program is to provide all newly approved foster families with a Mentor for a specified period of time to be able to provide support and direction in their role as new foster parents. The Mentors would be selected by recommendations from the Foster Care Support workers and would complete standardized training. The Mentor would be available to provide assistance with any questions as our new foster parents begin their fostering journey. For further information, please contact your FPA Executive

Annual Review

Annual Reviews are reports completed by your Foster Care Worker, on an annual basis, with the goal of updating information, assessing areas of strength and need, assessing training needs, reviewing past and present child placements and reviewing policies and procedures. When the annual evaluation report is completed you will be provided with a copy to review, add comments, sign and return to your worker. Should you have any questions or concerns you will have the opportunity to discuss these directly with your Foster Care Support Worker. The key areas for discussion and review will center on the following:

1. An evaluation of identified support and training needs, and a plan as to how these needs might be met.
2. A review of the agency's Policies and Procedures, which pertain to foster parenting.
3. A re-examination of health and safety standards with the home.
4. A discussion of the number of children fostered in the past year as well as a brief description of the children, and the type of behavior, personality, age and sex of child that the foster parents wish to continue fostering, so that appropriate children are matched to the home.
Children's and Resource Parents Feedback Forms are reviewed so that
a) the child's views about his/her stay in the foster home can be used to make service improvements, and b) any difficulties that the foster parent

experienced with a child can be used as the basis for planning for more training in particular areas, better matching, or more support during similar placements.

5. Review any Serious Occurrence, incident report, or complaint as outlined in the annual review.
6. Ensure that fostering resource parents sign the Undertaking Respecting Confidentiality, the Discipline Agreement, Acknowledgement Form delineating that the medication policy has been reviewed, acknowledgement form that policies and procedures have been reviewed and the Foster Parent Agency Agreement.
7. Ensure that the fostering resource parents are aware of their right to review, comment on, and sign, their evaluation, and discuss how each foster family wishes this right to be dealt with. This discussion will be recorded on the evaluation. Any disagreement about the evaluation will be signed and attached to the evaluation and placed on file. The worker and supervisor will sign and date each evaluation prior to its being placed on file.

As part of the Annual Review a Criminal Reference check will be completed every three years, through the Canadian Police Information Centre (CPIC), with vulnerable sector screening that must be completed. The CPIC document and receipt can be submitted to your Foster Care Worker and you will be reimbursed for this. This check can be completed by attending your local police detachment.

Foster Parent Training & Training Requirements

It is the Policy of the Children's Aid Society of the District of the District of Nipissing and Parry Sound that fostering resource parents are provided with opportunities for continuing education and instruction to assist them in caring for children placed in their home. It is expected that foster parents should avail themselves of these opportunities. Caregivers will report and provide documentation of the training attended to their Foster Care Support Worker when such has been completed. Twenty (20) hours of mandatory training per year is part of the Foster Parent Agency agreement.

The Society will ensure that all fostering resource parents be provided with a complete pre-service training using the PRIDE curriculum to the task of fostering, with ongoing yearly evaluations to identify their strengths and weaknesses for purposes of planning individual training and support needs. This is completed by using the PRIDE training curricula.

The Society will compensate fostering resource parents who attend or complete training by increasing the per diem on a yearly basis at the rate set by the Ministry of Community of Child and Youth Services.
This rate is calculated as of April 1st, every year.

<u>Days Care</u>	<u>Rate</u>	<u>Training Credits</u>	<u>Rate</u>
366-730	\$.50	20-50 hours	\$.50
731-1095	\$.75	51-75 hours	\$.75
1096-1095	\$1.00	76-100 hours	\$1.00
1461-1825	\$1.25	101-125 hours	\$1.25
1826+	\$1.50	126-150 hours	\$1.50
		151-175 hours	\$1.75
		176-200 hours	\$2.00
		201-225 hours	\$2.25
		226+	\$2.50

1. Per Diem

The term per diem is used to describe the monetary amount provided each day to meet the needs of the children in your home. During the term of the child's placement, the Society will pay the base per diem board rate plus training and experience credit for each child placed. Monthly board rates are paid retroactively for the preceding month. The per diem is paid for the date the child enters the home but not on the day the child leaves.

Foster care rates continue for up to 3 days when a child is absent from the foster home on a planned visit, vacation, camp, during hospitalization, or absence without leave (AWOL)

As training increases the per diem rate a foster family is given, rises to a maximum of \$2.50. Years of service to the Society also increases the per diem provided up to \$1.50.

Foster Care per diems are not a taxable income. If you receive overpayment or underpayment on your Boarding cheque, please notify your Foster Care Support worker.

2. Holding Rate:

Holding rates can be discussed with the assigned child care worker. When a child/youth in your care is absent from your home for three consecutive days, such as on a family visit, absent without permission, hospitalized, at camp, etc. the regular per diem will continue.

In order for further payment to continue in your home after this three day period ends, a "holding rate" form is to be completed by the assigned child

care worker. The bed is held for the child and a full or half per diem is paid for a maximum of one week and then will need to be reviewed. The holding rates are reviewed by the foster care worker and supervisor assigned to the resource home after submission by the child care worker. Final approval is made by the Manager of Residential Services. The foster parents must be involved or be available for the child when a holding rate is approved and the bed is to be held for the child and not to be used by another child in care.

3. Special Rates:

If you believe that the child in your care requires additional per diem dollars to support exceptional needs please ensure that you speak with the Child in Care Worker. A placement review meeting will be scheduled, and you will be invited along with other members of the child's planning team, and where possible the child will also attend. Senior Manager of the Placement Review Committee will review and is responsible to endorse the decision.

Complaints Policy and Procedures

1. Attempts to resolve an issue should be made before it becomes a written complaint. The concern should be addressed with the worker to specify the issues. An open discussion in regards to the issue will often result in a resolution of the problem.
2. Should a resolution not occur, the client has the right to request the assigned worker's direct supervisor and to express the concerns with this individual.
3. The worker must advise the client of the Society's complaint review procedure and for the worker to provide the individual with the ministry's public information brochure, see [Appendix C ii\)](#) Should the client remain unsatisfied following a meeting with the direct supervisor, they have the option of proceeding to the next step.

Complaint in regards to a service

The Society will not conduct a review of a complaint if the subject of that complaint is an issue that has been decided in court, or is before the court, or is subject to another decision making process under this Act or the Labour Relations Act 1995.2006,c.5,s.26.

Under section 68. (1) of the CFSA a person may make a complaint to a Children's Aid Society relating to a service sought or received by that person from the Society.

1. In accordance with Ontario Regulation 494/06 a complaint made to a Children's Aid Society must be in writing and there is no time limit on when a person can make a complaint to a Children's Aid Society.
2. The written complaints should be forwarded to the attention of the Executive Director.
3. Should the client have difficulty in expressing the concerns in writing, the client should be encouraged to seek a support person or family member to assist them. The Children's Aid Society may also offer assistance however, should the client be in agreement, the person selected to help should not have provided at any time direct service to the person.
4. Complaints may be made in the client's own language and it is the Children's Aid Society's responsibility to have the complaint translated in a timely manner, in order to determine its eligibility for review by the Society within seven (7) days.

Eligibility of the Complaint for Review

1. The eligibility of a complaint for review is determined by the Children's Aid Society receiving the complaint and the eligibility is in keeping with the legislation and the Ontario Regulation 494/06. The Society will apply its judgment to the facts of the matter.
2. A senior staff person who is not directly involved with the complaint is to determine whether or not the complaint is eligible for review by the Society or potentially by the Child and Family Services Review Board within seven (7) days after receiving the complaint. The Society's written response to the complainant advising of eligibility must be dated and sent no later than the seventh day (7) after the complaint was received.
3. If the complaint is determined not to be eligible for review, the Society shall notify the complainant of its decision and the reasons for it in writing.
4. If the complaint is deemed eligible for review, the Society shall notify the complainant in writing and establish an Internal Complaints Review Panel. The written notice will also inform the complainant with a date and time for meeting with the ICRP (Internal Complaints Review Panel).

Review of Complaint to the Society

1. The Society will establish an Internal Complaints Review Panel and the membership will be selected by the Executive Director of the Society and shall include a Senior Manager from the Society, other Society staff as

required and at least one person who is external to the Society. A person selected to be a member who is external to the Society may be a member of the Society's Board of Directors. No person selected as a member of the ICRP shall have any direct involvement with the complaint being reviewed. A roster of potential staff members who could serve on the ICRP as well as for potential external members will be established by the Society.

2. The meeting between the complainant and the ICRP shall be scheduled at a time which is mutually convenient and will be held within fourteen (14) days after the date the written notice is sent to the complainant or at such later time as may be requested by the complainant. The ICRP shall make reasonable efforts to accommodate such requests and the meeting between the complainant and the ICRP shall take place in person.
3. The ICRP may determine who may be in attendance at the meeting however the client initiating the complaint has the right to a Band or Native community representative and one other person of the complainant's choosing attending the meeting.
4. A written summary of the results of the meeting including any agreed upon next steps shall be sent to the complainant by the ICRP and the Executive Director of the Society within fourteen (14) days of the meeting.
5. If at any point the complainant indicates that she or he wants to abandon the complaint review procedure in favor of taking the complaint to the Child and Family Services Review Board, the Society may terminate or stay its review, as it considers appropriate.
6. Should at any point during the Society's complaint procedure the complaint is resolved to satisfaction of the complainant, the Society shall confirm the resolution in writing to the complainant.

Review of Clients Complaints by the Child and Family Services Review Board

1. A person may initiate a complaint to the Child and Family Services Review Board under Section 68 (5) or 68.1 (1) of the CFSA and the application for the review shall be completed in writing to the Board in a form approved by the Minister:
 - Once a person has completed the Children's Aid Society's internal complaint review procedure
 - At any time during the internal complaint review procedure

- Or directly without going through the Children 's Aid Society's internal complaints review procedure
- If the person believes that the Society has refused or failed to respond to the complaints within the time frames or that the Society has failed to comply with the requirements under the CFSA relating to the review of complaints; has failed to comply with clause 2(2) (a) of the CFSA; has failed to provide reasons for a decision which affects the person's interests or that the Children's Aid Society has inaccurately recorded on the file and if not resolved through the CAS's internal complaints procedure.

Note: the underlined section is a complaint, which can only be made to the Child and Family Services Review Board after it has been reviewed through the Children's Aid Society's internal complaint review procedure.

The Board will forward a copy of the application to the Society that is subject of the complaint.

2. The Board shall determine the eligibility of the complaint within seven (7) days after receiving the complaint and they will then contact the Children's Aid Society for information to assist with the determination.
3. The Society will comply with the procedures pursuant to this provincial review process such as; determination who from the Society will attend a Child and Family Services Review Board pre-hearing or hearing; preparing the documentation to be presented and the material to be sent in advance if requested by the Board.
4. In the cases where an alleged inaccuracy in the file or record documentation and following the completion of the CAS's internal complaints review procedure; the matter may be reviewed and the Board may order that a Notice of Disagreement be added to the complainant's file.

Review of a Complaint related to refuse an application for adoption

1. Section 144. (1) denotes that should a Children's Aid Society refuse an application to adopt a particular child made by a foster parent or other person; or if a decision by the Children's Aid Society or adoption licensee to remove a child who has been placed with a person for adoption, the person will receive at least 10 (calendar) days notice in writing of the decision.
2. The written notice will be sent to the person by registered mail and attached to the written notification should be a copy of the section 144 Child and Family Services Review Board application form.

3. It is the Child and Family Services Review Board responsibility to determine the eligibility of the complaint.
4. The Society will comply with the procedures pursuant to the provincial review process such as selecting who from the Society will attend a Child and Family Review Board pre-hearing or hearing; preparing the documentation to be presented and the material to be sent in advance if requested by the Board.

Child Protection & Abuse Investigations

In Ontario, all Children's Aid Societies must conduct investigations of any allegations of abuse or neglect according to the CFSA. These standards apply to any person who is caring for a child, and therefore foster parents are included.

If a child in your care makes an allegation that he/she is being abused by you or a member of your family, or neglected, the allegation is investigated according to the Standards. This means that an Investigation and Assessment Worker is assigned, and the police could be contacted. A "protection file" is opened at the Agency. Other children in your home, including your own, will likely be interviewed. You will also be interviewed.

In complex situations, a worker from another Children's Aid Society may be asked to complete the investigation. To ensure that:

- a) standards are being met
- b) that the foster home is supported as much as possible
- c) that roles are clear

A meeting is generally convened prior to conducting the investigation, which involves the Manager of Services, the Investigation and Assessment Supervisor and assigned worker, the Resource Supervisor, the Foster Care Worker, the Child Care Worker and the Supervisor of the child making the report. In the branch offices, a teleconference will usually take place rather than a meeting. The Foster Care Worker's role in an investigation is to be present during the interview of the children and the foster parents and to offer any support that is possible during the investigation. The support worker also supports the foster family after the investigation is concluded.

Foster parents must be informed of the outcome of an investigation within 5 days of its conclusion. A letter regarding the outcome of the investigation will also be provided.

Closure of a Foster Home

Foster Home Closure, "termination of the Foster Care Services Agreement constitutes closure of the Foster Home." The following are criteria that are to be considered in arriving at a decision to terminate the Foster Care Services Agreement and thereby close a foster home:

1. The foster parent(s) have become ineffective because of family or personal problems, which cannot be resolved, even with support.
2. The foster parent(s) has become negligent in the supervision of children, to the detriment of their safety and well- being.
3. The foster parent(s) are consistently unwilling/unable to meet needs of the children in their care.
4. The foster parent(s) are consistently unwilling/unable to meet regarding the child or youth's Plan of Care and/or to carry out the goals established and related tasks and responsibilities in the Plan of Care.
5. Abuse - physical, sexual, emotional, and/or neglect that on investigation has been substantiated and/or a pattern(s) of allegations of abuse or neglect of children by foster parent providers or others living in the home, which have resulted in the Agency believing any child placed in the home and attempts to assist the foster parent providers in making positive change have not been successful.
6. Burn out - refuses to take a break, or accept relief options – with the result that the foster parent demonstrates insensitivity to the needs of the child(ren).
7. Ill health, physical or mental.
8. Substance abuse, addiction, alcoholism, drugs etc.
9. Refusal to abide by Agency policies and procedures and/or Ministry licensing standards and/or the expectations as outlined in the Foster Parent Agency Agreement.
10. Refusal to abide by a court access order.
11. Breach of confidentiality.
12. Inability/unwillingness to set limits for children and follow through, even with support and training.

13. Unable to, and/or unwilling to problem solve, even with support and training.
14. Has evaluation reports that have consistently indicated unsuitability for work with children.
15. Has been dishonest on an application to foster.
16. Has not attended mandatory training of 20 hours annually.
17. Voluntary Closure by foster parent(s)

Voluntary Closure by Foster Parent

It is expected that Foster Parents will give the Society advance notice, preferably in writing, of their intention to close their home and to cease fostering. This advance notice will permit the Society to provide alternate arrangements for any children placed in the home. The Society will send the foster parents a letter terminating any agreements except for that respecting confidentiality. The foster parents will relinquish any written information and personal property they have concerning any foster children that have been placed in their home.

Closure by Society

Every effort will be made to assist the foster parent(s) to resolve those problems that may result in termination of the Foster Care Services Agreement. However, where as a result of an investigation of a complaint concerning the foster family and/or as a result of breach of the contract and as per the criteria set down above, the decision is for closure the following will apply:

1. The decision to close the foster home will be made in consultation between the supervisor and the worker and where appropriate with Senior Management.
2. The Society will provide the foster parents with a letter setting out the reason(s) for closing their home and advising them of the termination of all agreements with the exception of that relating to confidentiality.

Foster Parent(s) Opposed to Closing Where the foster parents oppose the decision of the Society to close their home, they are entitled to access the Service Complaint and Appeal procedures.

Children in Care



“It’s tough growing up in a system where every day is unfamiliar and every day you are not sure what is going to happen to you, or where you’re going to be, or where you are going to live, or whether you’re going home or not. It’s just so many things you have to worry about and it’s sad cause a lot of these things you have to be concerned about at a very young age.”

Paul, 20, Youth in Care

“Whenever I need something they’re there. Just because I’m out of care doesn’t mean I’m out of their family. They still consider me their son. I’m thankful every day that they stand by me, whatever I do.”

Jesse, 21 years, Former Youth in Care

(The Youth Leaving Care Hearings Team, 2012)

Children Coming into the Care of the Society

When a report is made to the Agency and/or a family requests assistance, if eligible for service, a file is opened and assigned to a Child Welfare worker who will meet with the family and assess whether any service/intervention is needed. Children are only removed from the home as a last resort and after all other least intrusive measures are explored first. Other measures could include the implementation of safety plans, involving formal or informal supports such as extended family, neighbors, friends, and/or other community service providers. Supports could provide alternate care and/or additional support, which may allow the child to safely remain in the care of his or her biological family. If all other measures are not able to ensure the child's needs and safety is adequately met the child is brought into the care of the Society under the authority of the Child and Family Services Act.

Child's Status

Agreements and Apprehension

When children are found in need of protection they may be brought into the care of the Society. This can occur under one of the following Agreements or by Apprehension.

