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Tikinagan

Child & Family Services

Child Welfare Service Contingency Plan

*Providing Services During the COVID-19
Pandemic*

December 2021

Purpose

The overarching premise of the Child Welfare Service Contingency Plan places the safety and well-being of children and youth, as well as our foster parents, caregivers, and frontline staff, at the centre of the practice guidelines contained in this plan. These guidelines reduce face to face contact to critical service interventions necessary for the health and well-being of children and families.

The Child Welfare Service Contingency Plan and the Pandemic Measures in the Workplace Protocol **together** provide guidance to employees on the delivery of agency services in a manner that is safe and reduces the risk of COVID-19 transmission in the workplace.

Confidentiality is of the utmost importance and essential for our work and you are requested to refer to the Confidentiality Memo dated March 30, 2020 available on the staff portal located on the agency's website.

General Information

Symptoms of COVID-19 in Children

Children and youth are defined as age 1 month to 18 years for the purpose of this document. Children of all ages can become ill with COVID-19 and its variants. The incubation period appears to be about the same for children as in adults, at 2 – 14 days with an average of 6 days. However, most children who are infected typically don't become as sick as adults and some might not show any symptoms at all. Children with other health conditions, such as diabetes, asthma, congenital heart disease, might be at higher risk of serious illness with COVID-19.

While children and adults experience similar symptoms of COVID-19, children's symptoms tend to be mild and cold-like. Most children recover with one to two weeks. Possible symptoms can include:

- Fever
- Cough
- Poor appetite or poor feeding
- New loss of taste or smell
- Changes in the skin, such as discoloured areas on the feet and hands
- Sore throat
- Gastrointestinal symptoms, such as nausea, vomiting, abdominal pain or diarrhea
- Chills
- Muscle aches and pain
- Fatigue
- New severe headache
- New nasal congestion.

Vaccinations for Children

Health Canada approved the Pfizer vaccine for children between the ages of 5 – 18 years and they can now get vaccinated against COVID-19. The benefits of getting vaccinated for children are:

- Protection from severe illness
- Keeping others safe since children still gather together in groups such as school and in childcare programs
- More of the community will be protected once children are vaccinated.... reaching herd immunity

The *Health Care Consent Act* states a person can consent to treatment if they are able to understand the information that is relevant to making the decision and able to appreciate the consequences of the decision. There is no specific age given in the legislation for giving consent. Children aged 5 – 11 years do not have the same capacity to make these decisions and, in Ontario, need a parent/guardian to consent on their behalf.

The Province of Ontario has a *COVID-19 Vaccine Children/Youth (Age 5-17) Consent Form* and an *Immunization Prepackage* prior to the vaccination shot being delivered.

When considering whether a child in care will be vaccinated, family service workers and child care workers should engage children, families, caregivers and First Nation representatives in conversations about vaccination through a Mamow case conference.

Technology

All employees who have been assigned a lap top computer to complete their job responsibilities must take this lap top home with them so, when required, are able to work remotely away from the workplace.

Entering Dwellings

It is paramount that all calls coming into agency offices are responded to in a timely manner. There are times when employees need to enter homes or dwellings to respond to crisis situations and other child protection matters. A dwelling includes client homes, foster parent homes, potential foster parents homes during the application period, and live in foster parent Agency Operated Homes. A dwelling does not include Staff Model Agency Operated Homes or Group Homes.

To complete a visit to a home:

1. Decide if entering the home is necessary
 - Is the visit needed because of an extreme child welfare concern?
 - Would it be reasonable to meet outside the home, over the phone or by video conference?
2. Receive permission from your supervisor to complete the home visit and confirm your understanding of the proper use of personal protective equipment (PPE) that must be worn while completing the home visit
3. Ensure you have the proper PPE for the home visit (refer to Appendix A)
4. Complete the *COVID Questionnaire Prior to A Home Visit* (internet link which can be downloaded to any device) prior to every home visit even if you don't plan on entering the home.
5. When there is no internet access, you must fill out a paper copy and submit to your supervisor or on call supervisor prior to completing the home visit (a supervisor can fill out the questionnaire

with you over the phone)

6. Wear the required PPE during the visit regardless of what others in the home are using for PPE.

The agency provides Home Visits Kits that include all the necessary PPE for a home visit where COVID is not present. These kits are located in all offices or can be obtained from the Property Department.

For guidelines on completing in-person home visits with families, whether symptoms or no symptoms of COVID-19 exist in the home or in the community, refer to Practice Guidelines for Completing Foster Home Assessments During COVID-19 Pandemic (Appendix D) and the Pandemic Measures in the Workplace Protocol.

Wearing appropriate Personal Protective Equipment (PPE) for the in-person home visit brings a different element into engaging families during the home visit. Tips for Engaging Families when Wearing PPE (Appendix D) has practical suggestions staff can consider using.