Temporary Care Agreement (TCA)

A Temporary Care Agreement is a voluntary agreement between the Society and the parent agreeing that the child's care and custody are transferred to the Society when the parent is not able to adequately and/or safely care for the child. TCA's are time limited and the duration is agreed upon between the biological parent/guardian and the Society. This is an alternative to the child being apprehended and involuntarily being removed from the home. A child who is twelve (12) years of age or older must agree and sign the TCA.

Special Needs Agreement with the Society

A special needs agreement shall only be made for a specific period, but may be extended, with a Director's written approval in the case of an agreement with a Society, for a further period or periods. Under the CFSA:

A person who is unable to provide the services required by a child in his or her custody because the child has a special need, and a Society having jurisdiction where the person resides, may with a Director's written approval make a written agreement for,

- (a) the Society's provision of services to meet the child's special need;
and
- (b) the Society's supervision or care and custody of the child.

Society agreements with sixteen and seventeen year olds where a child who is sixteen years of age or older and is not in the care of his or her parent and has a special need, and the Society having jurisdiction where the child resides, may with a Director's written approval make a written agreement for the Society's provision of services to meet the child's special need.

(C.F.S.A., 30 (1), (3), 31(1))

Special Needs Agreement with the Minister

A person who is unable to provide the services required by a child in his or her custody because the child has a special need, and the Minister, may make a written agreement for,

(a) the Minister's provision of services to meet the child's special need;
and

(b) the Minister's supervision or care and custody of the child.

Sixteen and seventeen year olds special needs agreement with the Minister where a child who is sixteen years of age or older and is not in the care of his or her parent and has a special need, and the Minister, may make a written agreement for the Minister's provision of services to meet the person's special need.

(C.F.S.A., 30 (2), 31(2))

Apprehension

An apprehension occurs when a child in the care of his or her parent/legal guardian is found in need of protection and less intrusive measures do not adequately meet the child's needs and alternate caregivers are unable to provide care and when the parent/legal guardian is not willing to enter into a TCA.

Child Welfare Workers have the authority to apprehend children under the Child and Family Services Act. The Society must bring forth a Protection Application to the court within 5 days of apprehending a child requesting the child remain in the care of the Society; or if deemed safe return the child to his or her parent or alternate caregiver. At this time the child will be court ordered to remain in the care of the Society, placed with Kin or returned home to the parent with or without a period of monitoring.

Court Ordered Status

Children can remain in the care of the Society or be returned to his or her parents under the following court orders:

- **Supervision Order** – When a court order is made placing the child with the biological parent/guardian or kin subject to the supervision of the Society. Supervision orders are made for a minimum of three months and are not to exceed twelve months. There are conditions that the family must meet or abide to in the order of supervision.
- **Temporary Order of Care** – When a court hearing is adjourned and a final court order (decision) has not been made, the court will make a temporary order of care placing the child in the care of the Society, the biological parent/guardian or kin until the next court date. This is known as an “Interim Care order”.
- **Society Wardship** – When the court orders that the child be made a ward of the Society and placed into their care. Society Wardship orders are for a specific period of time, not to exceed twelve months. The Society has temporary legal custody of the child, and all decisions made about the child are a shared responsibility of the Society and the biological parent/legal guardian. For example, medical needs
- **Crown Wardship** – When the court orders that a child be made a permanent Ward of the Crown and be placed in the care of the Society. The Society has full legal responsibility for the child until the Crown Wardship order expires when the child reaches the age of eighteen (18) years of age. Crown Wardship orders are not terminated until a child is successfully adopted, repatriated to the care of the biological parent/guardian if deemed safe, placed with kin who obtain legal custody or move to inter-dependence at the age of eighteen.

Continued Care and Support for Youth (CCSY)

As of May 15, 2013 the Continued Care and Support for Youth (CCSY) program has replaced the former Extended Care and Maintenance (ECM) guidelines. Through CCSY, youth ages 18,19,and 20 can receive financial and other supports from a Children’s Aid Society (CAS). The support is intended to help youth build on their strengths and meet their goals during their transition into adulthood:

Eligibility Criteria:

- a) Age 18, 19, or 20 years old and:
- b) Were subject to a Crown Wardship or legal custody order immediately prior to their 18th birthday (or prior to marriage, if it occurred before 18th birthday); or
- c) Were the subject of a customary care agreement for which the CAS paid a subsidy to the youth’s caregiver immediately prior to their 18th birthday; or

- d) Were eligible to receive Renewed Youth Supports (RYS) at ages 16 and/or 17, whether or not the youth actually received RYS.

Eligibility for CCYS is not affected by any of the following:

- a) Family status (e.g. whether the youth has children);
- b) Relationship status (e.g. married, single, living with a partner);
- c) Education or employment status (e.g. whether the youth is in school, employed full or part time, or unemployed).

How Does the youth sign up for CCSY Supports?

The youth must enter into an agreement with his/her CAS. This agreement describes the roles and responsibilities of the youth and of the CAS. The CCSY Agreement will be in effect for one year, and may be renewed on an annual basis until the youth's 21st birthday

Court Attendance

Children and youth aged 12 and older are served with court papers and should attend court hearings unless planned otherwise with the worker. If attending court a lawyer (OCL)—Ontario Child's Lawyer may be appointed for any children or youth in care, and foster parents may be asked to assist by bringing children to appointments with their lawyer. Children have a right to speak to, and correspond with their lawyer privately.

We encourage your involvement with the child/youth at court. According to the Child and Family Services Act R.S.O. 1990, as amended, if a child has been in your home for six months before a particular court hearing, you will be notified of the proceedings and are expected to be present.

In situations where a trial is required, you may be summonsed to be a witness with regard to how the child has progressed in your home, comments or discussions that the child may have had with you about life at home, as well as their concerns or wishes. You should be fully prepared to be a witness. We understand that this will be a very stressful time for you, so make sure that you discuss your anxieties with the child care worker, court worker or the CAS lawyer. Whenever you attend court your dress should be respectful, e.g., no shorts, sweat pants, jeans etc. If in doubt, speak to the worker in advance regarding appropriate Court attire.

Form 14A: Affidavit - An affidavit is a sworn statement that is used as evidence in court. You may be asked to prepare an affidavit outlining the care, concerns, wishes of the child in your care. The Agency's Legal Department will assist you in the preparation of an affidavit.

Rights of Children in Care

The Society has an obligation to inform each child of these rights and responsibilities and it is important that you know what they are as well in order that you can assist the child with his/her questions. These rights are summarized as follows:

No service provider shall detain a child or permit a child to be detained in locked premises in the course of the provision of a service to the child, except as Part IV (Youth Justice) and Part VI (Extraordinary Measures) authorize. This does not prohibit the routine locking of premises for security at night.

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

A child in care has a right,

- (a) to speak in private with, visit and receive visits from members of his or her family regularly, subject to subsection (2);
- (b) to speak in private with and receive visits from,
 - (i) the child's solicitor,
 - (ii) another person representing the child, including the Provincial Advocate for Children and Youth,
 - (iii) the Ombudsman appointed under the *Ombudsman Act* and members of the Ombudsman's staff, and
 - (iv) a member of the Legislative Assembly of Ontario or of the Parliament of Canada; and
- (c) to send and receive written communications that are not read, examined or censored by another person, subject to subsections (3) and (4). R.S.O. 1990, c. C.11, s. 103 (1); 2007, c. 9, s. 25 (2); 2009, c. 2, s. 8 (1).

A child in care who is a Crown ward is not entitled as of right to speak with, visit or receive visits from a member of his or her family, except under an order for access made under Part III or an openness order or openness agreement made under Part VII.

Written communications to a child in care,

- (a) may be opened by the service provider or a member of the service provider's staff in the child's presence and may be inspected for articles prohibited by the service provider;
- (b) subject to clause (c), may be examined or read by the service provider or a member of the service provider's staff in the child's presence, where the service provider believes on reasonable grounds

that the contents of the written communication may cause the child physical or emotional harm;

(c) shall not be examined or read by the service provider or a member of the service provider's staff if it is to or from the child's solicitor; and

(d) shall not be censored or withheld from the child, except that articles prohibited by the service provider may be removed from the written communication and withheld from the child. 2009, c. 2, s. 8 (2).

Written communication includes mail and electronic communication in any form to and from a young person, who is detained in a place of temporary detention or held in a place of secure custody or of open custody,

(a) may be opened by the service provider or a member of the service provider's staff in the young person's presence and may be inspected for articles prohibited by the service provider;

(b) may be examined or read by the service provider or a member of the service provider's staff and may be withheld from the recipient in whole or in part where the service provider or the member of their staff believes on reasonable grounds that the contents of the written communications may,

(i) be prejudicial to the best interests of the young person, the public safety or the safety or security of the place of detention or custody, or

(ii) contain communications that are prohibited under the federal act or by court order;

(c) shall not be examined or read under clause (b) if it is to or from the young person's solicitor; and

(d) shall not be opened and inspected under clause (a) or examined or read under clause (b) if it is to or from a person described in sub clause (1) (b) (ii), (iii) or (iv). 2009, c. 2, s. 8 (3).

A service provider may impose such conditions and limitations upon persons who are visiting a young person in a place of temporary detention, of open custody or of secure custody as are necessary to ensure the safety of staff or young persons in the facility. 2009, c. 2, s. 9.

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

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

- (a) the Provincial Advocate for Children and Youth and members of his or her staff;
- (b) the Ombudsman appointed under the *Ombudsman Act* and members of the Ombudsman's staff; or
- (c) a member of the Legislative Assembly of Ontario or of the Parliament of Canada,

unless the provincial director determines that suspension is necessary to ensure public safety or the safety of staff or young persons in the facility.

A child in care has a right,

- (a) to have reasonable privacy and possession of his or her own personal property; and
- (b) to receive the religious instruction and participate in the religious activities of his or her choice, subject to section 106. R.S.O. 1990, c. C.11, s. 104.

A child in care has a right to a plan of care designed to meet the child's particular needs, which shall be prepared within thirty days of the child's admission to the residential placement.

A child in care has a right,

- (a) to participate in the development of the child's individual plan of care and in any changes made to it;
- (b) to receive meals that are well-balanced, of good quality and appropriate for the child;
- (c) to be provided with clothing that is of good quality and appropriate for the child, given the child's size and activities and prevailing weather conditions;
- (d) to receive medical and dental care, subject to section 106, at regular intervals and whenever required, in a community setting whenever possible;
- (e) to receive an education that corresponds to the child's aptitudes and abilities, in a community setting whenever possible; and
- (f) to participate in recreational and athletic activities that are appropriate for the child's aptitudes and interests, in a community setting whenever possible. R.S.O. 1990, c. C.11, s. 105.

Subject to subsection 51 (4) and sections 62 and 63 (temporary order, society and Crown wards) of Part III (Child Protection), the parent of a child in care retains any right that he or she may have,

- (a) to direct the child's education and religious upbringing; and
- (b) to give or refuse consent to medical treatment for the child. R.S.O. 1990, c. C.11, s. 106.

A child in care has a right to be consulted and to express his or her views, to the extent that is practical given the child's level of understanding, whenever significant decisions concerning the child are made, including decisions with respect to medical treatment, education or training or work programs and religion and decisions with respect to the child's discharge from the placement or transfer to another residential placement.

A child in care has a right to be informed, in a language suitable for the child's level of understanding, of,

- (a) the child's rights under this Part;
- (b) the internal complaints procedure established under subsection 109 (1) and the further review available under section 110;
- (c) the existence of the office of the Provincial Advocate for Children and Youth;
- (d) the review procedures available for children twelve years of age or older under sections 34, 35 and 36 of Part II (Voluntary Access to Services);
- (e) the review procedures available under section 97 of Part IV (Youth Justice), in the case of a young person described in clause (b) of the definition of "child in care" in section 99;
- (f) the child's responsibilities while in the placement; and
- (g) the rules governing day-to-day operation of the residential service, including disciplinary procedures,

upon admission to the residential placement, to the extent that is practical given the child's level of understanding.

(C.F.S.A., 99-108)

Responsibilities of Children and Youth in Care:

While you are in care, people will expect you to:

- Keep in touch with your worker
- Go to school when you should and complete your homework
- Talk to your foster parents about what is going on in your life, your plans for the day and where you will be when you are not at the foster home
- Show up on time for your appointments
- Respect other people, neighbours and property
- Respect the privacy of others
- Respect other people's differences in gender, ability, race, colour, culture, religion, gender identification and sexual orientation
- Be helpful to others in the home and do your share of household chores that are appropriate to your age and ability
- Take good care of your body

- Take responsibility for yourself and your actions

Confidentiality

The Society requires you to sign a statement with respect to confidentiality. The Society has a strict policy with regard to confidentiality in order to protect the privacy of families and children we work with. The policy is based on legislation and standards required by the Ministry of Children & Youth Services.

We will be sharing with you, a great deal of sensitive information about the child in your care and their family and it is expected that you will not divulge this information to *anyone* (this includes family members, friends, community members, work mates etc.) unless authorized to do so. As a rule, information should be shared on a 'need to know basis'.

Your own children or other children in your homes may be curious about the details of another child's history. You should only share information that is age appropriate and that they may need to have in order to protect themselves ie. sexual behaviours or aggressiveness.

If you are not sure what is appropriate to share, discuss it with the child care worker or your foster care support worker.

Before taking foster children into your home, you may want to explain to your extended family that there are only certain things that can be shared with them and that they should not question the child other than on a friendly basis. Other individuals in your life may ask about the plans for or background of the children in your care. This is not information that they need to know and therefore must not be disclosed.

Foster parents should not be sharing information about a child's legal status or permanent plans. If a child is going for a relief placement, being babysat or cared for in another capacity, you will, of course, need to share information that the relief parent needs for the care of that child. This may include any concerning behaviours, routines, fears, likes and dislikes etc.

Staff members are also bound by confidentiality in regard to your home. Any breach of confidentiality will be investigated and dealt with as per the Society's policy and procedures in regards.

We recognize that sharing with other foster parents is important, but care needs to be taken to ensure that information shared serves a purpose directly related to the care of the child, and is done in a secure setting, respective of the confidentiality agreement you have undertaken with the Society.

The Office of the Provincial Advocate for Children and Youth

The Office of the Provincial Advocate reports directly to the Legislature and provides an independent voice for children and youth, including children with special needs and First Nations children.

The advocates receive and respond to concerns from children, youth and families who are seeking or receiving services under the Child and Family Services Act and the Education Act (Provincial and Demonstration Schools).

The Provincial Advocate may identify systemic problems involving children, conduct reviews and provide education and advice on the issue of advocacy and the rights of children.

The Office is guided by the principles of the UN Convention on the Rights of the Child and has a strong commitment to youth involvement.

The Office of the Provincial Advocate for Children and Youth serves youth in state care and the margins of state care through individual, systemic and policy advocacy. The Office strives, at every level of its operation to be an exemplar of youth participation.

(Office of the Provincial Advocate for Children and Youth, 2009)

The Office was part of developing the Youth Leaving Care Hearings which occurred in November 2011. A report was published that came out of the submissions for the hearings. This report is titled 'My Real Life Book' and provides an abundance of insight into the experiences of youth that have been in the care of Societies across the province.

Please take the time to go to the link below and read this report. Created by youth to move forward change, knowledge and understanding.

http://www.provincialadvocate.on.ca/documents/en/ylc/TEXT_ONLY_REPORT_EN.pdf

Children & Youth's Access to Records

CASNPS has a policy regarding access to service records. This applies to children and youth in the care of the Society, as well those who have been in care historically, that wish to review their file or parts of such. The policy is as follows:

A person may review his/her file, or be given a verbal or written summary of Agency involvement with him/her, excluding:

- confidential information about another person,
- information obtained from a third party,

- any assessments by a person who is not employed by the Agency (the name of the assessor can be released),
- information that would be considered harmful to the subject,
- for the parent, information collected about a child under Section 28, Part II, of the C.F.S.A.
- When a person contacts the Society and requests file information (verbal or written summary), the request will be transferred to the assigned child protection worker if the file is open. If the file is closed the request will be forwarded to the File Disclosure Worker.

Permanency Planning

Bill 2-10 expanded our knowledge of permanency planning for children and highlighted that permanency for children begins when child welfare services are initiated. Permanency was re-defined as:

- **Admission Prevention** – the focus is on child safety and maintaining the child in the family home while providing support and assistance.
- **Kin Service:** An option for the child to be placed with kin if unable to remain in the familial home. The child could be placed with kin under a voluntary agreement or under a supervision order.
- **Kinship in Care:** A placement option for children the court has ordered into CAS care. The child is able to be placed with kin whom will be assessed by the CAS through the home study process and licensing standards. If financial resources are required to support the child within the kin home a per diem is provided once the home has been approved that is retroactive to the date of placement of the child. Prior to the kinship care home being approved, the Society can provide purchase orders to assist with direct care. Once the home is approved, the amount provided via purchase order is deducted from the per diem amount owing to the kinship care family.
- **Customary Care:** Is a placement option for First Nations Children requiring a placement outside of their family home. Customary Care is a traditional method of caring for children premised on the belief that a child is a sacred gift from the Creator and as such is the collective responsibility of the community.
- **Legal Custody:** A permanent placement option to provide legal guardianship of a child to a parent, kin, community member or resource parent. The CAS could make the application for custody under the Child and Family Services Act. Children in the care of a legal guardian maintain their Continued Care and support for Youth (CCYS) eligibility.

- **Resource Care:** A viable placement option for children in the short term. Permanency considerations for children in long term resource care include improving financial support to adopt and/or assume legal custody of children in their care. Strengthening Resource Care initiatives include improved training and support for resource parents; home study and licensing flexibility; funding flexibility to invest in improved supports to resources homes (children's mental health, respite and educational supports).
- **Youth Exiting Care:** Financial support and guidance for youth exiting the care of the Society at 18 years of age until the age of 21.
- **Adoption:** Provides permanence for children through legal and emotional certainty.

Openness in Adoption

Openness is defined as written, verbal or face to face contact or communication between a child and any person. Communication may range either direct or indirect and may permit the disclosure of identifying or non-identifying information. The frequency of contact may vary from episodic to ongoing. There are two types of openness that can apply to children being placed on adoption.

- **Openness Order:** Pertain to children who are Crown Wards only and are being placed for adoption. The openness order allows the child to be adopted and still maintain communication with his or her biological parents, guardian, siblings and/or kin. The person the child will have openness with and the potential adoptive parents must consent to the openness order and the order must be made prior to the adoption being finalized.
- **Openness Agreements:** Are available in both public (CAS) and private adoptions and can be entered into at any time. Openness Agreements contain no provisions governing variation, termination or enforcement of agreements.

Child Care Folder

The child care folder contains relevant information about the child. The folder should come to you with some information already filled out and with pre-printed sheets for the recording of the child's possessions, routines, purchases and expenditures, medical needs and treatment and significant contacts. Also contained in this folder is the behaviour profile/ checklist, placement checklist, rights and responsibilities guides, OCAS complaint procedure brochures, family history documents, the Nipissing District Developmental Screens (ages 0 to 6 years). There is also a booklet of information to be filled out by foster

parents: life book starter kit, possession list, last placement forms, expense/mileage forms, medical treatment forms, health report, medical treatment report and foster care memory book. There is also a missing child questionnaire and protocol for steps to take when a child is missing. There is a booklet containing psychotropic medication policies and procedures, forms relative to medication use and treatment and resources regarding psychotropic medications, over-the-counter medications and drug combinations.

This folder should follow the children to all placements including relief and adoption.

You can add to this folder as you collect important information. This is a great place to store and organize the Plan of Care and other documents significant to the child's care such as educational reports etc.

Plan of Care (POC)

Every child that is in care for thirty days or more will have a Plan of Care report/recording outlining areas of need, strengths, goals and family history in eight domains of the child's life: Health, Education, Identity, Family & Social Relationships, Social Presentation, Emotional and Behavioral Development, Self Care Skills and Permanency Planning. The Plan of Care is developed and implemented by the child's Child Care worker, the biological parents/guardian, the Protection worker if involved, the child's foster parents, the child and any other social services involved in the child's life (school, children's mental health). Plan of care review meetings occur:

- Within thirty days of a child coming into care or a change in the child's primary placement
- Within 30 days of a child coming into care or a change in the child's primary placement
- Within 3 months (90 days) of the child coming into care or a change in the child's primary placement
- If the child is stable the POC is completed every six months (180 days) thereafter
- If the child is not stable POC reviews continue every 3 months (ninety days)

It is the responsibility of the child's Child Care Worker to schedule all POC meetings and complete the written report thereafter. Foster Parents are required to participate in all POC's and ensure a copy of the POC is held in the child's Child Care Folder. Foster Parents will be asked to sign the plan of care document once is completed as participants to the planning.

Social History

Every child who comes into care has an on-going Social History report/recording. A child's social history is the responsibility of the child's Child Care Worker and is initiated at the time the child comes into care and is updated on an on-going basis, minimally once per year. The purpose of a child's social history is to ensure the child's history, including their life prior to entering care and while in care is well documented. This allows the child to return to the agency at any time for information and clarity. Many adult children often return to the agency to have questions answered about their childhood to provide closure, assist with counseling and assist them with moving on with their lives. Foster Parents should pass on any relevant social history information to the child's Child Care Worker. Social history has to be initiated within **60 days** of a child entering care and annually thereafter

Ontario Looking After Children: OnLAC

Looking After Children (LAC) is an international initiative within child welfare that has had an important impact on promoting monitoring of outcomes for children and youth. The Ministry of Children and Youth Services' policy directive issued in August 2006 required all Children's Aid Societies in Ontario to implement LAC starting in December of 2007. OACAS and the OnLAC Council have provided oversight and guidance to agencies during this implementation phase and almost all CASs have started using Looking After Children. The LAC approach assists agencies to ensure children in Ontario are cared for according to evidence-based best practices. The data generated by LAC enables the child welfare field to measure outcomes for all the children in long term out-of-home care in Ontario.

(Ontario Association of Children's Aid Societies, 2010)

Assessment and Action Record (AAR)

The AAR is the assessment tool that is used in the OnLAC approach. It is an annual assessment tool used to form the basis of a child's Plan of Care and intended to act as a guide for looking at the whole child in relation to the important areas of his or her life. The assessment is completed with the child, the child's closest caregiver who is primarily the foster parent and the child's Child Care Worker. The assessment is administered by the Child Care Worker and consists of a series of separate questions for the child, foster parent and worker. The full assessment is typically completed over several face to face visits and covers seven dimensions of the child's life. These dimensions are: **Health, Education, Identity, Family and Social Relationships, Emotional and Behavioural Development, Social**

Presentation and Self-Care Skills. These dimensions are in the child's plan of care and outcomes are generated based on the findings of the Assessment and Action Record (AAR) questions.

The AAR should be introduced to the children and youth as an interview tool that allows them to identify their needs and to see their developmental progress across the seven developmental dimensions on a yearly basis. The AAR also allows everyone involved with the child/youth to plan appropriately for the children's everyday lives in order to maximize their potential and to ensure a high quality of life. Using the AAR allows children and youth to have a voice in the important decisions in their life. The questions asked in the AAR are to stimulate discussion about many vital issues and those who are responsible for the decisions which impact on the children's lives need to hear from those most affected, namely the child or youth.

(Ontario Association of Children's Aid Societies)

40 Developmental Assets

The Developmental Assets® are 40 common sense, positive experiences and qualities that help influence choices young people make and help them become caring, responsible, successful adults. Because of its basis in youth development, resiliency, and prevention research and its proven effectiveness, the Developmental Assets framework has become one of the most widely used approaches to positive youth development

Over time, studies of more than 2.2 million young people consistently show that the more assets young people have mastered, the less likely they are to engage in a wide range of high-risk behaviors and the more likely they are to thrive. Research has proven that youth with the gained assets are least likely to engage in four different patterns of high-risk behavior, including problem alcohol use, violence, illicit drug use, and sexual activity. The same kind of impact is evident with many other problem behaviors, including tobacco use, depression and attempted suicide, antisocial behavior, school problems, driving and alcohol, and gambling.

The positive power of assets is evident across all cultural and socioeconomic groups of youth, and there is also evidence that assets have the same kind of power for younger children See [Appendix D](#) for the 40 Developmental Assets for age ranges 3-5 years, 5-9 years, 8-12 years and 12-18 years, to identify and begin to build further developmental assets in the children you are caring for.

(Search Institute, 2012)

Nipissing District Developmental Screen

The Nipissing District Developmental Screen “is an innovative developmental screening tool for infants and children up to 6 years of age, to be completed by a parent or health/child care professional. Early identification is the first step in early intervention.”

(Nipissing District Developmental Screen Intellectual Property Association, 2011)

This screening tool is included in every Child Care Folder, and should be used by caregivers to screen for developmental milestones for all children under the age of 6. You will often use this information when you are creating Plans of Care with the child care team. (See [Appendix E](#))

Cultural Competence

Cultural Competence is an essential tool for parenting children and youth in care. It is the development of your knowledge base about cultures, other than your own, and an openness to learn, listen and most importantly respect cultural experiences and differences.

Perhaps the most challenging part, for many, of developing cultural competence is the need, in doing so to challenge your personally held stereotypes and be willing to alter them.

The sixth essential competency in the PRIDE model is, as previously mentioned, “reinforcing a child’s heritage and cultural identity”. By working actively with birth families and members of the child’s cultural community you can expand your understanding of the child’s culture, and increase support for, and respect of their experience with such. This leads you to a path of cultural competency.

In moving on this path towards cultural competency you and your family may find yourselves at cultural events: Friendship Centres, cultural halls, theatrical performances and travel to other centres, preparing new foods, listening to culturally specific music, doing internet research, being exposed to new customs, philosophies and faiths or watching television programs or movies from, or on, a culture. All of these experiences help to illuminate the vibrant components that exist in every culture, promote awareness of personal bias and held stereotypes and encourage inclusion of the child’s culture in the formation of their cultural identity. (See [Appendix F](#))

Friendship Centers

Friendship Centres exist in 29 Ontario communities. Their aim is "to improve the quality of life for Aboriginal people living in an urban environment by supporting self-determined activities which encourage equal access to and participation in Canadian society and which respects Aboriginal cultural distinctiveness."

To achieve this, The Ontario Federation of Indian Friendship Centres provides programs "that promote education, economic development, children's and youth initiatives, and cultural awareness".

(The Ontario Federation of Indian Friendship Centres, n.d.)

The North Bay Indian Friendship Centre is located at 980 Cassells St. in North Bay (705-472-2811). "The mission of the North Bay Indian Friendship Centre is to improve the quality of life for First Nation, Metis, and Inuit people in the urban environment of North Bay by supporting self-determined activities which encourage equal access and participation in society and which respects Aboriginal cultural distinctiveness. The North Bay Indian Friendship Centre provides a wide array of programs and services to support Aboriginal people of all ages. An important part of their mandate is to serve as a Gathering Place. The NBIFC invites all community members to visit the Centre and to participate in the many communal activities that are held throughout the year."

Some of the programs and services offered include: Akwe:go, Alcohol and Drug, Apatisiwin, Canada Prenatal Nutrition Program, Child Nutrition/Fetal Alcohol Spectrum Disorder, Community Action Program for Children, Community Wellness, Criminal Courtwork, Cultural Connections for Aboriginal Youth, Family Courtwork, Health Outreach, Healthy Babies Healthy Children, Kizhaay Anishnaabe Niin, Life Long Care, Urban Aboriginal Healthy Living, and Wasa-Nabin.

(The North Bay Indian Friendship Centre, n.d.)

Religion

Every child who comes into the care of the Society is entitled to the practice of his/her religion and equally to non-attendance at religious ceremonies, celebrations or rituals whether in or out of the home.

The Society is committed to ensuring this under the Child and Family Services Act and efforts are made at placement to match religious beliefs of the child with those of the foster home. Where this is not possible, you are expected to make arrangements with the Child Care Worker for the child's attendance at, and practice of, their religious beliefs. If the child has not historically participated in religious practice or events and you wish them to join your

family in such, you must discuss this with the child and their Child Care Worker and birth family members, where applicable. Religious practices and beliefs should be addressed in the child's plan of care.

Sexual Orientation and Gender Identity

The components of identity related to gender and sexual orientation and expression of such, is a significant area of development for children and youth. It is one in which youth require support, discussion and respect for their sexual and gender identification.

Consider the following statistics compiled by Parents, Families and Friends of Lesbians and Gays (PFLAG, 2009)

- Lesbian, Gay, Bisexual and Transgendered (LGBT) youth hear anti-gay slurs an average of 26 times a day
- 26% of LGBT youth are told to leave home
- 43% of trans-identified persons attempt suicide
- LGBT youth are more likely to become homeless
- 30% of suicides are LGBT

The lesbian, gay, bisexual, transgendered, transsexual and two-spirited children and youth in our care require additional support, in light of the above mentioned statistics. They will need and benefit from your support, understanding, empathy, advocacy and acceptance. It is the position of the Society that as foster parents for LGBT children and youth you will embrace these roles and educate others, advocate on behalf of and support the children and youth in your care.

For more information please visit the PFLAG website: www.pflagcanada.ca

Lifebooks

The concept of a lifebook was developed because of the profound number of children that had left the child welfare system, historically, with no tangible memories of their time in care; placements, events, activities, awards, pets, houses, bedrooms, siblings, likes, dislikes, toys, vacations, schools, teachers, friends and many other areas in which most children have tangible memories, collected for them on their behalf. It becomes our role as workers and caregivers to children in care to ensure that these tangible memories are collected on their behalf. Lifebooks take many forms and can be extraordinarily creative in nature. They may be in the form of a scrapbook, a photo album and memory box, letters from significant people in the child's life or form letters filled out by parents, siblings, grandparents, extended family members, community members, teachers, neighbors, babysitters and other significant people in the life of the child.

The Society can provide you with forms for various memories and that can be filled out by various people in the child's life to be include these in the child's lifebook. Some example pages for your use are also included in [Appendix G](#) at the back of this document.

Every child deserves memories of their childhood that are tangible and that they can take with them as they grow, that they can look back upon and that they can reflect on. Please create and collect memories with the children in your care-they will stay with them for a lifetime!

Family History

For every child that is in the care of CASNPS, a Family History ([Appendix H](#) of this document) is completed, on their behalf by Child Welfare Workers. Family History is a significant part of understanding needs, strengths and behaviours, planning for and providing care for children. Insight can be developed into the socialization of the child that can lead to more informed planning and implementation of best practice models based on the needs of the child and family.

The family history collected includes direct information such as date of birth, contact information, health issues and band or aboriginal community for birth mother, father, grandparents, aunts, uncles as well as the child themselves. Significant individuals, in the life of the child, are also identified on this document.

As a foster parent and caregiver you will most often be provided with further and more specific information about members of the child's birth family and significant individuals in their life. Please ensure that you document this information and share it with the Child Care Worker. This information will be significant in creating and adjusting the Plan of Care, adding to the child's Social History and some can be used as great additions to the child's lifebook.

The Birth Family and/or Guardian/Parents

Foster families are encouraged whenever possible and when in the best interests of the child to build a relationship with the child's parents. This will promote reunification for both the child and the parent. The child will be reassured that their parents are safe, not upset with them and that they are working hard to have them return home. This will give the parents reassurance that their child is being well cared for, and the opportunity for them to assist the foster parents in caring for their child while recognizing that the parent is the expert in the child's life.

Becoming involved and building relationships with the child's parents occurs at varying degrees, and at times this is not possible. This is dependent upon any potential safety concerns for the child and/or the foster family. This should be openly discussed with the child's case worker and with your foster care support worker if additional direction or clarification is needed.

When working with birth family members you are able to retain those connections for the children in your care. This is a significant part of respecting the child's individual experience and supporting their reunification with their family of origin. In the case of children whose legal status changes to Crown Wardship, the importance of the birth family remains key, as it relates to their identity. Children may have ongoing access and visitation with members of their birth family in placement and adoption. Creation of, and maintenance of respectful relationships and developing and abiding by healthy boundaries in your relationships with birth family members may act to set the child at ease by allowing them emotional permission to engage in relationships with birth family members.

Every child's identity is connected to their birth family, on some level. The feelings and experiences of birth family members are directly connected to and sometimes interdependent with the child's feelings and experiences.

Some ways of creating healthy and respectful relationships with birth families may include sending cards and letters with updates on the child in your care. Pictures of the child, their room, activities they enjoy and items they have made are other examples. Depending on the family's strengths and needs you may be able to have shared celebrations such as birthday parties and invite family members for dinner or on outings. You can discuss what is most appropriate with the Child Care Worker, however empathy is always encouraged: imagine if you were in the position of birth family members, how would you wish to be treated, what types of contact and communication would you appreciate?

Access: Visits, Telephone & Internet

Since the primary goal of foster care is to return the child to his/her parents, the foster child's contact with his/her parents is considered to be essential. Contact with birth family is important because:

- It allows an opportunity for the worker and family to help the child understand why he/she is not living at home and what changes need to be made in order for him/her to return home or to develop understanding as to why the child will not be returning home
- It helps him/her to be more aware of the reality of the situation with his/her family so that he/she does not have worries or unrealistic ideas about his/her home and is better able to cope with the separation from parents and siblings

- It reassures the child that his/her family has not rejected him/her
- It allows parents opportunity to develop and practice parenting and child care skills with guidance and support of child welfare workers.

Birth parents often need to know that their child is well cared for by the Society. The contact with the child helps them to lessen their feelings of hopelessness and to sustain or increase motivation to work towards the child's return to them. All visits will be planned in advance through the Child Welfare Worker for a time that is convenient for foster parents and biological parents/family members. The type and frequency of visits will depend on the family circumstance, court direction, the number of children in care and the needs and wishes of both parents and children. In all cases it is necessary to remember that no one is allowed to take the child from your home without permission from the Agency. Visits are usually held at the Agency offices, in the community or in the biological parent's home. Occasionally, you may be asked whether you will allow visits to take place in your home. Your observation of the child's reaction to the visits is very important.

It is not unusual that children are anxious before and after visits; you may see behaviours associated with this anxiety. We are concerned with any effect that contact with the child's birth family members may have on your own family, as well.

In some situations, the court will have ordered that family visits must be supervised. These visits may be supervised by other birth family member(s), Child Welfare Worker, Support worker, Youth Worker, or as a Foster Parent you may be asked to do this. You will be consulted with, and able to provide input into any plan that involves your supervision of visits.