Reporting COVID-19 Related Serious Occurrences

Tikinagan Child and Family Services will give written notice to the Ministry of Children, Community and Social Services through the Serious Occurrence Reporting (SOR) process in the following circumstances:

- COVID-19 confirmed positive case of a child in care, youth on CCSY or receiving any type of residential service
- COVID-19 confirmed positive case involving non-client related individual (e.g., staff, foster parent, members of a foster parent household)
- COVID-19 related death of a client as defined by the child death reporting guidelines who has died as a result of a confirmed positive COVID-19 diagnosis
- COVID-19 related death of non-client related individual (e.g., staff, foster parent, members of foster parent household)
- Program/site closure due to COVID-19 related precautions or outbreak (e.g., closure of AOH or group home).

Delivering Child Welfare Services

Intake/Investigation/After Hours

When information indicates a child or youth may have been seriously harmed or may be at risk of serious harm (physical, sexual, emotional, neglect):

- Safety assessment will be completed in person following consultation with supervisor
- COVID-19 health screening questions must be asked over the phone before attending the home or any other location (refer to Appendix A and the Pandemic Measures in the Workplace Protocol)
- Follow agency directives for use of Personal Protective Equipment (PPE) (refer to Appendix B and the Pandemic Measures in the Workplace Protocol) and, if an employee wishes, contact your local Public Health Unit, Nursing Station, Sioux Lookout First Nation Health Authority website or First Nation Pandemic Committee. Public Health direction on how to keep safe during the COVID-19

pandemic continues to evolve. It is important employees have the most current information when planning an in-person visit to a home or First Nation and the resources listed above can assist.

For all other investigations:

- In consultation with supervisor, consider conducting a safety assessment virtually (e.g., Facetime, Skype, Zoom) or by telephone. When possible, a virtual safety assessment is preferred as worker can make a visual assessment (especially of the children) while gathering the information.

Throughout investigation/assessment,

- Continuously assess, support and monitor child safety plans and the family's strengths and needs virtually or by telephone
- At any point during the investigation/ assessment, it may be determined that there is significant risk which cannot be mitigated virtually or by telephone. Consultation with supervisor is required to determine if an in-person meeting is required
- * At any time where child protection standards cannot be met, an approved departure is required. See template located in Appendix C.

New Admission to Care

Every effort to conduct a Mamow Case Conference with all relevant parties must be taken and documented on the appropriate forms

For a new Admission to Care where signatures cannot be obtained for a new MCA, a 30 Day Declaration Form must be completed to ensure a legal status is obtained within the 5 day window. Once you have the 30 day Declaration signed, continue to try to conference with parent/caregiver and First Nation to ensure a MCA is signed or agreed to verbally. Verbal Agreements need to have the Approved Departure and case notes attached to the MCA for processing. Copies can be forwarded by fax, email or registered mail to the client for signature (include a self addressed postage paid return envelope for clients to mail any forms requiring a signature back to you).

If verbal or signed agreement cannot be obtained within 5 days of the child being taken into care, court is necessary and the following steps need to be completed prior to the 5th day (keep in mind that weekends count as days so plan accordingly).

- 1) Complete a case summary of the circumstances that resulted in the child coming into care
- 2) Copies of all case notes, a summary and any other records are forwarded to your DSS
- 3) DSS forwards to Service Manager who notifies DOS. The DOS provides the copies to Tikinagan Child & Family Services Legal team who will file the court application electronically.
** Service Managers will immediately notify Director of Service and provide updates to DOS as the court process moves forward.

Ongoing Services

Where there is significant risk which cannot be mitigated virtually, by telephone or with family and support networks:

- Response will be in person following consultation with supervisor
- COVID-19 health screening questions must be asked over the phone before attending the home or any other location (refer to Appendix A and the Pandemic Measures in the Workplace Protocol)
- Public Health direction on how to keep safe during the COVID-19 pandemic continues to evolve. It is important staff have the most current information when planning a visit to a home or a First Nation. Refer to Appendix B for information on wearing appropriate Personal Protective Equipment (PPE), the Pandemic Measures in the Workplace Protocol and, if an employee wishes, contact the local Public Health Unit or Nursing Station

For all other families involved at ongoing services:

- Work with families will be conducted virtually wherever possible (Facetime, messenger, Skype, Zoom, email, letters) and/or by telephone to continuously assess, support and monitor child safety plans and the family's strengths and needs
- Connection/conferencing with family support networks and monitoring safety and support plans will be done virtually and by telephone
- For responses to new allegations/concerns, please refer to intake/Investigation/After Hours assessment guidelines above
- Use virtual connections in preparation of court documentation.

Updating Legal Status

Every effort to conduct a Mamow Case Conference with all relevant parties must be taken and documented on the appropriate forms

- When obtaining legal status or extensions by means of Mamow Obiki-ahwahsoowin Care and Supervision agreements, complete First Nation and family consultation via teleconference where possible. Alternatively contact the parent via phone or message them to contact you and obtain a verbal consent for the agreement. Notify the First Nation via phone that you have obtained verbal consent and have the parent contact the Band Council to confirm they are willing to enter into the agreement. The Band Council can verbally consent via phone with the worker. Document case action on a case note and complete the Approved Departure template (Appendix C) and attach them to the Agreement.