Telephone Access

Telephone contact between the child in care and their birth family members will be arranged by the worker and discussed with you as part of the plan of care. The plan for such contact may involve you directly communicating with family members where appropriate. The frequency of telephone contact will be based on factors such as: child's age and needs, family routines (birth and foster) and court involvement.

Internet Access

Any access, as described above, whether telephone, face-to-face or via the internet should be discussed in the child's plan of care. You may be asked to ensure that your computer is placed in a central location in the home so as to observe child reactions to internet access.

If you are unsure about arrangements for access it is vital that you consult the Child Welfare Workers involved with the child.

It is never acceptable to use removal of or threat of removal of access to birth family members as a punishment. Should you have concerns about access that is occurring do not hesitate to contact the Child Care Worker.

YouthCAN

YouthCAN (Communication, Advocacy and Networking) was established by youth for youth through funding provided by OACAS. The functions of YouthCAN are facilitated by the Ontario Association of Children's Aid Societies. The OACAS Ontario Youth Communication Advocacy Network (YouthCAN) Program is the unified voice of Youth in Care, in Ontario.

The province is divided into 6 zones. We are part of the North East zone which consists of Muskoka, Sudbury, New Liskeard, Timmins, Sault Ste Marie and Nipissing Parry Sound. Our zone receives funding to have zone retreats (twice a year), where youth (approximately 30) get a chance to network with other youth, learn new skills and have fun.

There is also a Provincial Conference held once a year at a College campus around Toronto. While youth are there (approximately 300) they meet many new people, hear motivational speakers, and learn about what post-secondary institutions have to offer. They also learn what is changing within the social welfare system and attend workshops to help them build skills in leadership, budgeting, healthy living, lifestyles, mental health, cultures etc.

YouthCAN events give youth the opportunity to network with others, make new friends, connect with old friends and learn leadership skills. Once a youth has attended a YouthCAN event, they always ask to go to the next one!

For youth who show a special interest being a voice for youth in care and making change, there is a provincial group that current and former youth in care can participate in. YouthCAN coordinates a Youth Policy Advisory and Advocacy Group (YPAAG) consisting of current and former youth in care from across the province. This group is involved in quarterly meetings, presentations at conferences, submissions on related legislation, progress reports for CASs, letter writing, meeting with decision makers (such as Executive Directors, MPPs, and the Minister of Child and Youth Services) and ongoing leadership development training. (Ontario YouthCAN,)

Safety, Health & Well-being



Duty to Report

We all share a responsibility to protect children from harm - a responsibility that extends to those situations where children suffer abuse and neglect in their own homes. Ontario's Child and Family Services Act (CFSA) provides for protection for these children. Section 72 of the Act states that members of the public, including professionals who work with children, must promptly report any suspicions that a child is or may be in need of protection to a Children's Aid Society. The Act defines the phrase "child in need of protection" and sets out what must be reported to a Children's Aid Society. This includes physical, sexual and emotional abuse, neglect, and risk of harm. See [Appendix I](#).

(Ministry of Children and Youth Services, 2010)

Home Safety Checklist

Home Safety Checklist, to assess the physical safety and suitability for children, the Foster Care worker does complete this checklist at the following times and on the following occasions:

- prior to being approved, as part of the SAFE homestudy, an initial and a placement ready safety assessment are completed
- Annually, as part of the foster family's annual review
- When a foster family moves to a new home and/or substantial changes are made to the home a home safety check list will be completed prior to a child being placed in the home and/or as soon as possible.
- For any screened support resource where the children in care will be within this home environment.

A standard SAFE Home Safety check list is utilized to assess every foster home as well as screened support homes. All foster children are required to have regulated sleeping and living accommodations, including a bed, appropriate linens, dresser and closet to store their belongings. No two children of the same gender ages of six and older will share the same bed room and every bed room is to have a window large enough to crawl through should a fire occur. See [Appendix L ii](#) for a copy of the Home Safety Checklist which outlines all safety factors that are being assessed.

Guidelines for Supervision of Children

These guidelines provide parents and other caregivers with some general guidelines to consider when making decisions about what level of supervision for children is needed to ensure their safety and well-being. The guidelines may assist you in creating supervision plans, however, a caregiver must at all

times ensure the plan is consistent with the expectations as stated in the Child and Family Services Act and the Plan of Care for the child. You are ultimately responsible for the safety of the children in your care.

Child and Family Services Act

Section 79.3 No person having charge of a child less than sixteen years of age shall leave the child without making provision for his or her supervision and care that is reasonable in the circumstances.

79.4 Where a person is charged with contravening subsection (3) and the child is less than ten years of age, the onus of establishing that the person made provision for the child's supervision and care that was reasonable in the circumstances rests with the person.

79.5 No parent of a child less than sixteen years of age shall permit the child to,

(a) loiter in a public place between the hours of midnight and 6 a.m.; or

(b) be in a place of public entertainment between the hours of midnight and 6 a.m., unless the parent accompanies the child or authorizes a specified individual eighteen years of age or older to accompany the child.

(CFSA, 1990, sec. 79.3-5)

Children 0- 4 years

Children in this age group must be supervised at all times

Children 5 to 7 years

Children in this age group may play unsupervised for up to 30 minutes when a parent (or age-appropriate caregiver) is at home and can check-in regularly with the child or is able to see the child. Many children in this age group can be taught to walk to school by themselves, however, it is preferred that children in kindergarten and grades 1 and 2 are accompanied by a caregiver when walking to school or waiting for the school bus.

Children 8 to 9 years

Children in this age group should not be left alone before or after school. When a parent (or age-appropriate caregiver) is at home, children aged 8 to 9 may play unsupervised in the immediate neighbourhood for up to 1 hour after the conditions listed below have been taken into consideration. There should not be a pattern of leaving a child unsupervised.

- The child knows general rules of safety
- The child knows how to react in cases of fire, power outage and other emergencies
- The safety of the external and internal environment has been assessed
- The developmental abilities of the child have been considered
- The child is generally cooperative and can be depended on to follow rules

Parents are ultimately responsible for their children's safety.

Children 10 to 11 years

Children in this age group may be occasionally left alone at home for up to 1-2 hours (e.g. after school 3:30-5:30), provided they have no fear or anxiety staying home alone and the child's level of maturity matches this arrangement. Children in this age group should not be home alone for any period of time during overnight hours or take care of younger siblings or friends. In order to ensure a child's safety, parents should teach them general safety rules which should include the following:

- How to react in case of fire, power outage and other emergencies
- How to use the telephone and how to answer the telephone or door (and know the dangers of each)
- Whom to contact in an emergency
- Where to find emergency and contact numbers (both should be posted by the phone)
- Where emergency supplies, like a flashlight and first aid kit are kept and how to use them
- How to use a house key responsibly
- How to set limits with friends
- Where to play, with whom and for how long

Children 12 and older

It is recommended that children in this age group are not left alone overnight. Children in this age group are often able to babysit younger children. They should be able to demonstrate that they can follow safety rules. A babysitter who has a babysitting certificate has demonstrated a commitment to take care of younger children and has learned skills that help keep children safe.

- A 12 or 13 year old babysitter should not be left in charge of more than 2 children, should not be responsible for cooking, supervising swimming of or bathing of children, must always have access to consultation with a

parent or responsible adult within 5 minutes and it is generally preferred/recommended that they do not babysit after midnight or for periods longer than 4 hours per day

- Sitter's number one priority should be looking after the children not entertaining friends, listening to music, using the computer etc.
- It's the job of the parent(s) to hire a sitter to look after their children adequately

Additional Safety Tips

- Never leave a child alone in a vehicle
- Never leave a child alone with pets (pets can be unpredictable)
- Never leave a child near water: bathtub, pool, hot tub, river, lake etc.
- Never leave matches, lighters, ashtrays, candles and other fire hazards within the reach of a child

Use a child-proofing Checklist, such as the Child Safety Checklist provided in [Appendix Li](#), around and in your home to prevent injury and ensure safety for your children. A checklist can guide you through your home and help you notice problems such as hazardous chemical storage, unsecured furniture, insufficient safety latches, exposed electrical cords and poisonous plants.

(Hastings Children's Aid Society, 2009)

Fire Safety Planning

As per the Ministry of Children and Youth Services (2012), every home that is licensed under MCYS to provide foster care, must have an evacuation plan. A copy of an evacuation plan that can be tailored to your individual home and family needs is available in [Appendix J](#) of this manual. In the event of a fire and all homes must have working smoke detectors on each floor of the home.

Within foster homes, it is expected that you routinely review the evacuation plan for your home with each individual residing in the home. The plan should be tailored to the individual needs and developmental levels of those residing in your home. The fire safety plan must be posted in your home in a visible spot.

OACAS has published a guide on Fire Safety and Prevention which you can review in [Appendix M](#) of this manual. This guide will provide you with invaluable knowledge in terms of safeguarding your home from fire and decreasing the risk of fire, as well as how to best prepare your home and members of your family, should a fire occur.

All foster homes are expected to meet the conditions laid out in the Home Safety Checklist [Appendix Li.](#)

- Smoke Detector(s) in working order located on each floor and outside of bedrooms.
- Written Fire Evacuation Plan established and regularly reviewed with all family members.
- Evacuation Plan is posted
- Flashlight(s) in working order; easily accessible in emergency
- Fire extinguisher(s) in working order; not less than 2½ pounds; for Class B and C fires.
- Exits and hallways well- lit and uncluttered.
- Fireplace screens or front guards in use; combustible deposits removed regularly
- Copy of home Insurance, provider and coverage has been provided to the Society
- Matches and lighters are inaccessible to children.
- Insurance is mandatory and the responsibility of Foster Parents to maintain on an annual basis.

Carbon Monoxide Safety

Carbon monoxide is an odorless, colourless gas. According to the Centre for Disease Control and Prevention (2011), carbon monoxide is found in “combustion fumes, such as those produced by cars and trucks, small gasoline engines, stoves, lanterns, burning charcoal and wood, and gas ranges and heating systems. CO from these sources can build up in enclosed or semi-enclosed spaces. People and animals in these spaces can be poisoned by breathing it.”

“The most common symptoms of CO poisoning are headache, dizziness, weakness, nausea, vomiting, chest pain, and confusion. High levels of CO inhalation can cause loss of consciousness and death. Unless suspected, CO poisoning can be difficult to diagnose because the symptoms mimic other illnesses. People who are sleeping or intoxicated can die from CO poisoning before ever experiencing symptoms.”

(Centre for Disease Control and Prevention, 2011)

There must be a carbon monoxide detector(s) located on every level of your home.

ATV, Snowmobile & Boat Safety

All children in care are permitted to drive ATVs, snowmobiles and boats where they have met the provincial requirements for licensing of such.

While operating or riding in a boat all children in care must wear a life jacket, approved that meets the Canadian Standard for their size.

While operating or riding on a snowmobile, all children in care must wear a helmet with visor, face shield or goggles.

While operating an ATV all children in care must wear a helmet with visor, face shield or goggles.

Firearms

Children in care are not allowed to use weapons without the authorization of the Society, without responsible adult supervision nor without required licenses.

Foster homes that have firearms must abide by the provincial requirements for safe storage and meet the requirements of the Home study Checklist see [Appendix Lii](#)

- All guns to be stored unloaded and secured with a trigger lock, in a locked container or room, or by disabling the firearm.
- All other firearms for example, bows and hunting sling shots are made inoperable when not in use and are stored in locked cabinets, inaccessible to children.
- Ammunition stored separately from firearms in containers in locked compartments.
- All adults over the age of 18 years using firearms have a Firearms License.

Smoking

The detrimental effects of smoking and exposure to second-hand smoke have been studied and documented extensively. 'A guide to protecting your family from second-hand smoke' (Health Canada, 2006) has been included, in [Appendix N](#) of this document.

Recent research has found that second-hand smoke carries with it 4,000 different chemicals, of which some are known carcinogens. Second-hand smoke has been linked to cancer of the sinuses, brain, breast, thyroid, lymph system, and uterine and cervix cancer as well as leukemia. It can also lead to impaired lung functions, eye, nose and throat problems, respiratory illness,

increased asthma and allergic reactions, heart disease and chronic middle ear infection.

Because of the effects of second-hand smoke on children, the following policy is adopted.

It is the Policy of the Children's Aid Society of the Districts Of Nipissing and Parry Sound that staff, volunteers, foster parents and adoptive parents will make a concerted effort to minimize the health risks of second-hand smoke to children in the Agency's care or under the Agency's supervision. The agency's procedures related to smoking and second-hand smoke are as follows:

1. Staff, volunteers, foster parents and adoptive parents shall not smoke in a motor vehicle when transporting children under the care or supervision of the Society.
2. Foster parents who smoke and are approved prior to 1998 will make an effort to designate a smoking area in their home which has outside ventilation.
3. Foster parents who smoke and are approved after 1998 will be required to have a designated smoking area with outside ventilation. Information packages on this issue will be given to applicants at orientation and pre-service.
4. Infants and medically fragile children (with asthma, middle ear problems, developmental delays, respiratory problems, heart problems, etc.) will be placed only in foster homes/adoptive homes which have a designated smoking area. If the condition is severe, or the child has a smoke allergy such children will be placed only in smoke-free homes. The Plan of Care will include other necessary precautions to safeguard the children from the effects of second-hand smoke.
5. The Society will include, as part of its foster home recruitment plan, the recruitment of smoke-free homes.
6. When parents or children/youth request placement in a smoke-free home every effort will be made to accommodate this request.
7. Staff shall not smoke when on visits at client's or foster parent's homes, or when with clients/youth in care in community settings.

Sun Safety

Time outside can be a healthy and enjoyable experience for families. Unfortunately, there are a number of risks associated with sun exposure, especially for young children. Health Canada (2010) recommends the following advice, regardless of age and ethnicity:

- Avoid needless exposure to the sun.
- Protect your eyes by wearing UV blocking sunglasses.
- Select shaded areas for outdoor activities.
- Clothing such as a broad brimmed hat, long-sleeved shirt, and long pants can protect your skin.
- Tuck a handkerchief under the back of your hat to help prevent sunburn on the neck. If you can't cover up, use a sunscreen containing a Sun Protection Factor (SPF) of at least 15, verify it has both UVA and UVB protection, re-apply every two hours and after sweating or swimming.
- Avoid using sun lamps.
- Some medication can make skin more sensitive to UV rays, consult your doctor if you have any questions.
- Don't let infants or children play or sleep in the sun in a playpen, carriage, stroller, etc.
- Get children used to wearing sunscreen lotion, paying particular attention to the most exposed parts - the lips, face, neck, shoulders, back, knees and tops of feet.
- People can use both sunscreen and insect repellents when they are outdoors to protect their health. Follow the instructions on the package for proper applications of each product. Apply the sunscreen first, followed by the insect repellent.

Please visit the Health Canada website to receive the most up-to-date sun safety information.

<http://www.hc-sc.gc.ca/hl-vs/securit/season-saison/summer-ete/air-eng.php#sunsafety>

Water Safety

The majority of drowning deaths are preventable, Nearly 500 people die every year in water-related incidents in Canada. It is strongly encouraged that everyone gets training and learn proper swimming and safety techniques, through swimming lessons. You should be aware of your limitations and not go beyond your limits. (Catholic Children's Aid Society of Toronto, 2011)

During completion of the Home Safety Checklist (see [Appendix Lii](#)) foster homes will be checked to ensure that swimming pools on the property are fenced and secured with a locked gate and /or meet identified jurisdictional by-laws and that barriers are in place to restrict access to ponds on the property.

Pool Safety

Make sure you have the following safety equipment for your backyard pool:

- Reaching assist and throwing assist with rope attached

- First aid kit
- Keep a phone near the pool
- Pool fencing should surround the perimeter of the pool not just the yard. Gates should be self-latching and self-closing, also consider self-locking mechanisms.

Safe Pool Rules:

- Completely remove pool cover before swimming
- No rough playing, don't push or jump on others
- Walk, don't run, on the pool deck
- Feet-first entries, water must be at least 10 feet deep for diving
- Alcohol and pools don't mix
- Keep pool deck free of debris
- There should be a designated adult supervising children at all times young children and those who have limited swimming skills or capacity

Beach Safety

Watch your children at all times. Never leave them alone in or near water.

Ensure that you and your group know how to swim.

Swim only in the designated swimming areas.

Know your swimming limitations and stay within them. Don't try to keep up with more experienced or stronger swimmers.

Don't bring inflatables to the beach. Wind can blow them into the water where children tend to follow, they can be caught in a current and float away or they can deflate.

Always check water depth before diving.

Never swim alone. Use the buddy system. Always swim with a friend and watch out for each other.

Don't consume alcohol before or while swimming. Alcohol impairs your abilities and judgement.

Learn lifesaving and first aid skills so you can help yourself and others.

Weaker swimmers and young children should wear a properly-sized life jacket or personal floatation device (PFD).

Use sunscreen on all parts of your exposed body. Watch out for young children getting burnt, even in questionable weather. Use a minimum sunscreen of SPF 15 as well as a hat and shirt when you are not swimming. Sunscreen should be applied at least 15 minutes before swimming and reapplied throughout the day.

Hot Water Safety

Children are more at risk for tap water scalds because:

- A child's skin is thinner and more sensitive than an adult's skin. A child's skin burns more quickly - so even a very short exposure to water that is too hot can cause a serious burn.
- Young children cannot move away from hot water quickly. Many tap water scalds happen when a child is in the bath or playing at the sink. If the water is too hot, a child will get a deep burn that covers a large portion of his or her body. The child may need repeated surgery and skin grafts over many years.
- Most Canadian hot water heaters are set to a temperature of 60°C (140° F). Water this hot can severely scald a child's skin in just one second.

A scald is a second-degree or third-degree burn caused by hot liquid or steam.

Hot coffee, tea, soup and other hot foods are the most common causes of scalds to young children. Hot tap water is a less common cause, but these scalds are often more severe - and they are easy to prevent. ***To prevent tap water scalds, the hot water at all your taps should be no hotter than 49°.***

More Water Safety Tips

- Supervise Closely. Adults should stay within sight and reach of any child under five years of age, or any older child who does not swim well – when he or she is in the water or playing near water.
- Do not use baby bath seats. Babies have drowned in bath seats. Although warning labels recommend that parents or caregivers stay close by, the baby bath products can mistakenly be seen as a safe substitute for supervision. This gives adults the misconception that they can do other activities while the child is in the tub.
- Wear lifejackets on boats. Boaters should choose lifejackets that fit children according to their weight, and ensure the straps are buckled. Canada's cold waters make it hard for even a strong adult swimmer to survive until rescue without a lifejacket.
- It is not recommended that babies travel by boat because there are no Canadian-approved lifejackets for infants who weigh less than 20

pounds (9 kilograms). Parents or caregivers should wait until their child is at least 20 pounds (9 kilograms)

(Catholic Children's Aid Society of Toronto, 2011)

Car Seats

The 'Ride Safe' program in North Bay inspects all car seats in foster homes, prior to approval and every year after that during the home's annual review. See your family's Foster Care Worker to set this up.

All car seats in Canada must be certified to meet the safety requirements of the Motor Vehicle *Restraint Systems and Booster Seats Safety Regulations (RSSR)*. Under *Canada's Consumer Product Safety Act (CCPSA)*,

Some helpful hints when it comes to car seats:

- Ensure the car seat contains Transport Canada's National Safety Mark:



NSM sample - the unique number assigned to a company is to appear in the center of the NSM. (Transport Canada, 2012)

- Do not use car seats if they have been in an accident
- Do not purchase or use second-hand car seats, as you will not know if they have been in an accident
- Baby Car Seat Carrier Safety Belts do not meet the safety requirements of the RSSR and are not to be used
- If you are unsure if a car seat or booster seats meets the standards outlined, contact your Foster Care Worker, prior to use

Safe Sleep

The Children's Aid Society of the District of the District of Nipissing and Parry Sound is committed to promoting safe sleeping practices to decrease the risk of occurrence of preventable infant deaths.

An infant is unable to lift his/her head until about 4 months and only for a short period of time. An infant, therefore, cannot avoid conditions or objects

that make it hard for him/her to breathe. Rather than just a specific age, decisions about safe conditions for a child's sleep should be made in consideration of developmental milestones

Safe sleeping practices will be promoted by educating parents, staff, resource parents and alternative caregivers to support the benefits of implementing the principles of safe sleeping. Whenever necessary, the Children's Aid Society will intervene to address modifiable risk factors associated with sleeping practices.

The Children's Aid Society of the District of Nipissing and Parry Sound adopts the Public Health Agency of Canada as the primary source of expert information regarding Safe Sleeping Practices and which outlines the guidelines promoting that the preferred place for a baby to sleep is in a crib which meets current Canadian regulations. See [Appendix O](#) for the complete 'Safe Sleep for Your Baby' pamphlet, published by Public Health Agency of Canada

Common Terminology Used:

Infancy is defined as the age between birth and 1 year of age. A newborn infant is generally defined as a child from birth to 4 weeks of age. A toddler is defined generally as a child from 1 to 2 years of age

Room sharing refers to a sleeping arrangement where an infant's crib, cradle, bassinet is placed in the same room as the caregiver for the first six months.

Bed Sharing describes a sleeping arrangement where an infant shares a sleeping surface such as an adult bed, sofa or armchair with another adult or child. Sharing a sleeping surface increases the risk of entrapment , overheating , overlaying and suffocation and may lead to an increase risk of Sudden Infant Deaths .The risk is particularly high for infants less than 4 months.

The term **co-sleeping** should be avoided as it includes bed sharing and room sharing. Definitions of this term are inconsistent.

Swaddling or bundling may be applied when an infant is in an alert /quiet stage or active state while being held or engaged by a caregiver. Swaddling or bundling provides infants with a sense of security. Most newborns, especially those who have been exposed to substances enjoy being wrapped snugly in a soft blanket. * *Swaddling or bundling is considered as short term practice following birth. It is not to be considered a long term practice.*

Principles of Safe Sleep and Modifiable Risk Factors

- a) **Infants placed on their backs to sleep, for every sleep, have a reduced risk of SIDS.**

It is important to consistently place infants on their backs to sleep at home, in child care settings and when travelling.

Sleep positioners or any other infant sleep positioning devices should not be used as they pose a risk of suffocation.

Infants will benefit from supervised tummy time when they awake, several times a day to counteract any effects of regular back sleeping on muscle development or of developing plagiocephaly, commonly referred to as flat head.

- b) **Preventing exposure to tobacco smoke before and after birth reduces the risk of SIDS.**

Maternal smoking during pregnancy increases the risk of SIDS.

Infants who are exposed to second hand smoke after birth are also at greater risk of SIDS, and the risk increases with the level of exposure.

- c) **The safest place for an infant is in a crib, cradle or bassinet that meets current Canadian regulations.**

When infants sleep on surfaces which are not designed for them, such as adult beds, sofas and armchairs. They are more likely to become trapped and suffocate, in particular when the surface is shared with an adult or another child.

Strollers, swings, bouncers and car seats are not made intended for infant sleep. When sleeping in a sitting position, an infant's head can roll forward and their airway can be constricted.

Other than a firm mattress and a fitted sheet there is no need for any extra items in a crib, cradle or bassinet.

Overheating is a risk factor for SIDS. Infants are safest when placed to sleep in fitted one piece sleepwear that is comfortable at room temperature and does not cause them to overheat. Infants do not require additional blankets as infant's movement may cause their heads to become covered and cause them to overheat.

If a blanket is needed, infants are safest with a thin, lightweight, and breathable blanket.

- d) **Infant who share a room with a parent or caregiver have a lower risk of SIDS.** Room sharing refers to a sleeping arrangement where the infant's crib, cradle or bassinet is placed in the same room and near the parent or caregiver's bed. Infants sharing a room have a lower risk of SIDS and will benefit for room sharing for the first 6 months during the time the risk of SIDS is highest. Room sharing facilitates breast feeding and frequent contact with infants at night.

e) Breastfeeding provides a protective effect for SIDS.

Successful breastfeeding is not dependent on sharing a sleeping surface and for women who may bring their infant into bed to breastfeed, the risk of SIDS is not increased when the infant is placed back to sleep in a crib, cradle or bassinet following the feeding.

Pacifiers appear to provide a protective effect for SIDS. There is no solid evidence to demonstrate that pacifiers impairs breastfeeding however the introduction of a pacifier should be delayed until breastfeeding is well established. Infants who accept a pacifier should have one consistently for every sleep, however, a pacifier is not required to be reinserted if it is expelled during sleep.

f) Playpens

Playpens do not meet the same safety requirements and are not as durable as crib and they are not designed to be used as a sleep surface. Infant should not be left to sleep in a playpen.

The case worker will encourage the parent (s) or caregiver(s) to share information regarding safe sleeping practices with alternative caregivers (babysitters, extended family members etc) and request that they be followed.

Any medical recommendation related to a deviation related to the recommended positioning of an infant must be verified with the family's health provider. The worker will seek a Consent to Obtain Information and consult with the Health practitioner.

All infants in the care of the Nipissing Parry Sound Children's Aid Society are to only sleep in approved cribs with no blankets, toys or bumper pads. The Agency has two infant equipment inspectors who inspect all infant equipment in your foster home. This is done during the home assessment process and annually. If you disassemble your crib, it must be re-inspected prior to use. Any new equipment purchased throughout the year must also be inspected prior to use in your home. Your foster care support worker can assist you in setting up these inspections.

Universal Precautions

Universal precautions are a set of strategies developed to prevent of transmission of blood borne pathogens. The focus of universal precautions is on blood and selected body fluids such as cerebrospinal fluid, pleural fluid, and amniotic fluid. (Canadian Centre for Occupational Health and Safety, 2011)

The main components of ensuring that universal precautions are utilized include: washing your hands, covering cuts, wearing gloves where there is a potential for infection (i.e. administering first aid procedures, cleaning up blood or other bodily fluids where infection could be transmitted), cleaning with disinfectant, ensuring clothing and other fabrics are washed and discarding garbage that could be contaminated. A poster for your home is available in [Appendix Q](#) of this manual. (Canadian HIV/AIDS Information Centre, n.d.)

Hepatitis C Transmission

Hepatitis C is a blood borne virus and is thereby transmitted through blood, blood products and sharing instruments that have been exposed to blood or blood products. This can happen if you:

- Ever, even once, shared needles (for injection drug use), straws (for intranasal use), pipes, spoons, cookers and other drug-related equipment. (This virus was around when sharing such equipment was common in the 1960s and 1970s.) Cleaning with bleach may not kill the hepatitis C virus.
- Ever shared sharp instruments/ personal hygiene equipment with an infected person (e.g., razors, scissors, nail clippers, toothbrush);
- Were ever exposed to HCV, both within and outside Canada, when universal precautions are not observed and/or during medical or dental practices that involve the use of contaminated equipment;
- Ever had a tattoo or had body piercing or acupuncture where the operator used unsterile or homemade equipment or unsterile techniques;
- Were pricked by a needle that had infected blood on it (this could happen in the workplace);
- Were born to a mother who has hepatitis C;
- Engaged in higher-risk sexual behaviours (e.g., unprotected sex with an infected partner that includes contact with blood or exchange of blood);
- Ever had blood transfusions, blood products, or organ transplant before 1992 in Canada.

Hepatitis C is not spread by casual contact, such as hugging, kissing or shaking hands, or by being around someone who is sneezing or coughing. The virus is not found in food or water. (Public Health Agency of Canada, 2009)

Hepatitis C can only be spread through blood and blood products and not through other bodily fluids (unless they contain blood). For example, when changing the diaper of an infant with Hepatitis C, for there to be a risk of transmission, there must be blood in the urine or stool and the adult changing the diaper must have an open sore that comes into contact with blood, for transmission to occur.

HIV Transmission

HIV is a fragile virus that cannot survive outside of the body. That is why you cannot be infected with HIV from toilet seats or from sharing dishes or utensils. HIV does not get passed through the air – as a cold or flu does. HIV infected body fluids must reach the HIV-susceptible cells in the blood, usually through a break in the skin, absorption through mucosal membranes (mucosa) or through some disruption to the mucosa. Mucosa are the moist surfaces of the body which line most of the body cavities and hollow internal organs such as the vagina, rectum, mouth, urethra, nose and eyelids.

There are five body fluids which have enough HIV in them to infect someone: blood, semen vaginal fluids (including menstrual fluids), rectal fluid and breast milk

The most likely way that enough HIV gets into a person's bloodstream is through the interior skin or linings – the mucous membranes – of the vagina, the cervix, the rectum or the urethra

- HIV can be transmitted if you have anal or vaginal sex without a condom or if you share sex equipment that has not been cleaned each time someone uses them.
- Having anal or vaginal sex without a condom, or sharing sex toys without washing them carefully, or not using a new condom between partners are all very risky activities.
- HIV can get into the bloodstream through the mouth and throat. This is rare. Some people have gotten HIV when they have performed oral sex, you cannot contract HIV from receiving oral sex.
- When a person has a sexually transmitted infection (STI) like syphilis, gonorrhea, warts, or herpes, his or her risk for getting HIV increases. Regular check-ups are important as one way of preventing HIV transmission.
- Most people get infected with HIV when they have anal or vaginal sex without a condom or when they share a needle/syringe/cooker to inject drugs.
- Another common way that HIV is transmitted is through a puncture from a needle that has already been used by someone else and has not been cleaned (injection drugs, tattoos, piercings). When people who are injecting drugs share their 'works' (needle, cooker, etc) it is easy to get HIV.
- HIV can be transmitted from mother to child during pregnancy, labour or delivery. Without anti-HIV drug treatment there is about a 25% chance the child will be infected. With treatment, the rate drops to about 3%. HIV can also be passed to a child through breast feeding if the mother has HIV.

HIV does not get passed from one person to another through deep kissing, mutual masturbation or inserting fingers into the vagina or anus. You cannot get HIV from body fluids such as saliva, sweat or urine. In the past, some people were infected with HIV through blood transfusions and blood products used to treat illnesses like hemophilia. However, since 1985 all donated blood in Canada is tested for HIV. You will not become infected when you donate blood.”

(AIDS Committee of Toronto, 2011)

Handling Breast Milk

Health Canada claims

There is a potential risk that the milk may be contaminated with viruses such as HIV or bacteria which can cause food poisoning, such as Staphylococcus aureus. In addition, traces of substances such as prescription and non-prescription drugs can be transmitted through human milk. Improper hygiene when extracting the milk, as well as improper storage and handling, could also cause the milk to spoil or be contaminated with bacteria and/or viruses that may cause illness.

Proper Handling and Storage of Human Milk

By following safe preparation and storage techniques, nursing mothers and caretakers of breastfed infants and children can maintain the high quality of expressed breast milk and the health of the baby.

Safely Preparing And Storing Expressed Breast Milk

- Be sure to wash your hands before expressing or handling breast milk.
- When collecting milk, be sure to store it in clean containers, such as screw cap bottles, hard plastic cups with tight caps, or heavy-duty bags that fit directly into nursery bottles. Avoid using ordinary plastic storage bags or formula bottle bags, as these could easily leak or spill.
- If delivering breast milk to a child care provider, clearly label the container with the child's name and date.
- Clearly label the milk with the date it was expressed to facilitate using the oldest milk first.
- Do not add fresh milk to already frozen milk within a storage container. It is best not to mix the two.
- Do not save milk from a used bottle for use at another feeding.

Safely Thawing Breast Milk

- As time permits, thaw frozen breast milk by transferring it to the refrigerator for thawing or by swirling it in a bowl of warm water.
- Avoid using a microwave oven to thaw or heat bottles of breast milk
 - Microwave ovens do not heat liquids evenly. Uneven heating could easily scald a baby or damage the milk
 - Bottles may explode if left in the microwave too long.
 - Excess heat can destroy the nutrient quality of the expressed milk.
- Do not re-freeze breast milk once it has been thawed.

There are times when infants come into care and their mother provides breast milk. Please follow the guidelines above for safely storing and preparing breast milk. It is important to discuss with the child care worker any concerns and/or questions you may have about the breast milk you receive for the infant in your care.

Medical Care and Hospitalization

Upon admission to care a child must either have had a medical examination within thirty (30) days prior to admission or have one arranged within seventy-two (72) hours, and occurring as soon as possible, and not later than thirty days (30) after admission. In some circumstances you may be asked to have a medical examination of the child completed upon admission (such as in the case where there is evidence of severe injuries or bruising).

- The medical examination must include a vision assessment.
- Special attention must be given to dietary and feeding requirements and allergies
- Where possible, the appointment is made with the child's own family physician.

The physician is given a **Medical Treatment form** to complete [Appendix Si](#), which is placed on the child's file. In the event that it is not possible to arrange for a medical appointment within the time lines, you must contact the Child Care Worker as soon as possible to discuss.

Children are to be given a dental examination within Ninety (90) days of admission, unless a previous examination occurred within three months. Dental examinations are to take place annually thereafter.

- The dentist is asked to completed a standard ODA form as a record, and this is placed in the child's file.
- If any orthodontic treatments or special procedures are recommended you must contact the worker for approval

Medical examinations are to take place **annually** and at the time of a **child's discharge**.

- Medical examinations are to include a basic assessment of hearing and vision

- Where necessary, an outline of treatment recommendations and outcomes.
- All records of medical examinations are placed on file, resulting in a cumulative record.
- Information about the type and dosage of prescription drugs, the period for which they were prescribed, and the name of the person administering the medication, is kept by the foster parent on the Medication Administration Record Form (see Appendix N) as part of the Child's Information Folder. The foster parent also records any reactions to the medication or any side effects, and notifies the physician immediately.

Immunization should be in accordance with Bill 142 and any schedules specified by the local Public Health Department must be carried out, and recorded in the child's file. A record of any immunizations received prior to being admitted to care must be obtained from the parent or guardian.

Upon admission to care, foster parents or other care givers are to be given all information available about the child's existing treatment, medication, allergies, illnesses, communicable or contagious diseases, or symptoms or indications of the same.

The child will be referred for psychological or psychiatric assessments and/or related treatments in accordance with his/her needs. Copies of the assessments and treatment reports will be placed on the child's file (if these are sent to your home, please ensure they are forwarded to the Child Care Worker).