Children and Youth in Out- of- Home Settings

Children and youth in residential resources include family-based resources, Agency Operated Homes, group care, kin and kinship care, customary care, and adoption probation.

Given that these children and youth reside with approved caregivers:

- All private visits will be managed through virtual contact (Facetime, Skype, Zoom, email, letters) and/or by telephone. When possible, a virtual contact that allows a visual assessment is preferred
- Planning meetings, including Outcome plans and AARs, will be conducted virtually or by telephone. When possible, a virtual contact that allows a visual assessment is preferred
- Where there is significant risk that cannot be mitigated through virtual contact or by telephone, in-person response will be required following consultation with supervisor
- COVID-19 health screening questions must be asked over the phone before attending the home or any other location (refer to Appendix A and the Pandemic Measures in the Workplace Protocol)
- Public Health direction on how to keep safe during the COVID-19 pandemic continues to evolve. It is important staff have the most current information when planning a visit to a home or a First Nation. Refer to Appendix B for information on wearing appropriate Personal Protective Equipment (PPE), the Pandemic Measures in the Workplace Protocol and, if an employee wishes, contact the local Public Health Unit or Nursing Station
- All efforts will be made to facilitate family visitation through virtual contact where possible and/or by telephone. Consult with supervisor and manager regarding court ordered visits
- During contact with children and youth, help him/her understand the reasons why they are asked to practice safety measures and/or stay at home. Provide them with information about COVID-19, in age-appropriate ways, so they can understand why their school and recreational programs may be closed.

Youth residing independently (MYSA, VYSA, Independent Living, CCSY)

Given that these youth are residing independently and may not have a strong support network, staff will develop a list, in consultation with their supervisor, of those who will require additional supports through in-person visits.

- All in-person visits will be managed through virtual contact (Facetime, Zoom, Skype) or teleconference
- Where there is significant risk and high vulnerability of the child that cannot be satisfied by telephone or virtual contact with family and support network:
 - Response will be in- person following consultation with supervisor

- COVID-19 health screening questions must be asked over the phone before attending the home or any other location (refer to Appendix A and the Pandemic Measures in the Workplace Protocol)
- Public Health direction on how to keep safe during the COVID-19 pandemic continues to evolve. It is important staff have the most current information when planning a visit to a home or a First Nation. Refer to Appendix B for information on wearing appropriate Personal Protective Equipment (PPE), the Pandemic Measures in the Workplace Protocol and, if an employee wishes, contact the local Public Health Unit or Nursing Station
- The Ministry of Children, Community and Social Services issued a moratorium on youth transitioning from care which is effective until September 30, 2022. The moratorium was put into place to ensure youth had consistent care and continued access to supports and services during the COVID-19 pandemic. Staff are required to:
 - Continue providing the same supports and services to youth turning 18 as they received prior to their 18th birthday, unless otherwise refused by the youth
 - Make every effort to facilitate a seamless transition to CCSY with all eligible youth
 - Delay transitions to adult residential developmental services through the course of the pandemic by continuing to provide supports during the pandemic
 - Continue to pursue plans to reunify the youth with their family in the event it has been determined to be safe to do so and is in the best interest of the youth.

High Risk Youth

Youth who are identified as high risk (completion of the High Risk Youth Screening Assessment) must have their Youth Outreach Safety Plan reviewed and the impact of the COVID-19 pandemic on the safety plan discussed with everyone involved in the safety plan. When significant revisions are necessary, consultation with supervisor and manager is required, e.g., increased monitoring, increased mental health supports, caregivers requiring quick support in a crisis. Any changes to the safety plan must be clearly communicated to all parties involved in the plan and this communication documented. Requests can be made to the Clinical Counselling Unit for assistance in reaching out to high risk youth and providing emotional support.

During virtual or telephone contact with your youth consider the following:

- Gathering an update on health and well-being of the youth
- Talking about the activities and routines in the home and the youth's participation in them
- Providing age-appropriate guidance on preventative measures and answering any questions the youth might have about COVID-19 and its impact on their life
- Providing emotional support and asking what supports the youth needs.