Attendance at Scheduled Medical Appointments

- 1) For all children in care under the age of 16 years, the foster parent or alternative care provider will accompany a child or youth to scheduled medical appointments. Accompaniment into the examination room must be in accordance with child or youth's wishes unless legal status (such as in circumstances of custody or detention) requires staff presence.
- 2) If a child under 16 years of age attends for a medical appointment without a Child Care Worker or foster parent, the Child Care Worker will document the reasons for not attending and other pertinent information (e.g., treatment and diagnosis) in the next Plan of Care and place on the child or youth's file.
- 3) Where youth are over the age of 16 years, the Child Care Worker or foster parent will attend medical appointments in accordance with the child's wishes or when deemed necessary to mitigate risk to the youth.

Transfer and Discharge: Transfer of Medication/Medical Records

When a child is discharged from a residential treatment facility or is replaced to another foster home, the Child Care Worker will develop a discharge/transfer/admission plan regarding prescription medication that includes:

- Providing a copy of the medical information contained in the case record, medications in original containers (as applicable),
- A plan for medication to continue (as applicable), and any other relevant information to the receiving person or agency
- If no medication or less than a seven day supply is provided, documenting and communicating the reason(s) to the receiving person or agency.
- All relevant documentation that was accumulated during the child's placement should be placed in the Child Care Folder

Hospitalization

If a child has to go to the hospital for any emergency or planned procedures, the foster parent is to notify the child's worker or duty worker immediately. Ensure that a Medical Treatment Form (see Appendix M) is completed. **You may wish to leave a blank copy of this in your glove compartment of your car to increase the likelihood that one will be on hand, if necessary.*

The procedure for an Emergency Admission to a Hospital is as follows:

- a) Foster and alternative care providers will notify the Child Care Worker, covering worker or the Duty Worker as soon as possible of a child or youth's emergency hospital admission
- b) The Child Care Worker, covering worker or the Duty Worker will contact the hospital directly to provide relevant contact and medical information and obtain information about the diagnosis and treatment of the medical issue and anticipated length of admission.
- c) The Child Care Worker will document the absence of the foster parent and or Child Care Worker, or the reasons for not attending, and other pertinent information (e.g., treatment and diagnosis) in the next Plan of Care on the child or youth's file.

Dental

Dental checkups and prescriptions are covered by pay direct cards. In the case of orthodontic work or other special dental procedures, the worker shall request more than one estimate prior to approving the expense.

Prescribed and Psychotropic Medication

Children in care will be prescribed medications as necessary to address mental and physical health needs. The provision of clear requirements for the communication and transfer of medication information enhances safety and protection for vulnerable children.

The Society will maintain and monitor the requirements for the communication and transfer of medication information to enhance the protection of vulnerable children and youth who take psychotropic and other medications.

See Medication Administration information, [Appendix S ii](#)

If a child is admitted to care who is already taking a psychotropic drug, the worker will ensure that the child brings the medication with him/her, and will familiarize him/herself with the type of medication, dosage, and time of administration and side effects, if any.

The worker will also notify the foster parent of the physician who prescribed the drug, and the pharmacy where it may be obtained. Children prescribed psychotropic drugs may not administer the drugs to themselves unless this is authorized by the Supervisor.

When a child or youth in care is prescribed medication, the attending Child Care Worker or foster parent will obtain as much information as possible from the prescribing health practitioner or pharmacist about the medication and possible side effects.

Where a child or youth is prescribed medication, the attending Child Care Worker or Foster Parent will ask the health practitioner or pharmacist to share information about the medication and possible side effect with the child or youth in language suitable to their age and understanding as well as with the staff and foster parents responsible for administering medication.

Where a child has additional concerns or questions after commencing a medication regime, the foster parent or Child care worker will address these concerns with the child/youth or seek additional medical advice from the health practitioner who prescribed the medication.

When there is a change in the child or youth's medication, the attending Child Care Worker or foster parent will ensure that the attending health practitioner and/or pharmacist communicates directly with the child the reason for the medication change.

The reason for medication change will be documented in the next Plan of Care and placed on the child or youth's file. * *Please ensure that you forward a copy*

of the medication information including possible side effects and administration instructions so it can be placed in the child or youth's file.

Short-Term Absences

- 1) The foster parent or alternative care provider will provide the necessary medical information and enough medication for the short-term absence in the original containers (as applicable), and any other relevant medication administration instructions to the receiving person or agency by completing the Medication Administration Instruction Form
- 2) Where the child attends regular planned absences, including extended family access, the Child Care Worker will develop a written plan for the steps required to ensure continued medication administration and monitoring of potential side effects that is shared with the receiving person or agency, and documented in the child or youth's file.
- 3) Where children attend occasional planned absences including camp, extended access, or travel, and where there are significant safety considerations associated with a medication(s) or medical condition(s) and where consultation with a health practitioner would be beneficial, the Child Care Worker will obtain and document written or verbal support from the prescribing health practitioner.
- 4) Medication and supporting documentation will be directly provided to the Volunteer Drivers for transport as necessary. Upon arrival at the destination, the Volunteer Driver will then provide the medication to the receiving adult.
- 5) The child or youth cannot be responsible for transporting/administering his/her own prescribed medication without prior approval by the case manager.

Serious Occurrence

All Agencies that are funded, licensed and mandated by the Ministry of Children and Youth Services to provide services to children under the Child and Family Services Act are required to report to the Ministry any serious occurrences within 24 hours.

What is a Serious Occurrence?

- Any death of a client which occurs while participating in a service (ie: all children 0 – 21 who are receiving services from CAS, all clients receiving services from a Ministry run service (CST))
- Any Serious injury to a client which occurs while participating in a service. This includes:

- Any injury caused by a service provider (ie: CAS worker, foster parent, counselor ect.).
- A serious accidental injury received while in attendance at a service provider setting, and/or in receiving service from the service provider.
- An injury to a client which is non-accidental, including self-inflicted, or unexplained, and which requires treatment by a medical practitioner, including a nurse or a dentist.
- Any alleged abuse or mistreatment of a client which occurs while participating in a service. This includes all allegations of abuse or mistreatment of clients against staff, foster parents, volunteers, and temporary care providers.
- Any situation where a client is missing, in accordance with Ministry requirements for applicable program sectors: otherwise, where the service provider considers the matter to be serious. (AWOLs: absent without leave)
- Any disaster, such as a fire, on the premises where a service is provided.
- Where a client has been sexually assaulted.
- Where a client is hospitalized.
- Any complaint concerning the operational, physical or safety standards of the service that is considered by the service provider to be of a serious nature.
- Any complaint made by or about a client, or any other serious occurrence concerning a client, that is considered by the service provider to be of a serious nature.
- Any use of physical restraint of a resident in a residence licensed as a children's residence under the Child and Family Services Act or in a residential program funded under the Developmental Services Act that provides group living supports to adults with developmental disabilities.

Enhanced Serious Occurrence

When emergency services are used in response to a significant incident involving a client and/or the incident is likely to result in a significant public or media attention such as a fire where a client was present or the death of a client the Society will report to the ministry using an enhanced serious occurrence format.

Discipline

At initial assessment of a foster home applicant the worker will ensure that:

1. The foster home applicant's behaviour management philosophy is compatible with the Society's philosophy, practices and legislative requirements.
2. The applicant for foster care and those approved for fostering are clearly aware of the Society's permitted and prohibited practices.

After admission of a child to care and placement in a particular foster home the worker will:

1. Discuss the child's background, the goals set out in his/her Plan of Care and the means for achieving these goals.
2. Discuss with the foster parents the child's experience in his biological home and previous placements regarding discipline.
3. Regularly discuss with the foster parents during home visits behaviour management practices and how they are applied.
4. Be sensitive to the interactions between the child and the foster parent for purposes of anticipating and thereby assisting the foster parent with behaviour management problems that may arise.

It is the foster parents' responsibility to:

1. Immediately report to the worker any unusual disciplinary problems that arise.
2. Seek training and education in the area of behaviour management of children.

The following forms of discipline are not permitted:

1. Corporal punishment by foster parents or by another child or group of children condoned by foster parent or others including but not limited to:
 - striking (directly or with a physical object);
 - shaking, shoving, spanking or other forms of aggressive physical contact.
2. Deliberate harsh, humiliating or degrading responses that could result in the humiliation of a child or the undermining of a child's self respect.

3. Deprivation or restriction of basic needs (e.g. food, shelter, clothing or bedding).
4. Placing or keeping a child in a locked room.
5. Threatening removal of the foster child from the foster home as a form of behaviour control.
6. Extensive and prolonged withholding of emotional response or stimulation after the undesirable behaviour of the child has stopped.
7. Deliberate destruction of a child's property in retaliation for undesirable behaviour.
8. Restricting, threatening or forbidding visits with the natural parents in retaliation for undesirable behaviour.
9. Threatening corporal punishment.

The following forms of discipline are permitted. Acceptable discipline should be:

1. Related to the nature of the behaviour with logical consequences used whenever possible.
2. Appropriate to the developmental level of the child.
3. Used in a positive and consistent manner.
4. Designed to assist the child to learn appropriate behaviour.
5. Administered as soon as possible after the undesirable behaviour has occurred.

After admission of a child to care and placement in a particular foster home the worker will:

1. Discuss the child's background, the goals set out in his/her Plan of Care and the means for achieving these goals.
2. Discuss with the foster parents the child's experience in his natural home and previous placements regarding discipline.
3. Regularly discuss with the foster parents during home visits behaviour management practices and how they are applied.

4. Be sensitive to the interactions between the child and the foster parent for purposes of anticipating and thereby assisting the foster parent with behaviour management problems that may arise.

It is the foster parents' responsibility to:

1. Immediately report to the worker any unusual disciplinary problems that arise.
2. Seek training and education in the area of behaviour management of children.

Contravention of Discipline Provision

In the event of contravention by the foster parents of the Policy and Procedure on Discipline of Children in Care, the Society will determine what action is to be taken and will be guided by the following criteria:

1. Seriousness of the offence.
2. Actual or potential risk of harm to the child
3. Past performance of foster parents in general.
4. Frequency of occurrence.
5. Previous disciplinary action taken by the Society.
6. Behaviour of the child.

As a result of the review the Society may:

1. Provide additional support to the foster parents
2. Provide further education and training for the foster parents on behaviour management techniques.
3. Close the foster home.

All foster parents will upon becoming foster parents and annually thereafter, review the Agency's policy on discipline and sign the Agency's Discipline agreement. [Appendix T](#)

Safeguarding

On occasion allegations (a statement or suggestion made by an individual about another person with respect to abusive behaviour as defined under the CFSA) may be made against you or others residing in your home.

Safeguarding is important to understand the reasons and context of allegations and to prevent false allegations from creating trauma or further trauma to individuals and the family unit as a whole.

The basic premises of safeguarding are:

1. The child's safety is our first concern
2. The child learns that adults can be trusted through their past and present experiences
3. In any interpersonal situation the person brings the framework from previous experiences.
4. Abuse allegations are serious and must be dealt with seriously
5. Allegations will happen and can be a learning experience

Some of the reasons that abuse allegations are made include:

1. Actual abuse has occurred
2. Language used has been misinterpreted
3. Memories are confused with the present
4. Body language is misinterpreted
5. The child/youth wants to leave the placement

Some of the ways that your family can safeguard include:

1. Ensure that there is always open dialogue and that you are using active listening to ensure that the messages you believe you sent were interpreted by the person receiving them, in the way you intended.
 - Limit the use of jokes or sarcasm that could be misinterpreted
 - Provide freedom for youth to speak freely to you and have their messages be received without judgement
 - Observe the reactions and body language, focus of attention of the child and listen to this language
2. Know yourself, your triggers and your reactions. Have a plan to deal with those triggers and avoid inappropriate reactions.
3. Create rules for privacy in your home with the entire family
 - Change clothing only in the bathroom and your bedroom
 - Close doors for privacy-a closed door means you must knock and obtain permission before entering

- When using the bathroom, the door should always be closed
 - Masturbation should occur in bedroom or bathroom, not in public spaces of the home, be aware that masturbation is a normal experience for children of all ages
 - Ask family members what makes them feel safe and ensure this is considered in creating family rules
 - Ensure you have a plan for who does what i.e. Bathing, toileting, diaper changes, bedtime routines, time spent in the bedroom
4. Attend training courses and parenting around abuse and trauma and attachment as these experiences all relate to the way we learn to interpret the world and how others are responding to us
 5. Know the personal space comforts and limits of all family members and respect them
 - Avoid wrestling, tickling and other physical behaviours that can be misinterpreted
 6. Be clear about boundaries of physical nurturance used and one-on-one time spent
 - In this house we sometimes hug each other, kiss on the cheek or high five to show affection-are these things you are comfortable with?
 - We do not kiss on the mouth in this home
 - No one in this family has sex or engages in sexual behaviours with each other except for parents, and when this happens it is in our bedroom with the door closed
 - No two people will be in a bedroom or bathroom with the door closed except- parents in their bedroom together, when children need help with toileting, dressing, bathing etc.
 - Who is left alone with whom?
 7. Use disciplinary measures that are appropriate for the child and their experiences and that meet their individual needs i.e. A teen is slamming their door-provide simple, clear direction, give choices, remove others from the area (take away the audience), disengage after choices are given (avoid the power struggle) provide a logical consequence such as restitution for damage caused. Do not remove the door or eliminate their ability to be in their bedroom; think about their past trauma and their need to trust that caregivers will keep them safe. Respect the rules for privacy that your family created.
 8. Report any statements that could be construed as an allegation of abuse or neglect and any serious occurrence to Child Welfare Workers.

9. Maintain specific clear records for any concerning incident, include the specific language that was used by everyone involved, add as many details as possible.
10. Be aware of the Society's investigation process, this will decrease your anxiety and allow you to provide effective, clear information when an investigation occurs in your home.
11. Have a plan that is tailored to the needs, comforts and experiences of your family members

(Foster Parent Society of Ontario, 2004)

Pets

Pets are valuable members of families and should be treated as such. They can provide feelings of comfort and safety for family members and their presence can serve as therapeutic. They can provide opportunity for children to gain responsibility and show nurturance appropriately.

Pets can also cause harm and provoke fear in family members. Be mindful of each individual's history and experiences with animals. Do not force relationships with pets where fear, anxiety or discomfort is present. Ensure that experiences and relationships with pets are appropriate. Children should not be left unsupervised with pets as animal's reactions can be unpredictable; even in the most passive of animals.

Some children may have had, or been forced to have, sexual experiences with animals in the past. Animals may also have been used as tools for physical and emotional abuse of children. Be cognisant of these possible experiences and create safeguards to ensure safety for pets and family members.

The Society has several policies that relate to pets in foster, kin and customary care homes.

1. Pets have been inoculated and shots are up-to-date
2. All pets present must be legal in the province of Ontario
3. Families abide by pet by-laws, specific to the district in which they are residing

Food & Nutrition

Good nutrition is essential to a child's overall development and central to a child's ability to learn and grow. Good nutrition helps with the establishment of life-long healthy habits. The Child and Family Services Act indicates that children and youth have the right to meals that are well-balanced, of good

quality and appropriate by expecting that resource parents meet the requirements of the current Canada Food Guide
see [Appendix R](#)

The Children's Aid Society of the District of Nipissing and Parry Sound is committed to supporting children and youth in care's health, ability to learn and participation in school by ensuring that their basic food and nutrition needs are met consistently. Children and youth in care will be encouraged to develop life skills associated with meal planning and preparation consistent with their developmental stage. The procedures related to this policy are as follows.

1. Resource parents will be provided with a copy of the current *Canada Food Guide* and training as required to educate in regards to nutrition to meet the developmental needs of children and youth in their care.
2. The review of the Food and Nutrition procedure and provision of a copy of the current *Canada Food Guide* will occur prior to or thirty days following the commencement of fostering.
3. The procedure and the *Canada Food Guide* will be reviewed annually with the resource parents.
4. Resource parents will participate in education the child / youth in their care in regards to proper nutrition as per the Plan of Care and in a manner suitable for the child / youth level of understanding.
5. Resource parent will practice safe food handling, hygiene and food safety practices and support the child / youth is adopting such practices.
6. The Admitting worker or the Child Care worker will inquire of the family, child, and/or youth information in regards to eating habits, known allergies or medical conditions which would affect dietary planning for the child / youth.
7. The Admitting worker or Child Care worker will inform the placement worker of any diet related information for the purpose of placement selection.
8. The Child Care worker will inform The Resource Parent of the child's eating habits and shall inform the resource parent of all known dietary information regarding the child and note any allergies.
9. Should food allergies be identified, all resource family members will be notified and planning will occur to ensure no access or opportunity for the child / youth to the allergens. The plan will be consistent with the child / youth's age, developmental abilities and seriousness of the reaction and will be documented in the child / youth's Plan of Care.