****For children in care, any new placements or replacements require an in-person visit unless determined otherwise in consultation with a supervisor and manager****

Residential Services

Foster Homes

Residential Care Workers are contacting foster parents twice per week through virtual calling (Facetime, Skype, Zoom) or by telephone to continuously assess, support and monitor the current situation in the foster home. The topics covered during the conversation include:

- Reinforcing preventative measures for COVID-19 – social (physical) distancing, hand washing, disinfecting high traffic areas in the home, the importance of remaining at home if a member of the household is displaying signs or symptoms of COVID-19, including children not being able to play with friends, signs and symptoms of COVID-19, how to talk about COVID-19 in age appropriate language with children and youth, review agency and community responses to the pandemic
- Identifying foster children who are medically fragile or high risk and/or elderly foster parents and additional supports required, consultation with Child Care Worker when appropriate
- Using the foster parent hotline to answer questions (available in the language) and providing support
- Developing and revising an ongoing support plan with the foster parents, e.g., obtaining necessary basic supplies (pampers, formula, hand sanitizer, wipes, non perishable food, PPE supplies), educational activities for children and youth who are not in school, family activities, emotional and physical well-being strategies, financial resources, debriefing
- Developing alternative care solutions with foster parents that may be needed if they fall ill, are quarantined or hospitalized, e.g. remaining at home and monitoring if anyone in the household shows signs of illness and then calling the local Public Health Unit or Nursing Station, discussing how Tikinagan can help in that situation and explore possible family/community resources for caring for the children if required, need for additional respite
- Continuously assessing whether child protection concerns are arising in the home and appropriate responses
- Completing foster care licensing requirements, e.g., Quarterly reports, Annual Reviews, discussions around fire safety, medication safety and storage, documentation.

Further direction on completing home assessments is contained in Practice Guidelines for Completing Foster Home Assessments During COVID-19 Pandemic (Appendix D).

Agency Operated Homes (AOH) and AOH Group Homes

Precautionary Measures

Agency Operated live in caregivers and staff are to follow the following measures while caring for children and youth placed in Agency Operated Homes and Group Homes:

- All Agency Operated Homes/Group Homes will be managed as though under quarantine for COVID-19
- There are to be absolutely no visitors in any of the AOH and AOH Group Homes
- Personal Protective Equipment (PPE) (masks, gloves, goggles, face shields, thermometers, and hand sanitizer) will be made provided by the agency
- Live-in caregivers are required to remain in the home with the children placed in the home at all times
- Any basic needs required by the Agency Operated Homes such as groceries or client purchases will be set up by agency staff
- Child Care Workers and Residential Care Workers will remain in close contact with children placed in the AOH/AOH Group Homes and the caregivers. If workers must enter the home, they must fill out the daily health questionnaire stating they have no symptoms for COVID-19
- Supervisors will communicate regularly with staff in staff model AOH Group Homes by telephone and/or email
- Staff working in AOH Group Homes are to sanitize their hands before entering and leaving the home at shift change
- Staff will maintain sanitary homes by regularly wiping down hard surfaces and maintaining a social (physical) distancing of two meters (6 feet) inside the home, where possible
- A simple health questionnaire should be completed at each shift change stating your current temperature if you are experiencing a headache, nausea, sore throat and/or difficulty breathing
- If staff are experiencing any of the above symptoms, he/she is not to come to work and telephone the local Health Unit or Nursing Station immediately and follow all direction given to them. The staff member will then notify his/her supervisor at Tikinagan Child and Family Services.

Responsive Measures

When any live-in caregiver, staff member or child/youth placed in the home is presenting with any of the COVID-19 symptoms listed at the beginning of this document, the following action must be taken:

- Immediately contact the local Health Unit or Nursing Station
- Follow any and all instructions received from the local Health Unit or Nursing Station
- Immediately notify Tikinagan Child and Family Services
- Isolate infected individual in the home until direction is received from supervisor and manager on next steps
- Do not leave the home for any reason – any needs will be met by staff not in the home
- Residential and/or Group Home supervisors and managers will meet to address an immediate and appropriate response for the home including: if in person contact is necessary to ensure the

imminent safety and protection of the children/youth, review safety precautions that will be taken prior to in-person contact with the home, how to self-isolate anyone requiring it

- Any staff member, live in caregiver and/or child/youth placed in the home will remain in complete self-isolation until the self-isolation period is completed.

Appendix A

COVID -19 Health Screening Questions

It is important to let the individual answering these questions know you are not collecting personal health information. The purpose of the questions is to determine worker safety prior to the face-to-face contact.

1. Do any of the following apply to you or anyone living in your household?

- I am fully vaccinated against COVID-19 (it has been 14 days or more since your final dose of either a two-dose or a one-dose vaccine series; if your last dose was greater than six months ago, have you had a booster shot)
- I have tested positive for COVID-19 in the last 90 days (and since been cleared by the local public health unit/nursing station).

2. Are you or anyone else in your home experiencing one or more of the COVID-19 symptoms below that are new or worsening? Symptoms should not be chronic or related to other known causes or conditions.

- Fever and/or chills
- Cough or barking cough (croup)
- Shortness of breath
- Decrease or loss of smell or taste
- Fatigue and/or muscle aches/joint pain (for adults)
- Nausea/vomiting, and/or diarrhea (for under 18 years of age)

3. Has a doctor, health care provider, or public health unit/nursing station told you or anyone living in your household that you should currently be isolating (staying at home)?

4. In the last 14 days, have you or anyone living in your household travelled outside of Northwestern Ontario and been advised to quarantine?

5. In the last 10 days, have you or anyone living in your household been identified as a “close contact” of someone who currently has COVID-19?

6. In the last 10 days, have you or anyone living in your household tested positive on a rapid test or a home-based self-testing kit?

If the individual being screened answers yes questions 2 through 6, this information must be discussed in the consultation with the supervisor prior to the worker attending the home.

While in the home, worker can take the following precautions:

- Wear appropriate Personal Protective Equipment (Appendix B)
- Maintain social (physical) distancing from family members
- Practice enhanced hand hygiene: hand washing or sanitizing immediately before and after the visit

- Limit personal belongings that are brought into the home during the visit
- Use your own pen and do not share
- Wash or use sanitizing wipes/gel to clean personal belongings brought into the visit, immediately after the visit
- Avoid contact with objects in the home where the virus may live including hard surfaces.

(Reference: Ontario Ministry of Health, December 2021)

Appendix B

Personal Protective Equipment Needed to Enter Dwellings



Entering Dwellings

What Personal Protective Equipment do you Need and When?

	Outside - 6ft or more apart	Outside - closer than 6ft	At the Office at your desk 6ft apart from others	At the Office closer than 6ft or not at your desk	Home Visits	Home visits with positive Covid Case	AOH Work – 6ft or more apart	AOH Work – closer than 6ft
Disposable Face Mask		X		X	X		X	X
N95 Face Mask						X		
Face Shield OR Goggles					X	X		X
Disposable Coveralls (like a Painters suit)						X		
Disposable Nitrile Gloves						X		

Tikinagan Child and Family Services



Entering Dwellings

Where to Find the Personal Protective Equipment and cleaning supplies you NEED:

	At or Near EVERY Office Entrance	From the Property Department in Sioux Lookout	From Supervisors everywhere other than Sioux Lookout	In Agency Vehicles	Home Visit Kit Contents:
Face Mask	X	X		X	- hand sanitizer 30ml-60ml
N95 Face Mask		X	X		- 2 children's masks together
Face Shield OR Goggles	X	X		X	- 2 small pairs of gloves
Disposable Coveralls (like a Painters suit)		X	X		- 2 adult masks together with
Disposable Nitrile Gloves	X	X		X	- 2 pairs of gloves in a 7" x 7 1/2" baggie (labeled)
Hand Sanitizer		X		X	- 1 packet of Kleenex
Home Visit Kits		X	X		- 10 alcohol based wipes
					- 1 brown paper bag to be used for disposal of used PPE supplies
					- 1 face shield

Tikinagan Child and Family Services

Public Health direction on how to keep safe during the COVID-19 pandemic continues to evolve. It is important staff have the most current information when planning a visit to a home or a First Nation. Additional information is contained in the Pandemic Measures in the Workplace Protocol.

Appendix C

Approved Departures: COVID-19 Outbreak

“Supervisors must approve any departures from the Child Protection Standards for which worker discretion is not provided for in standards 1-8.” (CPS Standard)

- The primary focus of child protection service is always the safety and well- being of the child.
- Standards cannot anticipate all the unique and often complex needs of every child in Ontario.
- Standards should always be applied in a manner that protects each child receiving service from a CAS, even if a departure from a standard is required to achieve that outcome. Departures from the standards for reasons beyond the control of the worker (e.g., the child and family are unavailable for interviews) are also acceptable if reviewed and approved by a supervisor. (CPS Practice Note 2016 p. 16)

Approved Departure Template:

(to be inserted into contact log as per agency process)

Standard being departed:

Last time standard was met or departed:

When is it due?

Attempts made to meet standard:

Rationale for the departure required:

(Comment on safety/wellbeing including unique situation of the child/ family)

Include COVID-19 pandemic and the current state of emergency in Ontario in the rationale for the departure

Plan to meet this standard:

Date when standard will be met:

(Please note, if not achieved, written rationale will be required)

*(*Please use 3rd person, e.g., worker saw the family on June 30. Worker will see them again on August 15th.)*

Appendix D

Practice Guidelines for Completing Foster Home Assessments During COVID-19 Pandemic

Purpose

The purpose of this document is to provide practice guidelines that balance the importance of completing the mandated licensing requirements for foster home assessments with the safety and well-being of residential services workers. These guidelines:

- are based on regulatory amendments that came into effect on May 8, 2020
- prioritize the safety and well-being of everyone involved in the process of completing the foster home assessment
- provide flexibility to support the prospective foster home and, if applicable, children or youth placed in the home
- respect public health recommendations issued during this COVID-19 pandemic.