10. If an anaphylactic reaction is possible, all caregivers in the home will be educated on the signs, symptoms, and treatment of an anaphylactic reaction.
11. Resource parents will inform approved alternative caregiver of the plan respective to the child's anaphylactic reaction as document in the Plan of Care.
12. Resource parents will inform approved alternative caregiver of the plan respective to the child's anaphylactic reaction as documented in the Plan of Care.
13. A nutritionist may be consulted to assist with meal planning if necessary.
14. Any plan to meet medical / treatment recommendations related to nutrition will be documented in the Plan of Care and shared with the child / youth, parent as required, Resource Parent, and any other service providers as necessary.
15. Planning in regards to nutrition and participating in meal planning and preparation consistent with the child / youth's developmental stage will be noted in the Plan of Care and the plan will specifically note the resource parents role related to supervision, addressing potential safety issues related to food, products or kitchen equipment and supporting the child / youth engagement.
16. The resource parent will provide and inform the child / youth as to appropriate food handling, hygiene and food safety practices if required.
17. Resource parent will provide three varied, nutritionally balanced meals on a daily basis including healthy snacks prepared according to the most current *Canada's Food Guide*.
18. Any concerns reported in regards to portion size will be addressed as per the Complaints process
19. Resource parent in discussion with Child Care worker, child / youth will plan to accommodate special dietary requirements which may include religious and lifestyle diets (i.e. vegetarian).
20. Resource parents will serve food or find opportunities to have food served that reflect the cultural diversity of children / youth in their care.
21. There will be no prohibitive practices related to food as per the foster care procedure G-5-30 – Discipline of Children in Care (i.e. you cannot withhold food as punishment)



Child / Youth Placements

Pre-placement Process

Once a child has been brought into the care of the Society and has been identified as needing a foster home placement the Society begins the process of assessment and matching the child with the appropriate placement that will meet his or her needs.

The **Placement Committee** is comprised of foster care support workers from all three offices, the resource supervisor, and the child's case worker. At times adoption workers, protection and protection support workers will also attend as needed. The goal of the placement committee is to match the child with the appropriate foster home to ensure all of the child's needs are optimally met. Several things are considered in this process, such as age of the child, gender, temperament, behavior, special needs, and approximate length of time in care etc. In contrast, when discussing the best fit for the child the foster family of origin, bed availability, areas of strength and needs as well as the age, gender and needs of any other biological and/or foster children residing in the home will also be considered.

The child welfare worker who has brought a child or youth into foster care is responsible to complete a Behaviour Checklist/Profile see [Appendix Uii](#) that provides a preliminary assessment of the child's needs and behaviours prior to placement. The completion of the assessment of the child's needs is ongoing. You will be instrumental in sharing your observations of the child's routine, behaviours etc. in order to obtain a full assessment of the child in your care.

The Placement Committee meets on a weekly basis to review all planned admissions to care, relief placements and placement breakdowns. The committee has a Foster Care Support Worker assigned on a weekly basis that is responsible for assessing and matching children with foster families who come into care on emergency basis, in which the admission was not planned and/or if a placement breakdown occurs whereas the child needs to be moved to a new placement immediately. This is referred to as the Placement Worker.

The Placement Committee is provided with all the relevant and available information about the child. This is provided by the assigned child care and/or intake worker and/or protection worker and includes the all identifying information, reason the child has come into care, the child's social, emotional, educational, cultural and medical needs. Information regarding the child's family, access arrangements and the permanency plan for the child is also provided. Once the Placement Committee selects a potential foster home to explore as a placement for the child the assigned placement worker or the foster care support worker for that home, will contact the foster parent and present the child by way of providing all the available information, and discussing any potential concerns.

Foster Parent's Pre-placement Checklist

Foster families need to be realistic when making the decision to accept a child into their home. They need to take into consideration their own strengths, areas of need and how they fit with the needs of the child.

For instance some families prefer to care for infants while others enjoy caring for teenagers. In addition, foster parents should think about the logistics of the child's needs and whether or not they are able to meet them. For example, does the child require transportation to and from school daily? Does the child require direct supervision at all times? Foster Parents are encouraged to be candid about any concerns they may have and need to understand that they are able to say no to any placement and will not be penalized in any way for their decision.

Before any child is placed in your home, you will be contacted by a Child Welfare worker from CASNPS. Generally the person contacting you will be a Foster Care Worker, however, there may be afterhours and emergency situations in which you will be contacted by a worker from another Agency team. You have the responsibility of ensuring that you have enough information about the child to make an informed decision as to whether your family will be a good fit for the child. A list of possible questions to ask is included in The Foster Parent's Pre-placement Checklist in [Appendix U](#) of this manual.

When being asked about a possible placement in your home, feel free to ask any questions that you believe are relevant to the care or needs of the child. The Society has the responsibility to provide all relevant information to you, in regard to the potential placement of a child.

Placement: Pre-placement, Primary & Emergency

Pre-Placement

Whenever, possible pre-placement visits between the child and foster family will take place. This allows time to ensure that the placement is a good fit and to ensure the child's needs are met. The Society recognizes the importance and value of pre-placement visits. However, in many situations pre-placement visits are not always possible and the child must be placed in the home based on the information provided from the case worker and the knowledge and expertise of the placement committee in regards to matching.

Primary Placement

Once you agree to have a child placed in your home you will be contacted by the child's case worker to make the arrangements for the placement day and

to discuss any preparation you may need to do before the child arrives. The case worker could be a Child Care Worker, Intake Worker, Protection Worker or the After Hours Duty Worker. The Case Worker will bring the child to your home and spend some time with you and the child to assist you both in getting familiar with one another. The Case Worker will request the child have a tour of the home and their bedroom with the worker present. Foster parents should explain to the child how their home runs. For example, what time is bedtime, can they help themselves to any food or drink, rules on electronics and television. This should be done age appropriately and at the opportune time, as for some children hearing the foster families house rules at the time of placement may be overwhelming. The Case Worker will complete a private visit with the child before leaving your home and will meet with you to review all relevant documentation and expectations. You may be responsible to schedule and take children to medical appointments, school, counseling appointments, access visits etc.. The expectations of you will be made clear by the Case worker who will provide you with a check list identifying what tasks need to be completed. Once the child has settled, the Child Welfare worker will leave and return to visit the child in your home within seven days. The child's worker will also be meeting with the child privately within 7 days of placement within your home.

Emergency Placements

Emergency placements are placements that are required on an immediate or emergency basis. Emergency placements are typically required when a child is apprehended or when a placement breakdown occurs whereas the child needs to be moved right away. The placement committee develops an emergency placement list of Foster Parents who are willing to consider emergency placements. When children are placed on an emergency basis often all of the required information about the child, their family, history and situation is not known. Foster Parents who agree to take emergency placements should be cognizant of this. Foster Parents are not required to take emergency placements.

When Children Leave Your Home

There are many reasons why a child may leave your home, regardless of the reasons why, each situation and child will bring forth a different experience and feelings for you. It is very natural to feel sad or relieved depending on the child and the situation. You are encouraged to keep your Foster Care Support Worker well informed about how you are doing and to utilize their support when needed. The FPA and other organizations in the area may also be able to provide you with supports if needed. Outlined below are the main reasons why a child may leave your home:

Preparing Children & Youth to Return to Birth Families

For every child who is placed in care, the ultimate goal for the child and his or her family wherever possible to do so safely is reunification. A child returning to reside with his or her parents is generally a very positive experience for the child, the family and for you.

It is vital that you support the child's transition home. At times the decision for a child to move home may result in mixed emotions for you depending on the circumstances and your own opinions and feelings about whether the decision is the best one for the child. In these situations you are encouraged to discuss and reflect on the situation with your Foster Care Support worker who will likely be able to answer some of your questions and debrief this experience with you.

Regardless of how you may feel at the time what must remain paramount is the child's needs and what is best for him or her. Therefore, it remains your responsibility to support the child by echoing the worker's message to the child and listening and sharing in their excitement to return home. In contrast should a child in your care share concerns about a plan to move home you will need to provide this information to his or her Child Care Worker.

Preparing Children & Youth for Adoption

For children in care, where it is not in the child's best interest to return to his or her family and no kin are available to care for the child on a long term basis, adoption is a viable and positive option for permanency.

When a child in your care's permanency plan is adoption you will be a very important part of the process. You will be a major part of their support to prepare for adoption and throughout the transition for the child to his or her adoptive home.

Often foster parents are encouraged to meet the potential adoptive parents to provide information, reassurance of the move for the child and a smooth transition. Some foster parents will continue contact with the child during the adoption probation period and beyond if in the best interest of the child and with consent from the adoptive parents; once the adoption is finalized.

Preparing Youth for Inter-dependence

Preparing youth for independence begins in early childhood as you support their development in autonomous tasks, problem solving and skill development.

Often when a child turns eighteen years of age they are required to transition to independence and move from their foster home placement to a placement of more independence or semi-independence. Children who require extended support may be permitted to remain living in their foster home past their eighteenth birthday and the Society, child and foster parents enter into an CCYS agreement. Foster homes also have the ability to become approved room and board placements for youth engaged with Continued Care and Support (CCYS) service if this does not interfere with the care and safety of any other children in care placed in the home.

The Society is responsible to ensure youth who transition from care to independence have adequate life skills to care for themselves independently, semi-independently and/or with the support of community services. This includes the support and teaching from the Child Care Workers, schools, other community service providers and most importantly the child's foster parents. It is also your responsibility to keep the youth's Child Care Worker well informed of any areas of need for the youth so they can be addressed appropriately and well in advance of their eighteenth birthday.

Regardless of their residence many youth continue to keep in touch with, and maintain a relationship with their foster parents once they have move on to independence. Foster Parents are responsible to determine whether maintaining a relationship with the youth is appropriate. However, foster parents need to advise the Child Care Worker and your Foster Care Support Worker to ensure they are aware of such, as there may be a conflict and/or safety concerns that you are not aware of.

Changes in Foster Family Circumstances

At times unforeseen circumstances may arise and a child in your home may have to be moved to a new placement. For example, a foster family may have to move away suddenly for employment reasons or need to provide care to a family member. In these circumstances it is important to advise the child's Child Care Worker and your Foster Care Support worker as soon as possible so alternate placement arrangements can be made for the child. The Society recognizes in some urgent situations there may be little time to smoothly transition a child from the home to a new placement.

Placement Breakdowns/Disruptions

Children in care often present challenging behaviors which in some situations can result in the breakdown of a child's placement in your home. Placement break downs occur for many reasons. At times the child's needs exceed the skills of the foster family, the placement was not a good match, further assessment results in the child's need for treatment, or the child exhibits

behavior that the foster parents have difficulty with (ie: theft, substance use, mental health, running away, truancy). In any case, it is important to continue showing the child or youth that you care about them by demonstrating respect, kindness and honesty.

Foster parents, in collaboration with the child's Child Care Worker, will explain to the child or youth why they are moving to a new placement and where that will be. Foster parents are encouraged to utilize their Foster Care Support Worker during these times for support and guidance. Foster Parents are encouraged to reflect on the placement to assist them in future placements. Placement breakdowns are upsetting for everyone involved and foster parents should recognize that in some situations they cannot be prevented.

Post Placement Review Forms

When a child leaves your home for any reason you are requested to complete a "Caregiver Feedback and Post Placement Form" which asks you questions about the child, any areas of need and strength as well as whether you would consider providing care for the child if needed in the future. There are also questions that pertain to your fostering experience with the foster and child care departments. These placement forms are useful to the Society and assist them with the child's plan for permanency as well as determining the strengths and skill levels of the resource parents. There are also post-placement forms that are to be completed by the biological children, the foster children as well as the child care worker that you have worked with. These forms will be completed at least annually and typically will be part of the Annual Review process. See [Appendix V](#) for a copy of these documents.

Post Placement Contact

Oftentimes, children develop healthy strong bonds with their caregivers during their time in care and can benefit from sustaining these relationships as they return home, move to adoptive homes or move on to treatment programs. Contact with children in care, post-placement in your family, is at the discretion of the Child Care Worker and Supervisor. Should the child return home contact is at the discretion of the child's parent or guardian.

Relief

You will normally be paid for two days of relief per month. If you wish to take paid relief on an alternative basis, a written proposal is to be submitted to your Foster Care Worker who will forward it to the Resource Supervisor for approval. Unpaid relief will be arranged as requested. Please note that relief is to be arranged through your Child Care Worker and not between Foster Parents. This will ensure that you are paid appropriately and that information

necessary to make the relief placement successful is shared. It is important that agency staff know where children in care are, at all times.

When considering times for relief opportunity, ask yourself about the best interests of the children in your care. Use empathy to consider the message the experience may be sending them ie. requesting relief for a family reunion → is it just foster children that will not be attending while birth children are? This would send a clear message that 'you' are not a member of the 'family'. Are birth children going to a maternal Uncle's home for the weekend while parents go away → perhaps Uncle would like to have all the family's children in his home? This would send a clear message that 'you' are a member of this 'family' while also balancing the need for parents to have time for themselves, individually and as a couple.

Create natural opportunities for relief and ensure that you take relief when you are feeling stressed or overwhelmed. Acceptance that these reactions may occur when parenting children that have experienced trauma and may have other special needs and considerations is key in developing your own self-awareness about your capacity and strengths in parenting. Talk with your Foster Care Worker to see the opportunities for support that best suit you and your entire family.

Screened Support

We have discussed the importance of inclusion of foster children in family activities, celebrations and events. As an Agency we are strongly recommending that options besides placing our children and youth in another fostering resource be considered prior to a "relief/respite" request being made. Screened Support is one such option. We are encouraging our resource families to look at your own supports that can be used to promote consistency and normalcy for our children and our youth in care.

Such supports are discussed at the home assessment phase and will be an ongoing discussion throughout your time as foster parents. Screened support process is as follows:

- Individuals being considered must be known to the resource family and the assessing worker will have at least one face to face contact and interview in the family's home
- Criminal Reference and Vulnerable Sector Screening to be completed
- Child Welfare checks on all adults in the home (18 years and older)
- SAFE home safety checklist to be completed and adhered to
- Review of the Agency's policy on discipline and discipline agreement to be signed

- Review of medication policy and acknowledgement of such to be completed
- Oaths of Confidentiality to be signed

Both the child care worker and the foster care support worker collaboratively complete a screened support assessment. The screened support provider is re-numerated in the same manner as individuals who are babysitting our children. The duration of a screened support placement is to be determined by the child care worker in consultation with his/her direct supervisor.

Babysitting

The Foster Parent Agency Agreement outlines that Foster Parents will discuss with the Society, babysitting or any other arrangements made to cover their absence and to seek approval of arrangements for traveling with the foster child.

Approved by child care worker, CPIC and Child Welfare Check. Babysitting is reimbursable for agency activities such as training, court or child related appointments. See Babysitting Expense Form, [Appendix Xii](#)



Day to Day Life

Home Requirements

The home requirements, required by CASNPS are mandated by MCYS and are aimed at meeting the licensing requirements set forth by the Ministry.

All foster homes are reviewed and assessed for physical safety and suitability for children prior to being approved and on an annual basis thereafter. When a foster family moves to a new home and/or substantial changes are made to the home, a SAFE home safety check list will be completed prior to a child being placed in the home and/or as soon as possible. A standard home safety check list is utilized to assess every foster home; see the Home Safety Checklist, [Appendix Lii](#). All foster children are required to have regular sleeping and living accommodations, including a bed, dresser and/or closet to store their belongings. No two children of the same gender after the age of six will share the same bed room and every bed room is to have a window large enough to crawl through should a fire occur. A Child Safety Checklist has been included in [Appendix Li](#) of this document to assist you in child-proofing your home.

The maximum number of children that can be placed in any foster home under the same parental care is four. Only two children under the age of two are placed under the same parentage.

Requirements for Infants and Toddlers

All foster homes who identify as wanting to care for infants and toddlers are required to be equipped with all of the appropriate, necessary and approved care and play equipment. The following is a list of required items:

- Cribs with up to date and valid inspections and approval
- Car and/or booster seats with up to date and valid inspections and approval

Holding Rates

Holding rates can be discussed with the assigned child care worker. When a child/youth in your care is absent from your home for three consecutive days, such as on a family visit, being absent without permission, hospitalized, at camp, etc. the regular per diem will continue. In order for further payment to continue in your home after this three day period ends, a "holding rate" form is to be completed by the assigned child care worker. The bed is held for the child and a full or half per diem is paid for a maximum of one week and then will need to be reviewed. The holding rates are reviewed by the foster care

worker and supervisor assigned to the resource home after submission by the child care worker. Final approval is made by the Manager of Residential Services. The foster parents must be involved or be available for the child when a holding rate is approved and the bed is to be held for the child and not to be used by another child in care.

Travelling, Vacation & Sleepovers

The Society encourages foster parents, when considering taking a vacation to include foster children in their plans. Monies to pay for the child's trip should be negotiated with the child care worker. If the plans involve going out of the district a letter of identification and authorization for signature for medical attention is provided by the Society. When the child is a Society Ward or on a Voluntary Agreement, permission will need to be sought from the child's biological parents and therefore you should give as much notice as possible to the child care worker. In cases where you will be leaving the country, as much notice as possible is also important so all the necessary documents can be obtained.

If passports are required for a child (where any out of country travel is occurring) the Child in Care Worker should be contacted as soon as possible so the passport can be applied for (CIC Worker will do this on the child's behalf). Always ensure that there is enough notice provided (as many months as possible) to ensure this document can be secured prior to travel.

When your plans cannot include the children in your care or when your vacation is based on a need for relief from your responsibilities of fostering this should take place with the least amount of disruption for the child. See section on relief/screened support page .

When children in your care are at friend's homes for sleepovers, please ensure that the Child Care worker is aware and in support of this plan. The parents of the child must be contacted, to determine that the home is safe and supervision is as necessary for the child's needs. Where a child is staying with another family overnight, a child welfare check must be done for any person in the home over 18 years of age. This can be done by consulting the Child in Care Worker.