Assumptions

The practice guidelines are written assuming the following:

1. Residential services workers continue to play a key role in assessing safety and providing services to children, youth, families, and communities. Workers continue to provide these services while minimizing contact and risk of exposure to clients and themselves.
2. The COVID-19 screening questions have been completed with the prospective foster home family during the referral process. Prior to making any decision on whether there will be a home visit made during the foster home assessment process, this health screening must be completed and there were no positive answers to the questions.
3. When an individual in the family is sick and/or there is a suspected or confirmed case of COVID-19 in the family, there will be no face-to-face contact with the prospective foster family until there is clearance from the public health case manager and/or a negative result from a COVID-19 test.
4. If the situation with the prospective foster family requires provision of an essential service, and child safety is at risk, a consultation with a supervisor/service manager will occur to determine how to proceed. The consultation will consider whether there are confirmed cases of COVID-19 in the community where the family resides and any other risk factors impacting on the decision making, such as prior knowledge by agency staff about the prospective foster family.
5. When a home visit is being considered in a First Nation, the worker contacts the First Nation regarding its pandemic planning and travel restrictions prior to consulting with a supervisor/service manager. The information and guidance received from the First Nation representative will be taken into consideration during all decision-making points.

6. The practice guidelines are followed for a new referral to become a foster parent, extended family homes opened under a Safe Home Declaration, respite foster homes and approved foster homes transferring to Tikinagan Child and Family Services from Dilico Anishinabek Family Care.
7. Residential services workers are continuing to document all contacts with clients and collaterals as normal. All departures from regulatory requirements must be reviewed and approved by a supervisor and documented. The departure documentation must include:
 - a clear reference to the regulatory requirement being departed
 - when the requirement was due to be met, where applicable
 - the last time the regulatory requirement was met or departed from, where applicable
 - attempts made to meet the regulatory requirement and/or alternative approaches and additional steps taken (telephone/video calls, increased contact)
 - rationale for the departure and/or alternative approach taken (e.g. the health and safety of employee, caregivers and/or children)
 - when the reason for the departure is a suspected or diagnosed case of COVID-19, the date self-isolation began and possible date of completion.
8. Follow-up home visits will verify the information gathered through the virtual interview session(s), as well as address the areas of the foster home assessment that require thorough observations and discussion.
9. All approvals of prospective foster homes will be interim, recognizing that final approval cannot be given until a face to face visit(s) with the household members can be conducted and all components of the foster home assessment are thoroughly completed.

Strategies to Complete Foster Home Assessments During COVID-19

- in general, virtual interviews are sufficient for gathering basic, concrete, and factual information of the prospective foster parents, such as their accommodation and living arrangements (identifying who lives in the household); employment and income; health history; support networks
- plan thoughtfully for having focused conversations with the prospective foster family, any children in care placed in the home and collaterals based on the critical information in the home assessment process that needs to be gathered to decide on whether the prospective foster home can be approved during the COVID-19 pandemic
- strategies to engage prospective foster families during virtual contacts to collect information:
 - rely on a planned agenda for conducting contacts
 - take time at the onset of the contact to orient the prospective foster family to the objectives, agenda, approach, and process
 - intentionally prepare the prospective foster family for transitions in the conversation (“in a moment I am going to ask to see your home, but first, let’s talk about...”)
 - use open ended questions that target the information you wish to collect
 - be mindful about slowing down to allow the prospective foster family to respond, including being aware of lag time that may occur when using technology

- observe children and the home environment including family member interactions during every contact by having the prospective foster family set up the camera angle so the entire space is visible
- understanding what types of technology are accessible and used by the prospective foster family
- holding a virtual foster home information night for a group of prospective foster parents to provide them with general information that would normally be discussed during home visits. Participants would be asked to sign and return to the agency a standardized form that outlined the content of the virtual meeting
- virtual communication is conducted with prospective foster families and collaterals via email, telephone or video conference (Face Time, Skype, Zoom)
- visual inspection of the home (e.g., site and safety) is completed through a virtual tour of the home narrated by the foster family. When possible, the worker can email the floor plan of the home, drawn by the worker during the virtual tour, to the foster family for a review of accuracy and signature/date. Prior to beginning the virtual home assessment, explain to the prospective foster family the virtual home walk through process:
 - home/space will need to have adequate lighting. This may require lights being turned on, curtains opened, etc.
 - residential services worker needs to see all rooms in the home, including sleeping arrangements for the children
 - the prospective foster parent can expect to be asked to move closer to or further away from items, zoom in or out, and/or describe items seen during the home assessment
- during the visual inspection of the home, the worker will include, but not limited to, a visual of:
 - testing the smoke/carbon dioxide detectors
 - viewing each window in the home ensuring there is no broken glass
 - view floors and surfaces for any debris or dangerous items, ask follow up questions when there are unidentified objects or substances
 - view the home's heating source, look for any evidence vulnerable children may be exposed to unprotected heat sources
 - cabinets where chemicals, cleaning products and medications are stored, are there locks on the cabinets
- attention to privacy and confidentiality concerns that arise from using technology (*refer to memo on Confidentiality from Associate Executive Director, March 2020*)
- departures are being written for requirements where services are not available in a timely fashion (medicals, criminal reference checks, references) or require a worker to be physically in the home
- for extended family members willing to foster or provide respite services, using Safe Home Declarations to facilitate placement quickly
- it is recognized that not everything can be done virtually and safety measures can be implemented to make in-person visits with the family safe. These strategies could include, but not limited to, the following:
 - assessing the family's willingness to self-isolate for 14 days prior to a visit by the worker
 - the worker entering the home while the family remains outside of the home
 - interviewing family members outside where physical distancing can be maintained

- family members and worker wear appropriate Personal Protective Equipment (PPE) during the home visit such as masks and/or gloves.

Home Visits – Families with No Respiratory or COVID-19 Symptoms

Pre-Visit

- Confirm that the COVID-19 screening questions have been completed for the family and no one in the home has respiratory or COVID-19 symptoms. If the screening questions have not been completed, they must be asked prior to a worker planning a home visit
- Consult with and receive approval from supervisor prior to planning a home visit with a family
- Contact the prospective foster home family and set up an appointment. Ask the screening questions once again. If the client answers yes to any of the screening questions when answering for themselves or for another person, present in their home, consult with supervisor prior to proceeding further
- Communicate your expectations for the home visit including whether you or the family will be wearing personal protective equipment (PPE). Discuss how their home can allow for physical distancing and proper hand hygiene during the visit
- Ensure you have the personal protective equipment (PPE) needed for the purpose of your visit (gloves, masks, hand sanitizer, disinfectant wipes) and know how to properly put the items on and safely remove and dispose of them
- If you are sick at the time of the appointment, let your supervisor know and stay home

Visit

- Ask the screening questions again when you are at the home. If the client answers yes to any of the screening questions when answering for themselves or for another person, present in their home, consult with supervisor prior to engaging with the foster family
- Offer the prospective foster family PPE kits if they do not have a cloth mask or face covering
- Wash your hands with soap and water or use a hand sanitizer, then put on PPE (gloves, mask)
- Limit personal belongings that are brought into a home during the visit
- Use your own pen and do not share
- Make every attempt to maintain physical distancing during the visit and follow the universal guidelines for preventing the transfer of COVID-19
- Avoid contact with objects in the home where the virus may be living including hard surfaces

Post-Visit

- When finished the visit and leaving the house, remove your gloves, dispose of them in the garbage can or bag you have brought with you and wash your hands (soap/water or hand sanitizer) for at least 20 seconds, ensuring that all fingers, crevices and surfaces are clean. If wearing a mask, remove the mask, dispose and wash your hands a second time
- Any equipment brought into the house should be wiped down with disinfectant wipes after you leave the home.

For more detailed information, consult the Pandemic Measures in the Workplace Protocol and PPE resources on the staff portal.

Foster Home Assessments

There are unique challenges posed when in-person, face-to-face home visits with prospective foster families are necessarily reduced, or not possible, due to the current COVID-19 pandemic. Assessing the appropriateness of a prospective foster home to care for a child or youth in care through virtual contact is difficult and our decision-making processes must recognize its limitations and the potential impacts on child safety in the home.

Restrictions on movement of staff continuously evolve so residential services workers and supervisors must seriously consider whether to move past an initial screening to the foster home assessment process or delay the foster home assessment until COVID-19 restrictions are loosened and home visits are once again being conducted with ease.

Foster Home Assessments in First Nation Communities

- Best practice when conducting home assessments is to work in collaboration with collaterals, particularly those individuals or organizations that have firsthand knowledge of the prospective foster family
- In the First Nation communities within the jurisdiction of Tikinagan Child and Family Services, agency workers have long standing relationships with the First Nation, its leadership and community resources. All these collaterals assist the residential services workers in conducting the home assessment by providing credible, pertinent information and are available during the COVID-19 pandemic
- As well, the agency has community-based employees in the majority of the First Nations who have had varying levels of contact and familiarity with the prospective foster family
- Community based employees/supervisors should be invited to participate in a case conference with the residential services worker and supervisor to discuss what information is available on and/or known about the prospective foster family or provide a case note prior to the case conference on their knowledge
- These circumstances allow the residential services worker more flexibility in completing the home assessment and deciding on whether interim approval can be granted for the prospective foster home.

Foster Home Assessments in Urban Communities Excluding the City of Thunder Bay

- After receiving the referral, the residential services worker will virtually contact the prospective foster parents and complete an initial screening
- When the prospective foster parents are members of a First Nation, the residential services worker will contact a representative of the First Nation (e.g. Band Councillor holding the Tikinagan Child and Family Services portfolio, Band Representative), other collaterals and any agency community-based employees to discuss the referral and gather information. Agency employees are requested to provide documentation on their knowledge of the prospective foster family
- Upon completion of the initial screening, the residential services worker will consult with his/her supervisor for direction on whether to continue the home assessment process

- When there is a scarcity of information on the prospective foster parents and they are unknown to the agency, the home assessment process should be delayed until there can be face-to-face contact during a home visit(s)
- When the agency is able to gather information that indicates reasonable knowledge about the circumstances of the foster home, the home assessment process could continue.