School & Day Care Attendance

Day Care

Any registration in day care will be dependent on the needs of the child and should be discussed, prior to decision being made, with the Child Care Worker. All daycare requests must be brought to the Placement Review meeting for review and approval by the Manager of Residential services.

Elementary & Secondary School Education

All children are expected to be enrolled in school, as per Ministry of Education guidelines in the province of Ontario. Generally, foster parents or the Child Care worker register the child in school. This will be discussed prior to placement of the child in your home. When a child enters care, the Society does forward a letter to the school advising of such. It is the Worker's responsibility to ensure that the school has been made aware that the child will be coming into care or moving to a new foster home,, that a transportation will be required, name and contact information for your family and any other necessary school arrangements.

The Agency strives to have children continue to attend the same school as prior to their admission.

The Education Act, in the province of Ontario stipulates that: "every person who attains the age of six years on or before the first school day in September in any year shall attend an elementary or secondary school on every school day from the first school day in September in that year until the person attains the age of 18 years." In addition, "every person who attains the age of six years after the first school day in September in any year shall attend an elementary or secondary school on every school day from the first school day in September in the next succeeding year until the last school day in June in the year in which the person attains the age of 18 years." There are some exceptions to these expectations, such as in the case of youth that are 16 years of age and have withdrawn from parental control and for those that are attending equivalent learning programs (i.e. home schooling, private school programs that meet the standards for such, laid out under the Education Act). Should you have any specific questions about a child's attendance in a school program do not hesitate to consult with the Child Care Worker. (Ministry of Education, 2012)

IPRC & IEP

The Identification, Placement and Review Committee (IPRC) is set out to identify and provide placement that meets the learning needs of exceptional pupils. Any parent or guardian can request a review of their child through the IPRC process. If you have concerns about the exceptional needs of a child in your care and believe that they are an exceptional pupil ensure that you share this information, as soon as possible with the Child Care Worker so this process can commence. Should a child be identified, through IPRC, as being an exceptional pupil they will be provided with an Individual Education Plan (IEP) to meet their exceptional needs. This is generally created with a team approach involving School Board Representatives, Principal teachers and parents. Parents have the right to provide feedback on the IEP and schools have the responsibility of ensuring that provisions for learning, laid out in the IEP, are met. (Ministry of Education, 2012)

Documentation

As foster parents, you will often be given documents and correspondence from the school. You are expected to channel necessary information to the worker ie. consent forms for signature, IPRC, IEP documents and report cards. If you are unsure if a document should be forwarded do not hesitate to ask the Child Care Worker.

Suspensions

When children or youth in care are suspended it is best for them if they can stay in the home under supervision and be required to complete schoolwork provided for them or other assignments as discussed with the Child Care Worker. If a suspension is longer than three days, foster parents should speak to the Child Care Worker about the suspension rate. If it is not possible to have the child remain in your home, or should you require an additional caregiver to maintain the child in your homes during the suspension, please ensure you contact the Child Care Worker as soon as possible to make the necessary arrangements.

Reimbursable Items

Most items required to care for children and youth are reimbursable, [Appendix W](#) outlines the chart for reimbursable and non-reimbursable items in its entirety. If you have any questions specific to the needs of children in your care, please contact the Child Care Worker to discuss these.

Expenses such as expenses incurred during vacation and travel, school events, school supplies, special formula, photographs, special equipment, some personal hygiene needs, and recreation registration fees, must be pre-approved by the child care worker.

To submit these expenses, please fill out the Expense Form, [Appendix Xi](#) and submit to the Child Care Worker.

School Expenses

School expenses are approved on an individual basis and for some items you may be given a purchase order. Please discuss any school expenses with the Child Care Worker. See [Appendix Xi](#)

Transportation & Mileage

Costs of transportation (at .46/km) for trips made specifically and solely for the child in care i.e. to soccer practice, doctor's appointment and court are reimbursable travel expenses.

Trips made by the whole family i.e. to go into town for a movie or grocery shopping, for clothing, school supplies etc. are not reimbursable. Cars, boats, ATV's or snowmobiles for youth and insurance for these is also not reimbursable.

The agency may pay for cost of transportation (at .46/km) to youth's workplace if youth contributes and this is part of the Plan of Care. Extra-ordinary circumstances require prior approval of senior management. See [Appendix Xi](#)

Recreation

Children are encouraged to participate in recreational and extra-curricular activities of which they show an interest in. These will be outlined in their Plan of Care. The 40 Developmental Assets, discussed earlier (Appendix D) include a number of areas of recreation and community involvement.

Registration and equipment for approved sports and activities as per Plan of Care. Pool and gym day passes as per Plan of Care. Bicycles up to \$150.

One summer camp is reimbursable, if approved by worker and supervisor.

Costs for equipment should be negotiated, prior to purchase, with the Child Care Worker and child or youth, as appropriate. Costs for out of town trips i.e. for out of town tournaments should also be negotiated prior to the trip occurring. YMCA memberships will be processed by the worker through accounting. See [Appendix Xi](#)

Clothing

There is an inventory sheet of all of the child's belongings that is to be completed upon the child's admission to your home. As clothing and other items are purchased for the child in your care, please regularly update this inventory.

Clothing will normally be purchased through the use of purchase orders provided by the child care worker. In some circumstances, the foster parent may find it more convenient to pay for an item, e.g., at a store where purchase orders are not accepted. In these circumstances, the foster parent must contact the child care worker for approval prior to making the purchase. Receipts must then be provided for reimbursement. See [Appendix Xi](#)

Haircuts & Personal Hygiene Products

Hair cuts for children are reimbursable up to \$25.00. If a child would like a special cut, colour, treatment etc. they are expected to pay for such. Haircuts that are done at home are not reimbursable.

Non-shareable items such as deodorant, anti-histamines, razors, baby oil, diapers, pull ups, toothbrushes, feminine hygiene products, prescribed or doctor recommended items are all reimbursable. Products that are shared such as shampoo, aspirin, soap, toothpaste, sunscreen, insect repellant etc. are not reimbursable. Should youth wish to have special shampoo or other personal care items they are encouraged to purchase such for themselves.

See [Appendix Xi](#)

Allowance

An allowance is provided for the child in the monthly foster parent cheque. It is to be administered by the foster parent. This is not to be used for family outings where the family is attending the event as a group and others are not expected to pay their own way.

A special allowance for birthday and Christmas will be provided for the purchase of a gift for the child. This is automatically issued by cheque, and if the foster parent does not receive this allowance prior to the event, he/she is to notify the child care worker. See [Appendix Xi](#)

Damage and Theft

Compensation may be provided to Foster Parents for the following types of losses that may be caused by a foster child to the property of the Foster Parents:

- damage to furniture, equipment, windows, etc.,
- theft
- unauthorized telephone charges,
- other types of malicious or accidental damage but excluding the losses identified below.

Compensation will not be provided for losses that are normally covered by insurance even though the Foster Parent may have failed to make the usual insurance purchase (the deductible may be reimbursed).

- any insurable fire damage to personal or property,
- any insurable automobile (airplane, boat or other recreational vehicle) damage caused by a foster child who operates such a vehicle with or without permission,

or for the following reasons:

- losses due to normal wear and tear or depreciation,
- major bodily loss due to assault by the foster child.

Neither the Society nor the Foster Parent with whom the child is living can be held legally responsible for damages done by a child in care, unless negligence on the part of the Foster Parent or Guardian can be proven in Court.

Foster Parents are therefore expected to:

- provide supervision to the child in their care,
- take reasonable precautions, depending upon the age and characteristics of the child, in caring for valuables,
- procure home, auto, and valuable items (jewellery, collectibles, furs) insurance,
- notify the insurance company that they are fostering,
- provide a copy of their insurance policy at the time of approval and annually thereafter.

When loss or damage has occurred and it appears to have been caused by a child in their care and the Foster Parents wish to seek compensation, the following Procedures shall apply:

1. The Foster Parents are to inform the child's worker within one (1) week of the occurrence, giving full details of the loss and/or damage. In cases of theft and assault, the Parents should involve the Police as soon as possible. Any issues around the involvement of police should be discussed with the worker immediately.
2. The worker will arrange an interview with the Foster Parents and the child to clarify the circumstances of the incident, its seriousness and the possibility of the child being held accountable for compensation. (Compensation may be in the form of withholding personal allowances or by assignment of special tasks.)
3. The worker will prepare the form, Incident Report Concerning Compensation to Foster Parents for Loss or Damage Caused by Children in their Care.
4. The Incident Report Form concerning compensation will be typed in duplicate, signed by the child's worker and the Resource Parents, and submitted to the Supervisor for authorization (estimates should be attached). Replacements or repairs should not be purchased without authorization.

- 5.** The Supervisor will submit the Incident Report to the Manager of Services who will submit it to the Executive Director for approval. Within three (3) weeks of the initial report the worker will get back to the foster parent on the progress of their claim.
- 6.** The Executive Director will determine an amount of compensation based upon the recommendation of the Worker, Supervisor and Manager of Services.
- 7.** Having determined and authorized the amount of compensation to be provided the Director will forward the documentation to the Supervisor of the Child Care Worker.
- 8.** The Child Care Worker will inform the Foster Parents of the decision and advise them that there is no legal liability on behalf of the Society, that the Society is admitting no fault, blame or responsibility and the payment is purely gratuitous. A Release to this effect will be presented to the Foster Parents, date and signed by them in the presence of a witness and a copy retained by them.
- 9.** The worker will forward the original signed Incident Report concerning compensation along with the original of the Release Form to the Manager of Finance.
- 10.** The Finance Manager will make payment to the Foster Parents in the next regular monthly cheque.
- 11.** In the event that the Foster Parents are not satisfied with the compensation provided they can follow the complaints procedure.
- 12.** It will be the Society's practice in such circumstances where a family pet suffers injury or illness due to the actions or behaviours of a foster child (where that can on the balance of probabilities be determined) to pay 50% of the treatment needs for the animal up to a maximum of \$200.00

It is understood the foster parent will, whenever possible, discuss such situation with their worker or a Supervisor in advance, or concurrently as they unfold. Each claim must be submitted on a Compensation Form.

Internet Usage

Internet usage is common in most homes and can be an exceptional tool to for socializing, networking, helping with education needs, learning and researching. You are responsible for the information accessed by youth in your home. Use supervision and home monitoring strategies like placing the computer in a central location in the home, to ensure that all the information accessed online is appropriate for the child. The Society encourages you to use parental monitoring

controls, available on your computer system and online, to ensure that youth are accessing content that is age-appropriate and that will not cause undue harm.

The Ontario Provincial police have created a manual regarding Internet safety that provides tips for parents, children and youth, see [Appendix K](#). This document can be very helpful for your family members in understanding what dangers are present online as well as to safeguard your family against them.

References:

AIDS Committee of Toronto. (2011). *HIV and AIDS: The Basics*, Retrieved from <http://www.actoronto.org/home.nsf/pages/hivaidsbasicspdf>

Canada. Health Canada. (2011). *Eating Well With Canada's Food Guide*, Retrieved from http://www.hc-sc.gc.ca/fn-an/alt_formats/hpfb-dgpsa/pdf/food-guide-aliment/view_eatwell_vue_bienmang-eng.pdf

Canada. Health Canada. (2011). *Eating Well With Canada's Food Guide First Nation Inuit and Metis*, Retrieved from http://www.hc-sc.gc.ca/fn-an/alt_formats/fnihb-dgspni/pdf/pubs/fnim-pnim/2007_fnim-pnim_food-guide-aliment-eng.pdf

Canada. Health Canada. (2006). *Make Your home and Care Smoke-Free: A Guide to Protecting Your family From Second-hand Smoke*, Retrieved from <http://www.hc-sc.gc.ca/hc-ps/pubs/tobac-tabac/second-guide/index-eng.php>

Canada. Health Canada. (2010). *Healthy Living: Air and Sun*, Retrieved from <http://www.hc-sc.gc.ca/hl-vs/securit/season-saison/summer-ete/air-eng.php#sunsafety>

Canada. Public Health Agency of Canada. (2009). *Transmission: How is Hepatitis C Spread?*, Retrieved from <http://www.phac-aspc.gc.ca/hepc/faq-eng.php#z8>

Canada. Transport Canada. (2012). *What is the National Safety Mark?*, Retrieved from http://www.tc.gc.ca/eng/roadsafety/tp-tp13136-cm-faq_e-702.htm#1

Canadian Centre for Occupational Health and Safety. (2011). *Routine Practices*, Retrieved from <http://www.ccohs.ca/oshanswers/prevention/universa.html>

Canadian HIV/AIDS Information Centre. (n.d.). *Universal Precautions*, Retrieved from <http://www.cpha.ca/en/webmaster/homepage/chic.aspx#>

Catholic Children's Aid Society. (2011). *Connections: Think Water Safety*, Retrieved from http://ccas.toronto.on.ca/downloads/Connections_Summer_2011_Low-Res.pdf

Centre for Disease Control and Prevention. (2011). *Carbon Monoxide Poisoning*, Retrieved from <http://www.cdc.gov/co/faqs.htm>

Consortium for Children, 2005, *SAFE Structured Analysis Family Evaluation: Workbook*, Consortium for Children: San Rafael.

Foster Parent Society of Ontario. (2004). *Safeguarding Children and Foster Families*,

Hastings Children's Aid Society, 2009, *Guidelines for Supervision of Children* [Brochure]

Johnson, S. D/C.S. (n.d.). *Ontario Provincial Police Child Pornography Section, Project "P" internet Tips for Kids and Parents*, Ontario Provincial Police.

McNamara, L., Ontario Association of Children's Aid Societies. (2011). *Fire Safety & Prevention: A Resource Guide for Child Welfare Professionals*, Retrieved from <http://www.oacas.org/firesafety/english.pdf>

Nipissing District Developmental Screen Intellectual Property Association. (2011). *Nipissing District Developmental Screen*, Retrieved from <http://www.ndds.ca/language.php>

Office of the Provincial Advocate for Children and Youth. (2009). *About Us*, Retrieved from <http://provincialadvocate.on.ca/main/en/about/aboutus.cfm>

Ontario Association of Children's Aid Societies. (2010). *About OACAS*, Retrieved from <http://www.oacas.org/about/index.htm>

Ontario Association of Children's Aid Societies. (2006). *PRIDE Pre-service training for prospective resource families: Trainer Guide*,

Ontario Association of Children's Aid Societies. (n.d.). *How should I explain to children and youth that the AAR is more than just a long form that needs to be completed yearly?*,

Retrieved from <http://www.onlac.org/modules/smartfaq/faq.php?faqid=89>

Ontario. Ministry of Children and Youth Services. (1990). *Child and Family Services Act, Revised Statutes of Ontario*, Retrieved from [http://www.e-](http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_90c11_e.htm)

[laws.gov.on.ca/html/statutes/english/elaws_statutes_90c11_e.htm](http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_90c11_e.htm)

Ontario. Ministry of Children and Youth Services. (2012). *Foster Care licensing manual & foster care licensing indicator checklist*

Ontario. Ministry of Children and Youth Services. (2010). *Ministry of Children and Youth Services*, Retrieved from <http://www.children.gov.on.ca/htdocs/English/about/index.aspx>

Ontario. Ministry of Children and Youth Services. (2010, December). *Reporting Child Abuse and Neglect: It's your duty*, Retrieved from

<http://www.children.gov.on.ca/htdocs/English/documents/topics/childrensaid/Reportingchildabuseandneglect.pdf>

Ontario. Ministry of Education. (2012). *Education Act*, Retrieved from

http://www.elaws.gov.on.ca/html/statutes/english/elaws_statutes_90e02_e.htm

The Youth Leaving Care Hearings Team. (May 2012). *My Real Life Book*,

Appendices:

- A. Organizational Chart
- B. How to Get in Touch with a Worker
- C. i) Foster Parent Agency Agreement
 - ii) OACAS Complaint Procedure
- D. 40 Developmental Assets
- F. Achieving Cultural Competence
- G. Life Book
- H. Family History
- I. Reporting Child Abuse and Neglect
- J. i) Fire Escape Plan Form
- J. ii) Fire Escape Plan Form
- K. Project “P” OPP Internet Tips for Kids & Parents
- L. i) Child Safety Checklist
 - ii) Home Safety Checklist
- M. i) Fire Safety & Prevention
 - ii) Smoke Alarms in Trailers and Seasonal Homes
- N. Make your Car and Home Smoke Free
- O. Safe Sleep for your baby
- P. Baby Steps – Caring for Babies with Prenatal Substance Exposure
- Q. Universal Precautions
- R. i) Canada’s Food Guide
 - ii) Canada’s Food Guide: Inuit, Metis & First Nations
 - iii) Safe Food Handling
 - iv) Healthy Eating Matters
- S. i) Medical Treatment Report
 - ii) Psychotropic Medication Policy
- T. Discipline Agreement
- U. i) Foster Parent – Pre Placement Questions
 - ii) Behavioural Checklist/Profile
- V. Feed Back Forms
- W. Reimbursable Items Chart
- X. i) Expense Form
 - ii) Baby Sitting Expense Form
- Y. Restitution Claim Form
- Z. Community Resource List