Foster Home Assessments in the City of Thunder Bay

New Referrals on Prospective Foster Parents Unknown to the Agency

- After receiving the referral, the residential services worker will virtually contact the prospective foster parents and complete an initial screening
- When the prospective foster parents are members of a First Nation, the residential services worker will contact a representative of the First Nation (e.g., Band Councillor holding the Tikinagan Child and Family Services portfolio, Band Representative), collaterals and any agency community-based employees to discuss the referral and gather information. Agency employees are requested to provide documentation on their knowledge of the prospective foster family
- Upon completion of the initial screening, the residential services worker will consult with his/her supervisor for direction on whether to continue the home assessment process
- When there is a scarcity of information on the prospective foster parents and they are unknown to the agency, the home assessment process should be delayed until there can be face-to-face contact during a home visit(s).

New Referrals on Prospective Parents Known to the Agency

- After receiving the referral, the residential services worker will virtually contact the prospective foster parents and complete an initial screening including their previous contact with the agency
- When the prospective foster parents are members of a First Nation, the residential services worker will contact a representative of the First Nation (e.g., Band Councillor holding the Tikinagan Child and Family Services portfolio, Band Representative), collaterals and any agency community-based employees to discuss the referral and gather information. Agency employees are requested to provide documentation on their knowledge of the prospective foster family
- Upon completion of the initial screening, the residential services worker will consult with his/her supervisor for direction on whether to continue the home assessment process
- When the agency is able to gather information that indicates reasonable knowledge about the circumstances of the foster home, the home assessment process could continue.

Transfer of Approved Foster homes from Dilico Anishinabek Family Care

- A referral and information package will be forwarded by Dilico Anishinabek Family Care to the agency (another process may be determined through joint agency meetings to determine the case transfer process however a referral will be completed even if by a Tikinagan worker)
- Since the foster home assessment was completed by Dilico Anishinabek Family Care and the home is an approved foster home by Dilico at the time of transfer, the foster home assessment conducted by Tikinagan could be delayed due to the COVID-19 pandemic

- The residential services worker will virtually contact the foster home and complete an initial screening and, if any agency worker (e.g. child care worker) has had contact with the foster home, he/she will be requested to provide documentation on their assessment of the care being provided by the foster home
- Upon completion of the initial screening, the residential services worker will consult with his/her supervisor for direction on whether to continue the home assessment process.

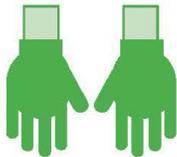
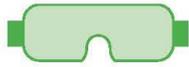
Transfer of Children in Care from Dilico Anishinabek Family Care

- A referral and information package will be forwarded by Dilico Anishinabek Family Care to the agency (another process may be determined through joint agency meetings to determine the case transfer process however a referral will be completed even if by a Tikinagan worker)
- A referral will be made for a foster home placement when the child in care was placed in a home that was not an approved foster home by Dilico Anishinabek Family Care (e.g., kinship care, customary care, extended family); or, the approved foster home where the child in care was living is not transferring to Tikinagan Child and Family Services
- The residential services worker will follow the process for completing either:
 - placement in a foster home approved by Tikinagan Child and Family Services
 - foster home assessment on a new referral as described above.

Respite Foster Homes

- Many approved foster homes have respite placements for the children in care placed in their home already approved and available
- When there are no available approved respite options the following can be considered:
 - Home visit with biological family or caregiver the child came into care from under a safety plan
 - Safe Home Declaration for an extended family member or community member known to the child

Tips for Engaging Families when Wearing PPE



- PPE stands for “personal protective equipment.” It’s the special gear used during a pandemic like COVID-19, to help stop people from getting sick and can include: gloves, masks, eye protection (goggles or a face mask) and gowns.
- Wearing PPE can be scary for both kids and adults—if you can, warn people ahead of time that you will be wearing PPE.
- Wearing PPE can be uncomfortable—it might not feel right and you may have to fight the urge to remove it.
- On top of wearing PPE it is important to try and stay apart to “physically distance.” This can be hard to remember, especially when discussing urgent or emotionally charged issues.

1. Have a proactive conversation about COVID-19 with the family: check out what caregivers know and have told children about the virus.

Top Tip: Consider using this resource (it’s available in lots of languages!) to help children understand what all this means: [#COVIBOOK](#).

2. Why are you wearing PPE? Let people know that you wear it to all your visits now to help keep families from getting sick and that it is changed after each visit.

4. Assure people that you can still do your job.



Top Tip: Remember to still smile! How you feel shows on other parts of your face even if your mouth is covered up. Be expressive: body language matters even more now.

3. Let people know you don’t usually wear PPE and it feels awkward for you too, acknowledge that it can make people look scary.

Top Tip: Consider putting a smiley, prominent picture on the outside of your gown/clothes to accompany your ID badge so people can ‘see’ who they are talking to. Even people that have met you before might not recognize you with PPE.

5. Find creative ways to summarize your visit: draw pictures, leave a note, an agency brochure and your phone number in case there are questions. Double check—ask families what they have heard and what they understand. Some people rely on lip reading to help with communication.